

# Maternal Levels of Care Verification Process Guide

## 2023







# **Maternal Levels of Care Verification**

## **Verification Process Guide**

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## **Maternal Levels of Care Verification Process What's New in 2023**

New or revised content for 2023 is identified by underlined text in the activities noted below.

### **Changes effective January 1, 2023**

**Opening Conference** – Added guidance related to the Safety Briefing which organizations are being asked to provide to reviewers beginning with certification reviews in January 2023.

# **Maternal Levels of Care Verification Process Guide**

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## Maternal Levels of Care Verification

# Organization Preparation

The purpose of this process guide is to inform organizations about how to prepare for the Maternal Levels of Care onsite verification visit, including:

- Identifying ways in which the organization can facilitate the onsite verification process
- Describing logistical needs for the onsite verification visit

### Important Reading

The Verification Process Guide (VPG) describes each activity of a Joint Commission onsite verification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity,
- Descriptions of what will happen during the activity
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the session

These descriptions can be shared organization-wide as appropriate.

### Pre-Verification Phone Call

A Joint Commission account executive will contact your organization by phone shortly after receiving your application for verification. The purpose of this call is to:

- Confirm information reported in the application for verification, to review travel planning information and directions to office(s) and facilities,
- Confirm your access to The *Joint Commission Connect* extranet site and the verification-related information available there (onsite visit agenda, Maternal Levels of Care Verification Process Guide, etc.), and
- Answer any organization questions and address any concerns.

### Logistics

- While onsite, the reviewer will need workspace for the duration of the visit. A desk or table, telephone, internet connection and access to an electrical outlet are desirable.
- Some verification activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.
- The reviewer will want to move throughout the facility or offices during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.

- Your onsite verification visit agenda template, similar to the one presented later in this guide, will be posted to your *Joint Commission Connect* extranet site. The verification visit agenda presents a suggested order of activities and timeframes for each. Discuss with the reviewer any changes to the agenda that may be needed at any time during the onsite visit.

### Information Reviewed Prior to the Onsite Verification Visit

The Joint Commission reviewer assigned to perform your organization's onsite visit will receive the demographic information presented with your organization's Request for Verification.

Familiarizing a reviewer with your program before the onsite visit facilitates evaluation of your program's compliance with standards. Advance analysis makes the on-site verification visit time more efficient, effective and focused.

### Information Needed During Onsite Verification Visit

Please note that it is not necessary to prepare documentation just for purposes of the verification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents. The majority of document review will occur during individual tracer activity and will focus on the medical record.

Following is a list of items that reviewers **MAY REQUEST** to see during any onsite verification visit.

- List of interdisciplinary team members
- Current list of patients being managed through the perinatal care program (**maternal only**)
- If there are a limited number of admissions, a list of discharged patients who received care, treatment and services from the perinatal care team. This request can go back as far as the past four months for initial verification
- Program's schedule for interdisciplinary team meetings and/or program rounds
- Program's back-up schedule for perinatal services to meet the needs of the mother
- Order sets, care plans, protocols, and critical pathways, as applicable
- In-patient assessments and reassessments (e.g. physical, functional, nutrition, psychological)
- Standardized scales used for physical and psychological symptom management, if applicable
- Information given to patients about the perinatal care program
- Examples of patient/family educational materials
- Policy and procedures guiding patient's treatment course when initially seen in the Emergency Department or moved directly to the Operating Room

- Patient discharge or transfer procedures and procedures guiding communication of health information, *if different from hospital*
- Program-specific performance improvement plan
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available
- Program-specific orientation and competency assessment documentation for team members

### **Who to Call with Questions**

If you have a question about a standard or element of performance, please consider reviewing the Standards Interpretation FAQs

page: [https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx) prior to submitting a question. To submit a question, Login to your organization's Joint Commission extranet site, *Connect*: <https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx> and click on Resources - Standards Interpretation, to submit your question. If you do not have access to *Connect*, please go to the Standards Interpretation Page: [https://www.jointcommission.org/standards\\_information/jcfaq.aspx](https://www.jointcommission.org/standards_information/jcfaq.aspx) to submit a question.

