



MISSISSIPPI STATE DEPARTMENT OF HEALTH

BUREAU OF ACUTE CARE SYSTEMS

Division of Trauma Site Survey Process Manual for Level I, II, and III Trauma Centers Including Primary, Secondary, and Tertiary Pediatric Centers Burn Centers

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Introduction

The Mississippi Trauma Care System Site Survey Process is intended to aid trauma centers to plan and prepare for their designation site survey visit. The staff of the Mississippi State Department of Health Division of Trauma hopes that this document will assist with the survey process and guide hospitals in providing the reviewers with the most up to date information regarding the implementation and ongoing development of their trauma program, while meeting the standards set forth in the Mississippi Trauma Care System Regulations.

Please contact the Bureau of Acute Care Systems – Trauma SOC if you have any questions.

Main number 601-933-2440

- David Hall, Director
Bureau of Acute Care Systems
Office Phone: 601-933-2442
David.Hall@msdh.ms.gov
- Teresa Windham, Trauma System Nurse Consultant
Bureau of Acute Care Systems
Office Phone: 601-624-1207
Teresa.Windham@msdh.ms.gov
- Teletha Johnson, Trauma Registry
Trauma Care System
Office Phone: 601-933-2447
Teletha.Johnson@msdh.ms.gov

- Funmi Franklin, Trauma Registry
Bureau of Acute Care Systems
Office Phone: 601-933-2446
Funmi.Spencer@msdh.ms.gov

General Instructions/Information

The intent of the designation site survey is to establish compliance with the Mississippi Trauma Care System Regulations. The State Health Officer, upon recommendation of the Mississippi Trauma Advisory Committee (MTAC), is the designation authority for Trauma Centers in Mississippi. The State Health Officer and MTAC view the site survey team as subject matter experts in trauma care, who are validating the delivery of care. The site survey team will obtain information from medical records, review performance improvement documents, and interview staff in order to determine if the hospital meets the criteria established by regulation for designation as a Trauma Center. The hospital's compliance with the Trauma Regulations is confirmed in part by:

- Appropriateness of care
- Documentation of clinical care
- Timeliness of care
- Performance Improvement and integration into the hospital PI program
- Implementation of clinical management guidelines
- Evidence of trauma specific education, training, and injury prevention efforts

Designation Process and Schedule

The Trauma staff will review the hospital's application for designation as a Trauma Center after it has been reviewed by the Trauma Care Region. If any questions are not answered, or there is a need for further clarifications, a staff member will contact the hospital to request this information. A response to each question is required before the survey can be scheduled and the survey team members selected. All questions require a response; a detailed explanation, "not applicable", or "refer to attachment X or Page XX." Once the application is submitted, the hospital will be contacted with the date for an educational visit. After the educational/consultation visit, the hospital will be given 30 days to revise and resubmit the final copy of the application. The survey is generally scheduled at least 30 days after the application is considered complete.

The designation site survey will include a review of selected trauma patient records from the previous twelve (12) months.

The survey report and designation letter will be sent via certified mail to the hospital's Administrator or Chief Executive Officer.

Mississippi Site Survey Team

Trauma Center Survey Team

- Trauma Surgeon (Team Leader)
- Emergency Physician (Level I and II Trauma Centers only)
- Trauma Nurse
- Division of Trauma staff members (as required for administrative support to the team)

Pediatric Center Survey Team

- Trauma Surgeon (Team Leader) (credentialed for pediatric trauma for Secondary and Tertiary Centers)
- Trauma Nurse
- Division of Trauma staff members (as required for administrative support to the team)

Burn Center Survey Team

- General Surgeon w/special interest in burn care (Team Leader)
- Registered Nurse w/burn care or emergency experience
- Division of Trauma staff members (as required for administrative support to the team)

