



N.C. Division of Health Service Regulation

Office of Emergency Medical Services

Protocol for Trauma Designation Site Surveys



## **INTRODUCTION**

Hospitals volunteering to be designated as a trauma center in the state of North Carolina are required to comply with the regulations for trauma centers and trauma systems found in the N.C. Administrative Code under rules 10A NCAC Subchapter 13P, otherwise known as “state trauma rules.” To be designated as a trauma center, hospitals undergo a site survey by a qualified survey team to verify compliance with these regulations. This protocol outlines the standard procedure that is followed by surveyors in North Carolina for designation site surveys. 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 focus review surveys, modification of the standard procedure may be necessary. The information contained in this document was gathered based on North Carolina regulations, staff observation, comments received from site surveyors and the survey protocol from the American College of Surgeons (ACS).

## **PURPOSE**

The N.C. Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services, is the regulatory agency for designated trauma centers in the state. The main purpose of the protocol is to maintain consistency with each site survey in how surveys are conducted without regard to the level of the trauma center surveyed or the type of survey conducted. In addition, it clarifies the delineation of tasks, duties and responsibilities of all site team members on the survey so all members shall work cohesively as a team.

## **TYPES OF TRAUMA DESIGNATION SURVEYS**

### **Initial Designation**

This survey is conducted for hospitals with no prior trauma level designation desiring to become designated as a trauma center by the state of North Carolina. Approval by the Office of Emergency Medical Services (OEMS), active submission of data for 12 months in the N.C. Trauma Registry (NCTR) and submission of a Request for Proposal (RFP) is required prior to the scheduled site survey. The survey is conducted with a site team contracted by the OEMS whose composition is pursuant to the state trauma rules. In addition, OEMS staff accompanies the surveyors. Initial designation as a trauma center is valid for a period of three years.

### **Renewal Designation**

This survey is conducted for hospitals with current trauma level designation desiring to renew their designation as a trauma center by the state of North Carolina. The OEMS automatically schedules this survey unless notified of intent for ACS verification. Submission of an RFP is required prior to the scheduled site survey. The survey is conducted with a site team contracted by the OEMS whose composition is pursuant to the state trauma rules. In addition, OEMS staff accompanies the surveyors. Renewal designation as a trauma center is valid for a period of four years.

### **Combined ACS Verification/State Designation**

This survey is conducted for hospitals with current trauma level designation desiring to renew their designation as a trauma center by the state of North Carolina and to receive verification as a trauma center by the ACS. Notification of the intent to undergo an ACS verification survey, submission of an abbreviated RFP and a Pre-Review Questionnaire (PRQ) is required prior to the scheduled site survey. The survey is conducted with a site team contracted by the ACS whose composition is pursuant to ACS requirements. In addition, OEMS staff accompanies the surveyors. ACS verification as a trauma center is valid for a three year period and designation is valid for a four-year period; however, upon verification approval, hospitals forfeit their final year of existing designation and begin a new four-year designation period.

### **Focus Review**

This survey is a post-designation revisit survey conducted to re-evaluate concerns cited as non-compliant and verify the hospital's correction of deficiencies cited in the prior designation survey. The survey is conducted with a site team whose composition is determined by OEMS and was present at the site visit that identified the non-compliance. Members of the OEMS staff also accompany the surveyors. The nature of the non-compliance dictates the activities of the focus review visit.

The trauma center is given 12 months following the recommendation for the focus review to demonstrate compliance. The hospital retains its trauma center designation during the focused review period. The trauma center designation following a focus review is effective from the last renewed ending date of designation for a four-year period.

## **GENERAL INFORMATION**

### **Survey Process**

The purpose of the site survey is to determine compliance with the trauma centers and trauma systems rules found in the N.C. Administrative Code under 10A NCAC Subchapter 13P, otherwise known as the "state trauma rules." The measurement of compliance with these standards is based on evidence of the following:

- Review of the RFP submitted by the trauma center outlining their trauma care system
- Medical record review for documentation of clinical management of the trauma patient
- Observations from the tour of the emergency department and various departments encompassing the trauma service
- Performance improvement (PI) documentation review for the trauma center and its integration into the hospital's performance improvement program
- Interviews with individuals participating in the trauma care system
- Review of education and training requirements of trauma center personnel in clinical management of the trauma patient
- Review of policies, procedures, protocols and patient management guidelines focusing on clinical and fiscal administration of the trauma center

