



# INTERNATIONAL CHEST PAIN CENTER CERTIFICATION

Eligibility Guide

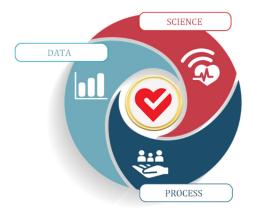
The American Heart Association is collaborating with the Emirates Cardiac Society to improve quality and access to STEMI care by offering chest pain center certification in the United Arab Emirates.

#### Introduction

The American Heart Association (AHA) and the Emirates Cardiac Society (ECS) share the belief that healthcare facility certification can help hospitals achieve excellence in assessment, diagnosis, and treatment of chest pain. Certification is based on a demonstration of adherence to guidelines reflecting the latest clinical science and evidence-based practices, which are the basis of AHA's standards. These standards are developed independently and overseen by mission-driven organizations with the clinical rigor required to produce globally recognized guidance for the delivery of the optimum in healthcare, safety, and value. Aligned in this purpose, AHA and ECS are uniquely positioned to build upon our shared leadership in translating guidelines into practice to offer a comprehensive set of chest pain certification services for health care facilities in the United Arab Emirates.

#### **Certification Overview**

We believe that hospitals and the patients they serve benefit from a coordinated certification program that provides enhanced value by enriching AHA's approach to quality improvement and certification. The overarching goals of the certified Chest Pain Centers encompasses the patient, provider, enhancing the relationship with local hospitals, pre-hospital providers, governmental health organizations, and engagement with insurers and payors. The Certification is focused on standardizing STEMI patient care and is designed to evaluate each hospital against a professional set of criteria based on demonstrated adherence to key standards and a rigorous review process.



#### The goals of the program are to:

- Ensure standardized care is driving decision making at all levels represented in the chest pain care environment
- Provide guidance and leadership on measurably improving chest pain care coordination and communication among care providers
- Demonstrate that high levels of compliance for one or more of these entities through certification or recognition results in measurable improvements in clinical quality of care and cost effectiveness
- Provides a framework focusing on evidencebased care to improve patient outcomes
- Assists organizations in establishing a consistent approach to care, reducing variations in care and the risk of errors
- Designation for excellence in the care of STEMI patients
- Facilitates the development of a loyal, cohesive, and highly competent clinical team
- Demonstrates commitment to a higher standard of clinical service
- Differentiates hospitals in the market
- May fulfill regulatory requirements

#### **Benefits for Patients**

- Provide patients with access to centers focused on chest pain care
- Provide patients with confidence that the centers can provide the most effective chest pain treatment strategies
- Provide patients with assurance that the center has been vetted and is recognized by the American Heart Association based on professional evaluation criteria designed by international experts



#### **Benefits for Certified Facilities**

#### **Primary Chest Pain Center Certification**

- Ability to care for STEMI patients including:
  - Rapid assessment and timely administration of primary percutaneous coronary intervention (PPCI)
  - Infrastructure required to effectively manage patients
  - Interdisciplinary team availability to meet the medical, recovery, and social needs of the chest pain patient
- Transfer protocols between facilities to care for medically complex chest pain patients
- Chest pain specific educational requirements for all disciplines caring for chest pain the patient
- Data collection and interval submission of data
- Robust chest pain quality improvement initiatives

#### Comprehensive Chest Pain Center Certification

- Ability to meet concurrently emerging needs of multiple STEMI patients
  - 24/7 availability of interventional cardiologist and cath lab team
  - 24/7 cath lab availability
  - Participate in IRB approved research
  - Increased education requirements for multidisciplinary staff
  - Collaborative management of patients with emergency medicine and other specialties as necessary

#### **Data Burden Reduction**

Certification measures are part of AHA's Get With The Guidelines – Coronary Artery Disease registry or a national or international acute coronary syndrome/ST-segment elevation myocardial infarction (ACS/STEMI) registry to decrease your data burden and free up your resources to make your certification easier to achieve.



