Comprehensive Cardiac Center Certification

Review Process Guide

2025

What's New in 2025

New or revised content for 2025 is identified by underlined text in the activities noted below.

Changes effective January 1, 2025

No changes for January 2025.

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Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Comprehensive Cardiac Center on-site certification review, including:

- Identifying ways in which the organization can facilitate the on-site review process
- Describing logistical needs for the on-site review

Important Reading

The Certification Review Process Guide describes each activity of a Joint Commission on-site certification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity
- Descriptions of what will happen during the activity
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the activity

These descriptions can be shared organization-wide as appropriate.

Pre-Review Outreach

A Joint Commission account executive will contact your organization by phone or email shortly after receiving your application for certification. The purpose of this interaction is to:

- Confirm information reported in the application for certification, to verify travel planning information and directions to office(s) and facilities,
- Confirm your access to The *Joint Commission Connect* extranet site and the certification-related information available there (on-site visit agenda, Certification Review Process Guide, etc.), and
- Confirm accuracy of any program-specific eligibility requirements, such as any pertinent volumes and procedures performed.
- Confirm clinical practice guidelines used by the program and any audited registry requirements
- Answer any organization questions and address any concerns.

Information Evaluated Prior to the On-site Certification Review

The Joint Commission certification reviewers assigned to perform your organization's on-site visit will receive the following items presented with your organization's Request for Certification.

1. Demographic information
2. The name and description of the clinical practice guidelines #CPGsExplained used for each disease program seeking certification – This information is entered into the Certification Measure Information Process form accessible from the organization's extranet site. It is important that the reviewer have the most complete information about the clinical practice guidelines being followed by the program, including the nationally recognized/published name, the population covered (adult or pediatric) by the guidelines, the year the guidelines were issued, the source of the guidelines (e.g., association, professional organization, literature-base upon which guidelines were

established for the program) and any other identifying information that will assist the reviewer in locating the guidelines being implemented by the program (see also page 12). An example of a CMIP entry would include:

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

3. Performance improvement plan
4. Data collection process and mandatory performance measures

On intracycle and re-certification reviews, the reviewer will also receive all measure data submitted by the program.

Familiarizing a reviewer with your center before the on-site visit facilitates evaluation of your organization's compliance with standards. Advance analysis makes the on-site review time more efficient, effective and focused.

Information Needed During On-site Review

Please note that it is not necessary to prepare documentation just for purposes of the certification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents. The majority of document review will occur during individual tracer activity and will focus on the medical record.

The following list of items **WILL BE REQUIRED** by the reviewers during the Reviewer Planning and Protocol Review session.

- Composition of the program's interdisciplinary team
- Program's mission and scope of services
- An organization chart for the program, if one is available
- Current list of patients receiving care, treatment, and/or services
  (**Note**: It is desirable to have the following information included in both the list of current and discharged patients: Primary diagnosis, admit date, discharge date, patient age, gender, and ethnicity, if available)
- A list of patients who accessed or progressed through the center, including current inpatients and schedules for outpatient clinic visits
  - Past four months for initial reviews
  - Past twelve months for recertification reviews

  (**Note:** The above noted time frames can extend further back in order to increase the number of patients from which the reviewer can sample. **Ten** patients to select from is desired, but a lower number is acceptable in those programs that do not yet have experience with this number of patients)
  - The list of patients would include the following diagnoses and/or interventions:
    - Acute coronary syndrome (i.e., STEMI, NSTEMI, and unstable angina)
    - Diagnostic cardiac catheterization procedures
    - Percutaneous coronary interventions (i.e., balloon angioplasty, stent)
    - Cardiac and vascular surgeries (i.e, CABG, aneurysm repair)
    - Cardiac resuscitation and cardiogenic shock
    - Structural heart disease (i.e., aortic/mitral valve)
    - Cardiac dysrhythmias (arrhythmia) (ICD/pacemaker), including outpatient services

    - Heart failure, including outpatient services
    - Cardiac rehabilitation Phase 2/Phase 3 (either on site or by referral)

- Order sets, clinical pathways, patient care plans, protocols, etc., that are used to implement selected clinical practice guidelines
- Education material for the center's patients
- Center's schedule for interdisciplinary team meetings or rounds on patients
- Center minutes and attendance records for team meetings

Following is a list of items referenced in the standards and elements of performance that reviewers **MAY REQUEST** to see during the on-site review.

