

Disease Specific Care Ventricular Assist Device Certification Review Agenda

Please see the Review Process Guide for additional information. All times are local.

DAY 1

Time	Activity	Organization Participants
8:00-9:00 am	<p>Opening Conference</p> <ul style="list-style-type: none"> ▪ Reviewer greeting and introduction ▪ Introductions of key program and organization staff <p>Orientation to Program Topics to be covered include:</p> <ul style="list-style-type: none"> ○ Program leadership ○ Program interdisciplinary team composition ○ Program design and integration into hospital ○ Program mission, vision, and goals of care ○ Population characteristics and needs ○ Diversity, equity, and inclusion efforts ○ Program selection and implementation of Clinical Practice Guidelines (CPGs) ○ Overall program improvements implemented and planned <p>Presentation will be followed by a brief Q&A</p> <p>Reviewer will end session with:</p> <ul style="list-style-type: none"> ○ Overview of agenda and objectives ○ Dialogue about what the reviewer can do to help make this a meaningful review for the program 	<ul style="list-style-type: none"> • Program's Clinical and Administrative Leadership • Hospital Leadership • Interdisciplinary Team Members • Program's Joint Commission contact • Others at Program's discretion
9:00–10:00 am	<p>Reviewer Planning Session Please have the following information available for this session:</p> <ul style="list-style-type: none"> ▪ Lists of all patients receiving care, treatment, and services from the program, both inpatient and outpatient ▪ Schedule for interdisciplinary team meetings or rounds on patients <p>Discussion and review of program documents. This may include:</p> <ul style="list-style-type: none"> ▪ Documents uploaded to the SharePoint site ▪ Order sets, care plans, procedures and/or pathways ▪ Meeting agendas and minutes ▪ Other documents that provide evidence related to the care, treatment, and services provided by the program for purposes of fulfilling review objectives 	Program representatives who can facilitate patient selection and tracer activity
10:00 am-12:30 pm	<p>Individual Tracer Activity</p> <ul style="list-style-type: none"> ▪ Tour of patient care areas, patient interviews and staff interviews ▪ May include ED, medical/surgical or critical care cardiac units, operating room, PACU, CVICU, cardiac cath labs, or clinic. ▪ Includes staff interviews ▪ Includes patient and family interview if they are willing to participate. ▪ Interactive review of patient records with organization staff member(s) that is actively working with the patient. Includes the patient's course of care, treatment, and services up to the present and anticipated for the future 	Program representatives who can facilitate tracer activity

Disclaimer: Recording or transcribing this review is strictly prohibited, including the recording and transcribing that can occur with video conference applications. Discovery of any recording activities will result in the immediate cessation of the review and denial of certification.

	<ul style="list-style-type: none"> At the conclusion of tracers, the reviewer will communicate to the organization leaders and care providers: <ul style="list-style-type: none"> Specific observations made Issues that will continue to be explored in another tracer activity Need for additional records to verify standards compliance, confirm procedures, and validate practice 	
12:30-1:00 pm	Reviewer Lunch	
1:00-4:00 pm	Individual Tracer Activity (cont.)	Program representatives who can facilitate tracer activity
4:00-4:30 pm	Team Meeting/Reviewer Planning Session – for review day 2	<ul style="list-style-type: none"> Program's Joint Commission contact Others requested by reviewer
DAY 2		
Time	Activity	Organization Participants
8:00-8:15 am	Daily Briefing A brief summary of the first day's observations will be provided.	As determined by the Center or organization
8:15–9:30 am	System Tracer–Data Use Session Please have the following information available: <ul style="list-style-type: none"> Performance improvement (PI) data Registry data for required registry (such as INTERMACS) Discuss how data is used by program to track performance and improve practice and/or outcomes of care. Discuss selected performance measures, including: <ul style="list-style-type: none"> How data reliability and validity is conducted Improvement opportunities discovered through data analysis Improved based on performance measurement Patient satisfaction data and improvements made to the program based on patient feedback 	Inter-disciplinary Team and those involved in Performance Measurement review
9:30–10:30 am	Competence Assessment/Credentialing Process Discussion will include a focus on: <ul style="list-style-type: none"> Processes for obtaining team members Orientation and training processes Methods for assessing team member competence Inservice and ongoing education and training for program staff and providers Education and competency issues identified during tracer activities Credentialing and privileging process specific to VAD care, treatment, and services Privileges as appropriate to qualifications and competencies for VAD Monitoring the performance of practitioners on a continuous basis 	<ul style="list-style-type: none"> Individuals responsible for Program Education Medical Staff Office Personnel Human Resources

Disclaimer: Recording or transcribing this review is strictly prohibited, including the recording and transcribing that can occur with video conference applications. Discovery of any recording activities will result in the immediate cessation of the review and denial of certification.

	<ul style="list-style-type: none"> ▪ Evaluating the performance of providers ▪ Identified strength and areas for improvement <p>Provider Files</p> <ul style="list-style-type: none"> ▪ Current licensure and DEA ▪ Most recent re-appointment letter ▪ Privileges and accompanying documentation ▪ Board certification(s) ▪ OPPE or FPPE (two most recent) ▪ Program specific competency/education at onboarding/orientation to VAD ▪ Surgical training for surgeons ▪ Program specific continuing VAD education (attestation and/or evidence of CME) <p>Staff Files</p> <ul style="list-style-type: none"> ▪ Licensure (if applicable) ▪ Certification (if applicable) ▪ Most recent performance evaluation ▪ Job description ▪ Program specific <i>orientation</i> education & competency ▪ Program specific <i>ongoing</i> education & competencies 	
10:30-11:30 am	<p>Individual Tracer Activity (cont.)</p> <p>Reviewer may ask to review additional patient records or program documents to verify standards compliance, if needed</p>	<ul style="list-style-type: none"> • Program representatives who can facilitate tracer activity • Others requested by reviewer
11:30 am-12:00 pm	<p>Summary Discussion</p> <p>This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference. Topics that may be discussed include:</p> <ul style="list-style-type: none"> • Any issues not yet resolved (IOUs) • The identified Requirements For Improvement (RFIs) • What made the review meaningful to the team • Sharing best practices to inspire quality improvement and/or outcomes • Educative activities of value to the program (i.e., knowledge sharing related to CPGs or the latest scientific breakthroughs) • Did I meet the goals of your team today? 	<ul style="list-style-type: none"> • Program Leadership • Others at Program's discretion
12:00-12:30 pm	Reviewer Report Preparation	
12:30-1:00 pm	Program Exit Conference	<ul style="list-style-type: none"> • Program Leadership • Hospital Leadership • Interdisciplinary Team Members • Program's Joint Commission contact • Others at Program's discretion