**Disease Specific Care Certification**

**Two Day Review Template Agenda for:**

**Thrombectomy-Capable Stroke Center Certification (TSC) or**

**Primary Stroke Center Certification (PSC) providing Mechanical Thrombectomies**

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
	+ Health equity 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 Clinical and Administrative LeadershipIndividuals responsible for performance improvement processes within the program and, as applicable, the organizationOthers at the discretion of the organization |
| 9:30 – 10:00 am | **Reviewer Planning Session** A list of stroke patients for tracer selection separated by diagnosis, with date of admission and discharge (as applicable)* Current Inpatients
* Discharged patients
 | Program representative(s) that can facilitate patient selection and tracer activity |
| 10:00 am –12:30 pm | **Individual Tracer Activity** - Evaluation of patient care, treatment, and services, including:1. **Emergency Department**-How patients arrive and process for notification-Discuss process for obtaining EMS records-Discuss transfer in/transfer out protocols2. **Advanced Imaging**3. **IR Suite** -Informed consent 4. **Acute Stroke Care**-Stroke unit-ICU 5. **Post-Acute Stroke Care** -Assessment -Goals-Patient/Family education-Referrals-Transfers-Medical care-Nursing care-Social work/Case management-Additional care (could include speech therapy, physical therapy, occupational therapy, psychology, pharmacy)6. **Transfer/Discharge**7. **Follow-up Call**8. **Closed Record Review** | Program representative(s) that can facilitate tracer activity |
| 12:30 – 1:00 pm | **Reviewer Lunch** |  |
| 1:00 – 3:30 pm | **Individual Tracer Activity (cont.)** | Program representative(s) that can facilitate tracer activity |
| 3:30 – 4:30 pm | **Team Meeting/Reviewer Planning Session** – − Address any special issues for resolution− Communicate summary of the first day’s observations− Select individual patient tracers for Day 2 | As determined by the organization  |
| **DAY TWO**  | **Activity** | **Organization Participants** |
| 8:00 – 8:30 am | **Daily Briefing**A brief summary of the first day’s agenda will be provided | As determined by the organization |
| 8:30 – 11:30 am | **Individual Tracer Activity (cont.)** | Program representative(s) that can facilitate tracer activity |
| 11:30 am – 1:00 pm | **System Tracer:** Data use, and performance improvement (PI)* Use of a defined performance improvement

methodology* Volumes of mechanical thrombectomies
* Complication rate data
* Public reporting of outcomes (for TSC only)
* Current stroke performance measure data
* Interdisciplinary program review
* Use of the stroke registry
* Patient perception of care data specific to stroke patient population
* Review of the program’s stroke team log
 |  |
| 1:00 – 1:30 pm | **Reviewer Lunch** |  |
| 1:30 – 3:00 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

Reviewers will review personnel records and Credentialing files.* Nursing Staff
* Medical Staff
* Other Staff

The reviewers may also ask to view the personnel records of the:* Medical Director of Stroke Program
* Stroke Coordinator
* Director of Rehabilitation Services
* Advanced Practice Nurse

**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 EducationMedical Staff Office PersonnelHuman Resources |
| 3:00 – 3:30 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)
* 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
* Did I meet the goals of your team today?
 | Program LeadershipOthers at Program’s discretion |
| 3:30 – 4:00 pm | **Reviewer Report Preparation**  |  |
| 4:00 – 4:30 pm | **Program Exit Conference**  | Program LeadershipHospital LeadershipInterdisciplinary Team Members |

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