SIMPLE SOLUTIONS.
BIG IMPACT.
KEY BENEFITS

Participation in Quality Improvement for Institutions offers:

• **Data-driven solutions and benchmarking tools** to improve patient outcomes and address common concerns about reimbursement and regulations.

• **Access** to a multitude of quality improvement tools, available for everyone on your care team.

• **Benchmark reporting** and physician level registry dashboards to compare individual performance.

• **Ready-to-go projects** designed to fit your organization’s needs.

• Opportunities to **collaborate with a community** of institutions committed to improving quality.

• **Access** to the Communications Kit, to promote your facility’s affiliation with the ACC’s Quality Improvement program and share your commitment to quality with your staff and community.

• Participation in NCDR research, ACC-sponsored quality campaigns, and cutting edge pilot programs.

• Opportunities to **assess your facility’s performance** against others on key metrics for ACC quality campaigns.

• Resources to help you meet public reporting requirements.

• Ongoing **customer support** from the ACC.

Quality Improvement for Institutions combines the American College of Cardiology’s (ACC) proven quality improvement service solutions and its comprehensive suite of cardiovascular registries. This innovative program helps facilities improve guideline adherence, reduce variations in care and enhance patient outcomes by providing the entire cardiovascular care team unlimited, on-demand access via one convenient website – CVQuality.ACC.org.

Quality Improvement for Institutions includes:

**NCDR®** – suite of cardiovascular data registries helping hospitals and practices measure and improve the quality of care they provide.

**Quality Campaigns** – proven, hospital-based efforts, including Door to Balloon (D2B), Hospital to Home (H2H), Surviving MI and other campaigns that disseminate evidence-based strategies and toolkits, promote best practice sharing, and build nationwide learning networks.

**Clinical Toolkits** – easy to use tools for ensuring the highest quality patient care.

**QI Communications Kit** – tools designed to help your facility showcase its dedication to quality.
20 YEARS OF CONTINUOUS QUALITY IMPROVEMENT

The NCDR is the ACC’s suite of data registries helping hospitals, health systems and practices measure and improve the quality of cardiovascular care they provide. More than just data collection, NCDR forms a comprehensive network of cardiovascular care providers committed to ensuring evidence-based care, improving patient outcomes and lowering health care costs. Learn more and get started at ACC.org/NCDR

HOSPITAL REGISTRIES

The ACC offers registries supporting the following areas of cardiovascular care:

**Acute myocardial infarction treatment**

ACTION Registry® – GWTG™ is a risk-adjusted, outcomes-based quality improvement program that focuses exclusively on acute myocardial infarction patients. It assists organizations in applying ACC/American Heart Association Clinical Guidelines recommendations for ST-elevation myocardial infarction (STEMI) and non-ST-elevation (NSTEMI) treatments.

**Atrial fibrillation procedures**

AFib Ablation Registry™ assesses the prevalence, demographics, acute management and outcomes of patients undergoing atrial fibrillation (AF) ablation procedures. Its data support the development of evidence-based guidelines for AF treatments that will improve patient outcomes.

**Diagnostic cardiac catheterization and percutaneous coronary intervention**

CathPCI Registry® assesses the characteristics, treatments and outcomes of cardiac disease patients who receive diagnostic catheterization and/or percutaneous coronary intervention (PCI) procedures. It delivers benchmarking data that helps cath labs reduce door-to-balloon times, limit procedural complications, monitor appropriateness of PCI and more.

**Implantable cardioverter defibrillator and leads procedures**

ICD Registry™ establishes a national standard for understanding treatment patterns, clinical outcomes, device safety and the overall quality of care provided to implantable cardioverter defibrillator (ICD) patients. As the Centers for Medicare and Medicaid Services (CMS) -mandated registry for hospitals that perform ICD implantation procedures, the ICD Registry plays an important role in determining the association between evidence-based treatment strategies and clinical outcomes.

**Pediatric and adult congenital treatment procedures**

IMPACT Registry® assesses the prevalence, demographics, management and outcomes of pediatric and adult congenital heart disease (CHD) patients who undergo diagnostic catheterizations and catheter-based interventions. Its data support the development of evidence-based guidelines for CHD treatment that will improve outcomes for CHD patients of all ages.

