

2017 Site Survey EM

MRR Pre-Arrival Resuscitative Radiology/CT Operative Neuro Ortho Critical Care Post Resuscitative Discharge PI

Arrival/Admission Outcome Admission Vitals Ref Fac Vitals Receiving Fac Pre-Ex Cond Occurrences Procedures Diagnoses

MEDICAL RECORD REVIEW FORM

Facility 0099-2015-TL Trauma Number 990000007 Medical Record Number 12345

Age in Cause of Injury

Injury @ Cause of Injury

Transport from Scene Highest Level of Care Was patient extricated?

Transfer Patient Non-transfer Patient - Outside Facility Information Available

Referring Facility Admission @ Referring Facility Discharge @

Interhospital Transport Highest Level of Care

ED Admission 02/16/2016 @ Transported to Post ED Destination @

Administratively Discharged from ED @

Post ED Destination

Admitting Service 24 Hour In-house CT Tech Coverage

MRR Pre-Arrival Resuscitative Operative Critical Care Post Resuscitative Social Work Rehab Discharge PI

Arrival/Admission Outcome Admission Vitals Ref Fac Vitals Receiving Fac Pre-Ex Cond Occurrences Procedures Diagnoses

MEDICAL RECORD REVIEW FORM

Intermediate Care Unit 0 Transferred Out (from ED)

Total ICU Days 7 Discharged to 4 Rehabilitation Center

Total Hospital Days 8 Discharge Status 6 Alive

GCS on Admission 15 ISS 17

RTS on Admission 7.84 TRISS 0.989 Unexpected Outcome (standard TRISS) No

TRISS EOE 0.989 Unexpected Outcome (TRISS EOE) No

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MEDICAL RECORD REVIEW FORM - Clinical Data - Admission

Total Pre-hospital Fluids Administered 5 IV Fluids, Unknown Amount

Total Units of Blood Hung Prior to Arrival 0

Temperature & Unit of Measurement 96.9 in 1 Fahrenheit Route 2 Oral

Weight & Unit of Measurement 68.04 in 2 Kilograms

Pulse Rate/min. 54 Alcohol Screen

Unassisted Respiratory Rate/min 18 Alcohol Screen Results

Systolic Blood Pressure 178

Eye Opening, Verbal & Motor Response 4 Spontaneous Drug Screen - (Clinician Administered Y/N)

5 Oriented 0 Not Tested -

6 Obeys Commands -

GCS 15 RTS 7.84 -

GCS Qualifiers -

Paralyzing Drugs (at time of initial vitals) No Drug Screen - If Other, Specify

If Paralyzing Drugs, Specify

Pupillary Response

Intubated with Artificial Airway (at time of initial vitals) No

Is patient's respiratory rate controlled? No

Controlled Rate

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MEDICAL RECORD REVIEW FORM - Clinical Data - Referring Facility

Is referring facility clinical data available?

Temperature & Unit of Measurement in Route

Weight & Unit of Measurement in

Pulse Rate/min. Alcohol Screen

Unassisted Respiratory Rate/min Alcohol Screen Results

Systolic Blood Pressure

Eye Opening, Verbal & Motor Response Drug Screen - (Clinician Administered Y/N)

-

-

GCS RTS -

GCS Qualifiers -

Paralyzing Drugs (at time of initial vitals) Drug Screen - If Other, Specify

If Paralyzing Drugs, Specify

Intubated with Artificial Airway (at time of initial vitals)

Is patient's respiratory rate controlled?

Controlled Rate

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Arrival/Admission Outcome Admisson Vitals Ref Fac Vitals Receiving Fac Pre-Ex Cond Occurrences Procedures Diagnoses

MEDICAL RECORD REVIEW FORM

Receiving Facility ISS

Receiving Facility Injury Narrative

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Arrival/Admission Outcome Admisson Vitals Ref Fac Vitals Receiving Fac Pre-Ex Cond Occurrences Procedures Diagnoses

MEDICAL RECORD REVIEW FORM

Pre-Existing Conditions:

Coronary Artery Disease	Hypertension
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If congenital disorder, specify

