

Disease Specific Care Certification

VIRTUAL Comprehensive Stroke Center Certification (CSC) Agenda

Please refer to the Disease Specific Care Review Process Guide for additional information.

All times are local. Please note that one video conference will be utilized in each session unless otherwise noted.

DAY BEFORE REVIEW BEGINS	Activity	Organization Participants
2:00 pm – 3:30 pm	<p>Opening Conference</p> <ul style="list-style-type: none"> • Reviewer will begin this session with a few remarks and introduction of themselves, followed by an introduction of the program staff • Next, hospital and/or program leadership will present an orientation to Program. Topics to be covered include: <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 • Presentation will be followed by a brief Q&A • Reviewer will end session with: <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 Clinical and Administrative Leadership • Individuals responsible for performance improvement processes within the program and, as applicable, the organization • Others at the discretion of the organization
DAY ONE OF REVIEW	Activity	Organization Participants
8:00 am – 8:30 am	<p>Reviewer Planning Session</p> <p>A list of comprehensive stroke patients for tracer selection separated by diagnosis, with date of admission</p> <ul style="list-style-type: none"> - Current Inpatients - Discharged patients 	<p>Program representative(s) that can facilitate patient selection and tracer activity</p>
8:30 am – 9:00 am	<p>Emergency Department Review</p> <p>The organization is to provide a high level, brief overview of how care is provided to CSC patients in the emergency department.</p> <p>Note: This activity is designed to assist the reviewer's understanding of how CSC care is initiated in your organization. This departmental review does not require a formal slide presentation.</p> <p>Be prepared to:</p> <ul style="list-style-type: none"> - Share the floor plan of your ED over video conference 	<p>Both reviewers</p> <p>Emergency Department Medical Director</p> <p>Emergency Department Nurse Director/Manager</p> <p>Emergency Department licensed</p>

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	<ul style="list-style-type: none"> -Tell your story about providing care for acute complex stroke patients in the ED setting. -Describe how your organization cares for more than one complex stroke patient simultaneously. -Discuss your ED's infrastructure including staff, licensed independent practitioners, equipment and materials (including medications) that are required to care for acute complex stroke patients. -Discuss your process for obtaining EMS records documenting care provided during the transfer to the facility. -Discuss transfer protocols 	<p>independent practitioners and staff as determined by the organization</p>
<p>9:00 am–12:30 pm</p> <p>Please note that two video conference rooms will be used.</p>	<p>Individual Tracer Activity - Each reviewer will conduct tracers separately</p> <ul style="list-style-type: none"> • For inpatient tracers, the patients' nurses will be involved. Therefore, it is most efficient to use the nursing unit manager's office for the tracers. Please ensure applicable managers have access to the video conference link. • For closed record tracers, a room away from patient care areas with video conference capabilities and tracer participant(s) able to navigate the records is the most efficient and effective use of time. <p>Evaluation of patient care, treatment, and services, including:</p> <ol style="list-style-type: none"> 1. Advanced Imaging 2. Acute Comprehensive Stroke Care <ul style="list-style-type: none"> -Emergency care -Informed consent -Evaluation of the patient before surgery - IR suite -CT/MRI suite -Procedures and interventions -ICU care -Nursing care -Medical care -Additional care 3. Post Acute Care Comprehensive CSC Care <ul style="list-style-type: none"> -Assessment -Goals -Patient/Family education -Referrals -Transfers -Medical care -Nursing care -Social work/Case management -Additional care (could include speech Therapy, physical therapy, occupational therapy, psychology, pharmacy) 4. Transfer/Discharge 5. Follow-up Call 6. Closed Record Review: 	<p>Program representative(s) that can facilitate tracer activity</p>

