What's New in 2015

New or revised content for 2015 is identified by underlined text.

Errata to July 1, 2015 guide update issued July 28, 2015

Appendix D: Addendum for Comprehensive Stroke Center Certification – Section “Overview of the Competence Assessment, Credentialing Process, and Education Session,” bullet points regarding emergency department registered nurses’ and other emergency department staff members’ education have been revised to reflect the current language in the requirement (DSDF.1, EP 7).

Changes effective July 1, 2015

Appendix D: Addendum for Comprehensive Stroke Center Certification – The addendum has been revised further, based on customer feedback, to clarify the expectations for the Orientation to the Program activity.

On-site review activities and process remain unchanged for July, 2015.

Changes effective January 1, 2015

Intra-cycle Evaluation Process – Revised to assist organizations in the discussion regarding evidence of compliance with performance measures.

Appendix D: Addendum for Comprehensive Stroke Center Certification – The addendum has been revised to clarify the expectations and timeframe for the Opening Conference and Orientation to the Program.

On-site review activities and process remain unchanged for January, 2015.
Disease Specific Care Certification

Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Disease Specific Care onsite certification review, including:

- Identifying ways in which the organization can facilitate the onsite review process
- Describing logistical needs for the onsite review

Important Reading

The Certification Review Process Guide describes each activity of a Joint Commission onsite certification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity
- Descriptions of what will happen during the session
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the session

These descriptions can be shared organization-wide as appropriate.

Pre-Review Phone Call

A Joint Commission account executive will contact your organization by phone shortly after receiving your application for certification. The purpose of this call is to:

- Confirm information reported in the application for certification, to verify travel planning information and directions to office(s) and facilities,
- Confirm your access to The Joint Commission Connect extranet site and the certification-related information available there (onsite visit agenda, Certification Review Process Guide, etc.), and
- Answer any organization questions and address any concerns.

Notice of Initial Certification Onsite Review

If this is your program’s first time through the certification process you will receive at least a 30-day advance notice of your onsite review date(s). The Notification of Scheduled Events link on your organization’s extranet site, The Joint Commission Connect, is populated with the review date, reviewer’s name, biographical sketch and picture 30 days prior to the review date. The account executive can answer questions about the process or put you in contact with other Joint Commission staff that can assist you.

Notice of Re-Certification Onsite Review

Your organization will receive notice from The Joint Commission seven business days prior to the first day of the scheduled review date(s) for Disease Specific Care re-certification. The notice will be to the certification contact identified in your application and will include the specific review date(s) and the program(s) being reviewed. A follow-up communication with your organization will confirm the information previously provided. Additionally, the Notification of Scheduled Events link on your organization’s extranet site, The Joint Commission Connect, is populated with the review date, reviewer’s name, biographical sketch and picture at 7:30 a.m. in your local time zone on the morning of the review.
Logistics

- While onsite, the reviewer(s) will need workspace for the duration of the visit. A desk or table, telephone, access to an electrical outlet and the internet are desirable.

- Some review activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization’s discretion; however, this guide does offer suggestions.

- The reviewer will want to move throughout the facility or offices during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.

- While reviewers will focus on current patients being cared for by the program, they may request to see some closed records as well in order to verify performance with guidelines such as those that address patient discharge and post discharge follow-up.

- Your onsite review agenda template, similar to those presented later in this guide, will be posted to your Joint Commission Connect extranet site. The review agenda presents a suggested order and duration of activities. Discuss with the reviewer any changes to the agenda that may be needed at any time during the onsite visit.

Information Evaluated Prior to the Onsite Certification Review

The Joint Commission Certification Reviewer assigned to perform your organization’s onsite visit will receive the following items presented with your organization’s Request for Certification.

1. Demographic information, including identification of the disease-specific care service(s) undergoing certification review

2. The name and description of the clinical practice guidelines used for each disease program seeking certification – This information is entered into the Certification Measure Information Process form accessible from the organization’s extranet site. It is important that the reviewer have the most complete information about the clinical practice guidelines being followed by the program, including the nationally recognized/published name, the population covered (adult or pediatric) by the guidelines, the year the guidelines were issued, the source of the guidelines (e.g., association, professional organization, literature-base upon which guidelines were established for the program) and any other identifying information that will assist the reviewer in locating the guidelines being implemented by the program (see also page 12). Examples of CMIP entries include:

3. Stage I- Four non-standardized performance measures, including at least (2) clinically-focused measures; or Stage II – Standardized performance measures as defined by disease program
   - On Re-certification reviews, the reviewer will also receive measure-related data submitted by the program

4. Performance improvement plan

Familiarizing a reviewer with your program before the onsite visit facilitates evaluation of your program’s compliance with standards. Advance analysis makes the on-site review time more efficient, effective and focused.

Information Needed During On-site Review

Please note that it is not necessary to prepare documentation just for purposes of the certification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents.

Items Required for Reviewer Planning Session
The following is a list of items that reviewers WILL NEED to see during the Reviewer Planning Session of the onsite review.
   - Composition of the program’s interdisciplinary team
   - Program’s mission and scope of services
   - An organization chart for the program, if one is available
   - Emergency and medical equipment management plans
   - Current list of patients being treated through the disease program
(NOTE: It is desirable to have the following information included in both the list of current and discharged patients: Primary diagnosis, admit date, discharge date, patient age, gender and ethnicity, if available.)

- A list of patients who accessed or progressed through the disease program in the
  - past four months for initial reviews and
  - past twelve months for recertification reviews

(NOTE: The above noted time frames can extend further back in order to increase the number of patients from which the reviewer can sample. Ten patients to select from is desired, but a lower number is acceptable in those programs that do not yet have experience with this number of patients)

- Order sets, clinical pathways, protocols, etc., that are used to implement selected clinical practice guidelines
- Education material for program patients
- Policy and procedures for patient confidentiality including staff authorization for access
- Policies on retention of health records and other data and information
- A written performance improvement plan
- Performance measure data collected and reported for the required four measures
- Continuous quality improvement reports (for previous 12-months for re-certification reviews)
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available

**Additional Items Required for Primary Stroke Center Certification Reviews**

In addition to the items noted above, the following documents **WILL BE NEEDED** for the Reviewer Planning Session:

- List of patients for the past 4-12 months with the following diagnoses or intervention:
  - Ischemic Stroke
  - Hemorrhagic Stroke
  - TIA’s
  - Administration of tPA
  - Endovascular therapy

(NOTE: Ten patients to select from are desired, but a lower number is acceptable in those programs that do not yet have experience with this number of patients. The above noted time frames can extend further back in order to increase the number of patients from which the reviewer can sample.)

- List of stroke team members
Additional Items Required for Ventricular Assist Device Destination Therapy Review

In addition to the items noted above, the following documents **WILL BE NEEDED** for the Reviewer Planning Session:

- INTERMACS data

Items Reviewers May Request During On-site Review

Following is a list of items that reviewers **MAY REQUEST** to see during any onsite review.

- Disease management program-specific policies and procedures
- Staff orientation materials, with target audience identified
- Staff job descriptions
- Program specific physician credentials requirements, if applicable
- Written criteria for appointing or hiring practitioners
- In-service or conference calendars and attendance sheets for the past 12 months and for remainder of current year or next six months
- Policies and procedures for education and competency training
- Frequently used internal forms or documents related to the clinical practice guidelines (for example, assessment, intervention, additional algorithms)
- Performance improvement policies and procedures
- Policies and procedures for collecting, processing, and analyzing data
- A list of data elements collected for selected program performance measures, and other data collection instructions or documents
- List of current and past purchasers of services; reviewers may contact purchasers (Applies to disease management companies only)
- Schedules and agendas of any classes, group meetings, seminars, etc. related to patient education
- Documents sent to patients about accessing the program’s services, when applicable
- Any required business licenses
- Supporting policies and procedures related to ethical business and professional behavior
- Policies and procedures for identifying and managing unanticipated adverse events
- Enrollment requirements, if applicable

Who to Call with Questions

Questions about standards and elements of performance – Call the Standards Interpretation Group at 630/792-5900. For a response by email, complete the “Standards Online Question Submission Form” by visiting [www.jointcommission.org](http://www.jointcommission.org) and selecting “Standards FAQs” under “TOP SPOTS.”

Questions about on-site review process, agenda, scheduling, or other questions – Call your Joint Commission Account executive.
Disease Specific Care Certification

Performance Measures

Non-Standardized
Disease specific care certification requires programs to self-select and collect and analyze data on four performance measures prior to their initial on-site review. At least two of the four measures should be related to clinical processes or outcomes related to or identified in the clinical practice guidelines being followed by the program. The other two performance measures may also be clinical or related to program activity (i.e. administrative or financial areas, health status, or patient satisfaction). The self-selected performance measures should be evidence based, relevant to the program, valid, and reliable. When selecting measures consider the type of data that is likely to reveal program performance and opportunities for improving the provision of care and services.

Standardized
The Joint Commission includes standardized sets of performance measures for specific programs (i.e. Primary Stroke Center and Advanced Certification in Heart Failure). These performance measures have precisely defined specifications, standardized data definitions, and standardized data collection protocols. These performance measures replace the non-standardized, self-selected performance measures when they are launched.

Quantity of Data
For initial certification, at least four months of data for each measure must be available at the time of the on-site review for both non-standardized and standardized performance measures. For re-certification, 12-24 months of program data must be available at the time of the on-site review. At least the last twelve months of program data should be available at the time of the Intra-cycle monitoring phone call with the reviewer.

What to Look for in a Good Measure
Consider the following guidelines when selecting or developing a non-standardized performance measure. Is the performance measure:

- Based on evidence
- Under the program/service and within provider control
- Related to current clinical practice guidelines
- Accompanied by defined measure specifications such as:
  - Rationale
  - Numerator and denominator statements
  - Description of measure type (process or outcome measure)
  - Direction of improvement
- Based on logical data collection calculations
  - Consistent with measure specifications and sampling protocols
- Useful to the disease-specific care program and the organization

For further information on performance measures and core measures, please visit The Joint Commission Performance Measurement Network Q&A Link:

http://manual.jointcommission.org/bin/view/Manual/WebHome
Sampling Methodology
Please refer the Disease-Specific Care Certification Manual for further information on sampling methodology.