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MRR	Pre-Arrival	Resuscitative	Radiology/CT	Operative	Neuro	Ortho	Critical Care	Post Resuscitative	Discharge	PI	testing
Arrival/Admission	Outcome	Admission Vitals	Ref Fac Vitals	Receiving Fac	Pre-Ex Cond	Occurrences	Procedures	Diagnoses			
MEDICAL RECORD REVIEW FORM											
Occurrences:											
None											
Unresolved Occurrences at Referring Facility											

MRR	Pre-Arrival	Resuscitative	Radiology/CT	Operative	Neuro	Ortho	Critical Care	Post Resuscitative	Discharge	PI
Arrival/Admission	Outcome	Admission Vitals	Ref Fac Vitals	Receiving Fac	Pre-Ex Cond	Occurrences	Procedures	Diagnoses		
MEDICAL RECORD REVIEW FORM - Procedures										
Was mass transfusion protocol initiated? <input type="text"/>										
Procedure Date	Procedure Time	Location	ICD 10 Procedure				ICD 9 Procedure			
01/18/2015	12:31	ED					87.03, Computerized axial tomography of head			
01/18/2015	12:31	ED					88.38, Other computerized axial tomography			
01/18/2015	UNK	ED					88.79, Other diagnostic ultrasound			

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MRR Pre-Arrival Resuscitative Radiology/CT Operative Neuro Ortho Critical Care Post Resuscitative Discharge PI

Arrival/Admission Outcome Admisson Vitals Ref Fac Vitals Receiving Fac Pre-Ex Cond Occurrences Procedures **Diagnoses**

MEDICAL RECORD REVIEW FORM

Final Anatomical Diagnoses

9 MM SDH
RT & LT FRONTAL HEMORRHAGIC CONTUSIONS
CONCUSSION WITH LOC
FACIAL ABRASIONS

...

MRR Pre-Arrival Resuscitative Radiology/CT Discharge PI

Questions 1-5 Comments

PRE-ARRIVAL PHASE

1. Is the PCR/EMS trip sheet available for your review on survey day? ▾

2. Was pre-hospital clinical care appropriate based on the patients condition? ▾

If No:

If other, specify: ...

3. If EMS care was inappropriate were issues submitted to EMS system for review? ▾

If Yes:

4. Was the on-scene time appropriate? ▾

If No: ...

5. This patient was a transfer-in, would you like to make a comment on the prehospital phase for this patient? ▾

If Yes: ...

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MRR **Pre-Arrival** Resuscitative Radiology/CT Discharge PI

Questions 1-5 **Comments**

PRE-ARRIVAL PHASE COMMENTS

Overall Section Rating No QID Comments

Quality of Care ...

Immediacy of Care ...

Documentation of Care ...

Additional Comments ...

MRR **Pre-Arrival** **Resuscitative** Radiology/CT Discharge PI

Questions 1-4 Questions 5-7 Questions 8-9 Questions 10-13 Questions 14-16 Questions 17-19 **Comments**

RESUSCITATIVE PHASE

1. Trauma alert called 1 Yes

2. Date and Time Initial Alert Called 04/11/2014 @ 17:42

Initial Level of Alert 1 Highest Specify highest

Was initial level of alert changed? 3 No change

Date and Time Alert Called @

Level of Alert Specify

3. Was the patient triaged appropriately?

If no, please choose from the following:

If other, specify: ...

4. Was trauma consult obtained in a timely manner?

If no, please choose from the following:

If other, specify ...

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MRR Pre-Arrival **Resuscitative** Radiology/CT Discharge PI

Questions 1-4 **Questions 5-7** Questions 8-9 Questions 10-13 Questions 14-16 Questions 17-19 Comments

RESUSCITATIVEPHASEPanel

5. Was the emergency physician management of patient care appropriate?

If no, choose each that applies:

If other, specify:

6. Was the patient a direct admission to an in-patient unit and did not receive care in the Emergency Department? **No**

7. Was the direct admission to an inpatient unit appropriate based on the patients condition?

If no:

Specify:

MRR Pre-Arrival **Resuscitative** Radiology/CT Discharge PI

Questions 1-4 Questions 5-7 **Questions 8-9** Questions 10-13 Questions 14-16 Questions 17-19 Comments