The survey team serves as the fact-finding team led by a Primary Reviewer. The surveyors will look beyond the requested documents and medical records should they need additional validation

of compliance with the trauma regulations. Following the conclusion of the site visit, the primary reviewer submits a summary N.C. Trauma Center Site Visit Report to the OEMS. The OEMS sends the hospital a Trauma Center Site Visit Final Report with the findings of the survey. The OEMS submits an outcome recommendation, based on the summary N.C. Trauma Center Site Visit Report, to the Injury Committee of state EMS Advisory Council. The committee's recommendations for designation are brought forward to the state EMS Advisory Council. The state EMS Advisory Council makes a recommendation for designation based on the submitted survey findings, as well as recommendations from OEMS staff and the Injury Committee. The OEMS makes the final decision for designation following the recommendation of the state EMS Advisory Council.

### **Regulatory and Standards Reference**

- Survey authority can be found at G.S. 131E-162
- Compliance regulations can be found at 10A NCAC Subchapter 13P
- The N.C. Committee on Trauma Performance Improvement / Outcomes Sub-committee of the American College of Surgeons provides the Performance Improvement Guidelines for the North Carolina Trauma System.

### **Basis of Compliance**

Compliance with the state trauma rules and standards is based on several factors. These are the hospital's RFP, policies and procedures for trauma care management, clinical record documentation of appropriate and timely clinical management of the trauma patient, interviews with trauma program staff, evidence of education and training of personnel in trauma clinical management and demonstration of trauma PI program activities incorporated into the hospital-wide PI program.

### **Issues of Non-compliance**

If a possible non-compliant issue related to any requirement is identified while conducting the information gathering tasks of the survey, the issue must be investigated by the surveyor to determine whether the facility is in compliance with the requirements. The use of professional judgment and a team approach by the surveyors determine if deficient practice has occurred.

### **Communication**

Throughout the survey process, the survey team should discuss among themselves observations made and information obtained in order to focus on the concerns of each team member and to facilitate decision making at the completion of the survey. It is the expectation that throughout the survey, an open and ongoing dialogue with the facility is to be maintained to share survey findings. This allows the facility the opportunity to provide additional information in considering alternative explanations before deficiency decisions are made.

### **Other Pertinent Information**

At times, the OEMS may be aware of special potential areas of concern that were reported to the agency. This information will be shared with the surveyors prior to the survey. The surveyors will use this information to determine if there are potential areas of concern that should be addressed during the survey.

All surveys are scheduled visits. The site visit date and the composition of the survey team are mutually agreed upon between the OEMS and the trauma center. There is a large amount of volume of information to cover during the site visit. Agendas are established for the site visit; however, while on-site, the survey team and hospital staff should be prepared for adjustments of these agendas due to circumstances of the survey. Although the survey generally occurs during daytime working hours, Monday through Friday, surveyors may conduct the survey at other times depending on the availability of the surveyors and the agreement of the trauma center. The survey hours may include weekends.

Contracts are entered between the OEMS and each surveyor for work completed on the survey. Travel arrangements are made by each surveyor. As full compensation for services, the surveyor shall submit to the OEMS a reimbursement request based upon the actual expenditures made in accordance with the approved contract amount on file with both parties. Reimbursement shall be made following completion of the contract's deliverables by the surveyor.

### **Information Transfer**

In conjunction with conducting the survey, information should be provided to the hospital, by the survey team, about care and regulatory topics that would be useful to the trauma center for understanding and applying best practices in the care and treatment of trauma patients.

This information exchange is not a consultation with the facility, but a means of disseminating information that may be of assistance in meeting the trauma requirements. The state is not held liable, nor are they to be held accountable, if training which occurs during information transfer does not "correct" problems at the trauma center.

### **Responsibilities of OEMS**

The OEMS is responsible for the coordination and planning of the site visit with the hospital and the selected site surveyors in accordance with the most current version of the OEMS Policy and Procedure for Trauma Designation Survey. Following the completion of the survey, OEMS is responsible for the completion of the Trauma Center Site Visit Final Report and final determination of the designation following recommendation of the EMS Advisory Council. The OEMS shall reimburse survey team members and obtain reimbursement from hospitals for non-OEMS site surveyor expenses. The OEMS shall maintain the confidentiality of the information obtained from the designation and focus review processes.

**Responsibilities of the Site Survey Hospital**

The hospital is responsible for the coordination and planning of the survey with the OEMS, facility staff and others as deemed necessary in accordance with the most current version of the OEMS Policy and Procedure for Trauma Designation Survey. The hospital shall ensure the designation is renewed prior to the end of its state four-year designation period.