Retirement of a Performance Measure
There are no set guidelines for retirement of a performance measure. Multiple data points are required to demonstrate that performance has not only been achieved but also sustained. A well-constructed measure can remain meaningful and useful for many years. At minimum, measures selected for certification purposes should be retained for the entire 2-year certification period (i.e., 24 monthly data points). Retirement of a non-standardized performance measure should be considered prior to the recertification visit; at which point a discussion should occur with the reviewer on potential new measures.

Retirement or measure modification may be needed when the evidence supporting the measure significantly changes, (e.g. “AMI-6, Beta-Blockers on Arrival”). Similarly, retirement or modification may be indicated when program performance has reached a plateau, and the opportunity for further improvement is considered marginal or “topped out”. In such situations, periodic data collection is advised to verify that the program maintains high performance over time. When standardized measures are developed by The Joint Commission for the certification program, (i.e. Primary Stroke Certification and Advanced Certification in Heart Failure), the non-standardized measures previously utilized by the program are retired and replaced with the standardized measure set.
Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are tools that describe a specific procedure or processes found, through clinical trials or consensus opinion of experts, to be the most effective in evaluating and/or treating a patient who has a specific symptom, condition, or diagnosis. CPGs function to direct care toward evidence-based practice, provide a standard of care for varied populations, and increase collaboration efficiency of team members.

An organization or program can choose to create their own CPGs or adopt or adapt CPGs from professional organizations or a clearinghouse. The risks and benefits should be weighed by the organization on whether creation or adoption of CPGs will work best for them. In March 2011, the Institute of Medicine (IOM) published a report that discusses how to identify a high quality CPG. This report can be used as a reference to guide the program leaders on distinguishing high quality CPGs for their program.

CPGs can be used as a means to accomplish program goals for care, treatment and services of the target population. Collaboration of all team members and front line staff is imperative when implementing a CPG. Post-implementation monitoring should occur to assure that the various aspects of the CPGs continue to be used with the original intent of achieving program goals for patients. The program can develop performance measures based on selected aspects of the CPG to monitor provider and staff adherence to, or variance from the CPG.

A disease specific care program seeking Joint Commission certification must demonstrate that it is providing care, treatment and services according to clinical practice guidelines or evidence-based practice. The review of compliance considers both The Joint Commission standards and the guidelines or evidence-based practices the program is following.

For your convenience, links have been provided to assist in development of a CPG or identifying an already published CPG for adoption or adaptation.

http://www.guideline.gov/

http://www.ahrq.gov/


http://www.nhlbi.nih.gov/health-pro/guidelines/

http://www.healthquality.va.gov/
Disease Specific Care Certification

Opening Conference and Orientation to Program

This session combines two activities into one 60-minute block of time. The breakdown of activities and suggested length for each follows.

Organization Participants

- Opening Conference – Program(s) administrative and clinical leadership and others at the discretion of the organization
- Orientation to Organization – Program(s) administrative and clinical leadership and others at the discretion of the organization

Materials Needed for this Session

- Organization chart, if applicable
- Disease specific care program organization chart, if applicable
- Roster or sign in sheet of the organization representatives attending this session (Note: This document is used as a reference by the reviewer throughout the visit and will be returned to the organization at the conclusion of the review.)

Overview of the Opening Conference (15 minutes)

Approximately 15-minutes in duration that includes:

- Reviewer introduction
- Introduction of organization review coordinator and leaders (Please note: Other staff can be introduced as the reviewer encounters them throughout the onsite visit);
- Overview of The Joint Commission and Disease Specific Care Certification
- Agenda review with discussion of any needed changes
- Questions and answers about the onsite review process.

Overview of the Orientation to the Program (45 minutes)

This 45-minute session is an exchange between the organization and reviewer about the disease management program(s) structure and scope of care and services. A brief, approximately 15-20 minute, summary presentation about the program is very helpful to the reviewer and often to organization staff participating in the review process. Additional discussion with the reviewer following the presentation will help clarify the documentation submitted by the program with their application for certification. The reviewer will facilitate the discussion and use the information as a base to build on while continuing their program review in other activities.

Program representatives participating in this session should be able to discuss topics such as:

- Program mission, goals and objectives
- Program structure
- Program leadership and management
- Program design
- Composition of the program’s interdisciplinary team
- Scope of services/continuum of care
- Developing, implementing and evaluating the program
• Target population for the program
• Identified needs of the program population
• The selection and implementation of clinical practice guidelines
• Evaluation of clinical practice guideline use and appropriateness to target population
• Performance improvement process, including evaluation of the disease management program’s efficacy
Disease Specific Care Certification

Reviewer Planning Session

During this session, the reviewer(s), in conjunction with disease specific care program representatives, will identify the patients that they would like to follow during tracer activity. Additionally, reviewers will identify personnel and credentials files that they will need for review during the Competence Assessment and Credentialing Process session. If the program works with purchasers, the reviewer will also want to select and schedule phone calls with one or more purchasers that have used the program’s services.

Organization Participants

- Program representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records

Materials Needed for this Session

- Current list of patients being treated through the disease program
- If there are no patients currently being treated, a list of patients who accessed or progressed through the disease program in the past 4-12 months

  **NOTE:** It is desirable to have the following information included in both the list of current and discharged patients: Primary diagnosis, admit date, discharge date, patient age, gender and ethnic origin, if available.

- Order sets, clinical pathways, protocols, etc., that are used to implement selected clinical practice guidelines
- List of current and past purchasers (applies to disease management companies only)

In addition to the items noted above, the following documents will be needed for the Reviewer Planning Session for Primary Stroke Center Certification reviews:

- List of patients for the past 4-12 months with the following diagnoses or intervention
  - Ischemic Stroke
  - Hemorrhagic Stroke
  - TIAs
  - Administration of tPA
  - Endovascular therapy
- List of stroke team members

In addition to the items noted under “Materials Needed for this Session,” the following documents will be needed for the Reviewer Planning Session for Ventricular Assist Device Destination Therapy Certification reviews:

- INTERMACS data
Planning Guidelines – Selecting Patients to Trace
1. Reviewers will describe to the program representatives the types of patients that they want to trace and request their assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity, or the reviewer may proceed directly to a patient care area and ask the staff to help identify patients.

2. A minimum of five (5) patients will be selected
   - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services that support or participate directly in the disease specific care program.
   - Patients should have different characteristics, such as demographics, age, sex and other factors that would influence the program response, or impact the application of clinical practice guidelines.
   - For Primary Stroke Programs ONLY—In addition to the above guidelines for patient tracer selection, within the five (5) patients selected the reviewer will want to include patients who experienced TIA, thrombosis or embolus, patients treated with intravenous tPA for a stroke, and patients who experienced a hemorrhagic stroke.

3. Reviewers will prioritize patients for tracer activity with the organization’s assistance.

Planning Guidelines – Selecting Competence and Credentials Files for Review
1. A minimum of (5) files will be selected per disease specific care program

2. At least one file per discipline (physician, nurse, social worker, dietitian, therapist, etc.) represented on the disease specific care program team will be reviewed.

3. The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Planning Guidelines – Contact with Discharged Patients
Reviewers will want to have some contact with the program’s patients. If there are no active patients at the time of the review, the reviewer will request the program representatives to arrange for a phone call with one or more past patients.

Planning Guidelines – Contact with Purchasers
If the disease specific care program provides services through purchasers, the reviewer would like the opportunity to speak with at least one of the current purchasers using the program’s services. Program representatives will be asked to make arrangements for this contact.
Disease Specific Care Certification

Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization’s provision of care, treatment and services using the patient’s experience as the guide. During an individual tracer the reviewer(s) will:

- Follow a patient’s course of care, treatment or service through the program
- Assess the impact of interrelationships among the program disciplines on patient care
- Assess the use of and adherence and diversion from clinical guidelines in the patient’s care, treatment or service
- Evaluate the integration and coordination of program and organization services in the patient’s care

Organization Participants
Program staff and other organization staff who have been involved in the patient’s care, treatment or services

Materials Needed for this Session
Clinical records of selected patients

Overview of the Individual Tracer Activity
1. A significant portion of the agenda is designated for patient tracer activity. The number of patients traced during this time will vary. NOTE: In-house patients take priority for tracer activity; however, there may be instances when reviewers will select a discharged patient upon which to conduct a tracer. This will occur when reviewers need to trace the care provided to a patient with a given diagnosis, for example patients experiencing an ischemic stroke or a TIA. This may also occur to evaluate the patient discharge/education process for a program.

2. Tracer activity begins in the unit, clinic or outpatient setting in which the patient may be scheduled for visit or where the patient is routinely receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.

3. The organization/program staff and the Joint Commission certification reviewer will use the patient’s record to discuss and map out the patient’s course of care, treatment and services. The number of staff participating in this stage of the tracer should be limited. The rationale for limiting the number of staff participating in this stage is to reduce any distraction that the review process may have on patient care.

4. Organization/program staff and the reviewer will follow their map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas, programs, and services involved in the patient’s encounter. There is no mandated order for visits to these other areas. Reviewers will speak with any staff available in the area. NOTE: This activity will occur on in-house as well as discharged patients.

5. Throughout tracer activity, reviewers
   - Observe program staff and patient interaction
   - Observe the care planning process
   - Observe medication processes, if applicable
   - Consider the impact of the environment on individual safety and staff roles in minimizing environmental risk
• Speak with staff about the care, treatment and services they provide
• Speak with patients or families, if appropriate and permission is granted by the patient or family. Discussion will focus on the course of care and other aspects of the program(s) being evaluated for certification. **NOTE:** If the patient being traced is already discharged, the reviewer may ask the program to see if a phone call with the patient/family is feasible and can be arranged.
• Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions.

The tracer should lead the reviewer back to the starting point of care. Upon returning, the reviewer will follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the program leaders and care providers any:
• Specific observations made
• Issues that will continue to be explored in other tracer activity,
• Need for additional record review, and
• Issues that have the potential to result in requirements for Improvement.