#### **Certification Standards**

Contact <u>middle.east@heart.org</u> or complete the information form on our <u>website</u> to request a copy of the detailed International Chest Pain Center Certification Program Manual.

# **Certification Term**

Chest Pain Centers are each certified for a term of three years with an annual review process.

#### **Fees**

The annual fee for **Chest Pain Center Certification** is \$15,000 USD, which includes full participation in the Get With The Guidelines - Coronary Artery Disease quality improvement registry.

Invoices are sent to the applicant once the Participation Agreement is fully executed. Facilities have one year from payment date to complete the certification process. All payments are non-refundable.

# **Chest Pain Center Certification Eligibility Criteria**

To be eligible for Chest Pain Center Certification, the applying hospital must participate in the Get With The Guidelines®- Coronary Artery Disease (GWTG-CAD) quality improvement registry or a national or international acute coronary syndrome/ST-segment elevation myocardial infarction (ACS/STEMI) registry.

Evidence of participation may be one of the following:

- Active GWTG-CAD Agreement, or
- Example data report from another ACS/STEMI registry

REQUIREMENT	COMPREHENSIVE CHEST PAIN CENTER	PRIMARY CHEST PAIN CENTER
<b>Protocols</b> for triage, diagnosis, and treatment of STEMI patients	٧	٧
On Call Cardiac Cath Lab Coverage 24/7 regardless of emergency department (ED) diversion status	٧	
Cardiac Cath Lab and Cardiologist Arrival within 30 minutes of STEMI activation	٧	

REQUIREMENT	COMPREHENSIVE CHEST PAIN CENTER	PRIMARY CHEST PAIN CENTER
Universal Acceptance of STEMI Patients with triage plan for multiple simultaneous patients	٧	٧
Interventional Cardiologists meet American College of Cardiology/American Heart Association (ACC/AHA) Criteria for competency	V	
Facility meets ACC/AHA Guidelines for PCI/Primary PCI Institutional Volume Requirements	V	
<b>Designated Chest Pain Coordinator</b> and a recognized medical director/physician champion	V	1
Quality Improvement Program should be in place	٧	7
<b>Designated Multidisciplinary Team</b> in place to track and improve STEMI patient care throughout hospitalization	٧	٧
<b>Standardized Reperfusion Strategy</b> designating Primary PCI as the standard reperfusion strategy	√	7
Protocol/Process for Facilitating Rapid Transfer to the most appropriate Comprehensive Chest Pain Center		٧
Fibrinolytic Therapy Reperfusion Pathway for lytic eligible patients when the system cannot achieve transfer for PCI reperfusion times		٧

#### **Certification Process**

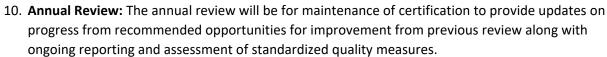
- 1. **Eligibility Information and Requirements:** Review the eligibility information contained in this document.
- Request Readiness Assessment: On the AHA webpage at <a href="http://www.heart.org/internationalQl">http://www.heart.org/internationalQl</a> complete and submit the requested information. Upon receipt of the request, an AHA representative will provide an electronic copy of the readiness assessment for the certification program, which includes the standards, measurement criteria, application, and the participation agreement.
- 3. **Application:** The organization completes and submits the application located at the end of this document and submits via email to <a href="mailto:lnternationalQl@heart.org">lnternationalQl@heart.org</a>. Applications will expire one year from the date received.
- 4. Participation Agreement: The facility reviews, signs, and submits the agreement
- 5. **Fees:** Once payment is received you will be contacted by an AHA Representative to initiate the certification review process. Facilities will utilize the Quality and Certification Tool (QCT) to submit all supporting documentation for review. Individualized training will be provided for the primary contact identified by the facility.

QCT — Quality Certification Tool is a portal used for maintaining compliance with the program requirements, document submission and storage, quality measure data entry, and as a general resource for your chosen certification or quality improvement program or initiative. The portal is also used to execute the Agreement, submit Certification Program payment, upload required documentation, and issue the Certification Program certificate.

