

Site Survey Guidebook

4.30.2018

SITE SURVEY GUIDEBOOK

The information in this guidebook will assist you in preparing for a consultative visit and/or trauma center accreditation site survey visit. This material was gathered based on Pennsylvania Trauma Systems Foundation (PTSF) staff observations, comments received from applicant hospitals, suggestions received from site surveyors and recommendations from the PTSF Board of Directors. In addition to the guidebook, please refer to the PTSF web site: www.ptsf.org under Resources - Site Survey..

We hope that with advance preparation by both the applicant hospital and Site Survey Team, the survey day will flow smoothly, providing surveyors with the opportunity to engage in open dialogue and to gather information on the trauma program, system operations and performance improvement. The collection of this information will be a source of information for members of the PTSF Board of Directors who will determine if the trauma center meets the standards for trauma center accreditation.

Please share this manual with everyone who will be involved with site survey preparations and the actual site survey visit. Feel free to contact the Pennsylvania Trauma Systems Foundation (717-697-5512) if you have any questions.

Regarding accreditation & site survey . . .

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DI SUPPORT:

For DI software challenges or issues on the day of survey, call 1-800-344-3668 x 4 or e-mail support@dicorp.com and mention you are having a PTSF survey. While you are on the phone, the operator will route the call to an available technician. An e-mail will be prioritized to the front of the queue. DI will also have the individual technician's phone numbers and e-mail addresses as a backup.

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ACCREDITATION PROCESS

Letter of Request to Schedule a Consultative Visit or Accreditation Survey

Hospitals pursuing trauma center accreditation that are not accredited trauma centers, must submit a letter requesting a consultative visit or accreditation survey. Although consultative reviews are not mandatory, they are strongly recommended for those hospitals pursuing trauma center accreditation. The consultative reviews mirror the process for PTSF accreditation surveys but are more educational in nature. The PTSF staff is available for education and support to aid in preparation for either type of visit. A letter requesting an accreditation survey is not required for hospitals that are currently accredited. Scheduling a full site survey after a consultative visit should allow for enough time for board review, report generation and hospital action plan implementation. Please refer to Policy AC-130 for additional details including request submission deadlines.

Pursuing and Accredited Trauma Center Fees

Information regarding site survey fees is posted on the PTSF website in the “Resources” area and is found in the “Fee List” which is approved annually by the PTSF Board of Directors. Invoices are emailed to hospitals annually in November. For pursuing hospitals planning a survey or consultative visit for the first time, ½ the fee is due with the letter of request submitted the year prior. Further details can be found in PTSF Policy AC 130.

Application for Survey (AFS)

Each fall the PTSF activates the subsequent year’s web-based, Application for Survey (AFS). The AFS is completed through the web portal supported by Digital Innovations with password access;-protected through the PTSF website. The AFS creates the first impression of the hospital for the survey team. Answer questions succinctly and assure that all answers are based on the Standards of Accreditation!

AFS due dates are assigned based on the site survey schedule. **Typically**, this includes:

- **Hospitals surveyed between January and June – Due January 31st**
- **Hospitals surveyed between July and December – Due March 1st or June 1st**

DUE DATES ARE ASSIGNED BY THE PTSF AND WILL BE NOTED WHEN THE SITE SURVEY DATE IS CONFIRMED!

After the center completes the AFS, please email the Director of Accreditation. This will allow the PTSF to place the AFS in the review mode and submit your information. You do not need to do anything within the AFS software to ‘submit’ the AFS. The PTSF staff will complete a preliminary review. Hospital staff will be notified (via Clarification Form within the AFS) if any clarifications are required and a deadline will be given for final completion. All clarifications will be made directly in the AFS.

Required Forms

In addition to the AFS, the PTSF requires TWO forms to be emailed to the office prior to the survey date.

- Fillable forms are available on the PTSF website (site survey section) @ www.ptsf.org.
 - Hospital Site Survey Contacts “Fillable Forms”: Due 3 months prior to survey
 - Site Survey Information “Fillable Forms”: Due 3 weeks prior to survey
 - Separate forms for level 1-3 & level 4

SITE SURVEY VISIT

The purpose of the site survey visit is to determine whether an applicant hospital is in compliance with the Standards for Trauma Center Accreditation on the day of site survey and has complied with preparations for site survey as noted in Policy AC-130 “Process for Becoming a New Trauma Center.” Evidence of compliance is measured by:

- Appropriate and timely clinical management of the trauma patient as documented in the medical record.
- Trauma center/system performance improvement and its integration into the hospital’s performance improvement program.
- Policies, procedures, protocols and patient management guidelines focusing on clinical and fiscal administration of the trauma center.
- Education and training of the trauma center personnel in clinical management of the trauma patient.
- Interviews with individuals participating in the trauma care system.

PTSF staff reserves the right to terminate a site survey if the site surveyor’s ability to carry out their responsibilities in conducting a survey is impeded in any way. Examples of this include:

- A trauma program staff member who exhibits behaviors that impede the ability of the surveyors to openly discuss cases and review charts.
- Lack of access to electronic medical records due to technical difficulties or other reasons.
- Falsifying documents under review by the PTSF surveyors, including medical records, PI information or policies.

In the event a survey is cancelled due to the above circumstances a hospital may be at risk for suspension or de-accreditation.

The goal of PTSF staff is to provide the site surveyors with an environment that allows a comprehensive review of the trauma program and to foster dialogue between the site surveyors and hospital personnel. The process that is utilized is consistent throughout all site surveys. Cooperation is required and appreciated.

Site Survey Preparation

There are several options to consider when making preparations for site survey.

- MOCK SURVEYS conducted by internal staff or Trauma Program personnel from other trauma programs are helpful in assessing the program and identifying opportunities to improve the trauma program/presentation prior to survey. For those hospitals utilizing an electronic medical record, external review can be especially important to identify the ease with which a surveyor will be able to navigate the medical record and assess clinical care.
- EXTERNAL PEER REVIEW is used by many hospitals on either a consistent or episodic basis to conduct additional peer review on selected patient records. This provides an unbiased evaluation of patient care and the peer review process, and may identify opportunities to further enhance patient care or the trauma program.

NOTE: DO NOT choose PTSF Board Members to conduct Mock Surveys, provide External Peer Review or to provide consultative services within 3 years of your survey. Based on PTSF’s Conflict of Interest Policy, those board members will not be able to participate in the accreditation deliberations for the hospital.

