Site Visit Agenda and Information

Level I Specialty Hospitals: **Musculoskeletal**

The American College of Surgeons (ACS) verification review process is to verify a hospital’s compliance with ACS standards for a children’s surgery center. Site reviewers are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital’s capabilities in a very short period of time. For this reason, we ask that the children’s surgery program personnel at the hospital carefully prepare for the site visit by having all documents and medical records organized and accessible to the reviewers. Reviewers will need to have a hospital staff member readily available for questions and requests for additional information throughout the site visit. Please be aware that reviewers will look beyond the requested documents and medical records if they need additional validation of compliance with the standards. The Prereview Questionnaire (PRQ) provides reviewers with an overview of the program and serves as a guide for the review process.

For planning purposes, the review will last approximately 12 to 14 hours over a two-day period. Do not prepare your own agenda.

**Site Visit Agenda**

<table>
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<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tr>
<td><strong>12:00 noon–12:10 pm</strong> Site Introduction</td>
<td><strong>7:00–9:00 am</strong> Hospital Tour</td>
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<td><strong>12:10–3:00 pm</strong> Chart Review and Evaluation of Performance Improvement (PI)</td>
<td><strong>9:00–10:30 am</strong> Additional Chart Review, ACS NSQIP Pediatric Semi-Annual Report Review with Surgeon Champion, and Evaluation of On-Site Requirements</td>
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<tr>
<td><strong>3:00–5:00 pm</strong> Staff Interviews (Individual)</td>
<td><strong>10:30 am–12:00 noon</strong> Closed Meeting with Reviewer Team</td>
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<td><strong>5:00–6:30 pm</strong> Closed Meeting with Reviewer Team</td>
<td><strong>12:00 noon–1:00 pm</strong> Exit Interview</td>
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<td><strong>6:30 pm</strong> CSV Focused Meeting/Dinner</td>
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Please note: The lead reviewer will reach out to the site at least three weeks prior to the site visit to discuss the schedule of the visit. This step will assist in the coordination of travel times, start times, meeting locations, and expectations for the hospital. The lead reviewer will coordinate the site visit agenda updates with the Children’s Surgery Program Manager and the survey team.
Chart Review Requirements

*A minimum of 20 charts will be reviewed by the site reviewers. Have surgical patient medical records below available for all patients at the time of review for this reporting period.

- Patients receiving chest compressions either intraoperatively or within 48 hours postoperatively
- Patients with death within 30 days of an operative procedure
- Patients transferred to a different institution for a higher level of care postoperatively
- All ambulatory patients requiring inpatient hospital care within 7 days postoperatively
- If performed at your site (These should all be the consecutive patients immediately preceding the closing date of this reporting period)
  - Critical airway patients (up to 5)
  - Other physiologically unstable emergency patients (up to 5)
  - Idiopathic scoliosis patients (up to 5)
  - Neuromuscular scoliosis patients (up to 5)
  - CSF shunt patients (up to 5)
  - Endoscopic third ventriculostomy patients (up to 5)
  - Cranial vault remodeling patients
  - Selective dorsal rhizotomy patients (up to 5)
  - Emergent or urgent urologic patients (up to 5)
- All life or limb threatening emergent operations in the last 3 months where a start time of \( \leq 60 \) minutes was not achieved
- Please provide a list of all of the following over the past 12 months (For the reporting year have available for site visit review patient records with unsuccessful intussusception reduction, and malrotation with midgut volvulus—up to 5 medical records each) Include the radiologist performing the procedure:
  - Intussusception reduced
  - Unsuccessful intussusception reduction attempted
  - Malrotation with midgut volvulus
- Patients with death, major complications, or significant patient deterioration during all transports from another facility
Personnel Required to Be Available for Individual Interview

Required:

• Medical Director Children’s Surgery (MDCS)
• Medical Director Children’s Anesthesia (MDCA)
• Children’s Surgery Program Manager (CSPM)

Others desirable but must have proxy if unavailable.

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<tr>
<th>Schedule</th>
<th>Lead</th>
<th>Anesthesiology</th>
<th>Associate</th>
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<tr>
<td>3:00–3:30 pm</td>
<td>MDCS</td>
<td>MDCA</td>
<td>CSPM and ACS NSQIP Pediatric Surgical Clinical Reviewer (SCR)</td>
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<td>3:30–4:00 pm</td>
<td>Nursing Director, Administrative Director, and Medical Staff Director</td>
<td>PICU Director and PICU Surgical Liaison(s)</td>
<td>Radiology, Orthopaedics</td>
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<tr>
<td>4:00–4:30 pm</td>
<td>Orthopaedics</td>
<td>Emergency Medicine, Neurosurgery</td>
<td>Pediatric Surgery</td>
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<tr>
<td>4:30–5:00 pm</td>
<td>Department of Surgery Chair</td>
<td>Physical Medicine and Rehab</td>
<td>Urology</td>
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Personnel Recommended to Attend the Focused Meeting/Dinner

*Required to attend

• Administrative leadership (CEO or COO and children’s enterprise lead, if different)
• CMO
• Chief Quality Officer (or equivalent)
• Leaders of each procedural specialty (pediatric directors of urology, orthopaedics, plastics, cardiac, etc.)
• Medical Director Children’s Surgery and surgeon-in-chief (if different)*
• Medical Director Children’s Anesthesia and anesthesia chief (if different)*
• OR Director of Nursing and OR Administrative Leader
• PICU Director
• ED Director
• Physical Medicine and Rehabilitation (PM&R) Director
• Children’s Surgery Program Manager*
• Radiology Director
• Surgical Director(s) of Critical Care Unit(s)
• Nursing Director (or proxy, if available)
• Medical Staff Director (or proxy, if available)
• ACS NSQIP Pediatric Surgeon Champion

Please note: A prereview evening meeting is mandatory; however, a formal or informal dinner is not required. The evening meeting may occur during a dinner following the reviewer team closed meeting. The evening meeting will be a focused review of the PRQ, individual interviews, and chart reviews to clarify any reviewer questions; it will not be a comprehensive review of the program. Proxies are acceptable for nonessential staff. Please account for travel time between the 6:30 pm closed meeting and start of dinner/meeting.
**Hospital Tour**

Reviewers will split up into two separate tours with surgical staff (decided by hospital) to lead the tour. Each department listed below will be visited during the tour; however, they may not be in the order stated. Reviewers will review the equipment, department setup, rooms, schedules, and meet with staff listed. Please note: The hospital tour should end promptly at 9:00 am.

- **Emergency Department** ➔ Interview emergency physician and emergency nurse
- **Radiology** ➔ Interview radiologist and technician
- **Operating Room/PACU** ➔ Interview operating room nurse manager and anesthesiologist/CRNA
- **PICU** ➔ Interview medical director/nurse manager/staff nurse
- **Rehabilitation Unit** ➔ Interview medical director/nurse manager/staff nurse

**Exit Interview**

The hospital may decide which staff members will attend the exit interview. The Medical Director of Children's Surgery and Children's Surgery Program Manager are required to attend.