- Center's charter
- Center's back-up/contingency plans for services required to meet the needs of the center's cardiac patient population
- Call schedules for cardiac cath lab team with interventionalists, cardiovascular surgery team with cardiac surgeons, heart failure specialist, electrophysiologist, and general cardiologist.
- Center's performance improvement plan
- Performance measurement reports and nationally audited registry data
- Center's performance improvement actions, outcomes, and evaluation
- Written policies for consultation and transfer arrangements
- Transfer agreements with other organizations, when applicable
- Policies and procedures for providing continuous mechanical circulatory support
- Policies and procedures for performing cardiopulmonary resuscitation
- Protocols for managing medications including: anticoagulants, nitrates, vasoactive agents, antibiotics, hemorrhage management/ medications, and emergency resuscitation medications
- Interdisciplinary team members and services
- Interdisciplinary team members' responsibilities
- Center's education plan for physicians and staff
- Evidence of drills and debriefings related to unanticipated complications and/or high-risk events with low rates of occurrence
- Center's community health needs assessment and evidence of community education and outreach initiatives conducted based on the assessment
- Center's participation in regional cardiac system of care
- Center's policy that addresses privacy and security of health information
- Center's plan for maintaining continuity of health information
- Center's analysis of any sentinel events, if applicable

Logistics

- While on-site, the reviewer(s) will need workspace for the duration of the visit. A desk or table, telephone, internet connection and access to an electrical outlet are desirable.
- Some review activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.

- The reviewer will want to move throughout the facility or offices during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.
- Your on-site review agenda template similar to the one presented later in this guide, will be posted to your *Joint Commission Connect* extranet site. The review agenda presents a suggested order of activities and timeframes for each. Discuss with the reviewer any changes to the agenda that may be needed at any time during the on-site visit.

Questions about Standards

If you have a question about a standard, element of performance or any advanced certification requirement, please consider reviewing the Standards Interpretation FAQs page: https://www.jointcommission.org/standards_information/jcfaq.aspx prior to submitting a question. To submit a question, Login to your organization's Joint Commission extranet site, *Connect*: https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx and click on Resources - Standards Interpretation, to submit your question. If you do not have access to *Connect*, please go to the Standards Interpretation Page: https://www.jointcommission.org/standards_information/jcfaq.aspx to submit a question.

Questions about on-site review process, agenda, scheduling, etc. – Call your Joint Commission Account Executive.

Comprehensive Cardiac Center Certification

Certification Review Notification and Postponement Policies

Notice of Initial Certification On-site Review

If this is your program's first time through the certification process you will receive a thirty (30) day advance notice of your on-site review date(s). Notice will be provided via e-mail to the individuals identified on your account as the Primary Certification Contact and CEO. Also thirty (30) days prior to your review, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the event along with a link to the reviewer(s) name, biographical sketch and photograph.

Notice of Re-Certification On-site Review

Your organization will receive notice from The Joint Commission seven (7) business days prior to the first day of the scheduled review date(s) for Comprehensive Cardiac Center re-certification. The notice will be emailed to the individuals identified on your account as the Primary Certification Contact and CEO and will include the specific review date(s) and the program(s) being reviewed. Additionally, once the reviewer arrives onsite, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the review event including a link to the reviewer(s) name, biographical sketch and photograph.

Review Postponement Policy

The Joint Commission may not certify a program if the Organization does not allow The Joint Commission to conduct a review. In rare circumstances, it may be appropriate to request a review postponement. An organization should direct a request for postponement to its Account Executive. A request to postpone a review may be granted if a major, unforeseen event has occurred that has totally or substantially disrupted operations, such as the following:

- A natural disaster or major disruption of service due to a facility failure
- The organization's involvement in an employment strike
- The organization's cessation of admitting or treating patients
- The organization's inability to treat and care for patients and its transference of patients to other facilities

The Joint Commission may, at its discretion, approve a request to postpone a review for an organization not meeting any of the criteria listed above.

Your organization's Certification Account Executive can answer questions about these policies, or put you in contact with other Joint Commission staff that can assist you.

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Performance Measures

The Joint Commission includes standardized sets of performance measures for the Comprehensive Cardiac Center certification. These performance measures have precisely defined specifications, standardized data definitions, and standardized data collection protocols.

Programs seeking certification and recertification are required to collect Joint Commission Comprehensive Cardiac Center standardized performance measure data and analyze the data internally for use in performance improvement activities. Additionally, Comprehensive Cardiac Centers collect, analyze, and take action to improve performance in all areas of cardiovascular services, including responses to unusual events. Centers also utilize data collected from patient experience for performance improvement activities.

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Opening Conference and Orientation to Center

This session combines two activities into one 75-minute block of time. The breakdown of activities and suggested length for each follows.

Organization Participants

- Center administrative and clinical leadership, individual or individuals that will provide the Safety Briefing to the reviewer(s), and others at the discretion of the organization

Materials Needed for Activities

- Organization chart
- Comprehensive Cardiac Center organizational chart

Opening Conference Description

Approximately 15 minutes in duration and includes:

- Greetings and introductions from reviewers
- Introduction of organization review coordinator, leaders, and core interdisciplinary team members (Please note: Other staff can be introduced as the reviewer encounters them throughout the on-site visit)
- The organization is requested to provide the reviewer(s) with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer(s) of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:
    - Fire, smoke, or other emergencies
    - Workplace violence events (including active shooter scenarios)
    - Any contemporary issues the reviewer may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

Orientation to the Center Description

This 60-minute activity is an exchange between the organization and reviewer about the Comprehensive Cardiac Center structure and scope of care, treatment, and services. The reviewer will facilitate the discussion and use the information as a base to build on while continuing their center review in other activities.

