

ANNUAL REPORT 2016

2903 Arlington Loop

Hattiesburg, Mississippi 39401

FROM THE PRESIDENT

When I began writing this year's presidential address, I sincerely reflected on the many twists and turns in my perfusion career. I smiled fondly remembering the numerous mentors, colleagues and exceptional perfusionists that have become intertwined in my professional journey. Each of us at some point has chosen this lifestyle. Each of us has sacrificed personally for the good of the community we serve, our coworkers and the next generation of perfusionists that we are continuously training and mentoring. I want to take a moment and applaud the hard work and sacrifice each of you has made to continue to advance our profession. We as a community are indebted to each of your families and loved ones.

The American Board of Cardiovascular Perfusion (ABCP) is a living, breathing, constantly changing entity. The ABCP is made up of nine clinically active directors (the number of directors changes based on the impending workload). Each director brings a wealth of personal and professional experience including both extracorporeal expertise and expertise in the progressively changing dynamics of the board's workload activities. Each director has made an enormous time commitment and personal sacrifice to ensure the strength and validity of your credential. Each year the board's work is unique with ever changing challenges. Every request, every challenge and every project is researched, thoroughly deliberated and personally reflected on by each director. The last few years, we have tirelessly worked on Information Technology (IT) improvements, visibility of directors and collaborative opportunities with the ABCP Liaison Panel (a growing think tank of all the invested perfusion groups). This year, the board of directors, in collaboration with our Liaison Panel, built and executed a survey to collect important data that will aid each of us with real time solutions for our profession. The 13 survey questions covered the topics of gender, age, education, retirement, workload, high fidelity simulation, TAVR procedures and certification. The goal of this survey was to present both the perfusion and healthcare community with important statistics related to the field of perfusion and future of the profession. We are currently mining the data to share with each of you. The data will be published shortly and will be a part of this year's ABCP presentations to professional organizations. We plan to continue to survey the perfusion community in the future. I encourage everyone to participate to ensure your voice is heard and the statistical significance of our data remains high.

In addition, every five to seven years the ABCP opens up the knowledge base for review and input from the perfusion community. This working document is used to validate and revise our knowledge base. The data will be statistically analyzed to make improvements to the knowledge base and guide board decisions. Completion of the knowledge base survey will earn perfusionists five Category I CEU's for their expertise and time commitment. You can access the knowledge base survey at our website: <http://www.abcp.org/>. The knowledge base survey link is in the middle of the page directly above the list of current directors.

Currently, the ABCP is consulting with web and app designers to enhance our services to the perfusion community. One of my personal goals has been to seek out collaborative opportunities to enhance our profession and to support the perfusion community through projects that support education and strengthen the CCP credential. We are in the process of collaborating with the Accreditation Committee for Perfusion Education (AC-PE) to develop and provide free course training for clinical instructors. Each of your current directors has committed to attending additional local, state and national perfusion forums to service the current and future needs of the perfusion community. Our national office, the core of our team, has provided exceptional personal customer service for over 35 years. We believe in the value of speaking with a live person who can answer questions and point you in the right direction.

To my fellow perfusionists, continue to be change agents, continue to mentor and train the next generation, continue to advance our societies, our research and our lasting mark on healthcare. Your sacrifice does not go unnoticed or unappreciated. Thank you for your tireless commitment and the opportunity to serve you in our noble profession.

Sincerely,



Ed DeLaney, CCP
President

American Board of Cardiovascular Perfusion

The American Board of Cardiovascular Perfusion (ABCP) conducted its annual business meeting in Paradise Valley, Arizona, on February 19-20, 2016. The annual test development meeting and a business meeting were held in Santa Rosa, Florida, on June 22-25, 2016. An additional test development meeting and a business meeting were held in Salem, Massachusetts, on October 7-8, 2016.

Additionally, representatives of the ABCP attended meetings of the Accreditation Committee – Perfusion Education (AC-PE) and participated in various perfusion forums and educational meetings. This report will summarize the highlights of the year 2016.

2016 EXAMINATION RESULTS

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on March 16-19, 2016.