**Individual Tracer in the Clinical Setting**
Includes the following activities:
• Record review with staff
• Trace a patient’s care and services from preadmission through post-discharge, as applicable to disease management program being certified
• Visit units, departments, programs and services involved in the patient’s care
• Observe environment of care
• Observe the delivery of care and services
• Observe staff interaction with patients
• Speak with representatives of disciplines involved in patient’s care, preferably with staff who interacted with the patient if available
• Interview patient and/or family member, in person or by phone
• Trace disease specific care post-acute care support programs including:
  ▪ the scheduling of follow-up laboratory, clinic, or therapy appointments, home visits, patient self-monitoring and electronic reporting (e.g., blood glucose levels, blood pressure)
  ▪ Review of records and logs the organization maintains on either direct contact with patients or on contact with clinical customers

**Individual Tracer Activity when DSC Services Delivered Remotely**
Includes the following activities:
• Record review with staff
• Trace a patient’s care and services from preadmission through post-discharge, as applicable to disease program being certified
• Observe staff interaction with patients
• Speak with representatives of disciplines involved in patient’s care, preferably with staff who interacted with the patient if available
• Interview patient and/or family member, in person or by phone
• Trace services provided to clinical settings based on contractual agreements
• Trace disease specific care post-acute care support programs including:
  ▪ the scheduling of follow-up laboratory, clinic, or therapy appointments, home visits, patient self-monitoring and electronic reporting (e.g., blood glucose levels, blood pressure)
• Review of records and logs the organization maintains on either direct contact with patients or on contact with clinical customers
Disease Specific Care Certification

System Tracer- Data Use

This session is focused on the program’s use of data in improving safety and quality of care for their patients. The reviewer and the organization will:

- Identify strengths and weaknesses in the organization’s use of data, areas for improvement, and any actions taken or planned to improve performance.
- Identify specific data use issues requiring further exploration as part of subsequent review activities.

Organization Participants

- Program administrative and clinical leaders
- Others at the discretion of the organization

Materials Needed for this Session

- Performance measure data reports
- Action plans demonstrating the program’s use of and response to data

Overview of the Data Use System Tracer

During the session, the reviewer(s) and organization will discuss:

- The basics of data gathering and preparation, including:
  - Selection of performance measures
  - Data collection, including validity and reliability
  - Data analysis and interpretation
  - Dissemination /transmission
  - Data use and actions taken on opportunities for improvement
  - Monitoring performance/improvement
- The performance measures selected to evaluate the processes and outcomes specific to the program, including how the selections were made (committee consensus, clinical staff voting, etc.) and measure implementation
- Performance improvement plan
- How clinical and management data is used in decision-making and in improving the quality of care and patient safety
- How patient satisfaction and perception of care data is used in decision-making and improving quality of care and patient safety
- Data variances as it pertains to clinical practice guidelines
- Strengths and weaknesses in the processes used to obtain data and meet internal and external information needs.
- Techniques used to protect confidentiality and security of all types of patient data.

Use of data for all aspects of the program, including medication management and infection control, as applicable, should be discussed during this session.
The reviewer(s) will want to know about the program’s priorities for performance improvement activities and how these fit into the organization’s overall performance improvement processes. This discussion may include a review of:

- Actions taken as a result of using data
- Selection and prioritization of performance improvement activities
- Dissemination of findings and staff involvement
- Data reporting – when it occurs and to whom
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships.
Disease Specific Care Certification

Competence Assessment & Credentialing Process

The purpose of this session is to discuss how the program meets the need for qualified and competent practitioners.

Organization Participants
- Program leaders
- Clinical leaders
- Organization representatives responsible for human resources processes
- Organization representatives responsible for credentialing processes, if different from above
- Individuals with authorized access to, and familiar with the format of files
- Others at the discretion of the organization

Materials Needed for this Session
Personnel or credentials files for individuals identified by the reviewer
- A minimum of five (5) files will be selected
- At least one file per discipline (physician, nurse, social work, dietician, therapist, etc.) represented on the disease specific care program team will be reviewed

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Overview of the Competence Assessment and Credentialing Process Session
During the session, the reviewer and organization representatives will:

- Discuss the following competence assessment and credentialing topics as they relate to the program seeking certification:
  - How the program fits into any organization-wide competence and credentialing processes, if applicable
  - Hiring criteria unique to the program
  - Selection of disease management team members
  - Program-specific competence and credentials requirements
  - Processes for obtaining team member credentials information
  - Program-specific credentials evaluation criteria
  - Orientation and training process for disease management program team
  - Methods for assessing competence of practitioners and team
  - Unique orientation, on-going education, training and in-service requirements for the program

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
- Current licensure—that has been verified through the primary source
- Competence
- Evidence reflecting completion of any required continuing education

Individuals attending this session should be prepared to explain the program’s approach to credentialing and competency assessment. Additionally, the organization should be prepared to address any program-specific credentials and competence requirements if this is certification for an advanced disease management program. These requirements exist for:

- Primary Stroke Centers
- Lung Volume Reduction Surgery
- Ventricular Assist Device
- Management of Patients with Diabetes in the Inpatient Setting
- Chronic Kidney Disease

These advanced program requirements can be identified in the Disease Specific Care Certification standards manual.
Disease Specific Care Certification

Issue Resolution

Issue resolution time is an opportunity for the reviewer to follow-up on potential findings that could not be resolved in other onsite activities. This is also time for the organization to present any information that they believe the reviewer may have missed during the day or that may not have been immediately available upon the reviewer’s request.

Organization Participants
Will vary depending upon the issue

Materials Needed for this Session
Will vary depending upon the issue

Preparation for Issue Resolution
None required

Overview of the Issue Resolution Session
The reviewer may have identified issues during individual tracer activity or other sessions that require further exploration or follow-up with staff. This follow-up may include a variety of activities such as:

- Review of policies and procedures
- Review of human resources files
- Review of performance improvement data
- Discussions with selected staff

The reviewer will work with the program’s certification review coordinator to organize and conduct all issue resolution activity.

If there are no issues to resolve and the reviewer does not need any additional information, this activity will not need to occur. The reviewer will proceed with Report Preparation activity.
Disease Specific Care Certification

Reviewer Report Preparation

The reviewer uses this time to compile, analyze and organize the data he or she has collected into a summary report of observations made throughout the review.

Organization Participants
None required, unless specifically requested by the reviewer

Materials Needed for this Session
Private work space with access to an electrical outlet and internet connection, if available

Overview of the Reviewer Report Preparation Session
The reviewer uses this time to enter their observations that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewer remain on schedule and deliver a report at the appointed time. The reviewer will be using their laptop computer to prepare the Summary of Certification Review Findings report and plan for the Exit Conference.
Disease Specific Care Certification

Program Exit Conference

The Program Exit Conference is the final onsite activity when the organization receives a preliminary report of findings from the reviewer. In addition, reviewers will
- Discuss any standards compliance issues
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards’ compliance
- Review required follow-up actions as applicable

Organization Participants
- Program leaders
- Clinical leaders
- Other staff at the discretion of the organization

Materials Needed for this Session
Copies of the Summary of Certification Review Findings report—if it is being distributed to staff

Preparation for the Program Exit Conference
None required

Overview of the Program Exit Conference
This is a 30-minute activity that takes place at the completion of a program review. Administrative and clinical program leaders, and other organization staff, as invited, will hear a verbal report of observations made during the review. The Summary of Certification Review Findings Report is shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports left onsite are preliminary and subject to change upon review by Joint Commission central office staff.

NOTE: In those instances when more than one disease specific care program is being reviewed in a day, the reviewer(s) may coordinate with the organization to conduct a combined Program Exit Conference at the end of the day to discuss each program. Please inform the reviewer(s) during the Opening Conference if this arrangement is not agreeable to the organization.
Disease Specific Care Certification

Intra-cycle Evaluation Process

All organizations participating in the certification process are required to collect, report, and monitor their performance relative to standardized and non-standardized measures on an ongoing basis. The Certification Measure Information Process (CMIP) tool assists certified organizations with the data collection, reporting and monitoring requirements associated with performance measures. The CMIP tool is available on your organization’s secure extranet site, The Joint Commission Connect. The Performance Measure (PM) Data Report portion of the CMIP tool is available for all Disease Specific Care programs to perform an annual analysis of their performance relative to each performance measure.

A mid-point (intra-cycle) evaluation of the performance measurement activities and standards compliance will be conducted via conference call with a Joint Commission reviewer.

Prior to the Intra-cycle Event

Your organization will receive an automated email to the primary certification contact and the CEO approximately 90 days in advance of the anniversary date of your last certification review. You will have 30 days to enter any missing monthly data points for any of the performance measures, complete the performance measure (PM) data report for each measure, and review your performance improvement plan for any updates. Once everything has been entered or updated, please use the submission checklist section of the CMIP tool to formally submit the CMIP tool to The Joint Commission for the intra-cycle event. If the tool is not submitted on time, your organization will receive an email reminder to submit the tool or risk having your certification decision changed.

If your organization is using a vendor to submit your standardized performance measure data, there will be no data in CMIP. Please be prepared to discuss and respond to questions from the reviewer regarding your performance measures and be able to provide current data.

Intra-cycle Evaluation Logistics

This call will take place as close as possible to the one year mid-point of the current two year certification cycle. The call will be completed by a Joint Commission reviewer who will contact the person identified in the “Intra-cycle Conference Call Contact Information” section of the CMIP tool for a time that is convenient to both parties involved. Participation in the intra-cycle conference call is mandatory for all Disease Specific Care programs.

Organization Participants

- Staff involved in data collection and analysis
- Program leaders that implement performance improvement plans

Overview of the Intra-cycle Evaluation Process

During the conference call, the reviewer will discuss

- The results of your organization’s performance against the performance measures (monthly data),
- Your analysis of your performance (PM Data Report),
- Your organization’s ongoing approach to performance improvement (PI Plan), and
- Your questions regarding compliance with Joint Commission standards.
This call is your organization’s opportunity to have an interactive discussion with the Joint Commission reviewer to assure you are on the right track relative to performance measurement and ongoing performance improvement and standards compliance.

There are no negative outcomes to the intra-cycle event, unless the reviewer identifies that your organization has not actively engaged in performance measurement and improvement activities since the time of the most recently completed initial or recertification review.