RESUSCITATIVE PHASE

EDA 04/11/2014 @ 17:45 Initial Alert Called 04/11/2014 @ 17:42 Initial Alert Level 1 Highest

Elapsed Time

8. Response Times	Called	Arrived	PGY	EDA to Arrived (minutes)
a. Attending Emergency Physician	04/11/2014 17:42	04/11/2014 17:45		0
b. Emergency Medicine Resident	n/a	n/a	n/a	
c. Attending Trauma Surgeon	04/11/2014 17:42	04/11/2014 17:44		-1
d. Senior Trauma Resident	n/a	n/a	n/a	
e. Attending Neurosurgeon	04/11/2014 18:21	04/11/2014 unk		
f. Neurosurgical Resident	n/a	n/a	n/a	
g. Attending Orthopaedic Surgeon	n/a	n/a	n/a	
h. Orthopaedic Resident	n/a	n/a	n/a	
i. Attending Anesthesiologist	04/11/2014 17:42	04/11/2014 17:50		5
j. Anesthesiology Resident	n/a	n/a	n/a	
k. CRNA	04/11/2014 17:42	04/11/2014 17:50		5

9. Was response appropriate and/or timely? If no, comment:

Resus Consults ✕

Service

Service If other, specify:

Was the clinical care appropriate?

If no, choose each that applies:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify:

1 of 1

MRR | Pre-Arrival | **Resuscitative** | Radiology/CT | Discharge | PI

Questions 1-4 | Questions 5-7 | Questions 8-9 | Questions 10-13 | Questions 14-16 | **Questions 17-19** | Comments

RESUSCITATIVE PHASE

Post ED Destination 1 ICU/Critical Care Unit

17. Was patient monitored appropriately during the Resuscitative Phase (which includes the radiology phase)?

If no, choose each that applies:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify:

19. Was the patient transported to the appropriate unit upon leaving the ED?

If no, choose appropriate destination: If other, specify:

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MRR Pre-Arrival **Resuscitative** Radiology/CT Discharge PI

Questions 1-4 Questions 5-7 Questions 8-9 Questions 10-13 Questions 14-16 Questions 17-19 Comments

RESUSCITATIVE PHASE COMMENTS

Overall Section Rating No QID Comments

Quality of Care ...

Immediacy of Care ...

Documentation of Care ...

Additional Comments ...

MRR Pre-Arrival Resuscitative **Radiology/CT** Discharge PI

Questions 1-3 Questions 4-7 Comments

RADIOLOGY/CT PHASE

EDA 04/11/2014 @ 17:45 Transfer Patient **No**

1. Were radiologic studies or radiologic procedures required during the resuscitative phase while in the Emergency Department? **Yes**

2. Were the appropriate studies and procedures ordered and performed in a timely fashion?

If no, choose each that applies:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: ...

3. Were the radiologic studies reviewed by a physician and results documented?

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MRR Pre-Arrival Resuscitative **Radiology/CT** Discharge PI

Questions 1-3 Questions 4-7 Comments

RADIOLOGY/CT PHASE

EDA 04/11/2014 @ 17:45 Transfer Patient No

CT studies performed

4. Any CT scan performed at this hospital during the resuscitative phase? Yes

5. Was CT indicated during the resuscitative phase?

If no, specify:

6. Was CT ordered and performed in a timely fashion?

If no, choose each that applies:

If other, specify:

7. Were the CT studies reviewed by a physician and results documented?

MRR Pre-Arrival Resuscitative **Radiology/CT** Discharge PI

Questions 1-3 Questions 4-7 Comments

RADIOLOGY/CT PHASE COMMENTS

Overall Section Rating No QID Comments

Quality of Care

Immediacy of Care

Documentation of Care

Additional Comments

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MRR Pre-Arrival Resuscitative Radiology/CT **Discharge** PI

Questions 1-4 Questions 5-8 Questions 9-13

DISCHARGE PLANNING

6. Was the patient screened for child abuse/neglect, sexual abuse, physical abuse, domestic abuse, elder abuse/neglect, substance abuse as appropriate?

Comment: ...

7. Was an intervention indicated?

Comment: ...