The results were as follows:

Perfusion Basic Science Examination

Total: 37 examinees – passed 30 (81%), failed 7 (19%)
1st Time Takers: 26 examinees – passed 24 (92%), failed 2 (8%)

Clinical Applications in Perfusion Examination

Total: 42 examinees – passed 37 (88%), failed 5 (12%)
1st Time Takers: 34 examinees – passed 31 (91%), failed 3 (9%)

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on October 19-22, 2016.

The results were as follows:

Perfusion Basic Science Examination

Total: 159 examinees – passed 152 (96%), failed 7 (4%)
1st Time Takers: 149 examinees – passed 144 (97%), failed 5 (3%)

Clinical Applications in Perfusion Examination

Total: 141 examinees – passed 132 (94%), failed 9 (6%)
1st Time Takers: 132 examinees – passed 125 (95%), failed 7 (5%)

ABCP ELECTIONS

At the February 20, 2016 business meeting, Edward R. DeLaney, CCP, was elected for a third term, and Carol Ann Rosenberg, CCP, was elected for a second term. The following officers were elected: President Edward R. DeLaney, CCP; Vice President Kyle Spear, CCP; Secretary Brad Kulat, CCP; and Treasurer Ann Guercio, CCP. Other current Directors of the ABCP include David Boyne, CCP; Charles (Chuck) E. Johnson, CCP; David A. Palmer, Ed.D., CCP; William Riley, CCP; and Carol Ann Rosenberg, CCP.

ABCP KNOWLEDGE BASE VALIDATION STUDY

The ABCP is currently administering an online ABCP Knowledge Base five-year validation survey that is available to CCPs on the

ABCP website which began January 1, 2016, and will continue through the 2016-2017 recertification cycle. Five Category I CEUs will be awarded to CCPs who complete the survey.

ABCP LIAISON PANEL

The ABCP Liaison Panel was convened at the *37th Annual Seminar of the American Academy of Cardiovascular Perfusion* at the Hilton Savannah DeSoto Hotel in Savannah, Georgia, on Saturday, February 6, 2016. Professional organizations represented at the meeting included the American Society of ExtraCorporeal Technology (AmSECT); the American Academy of Cardiovascular Perfusion (AACP); the Perfusion Program Directors' Council (PPDC); the Accreditation Committee – Perfusion Education (AC-PE); the Canadian Society of Clinical Perfusion (CSCP); and the Extracorporeal Life Support Organization (ELSO), along with the American Board of Cardiovascular Perfusion (ABCP).

Issues discussed at the meeting included the ABCP Knowledge Base Validation Survey; the CCP Emeritus status; the addition of an annual survey to the ABCP online recertification process; the pros and cons of master's level perfusion education; and the ABCP Election Process.

The ABCP will host the 2017 ABCP Liaison Panel in conjunction with the *55th International Conference* of the American Society of ExtraCorporeal Technology at the Boston Hynes Convention Center and Sheraton Hotel in Boston, Massachusetts, on April 29, 2017.

CCP INFORMATION DOCUMENT FOR HOSPITAL HR DEPARTMENTS

In response to input from the ABCP Liaison Panel representatives, the ABCP developed the following information document for HR departments in hospitals.

American Board of Cardiovascular Perfusion Certification (ABCP) Job Description Resource Document for the Certified Clinical Perfusionist (CCP) Credential Perfusionist Definition

A "Perfusionist" is a person, qualified by academic and clinical education, to operate the extracorporeal circulation equipment during any medical situation where it is necessary to support or replace a person's cardiopulmonary, circulatory, or respiratory function. A perfusionist is responsible for the selection of appropriate equipment and techniques necessary for support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient, including the safe monitoring, analysis, and treatment of physiologic conditions under an order and under the supervision of a physician. A Certified Clinical Perfusionist (CCP) validates his/her mastery of these clinical skills, knowledge, and abilities through certification and meets ongoing continuing education and practice requirements through recertification.

Certification Background

The American Board of Cardiovascular Perfusion (ABCP) is the certifying body for Certified Clinical Perfusionists (CCPs). Established in 1975, the primary purpose of the ABCP, and therefore its most essential function, is protection of the public

through the establishment and maintenance of standards in the field of cardiovascular perfusion. To achieve this objective, the ABCP has established qualifications for certification examination and procedures for recertification. Its requirements and procedures are reviewed and modified by the Directors of the ABCP as necessary.

