**Disease Specific Care Certification**

**Comprehensive Stroke Center Certification (CSC) Agenda Template**

Please refer to the Disease Specific Care Review Process Guide for additional information. All times are local.

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| **DAY ONE** | **Activity** | **Organization Participants** |
| 8:00-9:30 am | **Opening Conference**   * 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:   + 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:   + Overview of agenda and objectives   + Dialogue about what the reviewer can do to help make this a meaningful review for the program | * 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 |
| 9:30 am – 10:00 am | **Reviewer Planning Session**  A list of comprehensive stroke patients for tracer  selection separated by diagnosis, with date of  admission   * Current Inpatients * Discharged patients | Program representative(s) that can facilitate patient selection and tracer activity |
| 10:00 am – 10:30 am | **Emergency Department Review**  The organization is to provide a high level, brief  overview of how care is provided to CSC patients in  the emergency department.  **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.**  Be prepared to:  -Tell your story about providing care for acute  complex stroke patients in the ED setting.  -Describe how your organization is able to care 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 | Both reviewers  Emergency Department Medical  Director  Emergency Department Nurse  Director/Manager  Emergency Department licensed  independent practitioners and  staff as determined by the organization |
| 10:30 am–12:30 pm | **Individual Tracer Activity - Each reviewer will**  **conduct tracers separately. Evaluation of patient**  **care, treatment, and services, including:**  **1. Advanced Imaging**  **2. Acute Comprehensive Stroke Care**  -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**  -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:** | Program representative(s) that can facilitate tracer activity |
| 12:30-1:00 pm | **Reviewer Lunch** |  |
| 1:00 – 3:30 pm | **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** | **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 | **Individual Tracer Activity (cont.)** | Program representative(s) that can facilitate tracer activity |
| 10:30 am – 12:30 p, | **System Tracer:** Data use, 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 team log |  |
| 12:30-1:00 pm | **Reviewer Lunch** |  |
| 1:00 – 3:00 pm | **Competence Assessment/Credentialing Process** **Note**: Conducted by both reviewers simultaneously   * 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   Reviewers will review personnel records and Credentialing files.  -Nursing Staff  -Medical Staff  -Other Staff  -Community Education  The reviewers will also ask to view the personnel  records of the:  − Medical Director of Stroke Program  − Stroke Coordinator  − Director of Rehabilitation Services  − Advanced Practice Nurse  Provider Files   * 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   Staff Files   * Licensure (if applicable) * Certification (if applicable) * Job description * Most recent performance evaluation * Program Specific *Orientation* Education/Competencies * Program Specific *Ongoing* Education/Competencies | * Individuals responsible for Program Education * Medical Staff Office Personnel * Human Resources |
| 3:00 – 3:30 pm | **Summary Discussion**  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:   * 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? | * Program Leadership * Others at Program’s discretion |
| 3:30 - 4:00 pm | **Reviewer Report Preparation** |  |
| 4:00-4:30 pm | **Program Exit Conference** | * Program Leadership * Hospital Leadership * Interdisciplinary Team Members |

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

**discretion**