

Site Visit Agenda and Information

The American College of Surgeons (ACS) verification review process is to verify a hospital's compliance with ACS standards for a children's surgical center. Site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital's capabilities in a very short period of time. For this reason, we ask that the children's surgical program personnel at the hospital carefully prepare for the site visit by having all documents and medical records organized and accessible to the surveyors. Surveyors will need to have a hospital staff member readily available for questions and requests for additional information throughout the site visit. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional validation of compliance with the standards. The Prereview Questionnaire (PRQ) provides surveyors with an overview of the program and serves as a guide for the review process.

For planning purposes, the review will last approximately eight to 12 hours over a two-day period. Do not prepare your own agenda or presentation.

Site Visit Agenda

Day 1

10:00 am–12:00 noon

Ambulatory Site Visit (if applicable)

1:00–3:30 pm

Chart Review and Evaluation of Performance Improvement (PI)

3:30–5:30 pm

Staff Interviews (Individual)

5:30–6:30 pm

Closed Meeting with Surveyor Team

6:30 pm

Prereview Meeting/Dinner

Day 2

7:00–9:00 am

Hospital Tour

7:00– 9:00 am

Ambulatory Site Visit (if applicable)

9:00–10:00 am

Additional Chart Review, ACS NSQIP Pediatric Semi-Annual Report Review with Surgeon Champion, and Evaluation of On-Site Requirements

10:00–11:00 am

Closed Meeting with Surveyor Team

11:00 am–12:00 noon

Exit Interview

Please note: The lead surveyor will reach out to the site at least one week prior to the site visit to discuss the schedule of the site visit. This step will assist in the coordination of travel times, start times, meeting locations, and expectations for the hospital. The lead surveyor will coordinate the site visit agenda updates with the Children's Surgery Program Manager and the survey team.

Chart Review Requirements

*A minimum of 20 charts will be reviewed by site visitors. Have surgical patient medical records below available for all patients at the time of review for this reporting period.

→ All Levels

- Patients receiving chest compressions either intraoperatively or within 48 hours postoperatively
 - Patients with death within 30 days of an operative procedure
 - Patients transferred to a different institution for a higher level of care postoperatively, and all ambulatory patients requiring inpatient hospital care within 7 days postoperatively
 - If performed at your site (These should all be the consecutive patients immediately preceding the closing date of this reporting period)
 - 10 neonates undergoing either intraabdominal, intrathoracic, or intracranial procedures
 - Congenital heart procedures with cardiopulmonary bypass (up to 5)
 - Congenital diaphragmatic hernia patients (up to 5)
 - Tracheal reconstruction and/or esophageal atresia (up to 5)
 - Critical airway patients (up to 5)
 - Correction of intestinal malrotation (done as emergency procedure up to 5)
 - Other physiologically unstable emergency patients (up to 5)
 - Trauma patients with life or limb threatening emergencies, ISS > 25 (up to 5)
 - Patients that require ECMO (do not include diaphragmatic hernia, cardiac surgery patients, or trauma patients) (up to 5)
 - Emergent or urgent urologic patients, testicular torsion (up to 5)
 - All life or limb threatening emergent operations in the last 3 months where a start time of ≤ 60 minutes was not achieved
 - Please provide a list of all of the following over the past 12 months (For the reporting year have available for site visit review patient records with unsuccessful intussusception reduction, malrotation with midgut volvulus, and meconium ileus enema-up to 5 medical records each) Include the radiologist performing the procedure:
 - Intussusception reduced
 - Unsuccessful intussusception reduction attempted
 - Malrotation with midgut volvulus
 - Meconium ileus enema
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→ Level I Centers

- Patients with death, major complications, or significant patient deterioration during all transports from another facility
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→ Level II Centers