8. Was an intervention completed?

Comment: ...

MRR Pre-Arrival Resuscitative Radiology/CT **Discharge** PI

Questions 1-4 Questions 5-8 Questions 9-13

DISCHARGE PLANNING - Transfers Out

9. Was the patient transferred out in a timely manner?

If no, comment ...

10. Was there evidence of appropriate communication between the physicians of the referring and receiving trauma centers?

If no, comment ...

11. Was follow-up information received from the receiving facility and available for review at site survey?

Comment ...

12. Were there any issues identified with care or diagnosis after transfer?

If yes: ...

DISCHARGE PLANNING - Transfers In

13. If the patient was a transfer-in is there evidence of feedback given to the transferring facility?

Comment: ...

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MRR Pre-Arrival Resuscitative Radiology/CT Discharge **PI**

Questions 1-2 Questions 3-5 Questions 6-8 Comments

PERFORMANCE IMPROVEMENT

Date of Discharge/Death/Transfer 04/23/2014 Unexpected Outcome: TRISS **Unknown** TRISS EOE **No**

1. List issues identified by the trauma program (including outside reviewers, if applicable). Do not list issues that are identified as tracking issues by the trauma program. Do not list deaths.

Appropriate review, no issues found

Issue	Comment	Appropriate Follow-up	If No - 1	If No - Other	If Yes - 1	If Yes - 2

Add Edit Delete

2. List ANY issues that you (site surveyor) identified that were NOT identified by the trauma program.

No additional issues identified by site surveyor

Issue	Discussed	If Yes - Specify

Add Edit Delete

PI - Issues

Issue

Comment:

Appropriate Follow-up

If yes, choose each that applies:

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

If other, specify:

If no, choose each that applies:

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

If other, specify:

Surveyor Identified Issues [X]

Surveyor Identified Issue

Issue

Did you discuss the issue with a member of the trauma program staff on survey day?

If yes, specify:

Ok [X] Cancel

<< < 1 of 1 > >> +

MRR Pre-Arrival Resuscitative Radiology/CT Discharge **PI**

Questions 1-2 Questions 3-5 Questions 6-8 Comments

PERFORMANCE IMPROVEMENT

TRISS TRISS EOE 0.810

3. Was this death reviewed by the hospital performance improvement program?

a. If yes, in the following forum(s):

If Other, specify:

4. How did the trauma PI classify this death?

If Other, specify:

5. Does the surveyor agree with the classification of this death by PI?

If no, specify

Menu for Q4 – How did the trauma PI classify this death?

- 6, Anticipated Mortality without OFI
- 7, Anticipated Mortality with OFI
- 8, Unanticipated Mortality with OFI
- 9, Preventable
- 10, Potentially Preventable
- 11, Non-Preventable
- 4, Trauma Center Did not Classify
- 5, Case too recent and has not been classified by PI
- 12, If Other, Specify

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Questions 1-2 Questions 3-5 Questions 6-8 Comments

PERFORMANCE IMPROVEMENT

6. List any factors contributing to this death:

Comment:

7. Was the review of this death appropriate?

If no:

If other, specify:

8. Autopsy Results Available

Menu for Q6 – List any factors contributing to this death:

- 0, No Factors Identified
- 1, Error in Management
- 2, Error in Technique
- 3, Delayed Diagnosis
- 4, Missed Diagnosis
- 5, Deviation from Protocol
- 6, Deviation from Standard of Care
- 7, Equipment Failure
- 8, PEC
- 9, DNR Order
- 10, Withdraw of Life Support
- 11, DOA/DOS
- 12, Other

Menu for Q7 – Was the review of this death appropriate? – If no:

- 1, Unexpected Death Not Identified
- 2, No Action Taken
- 3, Inappropriate Action Taken
- 4, Incomplete Loop Closure
- 5, Other

MRR Pre-Arrival Resuscitative Radiology/CT Discharge **PI**

Questions 1-2 Questions 3-5 Questions 6-8 **Comments**

PERFORMANCE IMPROVEMENT COMMENTS

Overall Section Rating No QID Comments

Quality of Care ...

Immediacy of Care ...

Documentation of Care ...

Additional Comments ...