Disease Specific Care
Acute Stroke Ready Hospital (ASRH) Certification Review Agenda

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

	Activity	Organization Participants

8:00-9:00 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:
	  o Program leadership
	  o Program interdisciplinary team composition
	  o Program design and integration into hospital
	  o Program mission, vision, and goals of care
	  o Population characteristics and needs
	  o Diversity, equity, and inclusion efforts
	  o Program selection and implementation of Clinical Practice Guidelines (CPGs)
	  o Overall program improvements implemented and planned
	• Presentation will be followed by a brief Q&A
	• Reviewer will end session with:
	  o Overview of agenda and objectives
	  o Dialogue about what the reviewer can do to help make this a meaningful review for the program
		• Program Clinical and Administrative Leadership
		• Hospital Leadership
		• Program's interdisciplinary leaders
		• Program's TJC contact
		• Others at Program's discretion

9:00–9:30 am	**Reviewer Planning Session** Please have the following available for this session: • List of all inpatients receiving care, treatment, and services from the program • List of past inpatients that received care, treatment, and services in the program • Additional information as outlined in the Review Process Guide (RPG)	Program representative(s) that can facilitate patient selection and tracer activity
9:30 am–12:30 pm	**Individual Tracer Activity** • Tour of patient care areas, including staff and/or patient interviews • Interactive review of patient records with staff members that are actively caring for them. Includes patients' course of care, treatment, and services up to the present and anticipated for the future. • At the conclusion of tracers, the reviewer will communicate	Program representative(s) that can facilitate patient selection and tracer activity

	o Specific observations made o Issues that will continue to be explored o Need for additional records to verify standards compliance, confirm procedures, and/or validate practice	
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 data reliability and validity is conducted • Communication of data to all clinicians and administrators • 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)	• Individuals responsible for Program Education • Medical Staff Office Personnel • Human Resources

	• Job description • Most recent performance evaluation • Program Specific *Orientation* Education/Competencies • Program Specific *Ongoing* Education/Competencies	
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