For combined ACS/state surveys, coordination of site visit dates must be made to assure EMS Advisory Council recommendation and OEMS final decision on renewal designation prior to the end of the existing four-year designation period. Hospitals not renewing verification with the ACS must notify the OEMS at least six months prior to the end of the state trauma center designation period. For combined ACS/state surveys, the hospital shall comply with all the ACS verification criteria and procedures as well as any additional state criteria and procedures outlined in the state trauma rules.

The hospital should have all medical records and documents organized and accessible to the surveyors. The trauma center shall assume all financial responsibility for designation and focus review site visits. The state trauma rules shall be followed by hospitals with site visits resulting in deficiencies.

**SITE SURVEY TEAM COMPOSITION**

**Renewal and Initial Designation**

The OEMS determines the composition of the survey team according to the state trauma rules in 10A NCAC Subchapter 13P.

Key: \* Primary Reviewer    \*\*ACS Survey    # State Only Survey

based on trauma rules			
One Surveyor	Level I	Level II	Level III
Out of State Fellow of the ACS * ** #	X	X	
Fellow of ACS, member of NC COT * #			X
ED physician in trauma center, member of American College of Emergency Physicians, boarded in Emergency medicine or American Osteopathic Board of Emergency Medicine #	X	X	

Out-of-state ED physician in trauma center, member of American College of Emergency Physicians, boarded in Emergency medicine or American Osteopathic Board of Emergency Medicine **	X	X	
In-state ED physician in trauma center, member of American College of Emergency Physicians, boarded in Emergency medicine or American Osteopathic Board of Emergency Medicine, member of NC COT **	X	X	
ED physician in trauma center, member of NC College of Emergency Physicians, boarded in Emergency medicine or American Osteopathic Board of Emergency Medicine #			X
Out-of-state trauma surgeon **	X	X	
In-state trauma surgeon, member of NC COT ** #	X	X	
Out-of-state trauma nurse coordinator/ program manager ** #	X	X	
Trauma nurse coordinator/ program manager **			X
In-state trauma nurse			X

coordinator/ program manager #			
OEMS Staff members ** #	X	X	

Any in-state reviewer shall be from outside the local or adjacent Regional Advisory Committee (RAC) in which the hospital is located. The site team members are approved by each facility prior to finalization of the teams. When possible, as a means to ensure consistency, the OEMS attempts to assemble the surveyors who have surveyed the trauma center on the previous designation survey. All efforts focus on obtaining the services of the previous survey's Primary Reviewer surveyor if the entire survey team compliment from the previous survey is unable to be acquired. If those efforts prove unsuccessful, the team is comprised of a new group of surveyors.

**Focus Review Team Composition**

The team composition for a focus review is at the discretion of the OEMS based on the conditions of the focus review. The team may consist of solely OEMS staff or a combination of OEMS staff and a member or members of the survey team that was present at the site visit that identified the non-compliance for the renewal or initial designation survey.

**RESPONSIBILITIES OF SURVEY TEAM MEMBERS**

It is the responsibility of the surveyors to maintain the confidentiality of the individual hospital and of the names of all patient care records reviewed. Survey team members should remain objective throughout the site visit and not interject personal opinions or preferences. It is the expectation of each surveyor to conduct a thorough review in accordance with this survey protocol based on their area of clinical expertise.

**Responsibilities of Primary Reviewer**

The primary reviewer, designated by the OEMS, is responsible for assuring that all survey activities are completed within the specified time frames and in a manner consistent with this protocol and the state trauma rules. The following are the primary responsibilities and expectations of the OEMS of the surveyor assuming the role of the primary reviewer for a trauma designation site visit:

- Act as spokesperson for the team.
- Participate in survey.
- Coordination of all activities with the trauma center and the site survey team.
- Read pre-survey documents and identify concerns for team based on documents.
- Participate in conference call with OEMS prior to survey to briefly discuss the survey and issues surrounding the survey if applicable.
- Disseminate other potential areas of concern received prior to survey to other team members.
- Conduct pre-survey meeting with site surveyors and OEMS staff.

- Assignment of specific tasks to site surveyors on the team (medical record reviews, tour areas, policy/procedure reviews, etc.).
- Coordinate arrival activities with survey team
- Facilitate time management in accordance with survey agenda
- Encourage on-going communication among team members.
- Lead team meeting for pre-exit conference and facilitate decision making.
- Lead exit conference with facility.
- Receipt of individual Trauma Center Site Visit Reports from all site surveyor team members following site visit.
- Development of final summary N.C. Trauma Center Site Visit Report from site visit incorporating all surveyors' input and send report to OEMS within 30 days of the last day of the site visit.

