

Chest pain center accreditation linked with better outcomes in heart attack patients

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Hospitals accredited by the Society of Chest Pain Centers (SCPC) have been shown to perform better in the heart attack core measures established by Centers for Medicare and Medicaid Services (CMS) as compared to non-accredited hospitals, according to a national study led by an Emory University researcher.

The findings, by Michael Ross, MD, associate professor and medical director for observation medicine in the Emory University School of Medicine, are reported in the July issue of *The American Journal of Cardiology*.

The SCPC was established in 1998, and involves a collaboration of physicians, nurses and health care experts from cardiology, emergency medicine, nuclear medicine and clinical pathology. Through reviews of published research and expert consensus, the society developed criteria for the accreditation of chest pain centers.

"The objective of this study was to determine if adherence to CMS core measures for AMI is higher at accredited ACPC hospitals vs. non-accredited," says Ross. "To achieve accreditation, an institution must submit documentation and participate in a site visit conducted by SCPC reviewers. The number of centers that applied for and received accreditation increased dramatically from June 2003 when the first hospital chest pain center was accredited. Now 364 accredited chest pain centers are being accredited as of January 2008. "

Ross continues, "Although the number of accredited hospitals has steadily risen during the past five years, no studies until now have actually compared clinical outcomes or compliance with core measures for the management of AMIs in patients served by hospitals with accredited or non-accredited centers."

CMS has established core measures for AMI for all hospitals that bill for the care of Medicare patients. These measures are considered to represent best practices for the care of patients with AMIs, and their reporting is required.

If all hospitals performed CMS core measures at levels reported by those with accredited chest pain centers, more heart attack patients would be treated with aspirin and beta blockers at both arrival and discharge from the hospital. Increased adherence to the core measures might also lead to more heart attack patients receiving emergency angioplasty within 120 minutes – the so-called "door to balloon" benchmark used at the time of reporting.

Source: Emory University

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