Consultative Visit

A consultative visit, led by the PTSF, is typically very similar to a typical accreditation site survey. The purpose of the consultative visit is educational in nature and seeks to duplicate the format of the accreditation site survey as closely as possible. The consultative visit will differ in that more time will be given to education and less time to medical record review. Keeping this in mind, the daily schedule for the consultative visit may be customized based on the needs of the hospital. Survey team compositions may be customized (for example, one surgeon and one nurse instead of two surgeons and one nurse etc.). Please contact the PTSF Director of Accreditation to discuss consultative visit options.

The Consultative Team's review will be analyzed by the PTSF Board of Directors, and recommendations will be provided. The consultative visit report submitted to the hospital will not be shared with future site survey teams. Although not required, consultative visits are highly encouraged.

Level IV Panel Survey

Policy AC-139: Level IV Trauma Center Re-Accreditation addresses the survey process and schedule for Level IV Accredited Trauma Centers participating in the 2-year panel review process. Please refer to the policy for additional details.

SITE SURVEY TEAM

The following information is provided to the Site Survey Team prior to arrival at the hospital:

- Pennsylvania Standards for Trauma Center Accreditation
- Pennsylvania Site Surveyor orientation manual
- Site Surveyor (COLLECTOR) software tutorial
- Electronic Application for Survey (AFS)
- Trauma registry data outlining demographic information (for example, ISS, age, mechanism of injury, and clinical occurrences)
- Significant Issues identified from the most recent site survey visit, if applicable. The Surveyors do not receive the medical record portion or Opportunities for Improvement section of the previous accreditation reports if applicable.
- If a hospital failed to receive accreditation during its first visit and is reapplying, the previous accreditation report will not be shared with the new team.

The surveyors also participate in a Survey Team Orientation conducted by PTSF staff and are provided education via webinar for the AFS prior to the survey date.

Site Survey Team Composition

Please refer to Policy AC-119 for team composition guidelines.

CONFLICTS OF INTEREST: Trauma Centers are notified of the proposed members of the trauma survey team as soon as possible. The Foundation adheres to a strict conflict of interest policy when assigning site surveyors. Hospitals also have the opportunity to submit any site surveyor conflicts, in writing, at least 6 months prior to the day of site survey. Any conflicts should be conveyed to PTSF as soon as possible to avoid having to reschedule the survey date and incur extra fees.

Additionally, two PTSF staff members are present at all surveys.

NOTE: In the event a hospital elects to change the date of or cancel a site survey that has already been scheduled, the hospital will incur all charges incurred to that point. This includes air fare which may have been incurred by the survey team members. Charges will not be incurred if the rescheduling is caused by the site surveyor. See Policy BD – 113 Payment of Fees for additional details.

NOTE: In the event that the PTSF must cancel and/or reschedule a site visit due to the absence of one or more team members, please refer to Policy AC-133: Team Member Attendance/Cancellation for Site Visits for additional details.

Site Surveyor Team Assignments

Although each surveyor is required to assess compliance with all standards of Accreditation, individual surveyors are asked to focus on specific areas based on their specialty. Examples of focused areas are noted below.

Trauma Surgeon Leader (TSL) and Trauma Surgeon (TS)

Areas of focus for the TSL and TS include assuring that standards related to Performance Improvement, Clinical Care and Research are in compliance.

Areas of review *could* include the following:

- Significant Issue(s) focusing on PI, clinical care, surgical commitment, and physician education.
- Coordination of the trauma performance improvement review process, peer review process, review of minutes, agendas, and follow-up materials for any forum which reviews trauma patients (For example: Morbidity & Mortality Conference, Trauma Conference and/or General Surgery Conference).
- Decisions regarding the transfer of pediatric trauma patients and the review of care provided to pediatric patients in the ICU.
- Pediatric audit filters/review of pediatric trauma care/pediatric trauma PI.
- Trauma patient management guidelines.
- Performance improvement indicators.
- Recommendation of trauma team privileges.
- Trauma care provided in the ICU

Registered Nurse (RN)

Areas of focus for the RN surveyor include assurance that standards for trauma center accreditation for nursing and the trauma registry are being met.

Areas of review *could* include the following:

- Significant Issue(s) assigned to the Registered Nurse such as nursing documentation and trauma registry quality and timeliness.
- Coordination of nursing PI activities into the overall hospital's PI program.
- Trauma Registry data abstraction quality, timeliness of submission and use of data in the hospital's PI program, clinical management guideline development and research efforts. Performance improvement topics/questions identified from the AFS or site survey information.

Emergency Medicine (EM), Neurosurgeon (NS), Orthopedic Surgeon (OS)

If present, these additional members of the site survey team focus on the following aspects of the trauma program:

- Significant Issue(s) assigned to them such as subspecialty care and timeliness of response.

- Specific trauma performance improvement activities related to their specialty including clinical and/or system issues, PI information communication from the specialty to the Trauma Service or other trauma team members, and/or use of trended data to demonstrate appropriate change.
- PI topics and/or questions identified from the AFS or site survey information.

Additional assignments

- Any member of the site survey team can request to review unexpected survivors/deaths during the medical record review.
- All performance improvement documentation related to the review of unexpected outcomes and clinical occurrences that demonstrates problem identification, case review, status in the PI process and actions taken, should be attached to, or referenced in the Performance Improvement documentation folder.
- Any member of the survey team may request to meet with hospital staff members at any time.
- Refer to Policy AC-134 Monitoring of Credentialing/Education Information at Site Visits for details regarding PTSF staff compliance review.

Site Survey Schedule

There is a considerable amount of information to cover during the survey day. Surveyors are oriented to Pennsylvania's survey process, time schedule, and their individual responsibilities. Please share this information regarding the time schedule with all staff participating in the site survey process. While open dialogue is encouraged, please provide clear, concise responses to questions. Provide documentation and/or examples to answer the question or resolve the issue. Please recognize that the surveyors adhere to a strict time schedule and may find it necessary to move on to another issue.

There are occasions when surveyor(s) require additional time to complete the review. If it is anticipated that additional time will be required and the time schedule must be adjusted, hospital staff will be notified as soon as possible.

The time schedule may be modified to accommodate an earlier start time or to include special survey schedule items based on the applicant hospital's status (i.e. technology enhancements or electronic/online medical records systems). Schedules are often changed for hospitals undergoing their first survey or for a hospital without significant issues. Please contact PTSF staff if either of these conditions applies to the hospital.

Time is crucial. Make every effort for these meetings to be in close proximity to each other. This reduces the amount of time required to organize participants for the meeting. It may be helpful to have someone assist in getting the participants organized and in the correct location, ready to begin on time.

The following section contains time schedule samples for the survey day. ***Please keep in mind that the following times may change during the course of the survey day based on the time it takes for the surveyors to accomplish their tasks for each session.*** If there are any changes to the site survey time schedule, PTSF staff will communicate these changes with trauma center staff as soon as possible.