### **Responsibilities of the Surveyor**

- Review pre-survey documents and identify concerns to discuss at pre-survey meeting.
- Participate in pre-survey meeting.
- Conduct survey responsibilities as assigned by the primary reviewer and follow up on concerns as needed and assist with other tasks as needed.
- Maintain open and ongoing dialogue with hospital staff throughout the on-site survey.
- Inform the primary reviewer of all significant issues or significant adverse events immediately.
- Document findings on state required forms.
- Assist with decision making for survey result at pre-exit conference team meeting.
- Submit completed report of survey findings on N.C. Trauma Center Site Visit Report Form to primary reviewer within five days of the last day of the site visit.
- Submit medical records reviewed on Medical Record Review form to OEMS within 14 days of the last day of the site visit.

### **Role of Surveyor by Discipline**

Throughout the survey the role of the physician surveyor is to assure the standards for trauma center designation for medical care are being met. This is accomplished by completion of the survey tasks and associated activities listed below. The physician surveyors should be responsible for the review of the majority of the medical records.

Throughout the survey, the role of the nurse surveyor is to assure the standards for trauma center designation for nursing services are being met. The nurse may be assigned a limited number of medical records for review; however, the nurse surveyor will need time while on the site visit to review other aspects of the overall management of the trauma program such as injury prevention, the hospital's RAC activities, and PI program review.

## **SITE SURVEY TASKS**

Listed below are the tasks that comprise a trauma designation survey:

- Task 1 Offsite Preparation
- Task 2 Pre-survey Team Meeting
- Task 3 Entrance Activities
- Task 4 Information Gathering
- Task 5 Analysis of Findings and Decision Making
- Task 6 Exit Conference
- Task 7 Post-survey Activities

### **Task 1 Offsite Preparation**

The OEMS provides the following information to the site surveyors prior to the survey in electronic or hard copy format per surveyor preference:

- a) North Carolina regulations: 10A NCAC Subchapter 13P, Emergency Medical Services and Trauma Rules
- b) Performance Improvement Guidelines for the North Carolina Trauma System
- c) One copy of the completed RFP and attachments
- d) One copy of the OEMS required Medical Record Review and Trauma Center Site Visit Report Form documents
- e) One copy of the OEMS Protocol for Trauma Designation Site Surveys
- f) One copy of the site visit final report from the trauma center's last on-site visit identifying the facility's strengths, weaknesses, deficiencies and recommendations.
- g) Site visit agenda
- h) Trauma registry data identifying chart selection listing for survey

The OEMS provides potential areas of concern reported through other sources to the primary reviewer. It will be up to the primary reviewer to disseminate that information to the other team members.

The RFP portrays an overall picture of the hospital's system of trauma care. In reviewing the RFP prior to the site visit, each surveyor should focus on these areas that highlight the key components within the organized trauma program:

- Hospital organization chart for the operational flow.
- Key staff: qualifications of the Trauma Medical Director, Trauma Program Manager and their involvement with the program.
- History of the program to note changes and goals as well as the summary of progress made.
- Trauma policy and procedures.
- The location of trauma transfers and diversions.
- The types of educational and outreach activities implemented.
- Continuing education units (CEU) meet or exceed the requirements of the state trauma rules.
- Statistics for burn and pediatric patients, deaths and transfers.
- Research activities, if applicable.

## **Task 2 Pre-Survey Team Meeting**

For all state-only surveys, the OEMS will arrange a time for the entire survey team to meet prior to the survey, preferably the day before the survey is scheduled to begin, to discuss location and time to enter the facility, survey agenda, team assignments, chart reviews and tour assignments. In addition, this meeting affords the opportunity to discuss the trauma center's last survey results, concerns identified from the current RFP and other items an individual surveyor or the primary reviewer identifies as a concern to discuss with the group prior to initiation of the survey. It is beneficial for all survey team members to attend this pre-survey meeting. The team should prepare for the survey off-site so they are ready to begin the survey immediately upon entering the trauma center.

The primary reviewer uses the pre-survey meeting to disseminate duties among the surveyors on the team based on the needs of the survey. With clear delegation of duties prior to the start of the survey, the time on the site visit is spent efficiently. In delegating team duties, matching the specific discipline of the surveyor to their tour area of the trauma center is beneficial. It may be more appropriate for the specialty physicians to tour the areas of their expertise and the nurse to tour the remaining areas.

