

## ACS QVP Comprehensive Site Visit Agenda

TIME ZONE	Site Visit Agenda Item	ACS QVP Standards Verified	Required Hospital Attendees	Attendee Names/Titles	Virtual Meeting Link	
60 min	<b>Welcome and Introductions</b>					
15 min	ACS Reviewer(s) provide overview of the agenda for the day and discuss ACS QVP	<ul style="list-style-type: none"> <li>• IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety</li> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• PSG.2 Surgical Quality and Safety Committee</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.5 Compliance with Hospital-Level Regulatory Performance Metrics</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital C-Suite Representatives, including CEO, CMO, Chief of Nursing &amp; Anesthesia</li> <li>• Chair of Surgery &amp; Division Chairs</li> <li>• Hospital SQO</li> </ul>			
15 min	CMO/SQO Hospital Presentation					
30 min	Q&A/Discussion					
10 min	<b>Reviewer Break to Complete Evaluation</b>					
90 min	<b>Chart Review</b>					
	<b>CONCURRENT SESSIONS (need 2 virtual rooms)</b>			Reviewer 1 Room	Reviewer 2 Room	
	Reviewer 1 [10 charts]	Reviewer 2 [10 charts]	<ul style="list-style-type: none"> <li>• PC.1 Standardized and Team-Based Processes in the Five Phases of Care</li> <li>• QI.1 Case Review</li> <li>• QI.2 Surgeon Review</li> </ul>	<ul style="list-style-type: none"> <li>• SQO</li> <li>• Chief of Surgery</li> <li>• EMR Navigator*</li> </ul>	Reviewer 1 Room	Reviewer 2 Room
				<i>*See Chart Preparation Guide for details</i>		
10 min	<b>Reviewer Break to Complete Evaluation</b>					
2 hrs 45 min	<b>Specialty-Level Discussions</b>					
	<b>CONCURRENT SESSIONS (need 2 virtual rooms)</b> Assign each identified specialty/sub-specialty to a 40-minute slot. If specialty volume is >12, add additional 40-minute rows as needed.			Reviewer 1 Room	Reviewer 2 Room	
	Reviewer 1	Reviewer 2	<ul style="list-style-type: none"> <li>• IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety</li> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• PC.1 Standardized and Team-Based Processes in the Five Phases of Care (disease-specific)</li> <li>• PC.2 Disease-Based Management Programs and Integrated Practice Units</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.1 Case Review</li> <li>• QI.3 Surgical Credentialing, Privileging, and Onboarding</li> <li>• QI.4 Continuous Quality Improvement Using Data</li> <li>• QI.5 Compliance with Hospital-level Regulatory Performance Metrics</li> </ul>	<ul style="list-style-type: none"> <li>• For each of the specialties/sub-specialties listed, see assigned meeting time:</li> <li>• Surgeon Leader for the Specialty (leads discussion)</li> <li>• Program Administrator/Coordinator/Manager for the Specialty (if applicable)</li> <li>• Data analyst(s) and QI Leader(s) for the Specialty, including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable</li> </ul>	Reviewer 1 Room	Reviewer 2 Room
40 min	EXAMPLE: General Surgery	EXAMPLE: Urologic Surgery				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
40 min	EXAMPLE: Neurosurgery	EXAMPLE: Colorectal Surgery				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
40 min	EXAMPLE: Vascular Surgery	EXAMPLE: Orthopedic Surgery				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
<b>END DAY 1</b>						
<b>START DAY 2</b>						
2 hrs 45 min	<b>Specialty-Level Discussions (Continued)</b>					
	<b>CONCURRENT SESSIONS (need 2 virtual rooms)</b>			Reviewer 1 Room	Reviewer 2 Room	
