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**VIRTUAL SITE VISIT AGENDA for HOSPITAL**

**DATE OF VISIT**

**Version FINAL**

**For questions, contact: GSV STAFF**

[**STAFF@facs.org**](mailto: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 by the center electronically via screensharing during the virtual site visit. 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 Virtual Site Visit Agenda.** | **\*Designates required participants** |
| **7:45 AM**  **(15 mins)** | **Welcome**  Hospital representatives welcome the Site Reviewer(s) via remote access by videoconference with brief introductions to begin the 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. * The Reviewer(s) will review patient charts via screen sharing. The Reviewer(s) must be able to see the patients chart directly during the virtual site visit.   **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:** 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 EMR  SCR |
| **11:00 AM**  **(2 hrs)** | **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 |
| **1:00 PM**  **(30 mins)** | **Break/Lunch** |  |
| **1:30 PM**  **(30 mins)** | **Facility-Based Standards Compliance** (Standards 3.1, 5.10)  The Reviewer(s) will confirm 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 this portion of the visit. If the hospital tour is pre-recorded, all required Standards must be clearly demonstrated.  To ensure patient privacy and safety, a live tour of the facility will not be permitted using digital video equipment.  The hospital must prepare photographs or brief video clips prior to the start of the site visit, confirming compliance with the facilities-based equipment/Standards requirements. Please carefully review Standards 3.1 and 5.10 for a full list of equipment and facilities that must be documented via video or photograph.  **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 Providers  Administrative Leadership |

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In response to the COVID-19 pandemic, the American College of Surgeons (ACS) and the Geriatric Surgery Verification (GSV) Program have implemented the following guidelines for conducting Virtual Site Visits while travel restrictions and social distancing protocols remain in effect.

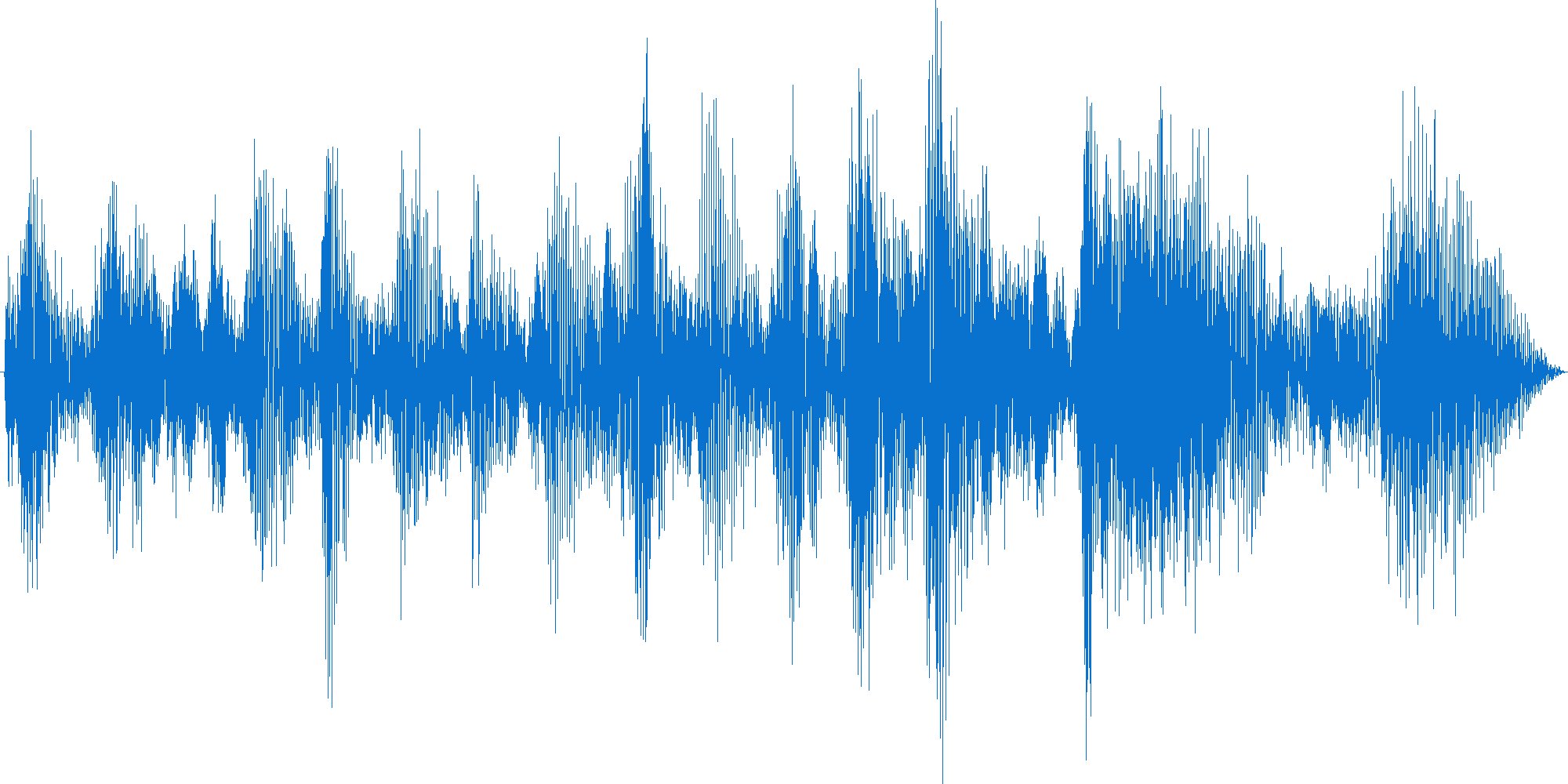
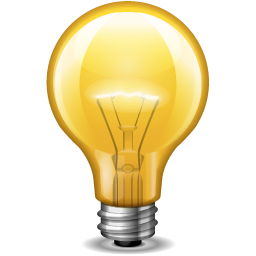
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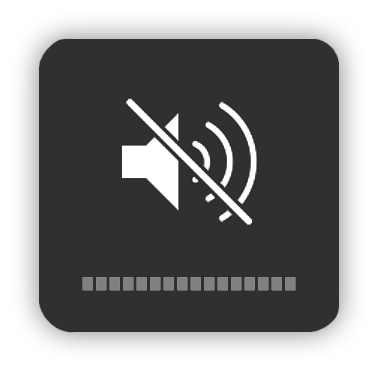
1. **Verification in Good Standing-** Renewing hospitals must have verification in good standing with GSV for approval to move forward for a Virtual Site Visit. Initial hospitals will be evaluated for readiness based on their submitted Pre-Review Questionnaire (PRQ). At its discretion, ACS/GSV may refuse approval for a Virtual Site Visit for any reason.
2. **Executed Agreements-** Participating hospitals pursuing a Virtual Site Visit must fully execute all necessary legal agreementsbetween their facility and ACS/GSV, including the GSV Participation Agreement and Business Associate and Data Use Agreement.
3. **Legal Review/Authorization-** Participating hospitals must obtain permission/approval from the facility’s legal counsel or an individual with comparable authority to provide the assigned Reviewer(s) with remote/teleconference access to and/or review of patient medical records and hospital documentation if such permission/approval is deemed necessary beyond the existing agreements between the facility and ACS/GSV.
4. **Approved PRQ-** Participating hospitals must submit a complete PRQ to GSV. The PRQ must be reviewed and approved by GSV Staff in order to be eligible for a Virtual Site Visit. Please note: Additional documentation will be required beyond the usual uploaded documents normally requested when completing the PRQ. Please have all compliance documentation compiled in a digital/electronic format. Paper records cannot be reviewed during the Virtual Site Visit process.
5. **Electronic Medical Records-** The hospital must utilize an EMR system to facilitate remote/electronic review of patient charts. Direct access to the EMR is not required. The center can use presentation/screen sharing to allow the Reviewer(s) to review patient medical records.
6. **Virtual Video Conferencing Platform**- The Virtual Site Visit will be conducted using a virtual platform of the hospital’s choice. The hospital must have a team member proficient with running the selected software, including switching presenters and screen sharing. The hospital must have a conference room equipped for video conferencing, including access to at least one web camera. All agenda items will be completed via virtual review by the Reviewer(s) using the designated video conferencing platform. The following features are required for any selected virtual video conferencing platform:
   1. HIPAA-Compliant/secured connection
   2. Video conferencing
   3. Screen sharing
   4. The ability to switch presenters
7. **Recommended Platforms-** The currently recommended video conferencing platforms for a Virtual Site Visit include:
   1. Zoom
   2. Microsoft Teams
   3. GoToWebinar/GoToMeeting
   4. Other platforms will be approved on a case-by-case basis provided they meet all the criteria outlined in item #6 above.

