**Stage 4: It’s Showtime! (Site Visit)**

Showtime AKA Site Visit:

* TJC will alert the hospital 30 days prior to the scheduled site visit. Once a date has been confirmed:
  + Assure a conference room with internet capabilities is reserved for the entire visit.
  + Assure IT support throughout the visit.
  + Forward site visit schedule to appropriate departments/individuals.
  + Meet with involved departments/staff to answer last minute questions about the site visit.
  + Compile an orientation presentation describing the hospital’s organizational chart, maternity units’ layout, philosophy/guiding principles for the hospital and maternity unit, patient population, etc.
  + Extend invitations to the opening conference, which might include board members, local agency staff, and community members, along with representatives from involved hospital departments.
* Since the agenda may be tight, assure that plans for refreshments/lunch are in place.
* Assign a scribe to take notes during site visit.
* Assure someone with EMR expertise is available during chart reviews/clinical tracing.
* Alert patients about the site visit and that the visitors may ask them questions if they are willing.
* Be flexible if the agenda is modified.
* There is time built into the agenda to resolve any questions or issues from the reviewer.
* The reviewer will describe his/her preliminary findings at the end of the visit.

Tools that may be useful during or immediately prior to the site visit include:

* TJC MLC Verification Process Guide
* The Onsite Review: What to Expect
* LOMC Site Visit Checklist
* Site Visit Tipsheet for Providers
* Site Visit Tipsheet for L&D
* Site Visit Tipsheet for Non-OB Areas
* Get the 411 TJC Maternal Levels of Care
* Cape Coral LOMC Welcome Slides
* UF Opening Session Slide Deck
* LOMC Quick Start Checklist
* LOMC Suggestions from Colleagues

A sample agenda for a one-day LOMC site visit is on the following pages.

**Sample Agenda for One-Day LOMC Site Visit:**

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| --- | --- | --- | --- |
| **Time** | **Activity & Topics** | | **Suggested Organization**  **Participants** |
| 8:30-9:30 a.m.  Conference Room | **Orientation to Program**  Topics to be covered include:   * Program scope of care, treatment, and services * Program philosophy * Patient population and community demographics * Program leadership, responsibilities, and accountabilities * Interdisciplinary team composition and responsibilities * Other personnel and support services * Backup systems and plans in place * Program and organization integration, interaction, and collaboration * Communication and collaboration within the program, and with patients and families * Program team member selection qualifications, orientation, training, ongoing education, and support * Clinical practices (evidence-based national guidelines or up-to-date systematic review of existing evidence) being followed by the program * Early risk identification and managing the risk corresponding to the program’s capabilities * Tour   Q & A Discussion | | * Program's Joint Commission contact * Program clinical and administrative leadership * Others at program’s discretion |
| 9:30-10:00 a.m. | **Surveyor Planning & Protocol Review Session** Please have the following information available for the Surveyor Planning Session:   * A current list of patients in the program * Performance improvement action plans * Order sets, care plans, as applicable * Program’s schedule for interdisciplinary team meetings or program rounds on patients * Program’s back-up schedule for perinatal services needed to meet the needs of the mother | | Program representative(s)  who can facilitate patient selection and tracer activity |
| 10:00 -12:00 p.m. | **Individual Tracer Activity**  Tracer activity begins where the patient is currently receiving care, treatment, and services   * Begins with interactive review of patient record(s) with staff actively working with the patient—the patient’s course of care, treatment, and services from prenatal up to the present and anticipated for the future (postpartum care) will be mapped * Continues with tracing the patient’s path, visiting different areas, speaking with program team members and other organization staff caring for or encountered by the patient.   + Defined perinatal continuum, areas/units/departments/ programs/services may include the maternal/labor and delivery unit, operating room, PACU, emergency department’ prenatal program, ultrasound, radiology, laboratory, and pharmacy services * Includes a patient and family interview if they are willing to participate * At the conclusion of the tracer, the surveyor will communicate to the program leaders and care providers:   + Specific observations made   + Issues that will continue to be explored in other tracer activity   + Need for additional records to verify standards compliance, confirm procedures, and validate practice   + Closed record review that may be necessary | | * Program team members and other staff who have been involved in the patient’s care, treatment, or services * Program team members who can facilitate tracer activity including escorting the reviewers through the clinical setting following the course of care for the patient. |
| 12:00-12:30 p.m. | **Surveyor Lunch** | |  |
| 12:30-2:00 p.m. | **Individual Tracer Activity - continued** | |  |
| 2:00-3:00 p.m.  These two activities will be combined, and approximately 30 minutes each | **Education and Competence Assessment Process**  Discussion will focus on:   * Processes for obtaining team member credentials information * Orientation and training process * Methods for assessing team member competence * In-service and other ongoing education activities available to team members * Education and competence issues identified from patient tracers   Note: The surveyor will request personnel records and credentials files to review based on team members and staff  encountered or referred to throughout the day. | **Medical Staff Credentialing and Privileging Process**  Discussion will focus on:   * Credentialing and privileging **process specific to perinatal licensed independent practitioner(s) delivering or facilitating care** * If privileges are appropriate to the qualifications and competencies * Monitoring the performance of practitioners on a continuous basis * Evaluating the performance of licensed independent practitioners * Identified strengths and areas for improvement   Note: The surveyor will request files of the following leaders: perinatal program, obstetric services, and obstetric anesthesia services. Additional files may be requested based on tracer activity. | * Individual with authorized access to personnel and credentials files * Individual familiar with program-specific requirements for team members * Individuals able to address issues related to medical staff (for example program director, department medical director, medical staff coordinator, medical staff credentials committee representatives |
| 3:00-3:30 p.m. | **Issue Resolution**  Surveyors may ask to review additional patient records (open or closed) and other documentation to verify standards compliance. | | Program's Joint Commission contact, as requested by the reviewer |
| 3:30-4:00 p.m. | **Surveyor Report Preparation** | | Surveyor |
| 4:00-4:30 p.m. | **Program Exit Conference** | | Program leaders and team members, Others at program’s discretion |