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**SITE VISIT AGENDA for HOSPITAL**

**DATE OF VISIT**

**Version FINAL**

**For questions, contact: GSV STAFF**

**STAFF@facs.org 312-202-XXXX**

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| **All hospitals preparing for a site visit must complete the GSV Chart Review List and GSV Chart Cover Sheets.****This will be a HIPAA-compliant list of the site’s surgery complication charts, which will be sent to your assigned Site Reviewer(s). The Site Reviewer(s) will use this list to determine which charts they will review during the site visit.****Please compile the Chart Review List using the data reporting timeframe determined by your assigned GSV staff member. The GSV Chart Review List and GSV Chart Cover Sheets will be sent to you in addition to this agenda.**1. Complete the GSV Chart Review List, documenting **all\*** complications from the following categories:
2. **Mortality** within 30 days of the operative procedure
3. **Length of Stay (LOS) longer than 14 days** after the operative procedure
4. **Readmissions** within 30 days of the operative procedure
5. **ICU Admission longer than 3 days** afterthe operative procedure
6. **Patients with Postoperative Delirium** documented after the operative procedure
7. **High Risk Patients** (≥ 85 years old **OR** positive preoperative [elective] screen for function, cognition, palliative care need, or nutrition)
8. 25 Additional Sample Cases: The Geriatric Surgery Director and Geriatric Surgery Coordinator must choose **twenty-five (25)** additional cases for review. Cases should represent all actively practicing geriatric surgeons, primary procedure types performed at the hospital, and non-elective procedures. Please choose cases with a normal postoperative course.
9. Send the GSV Chart Review List to your assigned GSV staff member by **DATE**.
10. Complete a GSV Chart Cover Sheet for each selected chart and send to your assigned GSV staff member by **DATE**.
11. Prepare charts selected from the GSV Chart Review List for the site visit, as outlined in Final Chart Preparation below.

**\* Do not list the same charts more than once. If a chart falls into more than one of the above categories (a-f), place the chart in the most severe category. The categories are listed in order of severity. All appropriate charts must be documented, including complications that are not specifically related to the operative procedure.** **Final Chart Preparation:** Prepare the following documents for each chart selected by the Site Reviewer(s). * Primary Care Physician History & Physical (H&P), if applicable
* Surgeon H&P
* Initial Surgery Consult (including treatment and health goal discussion, surgeon-PCP communication for high-risk patients)
* Code Status, Advance Directive and Medical Proxy
* Operative Notes
* Preoperative geriatric vulnerability screens, management plans
* Discharge Summary, Discharge Orders, or equivalent (including screens at discharge)
* 30-Day Post-Operative Follow-Up Notes
* Mortality Documents (ex. death certificate, physician notes, or autopsy report)
* Additional progress notes which provide further information regarding patient’s history or clinical course
* Any additional documentation requested by the Site Reviewer(s)
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| **All hospitals preparing for a site visit must complete the** **GSV Process, Protocol and Policy Review.** **This will be an electronically prepared compilation of documentation for all Standards applicable to your hospital’s verification level and must be ready for review during the site visit.** **To ensure HIPAA compliance, the items in red (and any materials that may contain patient-sensitive information) must only be shared and reviewed on-site. Such documents must not be uploaded electronically for review.** **GSV Process, Protocol and Policy Review Preparation:**1. **Institutional Administrative Commitment**
* Letter of support (1.1)
1. **Program Scope and Governance**
* Geriatric Surgery Director job description (2.1)
* Geriatric Surgery Director CME certification (6 hrs every 1yr *OR* 18 hrs every 3yrs) (2.1)
* Geriatric Surgery Coordinator job description (2.2)
* GSQC written charter (2.3)
* **GSQC meeting minutes (2.3)\***
* GSQC members list/credentials/roles (2.3)
1. **Facilities and Equipment Resources**
* Patient rooms accommodate needs of older adults (3.1)
1. **Personnel and Services Resources**
* Geriatric Surgery Nurse Champion (GSNC) organization structure (4.1)
* GSNC geriatric specific CNE certificates (2 hrs every 1yr *OR* 6 hrs every 3yrs) (4.1)
* QI project(s) implemented by GSNCs (4.1)
1. **Patient Care: Expectations and Protocol**

***Goals and Decision Making**** Code status and advance directives (5.2)
* Advance care planning educational materials (5.2)
* Health care representative/surrogate/proxy for patients without one (5.3)
* Discussion-facilitation educational materials (5.3)
* Life-sustaining treatment discussion (5.4)
* Revisit surgical decision making (5.5)