Questions about onsite review process, agenda, scheduling, etc. – Call your Joint Commission Account Executive.



## Verification Visit Notification and Postponement Policies

### Notice of Initial Verification On-site Visit

If this is your program's first time through the verification process you will receive a thirty (30) day advance notice of your on-site visit date(s). Notice will be provided via e-mail to the individuals identified on your account as the Primary Certification Contact and CEO. Also thirty (30) days prior to your visit, the Notification of Scheduled Events section on your organization's extranet site, *The Joint Commission Connect*, is populated with the event along with a link to the reviewer's name, biographical sketch and photograph.

### Notice of Re-Verification On-site Visit

Your organization will receive notice from The Joint Commission seven (7) business days prior to the first day of the scheduled visit date(s) for Maternal Levels of Care re-verification. The notice will be emailed to the individuals identified on your account as the Primary Verification Contact and CEO and will include the specific verification visit date(s) and the program being assessed. Additionally, at 7:30 a.m. in your local time zone on the morning of the review, the Notification of Scheduled Events section on your organization's extranet site, *The Joint Commission Connect*, is populated with the event including a link to the reviewer's name, biographical sketch and photograph.

### Verification Visit Postponement Policy

The Joint Commission may not verify a program if the Organization does not allow The Joint Commission to conduct a verification visit. In rare circumstances, it may be appropriate to request a review postponement. An organization should direct a request for postponement to its Account Executive. A request to postpone a verification visit may be granted if a major, unforeseen event has occurred that has totally or substantially disrupted operations, such as the following:

- A natural disaster or major disruption of service due to a facility failure
- The organization's involvement in an employment strike
- The organization's cessation of admitting or treating patients
- The organization's inability to treat and care for patients and its transference of patients to other facilities

The Joint Commission may, at its discretion, approve a request to postpone a review for an organization not meeting any of the criteria listed above.

Your organization's Verification Account Executive can answer questions about these policies, or put you in contact with other Joint Commission staff that can assist you.

## Maternal Levels of Care Verification

# Opening Conference

### Organization Participants

Verification coordinator, program clinical and administrative leaders, perinatal program team members, individual or individuals that will provide the Safety Briefing to the reviewer(s), others at the discretion of the program/organization

### Opening Conference Description

Approximately 15-30 minutes in duration and includes:

- Introduction of reviewers
- Introduction of organization verification coordinator, leaders, and key perinatal interdisciplinary team members (Please note: Other staff can be introduced as the reviewer encounters them throughout the onsite visit)
- The organization is requested to provide the reviewer(s) with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer(s) of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:
  - Fire, smoke, or other emergencies
  - Workplace violence events (including active shooter scenarios)
  - Any contemporary issues the reviewer may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
- Overview of Joint Commission Maternal Levels of Care Verification
- Agenda review with discussion of any needed changes
- Overview of the SAFER™ portion of the Summary of Verification Visit Findings Report
- Questions and answers about the on-site verification process.

### Planning Tips

- Consider holding this activity in a space that will accommodate the number of participants and allow for an interactive discussion in the Orientation to Program activity that immediately follows the Opening.
- Inform the reviewers of any scheduling issues that could affect activities for the day.
- Inform the reviewer of your organization and program expectations for the verification on-site visit.

## Maternal Levels of Care Verification

# Orientation to the Program

### Organization Participants

Program administrative and clinical leaders, perinatal program team members, others at the discretion of the program/organization

### Materials Needed for Activities

- Organization chart, if available
- Perinatal care program organizational chart, if available
- Roster or sign-in sheet

### Orientation to the Program Description

This 60-minute activity is an exchange between the organization and reviewer about the perinatal (maternal) care program structure and scope of care, treatment, and services. The reviewer will facilitate the discussion and use the information as a base to build on while continuing their program review in other activities.

