<div align="center">

TRAUMA SURVEY
Hybrid Model
PREPERATION INFORMATION

</div>

PRE-ON-SITE PREPERATION

I.   Electronic Pre-Survey Questionnaire (EPSQ) – The completed EPSQ must be returned to the Department via SharePoint, no later than sixty (**60**) days prior to the day of the survey. The audit period timeframe starts from the date the EPSQ is due to the Trauma Section and goes backwards 12 calendar months.

Additional Documentation

 Please submit the following documentation via SharePoint at the same time as the EPSQ

II. **Application**: (Not the complete application, only a and b, as identified below)
   a. Standard I Administrative: Section A through H
   b. Standard II Trauma Services: Section B 5 through B8

   Other:
   c. Curriculum Vita for the Trauma Program Manager and the PI Coordinator

   d. TQIP Report

III. Nursing Staff Trauma Training and Continuing Education – (**EPSQ**)
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 from the date the EPSQ is due to the Trauma Section and cannot be older than 24 calendar months. All nurses who participated at any time in trauma care during your survey period including core, traveling nurses, rehab nurses, paramedics and terminated staff are to be reported.

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

IV. Physician Credentialing and Continuing Education Files (EPSQ) –
Please see the Department of Health Pamphlet 150-9, Trauma Center Standards, for the current credentialing requirements pertaining to your trauma center verification level. All physicians who participated at any time in trauma care during the survey period including core and Locum Tenets are to be reported.

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
- 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

V. Remote Medical Record Review

Prior to the medical record review date, the individual surveyor will select the cases they seek to review, and the list of medical records will be returned to the trauma center to prepare (**see Chart Record Review Description spreadsheet**) To expedite the medical records review process, at the scheduled time of the review, the trauma program will provider knowledgeable staff to act as the "navigator" for the surveyor who provides a virtual visual connection in order to allow the surveyor to review the actual medical records that were selected.   It is strongly recommended that the navigator(s) have access to not only the medical records, but also the trauma registry and any connected platforms that retain images and reports.

Navigator definition: trauma program provides knowledgeable staff member(s) working as the "navigator" moving through the medical chart per the listed requirements A-P and/or at surveyor's direction for information to be viewed.

Each medical record must have at least the following sections:

A	Emergency Department record
B	Pre-Hospital run report
C	Trauma flow sheet
D	Trauma Surgeon, Neurosurgeon, Anesthesia, Orthopedic documentation (if applicable)
E	Operative reports
F	Intensive Care flow sheet
G	PACU reports
H	Radiology images and reports
I	Daily trauma service progress notes
J	Psychosocial report(s)
K	Pastoral care note(s)
L	Physician's discharge summary
M	History and physical
N	Rehabilitation documentation, including follow-up
O	Autopsy report (as applicable)
P	QM minutes of cases that went through the QM process

Prior to the survey date: surveyors will have a limited period prior to the survey date to schedule a date and time to review their selected medical records and work with the knowledgeable trauma program "navigator(s) to complete the medical record review. <u>The hospital is responsible for contacting the surveyors to schedule the medical record review timeframe</u>.

Please be aware that a surveyor may only be able to perform the medical record review on a weekend, and thus may request a Saturday or Sunday.

VI. Electronic Medical Record Composition:
Medical Records Review Selection – At least **60** calendar days prior to the survey, the trauma program will complete the **Chart Record Review Description spreadsheet** and submit a total of 100 cases for the surveyors to select medical records to review. The records provided will be from the date the records are due to the Departments of Health, Trauma Program and cannot be older than eighteen (18) months prior. Documents are to be submitted through SharePoint.

** If there are to two or more surveys consecutively scheduled for a survey team, the Department will work with the trauma centers involved to secure adequate schedule time for the surveyors to be able to review medical records spaced out **at least 30 days** apart to allow suitable time for the review periods to occur.**

The **100 medical records** are a combination of the following:
- Sixty **(60)** cases that went through the QM process, per the Trauma Center Standards, **Department of Health Pamphlet 150-9, Standard XVIII-Section B.2.a. and B.2.b.** If the trauma program participates in the Florida TQIP Collaborative, the six (6) indicators established by the collaborative should be provided
- Ten (10) cases with a severe Traumatic Brain Injury (TBI) and/or Spinal Injury
- Ten (10) cases with an emergency Abdominal and/or Chest surgery
- Ten (10) cases that were Transferred Out
- Ten (10) cases of patient's Admitted for a Non-Surgical service with >ISS 9 score

The medical records selected by each surveyor should also include the minutes from the Quality Management meeting(s) where the patient's case was discussed and opportunities for improvement were identified (if applicable).

Please include these fields from the trauma registry:

1	Medical records number
2	Age
3	Race
4	Gender, injury diagnosis codes (ICD10)
5	Injury diagnosis codes (ICD10), including code and description
6	E-Code/mechanism of injury, including code and description
7	Length of stay (in days)
8	Hospital discharge disposition
9	Injury severity score

Draft Trauma Preparation Information Hybrid Model March 2023

10	EMS/Prehospital report status (complete, incomplete, missing)
11	Emergency Department admit date
12	Emergency Department admit time
13	Emergency Department discharge date
14	Emergency Department discharge time
15	Time trauma surgeon was called
16	Time trauma surgeon arrived
17	Elapsed trauma surgeon response time
18	Level I trauma team activation
19	Level I trauma team activation time
20	Level II trauma team activation
21	Level II trauma team activation time
22	Emergency Department disposition
23	Hospital discharge date
24	Total days in ICU
25	Payer
26	QM review/outcomes

Department of Health Pamphlet 150-9, Standard XVIII-Section B.2.a. and B.2.b

Please refer to **Standard XVIII, Section B.2.a**. regarding the facility must monitor four (**4**) state-required indicators relevant to process and outcome.