***Preoperative Work-Up**** Geriatric vulnerability screening tools (5.6)
* Focused management plans (5.7)
* Preoperative input of health professionals for all high-risk patients (5.8)
* Communicated recommendations to patients/families/caregivers (5.8)
* Communication structure between surgeon and PCP (5.9)

***Postoperative Management*** * Safe storage and prompt return of personal equipment (5.10)
* Templated order sets (Beers medications removed/alternatives provided) (5.11)
* Flag and review of inappropriate medications (5.11)
* Education materials for providers (Beers) (5.11)
* Opioid-sparing, multimodality pain management strategies (5.12)
* Standardized postoperative care: Delirium (5.13)
* Standardized postoperative care: Mobility and Function (5.13)
* Standardized postoperative care: Nutrition and Hydration (5.13)
* Interdisciplinary care: high risk patients (5.14)
* Geriatric vulnerability screening results and treatment plans (5.16)

***Transitions of Care**** Discharge summary review with patient (5.17)
* Common geriatric syndrome education (5.17)
* Discharge communicated to patient/family/PCP/non-home facility (5.17)
* Communication with post-acute care facilities (5.18)
* Post-acute care facilities and publicly reported measures (5.18)
1. **Data Surveillance and Systems**
* **Written or electronic data collection and outcomes monitoring records for geriatric patients (6.1)**
* **Data collection review to frontline providers and institutional leadership (6.2)**
1. **Quality Improvement**
* Quality improvement and performance improvement initiatives (7.1)
* ***Optional*: NSQIP collaborative (7.2)**
1. **Professional and Community Outreach**
* Annual community outreach project (8.1)
* Geriatric education for surgeons and APPs (8.2)
* Geriatric education for nurses (8.3)
1. **Research**
* *Optional*: scholarly research (9.1)

**\*The Geriatric Surgery Quality Committee (GSQC) meeting minutes will confirm compliance with several different Standards.** They only need to be included with the documentation for Standard 2.3. Committee meeting minutes must include attendance records.**Electronically prepared compilation of documentation can be in PDF/Word format *OR* via remote documentation access (external log-in, interface access).**  |

| **Time**  | **Agenda Item** | **Required\*** and Optional Participants |
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| **All times listed below in TIME ZONE.** | **All verification levels are covered by the Site Visit Agenda.** | **\*Designates required participants** |
| **7:45 AM****(15 mins)** | **Welcome**Hospital representatives welcome the Site Reviewer(s) at a designated meeting location, with brief introductions to begin the site visit. The Geriatric Surgery Director or a member of the facility administration is welcome to provide a brief overview of the geriatric program and/or the facility, but please keep such presentations under 10 minutes in total duration.  | **Geriatric Surgery Director\*****Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\***Administrative Leadership |
| **8:00 AM****(3 hrs)** | **Chart Review** (Standards 5.1 – 5.9, 5.11 – 5.12, 5.14 – 5.17, 6.1, 7.2)The Chart Review **must** be the first agenda item of the day. The other agenda items may be done in any order to facilitate a more efficient site visit. Changes to the order of events must be approved by the Site Reviewer(s).**Location:** * Hospital staff must host the chart review in a private conference room or office.
* The room should include internet access and at least 1 computer for review of the hospital’s Electronic Medical Records (EMR) and NSQIP Registry (if applicable).
* Assign a staff member proficient and knowledgeable in your hospital’s charting system to assist with the chart review.

**Recommended Order of Tasks:**1. **Review any investigational procedures**
2. **Review complication charts:** For each chart, the Reviewer(s) will review the patient’s preoperative course and overall health, the patient’s clinical course and progression of care, use of standardized order sets, the patient’s postoperative course, adequacy of clinical documentation, and highlight any overall impressions regarding strengths and opportunities for improvement.
3. **Chart Audit:** Chart Audit: The Reviewer(s) will complete Chart Reviews of the pre-selected complication charts. Sample cases will be used to review standard compliance as needed.
4. **Review Sample Cases** (as many charts as time permits)
5. **Data Collection and Review**
6. **NSQIP Registry Review** *(Optional Standard 7.2 only):* The SCR and the Reviewer(s) will review Registry access, the data collection process, and long-term follow-up.
7. **Site Reviewer(s):** 10 minutes to meet prior to One-on-One Interviews
 |  **Geriatric Surgery Director\*****Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\***Staff Member proficient in EMRSCR |
| **11:00 AM****(90 mins)**  | **One-on-One Interviews** (Standards 1.1, 2.1 – 2.3, 4.1, 8.2 – 8.3)The Reviewer(s) will conduct one-on-one interviews, approximately 15 minutes each, to discuss:* The individual’s role and integration within the geriatric program
* Resource allocation and program needs
* The hospital’s strengths and opportunities for improvement
* Questions or concerns from the individual team members
 | **Geriatric Surgery Director\*****Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\*****Chief Quality Officer** **Medical Staff Director** **Department of Surgery Chair** Integrated Health Team Providers |
| **12:30 PM****(30 mins)** | **Break/Lunch (Standards 7.1, 8.1)**This is a lunch meeting with your extended geriatric team and the SiteReviewer(s). The lunch will be led by the Lead Site Reviewer to:* Address questions or areas for clarification from the chart review
* Address questions or areas for clarification from the hospital’s Pre-Review Questionnaire (PRQ)
* Discuss the hospital’s Quality Improvement (QI) initiatives and Community Outreach Projects and methodology for execution
* Address questions or concerns from the hospital and team members