Certification

Certification in Clinical Perfusion is attained by meeting specific educational and clinical requirements and satisfactory performance on the American Board of Cardiovascular Perfusion certification examination. Certification in cardiovascular perfusion is evidence that a perfusionist's qualifications for operation of extracorporeal circulation equipment are validated by his/her peers. Certification is not intended to define requirements for employment, to gain special recognition or privileges, to define the scope of extracorporeal circulation, or to state whom may not engage in cardiovascular perfusion.

Extracorporeal technologies such as ECMO, VAD, autotransfusion, blood therapy, pediatric perfusion, and adult perfusion are included in the consensus curriculum developed by the Accreditation Committee of Perfusion Education (AC-PE) and are followed by CAAHEP accredited perfusion education programs. It is the ABCP position that all CCPs have acquired knowledge and have demonstrated through the certification process a validated level of knowledge in these areas.

To be eligible to sit for the ABCP examination process, a perfusionist must have graduated from an accredited cardiovascular perfusion education program. The certification examination is composed of two parts. Part I, the *Perfusion Basic Science Examination (PBSE)*, is a 220-item, multiple-choice examination designed to cover perfusion basic sciences and cardiopulmonary bypass. Part II, the *Clinical Applications in Perfusion Examination (CAPE)*, is also a multiple-choice format where a series of clinical scenarios are presented, each with a series of questions. The number of questions on the Part 2 examination may vary from 200 to 230, depending on the scenarios used. Both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are given twice a year, in the spring and in the fall.

Recertification

Recertification is designed to ensure that Certified Clinical Perfusionists, through continuing education and clinical activity, continue to meet professional standards and possess current and adequate knowledge in the field. CCPs are required to recertify every year. A CCP is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented as Primary Clinical Perfusion Activities (PCPA). During each three-year reporting period every CCP must earn 45 Continuing Education Units (CEUs). See the ABCP Booklet of Information for detailed recertification information, (<http://abcp.org/>).

Primary Source Verification

- The ABCP National Office provides primary source verification of the CCP credential through the following sources:
 - Names of currently certified perfusionists are listed on the ABCP website: www.abcp.org > List of Certified Perfusionists.

- Verification can be provided via telephone, fax, email, or USPS.
 - ♦ telephone number for a verbal verification: 601-268-2221
 - ♦ fax number: 601-268-2229
 - ♦ email address: ABCP@ABCP.ORG
 - ♦ mailing address: ABCP

2903 Arlington Loop

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- All the methods listed are considered “primary source” verification.
 - If you request written verification by email and require a mailed or faxed response on ABCP letterhead, please include a fax number and your address with your request.
 - The National Office will gladly respond using the preferred method in a timely manner.

For more information on perfusion certification:

ABCP National Office

2903 Arlington Loop

Hattiesburg, MS 39401-7115

(601) 268-2221

(601) 268-2229 Fax

<http://www.abcp.org/>

ABCP APP

The American Board of Cardiovascular Perfusion (ABCP) has developed a free app to assist with access to ABCP information from the convenience of your own Apple or Android mobile devices. The value added benefits of downloading the free ABCP app include the following:

- Calendar of events that displays access to all ABCP CEU and SDCE approved meetings and educational opportunities that also includes educational provider website information (found in details) and points awarded by the ABCP.
- ABCP Booklet of Information (BOI) that provides information about the ABCP examination process, applying for certification/recertification and requirements for continuing education.
- CCP login that allows access to the online filing system to record clinical cases and professional activity via your mobile device.
- Meeting Points that provides access to meeting CEUs. (Went to a meeting and forgot how many points were earned? Use this tab to access approved meetings.) Verification of meeting attendance is still required.
- ABCP contact information provides one touch email or phone call to the National Office.
- Other benefits of the free ABCP app are immediate access to the ABCP's annual report, ABCP website, submit a proposed ABCP examination question, code of ethics and mission statement.