**Atrial fibrillation procedures**

LAAO Registry™ captures data on left atrial appendage occlusion (LAAO) procedures to assess real-world procedural outcomes, short and long-term safety, comparative effectiveness and cost effectiveness. LAAO provides a treatment option to manage stroke risk for non-valvular atrial fibrillation patients who are unable to maintain adequate anticoagulation through medication therapy. The LAAO Registry is approved by CMS to meet the registry requirements outlined in the national coverage decisions for Percutaneous Left Atrial Appendage Closure.

**Peripheral vascular intervention procedures**

PVI Registry™ measures the prevalence, demographics, management and outcomes of patients undergoing lower extremity peripheral arterial catheter-based interventions, carotid artery stenting and carotid endarterectomy procedures. It enables clinicians to use decision-making data to implement changes to improve the quality of patient care – whether care is provided in a hospital cath lab, interventional radiology department or an outpatient vascular center.

**Transcatheter valve therapy procedures**

STS/ACC TVT Registry™ monitors patient safety and real-world outcomes related to transcatheter valve replacement and repair procedures– emerging treatments for valve disease patients. Employing state-of-the-art heart valve technology, transcatheter heart valve procedures provide new treatment options for patients who are not eligible for conventional heart valve replacement or repair surgery.
OUTPATIENT REGISTRIES

The ACC offers registries for quality improvement in the following areas:

**Outpatient cardiovascular care**

**Pinnacle Registry** focuses on coronary artery disease, hypertension, heart failure, atrial fibrillation and diabetes in the outpatient setting. Its HIPAA compliant data collection tool works with most electronic health record systems and its unique online dashboard delivers on-demand reports for viewing overall clinical care, accessing quality improvement best practices, and maximizing opportunities to earn incentives under the CMS Quality Payment Program and e-prescribing incentives.

**Diabetes and cardiometabolic management**

**Diabetes Collaborative Registry** is the first clinical ambulatory registry aimed at tracking and improving the quality of diabetes and cardiometabolic care across the primary and specialty care continuum. The combined data from primary care physicians, endocrinologists, cardiologists and other diabetes care providers allows for longitudinal study of diabetes, making this a valuable resource that reveals new insights, drives decision-making, and enables better treatment and improved outcomes.

DATA POWERING RESEARCH

The NCDR encourages research applications from credentialed researchers, government agencies, educational institutions and corporations who are interested in using registry data to answer clinical questions on the delivery and outcomes of cardiovascular health care. Whether published as articles in peer-reviewed journals or presented as oral presentations or abstracts during major scientific or medical conferences, these findings have a true potential to improve the quality of patient care.

NCDR offers two analytic services:

- **Web-enabled business intelligence data report dashboards** that allow hospitals, health systems, private health insurance payers and other stakeholders to tailor NCDR reports for comparison purposes, including monitoring the quality of data submissions and performing comparative analyses.
- **Custom analytics** that can be used to evaluate clinical data from real-world populations to gain a broad understanding of myriad issues, including safety, effectiveness and quality.

Finally, through the ACC’s **Outpatient Registries Research Alliance**, practices that specialize in both CV and diabetes have the opportunity to participate in research and access clinical trials, observational studies and investigator development programs. The Research Alliance provides a unique opportunity for practices to help advance the next generation of medicine.
ACC ACCREDITATION SERVICES

ACCREDITATION IMPROVES PATIENT OUTCOMES
ACC Accreditation Services™ works with hospitals and healthcare systems to improve the clinical processes associated with the early assessment, diagnosis, and rapid treatment of ACS, Heart Failure, and Atrial Fibrillation. It includes Chest Pain Center, Cardiac Cath Lab, Heart Failure, and Atrial Fibrillation accreditations, and a certification for FreeStanding ED Cardiac Care.