Survey Team Documents for Pre-Review

Survey team members will be proactive in obtaining information about your trauma center. However, it is also your responsibility to provide information to the surveyors. Carefully review the information contained in these guidelines and organize your information to address issues that will be reviewed by the survey team. If you are concerned that a surveyor has not reviewed a piece of important information, discuss the issue on-site immediately with the Division of Trauma staff and they will help you relay and/or provide the information to the appropriate survey team member(s). Surveyors are oriented to the Mississippi Trauma Center designation process. Prior to arriving on site, they are provided with the following:

- Current Mississippi Trauma Care System Regulations
- Mississippi Site Survey Process Manual
- Trauma Center Application
- Previous Site Survey Report (if any)
- Previous Corrective Action Plan (if any)

Itinerary for Site Survey

It is important that the survey day agenda is adhered to as closely as possible. There is a considerable amount of information to cover during the survey, and surveyors must make decisions based on facts obtained from the available information.

A minimum of two parking spaces near the entrance should be reserved for the team.

Required attendance for the survey includes, but is not limited to:

- CEO/Administrator
- Trauma/Pediatric/Burn Medical Director
- Trauma/Pediatric/Burn Program Manager
- Trauma Registrar

Level I Trauma Centers and Tertiary Pediatric Trauma Centers receive separate eight (8) hour surveys.

8:00 a.m. – 8:30 a.m.	Introductions and Opening Session
8:30 a.m. – 9:00 a.m.	Performance Improvement Review & Review of Deficiencies (from previous survey if applicable)
9:00 a.m. – 10:30 a.m.	Center Tour
10:30 a.m. – 3:30 p.m.	Medical Record Review
3:30 p.m. – 4:00 p.m.	Closing Session

Level II and Level III Trauma Centers receive a six (6) hour survey, which includes the survey as a Secondary or Primary Pediatric Trauma Center.

9:00 a.m. – 9:30 a.m.	Introductions and Opening Session
9:30 a.m. – 10:00 a.m.	Performance Improvement Review & Review of Deficiencies (from previous survey if applicable)
10:00 a.m. – 11:30 a.m.	Center Tour
11:30 a.m. – 2:30 p.m.	Medical Record Review
2:30 p.m. – 3:00 p.m.	Closing Session

Burn Centers receive a six (6) hour survey.

9:00 a.m. – 9:30 a.m.	Introductions and Opening Session
9:30 a.m. – 10:00 a.m.	Performance Improvement Review & Review of Deficiencies (from previous survey if applicable)
10:00 a.m. – 11:30 a.m.	Center Tour
11:30 a.m. – 2:30 p.m.	Medical Record Review
2:30 p.m. – 3:00 p.m.	Closing Session

Opening Session

The survey team and Division of Trauma staff will arrive at a designated area and will meet the Hospital Administrator, Trauma Medical Director, Trauma Program Manager, and Trauma Registrar.

Suggested attendance at the Opening Session:

- Chairman of the hospital board and/or a designated board member
- Chief Executive Officer/Administrator **(Required)**
- Chief Nursing Officer
- Chief of Medical Staff
- Trauma/Pediatric/Burn Medical Director **(Required)**
- Chief of Neurosurgery and/or designated neurosurgeon (Level I and II only)
- Chief of Orthopedic Surgery and/or designated orthopedic surgeon
- Chief of Surgery and/or designated general surgeon
- Chief of Emergency Medicine and/or designated emergency medicine physician
- Chief of Anesthesiology
- Chief of Radiology
- Chief of Pediatrics (Secondary and Tertiary Pediatric Trauma Centers)
- Chief of Rehabilitation Medicine (Level I and II Trauma Centers)
- Additional specialty surgeons taking trauma call
- Trauma/Pediatric/Burn Program Manager **(Required)**
- ED Nurse Manager
- OR Nurse Manager
- ICU Nurse Manager
- EMS Representative
- Hospital Quality/PI Manager
- Trauma Registrar **(Required)**

This session should be conducted in a large meeting room. Interested hospital personnel that are able to attend the opening session are encouraged to do so. Support from the entire hospital staff shows commitment to the Trauma Program. The Division of Trauma staff will make brief opening comments and introduce the survey team. The hospital's CEO/Administrator and the Trauma Program Manager will have a maximum of 15 minutes each (30 minutes total) to make introductions and present the following information: PowerPoint Presentation is preferred; however, Handouts, Storyboards, Graphs, etc. may be used for reference.

