

SAMPLE ACS QVP Focused Site Visit Agenda

		Agenda Item	Standards Verified	Required Attendees
15 min		<b>Welcome and Introductions</b>	ACS Reviewer(s) to provide overview of the agenda for the day and discuss ACS QVP Hospital visit process	
30 min	(15 min presentation + 15 min discussion)	<b>CMO/SQO Presentation</b> <b>Presentation to include the following:</b> - Hospital overview (i.e., # beds, demographics, surgical services offered, administrative leadership structure, mission statement, and values) - Quality organizational framework: hospital leadership org chart, surgery leadership org chart, wiring diagram of quality infrastructure/committees - Hospital-level safety culture assessment data, training & improvement initiatives - Hospital-level regulatory metrics data and rankings for each hospital (i.e., CMS Star, US News, Leapfrog, et al) and resulting improvement goals/initiatives	<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>● 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(s) of Surgery</li> <li>● Hospital SQO(s)</li> </ul>
60 min		<b>Chart Review</b>  Review of approximately ~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>● 1 EMR Navigator*</li> </ul> <p><i>*See Chart/Documentation Prep Guide for Details</i></p>
90 min		<b>Specialty-Level Discussions</b>		
	40 min	<b>General Surgery</b>	Review of Disease-Specific Standards: ● 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	<p><b>For each of the specialties/sub-specialties listed, see assigned meeting time:</b></p> <ul style="list-style-type: none"> <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>
	5 min	<b>Reviewer Break to Complete Evaluation</b>		
	40 min	<b>Neurosurgery</b>	<ul style="list-style-type: none"> <li>● QI.1 Case Review</li> <li>● QI.2 Surgeon Review</li> <li>● QI.3 Credentialing, Privileging, and Onboarding</li> <li>● QI.4 Continuous Quality Improvement Using Data</li> </ul>	
	5 min	<b>Reviewer Break to Complete Evaluation</b>		
	1 hr 40 min	<b>1-on-1 and Small Group Breakout Sessions (Closed)</b>		
	20 min	<b>Frontline Surgeon 1-On-1</b>	<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.1 Case Review</li> </ul>	To be selected by Reviewer(s)
	20 min	<b>Frontline Surgeon 1-On-1</b>	<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.1 Case Review</li> </ul>	To be selected by Reviewer(s)
	30 min	<b>Surgical Quality Leadership Meeting</b>	<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 (SQSC)</li> <li>● QI.3 Credentialing, Privileging, and Onboarding</li> <li>● QI.2 Surgeon Review</li> <li>● QI.5 Compliance with Hospital-Level Regulatory Performance Metrics</li> </ul>	<p>Required:</p> <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> </ul> <p>Optional:</p> <ul style="list-style-type: none"> <li>● Surgical Credentialing and Privileging Leader</li> <li>● Surgical Peer Review Committee Leader</li> </ul>
	30 min	<b>SQO + Surgical Quality Administrative Team</b>	<ul style="list-style-type: none"> <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.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 analyst(s), including NSQIP Surgeon Champion &amp; SCRs (if applicable)</li> <li>● QI Leader(s)/Practitioner(s)</li> </ul>
30 min		<b>Closed Reviewer Meeting/Summation Prep</b> <i>Reviewer(s) will schedule this session internally if needed</i>		
30 min		<b>Site Visit Wrap-up</b> <b>Hospital Summation</b> <i>- All site visit participants welcome and encouraged to attend</i>		<ul style="list-style-type: none"> <li>● CEO, CMO, and CNO</li> <li>● SQO(s)</li> <li>● SQS Committee</li> <li>● Chief of Surgery</li> <li>● Surgery Department Chairs (if different from SQS Committee)</li> <li>● Hospital Quality Officer</li> </ul>

Please note: this is intended to serve as a **sample agenda**. The actual agenda may vary slightly to accommodate your hospital's organizational make-up.