Once the intra-cycle conference call has been completed, the reviewer will notify your assigned Account Executive of the successful completion of your organization’s intra-cycle event. A letter of continuing certification is then posted to the correspondence section of your organization’s secure extranet site.
### Areas of Review

<table>
<thead>
<tr>
<th>ITEMS FOR REVIEW</th>
<th>Standard</th>
<th>Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 There is a record for every patient</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>2 The record contains sufficient information to identify the patient</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>3 The record contains sufficient information to support the diagnosis</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>4 The record contains sufficient information to justify treatment or services</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>5 The record contains sufficient information to document the course and results</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>6 The record contains sufficient information to track the patients</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>7 Records appear to be complete and accurate, with all necessary information</td>
<td>DSCT.5</td>
<td></td>
</tr>
<tr>
<td>8 Comments are added to records in accordance with organization policy or</td>
<td>DSCT.1</td>
<td></td>
</tr>
<tr>
<td>9 Consent for release of information is on the record records in accordance</td>
<td>DSCT.1</td>
<td></td>
</tr>
<tr>
<td>10 The use of CPGs is evident in the record</td>
<td>DSDF.2</td>
<td></td>
</tr>
<tr>
<td>11 The tailoring of CPGs for the patient is evident in the record</td>
<td>DSDF.3</td>
<td></td>
</tr>
<tr>
<td>12 The management or the communication to the appropriate practitioner for the</td>
<td>DSDF.4</td>
<td></td>
</tr>
<tr>
<td>13 The involvement of patient in making decisions about managing their disease</td>
<td>DSSE.1</td>
<td></td>
</tr>
<tr>
<td>14 The involvement of support structures in the promotion of lifestyle changes</td>
<td>DSSE.2</td>
<td></td>
</tr>
<tr>
<td>15 The patient’s response to making recommended life-style changes is evaluated</td>
<td>DSSE.2</td>
<td></td>
</tr>
<tr>
<td>16 An assessment of the patients’ educational needs related to lifestyle changes</td>
<td>DSSE.3</td>
<td></td>
</tr>
<tr>
<td>17 An assessment of the patients educational needs related to health promotion</td>
<td>DSSE.3</td>
<td></td>
</tr>
<tr>
<td>18 An assessment of the patient’s educational needs related to information about</td>
<td>DSSE.3</td>
<td></td>
</tr>
<tr>
<td>19 An assessment of the patient’s comprehension of education is evaluated</td>
<td>DSSE.3</td>
<td></td>
</tr>
<tr>
<td>20 When appropriate, there is evidence of the patient being notified about</td>
<td>DSSE.3</td>
<td></td>
</tr>
<tr>
<td>21 Disease Specific Care Certification Review Process Guide</td>
<td>Appendix A</td>
<td></td>
</tr>
</tbody>
</table>
## Areas of Review

<table>
<thead>
<tr>
<th>ITEMS FOR REVIEW</th>
<th>Standard</th>
<th>Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Practitioners have educational backgrounds, experience,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>training and/or certification consistent with the program’s mission, goals, and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>objectives</td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>2 All practitioners hired have a current license and competency is established.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>3 The competence of practitioners is assessed when new techniques or responsibilities are introduced, and periodically within the timeframes defined by the organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>4 All practitioners have current licenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>5 Current licensure is verified from primary sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>6 Although not required in the HR record, ascertain that orientation was conducted and relevant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
<tr>
<td>7 Although not required in the HR record, ascertain participation in continuing education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSDF.1</td>
<td></td>
</tr>
</tbody>
</table>

Please note: Some items can be located outside the human resources record.
## Appendix C – Onsite Review Agenda Templates

<table>
<thead>
<tr>
<th>Agenda Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Day, One Reviewer, One Disease</td>
<td>43-44</td>
</tr>
<tr>
<td>Two Days, One Reviewer, One Disease</td>
<td>45-49</td>
</tr>
<tr>
<td>One Day, One Reviewer, Two Joint Replacement or Two Spine Surgery Programs</td>
<td>51-53</td>
</tr>
<tr>
<td>1.5 Days, One Reviewer, Lung Volume Reduction Surgery Program</td>
<td>55-56</td>
</tr>
<tr>
<td>1.5 Days, One Reviewer, Ventricular Assist Device Program</td>
<td>57-58</td>
</tr>
<tr>
<td>Two Days, Two Reviewers, Comprehensive Stroke Center</td>
<td>59-64</td>
</tr>
</tbody>
</table>

Organizations should work with their reviewer to identify any adjustments that might be needed to the on-site visit agenda.
### Disease Specific Care Certification

#### One Disease, One Day Review Agenda Template

Note: Please refer to the Organization Review Preparation section of this guide for materials that the reviewer needs for the Planning Session.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td><strong>Opening Conference</strong> (10 minutes)</td>
<td>Program clinical and administrative leadership</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td>▪ Greetings and introductions</td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
</tr>
<tr>
<td></td>
<td>▪ Introductions of key program and organization staff</td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td></td>
<td>▪ Brief review of agenda</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Orientation to Program</strong> (30 minutes)</td>
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</tr>
<tr>
<td></td>
<td>Topics to be covered include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program leadership</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program interdisciplinary team composition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program design and integration into hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program mission and goals for care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Population characteristics and needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program selection and implementation of clinical practice guidelines (CPG)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program evaluation of CPG use and deviation monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Program improvements in CPG content and use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Overall program improvements implemented or planned</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Q &amp; A Discussion</strong> (20 minutes)</td>
<td></td>
</tr>
<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
<td>Program representative(s) who can facilitate patient selection and tracer activity</td>
</tr>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td>Individual Tracer Activity</td>
<td>Program representative(s) who can facilitate tracer activity, that is, escort the reviewer through the clinical setting following the course of care for the patient</td>
</tr>
<tr>
<td>10:00 – 10:30 a.m.</td>
<td></td>
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<tr>
<td>10:30 – 11:00 a.m.</td>
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<tr>
<td>11:00 – 11:30 a.m.</td>
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</tr>
<tr>
<td>11:30 – 12:00 p.m.</td>
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<tr>
<td>12:00 – 12:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Reviewer Lunch</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Organization Participants</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1:00 – 1:30 p.m. | System Tracer – Data Use                       | Program clinical and administrative leadership  
During this activity the discussion will focus on the program’s selected performance measures.  
Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization |
| 1:30 – 2:00 p.m. | Competence Assessment/Credentialing Process    | Individual with authorized access to personnel and credentials files  
Individual familiar with program-specific requirements for team members—supervisors, managers, leaders  
Clinical or medical director |
| 2:00 – 2:30 p.m. | Issue Resolution & Reviewer Report Preparation | As requested by the reviewer:  
Certification review facilitator  
Program leaders and staff |
| 2:30 – 3:00 p.m. |                                |  
Reviewers will request personnel records for review based on various team members and staff encountered or referred to throughout the day. |
| 3:00 – 3:30 p.m. | Program Exit Conference                      | Program and clinical leadership  
Others at the discretion of the organization |
| 3:30 – 4:00 p.m. |                                |  
Reviewer presentation of certification observations and requirements for improvement |
Note: Please refer to the Organization Review Preparation section of the Disease Specific Care Review Process Guide for materials that the reviewer needs for the Planning Session.

## Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Opening Conference (10-15 minutes)</td>
<td>Hospital System's DSC Program leaders and coordinators</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td>Orientation to Hospital System's DSC Program (20 minutes)</td>
<td>Individual Hospital's DSC Program leader and coordinator</td>
</tr>
<tr>
<td></td>
<td>Orientation to Individual Hospital's DSC Program (30 minutes)</td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
</tr>
<tr>
<td></td>
<td>Q &amp; A</td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
<td>DSC Program Coordinator or Program Team Member</td>
</tr>
</tbody>
</table>

**Reviewer Planning Session**

The program is requested to have a list of patients who they are currently caring for in the hospital or being followed in the outpatient setting (if applicable to the program).

See the [Disease Specific Care Review Process Guide](#) for the specific type of information needed in the list.
### Individual Tracer Activity

- Tracing begins where patient is currently located (if currently hospitalized)
- The nurse caring for the patient is asked to walk the reviewer through the medical record and the course of care for the patient up to this point in time
- The patient course of care through the organization is mapped out, both forward and backward
- The map will be followed to move through the areas/services that encountered the patient
- Staff in each area will be asked to discuss the interaction they would have had with such a patient (Note: Reviewers refer to patients by characteristics, not by name)
- Multiple patients will be traced at the same time; interaction with as many disciplines and staff that work with patients is very important to the program evaluation
- Speaking with one or two patients and/or their families is a key component of this activity—the organization is asked to help arrange this interview

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td>Individual Tracer Activity</td>
<td>Program representative(s) who can facilitate tracer activity, that is, escort the reviewer through the clinical setting following the course of care for selected patients</td>
</tr>
<tr>
<td>10:00 – 10:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 – 11:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 – 12:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 – 12:30 p.m.</td>
<td>Reviewer Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Individual Tracer Activity …continued</td>
<td></td>
</tr>
<tr>
<td>1:00 – 1:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 – 2:00 pm.</td>
<td>System Tracer – Data Use</td>
<td></td>
</tr>
</tbody>
</table>
## Disease Specific Care Certification

### Multi-Hospital, One Disease, Two Day Review Agenda Template

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
</table>
| 2:00 – 2:30 p.m.| • Review how data are used by the program to track performance and improve practice and outcomes of care  
• Review the program’s selected performance measures, including:  
  - Selection process (not applicable if program using core measures)  
  - Aspects of care and services and outcomes addressed by measures  
  - Data collection process (4-months of data for initial certification; 12-months of data for recertification or core measures, as applicable)  
  - Data reliability and validity  
  - Reporting and presentation of data  
  - Improvement opportunities discovered through data analysis  
  - Improvements that have already been implemented or are planned | Program clinical and administrative leadership  
Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization |
| 2:30 – 3:00 p.m.| **Competence Assessment/Credentialing Process**  
At least one file per discipline (e.g., physician, nurse, social work, therapist, dietitian) represented on the disease management team may be requested and reviewed for the following information:  
• Relevant education, experience and training or certification as required by the program  
• Current licensure  
• Competence assessment  
Discussion during this session will include:  
• Selection of disease management interdisciplinary team members  
• Processes for obtaining team member credentials information  
• Orientation and training process for disease management program team  
• Methods for assessing competence of practitioners and team members  
• In-service and other education and training activities provided to program team members. | Individual with authorized access to personnel and credentials files  
Individual familiar with program-specific requirements for team members—supervisors, managers, leaders  
Clinical or medical director, as available |
| 3:00 – 3:30 p.m. |                                                                                       |                                                                                           |
### Multi-Hospital, One Disease, Two Day Review Agenda Template

