



## **ARKANSAS DEPARTMENT OF HEALTH**

### **LEVEL III 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 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 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. 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).
  - 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. It is acceptable to wear business casual or 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.
7. 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 Lead Surveyor to be clear on the desired format.
- a. Option One: the review 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 review 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.

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

8. 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.
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 needs to make a copy of each record, if electronic medical records are used within the trauma center.
10. The team is responsible for reviewing *at least* 16 charts. Each team member should review at least eight 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 physician Surveyor should focus on the deaths and ISS > 25 with survival. 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 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

Patients requiring angiography (if applicable)

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 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. The chart review process will take between two and four hours.

### **Hospital Tour**

12. The Lead Surveyor will make assignments for the hospital 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 two 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.

### **Survey luncheon**

14. At the beginning of the luncheon please read verbatim the survey luncheon 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 (if applicable to the program). Others may be invited at the discretion of the trauma program. Anticipate two hours for the luncheon.

After lunch meeting - The Surveyors and the Trauma Section representative should meet briefly away from the hospital personnel to discuss program concerns.

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

15. The Surveyors will spend about an hour and a half in a private session to prepare the Executive Summary.
16. The Surveyors will conduct the exit interview with Trauma Program staff (anticipate 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.
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. Explain that the report should be back to the hospital within eight weeks.

### **Post-Survey Process**

19. Surveyors should arrange to have their sections of the report along with their charts to the Lead Surveyor within five days of the site visit. 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](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.