TYPICAL Site Survey Schedule Level I, II and III

Time	Activities
6:45 a.m. to 7 a.m.	Survey Team Arrival & Brief Introductions
7 a.m. to 7:15 a.m.	Opening Conference by Trauma Center Staff *PTSF Staff will open and introduce the survey team
7:15 a.m. to 8 a.m.	Physician Group Meeting AND Nursing/Ancillary Staff Group Meeting
8 a.m. to 8:45 a.m.	Significant Issue (n/a for new applicants) / Performance Improvement Review
8:45 a.m. to 9:15 a.m.	Hospital Tour
9:15 a.m. to Noon	Medical Record Review
Noon to 12:45 p.m.	Lunch (Private)
12:45 p.m. to 4 p.m.	Medical Record Review Continues
4 p.m. to 5:30 p.m.	Private survey team group meeting/discussion time
5:30 p.m. to 6 p.m.	Leadership Meeting

NOTE: Consultation Visit site survey schedules typically mimic the traditional survey schedule; however, they may be adjusted based on the needs of the trauma center. Please contact the Director of Accreditation to discuss consultative visit schedules.

TYPICAL Site Survey Schedule Level IV

Time	Activities
6:45 a.m. to 7 a.m.	Survey Team Arrival & Brief Introductions
7:00 a.m. to 7:15 a.m.	Opening Conference by Trauma Center Staff *PTSF Staff will open and introduce the survey team
7:15 a.m. to 8:00 a.m.	Physician/Nurse/Ancillary Staff Group Meeting
8:00 a.m. to 8:45 a.m.	Significant Issue (n/a for new applicants) / Performance Improvement Review
8:45 a.m. to 9:15 a.m.	Hospital Tour
9:15 a.m. to Noon	Medical Record Review
Noon to 12:30 p.m.	Lunch (Private)
12:30 p.m. to 3:00 p.m.	Medical Record Review
3:00 p.m. to 4:00 p.m.	Private survey team group meeting/discussion time
4:00 p.m. to 4:30 p.m.	Leadership Meeting

NOTE: Consultation Visit site survey schedules typically mimic the traditional survey schedule; however, they may be adjusted based on the needs of the trauma center. Please contact the Director of Accreditation to discuss consultative visit schedules.

Survey Day Schedule Details

The schedule starts with an early arrival from the survey team and PTSF staff. To facilitate a smooth flow to the day please provide the following services:

- A designated parking space -close to the hospital entrance for the survey team vehicle.
- Light refreshments, coffee, juice, water, and light continental breakfast during the morning hours and beverages/snacks for the afternoon. Healthy snacks are encouraged. A warm lunch is preferred. (Any food/beverage charges incurred for the site survey team and PTSF staff may be submitted to the PTSF office. Only those charges incurred by the surveyors and PTSF staff will be reimbursed.)

Survey Team Arrival

The Trauma Medical Director and Trauma Program Manager should meet the survey team members at a specified entrance and escort them to the proper location.

PLEASE CONFIRM WITH THE PTSF THE EXACT ARRIVAL TIME. ARRIVAL TIMES MAY VARY BASED ON HOTEL/TRAVEL Accommodations.

- The survey team should be introduced to the Trauma Program Administrator, other key trauma program staff members and the following hospital administrators and staff prior to the Opening Conference:
 - Chief Executive Officer/President and/or designated member from hospital administration
 - Chairman of the Hospital Board and/or a designated Board Member (optional)
 - Chief of Neurosurgery and/or designated neurosurgeon,
 - Chief of Orthopedics and/or designated orthopedic surgeon
 - Chief of Emergency Medicine and/or designated emergency medicine physician

The main objective is for the survey team to meet the key members of the trauma staff and selected members of the trauma center. Coffee/Tea/Juice/Water should be available for this meet-and-greet time. After the initial introductions, the site survey team will move immediately to the Opening Conference.

Opening Conference

PTSF staff will make brief opening comments and the survey team will introduce themselves. This is followed by a short presentation from the CEO and/or trauma program staff member who should present information unique to this hospital. Topics that may be presented include an orientation to the trauma program and significant projects which have improved patient care since the last site survey. Discussions about significant issues and performance improvement projects are discouraged, since there is specified time for those discussions during another portion of the day. Keep the comments succinct. This portion of the day may be extended if mutually agreed upon between the hospital and PTSF staff prior to the day of survey. If extended, other meeting periods will be flexed to accommodate the change.

Room Preparation

- Provide a large room with enough space for U-shaped table seating. Provide easily readable name tents (names on both sides) for the members of the trauma team, administration, the survey team and PTSF staff members.
- If you are using an auditorium for the Opening Conference, provide identified seating for the surveyors and PTSF staff members and define the core group of individuals that will be formally introduced for the meeting. Please note: the time that you spend with formal introductions is precious time that you will not have to provide the surveyors with information about the trauma program.
- PowerPoint presentation equipment if applicable.
- Provide a folder for the Survey Team and PTSF staff containing:
 - The agenda
 - Names of personnel at each session of the survey
 - All PowerPoint presentation printouts that may be used throughout the day and other information of interest (i.e. hospital newsletters, trauma center timeline for program implementation, etc.). TWO SLIDES PER PAGE, BLACK AND WHITE is acceptable.
 - Criteria for trauma alert activation
- Display posters, awards, newsletters around the perimeter of the room. These can be moved into the Medical Records Review Room during the Tour.

Staff Preparation

Alert the staff that all members should be present by 6:45 (or 15 minutes prior to the start time) and in hand-shaking mode! Enthusiasm wins points. This is an opportunity to shine! See checklist located in the Guidebook Appendix to aid in preparation for this session.

Physician and Nursing/Collaborative Services Group Meetings: (combined for Level IV)

Physician members of the survey team meet with hospital physician staff members to gather information on how trauma care is delivered by each team member and how various specialties interact with one another. This gives site surveyors the opportunity to understand how the trauma program functions within the hospital. The meeting is facilitated by the Site Survey Team Leader and is limited to 45 minutes.

The Nurse member of the survey team meets with hospital nursing and ancillary staff members to obtain information pertaining to nursing care delivery to trauma patients and the interaction between the trauma service and the various nursing units/support staff. The meeting is facilitated by the nurse surveyor and is limited to 45 minutes.

A PTSF Staff Member will attend each meeting.

Level IV trauma centers combine these meetings into one session.

Room Preparation

- Provide a room for each meeting with enough space for U or square-shaped table seating.
- Provide name tents (names on both sides) for the attendees, the survey team and PTSF staff members.
- Keep in mind travel time/distance between meetings. The time schedule is very tight, and extra travel may be disruptive.

