**Advanced Disease Specific Care**

**Comprehensive Heart Attack Center**

**Certification Review Agenda**

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  | **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
 |
| 9:30–10:00 am | **Reviewer Planning Session**  | * Program representative(s) who can facilitate patient selection and tracer activity
* Others HCO may want
 |
| 10:00 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** |  |
| 1:00-4:00 pm | **Individual Tracer Activity (cont.)** | Program representative(s) that can facilitate tracer activity |
| 4:00-4:30 pm | **Team Meeting/Reviewer Planning Session** – planning for review day 2 | As determined by the organization |
| **DAY TWO**  | **Activity** | **Organization Participants** |
| 8:00-8:15 am | **Daily Briefing**A brief summary of the first day’s observations will be provided. | As determined by the organization |
| 8:15 am-12:00 pm | **Individual Tracer Activity (cont.)** | Program representative(s) that can facilitate tracer activity |
| 12:00-12:30 pm | **Reviewer Lunch** |  |
| 12:30-1:30 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  |  |
| 1:30-2:30 pm | **Competency and Credentialing Sessions** |  |
|  | **Education and Competence Process Assessment** Discussion will focus on:* Processes for obtaining team members
* Orientation and training processes
* Methods for assessing team member competence
* Inservice and other ongoing education
* Education and competence issues identify during tracer activities

Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered throughout the review. | **Medical Staff Credentialing and Privileging Process Assessment**Discussion will focus on:* Credentialing and privileging process specific to cardiac care, treatment and services
* If privileges are appropriate to the qualifications and competencies
* Monitoring the performance of practitioners on a continuous basis
* Evaluating the performance of licensed independent providers
* Identified strength and areas for improvement

Note: The reviewer will request files of a cardiologist, cardiac interventionalist, cardiovascular surgeon, emergency physician, and/or hospitalist. Additional files may be requested based on tracer activities. | Program representative(s) that can facilitate tracer activity |
| 2:30-3:00 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
 |
| 3:00-4:00 pm | **Reviewer Report Preparation**  |  |
| 4:00-4:30 pm | **Program Exit Conference**  | * Program Leadership
* Hospital Leadership
* Interdisciplinary Team Members
 |