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30 – 4:00 p.m.</td>
<td><strong>Issue Resolution</strong></td>
<td>As requested by reviewer</td>
</tr>
<tr>
<td></td>
<td>• Review of additional documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review of additional medical records,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>possibly closed records, if necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clarification of information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparation for interim exit verbal report</td>
<td></td>
</tr>
<tr>
<td>4:00 – 4:30 p.m.</td>
<td><strong>Hospital DSC Program Interim Exit</strong></td>
<td>Individual Hospital's DSC Program leaders and coordinators</td>
</tr>
<tr>
<td></td>
<td><strong>Conference</strong></td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td></td>
<td>• Reviewer presentation of hospital-specific</td>
<td></td>
</tr>
<tr>
<td></td>
<td>program observations and requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for improvement</td>
<td></td>
</tr>
</tbody>
</table>
### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Opening Conference and Orientation to Individual Hospital's DSC Program</td>
<td>Individual Hospital's DSC Program leaders and coordinators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td>Reviewer Planning Session</td>
<td>See Day 1 template for suggested participants and activity details</td>
</tr>
<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Individual Tracer Activity</td>
<td></td>
</tr>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30 a.m.</td>
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<tr>
<td>10:30 – 11:00 a.m.</td>
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<tr>
<td>11:00 – 11:30 a.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 – 12:00 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 – 12:30 p.m.</td>
<td>Reviewer Lunch</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:00 p.m.</td>
<td>System Tracer – Data Use</td>
<td>See Day 1 template for suggested participants and activity details</td>
</tr>
<tr>
<td>1:00 – 1:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30 – 2:00 p.m.</td>
<td>Competence Assessment/Credentialing Process</td>
<td></td>
</tr>
<tr>
<td>2:00 – 2:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 – 3:00 p.m.</td>
<td>Issue Resolution &amp; Reviewer Report Preparation</td>
<td>As requested by reviewer</td>
</tr>
<tr>
<td>3:00 – 3:30 p.m.</td>
<td>• Review of additional documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review of additional medical records, possibly closed records, if necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clarification of information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparation for interim exit verbal report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Completion of Hospital System's DSC Program report</td>
<td></td>
</tr>
<tr>
<td>3:30 – 4:00 p.m.</td>
<td>Hospital DSC Program Interim Exit Conference</td>
<td>Individual Hospital's DSC Program leader and coordinator</td>
</tr>
<tr>
<td></td>
<td>• Reviewer presentation of hospital-specific program observations and requirements for improvement</td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td>4:00 – 4:30 p.m.</td>
<td>Hospital System's DSC Program Summation</td>
<td>Hospital System's DSC Program leaders and coordinators</td>
</tr>
<tr>
<td></td>
<td>• Reviewer presentation of hospital system's overall certification observations and requirements for improvement</td>
<td>Others at the discretion of the organization</td>
</tr>
</tbody>
</table>
Disease Specific Care
One Day Review Agenda Template
Two Joint Replacement or Two Spine Surgery Programs*

* Two joint replacement programs can be reviewed in a single day. The eligible programs include any combination of: hip, knee, and shoulder. Two spine surgery programs can be reviewed in a single day. The eligible programs include any combination of: Spinal fusion, laminectomy, and discectomy.

Information needed during the Reviewer Planning Session includes:
- Current list of patients being treated in the two Joint Replacement programs or two Spine Surgery programs
- A list of patients who accessed or progressed through the two Joint Replacement or two Spine Surgery programs in the past 4-months
- An organization chart for the program(s), if available
- Performance measure data collected and reported for the required four measures
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Opening Conference (10 minutes)</td>
<td>Program clinical and administrative leadership</td>
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<tr>
<td></td>
<td>• Greetings and introductions</td>
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<tr>
<td>8:30 – 9:00 a.m.</td>
<td>Orientation to Both Programs (30 minutes)</td>
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<td>Topics to be covered include:</td>
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<tr>
<td></td>
<td>• Program leadership</td>
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<td></td>
<td>• Program interdisciplinary team composition</td>
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<td></td>
<td>• Program design and integration into hospital</td>
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<td></td>
<td>• Program mission and goals for care</td>
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<td></td>
<td>• Population characteristics and needs</td>
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<td></td>
<td>• Program selection and implementation of clinical practice guidelines (CPG)</td>
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<td></td>
<td>• Program evaluation of CPG use and deviation monitoring</td>
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<td>• Program improvements in CPG content and use</td>
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<td></td>
<td>• Overall program improvements implemented or planned</td>
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<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Q &amp; A Discussion (20 minutes)</td>
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<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
<td>Program representative(s) who can facilitate patient selection and tracer activity</td>
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<tr>
<td>9:30 – 10:00 a.m.</td>
<td>Individual Tracer Activity – 1\textsuperscript{st} Program</td>
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<tr>
<td>10:00 – 10:30 a.m.</td>
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<td>Program representative(s) who</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Organization Participants</td>
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<tr>
<td>10:30 – 11:00 a.m.</td>
<td>During this activity the reviewer will be moving throughout the organization and interacting with staff in areas that have been in contact with the patients selected for tracer activity. The reviewer will also want to speak with the patient or family of the patient with his or her permission.</td>
<td>can facilitate tracer activity, that is, escort the reviewer through the clinical setting following the course of care for the patient</td>
</tr>
<tr>
<td>11:00 – 11:30 a.m.</td>
<td><strong>Individual Tracer Activity – 2nd Program</strong></td>
<td>Program representative(s) who can facilitate tracer activity, that is, escort the reviewer through the clinical setting following the course of care for the patient</td>
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<td>11:30 – 12:00 p.m.</td>
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<td>12:00 – 12:30 p.m.</td>
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<tr>
<td>12:30 – 1:00 p.m.</td>
<td><strong>Reviewer Lunch</strong></td>
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<tr>
<td>1:00 – 1:30 p.m.</td>
<td><strong>System Tracer – Data Use for Both Programs</strong></td>
<td>Program clinical and administrative leadership</td>
</tr>
<tr>
<td>1:30 – 2:00 pm.</td>
<td>During this activity the discussion will focus on each program’s selected performance measures.</td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
</tr>
<tr>
<td>2:00 – 2:30 p.m.</td>
<td><strong>Competence Assessment/Credentialing Process</strong></td>
<td>Individual with authorized access to personnel and credentials files</td>
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<tr>
<td>2:30 – 3:00 p.m.</td>
<td>Discussion during this session will focus on:</td>
<td>Individual familiar with program-specific requirements for team members—supervisors, managers, leaders</td>
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<tr>
<td></td>
<td>- Selection of program interdisciplinary team members</td>
<td>Clinical or medical director</td>
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<td></td>
<td>- Processes for obtaining team member credentials information</td>
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<td></td>
<td>- Orientation and training process for the program team</td>
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<td>- Methods for assessing competence of practitioners and team members</td>
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<td>- In-service and other education and training activities provided to program team members.</td>
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<td>Reviewers will request personnel records for review based on various team members and staff encountered or referred to throughout the day.</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Organization Participants</td>
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</tbody>
</table>
| 3:00 – 3:30 p.m. | **Issue Resolution & Reviewer Report Preparation**<br>This time is reserved for the reviewer to finish reviewing any outstanding items and complete a report reflecting each program’s performance against the standards. | As requested by the reviewer:  
Certification review facilitator  
Program leaders and staff |
| 3:30 – 4:00 p.m. |                                                   |                                                                                          |
| 4:00 – 4:30 p.m. | **Program Exit Conference**<br>Reviewer presentation of certification observations and requirements for improvement | Program and clinical leadership  
Others at the discretion of the organization |
Disease Specific Care Certification

Lung Volume Reduction Surgery Program Certification

Information needed during the Reviewer Arrival and Preliminary Planning Session
- Current list of hospitalized patients that have undergone or are scheduled for LVRS
- A list of discharged patients who had LVRS
- An organization chart for the program, if one is available
- Performance measure data collected and reported for the required four measures
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available

## DAY 1

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<thead>
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<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
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<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Opening Conference and Orientation to Program</td>
<td>Program clinical and administrative leadership</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td></td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
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<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
<td>Program representative(s) who can facilitate patient selection and tracer activity</td>
</tr>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td></td>
<td>Others at the discretion of the organization</td>
</tr>
<tr>
<td>10:00 – 10:30 a.m.</td>
<td>Individual Tracer Activity</td>
<td>Contact with representatives from at least the following services should be made during this activity:</td>
</tr>
<tr>
<td>10:30 – 11:00 a.m.</td>
<td>(three patients minimum)</td>
<td>- Pulmonology,</td>
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<tr>
<td>11:00 – 11:30 a.m.</td>
<td></td>
<td>- Cardio-Thoracic Surgery,</td>
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<tr>
<td>11:30 – 12:00 p.m.</td>
<td>Includes visiting/contacting at least the following units/areas:</td>
<td>- Anesthesia,</td>
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<tr>
<td>12:00 – 12:30 p.m.</td>
<td></td>
<td>- Nursing,</td>
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<td></td>
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<td>- Pulmonary Rehab</td>
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<td>- Respiratory Therapy,</td>
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<td></td>
<td>- Patient educators,</td>
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<td>- Discharge Planning,</td>
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<td></td>
<td>- Case Management,</td>
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<td>- Social Work,</td>
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<td></td>
<td>- Intensivists, Hospitalists, Home Care, Outpatient Rehab.</td>
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<td></td>
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<td>- Others at organization’s discretion</td>
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<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Reviewer Lunch</td>
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<tr>
<td>1:00 – 1:30 p.m.</td>
<td>Individual Tracer Activity…continued</td>
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<tr>
<td>1:30 – 2:00 p.m.</td>
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<td>2:00 – 2:30 p.m.</td>
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<tr>
<td>2:30 – 3:00 p.m.</td>
<td>System Tracer – Data Use</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Organization Participants</td>
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<tr>
<td>3:00 – 3:30 p.m.</td>
<td></td>
<td>Program clinical and administrative leadership</td>
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<td></td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
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<tr>
<td>3:30 – 4:00 p.m.</td>
<td>Issue Resolution</td>
<td>As requested by the reviewer:</td>
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<tr>
<td></td>
<td></td>
<td>Certification review facilitator</td>
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<td></td>
<td>Program leaders and staff</td>
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<tr>
<td>4:00 – 4:30 p.m.</td>
<td>Day 2 -- Reviewer Planning Session</td>
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</tbody>
</table>
Disease Specific Care Certification  
Ventricular Assist Device Program Certification