Available for free download by Apple app store:

<https://itunes.apple.com/us/app/abcp/id870104084?ls=1&mt=8>

Or by Google Play:

https://play.google.com/store/apps/details?id=com.conduit.app_d37dc9cb840743ce80e6b23aed86da9c.app

EXAMINATION DEVELOPMENT

The Directors of the ABCP meet annually to review the results of the previous year's testing and to develop new examination items. The 2016 annual examination development meeting was held in

Santa Rosa, Florida, on June 22-25. During this intensive work session, the Directors proposed, reviewed, and approved new items for inclusion in the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* test banks. Items proposed for inclusion in the *PBSE* test bank were reviewed for accuracy, validity, relevance, and difficulty before being approved for use in the examination. Scenarios proposed for the *CAPE* were reviewed not only for accuracy, validity, relevance, and difficulty, but also for appropriate situational sequence and flow. The correct answer to each *CAPE* question is required to be determinable from information provided in the scenario, ensuring that an incorrect answer on any *CAPE* question does not bias a response on any subsequent question in that scenario. The Directors also reviewed item statistics for questions used on both forms of the previous year's *PBSE* and *CAPE*. Test items that were not scored because they did not meet the statistical requirements for measurement accuracy were carefully reviewed and revised before being approved for future use. Historical information is maintained for each item on the *PBSE* and *CAPE* to provide data about item consistency and performance. Adhering to the best practices for test development and subjecting test bank items to careful statistical review ensures that the ABCP examination process remains consistent and fair.

The ABCP has utilized computer-based examinations since 2007. At the completion of each examination, examinees are given an opportunity to provide feedback regarding the test environment, test reservation arrangements, and test delivery. Opinions and suggestions from examinees are reviewed by the ABCP Directors and are used to evaluate and improve the examination experience. Examinee opinions regarding the computer-based examination process remain very positive. Almost all examinees express a high degree of satisfaction with each aspect of the examination process. Prometric, the organization that administers the test delivery, works very closely with the ABCP to address any concerns and to ensure a positive test-taking experience for examinees. In 2016, 96% of examinees indicated that the examination experience was "very satisfactory" or "satisfactory." Over 99% of examinees reported that Prometric staff members were helpful during the testing process and 93.3% of examinees were satisfied with the performance of the testing system. Comments included "the exam was straight forward," "the testing center was great," "good experience," "nice environment" and "better than penciling in bubbles for answers!"

CERTIFICATION

Candidates for ABCP certification must be graduates of an accredited cardiovascular perfusion education program or have been admitted to the examination process before April 15, 1981. The ABCP recognizes the Accreditation Committee – Perfusion Education (AC-PE) in cooperation with the Commission for Accreditation of Allied Health Education Programs (CAAHEP) and the Conjoint Committee on Accreditation of the Canadian Medical Association (CMA) as the official accrediting agencies for perfusion education programs.

COMPUTER-BASED TESTING

Both the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* are

administered in Prometric Examination Centers as computer-based examinations. Computer-Based Testing (CBT) allows candidates to take their certification examinations in a computer center in or near their home cities. The close proximity of the testing centers reduces or eliminates the costs of lodging and travel for the candidates and offers a more secure and convenient examination environment.

When the application process is completed and the examinees have been cleared for examination by the ABCP National Office, they log into the Prometric website (www.prometric.com) to reserve a location and time for taking their examinations. The ABCP works closely with Prometric to schedule examinations at times that the test centers are not experiencing heavy traffic. It is imperative, however, that examinees understand that they must reserve their test site seat and time as early as possible. This helps ensure that examinees take the test at the time and in the location of their choosing.

Computer-based testing works to the strong advantage of the examinees, as it minimizes travel and time requirements as compared to the traditional mode of testing. For each examination, *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)*, there are four days scheduled for examination. Once the National Office validates their application materials and they are cleared for examination, examinees may pick any day and choose which examination they wish to take first. The examinations are given twice annually, in the spring and in the fall. The first 2017 examination period is scheduled for March 15-18, 2017; the fall dates are set for October 18-21, 2017. Applications may be obtained on line at www.ABCP.org > Application and Recertification Forms, or by calling the National Office.

To maintain consistency in ABCP clinical activity reporting, a revision was made in the independent case requirement for eligibility for the *Clinical Applications in Perfusion Examination (CAPE)* to reflect the requirements for annual recertification; that is, 40 independent cases rather than 50 independent cases, are required with any of the primary perfusion clinical activities listed in Table A allowed. This revision was made to facilitate new perfusionists' completion of the certification process in a timely manner.

