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Introduction
The American Heart Association (AHA) in collaboration with the American College of Cardiology (ACC) introduces the Cardiovascular Center of Excellence (CVCOE) accreditation. This accreditation demonstrates a hospital’s commitment to providing a high-quality, multidisciplinary cardiovascular System of Care where the center of all decision-making focuses on the patient and the population’s health.

The CVCOE accreditation builds upon the ACC’s suite of cardiac accreditation services which is nationally recognized as having established process and performance standards demonstrating quality cardiovascular care. CVCOE pulls together all the individual components of disease-specific care delivery models to develop a comprehensive, coordinated and integrated cardiovascular System of Care. The CVCOE standards set the framework for tying together the Learning Health System into a seamless System of Care. This methodology provides for high-quality, evidence-based, guideline driven, patient-centered care including access to a broad scope of cardiovascular care services required to diagnose, treat, rehabilitate, support, and educate cardiovascular patients.

Mission Statement
The mission of the Cardiovascular Center of Excellence accreditation is to improve the outcomes of patients with cardiovascular disease and optimize patient and caregiver experiences by forging partnerships with high-quality healthcare institutions to incorporate best practices founded on established evidence-based cardiovascular treatment guidelines and by fostering Systems of Care collaboration.

Value of Cardiovascular Center of Excellence Accreditation

Population Health Community Leaders
Hospitals are becoming increasingly accountable as leaders in their community to improve the population’s health of the community they serve. The CVCOE accreditation uses a Systems of Care model where the hospital is the driver of change in their community. CVCOE’s readymade tools and consultative services are there to assist hospitals in improving the overall health of their community.

Learning Health System
Learning Health Systems use information from multiple sources to modify practices needed to improve outcomes. The comprehensive approach learning health system use includes linking data to specific structure, processes and outcomes. Data, given context, will be the information needed to make wise and resourceful decisions. The comprehensive approach CVCOE applies, assists hospitals with becoming true Learning Health Systems by helping them evaluate multiple internal and external influencer’s impact throughout the entire System of Care impacting the patient.
Structured Care
CVCOE accreditation also offers cardiovascular programs a Systems of Care model to ensure standardized best practices and evidence-based medicine are implemented allowing for cohesive, consistent, multidisciplinary cardiovascular care. The CVCOE standards require facilities to create meaningful processes to assist the patient’s transition from hospital to community and home.

Quality Improvement Data for Effective Decision Making
AHA/ACC’s quality improvement registries provide facilities de-identified patient level data in an aggregate form to use for quality improvement, administrative resources, and research. The reported measures are directly linked to current guidelines for the care of the cardiovascular patient. Using the CVCOE’s Systems of Care approach along with the collected quality data, hospitals can rapidly convert data into pro-active decision making for their cardiovascular community care programs. Access and integration across the AHA and ACC registries allows the accredited facility to:

- Monitor and report outcomes
- Determine patterns of care
- Identify disparities in care
- Design internal and external process and quality improvement initiatives
- Build public health programs
- Evaluate effectiveness of rapid cycle improvement initiatives
- Improve the overall quality of their population’s health
- Link program to fiscal responsibility

Collaboration and Consultation
The American Heart Association has regional Quality and Systems Improvement (QSI) Directors with expertise in quality improvement. These experts are available to consult and collaborate with hospitals at no cost, as they prepare for their journey to accreditation. They also provide support in maintaining sustainable guideline adherence.

The American Heart Association Government Relations Directors are available to advocate with hospitals to improve public policy related to cardiovascular health initiatives impacting population health. Their expertise will assist your organization in building a partnership with your community for lifelong cardiovascular health.

