**LOMC Tips from Your Florida Colleagues**

The following Level of Maternal Care (LOMC) tips have been provided by your Florida colleagues who have already been through The Joint Commission Verification Process either individually or through the LOMC Evaluation.

1. **Conduct a gap analysis.**

* Assess your hospital LOMC capabilities, discuss with leadership, and only apply for the level of maternal care confirmed by leadership.

1. **Preparation starts before application.**

* Have everything ready before the application. You will do the bulk of the work before the site visit and turnaround time is quick. Upload policies, SOPs, order sets, transfer agreements, 6 months of QI meeting notes, etc. This will help the reviewer be familiar with your organization’s protocols.
* Create an ongoing LOMC repository shared with all team members outlining all activities, tasks, responsibilities, and timelines.
* Have a single point person to coordinate all verification activities.
* When you apply for LOMC verification, be sure to add an email contact for who should receive the emails. Even though there are already contacts for accreditation/ certification, you need to add an LOMC contact for verification! Otherwise, the 30-day notice only goes to your CEO!

1. **Obtain buy in from everyone (staff, leadership, other departments).**

* Encourage and engage staff to commit to LOMC processes and standards. Address any identified issues in advance.
* Obtain buy in from all ancillary departments and have them involved through the whole process.
* Share a short presentation on LOMC with staff, leadership, other departments, directors, managers, etc.
* Spend time with staff in areas that interact with OB: ED, lab (especially blood bank), ultrasound, ICU, respiratory, OR, HR, anesthesia. Alert them to the site visit purpose and what they can expect (possible tour, equipment checks, staff questions, record review).
* Check-in with the implementation team frequently.
* It’s a lot of work, but you will be successful if the team works together.

1. **Follow the Joint Commission Guide.**

* Follow the guide step by step to help you prepare your process.
* Documents with a D with a circle around it noted in TJC e-version should uploaded or available during the site visit.
* Use the guide to develop presentations for site visit.

1. **Talk in advance with other hospitals who have gone through the experiences.**

* FPQC can help you with potential Florida peers to connect with.
* Set up calls/webinars with early adopters to speak to your team on how to prepare and what to expect during the visit.

1. **Tips for the on-site visit:**

* Assure IT support – reviewer will need internet access.
* Assure to have an EMR expert present to assure quick ready access to any patient records, test results, referrals, or other related information.
* A robust attendance of hospital leaders (and even board members) at the orientation session signifies strong support for OB services in the organization.
* Assign a scribe to take notes during the visit.
* Reminders regarding thorough documentation, current QI initiatives, and metrics being tracked, as well as a general overview of the site visit may help staff feel more at ease during the visit.

1. **Make quality maternal care a habit.**

* Set high quality standards in your hospital as the normal day-to-day practice.

**Site Visit Elements:**

* Talking with patients – be sure to inform them in advance that there may be a visitor asking questions or have a patient in mind ahead of time for the visitor to talk to.
* Observation of service provision – be sure to inform routine hospital staff in various units in advance that there may be a visitor asking questions.
* Review of ancillary services, ER, HR, anesthesia – be sure to inform staff in advance that there may be a visitor asking questions.
* Chart reviews – have an EMR expert present to provide timely ready access to all possible records.

**Lessons Learned:**

* Collaborate and communicate with various departments and staff; gain their buy-in early on.
* Allocate ample time for preparation and learning; understand TJC’s language and requirements.
* Document meeting minutes of all the meetings held during the LOMC verification preparation process.
* Conduct a detailed gap analysis and discuss with leadership and the team and address the gaps before TJC visit.
* Assure dedicated IT support during the verification process.
* Adhere to specific policies and procedures between healthcare team members consistently.
* Review policies and procedures regularly, preload and share relevant documents with the surveyor.
* Be well-prepared and organized; focus on time management; be flexible in meetings times need to be rearranged.
* Communicate regularly with hospital leadership.

