



## **ARKANSAS DEPARTMENT OF HEALTH**

### **SITE SURVEY GUIDELINES FOR HOSPITALS SEEKING LEVEL III 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](http://www.gsa.gov/perdiem).
  - b. The reimbursement for expenses and the honoraria of \$1000 for each Surveyor and an additional \$500 for the Lead Surveyor (\$1500 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).

- c. The hospital should secure the appropriate number of hotel rooms for the Surveyors and ADH staff. The hospital will pay the hotel directly.
  - d. 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 luncheon and the exit interview will occur.
  - b. The survey luncheon. The place for this luncheon should be on-site and quiet to facilitate discussion. The table setup should be 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.
6. The hospital will receive the list of charts selected for 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 TNC 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. Conduct of the Site Survey

The site surveys for Level III hospitals can be conducted in two ways at the discretion of the Lead Surveyor, taking into consideration the program's desires. Please work with the ADH TNC to be clear on the desired format.

- a. Option One: the survey may be done in two days where the chart review is begun on the afternoon of the first day (3:00 p.m. – 7:00 p.m.), with the tour beginning at 7:30 a.m. the next morning followed by Quality Improvement (QI) & Continuing Medical Education (CME) review, and then a working lunch at 11:00 a.m. with a planned exit interview by 2:30 p.m.
- b. Option Two: the survey may be done in one day with the chart review starting at 7:00 a.m., followed by a tour around 11:00 a.m. with a working lunch at noon, followed by QI and CME review and a planned exit interview at 4:30 p.m.

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. The Surveyors will arrive at the hospital and usually begin with the review of patient charts. 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 between two and four hours. If the trauma center uses EMR, have the names and medical record numbers listed by the categories below:

**Chart Categories**

***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 an 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

9. Survey luncheon – see Section 4. b. above. **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 (if applicable to the program). Others may be invited at the discretion of the trauma program. Anticipate two hours for the luncheon.

If there is an exceptional circumstance where one of the required members cannot be present for the lunch, please arrange with the Lead Surveyor a time when the Surveyor may interview this person.

10. Hospital Tour - There should be at least two 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 relevant documents. This process will take about an hour to an hour and a half.

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

13. After the private session, the Surveyors will conduct the exit interview with Trauma Program staff. 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. This session can be recorded.

**Post-Survey Process:**

14. 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.
15. The final survey report should be back to the hospital within eight weeks of the designation site survey.