

# Preparing for a Trauma Site Review in Alaska

## Trauma Program DHSS Emergency Programs

*Information for new Trauma Nurse Coordinators on what to anticipate when preparing for a trauma designation site review-*

### **What is a Trauma Site Review?**

1. It Assesses:

- Commitment to the trauma program by the facility including the board, medical staff, etc.
- Readiness to care for the trauma patient
- Resources
- Policies, protocols and practices
- Quality of care
- Performance improvement activities

*Note: At the core, it is a regulatory visit to see if your facility meets the minimum trauma standards; however, it is also a time to acknowledge program strengths, provide consultation and make suggestions for trauma program improvement.*

*While a site review is an event, it should also be the culmination of what you do every day to develop and run an effective patient care program.*

*Trauma Site Review = Show the reviewers what you do every day*

*Use any program planning model that works for you to evaluate your program and determine priorities. The Nursing Process works well for this exercise (see diagram below). If you could use some assistance, please contact the staff at the Colorado Department of Public Health and Environment Trauma Program. Preparing for the visit and participation on the day of the visit should involve everyone on the trauma team, not just the trauma nurse coordinator. Be sure to engage all team members!*

### **Timeline to Prepare for a Site Review**

1. Within 3 months of a **completed** review:

- Review the program strengths, deficiencies/weaknesses/suggestions from the review
- Develop work plan for addressing necessary or desired changes
- Develop timeline for completion
- Review strengths, know what your facility is doing well and build on your strengths
- Call/email state trauma staff with questions.

*Note: You don't want to wait until a few months before the site visit to assess the progress made since your last review. To avoid stress, program assessment and improvements should occur throughout the designation period.*

2. 18 months prior: (Why this early? So that there is time to implement changes and demonstrate results at the review.)

- Review requirements for your level trauma center (see Level IV-V Required Resources)

<http://dhss.alaska.gov/dph/Emergency/Pages/trauma/designation.aspx>

- Ensure educational requirements are being maintained
- Call the state trauma staff to ask questions
- Re-visit work plan
- Assess your Performance Improvement program – Are audit filters still relevant?

Are you learning things from cases caught by your filters?

Are you reviewing system issues, medical issues and patient outcomes?

Is loop closure occurring, and is it documented?

- Call/email state trauma staff with questions.

***Note: Ensure educational requirements are being maintained by relevant staff members (Board certification, ATLS, CME, TNCC, etc.). Consider adding education/certification as an agenda item for each trauma team meeting.***

3. 12-14 months prior:

- Download the application from the above web site
- Begin gathering and reviewing relevant documents

Trauma policies

Trauma protocols

Job descriptions

Chart preparation • Flag elements - avoid reviewers flipping through them

- Keep the charts easily accessible

Trauma patients from this point forward will be subject to the medical record review during the survey. Some records to become familiar with include:

- All trauma deaths
- All LOS > 2 weeks
- All transfers
- Pediatric trauma
- ISS > 15
- Returns within 72 hrs.
- Call/email state trauma staff with questions.

***Note: Download the application template from the web site and begin gathering and reviewing relevant documents for the survey such as policies, protocols, job descriptions, etc.***

4. 4-6 months prior:

- Letter of intent
- Identify who will participate, include: Administration

Radiology

Laboratory

EMS

Medical directors for ED, surgery, ICU, rehab

Quality

ED Manager

- Get physicians' input from each department to make sure they know what is written on their part of the application

- Determine options for review date
- Work with AK State Trauma Unit to select date
- Get date on calendars!
- Call/email state trauma staff with questions.

***Note: The Trauma Coordinator & Trauma Medical Director are encouraged to participate in the entire site visit.***

5. 6-8 weeks prior to the review:

- Complete the application
- Submit the required copies
- Book a conference room for the review
- Call/email state trauma staff with questions.

***Note: Before submitting application, double check your numbers and have key trauma team personnel review application for accuracy and completeness.***

6. 1 – 2 weeks prior:

- Prepare a short program overview Doesn't have to be a formal presentation

Just give the highlights from past 3 years

Note major personnel changes

Give example of a successful PI project

- Remind all invitees about review
- Notify relevant personnel regarding facility tour Let your nurses, techs and other staff know that there will be strangers asking questions about trauma on xxx day

- Make food arrangements for the review team
  - Secure necessary equipment & supplies
  - Organize documents to be reviewed during the site visit
- Consider using notebooks, folders, posters, samples of materials
- Call/email state trauma staff with questions.

***Note: If you have items you have used for injury prevention or a health fair or some other presentations (for example a tabletop display) feel free to bring those to the review so you can show the reviewers what you have been doing. Do not do a tabletop display just for the reviewers.***

7. Day before the survey:

- Relax. Your advance planning and preparation has paid off!

## **Site Review Schedule (for Levels IV)**

**(Site Review Schedules for Level I, II and is available from the American College of Surgeons)**

The site review team will have reviewed the submitted application for designation prior to arriving at the facility.

1. Opening Conference: The site review will begin with an opening conference. The opening conference allows an opportunity for the reviewers to provide an overview of the designation

process, ask clarifying questions regarding the designation application and interview key personnel including the trauma medical director and trauma coordinator, EMS representatives, hospital administration, chief nursing officer, interested physicians and midlevel providers, and key personnel from the Emergency Department, Radiology, Laboratory/Blood Bank and Quality/Performance Improvement.