The Accreditations Programs Merge Guidelines with Best Practices of Care to:
• Reduce mortality
• Decrease readmissions
• Maximize reimbursements
• Lower length-of-stay
• Sustain process improvement

Expertise and influence reach across the continuum of CV care to:
• Deliver tools and services that accelerate a facility’s implementation of best-in-class models for cardiovascular patient care — models that incorporate the latest scientific guidelines and recommendations of a multidisciplinary team of experts
• Aggregate calculated measures that reflect patient care process performance
• Standardize the care process for all LOW-RISK patients — the group that comprises 80% of patients presenting to the ED with symptoms of heart disease
• Extend the patient care team by recognizing the value of EMS in providing immediate, evidence-based care to patients
• Enable facilities to share best practices and network with peer professionals
• Change the culture of hospitals and lower the cost of care associated with episodes of care to multi-disciplinary, patient-focused teams of professionals working together
• Suggest and offer specific recommendations for continuous process improvement before and after accreditation is achieved

To learn more, visit ACCREDITATION.ACC.org, call 614-442-5950 or email at accreditationinfo@acc.org.

ACC Accreditation Services is a Quality Improvement for Institutions Initiative of the American College of Cardiology.

AHA’S ACCREDITATION FOR CARDIOVASCULAR CENTER EXCELLENCE

THE HIGHEST LEVEL OF CARDIAC ACCREDITATION

The mission of the AHA/ACC Accreditation for Cardiovascular Center of Excellence is to improve CVD outcomes and optimize the patient and caregiver experience 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.

Benefits for Hospitals
• Public recognition of commitment to high quality of care
• Structured care model and delivery of cohesive, standardized, multidisciplinary cardiovascular systems of care
• Participation in AHA and ACC’s quality improvement registries with access to numerous quality reporting tools
• Facility-based patient data to use for internal quality improvement, administration and research
• Recruitment tool for physicians and other medical professionals

Benefits for patients
• Increased participation in care decisions by patients and family members
• Accredited programs with dedicated resources to provide quality treatment and supportive care
• Access to important components of treatment recommended by the AHA and the ACC
• Standards of care created by reputable national organizations
• Multidisciplinary cardiovascular team involved in the planning and coordination of care
• Clinical research and trial options
• Cardiac prevention and educational events

Apply now at Heart.org/CardiacAccreditation. Learn more about the partnership between AHA and ACC at cardiacaccreditation.org.
HOSPITAL TO HOME CAMPAIGN

The Hospital to Home Campaign (H2H) is a resource for hospitals and cardiovascular care providers committed to improving transitions from hospital to “home” and reducing their risk of federal penalties associated with high readmission rates.

The H2H Campaign challenges communities to better understand and tackle readmission problems through the use of simple, targeted and actionable strategies in three core concept areas: early follow-up, post discharge medication management, and patient recognition of signs and symptoms.

Key Strategies

See You in 7
The goal of the H2H See You in 7 Project is for all patients discharged with a diagnosis of heart failure (HF) or acute myocardial infarction (MI) to have a follow-up appointment scheduled/cardiac rehab referral made within seven days of hospital discharge.

Mind Your Meds
The goal of the H2H Mind Your Meds Project is for clinicians and patients discharged with a diagnosis of HF/MI to work together to ensure optimal medication management.

Signs and Symptoms
The goal of the H2H Signs and Symptoms Project is to educate patients to recognize early warning signs and develop a plan to take action.

Learn more and get started at CVQuality.ACC.org/H2H

QUALITY CAMPAIGNS

Designed to support local efforts with structured quality improvement projects to achieve specific goals – Door to Balloon (D2B), Hospital to Home (H2H), Surviving MI and other campaigns promote collaboration and dissemination of practical lessons learned.

Key Features

- Take ASSESSMENTS to evaluate your facility’s current processes and identify opportunities for improvement.
- Implement tools and strategies from the TOOLKIT to address gaps in care.
- Collaborate with others on a LISTSERV to share best practices and lessons learned.
- Listen to on-demand WEBINARS that review and translate evidence-based strategies into practice.

DOOR TO BALLOON CAMPAIGN

The Door to Balloon Campaign provides hospitals with key evidence-based strategies and supporting tools needed to reduce D2B times through a worldwide learning community. National guidelines developed by the ACC and the American Heart Association state that hospitals treating ST-Elevation Myocardial Infarction patients with emergency percutaneous coronary intervention (PCI) should reliably achieve a D2B time of 90 minutes or less.