\*All surgeons that perform surgery on the units seeking verification arerequired participants for the lunch hour. If a surgeon cannot attend thispart of the site visit, please contact GSV. |  |
| **1:00 PM****(60 mins)** | **Facility Tour (Standards 3.1, 5.10, 6.2, 8.2 – 8.3)**The Site Reviewer(s) will tour the hospital to verify facilities-based compliance measures and ensure that the appropriate infrastructure exists to provide safe care to patients. The Geriatric Surgery Director, Geriatric Surgery Coordinator and Geriatric Surgery Nurse Champion will lead the tour. Departmental staff must be available to meet the Site Reviewer(s), answer questions, and review specific compliance measures.**Inspection: Facilities, Equipment, and Furniture** * Dedicated Geriatric / Patient Rooms
* Pre-Op Care Area, PACU, Operating Room
* Critical Care Unit (CCU) / Intensive Care Unit (ICU)
* Emergency Department
* Additional areas where geriatric patients are managed
 | **Geriatric Surgery Director\*****Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\***Departmental staff |
| **2:00 PM****(30 – 60 mins)** | **Process, Protocol and Policy Review** (All Standards)During the Process, Protocol and Policy Review, Site Reviewer(s) will evaluate compliance documentation for all Standards applicable to your hospital’s verification level, as per the “GSV Process, Protocol and Policy Review Preparation” list on pages 2-3. Reviewer(s) will address questions or areas for clarification during this time. **The hospital may choose to further demonstrate standard compliance during this time. Suggestions include, but are not limited to:*** GSQC meeting – share pre-recorded meeting, demonstrate a case or data review, etc. (2.3)
* QI project(s) implemented by GSNCs – share QI project summary, etc. (4.1, 7.1)
* Showcase a standard “best practice” – summary of how a process, policy or protocol was implemented (any)
* Interdisciplinary input or conference for elective, high-risk patients – share a pre-recorded meeting, demonstrate a virtual conference, etc. (5.8)
* Provider education – share educational materials and curriculum process (5.11, 8.2, 8.3)
* Discharge hand-off communication – demonstrate review of discharge summary with patients (5.17)
* Data feedback to frontline providers – share example (6.2)
* Community Outreach Project – share detail of project in action (8.1)
 | **Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\***SCR |
| **3:00 PM****(30 mins)** | **Site Reviewer Preparation** Reviewer(s) will prepare for the Exit Interview. The Reviewer(s) will summarize their notes and findings from the site visit before presenting them at the Exit Interview. The Geriatric Surgery Coordinator should consult with the Reviewer(s) regarding a start/end time for the Exit Interview and notify all attendees. | **Reviewer(s)\*** |
| **3:30 PM****(30 mins)** | **Exit Interview**Attendees at the Exit Interview are invited at the discretion of the Geriatric Surgery Quality Committee.The Reviewer(s) will present their findings from the site visit, including an overview of the day’s events and key discussion topics. The Reviewer(s) will highlight the hospital’s’ performance relative to the following areas:* Strengths
* Opportunities for improvement
* Standards with non-compliance

The Reviewer(s) will also present their verification recommendation. \*Lastly, the Reviewer(s) will address any final questions from the hospital’s staff.The site visit will conclude at the end of the Exit Interview. * **\*The Reviewer(s)’s verification recommendation is only a recommendation. The final decision for verification will be made by the GSV Standards and Verification Committee.**
* **Missing compliance documentation will not be accepted by the Reviewer(s) or the ACS GSV team after the conclusion of the site visit.**
* **After the site visit, please address all questions and concerns directly with the ACS GSV team:**
	+ **STAFF@facs.org**

**The hospital should expect a final verification decision 8-12 weeks after the site visit.**  | **Geriatric Surgery Director\*****Geriatric Surgery Coordinator\*****Geriatric Surgery Nurse Champion\***Integrated Health Team ProvidersAdministrative Leadership |