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12:30-1:00 pm	Reviewer Lunch	
1:00 – 3:30 pm Please note that two video conference rooms will be used.	Individual Tracer Activity (cont.)	Program representative(s) that can facilitate tracer activity
3:30 - 4:30 pm	Team Meeting/Reviewer Planning Session - Address any special issues for resolution - Communicate summary of the first day's observations - Select individual patient tracers for Day 2	As determined by the organization
DAY TWO OF REVIEW	Activity	Organization Participants
8:00-8:30 am	Daily Briefing A brief summary of the first day's agenda will be provided	As determined by the organization
8:30 am-10:30 am Please note that two video conference rooms will be used.	Individual Tracer Activity (cont.)	Program representative(s) that can facilitate tracer activity
10:30 am – 12:30 p,	System Tracer: Data Use Sesson - Includes data, research, and performance improvement (PI): Conducted by both reviewers - Use of a defined performance improvement methodology - Volumes of procedures and interventions (including SAH, coilings for aneurysm, and clipping for aneurysm.) - Annual aneurysm clipping and coiling mortality rates - Complication rate data - Public reporting of outcomes - Current stroke performance measure data - Percentage of complex stroke patients that receive a follow-up phone call by a member of the organization's stroke team within seven days of discharge (Note: Applicable only to CSC patients who are discharged home) - Interdisciplinary program review and peer review process - Use of the stroke registry - Patient satisfaction data specific to complex stroke patient population - CSC research which must be patient-centered and approved by the Institutional Review Board (IRB). - Review of the program's stroke log	
12:30-1:00 pm	Reviewer Lunch	

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<p>1:00 – 3:00 pm*</p> <p>Please note, two video conference rooms will be used, one for competency and one for credentialing.</p>	<p>Competence Assessment/Credentialing Process Note: Conducted by both reviewers simultaneously</p> <ul style="list-style-type: none"> • Orientation and training process for program • Methods for assessing competence of practitioners and team members • Inservice and other education and training activities provided to program team members <p>Reviewers will review personnel records and Credentialing files.</p> <ul style="list-style-type: none"> -Nursing Staff -Medical Staff -Other Staff -Community Education <p>The reviewers will also ask to view the personnel records of the:</p> <ul style="list-style-type: none"> - Medical Director of Stroke Program - Stroke Coordinator - Director of Rehabilitation Services - Advanced Practice Nurse 	<ul style="list-style-type: none"> • Individuals responsible for Program Education • Medical Staff Office Personnel • Human Resources 				
	<table border="1"> <thead> <tr> <th data-bbox="513 915 834 940">Competency</th> <th data-bbox="841 915 1159 940">Credentialing</th> </tr> </thead> <tbody> <tr> <td data-bbox="513 949 834 1478"> <p>Staff Files</p> <ul style="list-style-type: none"> • Licensure (if applicable) • Certification (if applicable) • Job description • Most recent performance evaluation • Program Specific <i>Orientation</i> Education/Competencies • Program Specific <i>Ongoing</i> Education/Competencies </td> <td data-bbox="841 949 1159 1478"> <p>Provider Files</p> <ul style="list-style-type: none"> • Licensure • DEA Licensure • Most recent reappointment letter • Board certification • Privileges and applicable supporting documents • OPPE or FPPE (two most recent, as applicable) • CME or attestation for CME </td> </tr> </tbody> </table>	Competency	Credentialing	<p>Staff Files</p> <ul style="list-style-type: none"> • Licensure (if applicable) • Certification (if applicable) • Job description • Most recent performance evaluation • Program Specific <i>Orientation</i> Education/Competencies • Program Specific <i>Ongoing</i> Education/Competencies 	<p>Provider Files</p> <ul style="list-style-type: none"> • Licensure • DEA Licensure • Most recent reappointment letter • Board certification • Privileges and applicable supporting documents • OPPE or FPPE (two most recent, as applicable) • CME or attestation for CME 	
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<p>3:00 – 3:30 pm</p>	<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 	<ul style="list-style-type: none"> • Program Leadership • Others at Program's discretion 				

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	<ul style="list-style-type: none"> • 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? 	
3:30 - 4:00 pm	Reviewer Report Preparation	
4:00-4:30 pm	Program Exit Conference	<ul style="list-style-type: none"> • Program Leadership • Hospital Leadership • Interdisciplinary Team Members

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion

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