Systems of Care
AN ACC CLINICAL TOOLKIT

SAMPLE MEETING AGENDA AND DISCUSSION POINTS – INITIAL TSCC FORMATION MEETING

Registration desk open / Refreshments or buffet table open .... 30 min

- Let everyone get something to eat, chat and be seated before the meeting agenda begins

Opening Remarks .... 5 min

- Welcome from local champion and/or key local official
- State that that the goal of the meeting is see if we can reach a consensus on forming a regional time sensitive care coalition (RTSCC)
- Introduce the facilitator (local public health official or other 'neutral party)

Introductions of Attendees .... 10 min

- Go around the room and ask each person to state their name, title and the institution they represent.

State the Guiding Principal for the RTSCC .... 5 min

- Make it clear at the start of the meeting that the guiding principle for the meeting is to work towards a system of care that prioritizes the needs of patients and the community over the proprietary interests of any individual group or organization.
- This may be stated by the RTSCC champion, key local official, or some other person that the attendees will all respect.

Clinical and Business Case for RTSCCs .... 10 min

- Short summary of how the actions early in the episode of care dramatically influence the downstream outcomes and costs
- How the time sensitivities make it essential to optimize workflows and communications between the phases of care hand-offs to minimize delays to definitive care
- How post-acute care is essential to making sure the long term outcomes are as best as they can be – minimizing preventable readmissions; completing rehab; efforts in secondary prevention
- Need for measurement across the continuum to get a systems-level perspective on acute care
- Need for longitudinal measurement for longer term monitoring and improvement

Trauma, STEMI, and Stroke Systems of Care Models .... 15 min

- If any systems of care meeting are already taking place, have someone summarize those efforts (topic, participants, frequency of meetings, what is measured, examples of improvement projects)

- o This should <u>exclude</u> meetings by individual hospitals with their EMS providers, as it does not reach across hospitals – unless there is only one tertiary care hospital in the community.
- If no such meetings, describe how they typically take place in other places

Coalition Proposal .... 10 min

- Facilitator would present a high-level overview of how the RTSCC would be organized and operate
  - o What organization is well-suited to serve in a coordination role (e.g., health department or EMS Council)
  - o Standing Committees (e.g. trauma, AMI, stroke, cardiac arrest)
  - o Ad hoc improvement project teams
  - o Ad Hoc Organizing committee to determine:
    - Can the core coalition activities use existing resources without need for specific funding; If not, what funding is needed and how would it be obtained (e.g., dues from participating organizations; other options)
    - How to fund ad hoc project teams (if they incur any expenses that that participating organizations cannot provide /cover from their existing resources)
- Reference the draft bylaws that were sent out to those who responded to the RSVP

Discussion .... 30 min

- Facilitator should go around the room to get questions / feedback from the attendees
- Call for a show of hands to see if there is any objection to creating a RTASCC. This a preferable 'opt-out' question rather than an 'opt-in' question.
- If there is a critical mass of representatives that do not oppose formation of the RTSCC, then ask for members to be available to review and comment on documents that will establish the RTSCC. Those documents can be based on documents provided in the appendices of this manual.

Summary, next meeting date, location and any other next steps .... 10 min