Expectations and Procedures

1. After the hospital has been approved to host a Virtual Site Visit, GSV will assign Reviewer(s) to conduct the Virtual Site Visit.
2. A planning meeting between the hospital and the GSV Team will be scheduled to address common questions and concerns. The assigned Reviewer(s) and the Geriatric Surgery Director are not expected to participate in this initial planning call but are more than welcome to attend.
3. The hospital will schedule the Virtual Site Visit with the Reviewer(s) on a mutually agreeable date and time. **The scheduled site visit date must be confirmed with Kat Christensen or Mike Bencur, GSV Project Managers.** All participants must be available for the entire duration of the Virtual Site Visit. Do not book clinic time, patient appointments, surgical or interventional procedures, or other meetings/appointments during this time.
4. The hospital is responsible for scheduling, hosting, and running all technical logistics of the Virtual Site Visit.
5. The hospital’s chosen conference or meeting room must be adequately equipped to host a video conference meeting. The room must be private and quiet to help facilitate a constructive and productive Virtual Site Visit. All attendees must mute/silence their phones and devices once the site visit begins. It is encouraged that participants dial-in from separate rooms in order to ensure participants can see/hear via screen sharing.
6. The GSV Geriatric Surgery Director and Coordinator must host the Virtual Site Visit via web camera. All other team members and attendees may participate via teleconference.
7. The Reviewer(s) must participate via web camera.
8. GSV Staff will participate in the Virtual Site Visit in an observational capacity only. Although GSV will assist in any way we can, the hospital is responsible for all technical logistics for organizing and running the Virtual Site Visit. **Please note that other members of the GSV Team, and other members of the ACS Quality Programs may also be present to observe the Virtual Site Visit.**
9. All participants must approach the Virtual Site Visit with the same decorum allotted to an in-person GSV Site Visit or any other formal meeting. Please be punctual, prepared, and professional.
10. Within 7 days of the scheduled Virtual Site Visit, the hospital and the Reviewer(s) are responsible for a test run of the meeting to minimize the risk of technical malfunctions on the day of the visit.

**Tips for a Successful Virtual Site Visit**



1. Pick a room with good lighting and acoustics
2. Silence your devices
3. Use nametags or tent cards
4. Mute non-essential attendees
5. **Dial-in to the meeting**

**To avoid large crowds and confusion in regard to who is speaking, please have participants join the virtual visit by dialing in to the meeting rather than congregating in a central conference room.**