Program representatives participating in this session should be able to discuss topics such as:

- Center mission and goals
- Center scope of care, treatment and services
- Center philosophy
- Patient population and community demographics

- Center community health needs assessment, plan to address population health needs related to cardiovascular disease, and examples of community education and outreach
- Center leadership, responsibilities and accountabilities
- Interdisciplinary team composition and responsibilities
- Other personnel and support services
- Backup systems and plans
- Center and organization integration, interaction and collaboration
- Diversity, equity, and inclusion efforts
- Communication and collaboration within the center and with patients and families
- Communication between the center and other providers within the organization and externally, specifically, within Systems of Care (pre-hospital providers, referring hospitals, and post-acute providers)
- Center and program team member selection qualifications, orientation, training, ongoing education and support
- Organization staff orientation, training and education relative to the center
- Clinical practice guidelines or evidence-based practices being followed by the center
- Methods for evaluating and improving the program

Session will conclude with (15-30 minutes):

- Agenda review with discussion of any needed changes
- Objectives of the review
- Overview of the SAFER™ portion of the Summary of Certification Review Findings Report
- Dialogue about what the reviewers can do to help make this a meaningful review for the Center
- Questions and answers about the on-site review process.

Comprehensive Cardiac Center Certification

Reviewer Planning and Protocol Review Session

During this activity, the reviewers, in conjunction with center representatives, will identify the patients that they would like to follow during tracer activity. Additionally, the reviewers will want to know about how much time will be needed to retrieve any personnel or credentials files. If necessary, reviewers will identify as many personnel and credentials files as possible that will be needed for review during the Education and Competence Assessment and Credentialing and Privileging Process activities at this time. Additional files may be requested later as a result of Tracer Activity.

Organization Participants

- Center representative(s) that will facilitate tracer activity

Materials Needed for this Activity

- Current list of patients receiving care in the center
- List of past inpatients that received care, treatment, and services in the Center. The list includes the past four (4) months of past inpatients for initial reviews and past twelve (12) months for recertification reviews
- Order sets, care plans, procedures, and/or pathways for care, treatment, and services provided by the Center
- Plans will also be made for tracer activities for outpatient heart failure and device clinics, cardiac rehab, and diagnostic testing areas.
- Center's schedule for interdisciplinary team meetings or rounds on patients

Planning Guidelines – Selecting Patients to Trace

1. Reviewers will describe to the center representatives the types of patients that they want to trace and request their assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity, or the reviewer may proceed directly to a patient care area and ask the staff to help identify patients.

2. A minimum of ten (10) patients per reviewer will be selected at this time
    - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services that support or play a key role in the center.

    - Patients should have different characteristics, such as demographics, age, sex and other factors that would influence the center response, or impact the application of evidence-based clinical practices.

    - Reviewers will select patients that meet the following diagnoses and/or procedural criteria:

        - Heart failure
        - Chest pain, including those that were admitted to inpatient, admitted under observation status, and discharged from ED
        - Unstable angina
        - AMI (STEMI, NSTEMI)

    - Coronary microvascular disorders, INOCA, MINOCA, SCAD
    - Interventional and diagnostic cath procedures
    - Rhythm disturbances
    - EP procedures
    - Valve repairs/replacements
    - Cardiac surgery
    - Vascular surgery
    - Diagnostic testing, such as echo, CCTA, CMR, and stress testing
    - Cardiac Rehab Phase 1, 2 and/or Phase 3

- Patients that receive care in the outpatient heart failure and device clinics will also be selected for tracer activities
- Reviewers will make every effort to select patients that are representative of the different ethnic and cultural populations served by the center
- Lastly, patient selection will include those transitioning from inpatient to another care setting (home care, skilled nursing facility, or home with family/caregiver and follow-up in the ambulatory clinic or physician office)

3. Reviewers will prioritize patients for tracer activity with the center team's assistance.

Planning Guidelines – Selecting Competence and Credentials Files for Review
Ideally reviewers would prefer to identify files for this review activity based on the individuals encountered during the patient tracers; however, they will only do so if the organization is able to accommodate a quick turn-around of personnel and credential files requests. Be sure to inform the reviewers of the time it will take to retrieve files and confirm when they would like the files available.