Staff Preparation

Limit the number of participants to those that are essential (20 or less). Each participant of the physician and nursing group meeting should be able to provide specialty-specific information and articulate any changes that have been made which affect trauma clinical care and the trauma program.

The trauma program medical director and trauma program manager *should not* answer all of the questions. Each participant should be prepared to discuss their specialty and their relationship to the trauma program and overall performance improvement activities.

Significant Issue / Performance Improvement Review

Trauma centers with significant issues must utilize this time to present the significant issues AND the Performance Improvement process. It is important to utilize time wisely to assure that both topics are adequately addressed. Please provide copies of the PowerPoint presentation (2-slides per page, black and white copies are acceptable) to the surveyors and PTSF staff. If you anticipate problems staying within the required timeframe, contact the Director of Accreditation to discuss alternate schedules.

Significant Issue Presentation

This is an opportunity for the Trauma Program Staff members to present an overview of work that has been done to resolve significant issues cited on the previous site survey. It is the responsibility of the trauma program to show evidence of all efforts to resolve issues. This evidence should include committee work, evidence of multidisciplinary involvement, and most importantly, quantitative data that demonstrates positive outcomes in a given area. All Significant Issues are presented to the entire survey team unless the hospital receives notification from the PTSF staff that this portion of the survey will be conducted in alternative format, which would allow presentation of each Significant Issue to a separate surveyor. Have the staff that was made accountable for the significant issue present the analysis, actions and resolution. Presentation of data is key!

NOTE: It is recommended that centers utilize the Significant Issue format from the Electronic Application for Survey as the first part of the packet of information for each Significant Issue. Provide documentation of an action plan, implementation, and loop closure for each issue for each surveyor. Provide a notebook with supporting documentation.

Performance Improvement Presentation

The focus of this part of the meeting is to describe the performance improvement program. This should include a brief overview of the PI process (including levels of review and committee structure) and examples of performance improvement projects that have been undertaken since the previous site survey.

Room Preparation:

- Provide a room with enough space for appropriate trauma team members, survey team and PTSF staff.
- Provide name tents (names on both sides) for the attendees, the survey team and PTSF staff members.
- Provide print-outs of the PowerPoint presentations for the survey team and PTSF staff. 2 Slides per page, black and white copies are acceptable.
- Posters can be used to showcase performance improvement initiatives and may be displayed in the PI room and/or medical record room.
- A PTSF Staff member will attend this meeting.

Hospital Tour

The purpose of the hospital tour is for the site surveyor to gain an understanding of:

1. The flow of patients through the trauma center.
2. Hospital commitment toward providing necessary resources for care of the trauma patient.
3. Hospital staff knowledge of a provider’s role in trauma patient care through personnel interviews.

To facilitate the tour a hospital staff person must accompany each surveyor. Tour guides should be from the same specialty as the surveyor. Ideally, surveyors should not tour the same areas of the hospital together, so please arrange for different hospital staff members to accompany them. Tour guides should immediately ask surveyors which areas of the hospital the surveyor would like to see, and then plan their routes. Surveyors will know which areas of the hospital they wish to tour, and in most cases, the order in which they wish to tour those units. Although the following grid notes a recommended tour route, the survey team reserves the opportunity to request a tour of any area of interest related to trauma patient care. Tours may be cancelled at the discretion of the survey team and PTSF staff in order to assure enough time for medical record review in the event that meetings prior to the tour require more time.

Recommended Tour Route (3-member team)	
Trauma Surgeon Team Leader	Operating Room, Emergency Department, CT
Trauma Surgeon (ED Physician Level III)	Emergency Department, Radiology/CT, Intensive Care Unit
Registered Nurse	Medical/Surgical Unit, then work backwards through the patient care flow system
Recommended Tour Route (4-member team)	
Trauma Surgeon Team Leader	Operating Room, Emergency Department, CT
Trauma Surgeon	Emergency Department, Intensive Care Unit
Neurosurgeon, Orthopedic Surgeon or Additional Trauma Surgeon	Intensive Care Unit, Radiology/CT, Emergency Department
Emergency Physician	Emergency Department, Radiology/CT, Helipad
Registered Nurse	Medical/Surgical Unit, then work backwards though the patient care flow system
Recommended Tour Route (2-member team)	
Trauma Physician Leader	Emergency Department, CT Operating Room, ICU
Registered Nurse	Emergency Department, Blood Bank, Intensive Care Unit, Medical Surgical Unit where trauma patients are admitted

NEW CENTERS: More time may be allotted for the tour to assure the team that the hospital is able to comply with standards for commitment, capacity, and ability. Please contact the PTSF staff before the site survey to negotiate changes to the survey schedule.

ACCREDITED CENTERS: This portion of the day may be deleted if more time is needed for other survey activities. PTSF staff will alert trauma program staff promptly of any changes as they occur.

Staff Preparation

Please remind hospital staff to be concise yet thorough with their responses when questioned by a surveyor. Do not be offended if the surveyor must move on quickly in order to maintain the time schedule. It is imperative that the touring teams take no longer than the allotted 30 minutes for the tour so that all team members are ready for the medical record review. It’s more about the hallway conversations than looking at equipment!

Medical Record Review

Medical Record Selection: Medical records are selected using the Pennsylvania Trauma Outcomes Study patient population (PTOS Patients Only). Records will be selected according to the type of survey and the date. The below dates are typical guidelines that may be altered based on the needs of the query base.

Accredited Trauma Center with Three-Year Accreditation: January 1st (previous year) through date of survey

Trauma Center with Provisional Accreditation: Chart eligibility begins the month of the accreditation certificate through date of survey

Trauma Center with One-Year Accreditation: Chart eligibility begins the month of the accreditation certificate through date of survey

New Applicant: January 1st (current year) through date of survey

The medical record selection criteria typically include BUT ARE NOT LIMITED TO:

- Injury Severity Score > 16
- Revised Trauma Score \leq 7.56
- Patients with extremes of age: Age \leq 14 years; \geq 65 years
- Deaths
- Transfers into or out of the trauma center
- Burns (for non-burn centers)
- Occurrences with special attention given to:
 - Coagulopathy
 - Acute respiratory distress syndrome (ARDS)
 - Deep vein thrombosis
 - Compartment syndrome
 - Wound infection (traumatic/incisional)
 - Decubitus
- ICU length of stay: > 2 times the hospital average or > 2 times the PTOS average, whichever is greater
- Unexpected Outcomes: Survivors and Deaths

Approximately 10-15 cases per surveyor will be selected using the above criteria. If the number of cases generated in the initial query is too few, other records may be selected. Three weeks prior to the site visit, the list of medical records will be emailed to the trauma registry contact. If a hospital is not concurrent (within six weeks of discharge) with PTOS data submission, records may be selected up to one week prior to the site visit.

