ACS QVP Focused Site Visit Agenda

START DAY 1

60 min Welcome and Introductions

25 min ACS Reviewer(s) provide overview of the agenda for the day and discuss ACS QVP
- IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety
- IAC.2 Culture of Patient Safety and High-Reliability
- ASC.1 Standardized and Team-Based Processes in the Five Phases of Care
- QI.1 Case Review
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- Chief of Surgery
- Chair of Anesthesia
- Chair of Surgery & Division Chairs
- Hospital SQO
- Hospital C-Suite Representatives, including CEO, CMO, Chief of Nursing & Anesthesia

25 min CMO/SQO Hospital Presentation
- ASC.1 Standardized and Team-Based Processes in the Five Phases of Care
- QI.1 Case Review
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- Chief of Surgery
- Chair of Surgery & Division Chairs
- Hospital SQO

30 min Q&A/Discussion

45 min Review of 10 prepared charts

2 hr 50 min Specialty-Level Discussions

40 min EXAMPLE: General Surgery
- IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety
- IAC.2 Culture of Patient Safety and High-Reliability
- PC.1 Standardized and Team-Based Processes in the Five Phases of Care (disease-specific)
- DSS.1 Data Collection and Surveillance
- QI.1 Case Review
- QI.2 Surgeon Review
- QI.3 Surgical Credentialing, Privileging, and Onboarding
- QI.4 Continuous Quality Improvement Using Data
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- Hospital C-Suite Representatives, including CEO, CMO, Chief of Nursing & Anesthesia
- Chair of Surgery
- Chair of Surgery & Division Chairs
- Hospital SQO
- EMR Navigator*
- Program Administrator/Coordinator/Manager for the Specialty (if applicable)
- Data abstractors and analyst(s), including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable

25 min Reviewer Break to Complete Evaluation

40 min EXAMPLE: Neurosurgery
- IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety
- 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
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- Chief of Surgery
- Chair of Surgery & Division Chairs
- Hospital SQO
- EMR Navigator*
- Program Administrator/Coordinator/Manager for the Specialty (if applicable)
- Data abstractors and analyst(s), including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable

25 min Reviewer Break to Complete Evaluation

END DAY 1

START DAY 2

2 hrs 50 min 1-on-1 & Small Group Breakout Sessions (Closed Meetings)

20 min Frontline Surgeon 1-On-1
- IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety
- IAC.2 Culture of Patient Safety and High-Reliability
- DSS.1 Data Collection and Surveillance
- QI.1 Case Review
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- To be selected by ACS

20 min Reviewer Break to Complete Evaluation

20 min Frontline Surgeon 1-On-1
- IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety
- IAC.2 Culture of Patient Safety and High-Reliability
- DSS.1 Data Collection and Surveillance
- QI.1 Case Review
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- To be selected by ACS

30 min Surgical Quality Leadership Meeting
- 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
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- OR Nurse Manager
- OR Floor Manager
- Perioperative Manager
- Chair of Anesthesia
- Chair of Surgery
- Surgical Peer Review Committee Leader

20 min Reviewer Break to Complete Evaluation

30 min SQO + Surgical Quality Administrative Team
- IAC.2 Culture of Patient Safety and High-Reliability
- DSS.1 Data Collection and Surveillance (across departments of surgery)
- QI.1 Case Review
- QI.5 Compliance with Hospital-level Regulatory Performance Metrics
- SQO
- Administrative Coordinator/Program Manager
- Data abstractors and analyst(s), including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable
- QI Leader(s)/Practitioner(s)

20 min Reviewer Break to Complete Evaluation

45 min Closed ACS Reviewer Team Meeting

30 min Site Visit Summation
- All site visit participants encouraged to attend
- CEO, CMO, and CNO
- SQO(s)
- SQO Committee
- Chief of Surgery
- Surgery Department Chairs (if different from SQO Committee)
- Hospital Quality Officer

END OF SITE VISIT