1. A minimum of ten staff will be identified by the reviewer for whom personnel files will be requested. These individuals will be selected based on interdisciplinary team composition, and will likely include at least the following representatives:
    - Registered nurse leader
    - Cardiac imaging/diagnostics
    - Cardiac surgery staff
    - Interventional technician
    - Interventional nurse
    - Cardiac rehab staff member
    - Intensive care nurse
    - Telemetry nurse
    - Respiratory therapist
    - Pharmacist
    - Case management or social work

2. The reviewer will identify at a miminum, ten licensed and credentialed practitioners based on team composition for whom credential files will be requested. Selection will include at least the following, as applicable:
    - Comprehensive Cardiac Center physician leader
    - Cariologist
    - Heart failure specialist physician

- Cardiothoracic surgeon
- Cardiac Interventionalist
- Emergency medicine physician
- Electrophysiology physician
- Hospitalist and/or intensivist
- Physician Assistant (PA) and or Advance Practice Nurse

Planning Guidelines – Patient Interview

Reviewers may interview at least one of the center's patients, if they are available and agreeable to speak with them. The interview focuses on the patient's experience with the Center. This can be accomplished in person or by phone, with an inpatient, a clinic patient, or a recently discharged patient. Please note that a family member(s) may be included in the interview if they are agreeable.

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Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization's provision of care, treatment and services using the patient's experience as the guide. During an individual tracer the reviewer(s) will:

- Follow a patient's course of care, treatment or service through the center, including inpatient, outpatient, and transitions of care as applicable.
- Assess the impact of interrelationships among disciplines on patient care
- Assess the use of and adherence and diversion from clinical guidelines in the patient's care, treatment or service
- Evaluate the integration and coordination of center and organization services in the patient's care

Organization Participants
Center staff and other organization staff who have been involved in the patient's care, treatment or services in both the inpatient and outpatient settings

Materials Needed for this Activity
Clinical records of selected center patients (paper, electronic, or hybrid)

Individual Tracer Description

1. A significant portion of the agenda is designated for patient tracer activity. The number of patients traced during this time will vary. **NOTE:** *In-house patients take priority for tracer activity; however, there may be instances when reviewers will select a discharged patient upon which to conduct a tracer. This will occur when reviewers need to trace the care provided to a patient meeting a given set of selection characteristics*
2. Tracer activity begins on the inpatient unit or in the outpatient location where the patient is receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.
3. The center staff and the Joint Commission certification reviewers will use the patient's record to discuss and map out the patient's course of care, treatment and services. The number of staff participating in this stage of the tracer should be limited.
4. Center staff and reviewers will follow the map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas and services involved in the patient's hospitalization or outpatient encounter. There is no mandated order for visits to these other areas. Reviewers will speak with any staff available in the area. **NOTE:** *This activity will occur with current admissions, outpatient visits, and, as necessary, with discharged patients.*
5. Throughout tracer activity, the reviewer will
   - Observe center staff and patient interaction
   - Observe the care planning process
   - Observe medication processes, if applicable
   - Observe medical equipment, supplies and medications available
   - Speak with organization staff about the care, treatment and services they provide and their knowledge of the center
   - Speak with interdisciplinary team members about their involvement in the patient's care, treatment and services

- Observe a portion of interdisciplinary team rounds and/or patient care conferences and review documentation of these activities.
- Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions.

The tracer can lead the reviewer back to the starting care and service area. Upon returning, the reviewer might follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the center leaders and care providers any:

- Specific observations made
- Issues that will continue to be explored in other tracer activity,
- Need for additional record review, and
- Issues that have the potential to result in requirements for improvement.

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Education and Competence Assessment Process

The purpose of this activity is to discuss how the center meets the need for qualified and competent staff.

Organization Participants

Individuals attending this session should be prepared to explain the Cardiac Center's approach to education and competence assessment. Consider the following participants:

- Center administrative and clinical leaders
- Organization representatives responsible for human resources processes
- Individuals with authorized access to, and familiar with the format of files
- Others at the discretion of the organization

Materials Needed for this Activity

The reviewer will select up to ten specific staff members whose personnel files they would like to review, unless more are called for based on interdisciplinary team composition. It is likely the staff selected will include, as applicable:

- Cardiac imaging/diagnostics
- Cardiac surgery staff
- Interventional technician
- Interventional nurse
- Cardiac Rehab staff member
- Intensive care nurse
- Telemetry nurse
- Respiratory therapist
- Pharmacist
- Case management or social work

Note: The reviewers will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patients being traced. Please let the reviewer know in advance of this activity how much time will be needed to gather files for review.

Education and Competence Assessment Process Activity Description

During the session, the reviewer and Center representatives will discuss:

- The job descriptions, roles, and responsibilities for interdisciplinary team members.
- How the Center provides education and maintains competence for staff.
- How the Center determines program-specific education requirements and the methods used for assessing and maintaining competence.
- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training
  - Current licensure and certifications
  - Program-specific orientation
  - Program-specific initial and ongoing education and training
  - Most recent performance evaluation

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Medical Staff Credentialing and Privileging Process

The purpose of this activity is to discuss how the center meets the need for qualified and competent physicians, physician assistants, and advanced practice nurses.