- Patients with death, major complications, or significant patient deterioration during transport
 - Emergent or elective operations done in this reporting period for patients with major comorbidities (ASA ≥ 3) or need for surgical care requiring 2 or more different surgical specialties and number of patients in this reporting period
 - Surgical patients transferred to another institution for a higher level of care and number of patients in this reporting period
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→ Level III Centers

- Emergent or elective operations done in this reporting period in infants < 6 months of age or with significant comorbidities (ASA ≥ 3) and number of patients in this reporting period
 - Surgical patients transferred to another institution for a higher level of care and number of patients in this reporting period
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→ Ambulatory Centers

- Surgical patients transferred to another institution for a higher level of care and number in this reporting period
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Personnel Required to Be Available for Individual Interview

Required:

- **Medical Director Children's Surgery (MDCS)**
- **Medical Director Children's Anesthesia (MDCA)**
- **Children's Surgery Program Manager (CSPM)**

Others desirable but must have proxy if unavailable.

Schedule	Lead	Anesthesiology	Associate
3:00–3:30 pm	MDCS	MDCA and Ambulatory Medical Director	CSPM and ACS NSQIP Pediatric Surgical Clinical Reviewer (SCR)
3:30–4:00 pm	Nursing Director, Administrative Director, and Medical Staff Director	NICU and PICU	Radiology, Orthopaedics
4:00–4:30 pm	Emergency Medicine, Neurosurgery	NICU and PICU Surgical Liaison(s)	Pediatric Surgery, ENT
4:30–5:00 pm	Department of Surgery Chair	Congenital Heart Surgery	Ophthalmology, Urology, and Plastics

Personnel Recommended to Attend the Prereview Meeting/Dinner

*Required to attend dinner.

- **Administrative leadership (CEO or COO and children's enterprise lead, if different)**
- **CMO**
- **Chief Quality Officer (or equivalent)**
- **Leaders of each procedural specialty (pediatric directors of urology, orthopaedics, plastics, cardiac, etc.)**
- **Medical Director Children's Surgery and surgeon-in-chief (if different)***
- **Medical Director Children's Anesthesia and anesthesia chief (if different)***
- **OR Director of Nursing and OR Administrative Leader**
- **NICU Director**
- **PICU Director**
- **ED Director**
- **Ambulatory Medical Director**
- **Children's Surgery Program Manager***
- **Radiology Director**
- **Surgical Director(s) of Critical Care Unit(s)**
- **Cardiac Surgery Medical Director**
- **Nursing Director (or proxy, if available)**
- **Medical Staff Director (or proxy, if available)**
- **ACS NSQIP Pediatric Surgeon Champion**

Please note: A prereview evening meeting is mandatory; however, a formal or informal dinner is not required. The evening meeting may occur during a dinner or immediately following the 3-5 PM session of scheduled interviews. The evening meeting will be a focused review of the PRQ, individual interviews, and chart reviews to clarify any surveyor questions; it will not be a comprehensive review of the program. Proxies are acceptable for non-essential staff.

Hospital Tour

Surveyors will split up into two separate tours with surgical staff (decided by hospital) to lead the tour. Each department listed below will be visited during the tour; however, they may not be in the order stated. Surveyors will review the equipment, department setup, rooms, schedules, and meet with staff listed.

A Emergency Department → Interview emergency physician and emergency nurse

B Radiology → Interview radiologist and technician

C Operating Room/PACU → Interview operating room nurse manager and anesthesiologist/CRNA

D PICU → Interview medical director/nurse manager/staff nurse

E NICU → Interview medical director/nurse manager/staff nurse

F Ambulatory Center → Ambulatory sites will receive a separate visit with one surveyor attending if off-site. This tour will start at an earlier time due to traffic to/from the off-site ambulatory center for the surveyor to return to the hospital prior to chart review. If there is more than one ambulatory site for the center, this may require visits separated in time.

Exit Interview

The hospital may decide which staff members will attend the exit interview. The Medical Director of Children's Surgery and Children's Surgery Program Manager are required to attend.