Matching Trauma Numbers to Medical Record Numbers: When you receive the list of medical records via email from the PTSF, please run the appropriate program(s) and follow the accompanying instructions. The resulting files should be returned via email to the Foundation as noted in the email attachment.

- Do not change the contents of the email.
- The turn-around time will be short: usually one day. Specific dates, times, and additional information will be included in the cover letters accompanying the lists.
- This information will be placed into the individual surveyors' site survey software in preparation for the site visit.
- Please do not alter any of the Collector information after this list is confirmed.
- If you have any questions with the medical records, contact the PTSF immediately.

Medical Record Review Logistics

The room for medical record review should not be used for any other meetings except for Medical Record Review on the day of site survey.

- **If an electronic medical record is being used one hospital staff member MUST be assigned to each surveyor to help them navigate through the chart.**
- If a paper medical record is being used for survey, the records should be organized and ‘tabbed’ according to the phase of care. Contact the Director of Accreditation for recommendations and best-practice examples.
- Performance Improvement documentation related to each medical record MUST be located within a PI folder. The POPIMS case report must be included at a minimum. Additionally, PI folders should contain ALL information pertaining to the review of the care of the patient including system wide enhancements that have been implemented to “close the loop” on identified issues.
- Use the Medical Records Orientation Sheets located in the Appendix of this Guidebook to aid in preparation for this session.

Room Preparation:

Provide a room with sufficient space and work area to hold:

- Survey team, PTSF staff and trauma center staff
- Equipment:
 - **EACH surveyor will need 2 computers. One to access the internet and the web based site survey software and one for the hospital staff to access the electronic medical record.**
 - **PLEASE provide a mouse for each computer.**
- Either wireless or wired Internet access
- Power access for two PTSF Staff Computers
- Refreshments and beverages (billable to PTSF)
- Posters can be displayed to showcase performance improvement initiatives and may be displayed in the PI room and/or medical record room. Some centers choose to have ‘scrolling’ PowerPoint presentations which showcase PI, research and/or prevention efforts.

Additionally, during the medical record review, please have:

- An area close to the medical review room for site surveyors to interview hospital personnel and to discuss the performance improvement review
- Access to a printer close by. This does not need to be in the medical record review room, but should be in close proximity to allow for expedited retrieval.

IT needs for survey:

Each surveyor will need two computers (laptops are acceptable). One computer is needed to access the electronic medical records and one is needed to access the internet and the site survey software. Please contact the PTSF if you have any questions about IT needs. A minimum of a 10-inch screen is recommended for the site survey software. The larger the better.

- Please assure computers have been turned-on and updates run/completed
- Please provide a mouse for each computer

Test the DI Web Portal to assure connectivity: <https://ptsf.centraisiteportal.com/>

Staff Preparation:

- Hospital staff members serving as chart navigators during the medical record review should be knowledgeable not only about the trauma program, but also about the medical records and related performance improvement documentation/system. Registrars and Advanced Practitioners on the Trauma Service make excellent chart navigators.

- The trauma program medical director and trauma program manager should be physically present during the medical record review. The TPMD and TPM SHOULD NOT BE assigned as chart navigators.
- Surveyors will ask for Trauma Registry queries during the site survey based on issues of concern identified during the medical record review. The ability to “generate” this information in a timely manner is extremely helpful.
- In efforts to keep the chart review process efficient, please keep extra conversations and interruptions to a minimum.

Lunch

The survey team and PTSF staff will break for lunch for approximately 30 minutes. This is a private lunch where only survey team members and PTSF staff will be present. We request that this lunch be catered by the hospital in a private room. All costs associated with lunch for the site survey team and PTSF staff may be billed to the PTSF. *A warm lunch is preferred.*

Medical Record Review Continues After Lunch

This is a continuation of the morning Medical Record Review. This time will also be used for the surveyor to review queries requested by the survey team during the course of the day. In addition, this time can be used for any dialogue regarding performance improvement activities that were not fully explained during the morning review sessions.

Survey Team Conference

This closed meeting is held in the Medical Record Review room with only PTSF staff and site survey team members present. This conference provides the survey team with dedicated time to review their assignments, identify any issues that are unresolved, enter summary comments and query information into the site survey software and prepare comments and/or questions for the Leadership Meeting.

There are occasions when surveyor(s) require additional time to complete the review. If it is anticipated that additional time will be required and the time schedule must be adjusted, hospital staff will be notified as soon as possible.

Leadership (Closing) Meeting

The Leadership Meeting provides the opportunity for surveyors to provide feedback regarding the entire site survey process including positive aspects of the trauma program and potential opportunities for improvement. It is also a time for the team to ask final questions of clarification regarding compliance with trauma center standards.

The meeting starts with a general announcement by PTSF staff regarding the purpose of the meeting and post survey deadlines. It is further explained that the survey team members are fact finders only and that the PTSF Board of Directors have the responsibility for accreditation decisions. Any statements made by the Survey Team members are the surveyors’ opinions only. Surveyors are told to be candid but also to refrain from calling issues “significant”, as that is the role of the PTSF Board.

The following hospital staff members are required to attend at a minimum:

- Trauma Program Medical Director
- Trauma Program Manager
- Trauma Program Administrator or representative from hospital administration;
- Director of Trauma Performance Improvement, or Hospital Performance Improvement.

Additional attendees at the meeting are welcome at the discretion of the trauma program and hospital administration. If a significant issue was identified in the previous survey, or issues have been identified during this survey, administrators or physician liaisons that have responsibility and accountability in those instances may be appropriate to include as attendees. However, the group is limited to no more than ten (10) key personnel to allow for open and candid discussion. If you anticipate a situation with greater than ten participants, contact the Director of Accreditation for prior approval.

NOTE: Please keep in mind that the site survey schedule may vary, depending on the events of the day. Specifically, the start time of the Leadership Meeting may vary. The PTSF team will update the hospital when applicable. It is kindly requested that hospital leadership anticipate this flexible start time request.

Adjournment:

PTSF staff will explain any specific accreditation procedures relevant to the hospital's site survey prior to the team's departure. Please have a member of the trauma program staff available to escort the team to the hospital exit, if necessary.

Additional Information for Accreditation Deliberations

It is possible that, during the course of the survey day, the survey team members may make comments or an assessment regarding lack of compliance with trauma center standards with which the trauma program does not agree. In this circumstance the trauma program may submit information to the PTSF Board of Directors to illustrate why an issue cited by the survey team is not accurate. If the trauma program submits a clarification letter the following components should be included:

1. A cover letter addressed to Director of Accreditation signed by the Trauma Program Manager and Trauma Medical Director with a cc to the CEO. The letter should describe the issue that the trauma program is clarifying as evidenced through conversations with the survey team on survey day.
2. Documentation that the hospital met the Standards for Trauma Center Accreditation on the day of site survey as evidenced through a registry query, established policy or other data.
3. Blinded documents that do not include any patient names. Specific information related to a medical record should be identified by trauma number and medical record number only.

