



# **Comprehensive Cardiac Center Certification**

# **Review Process Guide**

**January 2026**

Issue Date: January 1, 2026

## What's New in 2026

New or revised content for 2026 is identified by underlined text in the activities noted below.

### Changes effective January 1, 2026

The following sections have been updated:

- New logistics planning section including requirements for on-site and off-site (virtual) processes have been provided as this program now has optionality for virtual reviews
- New links have been added to the most up-to-date CCC agenda
- Notes have been added throughout the RPG to remind organizations of Joint Commission's non-recording policy
- New section added related to Clinical Practice Guidelines and Evidence of Standards Compliance
- Removed the CCC agenda and the competence assessment / credentialing tool
- Other editorial revisions/updates

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## Organization Review Preparation

The purpose of this *Review Process Guide (RPG)* is to inform organizations and reviewers about how to prepare for the Comprehensive Cardiac Center certification review process.

Organizations are encouraged to review the following prior to their review:

- Download and review the Comprehensive Cardiac Center agenda  
Note: The agenda can be obtained at the following website: [Review Agenda | Joint Commission](https://www.jointcommission.org/jc-connect/review-agenda) or copy and paste this web address:  
<https://www.jointcommission.org/jc-connect/review-agenda>
- The comprehensive cardiac center's requirements listed in the *Comprehensive Cardiac Center Certification Manual*, implementation of those requirements, and adherence to clinical practice guidelines.
- *Perspectives* articles, which are posted monthly to the organization's *Connect* extranet site that provides updates of new and revised requirements.

### 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 or recertification
- Confirm the organization's preference for an on-site or off-site review.
- Verify travel planning information and directions to office(s) and facilities, as applicable to an on-site review
- Confirm your access to *Joint Commission Connect* extranet site and the certification-related information available there (such as the 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 organizational questions and address any concerns.

### Logistics planning

For organizations that selected the on-site review, the account executive will discuss with the organization the following:

- The reviewers will need a workspace, and two rooms as the work is often divided, for the duration of the visit. A desk or table and access to an electrical outlet and the internet 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 who can provide insight into the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.

- The reviewers 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 reviewers 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.
- While reviewers will focus on current patients being cared for by the program, they will also request to see some closed records as well to verify compliance with requirements such as those that address patient discharge and post discharge follow-up.

**For organizations that selected the off-site (virtual) review**, the account executive will confirm with the organization the following:

- Internet access/capabilities
- Ability to join Joint Commission's video conference platform (such as Zoom or Microsoft Teams) with breakout rooms for each reviewer and team
- Access to computer(s) with the ability to share screens and utilize camera functionalities
- Mobility of the camera-enabled computer to be used during tracer activity
- Access to a dedicated space to privately discuss patient care, treatment, services

**NOTE:** For all reviews (on-site or off-site) electronic recordings, including AI or other transcribing platforms, are not allowed per Joint Commission policy.

### **Information Evaluated Prior to Certification Review**

Joint Commission certification reviewers assigned to perform the organization's review will receive the following items presented with your organization's Request for Certification.

1. Demographic information
2. Data entered in the Certification Measure Information Process (CMIP) form, which is accessible from the organization's *Connect* extranet site. The organization must maintain the following information in CMIP :
  - i. Clinical practice guidelines: The title of the current clinical practice guidelines and/or evidence-based practices. (see the Clinical Practice Guidelines section below)
  - ii. Performance improvement (PI) plan: Describes in writing the following elements of the program's PI plan:
    - Scope and activities of PI program
    - Composition of the multidisciplinary team
    - Current years for the PI goals and objectives of the program

- Activities to meet the current year's PI goals and objectives
  - Program's PI process, including how fits into organization's PI activities
- iii. Standardized performance measures: The program enters the performance measures that are relevant to their scope of care, treatment, and services (see the Performance Improvement (CCCPI) chapter of the manual)
- iv. Data submission: All certified programs, including both advanced certification programs with standardized measures and programs collecting nonstandardized measure data, are required to report performance measure data quarterly to Joint Commission via CMIP.
3. Program-specific documents based on the current document list available through the extranet site. Upload of program-specific documents must be completed by the due date listed on the "What's Due" section. The account executive will assist with the process in advance of certification review if needed.

### **Information Needed During the Review**

Please note that it is not necessary to prepare documentation just for the purposes of the certification review. The reviewers are interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the noted items may represent sections contained within other documents. Most document reviews 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 Reviewers 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 to increase the number of patients from which the reviewers can sample. Ten patients to select from are 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, fem-pop bypass)
  - 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 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

### **Questions about Standards**

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](https://www.jointcommission.org/standards_information/jcfaq.aspx) to submit a question.

Questions about the on-site or off-site (virtual) review process, agenda, scheduling, etc., please contact your Joint Commission Account Executive.

