ARKANSAS DEPARTMENT OF HEALTH

SITE SURVEY GUIDELINES FOR HOSPITALS SEEKING LEVEL I OR II STATUS

Pre-Survey Process:

1. Hospitals will submit the completed Hospital Pre-review Questionnaire (PRQ) at least six weeks prior to the survey date. The PRQ will be reviewed at the Arkansas Department of Health (ADH) and then forwarded electronically to the survey team at least one month prior to the visit.

2. Please do not hesitate to call your ADH Trauma Nurse Coordinator (TNC) for questions about the PRQ or the site survey. It is appropriate to communicate directly with the Lead Surveyor about logistics of the survey but not details concerning completion of the PRQ.

3. All Trauma Registry records for the facility's reporting period are due to the Arkansas Trauma Registry upon submission of the PRQ, regardless of the standard submission schedule.

4. During this six week period between submission of the PRQ and the survey the hospital should:

    a. Work with the ADH TNC to arrange travel if appropriate. Surveyors may book their own coach airfare (if needed). Airfare, car rental, and/or mileage costs will be provided by the Surveyor to the ADH TNC at least one month prior to the site survey. The ADH TNC will communicate the travel costs to the hospital. Mileage will be paid at the State of Arkansas mileage rate (currently $0.42 per mile) and can be found at www.gsa.gov/perdiem.

    b. Make arrangements with the Surveyors and directly coordinate their travel itinerary so that they can be met at the airport and transported to the facility and later to their hotel.

c. The reimbursement for expenses and the honoraria of $2000 for each Surveyor and an additional $1000 for the Lead Surveyor ($3000 total for the lead) will be presented to the ADH Trauma Section representative at the time of the survey. The Trauma Section representative will then present the funds to the Surveyors. The honorarium needs to be payable to the Surveyor(s).

d. The hospital should secure the appropriate number of hotel rooms for the Surveyors and ADH staff. The hospital will pay the hotel directly.

e. Begin compiling all Quality Improvement (QI) documents for patients that could be reviewed during the visit.

5. During this six week period the hospital should also secure rooms for:

   a. The chart review. This area should have a hospital computer for each Surveyor and adequate work space to review charts and the QI minutes for selected patients. This room should be quiet and out of the hospital traffic flow and be different from the room where the dinner and the exit interview will occur.

   b. The survey dinner (anticipate 15 – 30 people) for the night of the first day. The room should be quiet and conducive to a working dinner with conversation easily heard from all parts of the table. The table setup should be a square or rectangular. Allow one and a half spaces for each surveyor. Please discuss ahead of time the menu with the Surveyors to be certain they have no dietary restrictions. No alcohol should be served. Table name tags should be made for all participants. Confirm attendance of all required personnel (see Section 7 below)

6. The hospital will receive the list of charts selected for the review two to three weeks prior to the site survey from the ADH Trauma Section. Additional records may be requested on the day of the survey. The Trauma Nurse Coordinator will need to have the following documents printed from the electronic medical records (EMR), if EMRs are used within the trauma center.

   List of documents to be printed if EMRs are used –

   - H & P
   - Discharge Summary

- Operative Reports
- Initial imaging reports
- Run Sheets
- Trauma Flow Sheets
- ED Physician Records

Survey Process:

7. The Surveyors will arrive at the hospital around noon and begin with the review of patient charts. You will receive an agenda for the survey from your ADH TNC. Site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital's capabilities in a very short period of time. For this reason, there will be no presentations or deviations in the agenda or tour.

8. Have one person per Surveyor who is *extremely* familiar with the EMR in order to "guide" the Surveyor through the chart. **All QI documents** pertinent to the patient's care and subsequent discussion should be present with the chart for review. The chart review process will take approximately four hours. If the trauma center uses EMR, have the names and medical record numbers listed by the categories below:

Chart Categories

Level I and Level II (adult) trauma centers: *at least 20 charts will be reviewed*

Deaths
High level activations
Patients presenting with SBP < 90 mm Hg (older than 15 years of age)
Pediatric Patients (< 15 years of age)
Subdurals/Epidurals
Solid organ injury (admitted or transferred)
Pelvic or acetabular injury (admitted or transferred)
Elderly (65 and older) (admitted or transferred) with a ISS >10 in addition to meeting an additional criteria
Patients with ISS > 25 with survival
Patients requiring angiography
Admission to non-surgical services – facility will provide a list of these
Hospital trauma QI cases (3) that followed the QI process and represent good QI management
Patients transferred out (non-pediatric) (non-rehab)

Level I and II pediatric trauma centers: *at least 20 charts will be reviewed*

Deaths
High level activations
Patients presenting with SBP < 90 mm Hg
Patients taken to the OR within two hours of arrival for general or neurosurgery
ICU complications
Patients requiring angiography
Operative pelvic or acetabular injuries
ISS > 25 with survival
Subdurals/Epidurals
Patients transferred out
Admission to non-surgical services – hospital will provide a list of these
Hospital trauma QI cases (3) that followed the QI process and represent good QI management

9. Survey dinner - see section 4., b. above. Anticipate 3 hours and plan to begin around 6:00 p.m. **Required** personnel are: Trauma Medical Director, Trauma Program Manager/Coordinator, Trauma Registrar, Administrator with oversight of the Trauma Program, liaisons from General surgery, Neurosurgery, Orthopedic surgery, Anesthesia, Emergency Medicine, Radiology, Critical Care Medicine, Rehabilitation (physician or therapist), Injury Prevention, and Nursing Services. Others may be invited at the discretion of the Trauma Program.

10. Hospital tour - begins at 7:15 a.m. the next morning. There should be at least three Trauma Program representatives available - one to accompany each Surveyor through the tour. This process takes about one hour. Areas toured are:

    Ambulance bay
    Decontamination equipment area
    ED trauma bay
    Radiology – CT scanner
    ICU
    Blood bank
    Floor
    OR/PACU

11. The Surveyors will go with Trauma Program staff back to the room where the charts were reviewed and will review the QI process, Continuing Education for physicians and nurses, Injury Prevention, and any other needed documents. This process will take about an hour to an hour and a half.

12. The Surveyors will spend about an hour and a half in a private session to prepare the Executive Summary.

13. The Surveyors will conduct the exit interview with the program staff around 11:00 a.m. on the second day (anticipate again 15 – 30 people). The Trauma Medical Director, Trauma Program Manager/Coordinator, Trauma Registrar, and the Administrator with oversight of the Trauma Program are expected to attend. Others may be invited at the discretion of the Trauma Program. This will take about an hour.

Post-Survey Process:

14. Be prepared to take the Surveyors to the airport after the exit interview.

15. Within two weeks of the site survey, the Trauma Section will send to the hospital a Surveyor and designation process evaluation. Please have the Trauma Program Manager complete these in conjunction with the Trauma Medical Director and Hospital Administration.

16. The final survey report should be back to the hospital within eight weeks of the designation site survey.