

SAMPLE ACS QVP Comprehensive Site Visit Agenda

		Agenda Item	Standards Verified	Required Attendees																						
15 min		Welcome and Introductions	ACS Reviewer(s) to provide overview of the agenda for the day and discuss ACS QVP																							
30 min	(15 min presentation + 15 min discussion)	CMO/SQO Presentation Presentation to include the following: - Hospital overview (i.e., # beds, demographics, surgical services offered, administrative leadership structure, mission statement, and values) - Quality organizational framework: hospital leadership org chart, surgery leadership org chart, wiring diagram of quality infrastructure/committees - Hospital-level safety culture assessment data, training & improvement initiatives - Hospital-level regulatory metrics data and rankings for each hospital (i.e., CMS Star, US News, Leapfrog, et al) and resulting improvement goals/initiatives	<ul style="list-style-type: none"> • IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety • IAC.2 Culture of Patient Safety and High-Reliability • QI.5 Compliance with Hospital-Level Regulatory Performance Metrics 	<ul style="list-style-type: none"> • Hospital C-Suite Representatives, including CEO, CMO, Chief of Nursing & Anesthesia • Chair(s) of Surgery • Hospital SQO(s) 																						
90 min		Chart Review CONCURRENT SESSIONS (need 2 mtg rooms)	<ul style="list-style-type: none"> • PC.1 Standardized and Team-Based Processes in the Five Phases of Care • QI.1 Case Review • QI.2 Surgeon Review 	<ul style="list-style-type: none"> • SQO • Chief of Surgery • 2 EMR Navigators* <p><i>*See Chart/Documentation Prep Guide for Details</i></p>																						
		<table border="1"> <tr> <td>Reviewer 1 (~10 charts)</td> <td>Reviewer 2 (~10 charts)</td> </tr> </table>	Reviewer 1 (~10 charts)	Reviewer 2 (~10 charts)																						
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3 hrs 45 min		Specialty-Level Discussions CONCURRENT SESSIONS (need 2 mtg rooms)	<ul style="list-style-type: none"> • Review of Disease-Specific Standards • PC.1 Standardized and Team-Based Processes in the Five Phases of Care (disease-specific) • PC.2 Disease-Based Management Programs and Integrated Practice Units • DSS.1 Data Collection and Surveillance • QI.1 Case Review • QI.2 Surgeon Review • QI.3 Credentialing, Privileging, and Onboarding • QI.4 Continuous Quality Improvement Using Data 	<p>For each of the specialties/sub-specialties listed below, see assigned meeting time:</p> <ul style="list-style-type: none"> • Surgeon Leader for the Specialty (leads discussion) • Program Administrator/Coordinator/Manager for the Specialty (if applicable) • Data analyst(s) and QI Leader(s) for the Specialty, including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable 																						
		<table border="1"> <tr> <td>Reviewer 1</td> <td>Reviewer 2</td> </tr> <tr> <td>40 min Gynecologic Surgery</td> <td>Urologic Surgery</td> </tr> <tr> <td colspan="2">5 min Reviewer Break to Complete Evaluation</td> </tr> <tr> <td>40 min Neurosurgery</td> <td>Vascular Surgery</td> </tr> <tr> <td colspan="2">5 min Reviewer Break to Complete Evaluation</td> </tr> <tr> <td>40 min Trauma Surgery</td> <td>Orthopaedic Surgery</td> </tr> <tr> <td colspan="2">5 min Reviewer Break to Complete Evaluation</td> </tr> <tr> <td>40 min Cardiothoracic Surgery</td> <td>General Surgery</td> </tr> <tr> <td colspan="2">5 min Reviewer Break to Complete Evaluation</td> </tr> <tr> <td>40 min Plastic Surgery</td> <td>Surgical Oncology</td> </tr> <tr> <td colspan="2">5 min Reviewer Break to Complete Evaluation</td> </tr> </table>	Reviewer 1	Reviewer 2	40 min Gynecologic Surgery	Urologic Surgery	5 min Reviewer Break to Complete Evaluation		40 min Neurosurgery	Vascular Surgery	5 min Reviewer Break to Complete Evaluation		40 min Trauma Surgery	Orthopaedic Surgery	5 min Reviewer Break to Complete Evaluation		40 min Cardiothoracic Surgery	General Surgery	5 min Reviewer Break to Complete Evaluation		40 min Plastic Surgery	Surgical Oncology	5 min Reviewer Break to Complete Evaluation			
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30 min		30 minute break or end of day if hospital and reviewer opt to split visit across two days																								
2 hrs		1-on-1 and Small Group Breakout Sessions (Closed)																								
	20 min	Frontline Surgeon 1-On-1	<ul style="list-style-type: none"> • IAC.2 Culture of Patient Safety and High-Reliability • PC.1 Standardized and Team-Based Processes in the Five Phases of Care • DSS.1 Data Collection and Surveillance • QI.1 Case Review 	To be selected by Reviewers																						
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	30 min	Surgical Quality Leadership Meeting	<ul style="list-style-type: none"> • IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety • IAC.2 Culture of Patient Safety and High-Reliability • PSG.2 Surgical Quality and Safety Committee (SQSC) • QI.3 Credentialing, Privileging, and Onboarding • QI.2 Surgeon Review • QI.5 Compliance with Hospital-Level Regulatory Performance Metrics 	<p>Required:</p> <ul style="list-style-type: none"> • OR Nurse Manager • OR Floor Manager • Perioperative Manager • Chair of Anesthesia • ICU Leadership <p>Optional:</p> <ul style="list-style-type: none"> • Surgical Credentialing and Privileging Leader • Surgical Peer Review Committee Leader 																						
	30 min	SQO + Surgical Quality Administrative Team	<ul style="list-style-type: none"> • PSG.1 Surgical Quality Officer • PSG.2 Surgical Quality and Safety Committee (SQSC) • PC.1 Standardized and Team-Based Processes in the Five Phases of Care • DSS.1 Data Collection and Surveillance (across depts of surgery) • QI.4 Continuous Quality Improvement Using Data 	<ul style="list-style-type: none"> • SQO • Administrative Coordinator/Program Manager • Data analyst(s) and , including NSQIP Surgeon Champion & SCRs (if applicable) • QI Leader(s)/Practitioner(s) 																						
60 min		Closed Reviewer Team Meeting <i>Reviewers will schedule this session internally</i>																								
30 min		Site Visit Wrap-up Hospital Summation <i>- All site participants welcome to attend</i>		<ul style="list-style-type: none"> • CEO, CMO, and CNO • SQO(s) • SQS Committee • Chief of Surgery • Surgery Department Chairs (if different from SQS Committee) • Hospital Quality Officer 																						