Information needed during the Reviewer Planning Session
- Current list of hospitalized patients that have received or are scheduled to receive a VAD
- A list of discharged patients who received a VAD
- An organization chart for the program, if one is available
- Performance measure data collected and reported for the required four measures
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available

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<td>Opening Conference and Orientation to Program</td>
<td>Program clinical and administrative leadership</td>
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<tr>
<td>8:30 – 9:00 a.m.</td>
<td></td>
<td>Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization</td>
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<td></td>
<td></td>
<td>Others at the discretion of the organization</td>
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<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
<td>Program representative(s) who can facilitate patient selection and tracer activity</td>
</tr>
<tr>
<td>9:30 – 10:00 a.m.</td>
<td></td>
<td>Contact with representatives from at least the following services should be made during this activity:</td>
</tr>
</tbody>
</table>
| 10:00 – 10:30 a.m.| Individual Tracer Activity (three patients minimum—active patients desirable; if no active patients, most recently discharged patients will be selected) | • Cardio-Thoracic Surgery  
• Nursing  
• Patient Educators  
• Intensivists (if applicable)  
• Perfusionist  
• Discharge Planner  
• Social Work  
• Home Care  
• Cardiac Rehab  
• Physical and Occupational Therapists  
• Outpatient Rehab  
• Dietician  
• Pharmacist |
| 10:30 – 11:00 a.m.|                                                                            |                                                                                                |
| 11:00 – 11:30 a.m.|                                                                            |                                                                                                |
| 11:30 – 12:00 p.m.|                                                                            |                                                                                                |
| 12:00 – 12:30 p.m.|                                                                            |                                                                                                |
| 12:30 – 1:00 p.m.| Reviewer Lunch                                                            |                                                                                                |
| 1:00 – 1:30 p.m. | Individual Tracer Activity…continued                                       |                                                                                                |
| 1:30 – 2:00 p.m. |                                                                            |                                                                                                |
| 2:00 – 2:30 p.m. |                                                                            |                                                                                                |
| 2:30 – 3:00 p.m. | System Tracer – Data Use                                                   |                                                                                                |
### 3:00 – 3:30 p.m.
Individual(s) responsible for performance improvement processes within the program and, as applicable, the organization

### 3:30 – 4:00 p.m.
**Issue Resolution**
As requested by the reviewer:
- Certification review facilitator
- Program leaders and staff

### 4:00 – 4:30 p.m.
**Day 2 -- Reviewer Planning Session**

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**Ventricular Assist Device Program Certification**

**DAY 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Competence Assessment &amp; Credentialing Process</td>
<td>Individual with authorized access to personnel and credentials files</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td></td>
<td>Individual familiar with program-specific requirements for team members—supervisors, managers, leaders</td>
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<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Individual Tracer Activity…continued</td>
<td>Clinical or medical director</td>
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<tr>
<td>9:30 – 10:00 a.m.</td>
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<tr>
<td>10:00 – 10:30 a.m.</td>
<td>Reviewer Report Preparation</td>
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<td>10:30 – 11:00 a.m.</td>
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<tr>
<td>11:00 – 11:30 a.m.</td>
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<tr>
<td>11:30 – 12:00 p.m.</td>
<td>Program Exit Conference</td>
<td>Program and clinical leadership Others at the discretion of the organization</td>
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</tbody>
</table>
## DAY 1

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<th>Time</th>
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</table>
| 8:00-9:30 a.m.     | **Opening Conference and Orientation to Program**                        | Program clinical and administrative leadership  
Stroke team members  
Others at the discretion of the organization representing the disciplines providing complex stroke care |
| 9:30-10:00 a.m.    | **Reviewer Planning Session & Protocol Review Session**                  | Program representatives who can facilitate patient selection and tracer activities          |
|                    | - A list of comprehensive stroke patients for tracer selection separated by diagnosis, with date of admission  
- If inpatients are not available for a particular diagnosis, provide a list of all patients with that diagnosis for the previous 90 days  
- CSC protocols available for review for each stroke diagnosis  
- Job Description for the Stroke Program Coordinator and Medical Director  
- 2 copies of your stroke alert process  
- On-call schedules for neurosurgeons and IR physicians for the previous 90 days  
- Transfer policies/protocols |                                                                                           |
| 10:00-10:30 a.m.   | **Emergency Department Review**                                          | Emergency Department Medical Director  
Emergency Department Nurse Director/Manager  
Emergency department licensed independent practitioners and staff as determined by the organization |
|                    | The organization is to provide a high level, brief overview of how care is provided to CSC patients in the emergency department.  
**Note:** This activity is designed to assist the reviewer’s understanding of how CSC care is initiated in your organization. **This departmental review does not require a formal slide presentation.**  
Be prepared to:  
- Tell your story about providing care for acute complex stroke patients in the ED setting.  
- Describe how your organization is able to care for more than one complex stroke patient simultaneously.  
- Discuss your ED’s infrastructure including staff, licensed independent practitioners, equipment and materials (including medications) that are required to care for acute complex stroke patients.  
- Discuss your process for obtaining EMS records documenting care provided during the transfer to the facility.  
- Discuss transfer protocols |                                                                                           |
### Comprehensive Stroke Center Certification (CSC) Agenda Template

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30-12:30 p.m.</td>
<td><strong>Individual Patient Tracer:</strong> Each reviewer will conduct tracers separately. Evaluation of patient care, treatment, and services, including:</td>
<td>Program representatives who can facilitate tracer activities including escorting the reviewers through the clinical setting following the course of care for the patient. May include:</td>
</tr>
<tr>
<td></td>
<td>1. <strong>Advanced Imaging</strong></td>
<td>- Emergency licensed independent practitioners and staff</td>
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<tr>
<td></td>
<td>2. <strong>Acute Comprehensive Stroke Care</strong></td>
<td>- Imaging licensed independent practitioners and staff</td>
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<tr>
<td></td>
<td>- Emergency care</td>
<td>- Surgical/procedural licensed independent practitioners and staff</td>
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<tr>
<td></td>
<td>- Informed consent</td>
<td>- ICU licensed independent practitioners and staff</td>
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<td></td>
<td>- Evaluation of the patient before surgery</td>
<td>- Other licensed independent practitioners and staff providing stroke care</td>
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<tr>
<td></td>
<td>- IR suite</td>
<td>- Speech therapist(s), physical therapist(s), and occupational therapist(s)</td>
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<tr>
<td></td>
<td>- CT/MRI suite</td>
<td>- Discharge planner(s) and case manager(s)</td>
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<td></td>
<td>- Procedures and interventions</td>
<td>- Others at the discretion of the organization</td>
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<tr>
<td></td>
<td>- ICU care</td>
<td>- Staff who can facilitate medical record review such as medical record staff, clinical staff, and information technology (electronic medical record-EMR) staff</td>
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<td></td>
<td>- Nursing care</td>
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<td>- Medical care</td>
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<td>- Additional care</td>
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<td>3. <strong>Post Acute Care Comprehensive CSC Care</strong></td>
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<td>- Assessment</td>
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<td>- Goals</td>
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<td>- Patient/Family education</td>
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<td>- Referrals</td>
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<td></td>
<td>- Transfers</td>
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<td></td>
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<td>- Social work/Case management</td>
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<td></td>
<td>- Additional care (could include speech Therapy, physical therapy, occupational therapy, psychology, pharmacy)</td>
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<td>4. <strong>Transfer/Discharge</strong></td>
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<td>5. <strong>Follow-up Call</strong></td>
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<td>6. <strong>Closed Record Review:</strong> Reviewers may review closed medical records.</td>
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</tbody>
</table>
# Disease Specific Care Certification
## Comprehensive Stroke Center Certification (CSC) Agenda Template

### DAY 1 Continued

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>12:30-1:00 p.m.</td>
<td>Reviewer Lunch</td>
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</tbody>
</table>
| 1:00-3:30 p.m. | **Individual Patient Tracer:** Each reviewer will conduct tracers separately. Evaluation of patient care, treatment, and services, including:  
1. **Advanced Imaging**  
2. **Acute Comprehensive Stroke Care**  
   - Emergency care  
   - Informed consent  
   - Evaluation of the patient before surgery  
   - IR suite  
   - CT/MRI suite  
   - Procedures and interventions  
   - ICU care  
   - Nursing care  
   - Medical care  
   - Additional care  
3. **Post Acute Care Comprehensive CSC 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)  
4. **Transfer/Discharge**  
5. **Follow-up Call**  
6. **Closed Record Review:** Reviewers may review closed medical records. | Program representatives who can facilitate tracer activities including escorting the reviewers through the clinical setting following the course of care for the patient. May include:  
- Emergency licensed independent practitioners and staff  
- Imaging licensed independent practitioners and staff  
- Surgical/procedural licensed independent practitioners and staff  
- ICU licensed independent practitioners and staff  
- Other licensed independent practitioners and staff providing stroke care  
- Speech therapist(s), physical therapist(s), and occupational therapist(s)  
- Discharge planner(s) and case manager(s)  
- Others at the discretion of the organization  
- Staff who can facilitate medical record review such as medical record staff, clinical staff, and information technology (electronic medical record-EMR) staff |
| 3:30-4:30 p.m. | **Reviewer Summary Session/Special Issue Resolution (optional)**  
Reviewers to:  
- Address any special issues for resolution  
- Communicate summary of the first day’s observations  
- Select individual patient tracers for Day 2 | Program representatives who can facilitate patient selection and tracer activity. |
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<tbody>
<tr>
<td>8:00-8:30 a.m.</td>
<td><strong>Daily briefing with the organization</strong></td>
<td>As determined by the organization</td>
</tr>
<tr>
<td>8:30-10:30 a.m.</td>
<td><strong>Individual Patient Tracer:</strong> Each reviewer will conduct tracers separately. Evaluation of patient care, treatment, and services, including:</td>
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<tr>
<td></td>
<td>2. <strong>Acute Comprehensive Stroke Care</strong></td>
<td>-Imaging licensed independent practitioners and staff</td>
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<td>-Emergency care</td>
<td>-Surgical/procedural licensed independent practitioners and staff</td>
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<td></td>
<td>-CT/MRI suite</td>
<td>-Discharge planner(s) and case manager(s)</td>
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<td>-Procedures and interventions</td>
<td>-Others at the discretion of the organization</td>
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<td>-ICU care</td>
<td>-Staff who can facilitate medical record review such as medical record staff, clinical staff, and information technology (electronic medical record-EMR) staff</td>
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<td>-Nursing care</td>
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<td><strong>Post Acute Care Comprehensive CSC Care</strong></td>
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<td>-Patient/Family education</td>
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<td>-Nursing care</td>
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<td>-Social work/Case management</td>
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<td>-Additional care (could include speech therapy, physical therapy, occupational therapy, psychology, pharmacy)</td>
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<td><strong>Transfer/Discharge</strong></td>
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<td><strong>Follow-up Call</strong></td>
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<td><strong>Closed Record Review:</strong> Reviewers may review closed medical records.</td>
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<td>Time</td>
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<td>Organization Participants</td>
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| 10:30 -12:30 p.m. | **System Tracer:** Data use, research, and performance improvement (PI): Conducted by both reviewers  
- Use of a defined performance improvement methodology  
- Volumes of procedures and interventions (including SAH, coilings for aneurysm, and clipping for aneurysm.)  
- Annual aneurysm clipping and coiling mortality rates  
- Complication rate data  
- Public reporting of outcomes  
- Current stroke performance measure data  
- Percentage of complex stroke patients that receive a follow-up phone call by a member of the organization’s stroke team within seven days of discharge (Note: Applicable only to CSC patients who are discharged home)  
- Interdisciplinary program review and peer review process  
- Use of the stroke registry  
- Patient satisfaction data specific to complex stroke patient population  
- CSC research which must be patient-centered and approved by the Institutional Review Board (IRB).  
- Review of the program’s stroke team log | Program clinical and administrative leadership.  
(Example: Stroke Coordinator, Stroke Program Medical Director)  
Individual(s) responsible for performance improvement and processes within the program |
### DAY 2 Continued