The following is a suggested listing of delegations of duties for the surveyors on the team by the primary reviewer:

- Medical record reviews: per team member, identify a minimum number and the category of reviews with the primary reviewer reviewing at least five charts. All death charts to be reviewed by physician survey members.
- Interviews of key personnel: the Trauma Medical Director by the primary reviewer and the Trauma Nurse Program Manager/Coordinator by the nurse surveyor
- CEU review: requirements for nurses by nurse surveyor or OEMS staff and requirements for physicians by primary reviewer or OEMS staff
- PI review: physician surveyor assigned to overall program review, all team members responsible for PI review on medical records reviewed, OEMS staff may review meeting minutes, the nurse surveyor to review the overall PI program
- Research data, when applicable: primary reviewer or other physicians on team
- Injury prevention and RAC activities: the nurse surveyor

For all combined ACS verification/state designation visits, the OEMS will arrange a conference call for the ACS survey team members and OEMS team members prior to the survey to identify the survey start time, discuss a brief overview of the trauma center's last survey results and any concerns or issues the OEMS or the ACS identified. It is beneficial for all survey team members to participate in the pre-survey conference call.

## **Task 3 Entrance Activities**

The general objective of this task is to orient the surveyors to the trauma center's program and obtain the information needed to conduct the survey.

### Arrival

It is preferred for the entire survey team to arrive and enter the trauma center together. Survey team members should introduce themselves to the members of the hospital's administrative and trauma team staff. The primary reviewer will identify the general area each surveyor will be responsible for with the hospital staff.

The trauma center will provide a location for the surveyors to conduct the tasks of the survey. In addition, all pre-requested documents such as selected medical records, performance improvement documentation, policy manuals, and committee meeting minutes will be accessible to the surveyors and OEMS staff at this same location. The hospital will also provide a private meeting area for surveyors to conduct private interviews.

### Trauma Program Overview

The trauma center will provide a 20-30 minute oral presentation of its trauma program to the survey team. Members of the hospital's administration and trauma program staff should also be in attendance. Audio-visual aides may be included during the presentation. It is typical for the Trauma Medical Director to conduct the presentation; however, it is at each trauma center's discretion to determine their speaker. While there is no specified format for the presentation, the items the trauma center should include that would be beneficial to the surveyors are the following:

- A brief history of the trauma program
- The progress/growth made since the last designation survey
- The improvements put into place from weaknesses identified
- Explanations of current trauma center projects
- The goals of the trauma program
- The vision of the trauma program

Following the presentation, there should be time allotted, no less than 15 minutes, for questions from the surveyors.

### **Task 4 Information Gathering**

The general objective of this task is to determine the trauma center's compliance with the state trauma rules through observations, interviews and documentation review. Throughout the survey, the site surveyors will focus their attention on actual and potential patient outcomes, as well as required processes. They will assess the care and services provided at the trauma center, including the appropriateness and services within the context of the regulations. All identified non-compliant situations related to the requirements will be assessed by the surveyors to determine the hospital's compliance with the rules.

### Facility Tour

The tour is designed to provide an understanding of the trauma center and staff by an observation of the physical features in the hospital's environment. During the tour, the surveyors will be gathering information on the flow of the patients through the trauma center, the emergency equipment available, the commitment toward providing resources for the care of the trauma

patient and the staff's knowledge of the provider's role in trauma patient care through staff interviews.

Tour guides, of the hospital's choice, should be from the same specialty as the surveyor and of the area of the trauma center being toured. It is desirable to have these guides be a person who is familiar with the areas toured to accompany the surveyor to provide information and to answer questions. Surveyors should tour areas of the hospital independently according to their assigned areas with the exception of the Emergency Department, where the tour begins and all surveyors are present as a group. The tour areas are assigned to each surveyor by the primary reviewer. The areas to be visited on the tour include the Emergency Department, Radiology, Operating Room (OR)/Post Anesthesia Recovery Unit (PACU), Intensive Care Unit (ICU), Blood Bank, rehabilitation units, the laboratory, pediatric ICU if available, and if warranted, a general nursing unit.