## Clinical Practice Guidelines

An organization seeking Joint Commission's Comprehensive Cardiac Center certification must demonstrate that it provides care, treatment, and services according to current clinical practice guidelines and/or evidence-based practice.

**Clinical Practice Guidelines (CPGs)** are statements that include recommendations intended to optimize patient care informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

### **CPGs have two parts:**

- A systematic review of the research evidence associated with a clinical question, focused on the strength of the evidence that informs clinical decision-making.
- A set of recommendations, involving both evidence and value judgments regarding benefits and harms of alternative care options, addressing how patients with that condition should be managed.

The organization may choose to use more than one CPG to meet the needs of its patients; however, all CPGs used by the program must be entered into the Certification Measure Information Process (CMIP) tool on the organization's *Joint Commission Connect* extranet site.

When entering the CPGs used by the program into CMIP, please enter or copy the cited reference that includes the date, author or professional organization(s), and title of the CPG(s).

## Opening Conference and Orientation to Center

This session combines two activities into 90 minutes. The breakdown of activities and suggested length for each follow.

Note: If the organization has selected the off-site (virtual) option, the opening conference will be conducted the day before. A mutually agreed upon time will be coordinated with the reviewers once the organization receives their seven-day notice.

### Organization Participants

- Center administrative and clinical leadership, individual or individuals that will provide the Safety Briefing to the reviewers, 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 reviewers encounter them throughout the on-site visit)
- The organization is requested to provide the reviewers with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform reviewers 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 reviewers 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 reviewers about the Comprehensive Cardiac Center structure and scope of care, treatment, and services. The reviewers 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 related 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 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 review process.

## 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 because 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 reviewers may proceed directly to a patient care area and ask the staff to help identify patients.
2. A minimum of ten (10) patients per reviewers 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 distinctive 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 reviewers for whom personnel files will be requested. These individuals will be selected based on interdisciplinary team composition, and will 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 reviewers will identify at a minimum, 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
  - Cardiologist

- 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.

## 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 reviewers 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 sizable 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 by meeting a given set of selection characteristics*
2. Tracer activity begins with 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 Joint Commission's 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 reviewers 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 reviewers back to the starting care and service area. Upon returning, the reviewers might follow up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewers communicate 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.

## 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 reviewers 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 reviewers 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 reviewers 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

## 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 center'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 reviewers 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 reviewers 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 reviewers 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

## 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 reviewers 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 demonstrate the center's use of and response to data in all cardiovascular service areas and patient experience.

## Data Use System Tracer Description

During this activity, the reviewers 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 are 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

For each of the conditions and/or procedures performed, the reviewers will want to know about the center'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.

## 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 latest scientific breakthroughs)
- Did we meet the goals of the team today?
- What made the review meaningful to the team?

## **Team Meeting & Planning Session**

This activity only takes place on multi-day certification reviewers' days. 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.

## Daily Briefing

Reviewers will use this time to provide organization representatives with a summary of review activities of the previous day, relay observations, and note examples of strengths and 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 of 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 workspace with access to an electrical outlet and an internet connection

### **Reviewers 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.

## Center Exit Conference

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

- Present 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 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 visit are preliminary and subject to change upon review by Joint Commission central office staff.

## Evidence of Standards Compliance (ESC)

This section is intended to provide organizations with additional understanding of the evidence of standards compliance (ESC) process.

### **Process**

All noncompliant EPs will be cited as a Requirement for Improvement (RFI) and will be placed on the SAFER® Matrix, illustrated below, as determined by the risk level associated with each RFI.

All observations of noncompliance will be documented within the SAFER Matrix and require implemented corrective actions that are submitted within the Evidence of Standards Compliance (ESC). The amount of information required within an ESC is reflective of the risk-level and associated SAFER placement of each RFI.

All RFIs must be addressed via the Evidence of Standards Compliance (ESC) submission process. The time frame for completing the ESC submission is within 60 calendar days. The organization should work with their account executive to ensure that these submissions are submitted within the time frame. For assistance, please contact your account executive.

	<b><i>Immediate Threat to Life</i></b>		
<b>HIGH</b>			
<b>MODERATE</b>			
<b>LOW</b>			
	<b>LIMITED</b>	<b>PATTERN</b>	<b>WIDESPREAD</b>

## Intra-cycle Review Process

This section is intended to provide organizations with additional understanding of the intracycle 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 data collection, reporting and monitoring requirements associated with performance measures. The CMIP tool is available on your organization's secure extranet site, 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 reviewers.

### **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 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 reviewers 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
- Center leaders that implement performance improvement plans

### **Overview of the Intra-cycle Evaluation Process**

During the conference call, the reviewers 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 Joint Commission's reviewers 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 reviewers 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.

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