**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 reviewersEmergency Department Medical Director Emergency Department Nurse Director/ManagerEmergency 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 bothreviewers.− 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 EducationThe reviewers will also ask to view the personnel records of the:− Medical Director of Stroke Program− Stroke Coordinator− Director of Rehabilitation Services− Advanced Practice NurseProvider 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**