**Disease Specific Care**

**Advanced Heart Failure Certification Review Agenda**

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

|  |
| --- |
| **DAY 1** |
| **Time**  | **Activity** | **Organization Participants** |
| 8:00-9:00 am | **Opening Conference**  Reviewer greeting and introduction Introductions of key program and organization staff **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&AReviewer 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’s Clinical and Administrative Leadership
* Hospital Leadership
* Interdisciplinary Team Members
* Program’s Joint Commission contact
* Others at Program’s discretion
 |
| 9:00–10:00 am | **Reviewer Planning Session**Please have the following information available for this session:* List of current inpatients with heart failure diagnosis
* List of discharged patients with heart failure diagnosis (past 4 months for initial certification, past 12 months for recertification)
* List of patients receiving care, treatment, and services at the program’s heart failure clinic
* Schedule for interdisciplinary team meetings or rounds

Discussion and review of program documents. This may include: * Documents uploaded to the SharePoint site
* Order sets, care plans, procedures and/or pathways
* Meeting agendas and minutes
* Other documents that provide evidence related to the care, treatment, and services provided by the program for purposes of fulfilling review objectives
 | Program representatives who can facilitate patient selection and tracer activity |
| 10:00 am-12:30 pm | **Individual Tracer Activity*** Tour of patient care areas, patient interviews and staff interviews
* May include ED, medical/surgical or critical care cardiac units, and heart failure clinic
* Includes staff interviews
* Includes patient and family interview if they are willing to participate
* Interactive review of patient records with organization staff members that are actively working with the patients. Includes the patient’s course of care, treatment, and services throughout the continuum of care
* At the conclusion of tracers, the reviewer will communicate to the organization leaders and care providers:
	+ Specific observations made
	+ Issues that will continue to be explored in another tracer activity
	+ Need for additional records to verify standards compliance, confirm procedures, and validate practice
 | Program representatives who can facilitate tracer activity |
| 12:30-1:00 pm | **Reviewer Lunch** |  |
| 1:00-4:00 pm | **Individual Tracer Activity (cont.)** | Program representatives who can facilitate tracer activity |
| 4:00-4:30 pm | **Team Meeting/Reviewer Planning Session** – for review day 2 | * Program’s Joint Commission contact
* Others requested by reviewer
 |
| **DAY 2** |
| **Time** | **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 Center or organization |
| 8:15–9:30 am | **System Tracer–Data Use Session** Please have the following information available:* Performance improvement (PI) data
* Registry data for required registry (GWTG-HF)

Discuss how data is used by program to track performance and improve practice and/or outcomes of care.Discuss performance measures, including: * How data reliability and validity is conducted
* Improvement opportunities discovered through data analysis
* Improvements based on performance measurement
* Patient satisfaction data and improvements made to the program based on patient feedback
 | Inter-disciplinary Team and those involved in Performance Measurement review |
| 9:30–10:30 am | **Competence Assessment/Credentialing Process**Discussion will include a focus on:* Processes for obtaining team members
* Orientation and training processes
* Methods for assessing team member competence
* Inservice and ongoing education and training for program staff and providers
* Education and competency issues identified during tracer activities
* Credentialing and privileging process specific to heart failure care, treatment, and services
* Privileges as appropriate to qualifications and competencies for heart failure
* Monitoring the performance of practitioners on a continuous basis
* Evaluating the performance of providers
* Identified strength and areas for improvement

Provider Files* Current licensure and DEA
* Most recent re-appointment letter
* Privileges and accompanying documentation
* Board certification(s)
* OPPE or FPPE (two most recent)
* Program specific heart failure education (attestation and/or evidence of CME)

Staff Files* Licensure (if applicable)
* Certification (if applicable)
* Most recent performance evaluation
* Job description
* Program specific *orientation* education & competency
* Program specific *ongoing* education & competencies
 | * Individuals responsible for Program Education
* Medical Staff Office Personnel
* Human Resources
 |
| 10:30-11:30 am | **Individual Tracer Activity (cont.)**Reviewer may ask to review additional patient records or program documents to verify standards compliance, if needed  | * Program representatives who can facilitate tracer activity
* Others requested by reviewer
 |
| 11:30 am-12:00 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
 |
| 12:00-12:30 pm | **Reviewer Report Preparation** |  |
| 12:30-1:00 pm | **Program Exit Conference**  | * Program Leadership
* Hospital Leadership
* Interdisciplinary Team Members
* Program’s Joint Commission contact
* Others at Program’s discretion
 |