

**NAME OF HOSPITAL
ON-SITE SURVEY PREPERATION
ADDITIONAL INFORMATION**

I. Opening Session

A. Attendance

1. Name of Hospital
 - a) Chief Executive Office or similarly empowered designee
 - b) Trauma Medical Director
 - c) Trauma Program Manager
 - d) Emergency Medical Director
 - e) Trauma Neurosurgeon
 - f) Trauma Orthopedic Surgeon
 - g) Trauma Anesthesiologist
 - h) Trauma Psychologist
 - i) Radiologist
 - j) Quality Management (QM) Coordinator
 - k) Medical Records Representative
2. Site Review Team
 - a) Trauma Surgeon
 - b) Neurosurgeon
 - c) ED Physician
 - d) Trauma Nurse
 - e) Trauma Consultant
3. Florida Department of Health
 - a) Dr. Robert Lawrence Reed, II, Trauma Medical Director
 - b) Leah Colston, Chief, Bureau of Emergency Medical Oversight
 - c) Kate Kocovar, Trauma System Administrator
 - d) Bernadette Behmke, Operations Management Consultant
 - e) Carma Harvey, Information Technology Analyst

B. PowerPoint Presentations

1. Department of Health- We will send you the PowerPoint presentation prior to the survey
2. Name of Hospital

(Note: It is helpful for the Trauma Medical Director, Trauma Program Manager, Trauma Registrar and the Trauma QM Coordinator to be present in the workroom with the survey team for the duration of the survey.)

II. Facility Tour

Please arrange for an assigned hospital trauma team member to guide each surveyor and have staff available to meet the surveyors in each department during the tour. Please provide assigned staff names to Bernadette Behmke. The survey team will interview staff from each department they visit. At a minimum, surveyors will visit department listed below:

- Survey Trauma Surgeon: OR, PACU, Medical/Surgical ICU, IMCU, ED
- Survey Neurosurgeon: NEURO ICU/IMCU, NEURO Floor, PACU, OR, ED, Radiology

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- Survey ED Physician: Flight Program, ED/Trauma Resuscitation, OR, Blood Bank
- Survey Trauma Nurse: Neuro Floor, NEURO ICU/IMCU, PACU, ED/Trauma Resuscitation

III. Medical Records Review

At least 30 calendar days prior to the site survey, please submit a total of 100 cases that went through the QM process per the Trauma Center Standards, Department of Health Pamphlet 150-9, Standard XVII-Section B.2.a and B.2.b. The records provided should be from the previous eighteen (18) months prior to the date the records are due to the trauma section.

Please include the following fields from the trauma registry:

- Medical records number
- Age
- Race
- Gender
- Injury diagnosis codes (ICD9 or ICD10)
- E-Code/ mechanism of injury (code only, no description)
- Length of stay (in days)
- Hospital discharge disposition
- Injury severity score
- EMS/Prehospital report status (complete, incomplete, missing)
- Emergency Department admit date
- Emergency Department admit time
- Emergency Department discharge date
- Emergency Department discharge time
- Time Trauma Surgeon was called
- Time Trauma Surgeon arrived
- Elapsed Trauma Surgeon response time
- Level I Trauma team activation
- Level I Trauma team activation time
- Level II Trauma team activation
- Level II Trauma team activation time
- Emergency Department disposition
- Hospital discharge date
- Total days in ICU
- Payer
- QM review/outcomes

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- A. To conduct the medical records and QM review, the following are required:
1. All documentation pertinent to the medical records review must be in the room assigned for medical records review no later than 7:00 a.m.
 2. If the medical records are electronic:
 - a) A computer available for each surveyor
 - b) One computer for Department of Health (DOH) staff
 - c) An assigned program staff member that is proficient and knowledgeable in the electronic medical record system for each of the surveyors and DOH staff. After the survey team is comfortable navigating the medical record system, only one person needs to stay in the room of the duration of the survey.
 3. If shadow charts are part of the review, please have the charts marked clearly with the medical record number and in numerical order.
 - a) It is important for the reviewers to be able to review the medical records as the treating physicians and other providers documented and reviewed the records during their care of the patients, navigating the Electronic Medical Record (EMR) can occasionally be cumbersome, confusing, or different from the EMRs used by the reviewers. To improve the quality of the review, it is beneficial to also construct "shadow charts" for the medical records that will be reviewed. Shadow charts are hard copy printouts of pertinent areas of the medical records. Usually the shadow charts are less appropriate for review because the printouts from most (if not all) EMR systems do not adequately present the live view seen by care providers during the patient's course. Nevertheless, should the EMR prove difficult or time-consuming in locating specific information the reviewers are required to review, it is useful to have the same information already available in shadow chart form, so the facility will not be inaccurately evaluated.