Organization Participants

Individuals attending this session should be prepared to explain the program's approach to credentialing and privileging the center's licensed independent practitioners. Consider the following participants:

- Center administrative and clinical leaders
- Organization representatives responsible for credentialing and privileging processes, if different from above
- Individuals with authorized access to, medical staff files
- Others at the discretion of the organization

Materials Needed for this Activity

The reviewer will select up to ten specific licensed and credentialed practitioners whose credential files they want to review, unless more are called for based on team composition. It is likely the practitioners selected will include, as applicable:

- Comprehensive Cardiac Center physician leader
- Cardiologist
- Heart failure specialist physician
- Cardiothoracic surgeon
- Cardiac Interventionalist
- Electrophysiology Physician
- Emergency medicine physician
- Hospitalist and/or intensivist
- Physician Assistant (PA) and/or Advance Practice Nurse

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced.

Credentialing and Privileging Process Activity Description

During the session, the reviewer and Center representatives will discuss:

- The job descriptions, roles, and responsibilities for interdisciplinary team members.
- How the Center provides education and maintains competence for physicians, physician assistants and advance practice nurses.
- How the Center determines program-specific education requirements and the methods used for assessing and maintaining competence.
- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training
  - Most recent appointment letter
  - Current licensure (state and DEA)
  - Current certification(s) (such as board certification or board eligibility)
  - Two most recent performance evaluations (OPPE) for recertification reviews, if initial review the center will only need to provide the most recent OPPE
  - If the physician is under FPPE, it will be reviewed
  - Evidence reflecting completion of any required continuing education

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System Tracer- Data Use

This session is focused on the center's use of data in improving safety and quality of care for their patients. The reviewer and the organization will:

- Identify strengths and opportunities in the organization's use of data, areas for improvement, and any actions taken or planned to improve performance.
- Identify specific data use issues requiring further exploration as part of subsequent review activities.

Organization Participants

- Center administrative and clinical leaders
- Interdisciplinary team members involved in quality and performance improvement
- Others at the discretion of the organization

Materials Needed for this Activity

- Cardiac center's performance improvement plan
- Performance measure data reports for the **Mandatory Comprehensive Cardiac Center Certification Performance Measures**
- Registry data used to monitor and measure center outcomes
    - Participation is required in **four** registries that include the following conditions or procedures:
        - Acute myocardial infarction (STEMI, NSTEMI, unstable angina)
        - Percutaneous coronary intervention (PCI) (primary PCI for STEMI)
        - Heart failure
        - Cardiac surgery (coronary artery bypass graft and valve repair/replacements)
    - Participation is required in at least **two additional** registries of choice that include two of the following conditions or procedures (as determined by program need):
        - Electrophysiology devices (for example implantable cardiac defibrillators/devices)
        - Transcatheter aortic valve replacement (TAVR) and/or transcatheter mitral valve repair (TMVR)
        - Cardiac ablation (for example atrial fibrillation)
        - Left atrial appendage occlusion (LAAO) devices
        - Cardiac rehabilitation
        - Cardiac resuscitation
        - Vascular surgery
    - Action plans demonstrating the program's use of and response to data in all cardiovascular service areas and patient experience.

Data Use System Tracer Description

During this activity, the reviewer(s) and center representatives will discuss:

- Data collection, analysis, and reporting, including:

    - Selection of performance measures
    - Data validity and reliability
    - Data analysis and interpretation
    - Data reporting and presentation
    - Dissemination and transmission, and the recipients
    - Data use and actions taken on opportunities for improvement
    - Monitoring performance and evaluating improvements
- The performance measures selected to evaluate the processes and outcomes specific to the center, including the selection process and measure implementation
- Center participation in a nationally audited registry or similar data collection tool
- How clinical and management data is used in decision-making and in improving the quality of care and patient safety
- Strengths and opportunities in the processes used to obtain data and meet internal and external information needs.
- Techniques used to protect confidentiality and security of all types of patient data.

Center use of data in all aspects of care, treatment, and services such as symptom management, meeting patient and family psychosocial needs, medication management, etc. should be discussed during this activity.

Center use of data in monitoring and evaluating performance such as:

- Sufficient quality and/or maintenance of experience
- Major adverse cardiac events and any complications, delays, and misdiagnoses related to the care, treatment, and services provided
- Appropriateness for cardiac procedures such as PCI, cardiac stress tests, and diagnostic coronary angiography
- Outcomes for the following conditions/procedures
    - AMI
    - CABG
    - Cardiac rehabilitation
    - Diagnostic cardiac catheterization procedures
    - Heart failure
    - Implantable cardioverter defibrillator (ICD) procedures
    - Percutaneous coronary intervention (PCI)
    - Valve replacement/repair

The reviewer(s) will want to know about the program's priorities for performance improvement activities and how these fit into the organization's overall performance improvement processes. This discussion may include a review of:

- Selection and prioritization of performance improvement activities
- Data reporting – when it occurs and who receives the information
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships.
- Use of patient satisfaction data for performance improvement activities.