Goals and Value of the CVCOE Accreditation
The Cardiovascular Center of Excellence accreditation strives to:

- Provide comprehensive cardiac patient care with well-organized systems, services, facilities and highly trained and experienced physicians and cardiac team members, with emphasis on quality and outcomes
- Support systems of care and highly qualified multi-disciplinary cardiac teams
- Support patient safety, research, education and prevention
• Provide patient-centered and coordinated care with treatment and intervention tailored to individual needs
• Set quality standards for cardiovascular practice
• Identify and recognize high performing and complex cardiovascular service lines in the nation that provide unbiased, actionable, and achievable benchmarks for all hospital and clinical leaders to use as they work to raise their own standards of performance. These organizations will be able to demonstrate the ability to seek out the best opportunities to deliver healthcare value to their communities.
• Focus on various referring and receiving staff facilitating smooth handoffs with predictable, optimal timing for all CV transfers

Value to Patients and Community
Facilities earning Cardiovascular Center of Excellence accreditation can claim the following benefits to communities they serve:

• **Care Decisions:** Increase participation in care decisions by patients and family members and promote patient-centered and coordinated care with treatment and intervention tailored to individual needs.
• **Guideline Driven Treatments:** Hospitals will provide appropriate, timely, evidence-based, guideline driven quality care to their patients as recommended by the American Heart Association and the American College of Cardiology.
• **Standards of Care:** Verifies standards of care created by reputable national organizations.
• **Multidisciplinary Teams:** Ensures a multidisciplinary cardiovascular team is involved in the planning and coordination of cardiovascular patient care.
• **Clinical Research:** Informed about clinical research studies and trial opportunities.
• **Cardiac Prevention:** Collaborates with communities to provide cardiac prevention and educational events.
• **Improved Population Health:** Streamlines patterns of care across the CV service line, identifies disparities in care, focuses on areas for quality improvement initiatives, and improves population health, community engagement and outreach, and overall patient satisfaction.
• **Quality Care in Your Community:** Shows dedication to quality cardiovascular care that is available close to home providing patients with the best outcomes and quality of life
• **Recruiting:** CVCOE Accreditation is a valuable tool in recruiting top-notch physicians and clinical professionals by demonstrating the institution’s commitment to quality.
• **Confidence in Care:** Patients recognize and trust the American Heart Association and the heart-check mark, a mark that carries a high level of consumer confidence.

Value to Payers
The Cardiovascular Center of Excellence accreditation demonstrates the following:

• **Best Practices:** Provides external validation the accredited facility is performing at the highest level with adherence to best practices and the latest evidence-based medicine.
• **Commitment to Quality:** Demonstrates a commitment to excellence and quality for patients, providers, payers, and policymakers.
• **Optimal Treatments:** Focuses on a System of Care approach ensuring optimal treatment and outcomes across the entire system of care.
- **Care Assessment Information:** Meets the requirements of payers and insurers to provide necessary information for the internal assessment of quality care.
- **Quality Improvement:** Improves quality, care coordination, and compliance with national care guidelines.
- **Patient Satisfaction:** Increased confidence in the hospital’s ability and expertise which can lead to higher patient satisfaction and trust in the hospital’s abilities.

**Public Awareness**

- When choosing a hospital, 74% of consumers say trust is the most important factor. Patients can trust that provider’s care practices and procedures strive to meet the highest quality standards of care to promote the best outcomes.
- Patients recognize and trust the American Heart Association and the heart-check mark, a mark that carries a high level of consumer confidence.
- Hospitals with CVCOE accreditation receive public recognition for their achievement as well as gain local and national exposure from the American Heart Association.
- Hospitals are spotlighted on the [Know Before You Go](#) map which lists award-winning Get With The Guidelines hospitals as well as AHA accredited and certified hospitals. These acknowledgements ensure that consumers and providers can identify hospitals in their community who demonstrate adherence to national benchmarks.

**Eligibility**

**General Eligibility Requirements**

Hospitals are eligible to apply for [Cardiovascular Center of Excellence](#) accreditation by meeting the following general prerequisites:

- **Located within the US:** Hospital is within the United States; or any of its territories; or operated by the US government, or operated under a charter of the US Congress
- **Required Cornerstone Accreditations:** Hospitals must have the minimum required ACC/AHA Cornerstone accreditations. This requirement may be waived if hospitals apply during the limited introductory period.
- **Participating Hospital Agreement:** Hospital agrees to the terms described in the Participating Hospital Agreement

In addition to the general eligibility requirements outlined above, the hospital’s cardiac service line programs, individually and collectively, must meet the standards described in the Program Overview section.

