



## Arkansas Department of Health

### Process for Re-Designation of Arkansas Trauma Centers

#### Timing of Re-designation

Original designation is for a period of four years from the trauma center's designation date. The re-designation must be completed prior to the expiration of the previous designation. The completion of the designation process requires six weeks (42 days) time beyond the site survey. The site survey therefore must be completed at least six weeks (42 days) prior to the expiration of the previous designation.

Complete records, including quality improvement (QI), for one year prior to the survey will be used as the basis for the re-designation survey. Charts may not be more than 15 months old (486 days).

Survey visits must be scheduled at least four months (163 days) prior to the anticipated date of the visit. It is the hospital's responsibility to contact their ADH trauma nurse coordinator to schedule the survey.

Once scheduled, the hospital's PRQ is due at the Trauma Section at least six weeks (42 days) prior to the scheduled site survey. 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.

Example:

Hospital	Designation Date	Expiration Date	(A) Site Survey Performed No Later Than	(B) Last Day to Schedule Survey Date with ADH	(C) Reporting Period - not older than	(D) PRQ Due Date	(E) Last Day for Submission to the Registry
A	09/28/10	09/28/14	08/17/14	04/18/14	05/30/13	07/06/14	07/06/14

- (A) date is six weeks (42 days) prior to the hospital expiration date
- (B) date is four months (163 days) prior to (A)
- (C) date is 15 months (486 days) prior to (A)
- (D) date is six weeks (42 days) prior to site survey date
- (E) date is the same date as the hospital's PRQ due date.

## **Requests for Postponement and Administrative Processes/Consequences**

For any given trauma center, the “last day to schedule a site survey date with the Trauma Section” is listed on the “TS-17” on the ADH website. This document has also been sent to each Trauma Program Manager. The program may, with a letter written by the Chief Executive Officer (CEO), request from the Trauma Section a postponement of the designation site survey.

There are two considerations when a trauma center requests postponement of its site survey: 1. the timing of the request in relation to the “last day to schedule a site survey with the Trauma Section”; and, 2. the length of the postponement requested.

### **Timing of the request to postpone**

1. If the request to postpone comes prior to the “last day to schedule a site survey date with the Trauma Section”, the request will be honored regardless of the facility’s reason for delay.
2. If the request to postpone comes on or after the “last day to schedule a site survey with the Trauma Section”, the Section will review the request and determine if extenuating circumstances exist and if a postponement will be allowed. Examples of extenuating circumstances would be the death or significant illness of a key member of the facility’s trauma team, such as the Trauma Medical Director or the Trauma Program Manager in a timeframe that would preclude other arrangements being made. If the Section determines that no extenuating circumstances exist, the site survey will be regularly scheduled within the designation period and will take place per this schedule.

### **The length of postponement requested and consequences**

1. If the request from the facility’s CEO is to postpone the site visit to a date within three months from the end of the designation period:
  - a. the facility will be de-designated from the end of the designation period until the date when the hospital is again designated;
  - b. the facility will remain “in-pursuit” of trauma center designation and may receive trauma patients from emergency medical services (EMS) and the Arkansas Trauma Communications Center (ATCC);
  - c. the facility may not invoice the ADH for trauma-related expenses during the time not designated; and,
  - d. the total amount of the annual grant will be reduced in proportion to the amount of time the facility is “in-pursuit” of designation (e.g., if the program is eligible for \$125,000 annually and is “in-pursuit” for three months, the program can only invoice for \$94,750 when re-designated; if the timing is such that the program has already invoiced for the full amount during a given fiscal year, the reduction will apply to the next year’s funding).
2. If the request from the facility’s CEO is to postpone the site visit for more than three months from the end of the designation period:
  - a. the facility will be de-designated from the end of the designation period until the date when the hospital is again designated;

- b. the facility will not be considered “in-pursuit”, and therefore not able to receive trauma patients from EMS or the ATCC, for at least six months and must then re-apply to the Trauma Section for “in-pursuit” status any time after the six month period; and ,
- c. the facility will not be able to invoice the Trauma Section for any trauma- related expenses until re-designated and then will only be able to invoice for the proportion of time in the fiscal year that it is actually designated.

**Designation process for the FIRST re-designation**

Complete records, including quality improvement (QI), for one year prior to the survey will be used as the basis for the re-designation survey. Charts may not be more than 15 months old (486 days).

Example:

Hospital A: survey will be September 28, 2014. Their PRQ is due July 06, 2014 and must contain complete data from the previous year INCLUDING peer review (allowing three months past the year to complete peer review).

Hospital A: data (reporting period) cannot be older than May 30, 2013.

**Designation process for SUBSEQUENT (i.e., after the first) re-designation**

The period of full designation will be for three years. The provisional designation periods will be at the discretion of the ADH Trauma Section and will be based on the recommendation from Designation Subcommittee and surveyor’s findings. The period of provisional designation will be stated in the letter from the Section and will be reflected on the designation certificate.

Hospitals are responsible for scheduling future verification visits, as outlined above, in order to not lapse in their designation.

During re-designation site surveys, surveyors will verify documents/records/clinical activity from the entire period between the prior re-designation site survey and the current re-designation survey (i.e., trauma centers will be held accountable for this entire time frame and not just one year as was previously the case).

**Designation process for PROVISIONAL, FOCUSED site survey**

At the time of the survey all previous deficiencies and weaknesses will be reviewed. In addition, other areas that are identified as problematic may also be explored.

**UNSCHEDULED site survey**

The ADH Trauma Section reserves the right to perform a survey based on a reason to believe a trauma center is not in compliance with the Rules and Regulations for Trauma Systems. This will be done at no expense to the facility

### **Site Survey Chart Survey Process**

Charts available for review will depend on the designation level sought by the hospital, the facility's capability and capacity as listed on the ATCC dashboard, and will be at the discretion of the Trauma Section of the ADH. Six weeks prior to the site survey visit the lead surveyor will receive a list of charts during the survey period from the Trauma Registry Section. Charts requested by the surveyor will be determined the Trauma Registry reports, ATCC reports, and/or hospital discharge data. Additional records may be requested at the discretion of the ADH Trauma Section.

The Trauma Nurse Coordinator will need to have the following documents printed from the electronic medical records (EMR), if EMR are used within the trauma center. A room will need to be secured for the survey. This area should have a hospital computer for each surveyor and adequate working space to review charts and the QI minutes for selected patients. If the trauma center uses EMR, 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.

*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

### **Chart Categories by Level**

***Level IV trauma centers:*** *at least 10 charts will be reviewed*

Deaths

High level activations

Patients admitted with ISS >8

Pediatric patients (<15 years of age)

Patients with ED LOS > 2 hours with a ISS >8 for transferred patients

Patients intubated in the ED

Hospital QI cases (3) that followed the QI process and represent good QI management

**Level III trauma centers:** *at least 16 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)

Patients with head AIS > 2 (admitted or transferred out of the facility)

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 ED LOS > 2 hours for transferred patients with a ISS >8

Patients intubated in the ED

Hospital trauma QI cases (3) that followed the QI process and represent good QI management

**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

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 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