Any information submitted by the trauma program to PTSF staff will be blinded before inclusion in the deliberation materials – PLEASE be aware that any identifying characters will be blackened out to protect the hospital's identity. Please use as little identifying notes as possible. Documents must be received by the Foundation within two weeks of the site survey unless an exception is requested.

Accreditation Decisions

The Site Surveyors and PTSF staff members who accompany the survey team are fact finders. The PTSF Board of Directors votes on each accreditation decision. Board members review a blinded copy of the Site Survey Software and discuss the findings of the surveyors as they relate to each Board member's area of expertise. A vote is conducted by blinded ballot. PTSF Legal Counsel counts all votes and a simple majority "yes" vote is required to accredit a hospital. The decision is communicated to the applicant hospital's CEO via telephone within several days of the deliberations.

The decision of the board regarding frequency of site survey visits and accreditation status is in large part determined by the following factors:

- Clinical Care
- Performance Improvement
- Commitment
- Compliance with PTSF Standards
- Resolution of previous significant issues

Refer to policy AC 137: Accreditation Guidelines and Continuum for additional deliberation details including potential vote outcomes options.

CONFLICT OF INTEREST: Prior to deliberations each hospital that is being surveyed during the calendar year is sent a Conflict of Interest form and the names/affiliation of all PTSF Board members. The hospital is requested to identify any conflict of interest based on location of residence or employment, competition, consultant relationships or other factors included in the Conflict of Interest Policy BD-106. The form also includes a waiver that hospitals may elect to sign that will a board member who resides or works in the county of the hospital to remain during deliberations. Board members employed by the hospital will not be waived by policy. Board members employed by affiliates of the hospital may be included in the waiver requested by the hospital.

Board Members are also asked to complete a Conflict of Interest form to identify any trauma centers with which they may have a Conflict of Interest based on Conflict of Interest Policy BD 106.

Waivers and conflicts submitted by trauma centers and board members are reviewed by the Conflict of Interest Committee prior to the deliberation meeting to determine if a conflict of interest exists according to PTSF policy. All trauma centers receive written notification of any conflict of interest that resulted in a Board Member's inability to participate in the deliberation proceedings.

Accreditation Announcements

Within several days following Board deliberations, the CEO and trauma program leadership of each surveyed trauma center will be notified via email regarding the accreditation outcome of their hospital including the length of accreditation.

Communications occur via telephone instead of email in the following situations:

- The hospital is applying for accreditation as a new trauma center
- The hospital has been on a survey cycle less than 3 years
- An Accredited Trauma Center level elevation (for example from a Level 2 to Level 1 status)

If telephone communication is required, the TPM will be notified in advance to schedule this call. It is acceptable for the CEO to invite trauma program leadership to take part in these conference calls.

The effective dates of accreditation are the first day of the second month following the deliberation meeting. Refer to Policy AC: 114: Certificates of Accreditation for additional details.

It is important for PTSF to issue a statewide press release regarding hospital accreditation for all hospitals PRIOR to a hospital making the announcement regarding their individual accreditation status. For this reason, the Executive Director will indicate on the deliberation outcome conference call the timing of that event and when it is acceptable for the hospital to distribute their own press release.

In addition to the press release the PTSF also notifies the Pennsylvania Department of Human Services (DHS) regarding the change in the accreditation status of any trauma center. The DHS in turn will notify all EMS regional directors who educate ambulance providers so that EMS trauma destination protocols are adhered to. Changes in accreditation status also impacts trauma center funding which the DHS manages.

All media communications should be submitted to PTSF prior to their release for language review. Please refer to Policy AC-132: Media Notification Regarding Accreditation Status of Trauma Centers for additional details.

Accreditation Reports

Accreditation reports are developed by PTSF Staff using comments from the Board of Directors and site survey team. An electronic copy of the trauma center accreditation report is provided to the hospital's CEO, Trauma Program Medical Director and Trauma Program Manager within three months of the deliberation meeting. A Guide to Understanding the Accreditation Report is available on the PTSF website.

It is the applicant hospital's responsibility to ensure that the accreditation report is distributed to other members of the trauma program and any other appropriate parties.

Accreditation Report Review

After the Accreditation Report has been issued, each hospital's Trauma Program is encouraged to have an in-person meeting or conference call with the PTSF to review the Accreditation Report in detail. This meeting is voluntary unless the hospital is placed on a one-year accreditation status or de-accredited. In that instance the trauma center will be required to meet with a panel of PTSF Board members. This meeting provides an opportunity to review the Accreditation Report and the hospital's draft Corrective Action Plan for resolution of Significant Issues. Following the meeting with the Board members, a follow-up visit may be arranged with PTSF staff to review the Accreditation Report and provide any assistance in the preparation of the Corrective Action Plan.

All hospitals who receive Significant Issues in their Accreditation Report are required to submit a Corrective Action Plan for each Significant Issue by the date indicated in the cover letter accompanying the report. (see Action Plans and Follow-Up Reports below)

Regardless of the outcome of the accreditation process, experience has shown that a meeting between PTSF staff and the trauma program is beneficial to all trauma centers in both explaining the accreditation report and offering assistance to develop an action plan. It is the responsibility of the trauma center granted a two or three-year accreditation to contact the PTSF staff to schedule a visit to review the accreditation report.

Disagreement with Accreditation Determination

Should a hospital disagree with the Accreditation determination or one or more Significant Issues the hospital may send a letter to the PTSF Board that outlines the reason that the determination should be reviewed and the accreditation decision per PTSF Policy AC-136. If the issue remains unresolved, Policy AC-103 Appeals & Procedures on Appeals should be referenced.

Action Plans and Follow-Up Reports

Significant issues assigned in an accreditation report require an action plan submission. This must be submitted by the date requested within the cover letter of the report. Action plans will be reviewed by PTSF staff who will provide follow-up to the Trauma Center.

The action plan must be submitted in a specific format. See the PTSF web page, Resources, Accreditation, and Action Plan Template.

In addition, the PTSF Board may request a follow-up progress report within the accreditation period (typically one or two years). The intention of the report is to assure that significant issues continue to be addressed. This report will be blinded and presented to the PTSF Board for review. The PTSF will notify the trauma center of the results including any additional requests if applicable.

APPENDIX

The forms contained in this section are intended to help in a hospital's preparation for site survey. If you have any questions, please contact the PTSF office. Fillable versions of forms 1-3 are also located on the PTSF web site: www.ptsf.org.

