Accreditation at Scale.

How a Health System Centralized Abstraction and Raised the Bar for Cardiac Care

When Amy stepped into her role as Heart & Vascular RN Program Manager for a Health System's Mountain Region, she inherited a service line that was strong clinically bu inconsistent operationally.

Across the region, hospitals were doing good work, but they were not doing it the same way. Some facilities were using a third-party vendor for registry abstraction. One hospital relied on internal abstraction. Others were not fully participating in required registries at all. A few were accredited. One was nearing expiration. Several had never pursued accreditation in the first place.

The variation was not sustainable.

The goal was ambitious but clear: align the entire Mountain Region under one standardized approach. Every hospital would participate in the required registries. Every eligible facility would pursue accreditation. Abstraction would no longer be fragmented. It would be centralized, disciplined, and consistent.

In April 2024, a Health System partnered with Carta Healthcare to make that vision real.

At first, the focus was straightforward. Get everyone participating. Get everyone caught up. Establish a uniform process for abstraction and submission. But accreditation requirements quickly raised the stakes. Chest Pain Center and Cardiac Cath Lab accreditation demanded more than periodic data entry. Cases needed to be abstracted within seven days of discharge. Missing EMS reports and documentation had to be identified and resolved quickly. Data had to be submitted weekly. Fallouts had to be reviewed and corrected in near real time.

It was clear this could not simply be layered onto coordinators' existing responsibilities.

Amy's leadership philosophy, inherited from her predecessor, was simple: every team member should practice at the highest level of their license and job description. Abstraction, while critical, should not consume the time of program coordinators who were meant to lead quality initiatives, engage physicians, and improve systems of care.

Centralizing abstraction through Carta Healthcare changed that dynamic.

Instead of asking each facility to manage abstraction independently, the Mountain Region implemented a shared, structured workflow. Cases were abstracted within seven days of discharge. If information was missing, coordinators were notified immediately through shared tracking tools. They had seven days to adjudicate and return the needed information. Submissions to NCDR occurred every Friday. On Mondays, Amy reviewed fallouts across every hospital and registry, ensuring discrepancies were addressed while documentation was still fresh and within CMS timeframes.

Communication became transparent and predictable. Abstractors flagged missing items directly within shared tools. Coordinators were tagged automatically and could respond in real time. Comments were resolved and tracked. Nothing disappeared into email threads. Nothing waited until quarter-end cleanup.

The system began to feel less reactive and more deliberate.

By late January, the region faced its most intense test. Seven facilities underwent accreditation reviews within a single week. For some hospitals, this was their first attempt at accreditation. For others, it was a renewal cycle that could not afford to falter. Site reviewers examined registry data closely. They looked at documentation. They evaluated risk factor capture and abstraction accuracy.

What stood out was the data.

NCDR reviewers specifically commented on the strength of the abstraction work from Carta Healthcare. Risk factors were being captured appropriately. Documentation was complete. The data told a coherent, defensible story of care delivery.

For a Health System, this was not a small compliment. Clean abstraction is invisible when d well, but it becomes painfully obvious when it is not. The fact that reviewers noticed the quality spoke volumes.

Seven facilities earned accreditation. Three more are currently on track to complete their cycles in the coming months.

For hospitals that had never before pursued accreditation, this was a significant step forward. For the region as a whole, it marked the first time abstraction and accreditation were aligned across the Mountain Region under one coordinated model.

Centralization did more than standardize data. It relieved pressure. Coordinators were no longer balancing registry abstraction with program oversight. Instead, they could focus on physician engagement, quality improvement, and strategic growth. Abstraction became a structured service rather than an unpredictable burden.

The impact extends beyond compliance. Accreditation strengthens community confidence and signals to EMS agencies that these hospitals are equipped to manage complex cardiac patients. Two Colorado facilities have already added resuscitation with chest pain designation, positioning themselves to receive more advanced cardiac cases.

What began as a need for alignment evolved into something more durable: a centralized, scalable abstraction model that supports accreditation, improves data integrity, and allows clinical leaders to focus on care rather than paperwork.

For a Health System's Mountain Region, the transformation was not dramatic in a single moment. It was steady, coordinated, and intentional. And in the end, **it resulted in something every service line leader strives for: consistency, credibility, and confidence across an entire region.**