

American College of Cardiology Foundation (“ACCF”)  
Reduce the Risk: PCI Bleed Quality Campaign v1

**PROGRAM REQUIREMENTS**

**1. Participant Responsibilities**

**1.1. Program Management**

- 1.1.1. When opting in to the Reduce the Risk: PCI Bleed Quality Campaign (the “Program”), the Participant must designate a core team that includes: (see Appendix 1)
  - 1.1.1.1. Team Facilitator—The Team Facilitator will serve as the primary point of contact for the Program.
  - 1.1.1.2. Physician Leader—The Physician Leader is responsible for representing the Program, is the primary decision-maker, and is the liaison to medical staff.
  - 1.1.1.3. Hospital Administration Sponsor—The Hospital Administration Sponsor will ensure adequate resources are in place to support the Program.
- 1.1.2. The Participant will identify and establish a multidisciplinary team within forty-five (45) days of the start date of the Program at the Participant’s facility. The team may include members from the cardiac catheterization lab team, social work, pharmacy, cardiologists, quality improvement staff, and nursing.
- 1.1.3. The Participant is required to ensure a valid and unique email address on Appendix 1 and submit it to [ncdr@acc.org](mailto:ncdr@acc.org) for all designated multidisciplinary team members within forty-five (45) days of opting in. The email addresses will be used to communicate relevant Program specific information.

**1.2. Reporting Requirements:**

- 1.2.1. Participant acknowledges and agrees that ACCF will use the CathPCI Registry quarterly aggregate outcomes report to track Program measures, which can be found on the Quality Improvement for Institutions (QII) website.

**1.3. Additional Participant Program Expectations include, but are not limited to:**

- 1.3.1. Utilize quality improvement resources such as assessments, tool kits, and the listserv community.
- 1.3.2. Take part in training and orientation activities provided via live webinars that will be recorded and made available on the QII website.
- 1.3.3. Maintain CathPCI Registry enrollment for the duration of the Program.
- 1.3.4. Maintain a green Data Quality Report (DQR) data submission status for the CathPCI Registry for the duration of the Program.
- 1.3.5. Adhere to ACCF Marketing/Branding guidelines as provided by ACCF for any use by Participant of the ACCF logo or branded materials.

## **2. ACCF Program Responsibilities**

### **2.1. ACCF provides Participant Support as follows:**

- 2.1.1. Support via telephone and email during normal business hours; usually Monday through Friday, 9:00a.m. to 5:00p.m. Eastern Time, excluding major holidays.
- 2.1.2. ACCF will provide a hospital marketing and communications toolkit, to publicize the Participant's engagement in the Program.

### **2.2. ACCF provides resources and training programs to guide Participant activities. These include:**

- 2.2.1. Quarterly webinars that will be hosted live, then posted as archived recordings on the QII website. The webinar schedule will be advertised on the CathPCI Registry announcements page, communicated over email, and will be posted on the QII website.
- 2.2.2. Best practice sharing via ACCF media channels, subject to compliance by Participant with any policies governing use of such media channels (i.e. Cardiology, and ACCF's QII website).
- 2.2.3. A private listserv, with access and participation in such listserv granted to multidisciplinary team members, subject to compliance with terms of use governing the listserv.

### **2.3. Program Evaluation**

- 2.3.1. ACCF will, at the end of the eighth (8) quarter of the Program conduct an evaluation that consists of the following:
  - 2.3.1.1. Percent change from baseline to current performance of the Program metrics, with comparison to national and Program participant averages.
  - 2.3.1.2. Participant lessons learned.
  - 2.3.1.3. Participant experience.

## **3. Term and Termination.**

- 3.1. The term of the Program will begin on the date the facility opted in to participation in the Program. The Program will terminate automatically if the Participant fails to maintain enrollment in the CathPCI Registry or if Participant terminates the NCDR Participant Agreement.

## APPENDIX 1

### Reduce the Risk: PCI Bleed Quality Campaign CONTACT INFORMATION SHEET

**STEP 1: Please provide the hospital information requested below.** (Please print clearly and legibly)

Hospital Name (Legal Name)	
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**STEP 2: Please provide Team members contact information**

**Select a Physician Leader, Team Facilitator, Executive Sponsor, and other team members**

Identify the roles that each team member should fill based on the definitions below. Typically, there is one Physician team leader and one team facilitator, but you can assign co-leaders or co-facilitators if desired or necessary.

Physician Leader – *responsible for representing project, primary decision-maker, and serves as the liaison to medical staff.*

Team Facilitator – *responsible for serving as the primary point of contact for the Program.*

Hospital Administration Sponsor – *responsible for allotting adequate resources to support Program activities.*

Team Members – *a key contributor as a process owner, content expert, or data analyst responsible for implementing specific project activities. (i.e. pharmacist, social worker, nurse, physician assistant, case manager, data specialist)*

**STEP 3: For each unique individual identified in Step 2, please provide the following contact information by emailing this document to [ncdr@acc.org](mailto:ncdr@acc.org).**

(If needed, please use a separate sheet to list all team members)

Contact Name ( <i>First &amp; Last Name</i> )	Position Title	Email Address	Telephone
	Physician Medical Director		(    )
	Team Facilitator		(    )
	Hospital Administration Sponsor		(    )
	Team Member		(    )
	Team Member		(    )
	Team Member		(    )
	Team Member		(    )
	Team Member		(    )
	Team Member		(    )