1. Opening Conference Attendance List
2. Physician Group Meeting Attendance List
3. Physician Group Meeting Potential Questions
4. Nursing Group Meeting Attendance List
5. Nursing Group Meeting Potential Questions
6. Survey Day Staff Interview Contact List
7. Information to have available for Surveyor Review

Opening Conference

ATTENDANCE CHECKLIST as applicable (Minimal recommendations)

Title	Name	Date Notified
Trauma Program Medical Director		
Additional Surgeon Accountable for the Pediatric Population (if applicable)		
Trauma Program Manager		
Trauma Program Administrator		
Chief Executive Officer		
Representative from Trauma PI		
Chairman of Hospital Board of Directors or designee (optional)		
Chief, or trauma designee from the Department of Emergency Medicine		
Chief, or trauma designee from the Department of Neurosurgery		
Chief, or trauma designee from the Department of Orthopedic Surgery		
Chief, or trauma designee from the Department of Anesthesiology		
Chief, or trauma designee from the Department of Radiology		
Critical Care (Intensive Care Unit) Physician or trauma designee		
Rehabilitation Medicine Physician		
Chief Nursing Officer		
Others: Directors of ED, OR, PACU, ICU, Neurosurgical services, Lab, Radiology, Med/Surg, Rehabilitation, EMS		

If you are using an auditorium for the Opening Conference, provide identified seating for the Surveyors and PTSF staff members and define the core group of individuals that will be formally introduced for the meeting. Please note: the time that you spend with formal introductions is precious time that you will not have to provide the surveyors with information about your trauma program.

Level IV Physician/Nurse/Collaborative Services Combined Meeting Attendance Checklist

Attendance for this meeting should include the following participants as applicable:

Title	Name	Date Notified
Trauma Program Medical Director		
Trauma Program Manager		
Hospital and/or Nurse Administrator / CNO		
Emergency Department Director; or trauma designee for ED Physicians		
Trauma Designee for Orthopedic Surgery		
Trauma Designee for Anesthesiology		
Trauma Designee for Radiology		
Nurse Manager/Trauma Designee from Emergency Department		
Nurse Manager/Trauma Designee from ICU		
Nurse Manager/Trauma Designee from OR/PACU		
Nurse Manager/Trauma Designee from Medical/Surgical Floor where trauma patients are admitted to		
Person responsible for Injury Prevention		
Nurse Educator		
Case Manager		
Performance Improvement Nurse		
Advanced Practitioner		
Pre-Hospital/EMS/Flight Team Representative		
Social Services / Social Work/ Chaplain		

Level I-II and III Physician Group Meeting Recommendations

ATTENDANCE CHECKLIST

Attendance for the physician conference should include the following as applicable:

Title	Name	Date Notified
Trauma Program Medical Director		
Chief of Orthopedic Surgery , or trauma designee from the Department of Orthopedics		
Emergency Department Director , or trauma designee from the Department of Emergency Medicine		
Chief of Anesthesiology , or trauma designee from the Department of Anesthesiology		
Chief of Radiology , or trauma designee from the Department of Radiology		
Chief of Neurosurgery , or trauma designee from the Department of Neurosurgery		
Director and/or co-directors of the intensive care unit(s) where trauma patients are admitted		
Chief of Pediatrics , or trauma designee from the Department of Pediatrics		
Physician responsible for trauma rehabilitation		
Optional: Additional trauma surgeons, Advanced Practitioner, Senior Resident, EMS Representative, Hospital Administrator, Rehabilitation/Physiatrist, Blood Bank/Laboratory and other PI Liaisons		

A PTSF staff member generally attends this meeting.

Physician Group Meeting

POTENTIAL QUESTIONS

Listed below are some questions that site surveyors have asked on previous site surveys during Group Meetings. Often the surveyor will give the group a case scenario and ask each physician member to describe his/her role in the care of the trauma patient based on specialty. This includes interaction with pre-hospital personnel and care from the emergency department through the course of hospitalization to rehabilitation.

- How has the trauma clinical practice in your specialty changed since the last site survey?
- Identify a significant issue specific to your specialty service and discuss what your specialty service did to assure the issue was resolved.
- Describe your relationship with the Trauma Service?
- Describe any major changes (equipment/personnel/responsibilities related to trauma patient care) within your specific department and/or clinical area?
- What trauma related Performance Improvement indicators were chosen by your specialty service/department to be monitored? Why were they chosen and how are they tracked/trended? How is this information communicated to the Trauma Service and the other areas of your hospital?
- Describe the development of a clinical treatment plan for a specific type of trauma patient, for example, a spinal cord injured patient and the working relationship between the trauma service, neurosurgery, orthopedics and rehabilitation?
- Case scenario questions which may be asked:
 - Describe how a trauma patient enters your system and who makes triage decisions.
 - Describe the relationship between your hospital and EMS agencies. For example, how is clinical information communicated to the trauma center and how is PI information regarding Prehospital care shared?
 - Describe the “latest” clinical issue that required additional education for a specific EMS agency/provider and the role of medical command within the region.
 - Who manages the trauma patient’s airway in a trauma alert situation?
 - What is the working relationship between emergency medicine, resident staff, anesthesia, CRNAs and the trauma service?
 - Describe the decision to transfer a severely injured pediatric trauma patient.
 - Who makes the decision and what clinical criteria are utilized?
 - What are the roles of the trauma surgeon, emergency medicine physician, and pediatrician?
 - Describe the decision to transfer a complex pelvic fracture or spinal cord injury.

- How do the following specialties interact in the care of trauma patients:
 - Trauma
 - Emergency medicine
 - Orthopedics
 - Neurosurgery
 - Radiology including interventional radiology.

- Describe your clinical treatment plan for a trauma patient in the Intensive Care Unit. For example, ventilator management, the role of the ICU service and the relationship with the Trauma Service, the role of the 1st responder in ICU and what clinical scenarios require the physical presence of an attending trauma surgeon.

- If a trauma patient has an elevated ICP, who is the first person to receive a phone call and how is the trauma patient “managed” (1st responder, trauma resident, attending trauma surgeon, neurosurgical resident, and/or the attending neurosurgeon)?

- Describe the criteria for determining which patients receive rehab consults; this includes OT or speech referrals, and not necessarily admission to a rehabilitation facility. Who makes this determination?

- Describe use of Advanced Practitioners in care of the trauma patient.

