

## Industry Trends



# Chest Pain Center Accreditation Raises Goal Post, Standardizes Care

Health care facilities wishing to meet or exceed exemplary standards for the diagnosis and treatment of patients who present with symptoms of possible acute coronary syndrome (ACS) can look to the Society of Chest Pain Centers (formerly the Society for Chest Pain Centers and Providers) for assistance. Last year, the society launched the industry's first accreditation program for Chest Pain Centers. The designation "Accredited Chest Pain Center" is granted to applicants that meet the fundamentals of eight key elements, complete the accreditation process, and implement the society's recommendations within 12 months.

Over five million individuals in the United States present to hospitals with symptoms of possible ACS every year. Between 1,500 and 1,900 hospitals have established Chest Pain Centers in order to accelerate diagnosis and prevent unnecessary hospitalization of those not experiencing heart-related problems. However, all Chest Pain Centers are not created alike. The timeliness and quality of services offered vary widely. According to the society's executive director, Robert Weisenburger Lipetz, accreditation will both improve a center's diagnosis and treatment of chest pain patients and lead to standardization of care nationwide.

Lipetz describes a "Chest Pain Center" as an integral facility based on a model for dealing with possible ACS that begins in the community and interfaces seamlessly with the emergency department (ED), the cardiology department, and hospital administration. Eight key elements comprise a Chest Pain Center:

- **Integrated ED and emergency medical system (EMS)** achieved via a formal system that coordinates diagnostics and therapeutics in the field as well as pre- and post arrival triage; requires regular meetings between ED and EMS personnel
- **Emergency assessment of ACS** that uses clearly identified pathways and gender-, age-, and race-based protocols

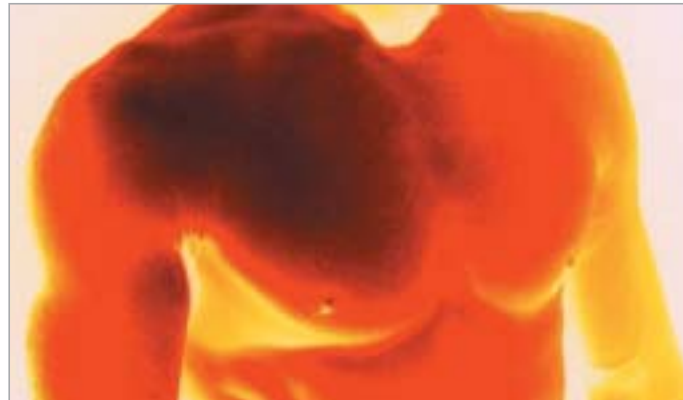
- **Rapid assessment of low to moderate risk for ACS** to free beds in the cardiac unit for high-risk patients and reduce inappropriate discharge
- **Functional facility design** that serves the mission of providing good cardiac care (examples of poor design: stop signs or loading docks in front of the ED that delay EMS arrivals; walls that obstruct the triage nurse from seeing patients presenting for triage)
- **Personnel trained in core competencies**
- **Organizational structure** that demonstrates top-down support of the center's mission, including written CEO and medical board endorsement and a director and managerial committee for the center
- **Ongoing process improvement** that uses metrics to track and evaluate trends
- **Community outreach program** for secondary prevention and early symptom awareness

The accreditation program is process improvement-oriented rather than compliance driven. Each key element contains tiered criteria that reflect higher standards of care. The society's Accreditation Committee periodically adjusts the criteria to reflect the current science of emergency cardiac diagnosis and treatment as set forth to the society's board of trustees by a third-party consensus panel. To keep pace with these evolving standards, accredited Chest Pain Centers must reapply for accreditation every three years.

Obtaining accreditation is a collaborative effort between the applicant and the society. Society representatives meet with medical staff to evaluate the center's strengths and weaknesses and to help create a detailed road map for improvement over the next three years. The team prepares a report for the soci-

ety's Accreditation Committee that describes the onsite review findings and makes recommendations. The society's education track, which involves a similar process but does not lead to accreditation, helps facilities develop an implementation program for establishing a Chest Pain Center.

"The [accreditation] process opened up new ideas for processes we need to change," recounts Famy Bialon, assistant vice president of patient care services at recently accredited Riverside Community Hospital in Riverside, California. "The society gives you the footprint and what the outcome should be, but it can be achieved in different ways."



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To date, the society has granted full accreditation to 16 Chest Pain Centers. An additional eight centers are provisionally accredited. Lipetz expected the number of fully accredited centers to be between 20 and 30 by the end of 2003, and between 60 and 100 by May 2004, the anniversary of the program's launch.

For details about the accreditation and education tracks or to obtain a schedule of periodically conducted accreditation workshops and teleworkshops (audioconferences), visit the society's Web site at [www.sccpcp.org](http://www.sccpcp.org). **R**