ABCP PRACTICE EXAMINATIONS

The ABCP provides online practice examinations for both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination*. The examinations are administered through the Prometric website, which is accessible through the ABCP website at www.abcp.org. The examinations may be taken at any time on any computer. A fee of \$125.00 is charged for each examination (*PBSE* and *CAPE*).

The practice examinations are designed solely to familiarize the test takers with the content and format of the examinations. No data are compiled, and we urge in the strongest possible terms that perfusion school personnel not collect scores or other information relative to the test from examinees. While the test items are fair representations of the certification test content, they have not been validated for the population that will use the practice test. The ABCP does not collect data or perform any analysis of the data from these examinations and does not report examinees' results in any form.

RECERTIFICATION

A Certified Clinical Perfusionist (CCP) is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented as Primary Clinical Perfusion Activities (PCPA). Clinical case credit is only given to the perfusionist who is considered the primary perfusionist in a primary clinical perfusion activity. A primary perfusionist is defined as the perfusionist who is responsible for the conduct of perfusion for 60% of the case and whom the hospital/institution recognizes as the primary perfusionist. Only one perfusionist may submit for primary perfusionist per clinical case.

If a CCP is unable to attain 40 primary clinical perfusion activities, a maximum of 15 activities may be documented as Secondary

Clinical Perfusion Activities (SCPA) and will count towards the 40 case requirement. Only one SCPA case credit will be allowed during the conduction of one perfusion procedure. Newly certified CCPs who complete the examination in the fall (in the middle of the reporting cycle) are required to submit twenty (20) cases on the CAR for their first reporting cycle only. The reporting period will be from the date of the certification examination through June 30 of the following year to assume regular reporting requirements of forty (40) cases (July 1 through June 30) in subsequent years.

All clinical cases must be performed on human patients and documentable in an audit. Clinical activities and core elements of the clinical activity are defined in Tables A and B.

TABLE A – PRIMARY CLINICAL PERFUSION ACTIVITIES (PCPA)

	Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
1P	Cardiopulmonary Bypass (CPB), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
2P	Instructor CPB Bypass, Primary	A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/ lab value monitoring. Primary clinical perfusion activities (PCPA) performed as clinical instructor in an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor. Students may also receive credit toward certification eligibility for the same case.
3P	Extra-Corporeal Membrane Oxygenation (ECMO), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure.	Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period.
4P	Isolated Limb/ Organ Perfusion, Primary	A Certified Clinical Perfusionist (CCP), who is the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ that manages the patient's physiological status.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring.
5P	Veno-Venous or Left Heart Bypass, Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal.	Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
6P	Ventricular Assist Device (VAD), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.	For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period.

TABLE B – SECONDARY CLINICAL PERFUSION ACTIVITIES *(continued from page 5)*

	Secondary Clinical Perfusion Activities (SCPA)	Clinical Definition	Core Elements
1S	CPB, First Assistant, Secondary	The “CPB First Assistant” is the Certified Clinical Perfusionist (CCP) whom the hospital/ institution recognizes as the assistant to the primary perfusionist during the conduction of perfusion.	The “CPB First Assistant” must be documented within the operating suite and actively assisting during the operative case. Multiple First Assistant credits will not be allowed during concurrent operative procedures.
2S	Ex Vivo, Secondary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse isolated and separated human organs from the body, for potential transplant opportunities.	A device with Ex Vivo blood flow regulation & extracorporeal oxygenation used accordingly with hemodynamic/lab value monitoring. For each Ex Vivo case, one secondary case credit per 24 hours will be awarded for initiating and/or managing. No simultaneous credit will be awarded for managing multiple organs in this time period.
3S	Intraperitoneal Hyperthermic Chemoperfusion or Intrapleural Hyperthermic Chemoperfusion (HIPEC), Secondary	Certified Clinical Perfusionist (CCP) who is the primary operator of an intraperitoneal or intrapleural device.	A device with pump flow, circulation, temperature, monitoring, and regulation of chemotherapeutic fluids within abdominal or thoracic cavity for periods exceeding 30 minutes. Syringe infusion devices will not be counted as a SCPA.
4S	Cardiopulmonary Bypass (CPB) Standby Procedures, Secondary	A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the heart- lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient’s physiological status.	Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit.
5S	High Fidelity Perfusion Simulation (HFPS), Secondary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP-recognized HFPS center.	HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion situation. HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form.