During the tour, the surveyors are expected to focus on the following:

Emergency Department

- Observe the overall Emergency Department facility, the resuscitation area and equipment
- Interview the Emergency Department personnel such as the physician and nurses regarding protocols, staffing, trauma call, trauma flow sheet

OR/PACU

- Observe the location of the OR/PACU in relation to the Emergency Department, the OR schedule
- Interview the OR personnel such as the nurse manager, anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) to determine how the OR is available for trauma patients, equipment availability

Blood Bank

- Observe the overall blood bank facility, the location of the blood bank in relation to the Emergency Department
- Interview personnel such as the technicians to determine the availability of blood products and massive transfusion protocols

Radiology Department

- Observe the overall radiology department facility, its location in relation to the Emergency Department and the equipment available if a patient arrested during a procedure
- Interview the personnel such as the radiologist and/or technician to discuss triage availability, patient monitoring policy, code blue response, availability of services to trauma patients

Laboratory Department

- Observe the overall laboratory facility, the location of the laboratory in relation to the Emergency Department

- Interview personnel such as the technicians to determine the turn around time for lab work drawn on trauma patients, availability of services for trauma patients

#### Intensive Care Unit (ICU), adult and pediatric

- Observe all the ICU facilities of the trauma center, the location in relation to the OR/PACU and Emergency Department, the equipment and services available to the trauma patient
- Interview personnel such as the Medical Director, Nurse Manager, staff nurse to discuss the patient triage process, bed availability, staff assignment and physician on-call responsibility for trauma ICU patients

#### Rehabilitation Unit

- Observe the overall rehabilitation unit, the equipment and services available to the trauma patient
- Interview personnel such as the therapists to discuss initiation of rehabilitation for trauma patients and services available

#### General Nursing Unit (if warranted)

- Observe a general nursing unit facility for efficiency of work flow
- Interview personnel such as Nurse Manager, staff nurse to discuss patient triage process, bed availability, staff assignment, and physician on-call responsibility for trauma patients

#### Medical Record Review

The medical record is designed to demonstrate through documentation of clinical management and outcome, compliance with the state trauma rules. It is necessary to review an adequate number of medical records to determine compliance with these rules. The hospital shall ensure staff is always present to assist the survey team in obtaining required information.

For review of electronic medical records, computers shall be available for each of the site surveyors and there shall be a hospital staff member available for each of the surveyors who are proficient and knowledgeable in the electronic medical record system.

The medical records selected by the OEMS for review on the survey are based on the Chart Selection for State and ACS/State Site Visits. The sample of records reviewed should include a cross section of the patient population and services provided at the trauma center. Assignments for the chart reviews will be delegated by the primary reviewer. Each surveyor shall document their medical record reviews on the Medical Record Review form and send this completed form to the OEMS within five days of the end of the survey. The OEMS will give each patient in the sample a unique identifier and keep identifiable information on a separate identifier list to be disclosed to the hospital with the site visit final report.

At a minimum, the medical record should be reviewed by the surveyor for the following items to determine the appropriateness of the overall care provided at the hospital:

- General injury(ies) warranting hospitalization
- Mechanism of injury

- Trauma alert according to hospital policy
- Response times of trauma team members
- Completeness of ED flow sheet
- Length of stay in the Emergency Department
- Surgical procedures
- Physician progress notes and nurses notes during course of stay
- Outcome of clinical management
- Length of stay in the hospital
- Peer review based on hospital's review criteria
- If applicable, criteria for transfer

In documenting on the Medical Record Review form, the hospital medical record number should be used on the document to identify the patient reviewed. The form should be indicated by Yes (Y) or No (N) if audited by PI and checked for a care concern by the surveyor if applicable. Comments are required for all reviews. These comments must be clear, concise, and thorough and based on facts identifiable in the medical record and hospital documents.

### Interviews

Informal interviews should be conducted throughout the duration of the survey to gather additional information for the survey. Interviews may also be used to verify and validate information obtained from other survey activities. The interviews with hospital staff should be brief. Surveyors should avoid asking leading questions. Some interviews may be conducted in privacy at the interviewer's discretion. The use of open-ended questions is preferred. The following is a suggested listing of other staff to be interviewed by the team members:

- Trauma Medical Director
- Trauma Program Manager/Program Coordinator
- Trauma Registrar
- Neurosurgeon
- Orthopedic surgeon
- Performance Improvement Coordinator
- Emergency Department physician
- Medical record personnel
- Members of the trauma center's administration
- Chief of staff
- Director of Nursing

### Performance Improvement (PI)

The purpose of reviewing the trauma center's PI program is to review its link to the hospital-wide PI program and its effectiveness from problem identification through re-evaluation and loop closure. PI programs describe the continuing evaluation of a trauma system and trauma providers through structured review of the process of care as well as the outcome. The PI process includes a process of care, a system that evaluates and makes changes or improvements in the care process and monitoring to evaluate if changes made in the care process had the desired effect. When a desired threshold is met, closure is achieved and documented.