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Summary Discussion

This session will be utilized for a final discussion prior to the reviewers' report preparation and the Exit Conference.

Organization Participants
Center leaders, Center's Joint Commission contact, and others at the discretion of the Center.

Materials Needed for this Activity
If there are any unresolved issues, evidence may be reviewed at this time

Preparation for Summary Discussion
None required

Summary Discussion Description
Topics that may be discussed include:

- Any issues not yet resolved (IOUs)
- The identified requirements for improvement (RFIs)
- Sharing best practices to inspire quality improvement and/or outcomes
- Educative activities of value to the center (i.e., knowledge sharing related to the CPGs or the late scientific breakthroughs)
- Did we meet the goals of the team today?
- What made the review meaningful to the team?

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Team Meeting & Planning Session

This activity only takes place on multi-day certification on-site visits. Reviewers use this session to debrief on the day's observations and plan for upcoming review activities.

Before leaving the organization, reviewers will return organization documents to the center's review coordinator or liaison. If reviewers have not returned documentation, your organization is encouraged to ask reviewers for the documents prior to their leaving for the day.

Organization Participants
None

Logistical Needs
The suggested duration for this session is 30 minutes.

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Daily Briefing

Reviewers will use this time to provide organization representatives with a brief summary of review activities of the previous day, relay observations, and note examples of strengths and possible vulnerabilities in performance.

Duration
15 minutes

Participants

- Center administrative and clinical leaders
- Others at the discretion of the organization

Overview
Reviewers will:

- Briefly summarize review activities completed on the previous day. Discuss at a high-level some of the patterns and trends they are seeing
- Ask the center representatives to clarify or help them understand what they have been hearing and observing
- Answer questions and clarify comments when requested
- Review the agenda for the day
- Make necessary adjustments to plans based on center needs or the need for more intensive assessment
- Confirm logistics for the day, sites that will be visited, transportation arrangements, and meeting times and locations for any group activities

Reviewers may ask to extend the Daily Briefing if necessary. However, they will be considerate of staff time. They will **not** make all center representatives stay for a discussion that is specific to a small group of individuals.

Report Preparation

The reviewers use this time to compile, analyze and organize the data collected throughout the review into a preliminary report reflecting the center's compliance with standards.

Organization Participants
None required, unless specifically requested by the reviewers

Materials Needed for this Activity
Private work space with access to an electrical outlet and an internet connection

Reviewer Report Preparation Description

The reviewers use this time to analyze their observations and determine if there are any findings that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewers remain on schedule and deliver a report at the appointed time. The reviewers will be using their laptop computer to prepare the preliminary report and plan for the Exit Conference.

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Comprehensive Cardiac Center Certification

Center Exit Conference

The Center Exit Conference is the final on-site activity when the organization receives a preliminary report of findings from the reviewers. In addition, reviewers will

- Present the the Summary of Certification Review Findings report, including the new SAFER™ matrix feature
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
- Allow the organization a final on-site opportunity to question the review findings and provide additional material regarding standards' compliance
- Mention the post-review Clarification process
- Review required follow-up actions, as applicable

Organization Participants

- Center leaders
- Other staff at the discretion of the organization

Materials Needed for this Activity

Copies of the certification report—if it is being distributed to staff

Preparation for the Center Exit Conference

None required

Center Exit Conference Description

This is a 30-minute activity that takes place at the completion of a center review. Center administrative and clinical leaders, and other organization staff, as invited, will hear a verbal report of review findings, requirements for improvement, and where these are appearing on the SAFER™ matrix. The preliminary certification review findings and report are shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports presented at the conclusion of the on-site visit are preliminary and subject to change upon review by Joint Commission central office staff.

Comprehensive Cardiac Center – Sample Agenda

The Joint Commission
Comprehensive Cardiac Center Certification
Two Reviewers for Two Days

DAY 1

Time	Activity & Topics	Suggested Organization Participants
8:00 – 9:30 a.m.	**Opening Conference** • Greetings and introductions • Introduction of Center staff **Orientation to Center** Topics to be covered include: • Center scope of care, treatment, and services • Center philosophy • Patient population and community demographics • Center leadership, responsibilities, and accountabilities • Interdisciplinary team composition and responsibilities • Other personnel and support services • Backup systems and plans • Center and organization integration, interaction, and collaboration • Diversity, equity, and inclusion efforts • Communication and collaboration within the Center and with patients and families • Communication between the center and other providers within the organization and externally • Center and program team member selection--qualifications, orientation, training, ongoing education, and support • Staff orientation, training, and education relative to the Center • Clinical practice guidelines or evidence-based practices being followed by the Center **Reviewers will end session with:** • Overview of agenda and objectives • Dialogue about what the reviewers can do to help make this a meaningful review for the Center	- Center's Joint Commission contact - Center clinical and administrative leadership - Others at center's discretion
9:30 - 10:30 a.m.	**Reviewer Planning and Protocol Review Session** Please have the following information available for the Reviewer Planning Session: • A current list of patients receiving care in the Center. • List of **past** inpatients that received care, treatment, and services in the Center. • Order sets, care plans, procedures and pathways for	Center representative(s) who can facilitate patient selection and tracer activity