- Specifics related to the hospital environment and unique patient populations
- The hospital's trauma program and the surrounding community
- Pertinent information that is relevant to this site survey
- Accomplishments of the trauma program over the last year

Trauma Centers should use this brief opportunity to highlight accomplishments that clearly demonstrate the hospital's commitment to the Trauma System. Performance Improvement and Deficiencies Review

The hospital's Trauma Program staff will present information related to the trauma performance improvement process. (PowerPoint Presentation is preferred; however, Handouts, Storyboards, Graphs, etc. may be used for reference) At its completion, the staff will continue the presentation addressing the resolution of the deficiencies cited at the most recent site survey. (Maximum 30 minute presentation)

Note: Staff from other than the Trauma Program may be dismissed at this point and return to their regular duties.

Suggested attendance at the Trauma PI and Deficiencies Review:

- Trauma/Pediatric/Burn Medical Director **(Required)**
- Trauma/Pediatric/Burn Program Manager **(Required)**
- CEO/Administrator **(Required)**
- Chief Nursing Officer
- ED Nurse Manager
- OR Nurse Manager
- ICU Nurse Manager
- Pre-hospital/EMS/Flight Team Representative
- Hospital Performance Improvement Director
- Trauma Registrar **(Required)**
- Other staff who have been involved in the resolution of the deficiencies

Information should include the issue identification, analysis of the issue, corrective action plan, implementation of the action plan, and loop closure. This is only applicable if the facility has had a previous site survey with a corrective action plan in place.

Other issues that may be discussed at this time are:

- Explain the trauma performance improvement process
- Process of peer review (concurrent and retrospective)
- Leadership role of Trauma Program Manager in trauma Performance Improvement
- Integration of Trauma Performance Improvement into Hospital Performance Improvement
- Assessment of minutes from Trauma Morbidity and Mortality and roles of the members of the Trauma Multidisciplinary Committee
- Review of care provided to pediatric patients
- Development and implementation of clinical management guidelines
- Use of trauma registry data for trauma Performance Improvement
- Trauma Program Director's system of credentialing trauma surgeons

- Nursing performance improvement activities
- Multidisciplinary involvement, example, and consistent participation of all team members
- Documentation of issue identification, analysis, corrective action plan, implementation, and loop closure
- Participation in Emergency Medical Services' Performance Improvement
- Assessment of trauma surgeon's involvement in major therapeutic decisions, presence during resuscitations and in the OR
- Review of appropriate neurosurgical and orthopedic response
- Resolution of the deficiencies from last site survey (if applicable)

Hospital Tour

The survey team will tour the hospital immediately after the Performance Improvement and Deficiencies Review. A hospital staff member will guide each surveyor, and it is suggested that a scribe accompany each tour group to assist the hospital staff tour leader with documentation of areas of accomplishment and those with room for improvement. The surveyor will state departments or units they would like to see and the staff they would like to interview. Generally, the surveyors will follow the path that a patient would take, from ambulance entry through the ICU, as well as some specialty areas including lab and blood bank. The tour guide should be from the same specialty as the surveyor (i.e., Trauma Surgeon Team Leader and Trauma Medical Director). At the completion of the tour, the surveyors will proceed to the medical record review room.

Medical Record Review

The room designated for this review should be large enough to accommodate two large tables with workspace for the entire team (including the staff) to work with the medical records. (If the hospital uses electronic medical records, a work station for each surveyor is required, as well as technical assistance/instruction on the software.) The Trauma Registrar should be prepared to provide reports from the trauma registry during the survey process. The hospital's Trauma Medical Director should remain available in the hospital, but is not expected to be unencumbered. The Trauma Program Manager and Trauma Registrar must be **immediately** available to the survey team to provide answers or explanations, however, they will not be allowed in the review room.