Program representatives participating in this session should be able to discuss topics such as:

- Program philosophy (if aligned to organization's mission)
- Patient population and community demographics (e.g. age, ethnicity, primary languages spoken)
- Program framework for the clinically uncomplicated patient
- Program scope of care, treatment, and services
- Program leadership
- Community resources-availability, utilization, integration into the program, and assistance provided to patients; program role in perinatal education programs at the community level
- Use of clinical practice guidelines, evidence-based national guidelines, or up-to-date systematic review of existing evidence
- Safety and security risks associated with the environment of care
- Program-specific medication management processes
- Program-specific prevention and control of infections (e.g. reducing hospital-acquired infections, standardized post cesarean wound care protocol )
- Interdisciplinary team composition and responsibilities
- Other personnel and support services available to the interdisciplinary program team
- Backup systems and plans (e.g. to perform an emergency cesarean delivery, perform maternal resuscitation, and provide continuous labor support)
- Process for evaluating the program performance (e.g. identify what is being evaluated, who receives the evaluation data, who is identifying the need for improvement, what improvements have been made and why, who determines and sets the priorities for improvement, how often is the evaluation done, and is the scope of the program consistently provided)

## Reviewer Planning & Protocol Review Session

During this activity, the reviewer, in conjunction with perinatal care program representatives, will identify the patients that they would like to follow during tracer activity. Additionally, the reviewer will want to know about how much time will be needed to retrieve any personnel or credentials files. If necessary, reviewers will identify personnel and credentials files that they will need for review during the Competence Assessment and Credentialing Process activity at this time.

### Organization Participants

- Program representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records

### Materials Needed for this Activity

- Current list of patients being managed through the perinatal (maternal) care program
- If there are a limited number of admissions, a list of discharged patients who received care, treatment and services from the perinatal care team in the past four months for initial verification)
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available
- Order sets, care plans, protocols, and critical pathways, as applicable

### Planning Guidelines – Selecting Patients to Trace

1. Reviewers will describe to the program representatives the types of patients that they want to trace and request assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity, or the reviewer may proceed directly to a patient care area and ask the staff to help identify patients.
2. A minimum of five (5) patients will be selected
  - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services that support or participate directly in the perinatal care program or support the work of the program in any unique way. This also includes the ED and the lab.
  - Patients should have different characteristics, such as demographics, psychosocial circumstances, family/support situations and other factors that would influence the program response, or perinatal care team member involvement
  - The types of patients the reviewer would like to trace includes:
    - a. An uncomplicated pregnancy, labor, or delivery, wherein the program has been involved from the prenatal to postpartum care (for the greatest exposure to the program)
    - b. A cesarean section patient
    - c. An unanticipated high risk labor and delivery
    - d. Care practices that support spontaneous labor and birth
    - e. Patient transition, transfer to another level of care, or referral

- f. Patient transition from prenatal outpatient to inpatient, or from inpatient to home/discharge
3. Reviewers will prioritize patients for tracer activity with the program team's assistance
4. Reviewers will inquire about the program's schedule for interdisciplinary team meetings and if it would be possible to observe. If there is not a team meeting scheduled, the reviewer will inquire about the program rounds on patients in the unit and when that might be occurring
5. Reviewers will inquire about the program's back-up schedule for perinatal services needed to meet the needs of the mother

### **Planning Guidelines – Selecting Competence and Credentials Files for Review**

1. A minimum of (5) files will be selected
2. At least one file per discipline (physician, nurse, social worker, dietitian, therapist, etc.) represented on the perinatal (maternal) care program interdisciplinary team will be reviewed.
3. Ideally, reviewers would prefer to identify files for this review activity based on the individuals encountered during the patient tracers; however, they will only do so if the organization is able to accommodate a quick turn-around of personnel and credential files requests.
4. Reviewer will inquire about how much time is needed to obtain HR and credentials files. If necessary, the reviewer will identify the program representatives whose files they would like to see at this time to facilitate the organization's retrieval efforts.

### **Planning Guidelines – Contact with Discharged Patients**

Reviewers will want to have some contact with the program's patients and family members, if they are available. If there are no active patients willing to speak with the reviewer, program representatives may be asked if a phone call might be possible with a recently discharged patient.