Time	Activity & Topics	Suggested Organization Participants
	care, treatment, and services provided by the Center • Schedule for interdisciplinary team meetings or rounds on patients Plans will also be made for tracing patients in outpatient clinics and cardiac rehabilitation locations.	
10:30 – 12:30 p.m.	**Individual Tracer Activity** *Each reviewer will conduct tracers separately.* Tracer activities may include: • Tours of patient care areas such as: ED, medical/surgical or critical care units, surgical services (OR), PACU, interventional and diagnostic cath. labs, EP labs, cardiac rehabilitation, ultrasound, radiology, laboratory, and/or pharmacy services. • Interviews with both staff and patients. • Interactive, patient record-based tracers with team members or organization staff actively working with the patients—the patient's course of care, treatment, and services up to the present and anticipated for the future. At the end of the tracer, the reviewers will communicate to the center leaders and care providers: • Specific observations made • Issues that will continue to be explored in other tracer activity • Need for additional records to verify standards compliance, confirm procedures, and validate practice	- Center team members and other organization staff who have been involved in the patient's care, treatment, or services - Center team members who can facilitate tracer activity including escorting the reviewer(s) through the clinical setting following the course of care for the patient
12:30 – 1:00 p.m.	**Reviewer Lunch**	
1:00 – 4:00 p.m.	**Individual Tracer Activity – continued** *See description above. Each reviewer will conduct tracers separately.*	*See suggestions above*
4:00 - 4:30 p.m.	**Reviewer Planning/Team Meeting Session**	Center's Joint Commission contact, as requested by the reviewers

DAY 2

Time	Activity & Topics	Suggested Organization Participants
8:00 - 8:15 a.m.	**Daily Briefing** A summary of the first day's observations will be provided and plans for Day Two will be discussed.	As determined by the center or organization
8:15 - 10:00 a.m.	**System Tracer – Data Use Session** Session discussions will focus on methods utilized by the Center to drive performance improvement activities that	- Center leaders - Interdisciplinary team members

Time	Activity & Topics	Suggested Organization Participants

	improve and maintain high quality and safe care related to each of the following:
	• Acute Coronary Syndrome
	• Diagnostic and interventional cardiac catheterization procedures
	• Cardiac and vascular surgeries
	• Structural heart disease
	• Diagnostic cardiology
	• Cardiac resuscitation and cardiogenic shock
	• Cardiac dysrhythmia
	• Heart failure
	• Cardiac rehabilitation
	
	Please provide registry data for at least the two most recent consecutive quarters for:
	• The four required registries
	  ○ AMI
	  ○ PCI
	  ○ HF
	  ○ Cardiac surgery
	• Two additional registries of your choice, which may include:
	  ○ EP
	  ○ TAVR/TMVR
	  ○ Vascular surgery/procedures
	  ○ Cardiac ablation
	  ○ LAAO
	  ○ Cardiac rehab
	  ○ Cardiac resuscitation
	
	Please also have available information regarding the Center's processes for monitoring appropriateness of cardiac procedures (at a minimum PCI and stress tests).
	
	Additional topics for discussion include:
	• Members and responsibilities of the Center's performance committee.
	• The Center's PI plan, including data available, analysis activities, and priority setting.
	• Performance measurement and improvement activities, including the selection process.
	• Center leaders, organization leaders, and staff involved in selecting measures.
	• Data abstraction, collection, and quality monitoring activities.
	• Data analysis and dissemination.
	• Patient and family evaluation of care, treatment, and services provided (i.e., patient satisfaction at the program level), and improvement activities related to their feedback.
		- Organization quality improvement representative(s)
		- Others at center's discretion