As part of their PI process, trauma centers must have a trauma performance committee and a multidisciplinary peer review committee which meet at least quarterly. Level III Trauma Centers may combine these two committees. As part of the PI review, surveyors will be reviewing meeting attendance and minutes from these committees to ascertain whether issues identified from the non-discretionary and discretionary audit filters have been addressed accordingly and loop closure is evident. The specific audit filters are identified in the Performance Improvement, Guidelines for the North Carolina Trauma System.

In addition, during the medical record review, surveyors will review the PI documentation for those charts that had been audited through the trauma center's PI program to assess the effectiveness of the program. In addition, in reviewing charts that were not audited through the PI program and missed opportunities for PI audit will be identified by the surveyors.

#### Continuing Education Units (CEU)

It is important for trauma center staff to stay current in knowledge of care of the trauma patient. CEU's are required for physicians, nurses, mid-level practitioners and trauma registrars based on the level of trauma center designation. The requirements for CEUs are found in the state trauma rules. It is the responsibility of the primary reviewer to assign the task of CEU review to a surveyor. OEMS staff attending as part of the site team may participate in the review of CEUs.

In validating CEU requirements of physicians, nurses, trauma registrars, and mid-level practitioners, the survey team may ask for individual staff records, group records, departmental unit records or rosters for classes, if classes were conducted at the trauma center. The hospital's policy manual should illustrate the acceptable types of educational offerings for meeting the requirements.

#### Research

Applicants for Level I Trauma Center designation shall have a trauma center research program resulting from work related to the trauma center designed to produce new knowledge related to the care of injured patients. The requirements for research are found in the state trauma rules. It is the responsibility of a team physician to review this requirement. In validating research data requirements, the survey team may ask for documents pertaining to the specific research projects.

#### Other Document Review

The trauma center will have additional documents available for review by the survey team to demonstrate the trauma program operations. In reviewing these documents, the site surveyors can determine the complete system of care within the trauma program. These documents may include:

- Trauma Service policy and procedure manuals.
- RAC meeting minutes. These are reviewed to assess the participation of the hospitals and the PI and educational activities conducted.
- Injury prevention activity documentation

### **Task 5 Analysis of Findings and Decision Making**

The general objectives of this task are to integrate findings, review and analyze all information collected from observations, interviews and record reviews and to determine whether the trauma center is in compliance with the state trauma rules, whether deficiencies exist, the strengths and weaknesses of the program and recommendations for the program. The team's analysis of findings and decision making assist the primary reviewer in preparing the summary survey report sent to the OEMS. This task is held in a closed meeting with the site team only in attendance.

#### **General Procedures**

Prior to the beginning of the task, each team member should review their documentation to assure all work is complete and ready to share their information with their fellow surveyors. The primary reviewer identifies a time for a private meeting of the survey team and informs the facility staff of this time. No more than 30 minutes should be allowed to complete this task.

#### **Discussion Meeting**

At this closed meeting, led by the primary reviewer, the surveyors share their findings with the team, evaluate the evidence and make team decisions regarding strengths, weaknesses, deficiencies, and recommendations. Deficiency determination is based on the integration of data from document review and data obtained through interviews and observations. For initial designation surveys, a determination must be made regarding whether the hospital meets every requirement in the state trauma rules.

A "strength" means strong, positive aspects of the trauma program. A "weakness" means the criteria in the state trauma rules is met at a minimum. A "deficiency" is defined as failure to meet essential criteria for the trauma center's designation as specified the state trauma rules that can serve as the basis for a focused review or denial of a trauma center designation. A "recommendation" means a suggestion for an area of improvement or assistance from the survey team based on an identified weakness.

The survey team uses judgment to determine if any action(s) taken by the trauma center prior to the survey is sufficient to correct the non-compliance and to prevent the deficient practice from continuing or recurring. If the deficient practice is corrected prior to the survey, non-compliance is not cited. However, if non-compliance is noted with any of the requirements during the survey, even when the trauma center corrects the non-compliance during the survey, the non-compliance is still cited. For any issues of non-compliance, the team needs to reach a consensus.

### **Task 6 Exit Conference**

The general objective of this task is to provide the facility staff feedback of the team's findings including positive aspects of the trauma program and potential opportunities for improvement at the conclusion of the survey.