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<th>Time</th>
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<th>Organization Participants</th>
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<td>12:30-1:00 p.m.</td>
<td>Reviewer Lunch</td>
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| 1:00-3:00 p.m. | **Education, Competence Assessment, and the Credentialing Process:** Conducted by both reviewers. Reviewers will review personnel records. Additionally, reviewers will discuss education, competence, community education, and credentialing issues identified from the patient tracers and review of personnel records.  
- Nursing Staff  
- Medical Staff  
- Other Staff  
- Community Education  
The reviewers will also ask to view the personnel records of the:  
  – Medical Director of Stroke Program  
  – Stroke Coordinator  
  – Director of Rehabilitation Services  
  – Advanced Practice Nurse | Individual(s) with authorized access to personnel and credential records  
Individual(s) familiar with program-specific requirements for team members such as supervisors, managers and leaders  
Clinical or medical director(s)  
Others at the discretion of the organization |
| 3:00-4:00 p.m. | **Issue Resolution & Reviewer Report Preparation**                       | Certification review facilitator  
Program leaders and staff as requested by the reviewers. |
| 4:00-4:30 p.m. | **Program Exit Conference**                                              | Program and clinical leadership  
Others at the discretion of the organization |

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.
Appendix D: Addendum for Comprehensive Stroke Center (CSC) Certification

Introduction

Included in this CSC addendum is supplemental information to the Certification Review Process Guide (RPG). Organizations preparing for the CSC certification will need to review the Certification Review Process Guide as well as the information in this addendum. The CSC addendum includes important information that is specific to CSC certification.

The CSC certification review occurs over two days. Therefore, time frames for agenda items in the Certification Review Process Guide are not applicable to the CSC certification review. The CSC agenda reflects the correct time frames for the CSC review as does this addendum. Keep in mind that the time frames mentioned are flexible, and may be revised by the reviewers as necessary based on organizational need.

Note: Requirements Assessed at Application: The term “eligibility criteria” is no longer used for CSC certification. The replacement term is “CSC Requirements Assessed at Application”. Reviewers will not be reviewing these CSC requirements at the opening conference. The Requirements Assessed at Application will be reviewed at application for organizations seeking CSC for the first time. For organizations seeking CSC recertification, these requirements will be addressed throughout the CSC review. The following CSC requirements will be assessed on application for organizations seeking initial CSC review:

- DSPM.1, EP 5, a, b, c, d, e: Volume requirements
- DSPR.3, EP 4, a and b.: Advanced Imaging Capabilities
- Post hospital care coordination (such as: DSDF. 5 EP1, a, b, c; DSDF. 6 EP 1, a; DSD.F 6 EP 2, a; DSDF. 6 EP 3; DSSE. 1. EP 3, a, b., DSSE. 3, EP 5, a, b, c, d).
- DSPR .3 EP 4, d: Dedicated neuro-intensive beds for complex stroke patients
- DSPR. 5, EP 1, b, c: Research and written research protocol
- DSPM. 1, EP 2, b, c: Interdisciplinary program level review and peer review
- DSPM. 1, EP 5, f: Performance measures

CSC Patients

The Comprehensive Stroke Center certification (CSC) focuses on the complex stroke patient receiving care in an organization, including emergency care, advanced imaging, ICU/critical care, post-critical care, acute rehabilitation, and transitions into the home or another setting. According to the Brain Attack Coalition: “Complex stroke patients often require advanced diagnostic and treatment procedures directed by specially trained physicians and other health care professionals” (Alberts et al., 2005, p. 1598).

DAY ONE

Opening Conference and Orientation to Program (90 Minutes)
(Also see pages 15-16 of RPG)
Organization Participants
- Disciplines representing the care needs of the complex stroke patient based on the CSC requirements.

Opening Conference (15 Minutes)
- Overview of CSC certification by reviewers

Orientation to the Program (60-75 Minutes)
- The organization should be prepared to discuss or provide a 20-30 minute presentation, that includes:
  - A broad overview of the process of care for CSC patients implemented at the organization which may include: Scope of stroke services emergency care; advanced imaging; availability to perform interventions twenty four hours a day, seven days a week; ICU/critical care (dedicated neuro ICU beds); post ICU care; rehabilitation care; referral process; and, transitions of care to home or extended care.
  - The following subjects specific to the CSC program: (Note: This list contains subjects identified earlier in the Orientation to the Program activity, as well as some additional subjects specific to CSC. A combined list is provided here to minimize confusion.)
    - Program mission, goals, and objectives
    - Program structure
    - Program leadership and management,
    - Program design
    - Stroke team composition
    - Developing, implementing, and evaluating the program
    - Target population for the program
    - Identified needs of the program population
    - The selection, implementation, and evaluation of clinical practice guidelines
    - Model of neuro-ICU care
    - Evaluation of clinical practice guidelines use and appropriateness to the target population
    - Performance improvement process, including evaluation of the disease management program’s efficacy
    - Community relationships
    - Telemedicine (if in use)

Reviewer Planning Session and Protocol Review Session (30 Minutes)
(Also see pages 17-18 of RPG)

This session combines two activities: the reviewer planning session and review of CSC protocols.

Materials Required for the Reviewer Planning Session:
- Current list of complex stroke patients (including those with ischemic and hemorrhagic stroke) from at a minimum the last 4 months, who received emergent care, advanced
imaging, and interventions such as clipping for aneurysm, coiling for aneurysms, stenting of the extracranial carotid(s), or medication therapy such as IV/IA tPA. Patients should be separated by diagnosis and date of admission.

- List of stroke team members and their credentials
- CSC protocols for care

Selecting Patients for Individual Tracers and Protocol Review (30 Minutes)

- From the list of current complex stroke patients, the reviewers in conjunction with program representatives will identify a minimum of 5 patients for tracing. Reviewers will also begin to identify personnel and credential files that they will need for review during the Competence Assessment, Credentialing Process, and Education session.
- The CSC certification has numerous requirements for protocols that focus on clinical care.
- Based on the patients chosen for the initial individual patient tracer, the reviewers may choose to review the organization’s CSC protocols related to the patient’s specific care, treatment, and services, as required by The Joint Commission’s CSC requirements. These protocols include:
  - Activation of stroke team
  - Process for obtaining EMS records
  - EMS protocols including rapid assessment and rapid communication between emergency department
  - Meeting the concurrent emergent needs of two or more complex stroke patients
  - Medical stabilization of patient en route to the emergency department by EMS staff
  - Care of complex stroke patients in an emergency situation
  - Acute workup of ischemic/hemorrhagic stroke patients
  - Informed consent for stroke interventions
  - Use of IV tPA
  - Implementation of endovascular procedures
  - Use of therapeutic hypothermia
  - Reduction of complications
  - Nursing care through the continuum of care
  - Receiving stroke patient transfers
  - Transferring stroke patients to another hospital/facility
  - Evaluating the receiving organization’s ability to meet the individual patient’s needs
  - Transitions of care for patients within the organization (internal) and post hospitalization (external)
  - Referral process when the CSC does not provide post acute, inpatient rehabilitation services
  - Circumstances under which the organization would not accept transferred complex stroke patients for surgical procedures/advanced treatment (i.e. the hospital is on lock down)

- The review of the protocols will continue throughout the review and they should remain available and easily retrievable. The reviewers will compare care provided during individual patient tracer activity to protocols utilized by the stroke program.
Emergency Department Review (30 Minutes)

Organization Participants include:
- Emergency Department Medical Director
- Emergency Department Nurse Director/Manager
- Emergency department licensed independent practitioners and staff as determined by the organization

Before initiating the first individual patient tracer, the reviewers conduct an evaluation of the organization’s emergency department (ED). The organization is to provide a high level, brief overview of how care is provided to CSC patients in the ED.
- This activity is designed to assist the reviewer’s understanding of how CSC care is initiated in your organization. This departmental review does not require a formal slide presentation.

Be prepared to:
- Tell your story about providing care for acute complex stroke patients in the ED setting.
- Describe how your organization is able to care for more than one complex stroke patient simultaneously.
- Discuss your ED’s infrastructure including staff, licensed independent practitioners, equipment, and materials (including medications) that are required to care for acute complex stroke patients.
- Discuss your organization’s process for obtaining EMS records documenting care provided during the transfer to the facility.