Time	Activity & Topics		Suggested Organization Participants
10:00 – 1:00 p.m.	**Individual Tracer Activity and Document Review - continued** *See description above. Each reviewer will conduct tracers separately.*		
1:00 - 1:30 p.m.	**Reviewer Lunch**		
1:30 – 2:30 p.m.	**Education and Competence Assessment Process** Discussion will focus on: • Processes for obtaining team members • Orientation and training processes • Methods for assessing team member competence • In-service and other ongoing education • Education and competence issues identified during patient tracers • Identified strengths and areas for improvement **Note:** The reviewer will request files of staff that were encountered during the review.	**Medical Staff Credentialing and Privileging Process** Discussion will focus on: • Credentialing and privileging process specific to cardiac care, treatment, and services • If privileges are appropriate to the qualifications and competencies • Monitoring the performance of practitioners on a continuous basis • Evaluating the performance of physicians and other licensed practitioners • Identified strengths and areas for improvement **Note:** The reviewer will request files of physicians and other licensed practitioners (APPs) that were encountered during the review.	- Individuals responsible for program education - Medical Staff office personnel - Human Resources
2:30 - 3:00 p.m.	**Summary Discussion** This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference. Topics that may be discussed include: • Any issues not yet resolved (IOUs) • The identified Requirements for Improvement (RFIs) • Sharing best practices to inspire quality improvement and/or outcomes • Educative activities of value to the program (i.e., knowledge sharing related to CPGs or the latest scientific breakthroughs) • Were the goals of your team met during this review? • What made the review meaningful to the team?		• Center Leaders • Center's Joint Commission contact • Others at Center's discretion

Time	Activity & Topics	Suggested Organization Participants
3:00 - 4:00 p.m.	**Reviewer Report Preparation**	None
4:00 - 4:30 p.m.	**Center Exit Conference** • Review observations and any requirements for improvement by standard and EP • Allow time for questions regarding review findings and provide additional material regarding compliance with requirements • Review required follow-up actions as applicable	- Center leaders - Center team members - Organization leadership representative(s) - Others at center's discretion

Comprehensive Cardiac Center Certification

Intra-cycle Review Process

All organizations participating in the certification process are required to collect, report, and monitor their performance relative to standardized and non-standardized measures on an ongoing basis. The Certification Measure Information Process (CMIP) tool assists certified organizations with the data collection, reporting and monitoring requirements associated with performance measures. The CMIP tool is available on your organization's secure extranet site, The Joint Commission *Connect*. The Performance Measure (PM) Data Report portion of the CMIP tool is available for all certification programs to perform an annual analysis of their performance relative to each performance measure.

A mid-point (intra-cycle) evaluation of the performance measurement activities and standards compliance will be conducted via conference call with a Joint Commission reviewer.

Prior to the Intra-cycle Event
Your organization will receive an automated email to the primary certification contact and the CEO approximately 90 days in advance of the anniversary date of your last certification review. You will have 30 days to enter any missing monthly data points for any of the performance measures, complete the performance measure (PM) data report for each measure, and review your performance improvement plan for any updates. Once everything has been entered or updated, please use the submission checklist section of the CMIP tool to formally submit the CMIP tool to The Joint Commission for the intra-cycle event. If the tool is not submitted on time, your organization will receive an email reminder to submit the tool or risk having your certification decision changed.

Intra-cycle Evaluation Logistics
This call will take place as close as possible to the one year mid-point of the current two year certification cycle. The call will be completed by a Joint Commission reviewer who will contact the person identified in the "Intra-cycle Conference Call Contact Information" section of the CMIP tool for a time that is convenient to both parties involved. Participation in the intra-cycle conference call is mandatory for the Comprehensive Cardiac Center certification.

Organization Participants
- Staff involved in data collection and analysis
- Program leaders that implement performance improvement plans

Overview of the Intra-cycle Evaluation Process
During the conference call, the reviewer will discuss
- The results of your organization's performance against the performance measures (monthly data),
- Your analysis of your performance (PM Data Report),
- Your organization's ongoing approach to performance improvement (PI Plan), and
- Your questions regarding compliance with Joint Commission standards.

This call is your organization's opportunity to have an interactive discussion with the Joint Commission reviewer to assure you are on the right track relative to performance measurement and ongoing performance improvement and standards compliance.

There are no negative outcomes to the intra-cycle event, unless the reviewer identifies that your organization has not actively engaged in performance measurement and improvement activities since the time of the most recently completed initial or recertification review.

Competence Assessment & Credentialing Session Tool

	Credentialed and Privileged Practitioners								Other Staff									
	CCC Executive Director	Cardiothoracic Surgeon	Cardiac Interventionalist (s)	Anesthesiologist:	Emergency medicine physician	Electrophysiology physician	Physician' Assistant	Advance Practice Nurse:	Registered Nurse Leader	Cardiac Imaging/Diagnostics	Cardiac Surgery Staff	Interventional Technician	Interventional RN	Cardiac Rehab	Intensive Care RN	Telemetry Unit RN	Respiratory Therapist	Pharmacist	Case Management
Educational backgrounds, experience, training and/or certification consistent with the CCC (*school/degree/reference letters/certifications*)																			
Primary source verification and **competency** is established (*Licensure/Board Certification*)																			
Appointment Letter: Date *Previous and most recent*																			
All practitioners have current licenses **(DEA)**																			
Orientation provides information and necessary training appropriate to CCC																			
The competence of practitioner and performance evaluation is assessed within the timeframes defined by the organization																			
Ongoing in-service and other education and training activities are relevant to CCC																			

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