**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.

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| **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&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’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 |