



ARKANSAS DEPARTMENT OF HEALTH

LEVEL I AND II SITE SURVEY GUIDELINES FOR TRAUMA SURVEYORS

Pre-Survey Process

1. Potential Surveyors will be contacted by a member of the Trauma Section of the Arkansas Department of Health (ADH) to schedule site surveys.
2. The ADH Trauma Nurse Coordinator (TNC) will negotiate dates for the survey with the hospital and the Surveyors. A confirmation letter will be sent to the Surveyors confirming the dates for the site survey. In addition, the Surveyors must sign a form captioned "Surveyor Candidate/Trauma Surveyor Affidavit" and return it either by e-mail to diannia.hallclutts@arkansas.gov or margaret.holaway@arkansas.gov or karis.strevig@arkansas.gov by fax to (501) 280-4729. The ADH TNC will also confirm the dates for the site survey with the hospital as well as the identity of the Surveyors by separate communication.
3. Hospitals will submit the completed "Hospital Pre-review Questionnaire" (PRQ) to the ADH TNC at least six weeks prior to the site survey date. The PRQs will be reviewed at the ADH and then forwarded electronically to the Surveyors at least one month prior to the visit.
4. During the six week period between submission of the PRQ and the survey the Surveyor 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.
 - b. Read the PRQ carefully when it arrives and, prior to the site survey, work with the hospitals directly to clarify any questions not answered sufficiently in the PRQ.
 - c. The Lead Surveyor will be responsible for assigning sections to the fellow Surveyors at least two weeks prior to the visit.

5. During the six week period between submission of the PRQ and the survey the hospital should:
 - a. Secure the appropriate number of hotel rooms for the Surveyors and ADH staff. The hospital will pay the hotel directly.
 - 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. Provide the honoraria for the Surveyors on the day of the survey. (Please see "Overall Designation Process for Arkansas Trauma Centers" for details concerning how reimbursement for travel expenses and honoraria should be handled).
 - d. Begin compiling all Quality Improvement (QI) documents needed for patients that could be reviewed during the visit.

Conduct of the Site Survey

6. Please dress appropriately for the review. It is acceptable to perform the chart review in business casual clothes if there is time to change prior to the dinner. Dinner and the hospital tour should be performed in business attire. Please wear identification at all times when in the hospital. This will be provided by the ADH staff. Please refrain from comparing the hospital or its Trauma Program to other facilities or your own facility. Please remain complimentary of the work that is and has been done to improve care for injured patients.

Site Survey Chart Review Process

7. Five weeks prior to the site survey, the ADH TNC will send the Lead Surveyor a list of charts from the review period. The Lead Surveyor will select charts from the list and send the selected list back to the ADH TNC.
8. The hospital will receive the list of selected charts from the ADH TNC two to three weeks prior to the site survey. The hospital will need to make a copy of each record, if electronic medical records (EMR) are used within the trauma center.
9. Chart reviews should begin no earlier than 11:00 a.m. and no later than 2:00 p.m. on the first day. The team is responsible for reviewing *at least* 20 charts. Each team member should review at least six charts. The Lead Surveyor may choose to assign Surveyors specific

categories of patient charts to review. All categories should be covered in the chart review. The surgeon Surveyor should focus on the deaths and ISS > 25 with survival and direct to OR charts specifically. Notify the Trauma Program Manager that the Quality Improvement (QI) documentation, if applicable, should be available for every patient chart.

10. Charts should be from patients seen during the reporting period and be organized into the following categories:

Level I and Level II (adult) trauma centers:

- 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
- 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)
- Patients requiring angiography

Level I and Level II pediatric trauma centers:

- 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

All records during the reporting period should be should be available for review by EMR or
paper, whichever are used by the trauma center. All PI documents pertinent to the patient's
care and subsequent discussion should be present with the chart. If the facility uses an
electronic medical record, have the names and medical record numbers listed by the above
categories and have available one person per Surveyor who is **extremely** familiar with the
EMR in order to “guide” the Surveyor through the chart. The chart review process will take
between two and four hours.

Survey dinner

11. At the beginning of the dinner, please read verbatim the survey dinner statement. Required
personnel are: Trauma Medical Director, Trauma Program Manager, 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. Anticipate three hours and
plan to begin around 6:00 p.m. Please try to engage all members of the hospital staff in
recognition for their time and effort in coming to the dinner

After dinner meeting, the Surveyors and the Trauma Section representative should meet
briefly away from the hospital personnel to discuss program concerns and confirm the next
day's assignments.

Hospital tour

12. The tour should begin at 7:15 a.m. the next morning. The Lead Surveyor will make
assignments for the tour. Areas toured are:

Ambulance bay
Decontamination equipment area
ED trauma bay
Radiology – CT scanner
ICU

Blood bank
Floor
OR/PACU

There should be at least three Trauma Program representatives available - one to accompany each Surveyor through the tour. This process takes about one hour.

13. 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 relevant documents. This process will take about an hour to an hour and a half.

Wrap Up and Exit Interview

14. The Surveyors will spend about an hour and a half in a private session to prepare the Executive Summary.
15. The Surveyors will conduct the exit interview with Trauma Program staff around noon the second day (anticipate again 15 – 30 people). This will take about an hour. It is mandatory that the following personnel attend the exit interview: Trauma Medical Director, Trauma Program Manager, Trauma Registrar, and the Administrator with oversight of the Trauma Program. Others may be invited at the discretion of the Trauma Program. In the exit interview, please thank the facility's administrator for his/her willingness to participate in the trauma center designation process. Please complement the Trauma Program Manager for helping with travel, hotel arrangements, PRQ preparation, the dinner, and other areas as appropriate.
16. Read the exit interview statement verbatim. Explain that the final survey report should be back to the hospital within eight weeks of the designation site survey.
17. Read the Executive Summary stating:
 - Deficiencies – please cite the Rule number and the level of deficiency
 - Strengths
 - Weaknesses

- Recommendations – please make the recommendations correlate with any identified deficiencies and weaknesses. Please be explicit in the recommendations.
- Confirm with the members present that they understand the report and agree with the findings. Please document their response. If there is a disagreement, please note this in writing in the Executive Summary section of the report. Allow the Trauma Program staff ample time to ask questions about the Executive Summary.

Post-Survey Process

18. Surveyors should arrange to have their sections of the report along with their charts to the Lead Surveyor within five days of the site review. The Lead Surveyor will assemble the report and will review for spelling, grammar, and syntax agreement as well as consistent formatting. The final report should be sent electronically to diannia.hall-clutts@arkansas.gov, margaret.holaway@arkansas.gov, or karis.strevig@arkansas.gov within two weeks of the review.