

# Disease Specific Care Certification Advanced Certification for Spine Surgery Agenda Template

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

DAY ONE	Activity	Organization Participants
8:00-9:30 am	<b>Opening Conference</b> <ul style="list-style-type: none"> <li>Reviewer will begin this session with a few remarks and introduction of themselves, followed by an introduction of the program staff</li> <li>Next, hospital and/or program leadership will present an orientation to Program. Topics to be covered include: <ul style="list-style-type: none"> <li>Program leadership</li> <li>Program interdisciplinary team composition</li> <li>Program design and integration into hospital</li> <li>Program mission, vision, and goals of care</li> <li>Population characteristics and needs</li> <li>Diversity, equity, and inclusion efforts</li> <li>Program evaluation of CPG use and deviation monitoring</li> <li>Overall program improvements implemented and planned</li> <li>Service availability and accessibility dependent on program scope (inpatient, hospital-based outpatient, ambulatory surgery center)</li> <li>Program design influences (community needs assessments, patient selection, patient risks and outcomes, co-morbidities, evidencebased practice)</li> <li>Patient self-management education resources'</li> <li>Access to patient centered care resources</li> <li>Facilitating access to interdisciplinary care, treatment and service needs of patients</li> <li>Communication and collaboration planning and processes throughout the continuum of care</li> <li>Transitions of care</li> </ul> </li> <li>Presentation will be followed by a brief Q&amp;A</li> <li>Reviewer will end session with: <ul style="list-style-type: none"> <li>Overview of agenda and objectives</li> <li>Dialogue about what the reviewer can do to help make this a meaningful review for the program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Program Clinical and Administrative Leadership</li> <li>Individuals responsible for performance improvement processes within the program and, as applicable, the organization</li> <li>Others at the discretion of the organization</li> </ul>
9:30–10:00 am Note: Organization will need to ensure that spine surgery	<b>Reviewer Planning Session</b> List of spine surgery patients for tracer selection <ul style="list-style-type: none"> <li>List of patients having spine surgery</li> </ul>	Program representative(s) that can facilitate patient

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procedures are being performed, either Day 1 after opening conference or Day 2 of the review	procedures on Day 1 after opening conference or Day 2 of the review • Provide a list of all spine surgery patients for the previous 90 days • Transfer policies/protocols	selection and tracer activity
10:00 am–12:30 pm	<b>Individual Tracer Activity</b>  <b>Note: Patient education, interview, or observation activity may be scheduled at a time that will facilitate the greatest participation</b>	Program representative(s) that can facilitate tracer activity
12:30-1:00 pm	<b>Reviewer Lunch</b>	
1:00-4:00 pm	<b>Individual Tracer Activity (cont.)</b>	Program representative(s) that can facilitate tracer activity
4:00-4:30 pm	<b>Team Meeting/Reviewer Planning Session –</b> planning for review day 2  <b>Confer at the end of Day 1 and plan for Day 2 of the ACSS review with the organization's staff</b> • Address any issues needing resolution with the organization • Discuss plan for arrival in am (if the intraoperative tracer will be occurring day 2 for a 7:30 case start, discuss when organization would recommend reviewer arrival dependent on observation of preoperative process prior to case) • Select any additional patients for day 2	As determined by the organization
<b>DAY TWO</b>	<b>Activity</b>	<b>Organization Participants</b>
8:00-8:15 am	<b>Daily Briefing</b> A brief summary of the first day's observations will be provided	As determined by the organization
8:15 am-12:00 pm	<b>Individual Tracer Activity (cont.)</b>  <b>Individual Tracer Activity—Intraoperative Experience</b> (This tracer can occur at any time during the review after the Opening Conference, depending on patient availability. The organization and reviewer should confirm the timing for this activity as soon as possible, since this is a mandatory activity for advanced certification.) Reviewer will change into appropriate attire per organization instruction The activity will include: • Observation of preoperative process • Observe communication and collaboration between team members and patient, observe consistency of	Program representative(s) that can facilitate tracer activity

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	<p><b>information being exchanged</b></p> <ul style="list-style-type: none"> <li>• Observe hand-offs (e.g. registration-to preoperative RN, preoperative RN-to anesthesia, preoperative RN-to-surgeon, surgeon-to-anesthesia, anesthesia-to surgeon, preoperative RN-to-Operating Room RN, Operating Room RN-to surgeon, surgeon-to-Operating Room RN, etc.)</li> <li>• Observe patient transition from preop to the operating room</li> <li>• Also, observe transition from OR to PACU</li> </ul>	
12:00-12:30 pm	<b>Reviewer Lunch</b>	
12:30-1:30 pm	<p><b>System Tracer–Data Use Session</b></p> <p>Discuss how data is used by program to track performance and improve practice and/or outcomes of care</p> <p>Performance improvement priorities identified through the spine surgery program quality management process</p> <ul style="list-style-type: none"> <li>- Aspects of care and services and outcomes that measures address</li> <li>- Data collection processes (Four months of data for initial certification and 12 months of data for recertification)</li> <li>- How is data reliability and validity conducted?</li> <li>- Reporting and presentation of data</li> <li>- Improvement opportunities discovered through data analysis</li> <li>- Improvements that have already been implemented or are planned based on performance measurement</li> <li>- Discuss patient satisfaction data, including improvements based on feedback</li> </ul>	Interdisciplinary Team and those involved in Performance Improvement
1:30-2:30 pm	<p><b>Competence Assessment/Credentialing Process</b></p> <ul style="list-style-type: none"> <li>• Orientation and training process for program</li> <li>• Methods for assessing competence of practitioners and team members</li> <li>• Inservice and other education and training activities provided to program team members</li> </ul> <p>Review of at least one file per discipline of those staff involved in the program</p> <p>Provider Files</p> <ul style="list-style-type: none"> <li>• Licensure</li> <li>• DEA Licensure</li> <li>• Most recent reappointment letter</li> <li>• Board certification</li> <li>• Privileges and applicable supporting documents</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals responsible for Program Education</li> <li>• Medical Staff Office Personnel</li> <li>• Human Resources</li> </ul>

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	<ul style="list-style-type: none"> <li>• OPPE or FPPE (two most recent, as applicable)</li> <li>• CME or attestation for CME</li> </ul> <p>Staff Files</p> <ul style="list-style-type: none"> <li>• Licensure (if applicable)</li> <li>• Certification (if applicable)</li> <li>• Job description</li> <li>• Most recent performance evaluation</li> <li>• Program Specific <i>Orientation</i> Education/Competencies</li> <li>• Program Specific <i>Ongoing</i> Education/Competencies</li> </ul>	
2:30-3:00 pm	<p><b>Summary Discussion</b></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"> <li>• Any issues not yet resolved (IOUs)</li> <li>• The identified Requirements For Improvement (RFIs)</li> <li>• What made the review meaningful to the team</li> <li>• Sharing best practices to inspire quality improvement and/or outcomes</li> <li>• Educative activities of value to the program (i.e., knowledge sharing related to CPGs or the latest scientific breakthroughs)</li> <li>• Did I meet the goals of your team today?</li> </ul>	<ul style="list-style-type: none"> <li>• Program Leadership</li> <li>• Others at Program's discretion</li> </ul>
3:00-4:00 pm	<b>Reviewer Report Preparation</b>	
4:00-4:30 pm	<b>Program Exit Conference</b>	<ul style="list-style-type: none"> <li>• Program Leadership</li> <li>• Hospital Leadership</li> <li>• Interdisciplinary Team Members</li> </ul>

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

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