Phases of AF CoE Development				
Initiation	**Planning**	**Execution**	**Monitoring**	**Transition**
Develop mission statement/ charter	Determine scope of AF CoE effort Define goals and objectives Identify team leader (see Chapter 10)	Identify core team members (general cardiology, EP, nursing, pharmacy) Establish governance structure Identify specialists to provide consultations for AF CoE patients. Identify any informatics and digital resource needs (see registry concept as shown in Figure 11.1)	Periodic assessment of key indicators of success of AF CoE PROMs Events Procedures	Assess Transitioning from start-up to maintenance phase of AF CoE; clarify financial needs for sustainability Potential for expansion of scope of AF CoE depending on clinical needs (e.g., increase staff size, offer additional services, expand digital interface with patient devices and EHR)
Commit to creation of AF CoE	Develop budget and identify sources of funding and need for application for grants	Regular meetings of AF CoE core team members to establish components of AF CoE	Assess costs of establishing and running AF CoE and implications for financial stability of program	Consider research applications using data collected and plan for additional data acquisition as dictated by research needs
	Parse CoE components into work packages and establish schedule for creation of components	Develop milestones to track progress	Prepare report on accomplishments of AF CoE in preparation for transition phase (see next column)	
	Develop AF CoE development workflow chart (e.g., Gantt chart)	Establish patient-centric flow schematics to optimize use of AF CoE and patient care (see Figure 11.2)		
	Establish communication structure and schedule of meetings	Track progress toward "launch" of CoE and various components (e.g., outreach to PCPs, ED)		
		Create BPAs to improve quality of care for patients with AF, e.g., increasing number of patients who are appropriately anticoagulated[1,2]		

Table 11.1 Phases of AF CoE development.
AF = atrial fibrillation; BPA = best practice advisory; CoE = Center of Excellence; ED = emergency department; EHR = electronic health record; EP = electrophysiologist; PCP = primary care physician; PROM = patient-reported outcome measures.