

**NAME OF HOSPITAL**  
**Site Survey**  
**Date**

7:00 a.m.	Site survey team arrives at hospital.
7:15 a.m. – 7:45 a.m.	Brief introduction by the trauma service staff on the trauma program.  <b><u>Key personnel in attendance:</u></b> <ol style="list-style-type: none"><li>1. Trauma Medical Director</li><li>2. Trauma Program Manager</li><li>3. Chief Executive Officer or Designee</li><li>4. Director of the Emergency Department</li><li>5. Director of Nursing</li><li>6. Chief of Neurosurgery</li><li>7. Quality Management Coordinator</li><li>8. Medical Record Representative</li><li>9. Other personnel invited by the trauma service</li></ol>
7:45 a.m. – 8:00 a.m.	Brief introduction by the Department of Health, Trauma Section representative.
8:00 a.m. – 8:45 a.m.	Tour with hospital personnel (paired specialties)
9:00 a.m. – 9:45 a.m.	A review of your quality management program by the trauma medical director and trauma program manager of the following: <ul style="list-style-type: none"><li>• Briefly go over the process and discuss who is involved. Provide at least two examples where an issue was identified through the quality management program; an improvement plan that was developed; outcome tracked; and any subsequent interventions based on tracking should be discussed.</li><li>• Individual physician (peer review) cases - in which a physician judgment, technical action, inaction, or clinical decision-making issue was discussed or addressed by the trauma performance improvement program, how it was documented, and how it was resolved.</li><li>• Systems-related trauma performance improvement cases - in which a process was addressed, protocols revised, guidelines created, process changed, etc., along with documentation of the discussion and implementation with continued monitoring.</li><li>• Since provisional status was granted, PI problems or issues that were identified by the trauma center, that led to a new policy and procedure or modification of an existing policy or procedure with committee minutes and sign in sheets, where discussions and decisions occurred and subsequent tracking/trending of the issue.</li></ul>
	<b><u>Key personnel in attendance:</u></b> <ol style="list-style-type: none"><li>1. Trauma Medical Director</li><li>2. Trauma Program Manager</li><li>3. Quality Management Coordinator</li><li>4. Member of Hospital Wide Quality Management Committee or designee (Risk Manager)</li><li>5. Other personnel invited by the trauma service</li></ol>
10:00 a.m.-12:00 noon	Medical record and quality management documentation review.
12:00 - 12:45 p.m.	Lunch (working lunch, survey team only).
12:45 – 1:00 p.m.	Survey Team meets with the TMD and the TPM to communicate any issues.
1:00 p.m. - 4:00 p.m.	Medical record and quality management documentation review continues.
4:00 p.m. – 4:30 p.m.	Meeting with peers.
4:30 p.m. – 5:00 p.m.	Site survey team conference (closed-door session).
5:00 p.m. – 5:30 p.m.	Survey team meets with the TMD and the TPM to discuss the exit conference.
6:00 p.m.	Exit conference with key hospital personnel.