**Limited Introductory Offering**

To encourage early adoption of the Cardiovascular Center of Excellence’s accreditation a limited introductory offering is available for hospitals that;

1. Have current required/optional accreditations (certifications) from a non-ACC accrediting body; OR
2. Do not have any current required/optional accreditations (certifications) from ACC/AHA or another accrediting body.

Hospitals must be able to demonstrate substantial equivalency in the interim prior to obtaining the required/optional cornerstone accreditations from ACC/AHA. This option allows for hospitals with stellar comprehensive programs the ability to apply and become an accredited Cardiovascular Center of Excellence.

Program Overview

Terminology

There are key programmatic terms used throughout this document:

- **Readiness Assessment**: All applicants are required to complete the Readiness Assessment (RA) prior to moving forward with the Capstone accreditation. This assessment is designed to assess a hospital’s ability to be successful with the Capstone requirements.

- **Capstone Accreditation**: The American Heart Association’s (AHA) over-arching Cardiovascular Center of Excellence (CVCOE) accreditation. This accreditation is administered by the AHA. CVCOE and Capstone are sometimes used interchangeably.

- **Cornerstone Accreditations**: The American College of Cardiology’s (ACC) pillar accreditations. These accreditations make up part of the Capstone’s eligibility requirements as demonstrated in Figure 1. These accreditations are administered by the ACC’s Accreditation Services.

![Figure 1 – CVCOE Supporting Structure](image)
Accreditation Requirements
There are three mandatory parts to becoming a CVCOE accredited facility: Readiness Assessment, Cornerstone requirements, and CVCOE standards.

Readiness Assessment
The RA is designed to help the AHA reviewer better understand the current infrastructure of the applying hospital. The Accreditation Review Committee verifies if the hospital has sustainable systems in place to be successful as a Cardiovascular Center of Excellence.

This RA is broken out into three sections:
A. General Facility Demographics
B. Program Readiness Description for CP, HF, and AF
C. Program’s Impact on Population Health

Required Cornerstone Requirements
Each hospital must have 3 of the 4 Cornerstone accreditations, or be in the process of obtaining the accreditations, to be eligible to apply for the Cardiovascular Center of Excellence. Chest Pain Center is the mandatory cornerstone. In addition, the hospital must have or be working toward two (2) of the following accreditations: Heart Failure, Atrial Fibrillation or Cardiac Cath Lab.
Capstone Line Item Criteria
The additional CVCOE accreditation requirements focus on the following three areas:

a. Governance  
b. Systems of Care  
c. Clinical Quality

Duration of Accreditation
Accreditation is active for three years from the date the accreditation is awarded or renewed.

Steps in the CVCOE Process
1. **Eligibility Information:** Review the eligibility information contained in this document.
2. **Create Account:** From the AHA CVCOE webpage, click on the PURPLE create an account button and complete the requested information. Then click submit. You will receive an email from the web administrator notifying you that we received your request.

   After your request has been validated, you will receive communication from an AHA Representative to inform you that your account has been approved and activated. Also included in the email will be a copy of the CVCOE Standards Manual and Readiness Assessment (if applicable).

3. **Online Application:** The hospital completes and submits the online application via the Quality Improvement (QI) Web Portal.
4. **Participating Hospital Agreement:** The hospital receives a Participating Hospital Agreement to sign via the e-Sign application.
5. **Completed Participating Hospital Agreement:** The hospital submits their completed agreement form using the e-Sign application. **Applications will expire one year from the date received.**
6. **Invoice Process:** The invoice process begins when the Participating Hospital Agreement is fully executed.
7. **Payment:** Once payment is received, you will be contacted by an AHA Representative to begin your accreditation journey.
8. **Readiness Assessment:** After the hospital successfully completes the assessment, they may continue in the application process.
9. **Submit Supporting Documentation:** Supporting documentation may be uploaded using the QI Web Portal.
10. **Desk Survey:** The AHA Reviewer evaluates the hospital supporting documentation for adherence to the standards. If there are any questions, the AHA Reviewer schedules a call to resolve documentation questions.
11. **On-Site Survey Scheduled:** The AHA Reviewer contacts the hospital’s primary contact to schedule the on-site review. The hospital receives advance notice of the on-site review.