The exit conference is conducted by the primary reviewer who presents a verbal report of all the team's findings. This is an informal open meeting between all the survey team members and hospital staff members. However, there are some situations that justify refusal to conduct an exit conference such as if the hospital is represented by counsel. The surveyors may refuse to

conduct the exit conference if a lawyer attempts to turn it into an evidentiary hearing or if the hospital creates an environment that is hostile, intimidating or inconsistent with the informal nature of the exit conference.

The meeting is considered confidential therefore; attendance from hospital members is discretionary. It is customary for hospital administration, the trauma medical director, trauma program manager and trauma registrar to be present. Because of the ongoing communication between the survey team members and hospital staff during the survey, there should be few instances in which the trauma center is unaware of the concerns identified or has not had an opportunity to present additional information prior to the exit conference.

At the meeting, the primary reviewer thanks the hospital staff for their hospitality and cooperation during the survey. It is further explained that this meeting concludes the survey and the findings presented are a consensus of the survey team. The primary reviewer provides the hospital staff a brief explanation of the survey findings broken out into the following categories: strengths, weaknesses, deficiencies and recommendations. Deficiencies are determined by the current edition of the state trauma rules. Explanations should be given for all findings of non-compliance. During the presentation of findings, there should be no deviation from the facts. All findings will be discussed at the exit conference. The primary reviewer will inform the trauma center of their writing of a summary report to be submitted to the OEMS based on the findings discussed at the exit conference.

Following disclosure of all findings, the facility staff is afforded an opportunity to ask questions or provide comments on the survey. All team members should leave the hospital together immediately. This action concludes the on-site survey activities.

### **Task 7 Post Survey Activities**

The general objective of this task is to complete the survey requirements in accordance with the state trauma rules.

#### **Reports**

Each surveyor, with the exception of the primary reviewer, must complete a Trauma Center Site Visit Report Form based on their findings. All surveyors must complete a Medical Record Review form indicating all the charts they individually reviewed during the site visit. The surveyor may type on these forms electronically while on site or may hand write notes on the forms. The individual Trauma Center Site Visit Report Form as well as the Medical Record Review form must be submitted to the OEMS in hard copy within five days of the site visit, with the exception of the primary reviewer. In addition, each surveyor must send a copy of their Trauma Center Site Visit Report Form to the primary reviewer.

It is the responsibility of the primary reviewer to create the summary Trauma Center Site Visit Report to send to the OEMS within 30 days of the site visit. The report shall incorporate the team's findings based on the state trauma rules and be categorized into strengths, weaknesses, deficiencies and recommendations. The document must be written in language specific enough

to convey the final decision of the surveyors without divulging the identity of any medical records reviewed.

Following receipt of the final summary Trauma Center Site Visit Report from the primary surveyor, the OEMS shall review the report, approve it as written, or will generate a new report based on the facts received from the primary surveyor. The OEMS will send a Site Visit Final Report to the hospital along with the medical record listing to the hospital.

Hospitals with contingencies, as a result of deficiencies, have up to 10 working days prior to the next EMS Advisory Council meeting to provide documentation to the OEMS to demonstrate compliance. Hospitals with deficiencies, must submit an action plan to the OEMS within 10 working days following receipt of the Site Visit Final Report.

#### EMS Advisory Council and Final Decision by OEMS

Recommendations regarding trauma center designation are forwarded to the EMS Advisory Council. Following recommendation by the council, the final decision on designation rests with the OEMS. The hospital will receive an invitation to the EMS Advisory Council meeting with the Site Visit Final Report.

Discussion regarding trauma center designation is first held by the Injury Committee of the council. The trauma center may be asked questions about their program from committee members. Following a vote for designation approval or disapproval, the committee presents its recommendation and reasoning to the full council. The council votes for designation approval or disapproval. If designation is approved by the council and there are no outstanding deficiencies or contingencies warranting a focus review, OEMS will automatically concur with the decision. A designation certificate is then presented to the trauma center and staff. If there is a vote for disapproval from the council, the OEMS will review the council's recommendation and make the final decision within 30 days of the Advisory Council meeting. The hospital will receive notification of the OEMS' final decision in writing within 30 days of the council's meeting.



Hospital: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**MEDICAL RECORD REVIEW**

MEDICAL RECORD #	PATIENT CATEGORY (IES)	NO AUDIT	COMMENTS
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern
			<input type="checkbox"/> Care Concern

(Attach BD 104 here with travel policy)