

FLORIDA DEPARTMENT OF HEALTH
TRAUMA SITE SURVEY – FREQUENTLY ASKED QUESTIONS
Date of Last Update: June 25, 2019

Questions:

1. Is there a process for a trauma center to request an extension or change regarding the Department assigned survey date?
A: The Department works with trauma centers as part of the survey scheduling process, and sends an email indicating a scheduled date for the site survey. However, if the trauma center has a conflict, the trauma center should contact the person listed on the email as soon as possible to discuss rescheduling the site survey.

2. Will the Electronic Pre-Survey Questionnaire (EPSQ) document sent to the trauma center be designed to allow for onscreen completion and submission directly back to the Department?
A: The development of an online submission document is under consideration by the Department and will require a feasibility study to analyze security and maintenance requirements. Until an online EPSQ submission mechanism is developed, the EPSQ template is available at <insert website>.

3. How does a trauma center request clarification from the Department regarding Standard III, B.3 and B.3.c?
A: The Florida Trauma System Advisory Council (FTSAC) is in the process of reviewing the state's outdated trauma standards. Subcommittees are conducting analysis and revision of the Florida Trauma Center Standards, including Standard III, B.3 and B.3.c. The Department will seek guidance from the General Counsel's Office on the revision.

4. What criteria does the Department use for reporting Continuing Medical Education (CME)?
A: The Department uses the CME standards found in the Department's Trauma Center Standards Pamphlet 150-9, January 2010, with emphasis related to trauma courses.

5. Trauma centers want to ensure compliance with Standard 1(B) relating to chief executive officer's (CEO's) responsibility for compliance of all Florida Trauma Center Standards. Does the Department require hospital-adopted policy or a CEO attestation?
A: The Department will accept either document as proof of compliance. The documents should demonstrate the CEO's awareness and acknowledgement of the trauma center's responsibilities as outlined in the trauma standards. Customarily, the CEO signs the document to demonstrate acceptance.

6. How may a trauma center stay compliant without having to maintain outdated equipment listed in the trauma standards?
A: The state trauma medical director has identified an updated list for consideration. The Department is currently reviewing the information to ensure alignment with the scope of the Florida Trauma Center Standards and to incorporate any revisions forthcoming from the FTSAC.

7. How does the Department define the participation of emergency department physicians in a free-standing trauma center pursuant to Standard V.B.2.a-c?
A: The trauma center will have a policy in place that outlines the role that the emergency physician plays during the resuscitation phase of the trauma alert. The policy should include reporting in the trauma record the presence of the emergency physician and the physician's assigned duty/role.

8. If a trauma center is also part of the Florida Brain and Spinal Cord Injury Program (BSCIP), will the survey include a review of compliance with the BSCIP?

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A: The Department has reviewed the current laws and rules which govern the BSCIP's site survey process and is currently working with the General Counsel's Office to assess the program's alignment with the existing laws and rules. As part of this review, the Department has also begun outreach to currently designated BSCIP sites to assess benefits and impacts of BSCIP designation. The Department's current priorities are to ensure alignment with Florida Statutes, continue to seek ways to improve processes, and ensure efficiencies when conducting site surveys.

9. How can last-minute additional document requests be minimized on the day of the survey?
A: The EPSQ should be completed and submitted with all supporting documentation prior to the onsite survey. In the surveyors' room all program binders should be accessible, organized and labeled with the most current policies, procedures, plans, PI, etcetera. Based on discussions surveyors have during the onsite survey, attempts to get answers may require documentation not located in the room to ensure the trauma center's compliance with the Florida Trauma Center Standards. The Department will work closely with the surveyors to ensure requests align with the scope of the trauma standard.
10. Has the Department changed its policy regarding the use of hospital adopted policies and procedures as evidence of compliance with standards that are not direct patient care or quality standards?
A: The Department does not require a specific hospital policy for each trauma standard. The expectation is that the hospital has policies and procedures in place that clearly demonstrate compliance with the Florida Trauma Center Standards.
11. If the survey report includes "comments" is the trauma center required to respond?
A: The surveyors are a source of knowledge and will sometimes share comments regarding best practices and suggestions based on their own experiences as a means of sharing information that may benefit the trauma program. These comments do not require a response but may be helpful to the trauma center's efforts to procure needed staff and/or resources.
12. What is the best approach to address deficiency citations in the final survey report when the documentation had already been supplied in the pre-survey questionnaire submission?
A: Based on recommendations received during the Association of Florida Trauma Coordinators (AFTC) March 2019 meeting, two mini conferences were incorporated as part of the overall site survey process. One conference will be held with the trauma medical director (TMD), trauma program manager (TPM) and surveyors during the onsite survey visit to discuss the survey findings at the mid-point of the day. At this time, the trauma center may provide additional information if needed. The second mini-conference will be held with the TMD, TPM and surveyors prior to the exit interview to discuss the final findings of the surveyors. Additional information may be provided at this time as well, if needed.
13. If the final survey report includes citations for deficiencies that are not consistent with the Florida Trauma Center Standards, how should the trauma center address the deficiency citations to ensure the record correctly reflects compliance?
A: The Department will conduct a thorough review of final survey results prior to finalization of the survey report to ensure that trauma center site survey results align with, and do not exceed, Trauma Center Standards. However, if a deficiency is cited