## Maternal Levels of Care Verification

### Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization's provision of care, treatment and services using the patient's experience as the guide. During an individual tracer the reviewer will:

- Follow a patient's course of care, treatment or service through the program
- Assess the impact of interrelationships among the program disciplines on patient care
- Assess the use of and adherence and diversion from clinical guidelines in the patient's care, treatment or service
- Evaluate the integration and coordination of program and organization services in the patient's care

#### Organization Participants

Program representatives, organization staff, and management who have been involved in an individual's care, treatment, or services

#### Materials Needed for this Activity

Clinical records of selected patients (paper, electronic, or hybrid)

#### Individual Tracer Description

1. A significant portion of the agenda is designated to patient tracer activity. The number of patients traced during this time will vary. **NOTE:** *Inpatients take priority for tracer activity; however, there may be instances when reviewers will select a discharged patient upon which to conduct a tracer. This will occur when the reviewer needs to trace the care provided to a patient meeting a given set of selection characteristics.*
2. Tracer activity begins on the inpatient unit where the patient is receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.
3. The organization/program staff and the Joint Commission reviewer will use the patient's record to discuss and map out the patient's course of care, treatment and services. The number of staff participating in this stage of the tracer should be limited.
4. Organization/program staff and the reviewer will follow the map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas and services involved in the patient's encounter. There is no mandated order for visits to these other areas. Reviewers will speak with any staff available in the area. **NOTE:** *This activity will occur on inpatients as well as discharged patients.*
5. Throughout tracer activity, the reviewer will
  - Observe program staff and patient interaction,
  - Observe the care planning process,
  - Observe medication processes, if applicable
  - Consider the impact of the environment on individual safety and security, and staff roles in minimizing environmental risk

- Speak with organization staff about the care, treatment and services they provide and their knowledge of the maternal level of care designation and perinatal care program
- Speak with interdisciplinary team members about their involvement in the patient's care, treatment and services; if timing allows, observe a portion of an interdisciplinary team meeting
- Speak with patients and families, if appropriate and permission is granted by the patient or family. Discussion will focus on the course of care and other aspects of the program(s) being evaluated for verification of the maternal level of care designation.  
**NOTE:** *If the patient being traced is already discharged, the reviewer may ask the program to see if a phone call with the patient/family is feasible and can be arranged.*
- Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions.

The tracer can lead the reviewer back to the starting care and service area. Upon returning, the reviewer might follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the program leaders and care providers any:

- Specific observations made
- Issues that will continue to be explored in other tracer activity,
- Need for additional record review, and
- Issues that have the potential to result in requirements for improvement.

## Maternal Levels of Care Verification

# Education & Competence Assessment Process

The purpose of this activity is to discuss how the program meets the need for qualified and competent practitioners.

### Organization Participants

- Staff responsible for:
  - Aspects of the organization's human resources processes, that support the program
  - Orientation and education of perinatal staff
  - Assessing perinatal staff competency
  - Assessing perinatal licensed independent practitioner and other credentialed practitioner competency, when applicable
- Individual(s) with authority to access information contained in personnel and, when applicable, credentials files

### Materials Needed for this Activity

Personnel or credentials files for individuals identified by the reviewer

- A minimum of five (5) files will be selected
- At least one file per discipline (nurse, social work, dietician, therapist, etc.) represented on the perinatal care interdisciplinary team will be reviewed
- Perinatal program nursing director

**Note:** The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

### Education and Competence Assessment Process Activity Description

During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
  - Current licensure
  - Orientation
  - Competence
  - Evidence reflecting completion of any required continuing education
- Discuss the following competence assessment topics as related to verification of the maternal level of care designation:
  - How the program fits into any organization-wide competence assessment processes, if applicable
  - Hiring criteria unique to the program
  - Selection of perinatal care team members
  - Program-specific competence requirements
  - Processes for obtaining team member credentials information
  - Program-specific credentials evaluation criteria
  - Orientation content and training process for perinatal care program team



- Methods for assessing competence of program team members
- Unique orientation, on-going education, training and in-service requirements for the program

Individuals attending this session should be prepared to explain the program's approach to credentialing and competency assessment.