The **Florida TQIP Collaborative indicators** are to be reported **in leu of Standard XVIII B.2.b.** The ACS TQIP definition is being used for each indicator.

> **FI Collaborative TQIP Focus Indicators:**
>
> 1. Elderly Mortality
> 2. Shock Mortality
> 3. Unplanned return to the OR
> 4. Internal or external fixation of mid shaft femur fracture in > 24 hours
> 5. Operative I&D of open tibia fracture in > 24 hours
> 6. Acute Kidney Injury.

The FI Collaborative will continually monitor and makes changes to the indicators as process and outcome issues are resolved through evidence-based methodologies. Any new indicators are to be provided to the Department of Health.

VII. **Trauma Registry Reports**

> Please prepare the following reports **from your trauma registry** and provide to the Department of Health **14 days prior to the date of the survey**:

> a. Mortality Rate: The audit period for the mortality rate is 90 days prior to the day of the survey to include 12 months of data.
>> 1) Group by ISS<15 and >=15

b. Inter-facility Transfers – most <mark>current 3 MONTHS available</mark>
   1) Number of transfers out, grouped by ISS, Age and ED/hospital disposition
   2) 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)
c. Age of trauma patient population – <mark>current month available</mark>
   1) Average/ Median age of all trauma population
   2) Average/ Median age of all trauma population with a MOI of a Fall and hospital disposition
d. ED Length of Stay (LOS) > 120 mins – LOS descending – <mark>current month available</mark>
   1) ED arrival date and time, ED discharge date and time, ED length of stay, ED disposition
e. Total Trauma Alerts and the percentage of patients admitted to non-surgical
   1) Group by admitting service and ISS <mark>current 3 MONTHS available</mark>
   2) Trauma Team Activations (Group by Trauma Alerts) – <mark>current month available</mark>
f. Please provide the <mark>current month's</mark> reports for the following specialties of Trauma Surgeon, Neurosurgeon and ED Physician (each specialist is a separate report) that includes:
   Call times, arrival times, and response times with ED arrival date & time; and trauma alert activation date and time, as well as define the trauma program's levels (i.e., 1-Full team EMS call; 2-partial, etc.…)

On-Site Preparation

VIII. Opening Session

A. **Attendance**

1. **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

2. **Site Review Team**
   a. Trauma Surgeon
   b. Neurosurgeon
   c. ED Physician
   d. Trauma Nurse

3. **Florida Department of Health (DOH)**
   a. Trauma System Administrator

B. **PowerPoint Presentations**
1. Department of Health will send the PowerPoint presentation to the trauma program manager about two weeks prior to the survey. We will ask you to copy the presentation to the computer you will use for the hospital's presentation.

(Note: It is helpful for the Trauma Medical Director, Trauma Program Manager and the Trauma QM Coordinator be available for the duration of the survey.)

IX. 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 Shayla Cole (**see logistics**). The survey team will interview staff from each department they visit. At a minimum, surveyors will visit departments listed below:

Standard V   Emergency Department
Standard VI   Operating Room and Post- Anesthesia Recovery Area
Standard VII   Intensive Care Unit
Standard IX   Equipment
Standard XI   Acute Hemodialysis Capability
Standard XII   Radiological Services

Tours to start in each area per specialty:

- TMD starts in OR to ICU to ED
- Neuro starts in ICU to OR to ED
- EP starts in ED to Ambulance Bays to Helipad
- Trauma Nurse starts in Blood Bank to PACU to ICU to ED

X. Exit Conference - The following individuals should be available for the exit interview:
  A. Trauma Medical Director
  B. Trauma Program Manager
  C. Others as desired by the hospital administration.

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

XI. Logistics

  C. **Facility Tour** – Provide the names of the assigned hospital trauma staff who will accompany the surveyors on tour.
  D. **Team Lunch**
    1. Seven (7) 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 the location
    2. Provide the Trauma Program Manager's cell phone number

Note: The survey agenda has estimated times for each item and can be adjusted as needed. However, we try to be respectful of the trauma/hospital team's time that they have set aside to participate; therefore, we make every effort to try and maintain the agenda schedule.

Summation of Deadlines

Submissions to DOH Share Point website:

EPSQ: Sixty (**60**) **days** prior to the day of the survey. Please submit physician information only for those physicians who participate on trauma call.

Medical Records: Sixty (**60**) **days** prior to the day of the survey.

Application Documentation: Sixty (**60) days** prior to the day of the survey

CV for the TPM and PI Coordinator: Sixty (**60) days** prior to the day of the survey.

TQIP Report: Sixty (**60) days** prior to the day of the survey.

Trauma Registry Reports: Fourteen (**14**) **days** prior to the day of the survey.

TRAUMA SURVEY
Hybrid Model
PREPERATION INFORMATION

The following are due to Shayla Cole within the allotted timeframe:

Shayla.Cole@flhealth.gov; Office number: 850 558-9551.

Facility Tour Information: Thirty (**30**) days prior to the day of the survey.

Lunch Information: Thirty **(30)** days prior to the day of the survey.

Arrival Information: Thirty **(30)** days prior to the day of the survey.