# As seen in Healthcare Business Today

# Why Corazon Accreditation for Cardiovascular Services?

By Amy Newell



#### **Ensuring Program Excellence is Only the Beginning.**

Corazon Accreditation is a prestigious recognition awarded to healthcare institutions for their commitment to delivering high-quality cardiovascular services. In an era where cardiac diseases are a leading cause of morbidity and mortality, obtaining Corazon Accreditation signifies an organization's dedication to meeting and exceeding Corazon best practices and industry standards, maintaining compliance with national societal guidelines, delivering exceptional patient outcomes, and in specific situations adherence to State regulatory requirements for the performance of cardiovascular procedures. Corazon utilizes a methodical approach to assist these healthcare institutions in achieving program Accreditation. Our E3 approach (Evaluate, Enhance, Excel) is uniquely structured to take your program to new heights of clinical quality, financial performance, and operational outcomes.

This article explores the significance of Corazon Accreditation endorsed by the Society for Cardiac Angiography & Interventions (SCAI), its benefits, rigorous evaluation process, and improved outcomes through actionable, proven results.

### **Understanding Corazon Accreditation**

Corazon Accreditation is granted by <u>Corazon, Inc.</u>, an independent healthcare consulting firm specializing in cardiovascular, neuroscience, orthopedic, and surgical services.

May 2023, Corazon announced a r

In May 2023, Corazon announced a new partnership with the Society for Cardiovascular Angiography & Interventions (SCAI), the nation's leading organization representing invasive and interventional cardiology. Together, Corazon and SCAI are ushering in a new era

of quality oversight for interventional cardiology programs, regardless of the setting of care. Rapid growth within the ambulatory sector is a key consideration for cardiology programs across the country, and Corazon's SCAI-endorsed accreditation will assure adherence to local and national guidelines.

The accreditation process involves a comprehensive evaluation of a healthcare institution's cardiovascular services, including diagnostic procedures, treatment options, patient outcomes, and quality improvement initiatives. Corazon's expert team evaluates the clinical, operational, and quality aspects of the program to determine compliance with established best practices and industry standards.

#### **Benefits Of Corazon Accreditation**

- Enhanced Reputation: Achieving Corazon
   Accreditation demonstrates an organizational
   commitment to excellence in cardiovascular care.
   Corazon's standards are reviewed and endorsed
   by SCAI physicians ensuring the highest quality of
   care. Corazon Accreditation enhances the
   reputation of the healthcare institution, instilling
   confidence in patients, physicians, and the
   communities they serve.
- 2. Continuous Quality Improvement (CQI): Accreditation ensures that a healthcare institution consistently delivers high-quality cardiovascular services. It promotes adherence to evidencebased practices, patient safety measures, and clinical outcomes monitoring, leading to improved patient outcomes and reduced medical errors. These efforts ensure that strong quality assurance practices are in place and continue to lead to improved patient outcomes and ongoing patient safety.
- Process Optimization: The accreditation process involves an in-depth analysis of an organization's cardiovascular program, identifying opportunities for improvement and streamlining processes. Accredited institutions benefit from Corazon's expert recommendations, helping them implement best practices and achieve operational efficiencies.

- 4. Competitive Advantage: Corazon Accreditation provides a competitive edge to healthcare institutions in a saturated market. It differentiates them from non-accredited facilities and helps attract patients, skilled healthcare professionals, and physicians seeking quality cardiovascular care environments.
- 5. Continuous Feedback: Accreditation is not a one-time achievement but an ongoing commitment to excellence. Corazon Accreditation requires institutions to engage in continuous quality improvement initiatives, ensuring that their cardiovascular services remain at the forefront of medical advancements. This is facilitated through regular outcomes review, ongoing correspondence, and recognition of achievement.

#### The Evaluation Process

To obtain Corazon Accreditation, a healthcare institution must undergo a comprehensive evaluation process. The key steps include:

- Application, or Inquiry of Corazon
   Accreditation Process: An organization can initiate the process by submitting an online application to Corazon, or by reaching out directly to demonstrate their interest in pursuing accreditation.
- On-Site Evaluation: Corazon's expert team visits
  the healthcare facility to assess the cardiovascular
  program comprehensively. They review medical
  records, attend an onsite cardiovascular quality
  forum, observe procedures, and interact directly
  with staff, physicians, and key stakeholders.
- Data Analysis: The team analyzes clinical data, patient outcomes, and operational metrics to identify strengths and opportunities for improvement.
- Reporting and Recommendations: Corazon provides a detailed report highlighting findings, recommendations, and potential opportunities for enhancing the cardiovascular program.
- Follow-up and Ongoing Compliance: The
  institution implements the recommendations and
  initiates a follow-up process to ensure compliance
  with accreditation standards. Regular touchpoints
  and monitoring activities are conducted to track
  continuous quality improvement efforts.