When asked to respond to a question, please be brief yet thorough. If the question is best answered by another member of your staff, please request he or she come to the room to respond to the question. If the response is lengthy, please move the discussion to the hallway or another room.

A major segment of the surveyors' day will be dedicated to review of the patient's medical record and corresponding performance improvement documents. It is the hospital's responsibility to present all of the required information. Having the information

in multiple areas of the hospital can cause problems for the surveyor's expedited review. Please have all information immediately available in the review room. The survey team will not break for lunch. Refreshments and a working lunch should be provided by the hospital.

Clinical Criteria for Medical Record Selection

Please have the following charts or patient list if electronic medical records, available for review on the day of survey:

- All deaths, divided by ISS categories (0-9, 10-15, 16-24, >24)
- All TRISS >.5 where there are unexpected deaths (note which records are included in the All deaths list)
- All TRISS <.5 where there were unexpected survivors
- All ISS >24 survivors
- All transfers out
- All pediatric trauma admissions
- Registry number and Medical Record number for each patient
- Registry Quick Report for each identified record

The hospital may also select records for review by the team for exceptional or questionable care. These records will be reviewed as time permits and must be separated from the above described records.

It is the responsibility of the hospital staff to prepare medical charts with PI documents organized for accessible review by the surveyors. (i.e., partial electronic and partial paper charts should be prepared in a way that the surveyor can determine the care the patient received while in your facility.) For electronic medical records, at least two guest access codes should be available, tested and working on the day of survey. If the surveyor is unable to adequately review the medical records, it may be necessary to terminate the survey process immediately.

Additional Hospital Information for Surveyor Review

1. All trauma performance improvement reports and minutes must be made available to the survey team. This is not a Health Insurance Portability and Accountability Act (HIPAA) violation; it is a part of the performance improvement process along the continuum of care. Available information includes:
 - Performance indicators/audit filter studies/reports
 - Pediatric audit filters
 - Trended data
 - Deaths
 - Pre-hospital PI
 - Reviews of transfers in and out
 - Morbidities (review of occurrences/complications)

- Systems issues
 - Specific PI review attached to ALL records required for the survey
2. Trauma program policy and procedure manual
 3. Clinical management guidelines (development, implementation)
 4. List of all physicians on staff (attending and residents) for the time period identified for review:
 - List the physicians by specialty (emergency physicians, trauma/general surgeons, orthopedic surgeons, neurosurgeons, anesthesiologists, radiologists, pediatrics, and rehabilitation physicians)
 - Physician credentials
 - Board certification (or eligibility)
 - ATLS certification
 - Trauma/pediatric/burn related CME's for each trauma team liaison
 - Specific trauma related privileging information
 - Emergency physicians
 - Trauma/general surgeons
 - Orthopedic Surgeons
 - Neurosurgeons (Level I and II Trauma Centers only)
 - Anesthesiologists
 - Radiologists
 - Intensive care unit physicians
 5. Trauma Activation Criteria for all levels of activation
 6. Documentation of Community Education projects

Closing Session

The closing session will include remarks from the Division of Trauma staff and the survey team to the Trauma Program staff and any other hospital staff members who desire to attend. This meeting is brief and will not include all findings of the survey, however, the team will identify up to three examples of best practices and up to three examples of areas for improvement.

The survey team and Division of Trauma staff members will prepare the report after the conclusion of the closing session. Depending on their schedule, the team may require the use of the record review room to complete the report. The information will be presented to the Mississippi Trauma Advisory Committee for recommendation and forwarded to the State Health Officer for final action.

The applicant hospital will receive a Survey Report of the inspection team's findings.

Additionally, they will receive a template for completing a Corrective Plan of Action, which will address the issues identified in the survey report. All Corrective Plans of Action must be completed in this format and returned to the Division of Trauma office within 30 days or as directed after receipt of the Survey Report.