Level I, II & III Nursing/Collaborative Services Meeting Attendance Recommendations:

Title	Name	Date Notified
Trauma Program Manager		
Nurse Administrator/Chief Nursing Officer		
Nurse Manager, or trauma designee from the Emergency Department		
Nurse Manager, or trauma designee from the Trauma/Surgical ICU		
Nurse Manager, or trauma designee from the OR / Perioperative Unit		
Nurse Manager, or trauma designee from the surgical floor(s) that provide care to the trauma patient(s)		
Nurse Manager of Pediatrics, or Trauma designee that provides care to the pediatric trauma patients.		
Nurse Educator Primarily responsible for nursing trauma education		
Case Manager Providing services to the trauma program/patient.		
Nurse Manager, or Designee for trauma rehabilitation.		
Nurse accountable for the overall trauma performance improvement program.		
Advanced Practice Nurse(s) accountable to the Trauma Program.		
Pre-hospital/EMS/Flight Team Representative (One individual)		
Others as applicable: Social Services/Social Work/Chaplain, Laboratory/Blood Bank, Radiology, Rehabilitation, Child-Life Protection etc.		

A PTSF staff member generally attends this meeting.

Nursing/Collaborative Services Group Meeting

POTENTIAL QUESTIONS

Listed below are some questions that site surveyors have asked on previous site surveys during Group Meetings. Remember, specific questions will be directed toward various nursing representatives of the trauma center. Often the nurse surveyor will present a case scenario during which each nurse involved with the patient throughout the continuum of care is asked to discuss their involvement. Make sure the attendees know what kinds of questions may be asked so that they can be prepared to answer. The Trauma Program Manager should not answer all the questions!

It is difficult for physician and nurse surveyors to be introduced and talk to 60 persons in the allotted time. Make sure that the representatives that you select are key front-line staff and/or managers that interact with staff and patients at the patient level.

Examples of questions are:

- How has your clinical area/unit changed since the last site survey?
- What has your department/clinical area/unit done to resolve a specific significant issue?
- Describe your interaction with the Trauma Service.
- Describe your interaction with the various ancillary department(s) that provides care and treatment for the trauma patient (PT/OT/speech/social work/ nutrition/pharmacy).
- Describe any major changes (equipment/personnel/responsibilities related to trauma patient care) within your specific department/clinical area/unit since the last site survey.
- What trauma related Performance Improvement indicators were chosen by your department/clinical area/unit to be monitored? Why were they chosen? Who collects/communicates this information? How is it tracked/trended and communicated to the Trauma Service as well as the rest of the hospital?
- Describe any multidisciplinary trauma PI related activities that have occurred since the last site survey.
- Describe the case management system and/or the coordination of clinical care, discharge planning, and follow-up care.
- Describe the last “major” clinical and/or system issue that affected trauma patient care in your specific department/clinical area/unit.

Staff Interview Contact List

(Internal Use Only, Do Not Send to PTSF)

Use this list as a handy reference for administration/staff members that the Surveyors may wish to contact on the survey day (as applicable).

Title	Date Notified	Name	Survey Day Contact Phone Number
Hospital Board of Trustees, or Board of Directors Member			
Hospital Administration:			
○ Chief Executive Officer			
○ Trauma Administrator			
Medical Staff:			
○ Director of Trauma Program			
○ Chief of Anesthesiology			
○ Director of Emergency Medicine			
○ Director of Surgical/Medical ICU			
○ Chief of Neurosurgery			
○ Chief of Orthopedic Surgery			
○ Chief of Surgery			
○ Chief Surgical Resident			
○ Chief of Radiology			
○ Fellow, Resident, or Physician Assistant or nurse practitioner from any trauma-related specialty			
Nursing Administration:			
○ Chief Nursing Officer, Vice President of Nursing or Director of Nursing			
Trauma Program Manager			

Title	Date Notified	Name	Survey Day Contact Phone Number
Clinical Nurse Managers of:			
○ Emergency Department			
○ Intensive Care Unit			
○ Intermediate Care Unit			
○ Operating Room			
○ Post-Anesthesia Care Unit			
○ Trauma Nursing Medical/ ○ Surgical Units			
○ Rehabilitation			
○ Staff nurse from any trauma Unit			
Support Services:			
○ Director of Medical Records			
○ Trauma Registrar			
○ CT/X-ray Technologist			
○ Trauma Case Manager			
○ Trauma Educator			
Support Services:			
○ Director of Performance Improvement			
○ Director of Laboratory			
○ Director of Blood Bank			
○ Social Work			
○ Pre-hospital Coordinator			
○ Pastoral Care			

Information to Have Available For Surveyor Review

	ITEM(S)	COMMENTS
	<p>Medical Records identified for review.</p> <ul style="list-style-type: none"> • Arrange Medical Records in the exact order as they appear on the selection list(s). Do not re-order, even if you disagree with the ISS listed for that case. • If not filed in the patient record, please have the following available upon request with the PI folder <ul style="list-style-type: none"> • EMS patient care records • Autopsy Reports • Rehab follow-up letters/reports 	
	<p>Performance Improvement</p> <ul style="list-style-type: none"> • ALL patient-specific performance improvement information must be attached to each patient record for surveyor review. If using electronic records, provide folder with PI activities for the patient. • System Performance Improvement activities should be available, including meeting minutes, PI initiatives, etc. • The POPIMS Case Report should be printed and included in every PI folder. • PI specific documents such as follow-up letters (transfer-in/transfer-out communication). <p>NOTE: It is unnecessary for hospitals to print out the Collector case facsimile with the registry information. Please do not print these documents.</p>	

	<p>Provide a folder for each surveyor with:</p> <ul style="list-style-type: none"> ○ Agenda for the day ○ Names of personnel at each session of the survey ○ All PowerPoint Presentation printouts that may be used throughout the day and other information of interest (i.e. hospital newsletters, trauma center timeline for program implementation, etc.). ○ Criteria for trauma alert activation <p>Display posters, awards, newsletters around the perimeter of the room. These can be moved into the Medical Records Review Room during the Tour.</p>	
	<p>The following MUST be available in a binder/folder format:</p>	
	<ul style="list-style-type: none"> ○ Documentation to address Significant Issues identified in the hospital’s previous site survey 	
	<ul style="list-style-type: none"> ○ Trauma Program Policy and Procedure Manual 	
	<ul style="list-style-type: none"> ○ Trauma Patient Management Guidelines and/or information on the development of Trauma Patient Management Guidelines 	
	<ul style="list-style-type: none"> ○ Education / Credentialing Compliance Tracking log for all providers according to standards. 	
	<ul style="list-style-type: none"> ○ Peer Review Meeting Attendance Tracking log 	
	<ul style="list-style-type: none"> ○ Binder with published research articles (Level I) 	
	<ul style="list-style-type: none"> ○ Additional information that PTSF staff has requested on the day of survey following a review of the AFS. 	