## Medical Staff Credentialing and Privileging Process

The purpose of this activity is to learn how the perinatal (maternal) care program meets the needs for qualified and competent licensed independent practitioners. Focus will be on program processes for defining credentialing and privileging criteria and applying the criteria in appointment and reappointment decisions and granting privileges, as well as ongoing monitoring of practitioner performance.

### Organization Participants

Individuals able to address issues related to credentials and competence requirements for perinatal care program licensed independent practitioners, for example:

- Medical director of the perinatal (maternal) care program
- Medical director of the perinatal care units
- Medical staff coordinator
- Medical staff credentials committee representative
- Individual(s) with authority to access information contained in credentials files

### Materials Needed for this Activity

Credentials files for licensed independent practitioners identified by the reviewer

- A minimum of five (5) files will be selected, and could include:
  - Hospitalists
  - Non-physician licensed independent practitioners
  - Director of Perinatal Care
  - Director of Obstetrical services
  - Director of Obstetrical Anesthesia services, if applicable
  - Director of Maternal Fetal Medicine, if applicable
- Individuals authorized to administer general, regional and monitored anesthesia including deep sedation/analgesia

**Note:** The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

### Credentialing & Privileging Process Activity Description

During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or verification
  - Current licensure
  - Organization and program orientation
  - Evidence reflecting completion of any required continuing education
- Discuss the following topics:
  - How the program fits into any organization-wide credentialing and privileging processes
  - Appointment and privileging criteria unique to the program
  - Unique orientation content and training for perinatal care program team members

- On-going education, training and in-service requirements for the perinatal care program
- The program's process for monitoring the performance of all perinatal care licensed independent practitioners
- The program's process for evaluating performance of perinatal licensed independent practitioners who do not have current performance documentation at the organization
- The process for communicating practitioner privileges and ensuring that practice is within the scope of defined privileges
- Program's involvement with emergency services, intensive care unit services, and anesthesia services

## Maternal Levels of Care Verification

### Issue Resolution

Issue resolution time is an opportunity for the reviewer to follow-up on potential findings that could not be resolved in other onsite activities. If no issues need to be resolved, this session will be cancelled or used for another purpose.

#### **Organization Participants**

Will vary depending upon the issue

#### **Materials Needed for this Activity**

Will vary depending upon the issue

#### **Preparation for Issue Resolution**

None required

#### **Issue Resolution Description**

The reviewer may have identified issues during individual tracer activity or other sessions that require further exploration or follow-up with staff. This follow-up may include a variety of activities such as:

- Review of policies and procedures
- Review of human resources or credentials files
- Review of performance improvement data
- Discussions with selected staff

The reviewer will work with the program's verification review coordinator to organize and conduct all issue resolution activity.

## Maternal Levels of Care Verification

### **Reviewer Planning**

The reviewer uses this time on a multi-day verification visit to review the day's observations and plan for upcoming activities.

Before leaving the organization, reviewers will return organization documents to the program's verification coordinator or liaison. If reviewers have not returned documentation, your organization is encouraged to ask the reviewer for the documents prior to their leaving for the day.

### **Organization Participants**

None

### **Logistical Needs**

The suggested duration for this session is 30 minutes.

## Maternal Levels of Care Verification

### **Reviewer Report Preparation**

The reviewer uses this time to compile, analyze and organize the data they collected throughout the verification into a preliminary report reflecting the program's compliance with standards.

#### **Organization Participants**

None required, unless specifically requested by the reviewer

#### **Materials Needed for this Activity**

Private work space with access to an electrical outlet and an internet connection

#### **Reviewer Report Preparation Description**

The reviewer uses this time to analyze their observations and determine if there are any findings that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewer remain on schedule and deliver a report at the appointed time. The reviewer will be using their tablet to prepare the preliminary report and plan for the Exit Conference.