ABCP RECOGNIZED HIGH FIDELITY PERFUSION CENTERS

High Fidelity Perfusion Simulation (HFPS) was added as a secondary perfusion activity following collaboration with the ABCP Liaison Panel representatives over a period of several years. For HFPS case credit to be awarded to a CCP, the administering HFPS Center is required to be recognized by the ABCP as having met the criteria that is deemed essential for receiving HFPS case credits. To attain recognition, HFPS centers seeking recognition must submit an application that may be found on the ABCP website at www.abcp.org. Recognition will be awarded for one year and renewed annually. The ABCP appreciates the value of HFPS and supports the development and use of HFPS technology to educate the CCP and to promote

safety for the public. The following HFPS Centers are recognized by the ABCP for the awarding of secondary clinical case credits:

- Biomed Simulation Training and Education Center
- InvoSim Center of High Fidelity Extracorporeal Simulation
- University of Pittsburgh Medical Center/Procirca Simulation Center

EXTENSION OF CERTIFICATION PERIOD

CCPS who are unable to fulfill recertification requirements by the end of a reporting period may request an extension of the filing deadline as follows:

- Requests must be made in writing by the August 1st filing deadline.
- The appropriate report(s) (*Clinical Activity Report* and/or *Professional Activity Report*) must be submitted, complete with all activity up to June 30th and the appropriate filing fee.
- If approved, the deadline will be extended to December 31st of the same year at which time the report(s) must be completed and a late fee (\$75.00) paid.
- An extension will not be granted to an individual more than once during a three-year period or to an individual on conditional certification.

CONDITIONAL CERTIFICATION

A CCP who fails to submit the completed recertification report with appropriate fee by the August 1st deadline and does not formally request an extension will be placed on conditional certification.

A CCP on conditional certification must apply to the ABCP for reinstatement before the next August 1st filing deadline. The petition statement must include:

1. An explanation in writing of the reasons for not completing the recertification requirements (clinical activity) for the previous year;
2. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and

3. Payment of all normal filing fees, a \$75.00 Late Filing Fee and a Reinstatement Fee of \$75.00.

EXTENDED LEAVE

If unable to successfully complete the reinstatement requirements for conditional certification, a CCP may request *extended leave* status in writing prior to the August 1st deadline of the conditional certification year.

Extended leave gives the CCP placed on conditional certification for clinical inactivity an additional year after the conditional certification year to complete the following clinical requirements:

1. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and Payment of all normal filing fees, a \$75.00 Late Filing Fee and a Reinstatement Fee of \$75.00.

If unable to satisfy the above requirements, reinstatement will be granted upon successful completion of the *Clinical Applications in Perfusion Examination* prior to the deadline of the *extended leave* year.

If none of the above requirements are completed by the August 1st deadline of the extended leave year, it will be necessary to successfully complete all steps listed in the *Re-entry into the Certification Process* section of the Booklet of Information.

2016 RECERTIFICATION RESULTS UPDATE

A total of 3,819 CCPs recertified in August of 2016. An additional 36 candidates completed the certification process in the spring of 2016 and an additional 134 completed the certification process in the fall of 2016 for a total of 3,989. Including 113 CCPs on conditional certification and 81 CCPs on extension, there are currently 4,183 Certified Clinical Perfusionists. A total of 120 perfusionists lost certification December 31, 2016.

Following is a chart that depicts the certification and recertification trends for the past 17 years.

YEAR	TOTAL RECERTS	SPRING CERTS	FALL CERTS	NEW CERTS	PROBATION/ EXTENDED LEAVE	EXTENSION	TOTAL CERTIFIED	LOST CERTS
2000	3073	71	71	142	118	42	3375	83
2001	3120	80	60	140	120	45	3425	86
2002	3158	78	82	160	108	49	3475	103
2003	3238	75	77	152	110	43	3543	73
2004	3279	74	54	128	124	45	3576	95
2005	3302	52	67	119	148	40	3609	84
2006	3328	75	73	148	135	46	3657	89
2007	3396	83	44	127	127	32	3682	89
2008	3403	47	102	149	129	51	3732	96
2009	3464	64	51	115	108	68	3755	83
2010	3490	68	69	137	127	57	3811	72
2011	3562	57	61	118	93	71	3844	73
2012	3595	76	83	159	111	54	3919	79
2013	3669	53	108	161	88/11	58	3987	80
2014	3724	55	101	156	95/13	66	4054	84
2015	3758	44	141	185	127/12	53	4135	76
2016	3819	36	134	170	100/13	81	4183	120

(continued on page 8)

2016 RECERTIFICATION RESULTS UPDATE (continued from page 7)

Following is a list of Certified Clinical Perfusionists residing in the United States as of December 31, 2016.