6. **Certification Readiness Review:** AHA staff will work closely with the hospital to prepare for certification review. AHA staff helps you meet your chest pain program goals through ongoing collaboration with multidisciplinary team to improve patient care and outcomes. This includes

but is not limited to site preparation to help your hospital prepare for certification review.

- 7. Desk Review: An AHA Reviewer evaluates the facilities' application and supporting documentation for adherence to the Requirements. If there are any questions, the AHA Reviewer schedules calls with the facility to resolve documentation questions.
- 8. Virtual Review: The virtual review will culminate with a virtual presentation of your hospital's chest pain program with AHA. This is an opportunity for the Reviewers to have a complete understanding of your program and learn about how you serve your chest pain community. The Reviewers will provide you with a suggested outline of information that should be presented.
- Committee Review: The Reviewers make the recommendation for certification and submits a detailed report to the review committee for consensus agreement.





### **Additional Resources**

The following reference items, articles, publications, and research were used in determining the requirements of the Chest Pain Center Certification Program.

- Alice K. Jacobs, Murtuza J. Ali, Patricia J. Best, Mark C. Bieniarz, Vincent J. Bufalino, William J. French, Timothy D. Henry, Lori Hollowell, Edward C. Jauch, Michael C. Kurz, Michael Levy, Puja Patel, Travis Spier, R. Harper Stone, Katie L. Tataris, Randal J. Thomas, Jessica K. Zègre-Hemsey, and on behalf of the American Heart Association Advocacy Coordinating Committee Systems of Care for ST-Segment–Elevation Myocardial Infarction: A Policy Statement From the American Heart Association. Originally published13 Oct 2021https://doi.org/10.1161/CIR.000000000001025Circulation
- Antman, E. M., Anbe, D. T., Armstrong, P. W., Bates, E. R., Hand, M., Hochman, J. S., . . . Jacobs, A. K. (20014, August 2). ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary. *Circulation*, pp. 588-636.
- Graham, K. J., Strauss, C. E., Boland, L. L., Mooney, M. R., Harris, K. M., Unger, B. T., . . . Henry, T. D. (2012, April 23). Has the Time Come for a National Cardiovascular Emergency Care System? *Circulation*, pp. 2035-2044.
- Granger, C. B., Henry, T. D., Bates, W. E., Cercek, B., Weaver, W. D., & Williams, D. O. (2007, July 10). Development of Systems of Care for ST-Elevation Myocardial Infarction Patients: The Primary Percutaneous Coronary Intervention (ST-Elevation Myocardial Infarction—Receiving) Hospital Perspective. *Circulation*, pp. e55-e59.
- Harold, J. G., Bass, T. A., Bashore, T. M., Brindis, R. G., Brush, J. E., Bruke, J. A., . . . Williams, E. S. (2013, July 22). ACCF/AHA/SCAI 2013 Update of the Clinical Competence Statement on Coronary Artery Interventional Procedures. *Circulation*, pp. 436-472.
- Harold, J. G., Bass, T. A., Bashore, T. M., Brindis, R. G., Brush, J. E., Burke, J. A., . . . Williams, E. S. (2013, July 23). ACCF/AHA/SCAI 2013 Update of the Clinical Competence Statement on Coronary Artery Interventional Procedures. *Circulation*, pp. 436-472.
- Moyer, P., Ornato, J. P., Brady, W. J., Davis, L. L., Ghaemmaghami, C. A., Gibler, W. B., . . . Zane, R. D. (2007, July 9). Development of Systems of Care for ST-Elevation Myocardial Infarction Patients: The Emergency Medical Services and Emergency Department Perspective. *Circulation*, pp. e43-e48.
- O'Gara, P. T., Kushner, F. G., Ascheim, D. D., Casey, D. E., Chung, M. K., de Lemos, J. A., . . . Zhao, D. X. (2013, January 28). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*, pp. e362-e425.