The shadow chart on each patient should contain the following elements:

- The EMR run sheet
- The Trauma Flowsheet
- Radiology Reports
- The Emergency Medicine Physician's documentation
- The Trauma Surgeon's Admission note
- The Orthopedic Surgeon's initial note (if applicable)
- The Neurosurgeon's initial note (if applicable)
- The Anesthesia Record(s) (if applicable)
- The Operative Report(s) (if applicable)
- The initial Intensive Care Unit note (if applicable)
- Daily Trauma Service Progress notes
- Initial and final patient notes by Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Support, Social Work, Chaplaincy, Neuropsychologist,

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Neurologist, Rehabilitation Nurse, Clinical Nurse Specialist, Physiatrist, Psychologist, and Psychiatrist (as applicable)

- Discharge Summary
 - Minutes from the Quality Management meeting(s) where the patient's case and opportunities from improvement were discussed (if applicable)
4. If the medical records are not electronic, please provide the complete hard copy and QM documents for each medical record.
 5. Staff from the facility's medical records department should be available immediately after the introduction session to assist DOH staff in preparing for the medical records review. A recommendation would be to introduce the medical records staff to Bernadette Behmke prior to the introduction session.
 6. A designated workroom with a hollow square style set up (schematic diagram provided) should be prepared with adequate space for the surveyors to comfortably complete the review of the medical records. This may be the room used for the opening and closing sessions, if the room can be easily adapted, otherwise a separate room maybe necessary. Each surveyor should have two tables with space large enough to accommodate the computer and shadow charts.
 7. Three additional tables for DOH staff are required in the same room for the survey team. These tables need to be located near an electrical outlet for laptops to be powered. (Schematic diagram provided.)
- B. To expedite the processing of medical records during the site survey, please flag the location of the following documentation in the medical record:
1. Emergency Department record
 2. Trauma flow sheet
 3. Operative reports
 4. Intensive Care flow sheet
 5. Physician's discharge summary
 6. History and physical
 7. Pre-Hospital run report
 8. Rehabilitation documentation, including follow-up
 9. Autopsy report (as applicable)
 10. QM minutes of cases that went through the QM process
- C. Please prepare the following reports from your trauma registry and have available the morning of the survey. Also, be advised that additional reports may be requested upon the site surveyors' request on the day of the survey.
1. Inter-facility Transfers – most **current 3 MONTHS available**
 - a) Number of transfers out, grouped by ISS, Age and ED/hospital disposition
 - b) Number of transfers in, grouped by ISS, Age, Mechanism of Injury (MOI) and destination (If any were transferred from a sister facility (free standing hospital) identify those cases)
 2. Age of trauma patient population – **current month available**
 - a) Average/Median age of all trauma population

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- b) Average/Median age of all trauma population with a MOI of a Fall and hospital disposition
- 3. ED Length of Stay (LOS) > 120 mins – LOS descending – **current month available**
 - a) ED arrival date and time, ED discharge date and time, ED length of stay, ED disposition
- 4. Total Trauma Alerts and the percentage of patients admitted to non-trauma
 - a) Group by admitting service and ISS **current 3 MONTHS available**
 - b) Trauma Team Activations (Group by Trauma Alerts)- **current month available**
- 5. Trauma Surgeon, ED Physician and Neuro Surgeon (each specialist is a separate report) – **current month available**
 - a) Include call, arrival and response times with ED, arrival date & time, and trauma alert activation date and time, define your levels (i.e., 1-Full team EMS call; 2- partial, etc....)

IV. Materials Required in the Survey Room

All materials requested are to be available on site in the room where the medical records review will take place.