State	Certified	Lost	New
Alabama	67	2	1
Alaska	5	0	0
Arizona	62	3	2
Arkansas	41	1	1
California	308	10	15
Colorado	54	1	2
Connecticut	52	1	3
Delaware	9	0	0
District of Columbia	6	1	1
Florida	277	7	8
Georgia	89	1	6
Hawaii	11	1	0
Idaho	13	1	0
Illinois	150	5	6
Indiana	78	1	5
Iowa	36	2	4
Kansas	39	2	0
Kentucky	60	4	3
Louisiana	66	1	5
Maine	14	1	0
Maryland	56	1	11
Massachusetts	85	3	2
Michigan	126	6	4
Minnesota	68	4	8
Mississippi	36	2	1
Missouri	95	4	5
Montana	15	1	0

State	Certified	Lost	New
Nebraska	37	0	0
Nevada	25	1	2
New Hampshire	16	0	1
New Jersey	128	3	5
New Mexico	12	1	0
New York	198	7	12
North Carolina	114	1	4
North Dakota	11	0	0
Ohio	227	9	3
Oklahoma	38	1	2
Oregon	45	2	0
Pennsylvania	220	5	3
Puerto Rico	19	1	0
Rhode Island	4	0	0
South Carolina	71	0	0
South Dakota	10	0	0
Tennessee	96	2	2
Texas	314	8	13
Utah	30	0	0
Vermont	3	0	0
Virginia	95	2	7
Washington	74	3	3
West Virginia	28	0	1
Wisconsin	90	3	3
Wyoming	4	0	0
TOTALS	3827	115	154

This does not include CCPs living outside the United States.

PROFESSIONAL ACTIVITY

CCPs on clinical activity conditional certification and extended leave are required to complete the Professional Activity Report (PAR) during the conditional certification period.

ONLINE FILING

The recertification ABCP Online Filing System (OFS) was used for the 14th year for the 2016 recertification process. The ABCP requires all CCPS to file recertification reports on the OFS. The ABCP National Office provides support to CCPs who need assistance with online filing.

The ABCP appreciates input from CCPs concerning improvements for the filing process, and whenever possible, those suggested changes are made for the following reporting cycle. This is an ongoing process with online filing, and the ABCP depends upon your input to improve the system.

To facilitate record keeping, CCPs may begin documenting cases and professional activity for the next year by changing the **Set Report End Date** appropriately after logging on to the filing report using the ABCP six-digit ID number. The website is www.abcp.org > Online Filing. It will be necessary to sign the *Authorization for*

Release of Information and the *ABCP Ethical Standards* once each year. The program will not allow the reports to be sent until the year in which they are due; however, compiling the report throughout the filing period may facilitate record keeping for individual CCPs. The National Office will be glad to offer assistance to anyone having questions about using the Online Filing System. Reminder electronic postcards and other notifications will be sent in May.

AUDIT PROCEDURES

The ABCP recertification clinical case reporting procedures are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards; therefore, hospital case numbers are not required on the *Clinical Activity Report*. This change in reporting resulted in a change in the audit process. Rather than the cases being verified by the Medical Records Department, the audit is conducted by the Chief Perfusionist, the Operating Room Director, or another hospital authority designated by the CCP. This designated authority is asked to verify the accuracy of the cases in the audit. If the cases cannot be verified by the designated authority, the perfusionist is contacted to provide verification of the cases and explain discrepancies. The revised audit process has been in effect since 2003 and has worked smoothly for 13 years without major problems. If fraudulent reporting of cases is discovered, the issue is

submitted to the ABCP Ethics Committee for appropriate actions. The perfusionist is ultimately responsible for providing verification of the cases and explaining discrepancies.