## Maternal Levels of Care Verification

# Program Exit Conference

The Program Exit Conference is the final onsite activity when the organization receives a preliminary report of findings from the reviewer. In addition, the reviewer will

- Review the the Summary of Verification Visit Findings report, including the new SAFER™ matrix feature
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Explain the post-review process and required follow-up actions, as applicable

### Organization Participants

- Program leaders
- Other staff at the discretion of the organization

### Materials Needed for this Activity

Copies of the verification visit report—if it is being distributed to staff

### Preparation for the Program Exit Conference

None required

### Program Exit Conference Description

This is a 30-minute activity that takes place at the completion of the verification visit. Administrative and clinical program leaders, and other organization staff, as invited, will hear a verbal report of visit findings, requirements for improvement, and where these are appearing on the SAFER™ matrix. The preliminary verification visit findings report is shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports left onsite are preliminary and subject to change upon review by Joint Commission central office staff.

# Maternal Levels of Care Verification - Information Request

Following is a list of items that reviewers will want to see during the onsite verification visit. Please note that it is not necessary to prepare documentation just for purposes of the verification visit. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items do not need to be stand-alone documents; they may represent sections contained within other resource documents.

- List of interdisciplinary team members
- Current list of patients being managed through the perinatal care program
- If there are a limited number of admissions, a list of discharged patients who received care, treatment and services from the perinatal care team. This request can go back as far as the past four months for initial verifications
- Program's schedule for interdisciplinary team meetings and/or program rounds
- Program's back-up schedule for perinatal services to meet the needs of the mother
- Order sets, care plans, protocols, and critical pathways, as applicable
- Inpatient assessments and reassessments (e.g. physical, functional, nutrition, psychological)
- Standardized scales used for physical and psychological symptom management, if applicable
- Information given to patients about the perinatal care program
- Examples of patient/family educational materials
- Policy and procedures guiding patient's treatment course when initially seen in the Emergency Department or moved directly to the Operating Room
- Patient discharge or transfer procedures and procedures guiding communication of health information, *if different from hospital*
- Program-specific performance improvement plan
- Performance improvement action plans that demonstrate how data have been used to improve program care and services, when available
- Program-specific orientation and competency assessment documentation for team members



# Template Agendas

## The Joint Commission Maternal Levels of Care Verification Visit Agenda One Reviewer for One Day Day 1

Time	Activity & Topics	Suggested Organization Participants
8:00-8:30 a.m.	<b>Opening Conference</b> <ul style="list-style-type: none"> <li>- Introductions</li> <li>- Brief review of agenda</li> </ul>	<ul style="list-style-type: none"> <li>- Program's Joint Commission contact</li> <li>- Program clinical and administrative leadership</li> <li>- Others at program's discretion</li> </ul>
8:30-9:30 a.m.	<b>Orientation to Program</b> Topics to be covered include: <ul style="list-style-type: none"> <li>- Program scope of care, treatment, and services</li> <li>- Program philosophy</li> <li>- Patient population and community demographics</li> <li>- Program leadership, responsibilities, and accountabilities</li> <li>- Interdisciplinary team composition and responsibilities</li> <li>- Other personnel and support services</li> <li>- Backup systems and plans in place</li> <li>- Program and organization integration, interaction and collaboration</li> <li>- Communication and collaboration within the program, and with patients and families</li> <li>- Program team member selection qualifications, orientation, training, ongoing education and support</li> <li>- Clinical practices (evidence-based national guidelines or up-to-date systematic review of existing evidence) being followed by the program</li> <li>- Early risk identification and managing the risk corresponding to the program's capabilities</li> </ul> <p>Q &amp; A Discussion</p>	
9:30-10:00 a.m.	<b>Reviewer Planning &amp; Protocol Review Session</b> Please have the following information available for the Reviewer Planning Session: <ul style="list-style-type: none"> <li>• A current list of patients in the program</li> <li>• Performance improvement action plans</li> <li>• Order sets, care plans, as applicable</li> <li>• Program's schedule for interdisciplinary team meetings or program rounds on patients</li> <li>• Program's back-up schedule for perinatal services needed to meet the needs of the mother</li> </ul>	Program representative(s) who can facilitate patient selection and tracer activity
10:00 -12:00 p.m.	<b>Individual Tracer Activity</b> Tracer activity begins where the patient is currently receiving care, treatment and services <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>- Program team members and other staff who have been involved in the patient's care, treatment or services</li> <li>- Program team members who can facilitate tracer activity including escorting the reviewers through the clinical setting following the</li> </ul>