- A. Application manuals for the trauma center
- B. Policies/procedures/guidelines governing the trauma program, to include those governing the trauma QM program and any minutes generated by these activities
- C. Minutes of the mortality and morbidity conference and trauma QM committee activities
- D. Multidisciplinary trauma conference minutes
- E. Written documentation of public education
- F. Copies of protocols of present research projects, submitted publications and abstracts, (if applicable)
- G. Disaster Plan
- H. Injury Prevention
- I. Trauma Registry Patient/Mini Summary Reports
 - 1. This is a standardized report within the hospital's internal registry software that is utilized on the day of the survey. This report is used to validate the trauma registry and performance improvement tracking within the registry.
- J. Documentation of trauma surgeons, neurosurgeons, and orthopedic surgeons' response times
- K. Call schedules for trauma surgeons, neurosurgeons and orthopedic surgeons; Documentation of signatures of reference of the trauma surgeons, neurosurgeons, orthopedic surgeons and emergency department physicians
- L. Research (Level I and Pediatric trauma centers)
- M. Any other data sources requested by any member of the survey team

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Nursing Education and Physician Credentials

An updated list of nursing education and physician credentials should be available in the credential reviewer's room. If it is easier for the program staff, the credential reviewer may go to the credential office. Please have staff available throughout the day to assist the credential reviewer.

V. Physician Credentialing and Continuing Education Files

Please have a separate room for the credentialing reviewer to review the physician credentials, preferably close in proximity to the medical records review room. If it is inconvenient for trauma program staff to physically have these documents in a separate credential reviewer's room, the reviewer will review physician credentials in the credentialing office.

Please see the Department of Health Pamphlet 150-9, Trauma Center Standards, for the current credentialing requirements pertaining to your trauma center verification level.

The following information is required for all current trauma staff:

Standard II – Trauma Service

- Trauma Medical Director: Section D1 (a-f)

Standard III – Surgical Services Staffing and Organization

- Each trauma surgeon who is a member of the trauma service and takes trauma call shall sign the Department of Health's General Surgeons Commitment Statement, DH Form 2032-E, January 2010, for a Level I facility and DH Form 2043-E, for a Level II facility: Section A2
- General Surgeon:
 - Level I Trauma Center: Section A3a (1-6)
 - Level II Trauma Center: Section A3(a-f)
- Pediatric Surgeon:
 - Level I Trauma Center: Section A3b (1-7)
- PGY-4: Section A4 (Level I Trauma Center only)
 - Attestation of the Trauma Medical Director
 - Attestation of the Chief of Neurosurgery
 - Current ATLS provider certificate
- Neurosurgeons: Section B
 - Board certification
 - Hospital privileges
- Surgical Specialties: Section C and D
 - Board certification and hospital privileges for surgical specialists

Standard IV – Non-Surgical Services Staffing and Organization

Chief of Anesthesiology

- Board certification
- Hospital privileges

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- Attestation that each C.R.N.A. or resident is capable of providing appropriate assessment and care
- Non-Surgical Specialties: Section B and C
 - Board certification and hospital privileges for non-surgical specialists

Standard V – Emergency Department

Emergency Department Medical Director

- Board certification
- Hospital privileges
- Trauma CMEs
- Pediatric trauma CMEs (if applicable)
- Current ATLS provider certification
- Documentation of Attestation for PGY-3s

Emergency Physicians

- Board certification
- Trauma CMEs
- Pediatric trauma CMEs (if applicable)
- Hospital privileges
- Current ATLS provider certification

VI. Nursing Staff Trauma Training and Continuing Education Programs

Evidence shall be available indicating the completion of trauma -related continuing education in the hours and time frames provided for in Standard VIII. The nursing education audit period starts 90 days prior to the date the electronic pre-survey questionnaire is due back to the Trauma Section that included 24 months of reported data.

Please see the Department of Health Pamphlet 150-9, Trauma Center Standards, Standard VIII, for the continuing education requirements.

VII. Electronic Pre-Survey Questionnaire (EPSQ)

The completed EPSQ must be returned to the Department via the File Transfer Protocol, no later than SIX (6) WEEKS PRIOR TO THE SURVEY DATE. The audit period for the EPSQ is 90 days prior to the day of the survey to include 12 months of data.

VIII. Exit Interview

The following individuals should be available for the exit interview:

- A. Hospital administration
- B. Trauma medical director
- C. Trauma program manager
- D. Others as desired by the hospital administration

There are no special guidelines regarding the attendees at the exit interview. Those who attend are at the discretion of the hospital.

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IX. Logistics

- A. Facility Tour – Provide the names of the assigned hospital trauma staff who will accompany the surveyors on tour.
- B. Survey Team Lunch
 - 1. Nine (9) people for lunch (number may vary)
 - 2. Sandwiches/ Wraps/ Salads/ Hot Entrée
 - 3. Assorted diet beverages and water
- C. Arrival
 - 1. Where to park, who to meet and location
 - 2. Provide trauma program manager's cell phone number

Please provide the logistic information to Bernadette Behmke no later than two (2) months prior to the date of the survey.