Audits of *Professional Activity Reports* were performed in 2016 in accordance with the revision of the system for documenting professional activity that was implemented in 2001. Since 2001, each CCP is responsible for retaining supporting documentation for his/her professional activity reported on the *Professional Activity Report*, which is submitted every three years. Prior to 2001, the CCP mailed the documentation to the ABCP with the *Professional Activity Report*; under the current system, the CCP retains all documentation for the three-year period. Random audits are performed annually on a percentage of *Professional Activity Reports* as a validating procedure. Failure to produce the necessary documentation, should the CCP be a subject of the random audit, can result in loss of the CCP credential. The CCP is ultimately responsible for providing verification of professional activity and for explaining discrepancies in reports.

STATUS OF CCP EMERITUS

Beginning January 1, 2014, the American Board of Cardiovascular Perfusion (ABCP) approved the designation of CCP Emeritus to recognize retiring CCPs, with 20 or more cumulative years of experience as a CCP in good standing, to maintain acknowledgement of their former certified status.

To be conferred with this status the following stipulations must be met:

1. The retiring CCP, with 20 or more cumulative years of experience as a CCP in good standing, must request the CCP Emeritus status within 30 days of losing certification (January 31 of the year that certification is lost).
2. He/she must agree to use the title CCP Emeritus and **not** to use the title CCP, CCP-R, Certified Clinical Perfusionist, or Certified Clinical Perfusionist Retired.
3. He/she must maintain a current mailing/email address on file with the ABCP National Office.

Once the CCP Emeritus status is conferred, his/her name is published on the ABCP website with the title of CCP Emeritus, and each CCP Emeritus will be provided with a certificate recognizing his/her service as a CCP. He/she will also receive the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

The CCP Emeritus status has received a positive response from CCPs and has been especially popular with retired CCPs. At the current time 532 retired CCPs have received the CCP Emeritus designation. The National Office encourages any eligible retirees seeking this status, who may not have been previously notified, to contact the office by telephone (601-268-2221) or email (ABCP@abcp.org).

ABCP COLLABORATION WITH STATE LICENSURE OF PERFUSIONISTS

The ABCP has been collaborating with licensure states since perfusion state licensure was initiated in 1996. The National Office

of the ABCP provides the following certification and recertification information as specifically requested from the various licensure states:

- Following each examination session, a list of candidates who passed or failed (all licensure states do not require this)
- Following each examination session, a list of newly certified perfusionists
- Annual lists of CCPs who recertified
- Verification of ABCP certification for CCPs moving to a licensure state
- Other specific information as requested on an individual state basis.

The following states currently require the ABCP to supply certification information for licensure: Arkansas, California, Connecticut, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

AMERICANS WITH DISABILITIES ACT

The ABCP examinations are conducted in compliance with the Americans with Disabilities Act. Individuals with disabilities who are otherwise qualified for the ABCP certification process should write the National Office of the ABCP to request reasonable accommodations for the examinations. The request must be made at least four weeks prior to the examination date. Appropriate documentation will be required for all disability requests.

MAILING LIST

Professional organizations may use the ABCP mailing list provided those organizations send the materials that are to be mailed to the ABCP National Office. The National Office will then mail all materials and charge the organization an appropriate fee. A schedule of fees is available from the ABCP National Office.

USE OF THE ABCP CODE OF ETHICAL STANDARDS

Professional organizations may freely publish the *Ethical Standards of the American Board of Cardiovascular Perfusion* provided the ABCP is appropriately credited in the publication.

USE OF CCP

The credential CCP is a registered trademark of the American Board of Cardiovascular Perfusion, Inc. The title is reserved for those active perfusionists who annually submit documentation for recertification. Further, the ABCP zealously protects the title on behalf of those currently holding certification.

CHANGE OF ADDRESS

If you have moved, or are anticipating a move, please notify the National Office, in writing or by telephone, of your change of address and update your Online Filing System [Profile Page](#).

**AMERICAN BOARD OF
CARDIOVASCULAR PERFUSION**

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The National Office welcomes your telephone calls, emails, and requests for information. It is the role of the National Office to encourage certification and recertification for those who are eligible and to make those processes as efficient as possible, and we will do everything that we can to assist you. Additionally, we solicit your input concerning the improvement of our operations.