**Disease Specific Care**

**Primary Stroke Center (PSC) Certification Review Agenda**

For an organization that does not provide services for mechanical thrombectomy.

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

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|  | **Activity** | **Organization Participants** |
| 8:00-9:00 am | **Opening Conference**   * Reviewer greeting and introductions * Introduction of program staff * Brief review of agenda   **Orientation to Program**  Topics to be covered include:   * Program leadership * Program interdisciplinary team composition * Program design and integration into hospital * Program mission and goals for care * Population characteristics and needs * Program selection and implementation of clinical practice guidelines (CPG) * Program evaluation of CPG use and deviation monitoring * Overall program improvements implemented or planned   **Q & A Discussion** | * 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 |
| 9:00–9:30 am | **Reviewer Planning Session** | * Program representative(s) who can facilitate patient selection and tracer activity * Others HCO may want |
| 9:30 am–12:30 pm | **Individual Tracer Activity** | Program representative(s) that can facilitate patient selection and tracer activity |
| 12:30-1:00 pm | **Reviewer Lunch** |  |
| 1:00–2:00 pm | **System Tracer–Data Use Session**  Discuss how data is used by program to track performance and improve practice and/or outcomes of care  Discuss selected performance measures, including:  - Selection process  - Aspects of care and services and outcomes that measures address  - Data collection processes (Four months of data for initial certification and 12 months of data for recertification)  - How is data reliability and validity conducted?  - Reporting and presentation of data  - Improvement opportunities discovered through data analysis  - Improvements that have already been implemented or are planned based on performance measurement  - Discuss patient satisfaction data, including improvements based on feedback | Interdisciplinary Team and those involved in Performance Improvement |
| 2:00-3:00 pm | **Competence Assessment/Credentialing Process**   * 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   Review of at least one file per discipline of those staff involved in the program  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 to have 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) |  |
| 3:30-4:00 pm | **Reviewer Report Preparation** |  |
| 4:00-4:30 pm | **Program Exit Conference** | * Program Leadership * Hospital Leadership * Interdisciplinary Team Members |