Key Strategies

- One Call Activates the Cath Lab
- Cath Lab Team Ready in 30 Minutes
- Prompt Data Feedback
- Pre-Hospital ECG Activates the Cath Lab (Optional)

Learn more and get started at CVQuality.ACC.org/D2B

Quality Improvement for Institutions
**ACC PATIENT NAVIGATOR PROGRAM**

The **ACC Patient Navigator Program** combines the power of the ACTION Registry®–GWTG™ with the improvement strategies used in H2H to apply a team-based approach for keeping patients at home and healthy after hospital discharge.

Thirty-five hospitals were invited to join the ACC Patient Navigator Program based on their commitment to quality as demonstrated by their participation in the ACTION Registry–GWTG and H2H Campaign.

**Key Strategies**

After an initial orientation and assessment period, hospitals in the ACC Patient Navigator Program implement a variety of evidence-based processes to help patients avoid readmissions. Processes can include scheduling follow up appointments within seven days and providing patients with documentation of their treatment regimen, all prescribed medications and community resources. Successful programs will serve as models that can be implemented in other hospitals as the program grows.

**Learn more at CVQuality.ACC.org/PatientNavigator**

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**SURVIVING MI CAMPAIGN**

The **Surviving MI Campaign** seeks to increase the adoption of evidence-based strategies associated with lower 30-day risk-standardized mortality rates for patients hospitalized with acute myocardial infarction by creating a hospital learning network.

**Key Strategies**

The following strategies affect the whole hospital and different members of the care team including physicians, nurses, pharmacists and hospital administrators:

- Evidence - Based Protocols and Processes in Place
- Nurse and Physician Champions
- Creative Problem - Solving Culture
- Regular Case Reviews With EMS Providers
- Cardiologist Presence Around the Clock
- Dedicated Nursing Staff Assigned to Cath Lab
- Pharmacists Involved With Care

Research indicates that each of these strategies can decrease 30-day mortality rates. Unfortunately, fewer than 10 percent of hospitals are consistently and routinely using at least four of these strategies. Changing organizational culture through the Surviving MI Campaign creates lasting change.

**Learn more and get started at CVQuality.ACC.org/SurvivingMI**

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Quality Improvement for Institutions
CLINICAL TOOLKITS

Clinical Toolkits, available through Quality Improvement for Institutions, provide hands-on tools to help institutions implement guidelines-based and best practice care, and address common clinical issues at their facility.

QI TOOLKIT
Designed to help facilities implement quality patient care, the Quality Improvement (QI) Toolkit includes checklists, worksheets and other tools to address common quality improvement issues.

PUBLIC REPORTING TOOLKIT
Designed to help facilities implement best practices for improving data collection processes, overall data quality through better registry data capture, and performance on publicly reported metrics.

BLEEDING RISK CHECKLIST
Designed to help facilities implement tools to decrease the risk of bleeding complications after percutaneous coronary procedures.

HOSPITAL TO HOME TOOLKITS
Designed to help facilities improve care transitions.
  EARLY FOLLOW-UP TOOLKIT
  MEDICATION MANAGEMENT TOOLKIT
  SIGNS AND SYMPTOMS TOOLKIT

SURVIVING MI TOOLKIT
Designed to lower 30-day risk stratified mortality rates for patients hospitalized with AMI and improve organizational culture.

D2B TOOLKIT
Designed to help facilities reduce door-to-balloon times.

Learn more at CVQuality.ACC.org/Clinical-Toolkits

Quality Improvement for Institutions

QI COMMUNICATIONS KIT
The Quality Improvement for Institutions QI Communications Kit includes easy-to-use tools designed to be plugged into your communications channels to help your institution showcase its dedication to providing high quality cardiovascular care.

Participation Promotion Kit
Easy-to-use tools to plug directly into your facility’s communications channels, to spread the word about your participation in this innovative effort.

Take advantage of:
  • Recognition certificate
  • Executive talking points
  • ACC Quality Improvement for Institutions digital logo
  • Sample press release
  • Sample social media messages

Public Reporting Communications Kits
Hospitals that are participating in ACC’s voluntary public reporting program can showcase their dedication to quality improvement, transparency and patient empowerment with this helpful sets of tools.

Download these tools and more at CVQuality.ACC.org

CLINICAL TOOLKITS