**Disease Specific Care Certification**

**Advanced Certification for Spine Surgery**

**Agenda Template**

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

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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, evidencebased 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 |
| 9:30–10:00 am  Note: Organization  will need to ensure  that spine surgery  procedures are  being performed,  either Day 1 after  opening conference or Day 2 of the review | **Reviewer Planning Session**  List of spine surgery patients for tracer  selection  • List of patients having spine surgery  procedures on Day 1 after opening  conference or Day 2 of the review  • Provide a list of all spine 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 ACSS 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-topreoperative RN, preoperative RN-toanesthesia, preoperative RN-to-surgeon,**  **surgeon-to-anesthesia, anesthesia-tosurgeon, preoperative RN-to-Operating**  **Room RN, Operating Room RN-tosurgeon, 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 spine 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   Review of at least one file per discipline of those staff involved in the program  Provider Files   * Licensure * DEA Licensure * Most recent reappointment letter * Board certification * Privileges and applicable supporting documents * OPPE or FPPE (two most recent, as applicable) * CME or attestation for CME   Staff Files   * 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 |
| 3:00-4:00 pm | **Reviewer Report Preparation** |  |
| 4:00-4:30 pm | **Program Exit Conference** | * Program Leadership * Hospital Leadership * Interdisciplinary Team Members |

**Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.**