Individual Patient Tracer Activity- Day 1 (Morning Session, 2 Hours)
(Also see pages 19-22 of RPG)

Organization Participants
Program representatives who can facilitate tracer activities including escorting the reviewers through the clinical setting following the course of care for the patients, including staff who have been involved in the patient’s care. This may include:
- Emergency licensed independent practitioners and staff
- Imaging licensed independent practitioners and staff
- Surgical/procedural licensed independent practitioners and staff
- ICU licensed independent practitioners and staff
- Speech therapist(s), physical therapist(s), and occupational therapist(s)
- Discharge planner(s) and case manager(s)
- Other licensed independent practitioners and staff providing stroke care at the discretion of the organization
- Staff who can facilitate medical record review such as medical record staff, clinical staff, and information technology staff

Materials Needed for This Session
- Clinical record of selected patient

Overview of the Individual Patient Tracer Activity
The individual patient tracer activity is a method used to evaluate an organization’s provision of care, treatment, and services, using the patient’s experience as a guide. During an individual patient tracer, the reviewers will:

- Follow a patient’s course of care, treatment or service through the program:
  - Individual patient tracer activity usually begins on the unit the patient is currently being treated or the location from which they were discharged
  - Program staff and reviewers will follow the patient movement through the organization, as appropriate, visiting and speaking with staff in all the areas, programs, and services involved in the patient’s encounter
  - Evaluation of the care provided to the patient including emergency services, advanced imaging, surgical and endovascular interventions, neuro-ICU care, post ICU care, rehabilitation care, patient family education, referral, and transferring/discharge procedures

- Assess the impact of interrelationships among the program disciplines on patient care:
  - The specific disciplines for CSC include, but are not limited to, stroke team members, physicians including neurosurgeons, radiologists, ED physicians, interventionalists etc.: advanced practice nurses, registered nurses, imaging technicians, rehabilitation therapists, social workers, case managers/discharge planners, pharmacists, and other clinical and ancillary staff

- Assess the use and adherence to and diversion from clinical practice guidelines in the patient’s care, treatment, or service

- Evaluate the integration and coordination of program and organization services in the patient’s care

On Day 1: All tracers over the course of the review will be conducted separately by the reviewers. Plan for sufficient staff and licensed independent practitioners to accommodate the two reviewers conducting tracer activity in the organization. Also, plan for space to accommodate reviewers conducting interviews during individual patient tracers so as not to interfere with patient care. If your organization utilizes electronic medical records/documentation, please plan to provide computer access for the reviewers during individual patient tracers. This can be done in a conference room or on the patient care unit. The number of staff participating in the individual patient tracer activity should be limited. The rationale for limiting the number of staff participating in this activity is to reduce any distraction that the review process may have on patient care.

At the conclusion of each tracer, the reviewers will communicate to the program representatives and care providers any:

- Specific observations made
- Issues that will be continued to be explored in other tracer activity
- Need for additional record review
- Issues that have the potential to result in requirements for improvement

Closed Chart Review: During individual patient tracers, the reviewers may request closed patient records for review. The purpose of the closed patient records review is to evaluate the care provided throughout the continuum of care and also the discharge/transactions care provided to complex stroke patients. Reviewers will also request information about the follow-up call if applicable.
Individual Patient Tracer Activity- Day 1 (Afternoon Session, 2 ½ Hours)
Plan to have sufficient staff and licensed independent practitioners to accommodate the two reviewers that will be conducting patient tracer activity throughout the organization. All aforementioned information pertaining to individual patient tracers is applicable to the Day 1 afternoon tracer. See the CSC agenda for specific tracer activities.

Reviewer Summary Session/Special Issues Resolution - End of Day 1 (1 Hour)

Organization Participants
Program representatives who can facilitate patient selection for Day Two tracer activity and an individual responsible for obtaining clinical records should be available. Other staff also, as designated by the organization.

Overview of Reviewer Summary Session/Special Issues Resolution
This session is for the reviewers to confer at the end of the first day, and plan for Day Two of the review. During this time the reviewers will:
- Address any special issues for resolution with the organization
- Select patients for the Day Two individual tracers.
The reviewers will also communicate a summary of the first day's observations to the program representatives and will determine if additional information will be needed the following day.

Day Two

Daily briefing with the organization (30 minutes)
Reviewers will review with the organization:
- Provide a summary of Day One activities
- Follow-up on any unresolved issues from Day One
- Obtain any outstanding documents

Individual Patient Tracer Activity- Day 2 (Morning Session 2 ½ Hours)
Plan to have sufficient staff and licensed independent practitioners to accommodate two reviewers that will be conducting patient tracer activities throughout the organization. All aforementioned information pertaining to individual patient tracers is applicable to the Day 2 individual patient tracers.

System Tracer--Data Use (2 Hours)
(Also see pages 23-24 of RPG)

Organization Participants
- Program administrative and clinical leaders
- Individual(s) responsible for performance improvement processes within the program
- Individual(s) responsible for stroke research and processes within the program
- Others at the discretion of the organization

Materials Needed
- Performance measurement data addressed in requirements
- Action plans demonstrating the program’s use of and response to data collection
During the session, the reviewers and program representatives will discuss:
- The basics of data gathering and preparation, including data collection, analysis, interpretation, and actions taken on opportunities for improvement
- Strengths and opportunities for improvement in the processes used to obtain data and meet internal and external information needs
- How clinical, management, and patient satisfaction data is used in decision-making and in improving patient safety and quality

Overview of the Data Use System Tracer
The system tracer session is focused on the program’s use of data to improve care, treatment, and services, as well as the safety and quality of care for complex stroke patients. Specific areas of focus for CSC certification will include:
- Use of a defined performance improvement methodology including plans, action plans, and resulting improvements
- Volumes of procedures and interventions
- Annual aneurysm clipping and coiling mortality rates
- Complication rates
- Current stroke performance measure data
- Percentage of complex stroke patients that receive a follow-up phone call by a member of the organization’s stroke team within seven days of discharge
  (Note: Applicable only to CSC patients who are discharged home)
- Public reporting of outcomes per requirements
- Interdisciplinary program review and peer review process
- Use of the stroke registry
- Patient satisfaction data specific to complex stroke patient population
- CSC research which must be patient-centered and approved by the Institutional Review Board (IRB). Also have your written research protocols available for review.
- Review of the program’s stroke team log
- Organizational Data:
  - For all new CSC requirements that call for organizational data (such as, complication rates), the organization must provide data from the four months prior to the review date. This is applicable to organizations that currently have PSC certification and those that do not.
  - For organizations that are transitioning from PSC to CSC, the organization must provide one year of data for the PSC data requirements (including the PSC Stroke Performance measures data).

Education, Competence Assessment, and the Credentialing Process Session (2 Hours)
(Also, see pages 25-26 of the RPG)

Organization Participants:
- Individual(s) familiar with program-specific requirements for team members such as supervisors, managers, and leaders
- Clinical or medical director(s)

Overview of the Competence Assessment, Credentialing Process, and Education Session
This session is focused on:
• The process to provide ongoing education and training of practitioners
• The requirement addressing public education classes (2) offered by the CSC program/organization
• Others at the discretion of the organization

The reviewers will discuss the following education, competence assessment, and credentialing topics as they relate to CSC:

• Orientation
• Competence assessment for staff caring for complex stroke patients
• Contract personnel competence assessment and education (if contract staff is used)
• Core stroke team members required to have 8 hours of stroke education annually
• Reason and rationale related to which nurses were identified to receive the 8 hours of education
• Continuing education: staff involved in care of stroke patient to have stroke education annually without specific hour requirement
• On-going education, training, and in-service requirements for the program. Job descriptions for select:
  o Nursing Staff
  o Medical Staff
  o Other Staff who cared for patients identified during the patient tracers

• Additional job descriptions for the:
  o Medical Director of Stroke Program
  o Stroke Coordinator
  o Director of Rehabilitation Services
  o Advanced Practice Nurse
• Documentation of at least two educational programs focused on stroke prevention/care provided for the public

The reviewers will participate in a facilitated review of selected personnel and credential files requested during the tracer activities for evidence reflecting completion of any required annual continuing education:

• 8 hours of continuing education for the core stroke team members
• 8 hours of neurovascular disease and stroke continuing education for registered nurses caring for complex stroke patients, as identified by the organization
• 2 hours of continuing education per year on cerebrovascular disease, including acute stroke care for registered nurses in the emergency department, as identified by the organization
• 2 hours of continuing education per year on cerebrovascular disease, including acute stroke care for other emergency department staff members, as identified by the organization
• A minimum of 1 or more registered nurses providing stroke care is required to attend 1 regional or national meeting/seminar every other year, as identified by the organization
• Evidence that the 1 or more registered nurses who attended the regional or national meeting/seminar provide education to the organization’s CSC stroke nurses and other professional staff
• Licensed independent practitioners and staff members prepare and present 2 or more education courses per year to staff within and outside of the CSC
• Licensed independent practitioners and staff members who prepare and present are identified by the organization

Stroke Education for Nurses:
• Every individual nurse who provides care to complex stroke patients does not require 8 hours of education per year.
• The organization is to determine/identify the nurses providing complex stroke care who require the 8 hours of education. (CSC Requirement DSDF. 1, EP 7 a, provides examples of the type of nurses providing stroke care who may require this education.)
• Education can be counted on a “rolling” year basis as determined by the organization (e.g. July 2012 through July 2013).
• During the initial CSC review if all education is not yet completed, the organization can describe how the remaining education will be accomplished during the rest of the rolling year.
• After the initial review, the plan is to review CSC education ongoing through the organization’s intracycle phone call.

Issue Resolution and Reviewer Report Preparation (1 Hour)
(Also see pages 27-28 of RPG)

This session combines two activities. The activities are broken down as the following:

Issue Resolution
• This follow-up session may include the following activities, but is not limited to:
  o Review of policies and procedures
  o Review of human resources files
  o Review of performance improvement data
  o Discussion with selected staff
• The reviewers will work with program representatives to organize and conduct all issue resolution activities.

Reviewer Report Preparation
• The reviewers will use this time to compile, analyze, and organize the data he or she has collected into a summary report of observations made throughout the review.

Program Exit Conference (30 minutes)
• Reviewers will provide a summary of findings from the CSC review.
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