

ACS QVP Focused Site Visit Agenda

TIME ZONE	Site Visit Agenda Item	ACS QVP Standards Verified	Required Hospital Attendees	Attendee Names/Titles	Virtual Meeting Link
60 min Welcome and Introductions					
15 min	ACS Reviewer(s) provide overview of the agenda for the day and discuss ACS QVP	<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 DSS.1 Data Collection and Surveillance 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 of Surgery & Division Chairs Hospital SQO 		
15 min	CMO/SQO Hospital Presentation				
30 min	Q&A/Discussion				
10 min Reviewer Break to Complete Evaluation					
90 min Chart Review					
	Review of 10 prepared charts	<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 EMR Navigator* <p><i>*See Chart Preparation Guide for</i></p>		
10 min Reviewer Break to Complete Evaluation					
1 hr 50 min Specialty-Level Discussions ²					
40 min	<i>EXAMPLE: General Surgery</i>	<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 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.3 Surgical Credentialing, Privileging, and Onboarding QI.4 Continuous Quality Improvement Using Data QI.5 Compliance with Hospital-level Regulatory Performance Metrics 	<p><i>For each of the specialties/sub-specialties listed, see assigned meeting time:</i></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 		
15 min	Reviewer Break to Complete Evaluation				
40 min	<i>EXAMPLE: Neurosurgery</i>	<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 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.3 Surgical Credentialing, Privileging, and Onboarding QI.4 Continuous Quality Improvement Using Data QI.5 Compliance with Hospital-level Regulatory Performance Metrics 	<p><i>For each of the specialties/sub-specialties listed, see assigned meeting time:</i></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 		
15 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	<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 DSS.1 Data Collection and Surveillance QI.1 Case Review QI.5 Compliance with Hospital-level Regulatory Performance Metrics 	To be selected by ACS		
10 min Reviewer Break to Complete Evaluation					
20 min	Frontline Surgeon 1-On-1	<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 DSS.1 Data Collection and Surveillance QI.1 Case Review QI.5 Compliance with Hospital-level Regulatory Performance Metrics 	To be selected by ACS		
10 min Reviewer Break to Complete Evaluation					
30 min	Surgical Quality Leadership Meeting	<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.2 Surgeon Review QI.3 Surgical Credentialing, Privileging, and Onboarding 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 Surgical Peer Review Committee Leader 		
10 min Reviewer Break to Complete Evaluation					
60 min	SQO + Surgical Quality Administrative Team	<ul style="list-style-type: none"> IAC.2 Culture of Patient Safety and High-Reliability 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.1 Case Review QI.3 Surgical Credentialing, Privileging, and Onboarding QI.4 Continuous Quality Improvement Using Data 	<ul style="list-style-type: none"> SQO Administrative Coordinator/Program Manager Data abstractors and analyst(s), including NSQIP Surgeon Champion & SCRs (if applicable) QI Leader(s)/Practitioner(s) 		
10 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		<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 		
END OF SITE VISIT					