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that is not consistent with Florida Trauma Center Standards, the trauma center should contact the trauma section administrator immediately. The Department will review the material provided with the surveyor to determine resolution, ensuring that the scope of the Florida Trauma Center Standards is followed.

14. How will the Department address incidents at the closing conference whereby surveyors provide personal opinions that are not aligned with the Florida Trauma Center Standards?

A: The surveyors who are contracted by the Department to conduct trauma site surveys are active in the field of trauma and provide a wealth of knowledge. The Department is responsible to ensure that the surveyor’s comments are within the scope of the Florida Trauma Center Standards. The Department is actively working with the surveyors to ensure trauma standard compliance is adhered to consistently.

15. How will the Department reduce, modify, or eliminate the process of requiring completion of Department specific forms for medical staff board certification, nursing credentialing and CME when information is available in other formats?

A: Discussions at the AFTC March 2019 meeting provided insight into CME formats that are utilized in the trauma center hospitals. Recommendations were made to align directly with the Florida Trauma Center Standards. The following fields are aligned with the Florida Trauma Center Standards:

PHYSICIAN

Required	Required	Per Standard	Per Standard	Per Standard	Required	Per Standard	Per Standard	Per Std	Per Std	Per Std	Per Std	Per Std	Per Std
Last Name	First Name	Surgical Specialty (Please Use Drop Down Menu)	Non-Surgical Specialty (Please Use Drop Down Menu)	Primary Board Certification OR Alternate Criteria for Non-Board Certified Physicians	Primary Board Certification Expiration Date	ATLS Expiration Date (Applies to Trauma Surgeon / ED)	ATLS Instructor Expiration Date (Trauma Medical Director Only)	Privileges General Surgical, Adult Expiration Date	Privileges General Surgical, Peds Expiration Date	Privileges Trauma Care, Adult Expiration Date	Privileges Trauma Care, Peds Expiration Date	# of Adult Cases Per Last Two Calendar Years	# of Peds Cases Per Last Two Calendar Years

NURSE

	Required	Required	Required	Required	Required	Required	Required	Designation	Required	Per Specialty	Per Specialty	Per Specialty	Per Specialty	Per Specialty	Per Specialty	Per Specialty	Per Specialty	Optional
Add total CEU in this Column	Nurse Group / Section / Role (Please Use Drop Down Menu)	Last Name	First Name	License Expiration Date	Date Assigned to Trauma Care	# of CEUs Per Course	Title of Course	Pediatric / Adult	Date Taken	CEN Expiration Date	CNOR Expiration Date	CCRN Expiration Date	ACLS Expiration Date	PALS Expiration Date	ENPC Expiration Date	TNCC Expiration Date	Date Termed	

If the trauma center CME program can generate an ad hoc report that contains only these specific physician and nurse CME fields noted above, this report can be submitted into the EPSQ file and will meet the required information needed for the CME review portion.

16. How will the Department ensure future revisions to the Florida Trauma Center Standards focus more on quality and performance and less on the process?

A: The FTSAC is in the process of revising the Florida Trauma Center Standards. Sub committees are currently analyzing the standards and providing revision language that will be reviewed by the FTSAC for approval.

17. Will the Department permit trauma centers to print “shadow” charts prior to the onsite survey?

A: The Department conducts a pre-site survey conference call about six to eight weeks ahead of the survey date, whereby shadow charts are discussed. A written description detailing shadow chart content is provided within the Additional Information Document available on the Department’s trauma website <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html>.

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If the facility's electronic medical record is inaccessible or not operating at an optimal level, and the shadow charts produced are not comprehensive, the surveyor may need to ask for information to make sure that a comprehensive review of the record is conducted.

