**Disease Specific Care Certification**

**Advanced Certification for Total Hip and Total Knee Replacement**

**Agenda Template**

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| **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 evaluation of CPG use and deviation

monitoring* + Overall program improvements implemented and planned
	+ Service availability and accessibility

dependent on program scope (inpatient, hospital-based outpatient, ambulatory surgery center)* + Program design influences (community needs assessments, patient selection, patient risks and outcomes, co-morbidities, evidence based practice)
	+ Patient self-management education

resources’* + Access to patient centered care resources
	+ Facilitating access to interdisciplinary care,

treatment and service needs of patients* + Communication and collaboration planning

and processes throughout the continuum of care* + Transitions of care
* 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
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| 9:30–10:00 amNote: Organization will need to ensure that Total Hip and Knee surgery procedures are being performed, either Day 1 after opening conference or Day 2 of the review | **Reviewer Planning Session**List of Total Hip & Knee surgery patients for tracer selection• List of patients having Total Hip & Knee surgery procedures on Day 1 after opening conference or Day 2 of the review• Provide a list of all total hip and total knee surgery patients for the previous 90 days• Transfer policies/protocols  | Program representative(s) that can facilitate patient selection and tracer activity |
| 10:00 am–12:30 pm | **Individual Tracer Activity****Note: Patient education, interview, or observation** **activity may be scheduled at a time that will** **facilitate the greatest participation** | Program representative(s) that can facilitate 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**Confer at the end of Day 1 and plan for Day 2 of the THKR review with the organization’s staff****• Address any issues needing resolution with** **the organization** **• Discuss plan for arrival in am (if the** **intraoperative tracer will be occurring day 2 for** **a 7:30 case start, discuss when organization** **would recommend reviewer arrival dependent** **on observation of preoperative process prior** **to case)****• Select any additional patients for 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.)****Individual Tracer Activity—Intraoperative** **Experience** **(This tracer can occur at any time during the** **review after the Opening Conference,** **depending on patient availability. The** **organization and reviewer should confirm the** **timing for this activity as soon as possible,** **since this is a mandatory activity for** **advanced certification.)****Reviewer will change into appropriate attire per** **organization instruction****The activity will include:****• Observation of preoperative process****• Observe communication and** **collaboration between team members and patient, observe consistency of** **information being exchanged****• Observe hand-offs (e.g. registration-to preoperative RN, preoperative RN-to anesthesia, preoperative RN-to-surgeon,** **surgeon-to-anesthesia, anesthesia-to surgeon, preoperative RN-to-Operating** **Room RN, Operating Room RN-to surgeon, surgeon-to-Operating Room** **RN, etc.)****• Observe patient transition from preop to** **the operating room****• Also, observe transition from OR to** **PACU** | 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 Performance improvement priorities identified through the THKR surgery program quality management 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 |
| 1:30-2:30 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

Provider Files* Primary Sourced Licensure
* DEA Licensure
* Most recent reappointment letter
* Board certification (if required by org)
* Privileges and applicable supporting documents
* OPPE or FPPE (two most recent, as applicable)
* CME or attestation for CME

Staff Files* Primary Sourced 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
 |
| 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
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| 3:00-4:00 pm | **Reviewer Report Preparation**  |  |
| 4:00-4:30 pm | **Program Exit Conference**  | * Program Leadership
* Hospital Leadership
* Interdisciplinary Team Members
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**Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.**