**Disease Specific Care**

**Comprehensive Cardiac Center (CCC) Certification Review Agenda**

**Please refer to the Disease Specific Care Review Process Guide for materials that the reviewer needs for the Planning Session.**

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| **Date/Time** | **Activity** | | **Organization Participants** |
| Review Day 1  8:00-9:30 am | **Opening Conference**   * Greetings and introductions from reviewers * Introduction of Center staff   **Orientation to Center – Program Presentation**  Topics to be covered include:   * Center scope of care, treatment, and services * Center philosophy * Patient population and community demographics * Center leadership, responsibilities, and accountabilities * Interdisciplinary team composition and responsibilities * Other personnel and support services * Backup systems and plans * Center and organization integration, interaction and collaboration * Diversity, equity, and inclusion efforts * Communication and collaboration within the Center and with patients and families * Communication between Center and other providers within the organization and externally * Center and program team member selection—qualifications, orientation, training, ongoing education, and support * Staff orientation, training, and education relative to the Center * Clinical practice guidelines or evidence-based practice being followed by the Center   **Reviewers will end session with:**   * Overview of agenda and objectives * Dialogue about what the reviewers can do to help make this a meaningful review for the Center | | * Center’s Joint Commission contact * Center’s clinical and administrative leadership * Others at Center’s discretion |
| 9:30-10:30 am | **Reviewer Planning Session**  Please have the following information available for this session:   * A current list of patients receiving care in the Center * List of past inpatients that received care, treatment, and services in the Center * Order sets, care plans, procedures and/or pathways for care, treatment, and services provided by the Center * Schedule for interdisciplinary team meetings or rounds on patients   Plans will also be made for outpatient clinics and cardiac rehabilitation tracers. | | Program representatives that can facilitate patient selection and tracer activity |
| 10:30 am-12:30 pm | **Individual Tracer Activity**  Tracer activities may include:   * Tours of patient care areas, patient interviews and staff interviews. May include ED, medical/surgical or critical care units, OR, PACU, interventional and diagnostic cath labs, EP labs, cardiac rehabilitation, ultrasound, radiology, laboratory, and/or pharmacy services * Interactive tracers of patient records with team members or organization staff actively working with the patients—the patient’s course of care, treatment, and services up to the present and anticipated for the future * At the conclusion of each activity, the reviewers will communicate to the Center 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 that can facilitate tracer activity |
| 12:30–1:00 pm | **Reviewer Lunch** | |  |
| 1:00-4:00 pm | **Individual Tracer Activity (cont.)** | | Program representatives that can facilitate tracer activity |
| 4:00-4:30 pm | **Team Meeting/Reviewer Planning Session**  Discussion will include accomplishments during Day One, and plans for Day Two | | * Center’s Joint Commission contact * Others requested by reviewers |
| **Date/Time** | **Activity** | | **Organization Participants** |
| Review Day 2  8:00-8:15 am | **Daily Briefing**  A brief summary of the first day’s observations and plans for Day Two will be discussed. | | As determined by the Center or organization |
| 8:15-10:00 am | **System Tracer–Data Use Session**  Session discussions will focus on methods utilized by the Center to drive performance improvement activities that improve and maintain high quality and safe care related to each of the following:   * Acute Coronary Syndrome * Diagnostic and interventional cardiac catheterization procedures * Cardiac and vascular surgeries * Structural heart disease * Diagnostic cardiology * Cardiac resuscitation and cardiogenic shock * Cardiac dysrhythmia * Heart failure * Cardiac rehabilitation   Please provide registry data for at least the two most recent consecutive quarters for:   * The four required registries   + AMI   + PCI   + HF   + Cardiac surgery * Two additional registries of your choice, which may include:   + EP   + TAVR/TMVR   + Vascular surgery/procedures   + Cardiac ablation   + LAAO   + Cardiac rehab   + Cardiac resuscitation   Please also have available information regarding the Center’s processes for monitor appropriateness of cardiac procedures (at a minimum PCI and stress tests)  Additional topics for discussion include:   * Members and responsibilities of the CCC performance committee * The Center’s PI plan, including data available, analysis activities, and priority setting * Performance measurement and improvement activities, including the selection process * Center leaders, organization leaders, and staff involved in selecting measures * Data abstraction, collection, and quality monitoring activities * Data analysis and dissemination * Patient and family evaluation of care, treatment, and services provided (i.e., patient satisfaction at the program level), and improvement activities related to their feedback | | Center Leaders, interdisciplinary team, and those involved in Performance Improvement |
| 10:00 am-1:00 pm | **Individual Tracer Activity (cont.)** | | Program representatives that can facilitate tracer activity |
| 1:00-1:30 pm | **Reviewer Lunch** | |  |
| 1:30-2:30 pm | **Education and Competence Assessment Process**  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 * Identified strengths and areas for improvement   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**  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 providers * Identified strengths and areas for improvement   Note: The reviewer will request files of a cardiologist, cardiac interventionalist, cardiovascular surgeon, emergency physician, and cardiac anesthesiologist. Additional files will be requested based on tracer activities. | * 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? | | * Center Leaders * Center’s Joint Commission contact * Others at Center’s discretion |
| 3:00-4:00 pm | **Reviewer Report Preparation** | |  |
| 4:00-4:30 pm | **Program Exit Conference** | | * Center’s Joint Commission contact * Center Leaders * Center team members * Organization leadership * Others at Center’s discretion |