

# Systems of Care

AN ACC CLINICAL TOOLKIT

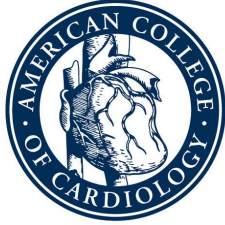
## ***IMPLEMENTATION CHECKLIST***

This tool provides a checklist template for the RTSCC champion(s) with specific steps in a logical sequence to use in the formation of the RTSCC.

- **Identify Catchment Area** – Make a preliminary decision on what geographic area the RTSCC will cover. This may be a city, county, metropolitan area, or a larger region that encompasses tertiary receiving hospitals and their associated referral hospitals. This may be adjusted later on depending on which high-risk time-sensitive conditions are targeted and which institutions are willing to participate.
- **Time Sensitive Care Group Inventory** – Identify any groups that may already be meeting, or are in the formation stages, for commonly addressed time sensitive care conditions. For each group identified, get contact information on the group leader for inclusion on the list for an organizing meeting. These may include, but are not limited to the following:
  - Major trauma / Burns
  - Out-of-hospital cardiac arrest
  - Acute myocardial infarction
  - Stroke
  - Sepsis
  - Pulmonary embolism
  - Opiate overdose
  - Ruptured aortic aneurism
  - Drowning
  - High-Risk OB

Refer to Appendix 11 for a tool to assist in this inventory.

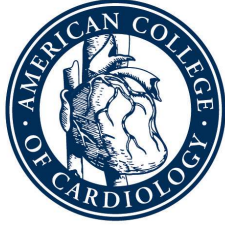
- **Identify Organizational Sponsor(s) for the Initial Coalition Formation Meeting** – The initial meeting of executives to consider forming the RTSCC may have associated expenses, particularly if a meal is to be served or a room has to be rented. Having these discussions over a meal or drinks and hors d'oeuvres is strongly suggested as it tends to increase attendance and participation. Sponsor possibilities include:
  - Organizations affiliated with the champion(s) trying to form the RTSCC
  - Hospitals or hospital foundations
  - Pharmaceutical companies or device manufacturers with an interest in time-sensitive care conditions (e.g, stroke thrombectomy device makers and thrombolytics drug companies)
  - Local foundations with an interest in healthcare innovations
  - Major payers



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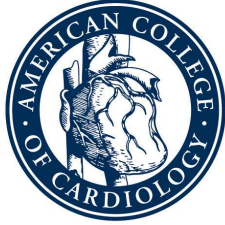
- Local physician groups with an interest in time sensitive care (emergency medicine, cardiology or surgical group practices – alone or with multiple group practices as sponsors)
- Local government or their agencies may be an option, but they will often have financial restrictions if meals and beverages are involved
- **Schedule the Initial Coalition Formation Meeting** – Working in conjunction with the organizational sponsor(s), determine when and where to have the first organizing meeting to discussing starting up the RTSCC. Priority should be given to the availabilities of leaders of any existing time sensitive care groups and hospital C-suite invitees. Their attendance, input and support is crucial. If there are a lot of people in this core group, give consideration to sending out a preliminary letter outlining the need for the meeting. Ask that they, or their scheduling person, participate in a Doodle poll (<https://doodle.com>) or similar method to identify their availabilities to determine the best date/time. Once a date/time and location are determined, a follow-up letter with the specific time and location can then be sent out to the entire group of invitees (see Appendix 4)
- **Initial Coalition Formation Meeting** – Use Appendix 6 as a guide to the agenda for the initial meeting. Also, consider who to use as the facilitator for the meeting. Ideally, it should be a neutral party so that all attendees feel their interests are not being diminished by real or perceived facilitator bias. A local health department or EMS regulatory official may be an appropriate choice if they have good facilitation skills. Having a high ranking public official or major payer executive make some opening remarks to underscore the need for the RTSCC is a good way to get the meeting started. They should introduce the guiding principle for the meeting – that patient and community interests need to be prioritized over the proprietary interest of any individual group or organization. Outcomes to try for at the meeting should include:
  - Decision on formation and support of the RTSCC
  - Decision of which time sensitive conditions to initially include with inclusion / establishment of sub-committees
  - Secure commitments for having a single executive level representative from each organization serve on the Steering Committee
  - Agreement to send names and contact information to the meeting organizer on persons to include on condition-specific subcommittees
  - Initial discussion on RTSCC organizational structure – informal coalition (not a legal entity); a new legal entity (e.g., create a 501(c)(3) organization); existing entity to fulfill RTSCC role; or other options. This might not get decided at the first meeting if several alternatives need to be explored and presented back to the Steering Committee.
- **Formation Meeting Follow-Up** – As soon as possible after the Initial Coalition Formation Meeting, a follow-up letter should be sent out to all attendees, and those who were invited but were unable to attend. It should summarize the meeting's activities, decisions, and next steps.



