

# Making Significant Strides Through Accreditation

## Challenge

Prior to pursuing Chest Pain Center Accreditation through the Society of Cardiovascular Patient Care (now ACC Accreditation Services), a regional, acute care hospital located in Florida had emergency cardiac care processes in place and vital executive level engagement, but the hospital's emergency department was losing money. Initial review of the data revealed several costly oversights, including low emergency medical services (EMS) volume traffic, prolonged emergency department (ED) Door-to-ECG and Troponin result times, ongoing monthly diversions, and less guideline-based discharges from the ED. Rather than working together as one cohesive entity, the various departments operated in silos. Each department of healthcare professionals within the organization worked to support their own department never fully aware of exactly how much the actions of one unit could impact the total enterprise.

## Solution

Seeing that the relationship with EMS was not in place, and as a requirement for accreditation, the Society recommended that hospital officials reach out to the EMS community with an invitation to work together to share protocols and share patient metrics. This was a welcome message to the EMS professionals as they had been quantifying their processes and gathering metrics to support process improvement for some time without the involvement of this hospital. EMS frequently drove past the regional hospital to transport acute coronary syndrome (ACS) patients to other hospitals in the area.

A commitment to improve ECG and troponin times in the ED was necessary to support accurate recognition and identification of those arriving with heart attacks. Metrics recommended by the accreditation tool were actively incorporated into practice, which ultimately revealed that some of the heart attack patients (about 3%) had been to the ED with same or similar symptoms prior to their MI. A closer look into the cardiopulmonary/noninvasive area revealed that the hospital was also utilizing a number of stress testing modalities, to rule out the ACS patient, which impacted time, full-time equivalent (FTE) resources, as well as reimbursement. Through the use of quarterly metrics, the accreditation program facilitated the quantification of tests and modalities to support a more definitive stress testing plan and patient selection process.

At the same time, diversion was costing the hospital thousands of dollars. With an average monthly diversion time of two hours, that amounted to a \$360,000 annual loss. Once hospital officials were made aware of the diversion financial losses, and were alerted to the impact on patient care for their community, they implemented steps to eliminate it. This not only improved the bottom line, but sent a positive message to the community they serve.

## Results

With accreditation underway, processes improved almost immediately. In just three quarters, the facility successfully reduced costs and improved reimbursement while increasing their volume by 4,000 patients. Thus, the accreditation process drove the hospital to own its space in its community and to improve profitability over time.

Additionally:

- EMS traffic improved by 6 percent and revenue increased exponentially as a result; as about 34 percent of the patients who enter through EMS are those typically admitted to the hospital

*Prior to Accreditation, the hospital's annual financial loss was as high as \$360,000 on diversion alone.*

## A Regional Facility in Florida

A regional acute care hospital with approximately 200 beds, located in Florida, is associated with a large hospital system. The community they serve includes both retirees and younger couples with families.



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## Results - continued

- Door-to-ECG times decreased from an average of 18 minutes to 6 minutes, a change that helped to significantly increase the number of those getting to the cath lab faster, as well as identifying those that would need admission
- The number of heart attack admissions that had previously presented with ACS signs and symptoms dropped from 3 percent to zero
- Inappropriate admissions decreased by 11 percent for patients appropriately risk stratified
- Chest pain observation volume grew, and heart failure volume grew by 8 percent
- The length-of-stay in Observation was reduced by almost 10 hours

## Look to ACC Accreditation Services

Hospitals that are intent on connecting quality and cost with outcomes and patient satisfaction look to ACC Accreditation Services to help them transform cardiovascular care. Achieving accreditation status improves a hospital's productivity, patient throughput, and the quality and consistency of care. In short, it better positions a hospital as a preferred provider of cardiovascular care.

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