	Reviewer 1	Reviewer 2	<ul style="list-style-type: none"> <li>• IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety</li> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• PC.1 Standardized and Team-Based Processes in the Five Phases of Care (disease-specific)</li> <li>• PC.2 Disease-Based Management Programs and Integrated Practice Units</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.1 Case Review</li> <li>• QI.3 Surgical Credentialing, Privileging, and Onboarding</li> <li>• QI.4 Continuous Quality Improvement Using Data</li> <li>• QI.5 Compliance with Hospital-level Regulatory Performance Metrics</li> </ul>	<ul style="list-style-type: none"> <li>• For each of the specialties/sub-specialties listed, see assigned meeting time:</li> <li>• Surgeon Leader for the Specialty (leads discussion)</li> <li>• Program Administrator/Coordinator/Manager for the Specialty (if applicable)</li> <li>• Data analyst(s) and QI Leader(s) for the Specialty, including NSQIP Surgeon Champion(s) and NSQIP Surgical Clinical Reviewer(s) if applicable</li> </ul>	Reviewer 1 Room	Reviewer 2 Room
40 min	EXAMPLE: Plastic Surgery	EXAMPLE: Emergency General Surgery				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
40 min	EXAMPLE: Cardiothoracic Surgery	EXAMPLE: Surgical Oncology				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
40 min	EXAMPLE: Bariatric Surgery	EXAMPLE: Trauma Surgery				
15 min	<b>Reviewer Break to Complete Evaluation</b>					
2 hrs 40 min	<b>1-on-1 &amp; Small Group Breakout Sessions (Closed Meetings)</b>					
20 min	Frontline Surgeon 1-On-1	<ul style="list-style-type: none"> <li>• IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety</li> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.1 Case Review</li> <li>• QI.5 Compliance with Hospital-level Regulatory Performance Metrics</li> </ul>	To be selected by ACS			
10 min	<b>Reviewer Break to Complete Evaluation</b>					
20 min	Frontline Surgeon 1-On-1	<ul style="list-style-type: none"> <li>• IAC.1 Leadership Commitment and Engagement to Surgical Quality and Safety</li> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.1 Case Review</li> <li>• QI.5 Compliance with Hospital-level Regulatory Performance Metrics</li> </ul>	To be selected by ACS			
10 min	<b>Reviewer Break to Complete Evaluation</b>					
30 min	Surgical Quality Leadership Meeting	<ul style="list-style-type: none"> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• PC.1 Standardized and Team-Based Processes in the Five Phases of Care</li> <li>• DSS.1 Data Collection and Surveillance</li> <li>• QI.2 Surgeon Review</li> <li>• QI.3 Surgical Credentialing, Privileging, and Onboarding</li> <li>• QI.5 Compliance with Hospital-Level Regulatory Performance Metrics</li> </ul>	<b>Required:</b> <ul style="list-style-type: none"> <li>• OR Nurse Manager</li> <li>• OR Floor Manager</li> <li>• Perioperative Manager</li> <li>• Chair of Anesthesia</li> <li>• ICU Leadership</li> <li>• Surgical Peer Review Committee Leader</li> </ul>			
10 min	<b>Reviewer Break to Complete Evaluation</b>					
60 min	SQO + Surgical Quality Administrative Team	<ul style="list-style-type: none"> <li>• IAC.2 Culture of Patient Safety and High-Reliability</li> <li>• PSG.1 Surgical Quality Officer</li> <li>• PSG.2 Surgical Quality and Safety Committee (SQSC)</li> <li>• PC.1 Standardized and Team-Based Processes in the Five Phases of Care</li> <li>• DSS.1 Data Collection and Surveillance (across depts of surgery)</li> <li>• QI.1 Case Review</li> <li>• QI.3 Surgical Credentialing, Privileging, and Onboarding</li> <li>• QI.4 Continuous Quality Improvement Using Data</li> </ul>	<ul style="list-style-type: none"> <li>• SQO</li> <li>• Administrative Coordinator/Program Manager</li> <li>• Data abstractors and analyst(s), including NSQIP Surgeon Champion &amp; SQCs (if applicable)</li> <li>• QI Leader(s)/Practitioner(s)</li> </ul>			
10 min	<b>Reviewer Break to Complete Evaluation</b>					
45 min	<b>Closed ACS Reviewer Team Meeting</b>					
30 min	<b>Site Visit Summation</b>					
	All site visit participants are encouraged to attend		<ul style="list-style-type: none"> <li>• CEO, CMO, and CNO</li> <li>• SQO</li> <li>• SQS Committee</li> <li>• Chief of Surgery</li> <li>• Surgery Department/Division Chairs (if different from SQS Committee)</li> <li>• Hospital Quality Officer</li> </ul>			
<b>END OF SITE VISIT</b>						