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- **Condition-Specific Sub-Committee Formation** – Assuming initial coalition formation meeting led to a decision to start the RTSCC, the condition-specific sub-committees for targeted condition will need to be established or assimilated.
  - **Existing Condition-Specific Groups** – These will need to be brought into the RTSCC on a case by case basis, depending how the existing group wants to be included. Options include:
    - **Separate with Affiliation** – The group may already have its own structure and funding and wants to keep it, but wants to be included. This can work if the group agrees to participate in the RTSCC activities and abide by its guiding principle of working to the interest of the patients and the community over the proprietary interests of any individual group or organization and other core tenets of the RTSCC. The group chair can be granted an ex-officio appointment to the Steering Committee. Even though it may be a separate entity, it should still function the same as if was, legally, a part of the RTSCC.
    - **Separate Without Affiliation** – The group may want to cooperate, but not have any direct connection to the RTSCC. While this is not the most desired option, the group could be invited to have a liaison to the RTSCC to try to coordinate activities and share information.
    - **Full Assimilation** – The group may choose to be fully absorbed into the RTSCC organizational structure, in which case the RTSCC will create a new sub-committee that is initially populated with the incumbent members of the group being assimilated.
    - **Conditional Assimilation** – The group may decide to stay separate with affiliation initially – and reserve the decision to fully assimilate after a period of time to insure that the RTSCC structure adequately develops before it officially disbands for assimilation
  - **New Condition-Specific Sub-Committees** – The executives at the Steering Committee level should be called upon to go through their own internal processes to identify who from their organization should represent them in the condition-specific sub-committees. Executives should be coached to choose individuals that are passionate about the mission of the RTSCC and sub-committee and have the appropriate technical expertise; and requisite authority to influence policy in the domain of their sub-committee’s clinical domain. Department leaders are a typical choice, but may not be practical when there will be multiple condition-specific sub-committees. The same person should not be the representative to all of them. In many cases, hospitals may choose to have a physician and a nursing representative (e.g., a cardiologist and the hospital’s STEMI care coordinator for an AMI/STEMI sub-committee). A sample agenda for the condition-specific sub-committees is provided in Appendix 8
- **Create By-Laws** – Regardless of the type of organizational structure that’s chosen for the RTSCC, a set of by-laws or similar document should spell out how the RTSCC operates. It needs to address how steering committee and sub-committee members are



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appointed and rotated; how decisions are made; and other operating policies. A more formal and comprehensive set of by-laws will be needed if the RTSCC is going to be a fully independent 501(c)(3) not for profit corporation versus an informal coalition. This will be an early agenda item for the Steering Committee if it was not decided at the initial formation meeting.

- **Determine Financial Needs and Create a Sustainable Funding Plan** – Another early issue for the Steering Committee is consideration of funding needs, developing a budget, identifying on-going sources of funding. Again, an informal coalition will have different needs than a formal 501(c)(3) structure. Another consideration is the need for a coordinator or director. A sample job description is provided in Appendix 2. Funding options may include annual funding assessments to the participating organizations and grants. Grants may be helpful initially but may not be appropriate for the long term. With an informal organizational structure, participating organizations may simply agree to share costs on an ad hoc basis or rotate the responsibility and costs for hosting meetings, etc.

Further guidance on the on-going operation of the RTSCC is found throughout the rest of this document.