# **Proven Results Through Action**

Despite there being much to consider, the evaluation process is relatively straightforward. However, when considering Corazon Accreditation, the questions we most frequently encounter are: "What is the associated cost?", "Why should my program seek accreditation?", and "What additional value does it bring beyond the aforementioned benefits?" Regardless of the service being accredited, the value and benefit can be recognized in many ways. How, you ask? Well, let's look at this a bit more closely, both clinically and fiscally. When choosing an accreditation provider, it is important to consider the value this effort will add to your cardiovascular program. Many accreditation approaches are designed to fulfill state requirements (if in place), but Corazon believes this is just the tip of the iceberg.

Consider the following example, a percutaneous coronary intervention (PCI) program. The positive influence that accreditation can have on cardiovascular program performance is significant. In fact, for the following defined ACC-NCDR CathPCI outcomes registry critical metrics, even small improvements can result in a big impact. And there can be obvious financial benefits for each as well. The metrics presented herein; PCI Within 90 Minutes, Drug-Eluting Stent Utilization, Composite Discharge Medications, and the Radial Approach — will demonstrate the value of an accreditation effort to your program based on the impact of the quality improvement that comes with accreditation.

## **METRIC: PCI Within 90 Minutes**

Corazon recognizes that many programs have taken a more aggressive approach and have set their internal benchmark for achieving door-to-balloon time (D2B) of 60-minutes vs. the current national benchmark of 90-minutes. However, it is important to recognize that even maintaining a < 90-minute, or < 60-minute D2B time is not always achieved

100% of the time. This may sound counter-intuitive, but even if the benchmark is achieved for certain cases, that doesn't mean that EVERY case consistently meets the mark. Programs that have seen their benchmark consistently fall below the 50th percentile must take action to understand at what point across the continuum of care does the process deviate from the norm that otherwise allows the goal to be achieved.

Consider if you will, the following may indeed impact a program's ability in achieving a < 90-minute D2B such as obtaining an ECG within 10 minutes of the patient's arrival, or the arrival of the cath lab team within 30 minutes of a STEMI being activated. Although this sound simple, many programs may not take a deeper dive and pull apart their care processes enough to understand each step across the continuum and what it takes to meet each one at a certain time. Corazon recommends programs continually evaluate and reevaluate policies, procedures, and processes so there's a clear understanding of what should happen when to meet the benchmark. Don't become complacent with your current performance.

Programs accredited by Corazon have seen significant improvements with this benchmark, and those that fall below the 50th percentile work to recognize opportunities for improvement. These opportunities can emerge from many programmatic aspects such as education and internal drills that can be videoed, and then through debriefing, be evaluated for improvement. The execution of updated protocols and/or algorithms will also help.

RESULTS WITH ACCREDITATION: 62% of Corazon Accredited Cath/PCI programs were in the 90th percentile for PCI within 90 minutes in their most recent data submission, meaning 100% of their patients received intervention within 90 minutes. Of these programs, > 55% achieved this metric after involvement from Corazon accreditation. This speaks directly to the oversight and review of outcomes data that is facilitated quarterly by Corazon as part of our E3 approach.

Out of all Cath/PCI programs accredited by Corazon, 96% of them have achieved the 90th percentile for this metric for multiple quarters since being accredited.

#### **METRIC:** Drug-Eluting Stent Utilization

For Corazon-accredited CathPCI programs, drug-eluting stent (DES) utilization is trending downward. On average, according to CathPCI registry outcomes data, programs are using 1.5 stents per lesion, which is considered best practice and a reduction from the initial 1.6 stents average reported in 2019.

**RESULTS WITH ACCREDITATION:** Corazon estimates about 39% of Corazon-accredited Cath/PCI programs are utilizing fewer than 1.5 stents per lesion. Considering that the average cost of a DES is approximately \$1,500, the savings per patient can be considerable, and for the

cardiovascular service line, such savings are critical to maintaining margins in today's healthcare environment.

# METRIC: Composite: Guideline Medications Prescribed At Discharge

This metric will be most impacted if/when documentation is not completed at the time of patient discharge. Certainly, in any given quarter this percentile can fluctuate significantly, though consistency is one hallmark result of an accreditation effort. Through Corazon's approach, best practice recommendations are given for how to impact this metric for the long term, meaning the assurance of consistent and continuous adherence to a standard process for patient discharge.

Programs with an electronic medical record can work in collaboration with their clinical informatics team to create a "best practice alert" or BPA. This BPA notifies the discharging physician to complete the associated documentation specific to the medications required. This should be built into the standardized order set. If a patient has a sensitivity or allergy to a specific medication, the physician must document this within the EMR before moving forward in the discharge care plan. Savvy organizations can develop customized options or "dropdown" menus as part of the BPA, which also helps with consistency by removing the potential for entry mistakes. And while the cardiologist is often not the discharging physician, peer-to-peer education between the cardiologist and the discharging physician, (who in many cases is the hospitalist), can boost a program's compliance to 100% in this metric with minimal resource output.

RESULTS WITH ACCREDITATION: 75% of Corazon-accredited Cath/PCI programs have achieved the 90th percentile for medications prescribed at discharge, meaning 100% of their patients are prescribed these medications. This has a positive impact on patient recovery, overall patient health, and reductions in readmissions. Furthermore, since the benefits of dual anti-platelet (DAPT) therapy have been well documented, non-adherence to ordering these meds inevitably leads to increased mortality and readmission rates, which then translates into higher costs.

