

**HOSPITAL NAME
HYBRID ON-SITE SURVEY
DATE**

7:45-8:00 am	Survey team arrives at the hospital
8:00-8:30 am	Trauma team provides introduction of the trauma program and the hospital
8:30-8:45 am	Brief introduction by the Department of Health, Trauma Section Administrator
8:45-8:50 am	Break
8:55 -9:25 am	A review of your quality management program by the trauma medical director and the trauma program manager of the following:
9:25 – 9:45	Surveyor Q&A of quality management program with trauma team

Briefly go over the process and discuss who is involved. Provide at least two examples of the maturation of the PI process whereby an issue was identified through the quality management program; an improvement plan was developed; outcomes tracked; and any subsequent interventions based on tracking should be included.

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.

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.

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.

9:45-10:05 am	A review of your outreach programs and data outcomes.
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10:05 -10:15 am	Surveyors Q&A of outreach program data
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Break

10:30-11:30 am	Tour with hospital personnel (paired specialties) of the following departments:
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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 ED to ICU
- Neuro starts in ICU to OR to ED
- EP starts in ED to Ambulance Bays to Helipad
- Trauma Nurse starts in Blood Bank to ICU to ED to PACU

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11:35-11:55 am	Peer meeting to discuss the medical record review, policies and procedures related to the specialty, and other issues that require clarification.
12:00-12:45 pm	Survey team has a closed meeting to discuss survey findings. Survey team will have lunch during the closed meeting.
12:45-1:15 pm	Survey team meets with the TMD and the TPM to communicate any issues discovered during the survey.
Break	
1:30-2:00 pm	Exit conference with key hospital personnel.