

# Accreditation Beyond Heart Month: A Strategic Decision in 2022



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Every year, the month of February is an exciting time for cardiovascular programs across the country — it’s American Heart Month, and also the traditional time for “Go Red for Women” recognition. For many hospitals, these efforts are aimed at increasing awareness of heart disease in ways that both promote healthy lifestyle choices and prevention efforts, while also ensuring the community is aware of the resources available from healthcare providers. Despite these efforts to increase widespread public knowledge of the signs, symptoms, and risk factors for heart disease, it remains on the rise as the U.S. population continues to age, with 45% of people projected to be affected by the year 2035.

In order to make the most of this time, Corazon recommends that cardiovascular programs complete formal initiatives, such as a strategic plan, to integrate these types of efforts for overall success. Hosting screening clinics or health fairs during Heart Month can be a worthy endeavor, but it is also important to ensure they build on other efforts. If new physicians have joined the program recently, or if new services are being offered, use these educational sessions as an opportunity to share this information with the community and spread the word. Integrate these initiatives into your hospital’s overall marketing plans for the year as well. Use Heart Month as an opportunity to raise awareness of both the disease and where patients should go when they suspect they have heart disease. We find that programs that prepare in this way are able to excel above competitors who do not.

To take it one step further, hospitals can engage an outside firm to accredit various cardiovascular programs or the entire service line. This external review will provide recommendations and regular feedback to help the program(s) excel. Savvy programs will capitalize on obtaining this achievement and promote their success to their communities, especially during February when the population may be primed to be more aware of messages related to heart health and cardiovascular services. As an accrediting body for cardiovascular services across the country, Corazon recognizes the critical importance for programs to differentiate themselves through accreditation, and what better time to promote this than during Heart Month!

Being accredited means that a facility or health care organization has met and maintains certain quality standards. These standards are set by private, nationally recognized groups that evaluate best practices as adopted or recognized within the healthcare industry and the quality of care at individual healthcare facilities and organizations. As Corazon assists cardiovascular programs across the country to develop advanced services, they challenge executives, physicians, and service line leaders to think strategically beyond Heart Month.

The COVID-19 pandemic has changed the face of healthcare in many ways, and it will continue to

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evolve as it always has. Among the myriad lessons learned throughout the pandemic, an important one to note is that as a “business,” hospitals must position and differentiate themselves beyond the traditional expansion of services. Through a cardiovascular-specific accreditation, a program can differentiate and promote themselves within their internal and external communities. Additionally, this achievement can reflect on the staff who work toward them as well. Meaningful recognition is an important aspect of job satisfaction, and when it is so critical to attract and retain staff, accreditation can be one of many “tools in the toolbox” to accomplish this task.

Beyond the cardiovascular services offered in the hospital, there remains overwhelming dialogue and regulatory movement across the country to understand the shift from “inpatient” to “outpatient” in the setting of an Ambulatory Surgery Center (ASC) for certain cardiovascular care. The Centers for Medicare and Medicaid Services (CMS) has expanded the list of cardiovascular

procedures that are approved to be performed in an ASC, allowing hospitals to focus on caring for the more critically ill patient whose needs go beyond a day or two of traditional care and treatment. Others see this shift as a potential for more competition among organizations providing cardiovascular services. The pandemic has also influenced the shift toward outpatients, as the public remains wary of hospital admissions and the potential for communicable and infectious diseases. As with most situations, it is invaluable to view these topics proactively, so that an organization can have a strategic approach to the changing marketplace while remaining responsive to possible adjustments.

This has yet another meaning for the independent hospitals versus the health system, versus the physician-owned entities. Many liken the regulatory environment of offering interventional cardiology (percutaneous coronary intervention [PCI]) in an ASC to the regulations governing hospitals offering PCI with off-site open-heart surgery (OHS), which also continue to evolve. The ability to navigate these regulations or influence them as various states plan to adopt new regulations for PCI in the ASC, can be heavily weighted by the size of an organization and the

resources available. Every stakeholder must have a seat at the table for these discussions. If there are partnerships or other multiple options in order to provide cardiovascular services, these entities must have a voice, recognize the risks and benefits associated with any strategic decision to execution, and have a means to measure success or opportunities. Again, proactively deciding how to respond to these new paradigms in healthcare will only help to set an organization up for success.

In 2020, the Society for Cardiovascular Angiography and Interventions (SCAI) published their position statement on the performance of PCI in an ASC. This document outlines similarities among the requirements of many states’ regulatory agencies specific to physician coverage, volumes and skillsets, clinical recommendations, staff requirements, and quality outcomes. Although each state has its own specific requirements, the state of Michigan is requiring accreditation for PCI services in an ASC in a very similar fashion

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to hospitals offering PCI with off-site OHS. This is a critical step to ensure the highest quality of care is being offered by ASCs, and to assure patients and the community that this “new” treatment location option is safe and effective.

To reconnect with the topic of Heart Month, many aspects of accreditation will bring value directly to the patients that hospitals and healthcare providers are trying to reach. For example, Corazon’s Chest Pain Center accreditation evaluates outreach conducted with both the local community and Emergency Medical Services (EMS) providers, both of which are also important initiatives for a program to continue to grow and succeed, and can often be a focus of Heart Month activities. Accreditations should include an evaluation of relevant documentation, including physician credentialing, ongoing staff training and experience, processes, protocols, transfer agreements, and more. The external nature of this review makes it objective and means that it does not take away from the “day jobs” of those working within the program. Furthermore, a regular review of these ensures a program is maintaining best practices and can provide the highest quality of care to the patients they serve. What hospital wouldn’t want to be able to share that kind of achievement with its community?

Regarding clinical outcomes, Corazon also highly recommends that programs maintain some level of third-party peer review for key service lines. Procedural accreditations (PCI,

OHS, peripheral vascular, electrophysiology, transcatheter aortic valve replacement [TAVR]) include a formal review of cases by a practicing physician with proven quality outcomes. This external review ensures compliance with inclusion/exclusion criteria and other recommendations endorsed by national medical societies as proven best practice. Peer review can also be a proactive tool to identify existing best practice and highlight what a program is doing well to ensure it remains consistent, rather than waiting for a never event or other quality fallout to trigger a need for this type of review.

While completing activities for Heart Month, think about what foundation exists for this coming year. Determine whether or not a plan is in place to guide strategies, ongoing outreach, promotion of program achievements, etc. Evaluate needs related to the shifting paradigm in cardiovascular care, both in terms of new technology and options regarding the setting of care, as programs begin to navigate the potential transition toward the ASC. Engage program stakeholders in discussions to gain support and new ideas. Consider what systems are in place to monitor ongoing quality and how accreditation can augment those goals, as well as the others listed above, particularly for any “new” or expanded offering. In conclusion, Corazon recommends careful thought that utilizes these exercises in order to showcase your cardiovascular program during Heart Month and beyond. ■

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