

Letter to the Editor

Development of the AmSECT Pillar Award to Identify Excellence in Perfusion

To the Editor,

The idea of recognizing centers that are achieving excellence in perfusion is first attributed to Carla Maul during her 2008–2010 AmSECT presidency (1). The concept was included in subsequent AmSECT strategic plans but did not begin development until 2014, when the then AmSECT president Dave Fitzgerald created the AmSECT Safety Committee. This committee was tasked with, among other goals, the creation of such a program.

Initial investigations by members of AmSECT revealed that similar awards in other fields have now been in existence for more than 25 years, with the American Nurses Association Magnet Recognition Program (MRP) being one of the oldest (2). A large body of literature has reviewed the MRP and found that facilities which achieve this standard have higher satisfaction scores among nurses and patients, higher likelihood of communication about errors, lower patient fall rates, lower pressure ulcer rates, lower catheter-associated urinary tract infection rates, lower mortality, lower nosocomial infection rates, lower rates of occupational injuries, and lower turnover and vacancy (2,3). Similar awards in other specialties appeared to be correlated with benefits, though not as extensively researched (4).

After establishing the benefit of such programs in other fields, the AmSECT Safety Committee formed a task force in 2019 to develop the formal aspects of a similar perfusion-centric program. This task force was co-chaired by two members of the safety committee. We report here on the process the task force followed for development of the AmSECT Pillar Award, its pilot test, and current status of the program.

METHOD

The creation and modification of the AmSECT Pillar Award followed a multi-step process which attempted to solicit input from a diverse group of stakeholders. To generate initial concept development, which included items such as application design, cost, content, requirements, and

length of recognition, we created an expanded task force which was divided into focus groups. Invitations to join this expanded task force went out to perfusion leaders from all of the U.S. News and World Report's top 25 cardiac programs as well as select pediatric programs. Members of the AmSECT Leadership Symposium and representatives from contract perfusion services companies were also invited. The focus groups met online via virtual conference calls.

Following input from the expanded task force members, an initial outline was developed which closely followed the AmSECT Standards and Guidelines, including perfusion practice, mechanical and circulatory support, and pediatric and congenital perfusion practice, and required evidence of adherence to the standards contained therein (5). After initial concept development, the application outline was submitted to expanded task force members for review and suggestions. Revisions were incorporated with the consensus of the co-chairs. In total, nine domains were assessed, including staffing, protocols, safety devices, training, competency evaluation, continuing education, quality analysis, charting, and maintenance.

Once a revised application was developed, it was distributed to multiple stakeholders to garner feedback. The International Consortium for Evidence-Based Perfusion, AmSECT Safety Committee, and AmSECT Pediatric and Congenital Committee all reviewed the application and provided input. Suggestions for content were generally included, and input for the application process was reviewed by the co-chairs and AmSECT management company representatives for feasibility. The application was then forwarded to the AmSECT Board of Directors (BOD) for review.

With the consensus of the task force chairs and the recommendation of the BOD, final changes were made to the application, and it was pilot tested by a trial center to verify content and clarity. Following this test, minor modifications were incorporated, and the decision was made to deploy the program after membership feedback was solicited at the 2020 AmSECT International Conference (Snider S, presented at the AmSECT 58th International Conference, St. Louis, 2020).

RESULTS

The AmSECT Pillar Award is designed to be obtained by submitting verification of adherence to the AmSECT Standards through a formalized application process. This process is designed to be self-scoring, low-cost, and requires very low clinical volumes to apply, making nearly all programs within the United States eligible.

After completing the design and requirements, the Pillar Award task force was disbanded, and a new task force was assembled to score incoming applications. To avoid legacy concerns, the scoring task force was formed from volunteers who were not part of the award development group. Although the application is self-scoring, the new task force will review applications to determine consistency both between applicants and with the self-scoring outline.

After a delay in deployment due to the COVID-19 pandemic, the application process for the AmSECT Pillar Award is slated to be opened on the AmSECT website no later than October 2020. Centers which achieve the designation will be permitted the use of a logo and title for use in promoting their program and staff to hospital leadership, peer departments, applicants, and the general public.

DISCUSSION

Although the AMSECT Pillar Award will not indicate certification by AmSECT, its purpose will be to identify excellence in the provision of perfusion services. It is designed to be a performance-driven credential, similar to the MRP and the Extracorporeal Life Support Organization Award of Excellence. The goal of the program is to promote adoption of the AmSECT Standards and

Guidelines and thereby to assist in dissemination of best practices.

The MRP in nursing began by focusing on the structure and process, and the adoption of the program was slow, with few centers achieving the status before 2002. Likewise, it is anticipated that future versions of the AmSECT Pillar Award will shift focus from documentation of standards and guidelines to evaluation of improvement in outcome metrics for both patients and perfusionists.

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