18. How will trauma centers provide the Department with feedback regarding a recent site survey?
A: The Department has developed an electronic post site survey questionnaire that will be provided with the survey report. The post survey questionnaire will be made available for 30 days after the trauma center's receipt of the survey report. The Department will utilize the feedback received from these questionnaires to support improvements in the process or to address any issues that may arise.
19. Will the trauma center be required to provide items and information at the survey that are not a part of the Florida Trauma Center Standards?
A: Trauma centers are not required to provide information that is beyond the scope of the Florida Trauma Center Standards. If during the survey, a request is made for information that the trauma center believes to be inconsistent with the Florida Trauma Center Standards, the trauma center representative should consult with the Department staff onsite to review the request. The Department is responsible to ensure alignment with the standards.
20. Is it possible for the Department to schedule site surveys at least 12 months in advance with the trauma center?
A: The Department is working on a scheduling mechanism to ensure adequate notice. Currently, the Department is securing dates within a six to nine months range. To facilitate preparation efforts, the Department has updated the Department's trauma website <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html> with all of the survey tools that the trauma centers will need to start preparing in advance of any site survey date selection.
21. Will the Department, no less than nine months prior to the survey date, provide each trauma center with a pre-survey packet inclusive of the EPSQ, medical records request, instructions for completing that includes submission due dates and all other document requests?
A: The Department has facilitated full access to all documentation that a trauma center needs to prepare for a site survey on the Department's trauma website <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html>. Complete access to all trauma documentation allows the trauma centers the ability to develop timelines for review, preparation and submission of the required materials to meet the scheduled survey date.
22. Will the Department adopt the American College of Surgeons - Committee on Trauma chart category request methodology?
A: In the AFTC March 2019 meeting, alignment with the standards was determined as the best way to ensure compliance. The Department has outlined the medical record review request to align with the QM process per the Florida Trauma Center Standards, Standard XVIII- Section B.2.a and B.2.b. The Additional Information Document is located on the Department's trauma website at <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html>, which details the required fields located within the trauma registry and the timeframe of the medical records review period.

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23. How does the Department prepare surveyors who participate in trauma center site surveys?
A: The Department contracts with trauma surveyors who are highly qualified in the trauma medical field. Florida’s surveyors are active in providing patient care in trauma centers nationwide and some are American College of Surgeons surveyors. The Department continually engages with the surveyors to ensure that alignment with the Florida Trauma Center Standards are consistently applied.

24. How will the Department communicate site survey changes to trauma centers?
A: The Department will work closely with all trauma stakeholders regarding any future changes to the site survey process and will ensure communication through multiple venues prior to implementation of any changes. In addition, all changes to the process will be published on the Department’s trauma website at <http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html>. Please email the Department with any questions at DEPCS.TraumaNCompl@flhealth.gov.

Additional Discussion Points from the AFTC March 2019 meeting:

1. Will the Department amend the site survey agenda to include two mini conferences with the TMD and TPM during the onsite survey visit?

A: In April 2019, the Department implemented changes to the onsite survey agenda to include conferences with the TMD and TPM. The Department meets with the trauma leadership for a 15- minute late morning conference and 30-minute late afternoon conference prior to the official Exit Conference.

2. Are trauma centers able to adopt TQIP indicators to be the required reporting elements to submit to the Department for analysis?

A: The current Florida Trauma System Standard, Section XVIII B.2.a, requires trauma centers to monitor four state-required indicators. Section XVIII B.2.b, requires monitoring of six indicators selected by the trauma center. Trauma centers could submit six TQIP indicators to fulfill Section XVIII B.2.b. Revision to trauma standard Section XVIII B.2.a., and Section XVIII B.2.b, will require a rule change of Florida Administrative Code Rule 64J-2.011. This requirement may be revised upon completion of updates to the Florida Trauma Center Standards and subsequent rule promulgation.

3. Can trauma centers substitute participation in TQIP for certain requirements found in Standard XVIII?

A: The FTSAC subcommittee is reviewing the Florida Trauma Center Standards. Revision to standard Section XVIII requires a rule change of Florida Administrative Code Rule 64J-2.011.

4. How should the trauma center communicate to the Department personnel changes to keep contact information current?

A: Personnel changes of the CEO of the hospital, TMD, TPM and registrars are to be provided to the Department’s email at DEPCS.TraumaNCompl@flhealth.gov. The trauma application maintained by the trauma center should reflect the information sent to the Department.