	<ul style="list-style-type: none"><li>▪ 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</li><li>• Includes a patient and family interview, if they are willing to participate</li><li>• At the conclusion of the tracer, the reviewer will communicate to the program leaders and care providers:<ul style="list-style-type: none"><li>▪ Specific observations made</li><li>▪ Issues that will continue to be explored in other tracer activity</li><li>▪ Need for additional records to verify standards compliance, confirm procedures, and validate practice</li><li>▪ Closed record review that may be necessary</li></ul></li></ul>	course of care for the patient.	
12:00-12:30 p.m.	<b>Reviewer Lunch</b>		
12:30-2:00 p.m.	<b>Individual Tracer Activity - continued</b>		
2:00-3:00 p.m.  These two activities will be combined, and approximately 30 minutes each	<b>Education and Competence Assessment Process</b>  Discussion will focus on: <ul style="list-style-type: none"><li>- Processes for obtaining team member credentials information</li><li>- Orientation and training process</li><li>- Methods for assessing team member competence</li><li>- In-service and other ongoing education activities available to team members</li><li>- Education and competence issues identified from patient tracers</li></ul> Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day.	<b>Medical Staff Credentialing and Privileging Process</b>  Discussion will focus on: <ul style="list-style-type: none"><li>- Credentialing and privileging <b>process specific to perinatal delivering or facilitating care</b></li><li>- If privileges are appropriate to the qualifications and competencies</li><li>- Monitoring the performance of practitioners on a continuous basis</li><li>- Evaluating the performance of licensed independent practitioners</li><li>- Identified strengths and areas for improvement</li></ul> Note: The reviewer will request files of the following leaders: perinatal program, obstetric services, and obstetric anesthesia services. Additional files may be requested based on tracer activity.	<ul style="list-style-type: none"><li>- Individual with authorized access to personnel and credentials files</li><li>- Individual familiar with program-specific requirements for team members</li><li>- Individuals able to address issues related to medical staff (for example program director, department medical director, medical staff coordinator, medical staff credentials committee representatives)</li></ul>
3:00-3:30 p.m.	<b>Issue Resolution</b> Reviewers 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.	<b>Reviewer Report Preparation</b>	Reviewer	
4:00-4:30 p.m.	<b>Program Exit Conference</b>	<ul style="list-style-type: none"><li>- Program leaders and team members, Others at program's discretion</li></ul>	

The Joint Commission  
**Maternal Levels of Care Verification Visit Agenda**  
 One Reviewer for Two Days  
**Day 1**