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| Verification Preparation Components and Supporting Quotes | |
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| Preparation Component | **Supporting Quote** |
| Gap Analysis |  |
| * Gap Analysis | “First, we as that leadership group, we talked about where our gaps were and how we were going to address them.” |
| Team Formation |  |
| * Team Structure | “I would say, it was mostly a team we already have that works on all things related to maternal care. Of course, because of the Levels of Maternal Care requirements.” |
| * Team Functioning | “Once we made the decision to move forward, we met weekly for about two months, and then we met biweekly in this couple of weeks leading up to it, just to make sure we had everything the way we wanted it to be.” |
| Readiness for Site Visit |  |
| * Involving Hospital Leadership | “I think it was a little bit easier as it went through the process that they [CMOs], okay, it's not going to take a ton of your time. Just got to show up and smile and just talk about all the great work that you guys are doing. Then we engaged our physicians, so we involved them as well, our hospitalists, just to prepare them to understand. We reached out to our anesthesiology leadership and other specialties around the hospitals just to make sure that they knew what was going on so that there was no fear. It's not a site visit where you're being reviewed. They're just here to verify what we're doing.” |
| * Policy and Process Review | “Leading up to maternity levels of care in our preparation phase, it really lit a fire under us to really put all of our policies and procedures and standing operating procedures under a microscope to make sure they were pristine and that we were following all the evidence-based guidelines.” |
| * Visit Event Organization | “We then started focusing more on what does the site visit look like. What is our agenda look like for those days? Making sure that on the agendas, this is where the little nitpicky things get with the project manager is so important of, is it on everybody's calendar? Do you have the rooms booked for what you need? Do you have presentations ready? Do you have policies put together?” |
| * Staff Preparation | “We talked about it with the staff and told them Joint Commission was going to be coming and this is why they were coming.” |
| Collaboration |  |
| * Collaboration | “What we did get a chance to do is connect with our other people from the other system. They shared what their learnings were, lessons learned, and they shared what they were preparing going forward, so we knew what to expect.” |
| * Collaboration with Ancillary Services | “The day before we rounded with every department. We went to the blood bank. We went to the lab. We went to radiology. We went to respiratory. To be very clear, okay, as part of our team, this is what they might look for with maternal care. [Name] was very good at plugging everybody in so that surveyor didn't have to go chase people down.” |
| Resources |  |
| * The JC Toolkit | “We took the verification guide. That was our bible that I studied, [Name] studied, our associate vice president studied. I took that with me almost everywhere to make sure that I knew it from front to back and knew all the things that they would potentially ask us for.” |
| * Information Material | “So, between going to the Joint Commission website, and the FPQC website, and even through ACOG, so just kind of looking at those different pieces and the different support structures just to see what they all had to say and to find out more information about it.” |
| * Binder of all Processes | “One of the things that we created was a big binder. Everybody says it was a huge binder, you've probably heard about that a few times. The binder had everything in it that you could go to and say, "This is the go-to." It was like our binder of life. Everything was in there. That made it really easy that if I found something that we could use, all the other units could use it also.” |
| * Mock Drills | “We also identified charts that we would do a tracer on ourselves from the beginning to end which is something that maternal levels of care Joint Commission likes to do. See a maternity patient through the entire process either from the emergency room or from inpatient or walking in off the street just the entire tracer throughout the hospital. We did a few tracers examples like that just to make sure that we are showing the work that we're doing.” |
| * Outside Support | “Yes, before we met with [a different Hospital], there was so many unknowns, but after we met with [a different Hospital], that's when we really got like, okay, we know what we're doing.” |

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| **Facilitators identified by Participating Hospitals for Successful LOMC Verification** | |
| **Facilitators** | **Supporting Quote** |
| * Leadership Support | “We are a fairly large hospital, and our leadership teams and executives are very much supportive of quality.” |
| * Internal Resources | “I think one of the key components to our success was our (team member) having such a close knowledge base and connection with the FPQC….” |
| * Staff | “We had a nurse that really knows how to use EMR (electronic medical records) and she was tremendous. She knows the ins and outs of how to get through EPIC (software used by hospitals for keeping patient medical records), so she was able to find [surveyor] every single thing they asked for, there really wasn't anything that they asked us for that we didn't have.” |
| * Culture | “It's always our philosophy that when you know something should be done better than you do it.” |
| * External Support | “… the interviews that we did with [Hospital Name], I think were extremely helpful, but we just went out and said, "Hey, we heard you did this. Will you talk to us?" They said, "Yes, sure."…… they told us everything and they were spot on. I think that really helped us to be ready and eliminate some of that unknown factor.” |
| * Joint Commission Factors | “There was a lot of clear communication, a lot of guidance on what to do next, what to prepare for if we needed a little bit of more time on something. Very, very positive experience.” |
| * FPQC Factors | “I think it was a great incentive for us that you (FPQC) provided financial support, that's for sure.” |
| * Funding Availability | “Having the funding, there was a big push that I was able to go to our administrators and go, "Hey, this is available for us to do.” |

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| Recommendations to address key barriers | | | |
| Key Barriers | | **Future Recommendations** | |
| Access to Providers’ Credentials | * Keep the credentials of all the concerned authorities ready along with any certifications received by them. | |
| Limited  Internal Support | * Involve leadership and other key stakeholders from the beginning. * Involve the ancillary departments and prepare them with the same vigor as the maternal care unit. * Make a presentation on the LOMC verification and its benefits to get their buy-in. | |
| Staff Turnover | * Involve the staff that can be present at the time of LOMC verification site visit. | |
| Burden on Staff | * Form a larger team and delegate tasks. * Relieve anxieties by informing them that this is the validation of work they do on an everyday basis. | |
| Technology Issues | * Involve the IT department from the beginning of the process. * Have a designated IT person for the day of the Joint Commission site visit. * Understand beforehand that uploading documents is a relatively lengthy process. * Inform the signing authority beforehand that they would need to sign the application before submission. | |
| Limited Information | * Participate in the information sessions by FPQC and the Joint Commission. * Contact other hospitals that have undergone the LOMC verification. * Refer to FPQC’s evaluation (this technical report) to learn from the experiences shared by participants. | |
| Timeline | * Understand that after the submission of the application, the Joint Commission site visit happens in 90 days, hence prepare beforehand. * Keep track of all the discussions and processes conducted for verification preparation as meeting minutes to avoid repetition of activities. | |