

# SAMPLE AGENDA

## Maternal Levels of Care Verification Visit

### 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>Surveyor Planning &amp; Protocol Review Session</b> Please have the following information available for the Surveyor 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 surveyors through the clinical setting following the</li> </ul>

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	<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 surveyor 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>Surveyor 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	<table><tr><td><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 surveyor will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day.</td><td><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 licensed independent practitioner(s) 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 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.</td></tr></table>	<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 surveyor 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 licensed independent practitioner(s) 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 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.	<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>
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3:00-3:30 p.m.	<b>Issue Resolution</b> 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 surveyor		
3:30-4:00 p.m.	<b>Surveyor Report Preparation</b>	Surveyor		

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4:00-4:30 p.m.	<b>Program Exit Conference</b>	- Program leaders and team members, Others at program's discretion
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