#### **METRIC: Radial Approach**

The radial approach has been an option for cath access for many years but, given the technological advances with smaller access site catheters, diagnostic and guiding catheters to deliver interventional balloons and stents are becoming more common practice within CCLs across the country. This approach has afforded programs more efficiencies in throughput and shows a clear and direct correlation to patient satisfaction!

Patients have reported greater satisfaction when having their procedure performed via radial approach, as they are able to ambulate more quickly. For physicians, this allows for a more streamlined approach to caring for the patient, not only allowing them to go home "same day," but also lessening the risk of bleeding and complications. This leads to decreased costs for both the patient and the hospital/facility.

There are clinical gains in a radial approach, but scientific literature also notes the fiscal benefits. The National Institute of Health confirmed cost savings of \$275.00/patient when using the radial approach. So, for a program with an average caseload of 200 PCI patients/year, the potential savings can reach up to \$55,000.00 annually, just by a simple calculation.

RESULTS WITH ACCREDITATION: Just over 62% of Corazon-accredited Cath/PCI programs have increased their utilization of the radial approach since achieving accreditation. Overall utilization of the radial approach has increased by approximately 13% among this group of programs since Q3 of 2019 as seen below in Figure 2.

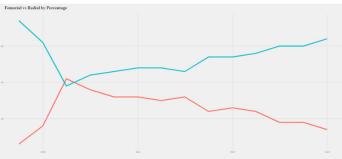


Figure 2.

### In Conclusion

With Corazon's accreditation and E3 approach – Evaluate, Enhance, Excel – there is often a consistent improvement in program performance and outcomes. This directly affects overall quality and leads to enhancements in patient safety and care. By collaborating with our clients through standardizing processes and reducing costs, the patient ultimately becomes the greatest beneficiary.

Physician-leaders, administrative leaders, and the entire hospital C-suite should view accreditation as a vital strategic component of an overall and ongoing performance management system. Additionally, accreditation is not a "one-and-done" event. It reflects the organization's commitment to continuous quality. Accreditation is a strong statement to both internal and external stakeholders... a pledge that the cardiovascular program is dedicated to both achieving and maintaining the highest level of performance based upon objective standards and scientific evidence.

Corazon Accreditation endorsed by SCAI is a prestigious recognition that signifies a healthcare institution's dedication to delivering exceptional cardiovascular services. Achieving this accreditation ensures adherence to industry standards, promotes quality improvement initiatives, and provides a competitive advantage. By going

through a rigorous evaluation process, institutions with Corazon Accreditation can continually enhance their cardiovascular programs, resulting in better patient outcomes and a solid reputation within the healthcare community.

#### References

Amit P. Amin, MD, MSc; John A. Spertus, MD, MPH; David J. Cohen, MD, MSc, et al, **Use of Drug-Eluting Stents as a Function of Predicted Benefit: Clinical and Economic Implications of Current Practice**, JAMA Internal Medicine, ARCH INTERN MED/ VOL 172(NO. 15), AUG 13/27, 2012, WWW.ARCHINTERNMED.COM 8

Clinical Trial Registration—URL: http://www.clinicaltrials.gov. Unique identifier: NCT01088503

Francisco Campelo-Parada, MD, Didier Carrié, MD, Ph.D., Antonio L. Bartorelli, MD, et al, Radial Versus Femoral Approach for Percutaneous Coronary Intervention: MACE Outcomes at Long-Term Follow-up, Journal of Invasive Cardiology, Vol. 30, No. 7, July 2018, https://www.hmpgloballearningnetwork.com/site/jic/articles/radial-versus-femoral-approach-percutaneous-coronary-intervention-mace-outcomes-long-term

Matthew D Mitchell, Ph.D., Jaekyoung A Hong, MD, Bruce Y Lee, MD, MBA, et al, Systemic Review and Cost-Benefit Analysis of Radial Artery Access for Coronary Angiography and Intervention, National Institutes of Health, July 1, 2013, doi:10.1161/CIRCOUTCOMES

Robin Mathews, MD; Eric D. Peterson, MD, Emily Honeycutt, et al, Early Medication Nonadherence After Acute Myocardial Infarction, Circulation: Cardiovascular Quality and Outcomes, Circ Cardiovasc Qual Outcomes. 2015; 8:347-356. DOI: 10.1161/CIRCOUTCOMES.114.001223



Amy Newell is a Senior Vice President at Corazon, Inc. a national leader in program development for the Heart, Vascular, Neuroscience, Spine, Orthopedic, and Surgical service lines, offering services in Consulting, Recruitment, Interim Management, Accreditation, and Peer Review. To learn more, visit <a href="www.corazoninc.com">www.corazoninc.com</a> or call 412-364-8200. To reach the author, email <a href="managed-anewell@corazoninc.com">anewell@corazoninc.com</a>.