Time	Activity & Topics	Suggested Organization Participants
8:00-8:30 a.m.	<b>Opening Conference</b> <ul style="list-style-type: none"> <li>- Introductions</li> <li>- Brief review of agenda</li> </ul>	<ul style="list-style-type: none"> <li>- Program's Joint Commission contact</li> <li>- Program clinical and administrative leadership</li> <li>- Others at program's discretion</li> </ul>
8:30-9:30 a.m.	<b>Orientation to Program</b> Topics to be covered include: <ul style="list-style-type: none"> <li>- Program scope of care, treatment, and services</li> <li>- Program philosophy</li> <li>- Patient population and community demographics</li> <li>- Program leadership, responsibilities, and accountabilities</li> <li>- Interdisciplinary team composition and responsibilities</li> <li>- Other personnel and support services</li> <li>- Backup systems and plans in place</li> <li>- Program and organization integration, interaction and collaboration</li> <li>- Communication and collaboration within the program, and with patients and families</li> <li>- Program team member selection qualifications, orientation, training, ongoing education and support</li> <li>- Clinical practices (evidence-based national guidelines or up-to-date systematic review of existing evidence) being followed by the program</li> <li>- Early risk identification and managing the risk corresponding to the program's capabilities</li> </ul> Q & A Discussion	
9:30-10:00 a.m.	<b>Reviewer Planning &amp; Protocol Review Session</b> Please have the following information available for the Reviewer Planning Session: <ul style="list-style-type: none"> <li>• A current list of patients in the program</li> <li>• Performance improvement action plans</li> <li>• Order sets, care plans, as applicable</li> <li>• Program's schedule for interdisciplinary team meetings or program rounds on patients</li> <li>• Program's back-up schedule for perinatal services needed to meet the needs of the mother</li> <li>•</li> </ul>	Program representative(s) who can facilitate patient selection and tracer activity
10:00 -12:00 p.m.	<b>Individual Tracer Activity</b> Tracer activity begins where the patient is currently receiving care, treatment and services <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>- Program team members and other staff who have been involved in the patient's care, treatment or services</li> <li>- Program team members who can facilitate tracer activity including escorting the reviewers through the clinical setting following the course of care for the patient.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ 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</li> <li>• Includes a patient and family interview, if they are willing to participate</li> <li>• At the conclusion of the tracer, the reviewer will communicate to the program leaders and care providers: <ul style="list-style-type: none"> <li>▪ Specific observations made</li> <li>▪ Issues that will continue to be explored in other tracer activity</li> <li>▪ Need for additional records to verify standards compliance, confirm procedures, and validate practice</li> <li>▪ Closed record review that may be necessary</li> </ul> </li> </ul>	
12:00-12:30 p.m.	<b>Reviewer Lunch</b>	
12:30-4:00 p.m.	<b>Individual Tracer Activity - continued</b>	
4:00-4:30 p.m.	<b>Reviewer Planning</b>	Program's Joint Commission contact, as requested by the reviewer

## Day 2

Time	Activity & Topics		Suggested Organization Participants
8:00-8:30 a.m.	<b>Daily Briefing</b> A brief summary of the first day's observations will be provided		As determined by the program or organization
8:30-11:30 a.m.	<b>Individual Tracer Activity - continued</b>		
11:30-12:00 p.m.	<b>Reviewer Lunch</b>		
12:00-1:30 p.m.	<b>Individual Tracer Activity - continued</b>		
1:30-2:30 p.m.  These two activities will be combined, and approximately 45 minutes each	<b>Education and Competence Assessment Process</b>  Discussion will focus on: <ul style="list-style-type: none"> <li>- Processes for obtaining team member credentials information</li> <li>- Orientation and training process</li> <li>- Methods for assessing team member competence</li> <li>- In-service and other ongoing education activities available to team members</li> <li>- Education and competence issues identified from patient tracers</li> </ul> Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day.	<b>Medical Staff Credentialing and Privileging Process</b>  Discussion will focus on: <ul style="list-style-type: none"> <li>- Credentialing and privileging <b>process specific to perinatal delivering or facilitating care</b></li> <li>- If privileges are appropriate to the qualifications and competencies</li> <li>- Monitoring the performance of practitioners on a continuous basis</li> <li>- Evaluating the performance of licensed independent practitioners</li> <li>- Identified strengths and areas for improvement</li> </ul> Note: The reviewer will request files of the following leaders: perinatal program, obstetric services, and obstetric anesthesia services. Additional files may be requested based on tracer activity.	<ul style="list-style-type: none"> <li>- Individual with authorized access to personnel and credentials files</li> <li>- Individual familiar with program-specific requirements for team members</li> <li>- Individuals able to address issues related to medical staff (for example program director, department medical director, medical staff coordinator, medical staff credentials committee representatives)</li> </ul>
2:30-3:00 p.m.	<b>Issue Resolution</b>  Reviewers 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
3:00-4:00 p.m.	<b>Reviewer Report Preparation</b>		Reviewer
4:00-4:30 p.m.	<b>Program Exit Conference</b>		<ul style="list-style-type: none"> <li>- Program leaders and team members</li> <li>- Others at program's discretion</li> </ul>

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.