**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
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| 9:00–9:30 am | **Reviewer Planning Session**  | * Program representative(s) who can facilitate patient selection and tracer activity
* Others HCO may want
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| 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 programProvider 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
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| 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)
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| 3:30-4:00 pm | **Reviewer Report Preparation**  |  |
| 4:00-4:30 pm | **Program Exit Conference**  | * Program Leadership
* Hospital Leadership
* Interdisciplinary Team Members
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