



## **ARKANSAS DEPARTMENT OF HEALTH**

### **LEVEL IV 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 Surveyor. A confirmation letter will be sent to the Surveyor confirming the dates for the site survey. In addition, the Surveyor must sign a form captioned "Surveyor Candidate/Trauma Surveyor Affidavit" and return it either by e-mail to your Trauma Nurse Coordinator or 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 survey.
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. 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 directly with the hospitals to clarify any questions not answered sufficiently in the PRQ.

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 Surveyor and ADH staff. The hospital will pay the hotel directly.
  - b. Provide the honoraria for the Surveyor 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).
  - c. 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 survey. 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.
7. The site survey for Level IV hospitals is conducted in a half to a full day.

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

8. Five weeks prior to the site survey, the ADH TNC will send the Surveyor a list of charts from the review period. The Surveyor will select charts from the list and send the selected list back to the ADH TNC.
9. 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 are used within the trauma center.
10. The Surveyor is responsible for reviewing *10-13 charts*. Notify the Trauma Program Manager that the Quality Improvement (QI) documentation, if applicable, should be available for every patient chart.

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

- 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
- Patients requiring angiography (if applicable)
- Hospital 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 QI 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.

### **Survey Process**

12. The site survey may begin with a hospital tour. You should allow one hour for the tour. Areas toured may include the following (if services are provided for trauma patients):

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

13. Working chart review lunch – the Surveyor will review 10-13 charts with review of the abstraction, coding and registry entry for the patients along with any relevant PI documentation. During this time, the Surveyor will also review the QI process, Continuing Education for physicians and nurses, Injury Prevention, and any other relevant documents. The chart review process will take between two and four hours.
14. After the chart review - The Surveyor and the Trauma Section representative should meet briefly away from the hospital personnel to discuss program concerns.

### **Wrap Up and Exit Interview**

15. The Surveyor will spend about thirty minutes in a private session to prepare the Executive Summary.
16. The Surveyor will conduct the exit interview with Trauma Program staff. This will take about thirty minutes. 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 hospital's administrator for his/her willingness to participate in the trauma center designation process. Please complement the Trauma Program Manager for helping with PRQ preparation and coordination of the survey.
17. Read the exit interview statement verbatim. Explain that the report should be back to the hospital within eight weeks.
18. 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**

19. The Surveyor will assemble the report along with their charts 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](mailto:diannia.hall-clutts@arkansas.gov), [margaret.holaway@arkansas.gov](mailto:margaret.holaway@arkansas.gov), or [karis.strevig@arkansas.gov](mailto:karis.strevig@arkansas.gov) within two weeks of the survey.