- Usually scheduled to begin at 7 AM
- After introductions, facilities are encouraged to begin with a short informal presentation.
- Areas to highlight include: Program success since the last review  
Changes since the last review  
Program growth  
Current challenges

- The reviewers will jump in with questions for staff members

### **Facility Tour** (*follow the path of the patient*)

***Note: Ideally, this tour will be guided by the trauma medical director and trauma coordinator. Reviewers like to speak with staff working in each area regarding the care provided to trauma patients. Be sure to notify the staff ahead of time of the survey and their role during the tour.***

#### 1. Emergency Department

- EMS and public entrances
- Helipad if nearby
- Equipment, staffing, availability of resources
- Staff readily available who know how to use the equipment and where things are located
- Communication with EMS
- Trauma team activation
- Decontamination resources

***Note: The equipment and supplies listed in the Scoring Tool will be inspected while the reviewers are in the Emergency Department. Be sure to know what items are on the list and ensure that each item is available. Assign a staff member (R.N.) to assist the team in locating the items.***

#### 2. Radiology

- Equipment, staffing, availability
- Oxygen, suction, crash cart and patient monitoring
- Method for film interpretation
- Process for over-reading and follow up

#### 3. Laboratory

- Response to trauma team activation
- Turnaround for STAT tests
- Point of care testing
- Blood availability to the ED
- Massive transfusion protocol

#### 4. OR/PAU (if applicable)

- Equipment and staffing

- Availability after hours
- Trauma-related education
- Availability of an OR for a trauma patient requiring immediate surgery

#### 5. ICU (if applicable)

- Equipment
- Nurse to patient ratio
- Bed availability for the critical trauma patient
- Management of trauma patients in the ICU
- Trauma related education for the staff

#### 6. Rehab (if applicable)

- Range of services available
- Policy regarding the referral of trauma patients
- Availability of services during acute phase of treatment
- Transfer agreements if services are not available on-site

### **Documentation to be Reviewed**

*Note: Medical records may be on paper charts or electronic. If electronic, please have one computer and one staff member available (to help navigate the electronic chart) for each reviewer. Not necessary to have one for state observer.*

1. Policy review – Do the policies make sense for your level facility? Are the policies clear so that a locums doctor or agency nurse could read and understand your practice? Do the policies reflect your practice?

2. Staff qualifications and education

Trauma education offerings for staff

Public education regarding trauma and injury prevention

Documentation of CME for physicians, TNCC and CEUs for nurses

3. Injury Prevention

Assess needs based on local data/information

Build community partnerships

Use regional & state resources where possible

Determine methodology to use

Complete the intervention

Determine impact

4. Medical record review

- Refer to application for specifics about number/types of patient records to have available

Organize records by categories:

-Deaths -Admits with LOS > 2 weeks

-Transfers -Returns within 72 hrs.

-Admits -ISS > 15

- Trauma charts will be reviewed for –

Completeness of data acquisition and documentation

Timeliness of care

Adherence to trauma policy

## Evidence-based clinical management

### 5. Systematic evaluation of care for trauma patients

- Standardized approach to recurring care issues to:

Minimize unnecessary variation

Provide better outcome assessment

Makes changes in care easier to implement and more uniform

Be sustainable

NOT overwhelm staff

- Trauma Performance Improvement

A written trauma performance improvement plan

A clear process to identify issues for review with:

- Staff reporting of quality issues
- Level of review (TNC, TMD, Trauma Committee, Peer Review, etc.) identified
- Based on standards of care
- Types of audit filters including:

Process – resuscitation, patient handoff, length of time in ED, TTA response times, etc.

Clinical – Operative timeliness, failed non-operative management, c-spine clearance, etc.

Performance – Diagnosis delays, radiology misreads, timeliness of interventions discharge planning, etc.

Trauma deaths receive automatic review

Activations receive automatic review

- Committee meetings (both trauma committee and peer review committee)

Written documentation of meeting minutes, agendas, attendance

Documentation of committee meeting discussions, case reviews, conclusions and subsequent actions

Implementation of actions

Evaluation method for loop closure

PI trending summaries (if available)

- Multidisciplinary medical providers involved in care of trauma patients

### **Review Team Huddle** (*closed session*)

- Reviewers confer on findings from the tour, interviews and review of documentation
- Reviewers document areas of strength and weakness
- Suggestions for policy/protocol changes are developed
- The facility's Scoring Tool is completed
- Any areas that are not fully met will have an explanation of what is necessary to come into full compliance
- The team makes a recommendation to the department on the designation of the facility

**Note:** *Facility staff may be called into this session to clarify questions if needed*

**Exit Interview – Review Team will:**

- Make a verbal report on whether the facility has met all expectations
- Report on strengths and weaknesses
- Suggest areas for growth
- Answer lingering questions
- Discuss the designation process/next steps

*Note: Facilities are welcome to audio or video tape the exit conference. Findings and scoring tool determinations will be discussed in detail during the exit conference; however, a written document will not be provided.*

**What Happens After the Site Review?**

The site review team report is forwarded to the Trauma System Review Committee (TSRC) for Level IV facilities. The TSRC will make a recommendation to the department regarding the trauma designation of the applicant facility.

If a level IV or V facility has a completely positive review (no deficiencies and no items met with reservations), that facility receives an automatic recommendation from the Designation Review Committee and proceeds directly to the department for a decision.

A department decision comes within 30 days of the recommendation from the TSRC or The decision will come to the facility in the form of a designation letter sent via the postal service; however, it will be forwarded electronically at the same time as it is mailed and thus should reach the facility as soon as the letter is signed.

**Trauma Site Review Conclusion****On-line Resources:**

American College of Emergency Physicians (ACEP) <http://www.acep.org/>

American College of Surgeons Committee On Trauma <http://www.facs.org/trauma/index.html>

American Trauma Society <http://www.amtrauma.org/>