Philosophy

We are a process improvement organization founded in science and focused on helping hospitals improve cardiovascular processes. We validate success through accreditation and certification.
History

• Established in 1998 by cardiology and emergency medicine physicians
• Initiated Chest Pain Center Accreditation in 2003
• Initiated Heart Failure Accreditation in 2009
• Initiated Atrial Fibrillation Certification in 2011
What we do for you

We help hospitals break down the barriers that impede a successful continuum of care, bridging all departments and delivering process improvement by:

• Erasing inefficiencies
• Streamlining clinical care processes
• Adopting best practices
• Implementing new ideas

Our goal
To help transform cardiovascular care by assisting hospitals with the implementation of proven quality initiatives . . . every single day.
What is Chest Pain Center Accreditation?

• It is an operational model for the care of the ACS patient.

• It is a process improvement tool that helps facilities integrate successful practices and the newest paradigms into their cardiac care processes.

• Much like a trauma center, a chest pain center encompasses the entire continuum of care for the ACS patient and includes focal points such as Dispatch, Emergency Medical System (EMS), Emergency Department (ED), cath lab, the facility’s quality assurance plan, and the facility’s community outreach program.
Benefits of Chest Pain Center Accreditation

• Promotes evidence-based processes that result in improved quality outcomes.

• Reduces the liability of missed MIs through a consistent approach to risk stratification of the ACS patient based on research and best practices.

• Targets 30-day readmissions.

• Provides pathways for risk stratification that helps facilities avoid Recovery Audit Contractors (RAC) penalties related to improper patient placement.
Our simple process

- Visit our website and purchase a toolkit
- Attend a workshop
- Conduct a gap analysis using our accreditation/certification roadmap
- Identify process deficiencies
- Target areas for improvement
- Align internal resources
- Implement improvement strategies
- Measure successes
- Submit application
- Obtain a review of supporting documentation
- Schedule a site visit
- Obtain decision

*Accreditation is granted for a period of three years from the date of the determination.*
The Accreditation Toolkit

What’s included:
• Accreditation Manual
• Access to Ask-The-Experts Sessions
• Access to Shared Practices Section
• Access to Accreditation Workshops - one attendee free of charge
• Access to Accreditation-related Webinars
• Access to Accreditation Criteria Hotline
• Access to Online Discussion Forum
The Accreditation Manual

There are 8 categories known as Key Elements

Under each Key Element are:
- Essential Items (yellow)
- Best Practice Items (green)
- Innovative Items (pink)

These items support the Key Elements and provide the methods necessary to ensure compliance.
The intent of this Key Element is to ensure that all Accredited Chest Pain Centers are actively involved in educating the internal and external community on the signs and symptoms of early heart attack care (EHAC).

It is the philosophy of the Society that Accredited Chest Pain Centers have an obligation and show a commitment to reducing heart attack deaths through public education.

ACS community education should be part of the organization’s strategic plan.
Key Element 2

*Emergency Integration with the EMS*

The intent of Key Element 2 is to ensure the hospital recognizes the Emergency Medical Services (EMS) as an extension of the care that is provided to the Acute Coronary Syndromes (ACS) patient, allowing both the EMS and the facility to foster an integrated relationship.

For those patients who call 911, the EMS is the first point of contact. In order to improve the care of the ACS patient, both the hospital and the EMS must work closely together to create a seamless working relationship.
Key Element 3

Emergency Assessment of Patients with Symptoms of ACS - Timely Diagnosis and Treatment of ACS

Key Element 3 looks at the facility’s clinical processes as they relate to the ACS patient. It requires the facility to evaluate the many aspects of this care and implement improvement when a need is identified. Patients with a type of heart attack known as a STEMI need rapid reperfusion.

This Key Element defines the processes needed to achieve rapid reperfusion by providing the necessary tools and sharing best practices.
Key Element 4

Assessment of Patients with Low Risk for ACS and No Assignable Cause for their Symptoms

Key Element 4 applies to all Low Risk ACS patients regardless if they are discharged from the ED, inpatient or observation status.

Patients who meet triage criteria due to symptoms of ACS but have normal or non-specific ECGs remain at some risk for ACS, even if their index cardiac biomarker results are within the normal reference range.

An estimated 20% of the money awarded in malpractice suits against ED physicians is related to the misdiagnosis and mistreatment of ACS.

This population of patients may be managed in a number of ways that may include short stay admission, outpatient observation, imaging protocols, serial cardiac biomarker testing, or other methods supported by the literature and consistently applied across the patient population.
The work of the Society rests heavily upon the ability to assist facilities in their effort to improve the processes that surround the care of the ACS patient.

It is recognized that unless facilities have a complete understanding of their current processes, it will be difficult to successfully make changes.

Key Element 5 is dedicated to those process improvement initiatives that have proven merit in the effort to make the changes that translate to improved care.
The intent of Key Element 6 is to ensure there is a standard of care at the facility regarding physicians, nurses, technicians and other health care providers who care for the ACS patient.

Physicians, nurses, techs, and other hospital personnel in contact with patients with symptoms of ACS need ongoing education and training to keep current with ACS standards of care, best practices, technology, and research literature.
Chest Pain Center Accreditation encompasses the entire facility. It is an operational model to improve processes and care for the ACS patient.

It is important for the entire facility that there is participation by administration and a commitment to work as a team and allocate resources to ensure the success of accreditation and demonstrate improvement in patient care.
Key Element 8
Functional Facility Design

To ensure patients who are either driving or walking to your facility are able to find the entrance without wasting time (and heart muscle) trying to locate an entrance.

Research tells us that the majority of patients with signs and symptoms of ACS are still walk-ins to the ED.

Clear and visible signage both externally and internally directing patients to the ED is important.

In addition, creating a functional facility design involves consideration be given to the placement of other departments, equipment, etc., that frequently interface with the ED so the care of the ACS patient is expedited.
System Accreditation Program

Eligibility
A minimum of three hospitals within the same system (hospitals owned, sponsored, or contract managed by a central organization) must apply at the same time for Cycle IV Chest Pain Center Accreditation to qualify for a pricing discount.

Benefits
• Synchronizes care through one set of standards
• System education
• Breaks down communication barriers (silos)
• Encourages corporate commitment and accountability
• Provides financial discounts
Approaching 800 Accredited Chest Pain Centers
Questions on how to get started?

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