

Site Survey Guidebook

PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION

Version 1.1.2022

p e n n s y l v a n i a
TRAUMA
SYSTEMS
f o u n d a t i o n

SITE SURVEY GUIDEBOOK

The information in this guidebook will assist you in preparing for a consultative survey and/or trauma center accreditation site survey. 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 additional resources available to you:

- [Site Survey](#) page on the PTSF website
- [Trauma Accreditation Resources](#) page on the PTSF website
- [Support](#) section of the PTSF Central Site Portal; login required

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, clinical care and performance improvement (PI). The collection of this information and surveyors' recommendations will be provided for members of the PTSF Board of Directors who will determine if the trauma center meets the standards of 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 . . .

Regarding clinical, application and survey logistic questions:

Amy Krichten

Director of Accreditation

akrichten@ptsf.org

Darlene Gondell

Manager of Accreditation

dgondell@ptsf.org

Regarding trauma registry & medical record selection/preparation:

Stephanie Radzevick, CPC

Trauma Data Analyst

sradzevick@ptsf.org

DI by ESO SUPPORT:

For DI by ESO software challenges or issues on the day of survey, call 1-800-344-3668 x 4 or e-mail support.ptsf@eso.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. PTSF will also have the individual technician's phone numbers and e-mail addresses as a backup.

Contents

ACCREDITATION PROCESS – PRIOR TO SURVEY	4
Letter of Request to Schedule a Consultative Survey or Accreditation Survey	4
Pursuing and Accredited Trauma Center Fees	4
Application for Survey (AFS)	4
Required Forms	5
Site Survey Preparation	5
SITE SURVEY VISIT.....	6
Accreditation Survey	6
Consultative Survey.....	6
Level IV Panel Survey.....	6
SITE SURVEY TEAM	7
Site Survey Team Composition.....	7
Site Surveyor Preparation	7
SITE SURVEY SCHEDULE	8
TYPICAL Site Survey Schedule: Level I, II and III	9
TYPICAL Site Survey Schedule: Level IV	10
TYPICAL Level IV Mid-Cycle Panel Review Schedule	11
Survey Day Schedule Details	12
Survey Team Arrival.....	12
Opening Conference Session.....	12
Physician, and Nursing & Collaborative Services Group Meetings Session	13
Significant Issue Presentation & Performance Improvement Overview Session.....	14
Hospital Tour	15
Medical Record Review	16
Lunch.....	20
Medical Record Review Continues After Lunch.....	21
Survey Team Discussion (Private).....	21
Closing Leadership Meeting	21
Adjournment:	21
POST-SURVEY	22
Clarification Letter.....	22
Accreditation Decisions.....	22
Accreditation Announcements	23
Accreditation Reports.....	23
Disagreement with Accreditation Determination	23
Action Plans.....	24
Action Plan Progress Reports	26
APPENDIX	28
Physician Group Meeting	29
Nursing & Collaborative Services Group Meeting	31
Survey Day Staff Interview Contact List.....	33
Information to Have Available for Survey Team Review	35

ACCREDITATION PROCESS – PRIOR TO SURVEY

Letter of Request to Schedule a Consultative Survey or Accreditation Survey

Hospitals pursuing trauma center accreditation must submit a letter requesting a consultative survey or accreditation survey. Submission of a Letter of Request must be accompanied by payment of half the Site Survey Fee for New Applicants or Consultative Visit Fee, depending on type of survey requested. Please refer to PTSF Policy [AC-130](#) on the [Policies & Guidelines](#) section of the PTSF website for additional details including request submission deadlines.

The PTSF staff is available for education and support to aid in preparation for either type of survey. Accreditation education is required for all new Trauma Program Managers (TPM) and Trauma Program Medical Directors (TPMD), and pursuing centers, and will be scheduled by PTSF staff.

Although a consultative survey is not mandatory, it is strongly recommended for those hospitals pursuing trauma center accreditation. The intention of a consultative survey is educational in nature. The consultative survey schedule can mirror the process of an accreditation survey or be tailored to your hospital's needs. Scheduling an accreditation survey after a consultative survey should allow for enough time for Board review, report generation and hospital action plan implementation.

* NOTE: A letter requesting an accreditation survey is not required for hospitals that are currently accredited.

Pursuing and Accredited Trauma Center Fees

Details regarding site survey fees are available on the PTSF website in the [Fee Schedule](#) section of the Resources page. Fees are approved annually by the PTSF Board of Directors. Invoices are emailed to hospitals annually in November. For pursuing hospitals planning an accreditation or consultative survey 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)

An AFS must be completed for every site survey. Each fall PTSF activates the subsequent year's secure web based AFS. The AFS is completed through the Central Site Portal supported by Digital Innovations, inc. by ESO (DI by ESO). It can be accessed at <https://ptsf.centernalsiteportal.com/#/>. Each applicant hospital has one login that is provided to the TPM. The AFS creates the first impression of the hospital for the survey team. Answer questions accurately, succinctly and completely. Assure that all answers demonstrate your hospital's compliance with the Standards of Accreditation!

Data requested in the AFS can be obtained from these standardized reports: "Core Measures and AFS Report" and "Transfer Summary Statistics Report." Additional details on how to complete the AFS is available in the AFS User Manual located in the Central Site Portal in the Support section. It includes a comprehensive list of reports and attachments required in the AFS, and frequently asked questions.

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 PTSF AND LISTED ON THE SAVE THE DATE NOTICE!

After the center completes the AFS, submit by emailing the Director or Manager of Accreditation to let them know you are finished. This will allow PTSF to place the AFS in view-only mode. You do not need to do anything within the AFS software to 'submit' the AFS. The PTSF staff will then 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. The survey team will be granted view-only access to your AFS approximately a month prior to survey. The survey team will validate that the information provided within the AFS meets the Standards of Accreditation and standard trauma care.

Required Forms

In addition to the AFS, hospitals must submit the following forms to the PTSF prior to survey.

1. Site Survey Information Form – Provides logistical and participant information. It is due to PTSF via email 3 weeks prior to the survey date. The form is available on the Site Survey page of the PTSF website and comes in a Level I-III version and a Level IV version.
2. Alternate Pathway Provider Medical Record Log – Applicable only for hospitals with providers granted a temporary or permanent approval for an Alternate Pathway. This document provides PTSF with a list of medical records from the medical records selected that each Alternate Pathway provider was involved in the patient's care. It is due to PTSF via email 1 week prior to the survey date.

Site Survey Preparation

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

- CONSULTATIVE (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 consultative (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.

SITE SURVEY VISIT

Accreditation Survey

The purpose of the accreditation survey visit is to determine whether an applicant hospital is in compliance with the PTSF Standards of Accreditation on the day of site survey. This is applicable to both existing Trauma Centers undergoing a re-accreditation visit, or a hospital pursuing new Trauma Center accreditation. Hospital's pursuing accreditation must demonstrate compliance with preparations for site survey as noted in PTSF Policy [AC-130](#). Evidence of Standards compliance is measured by:

- Appropriate and timely clinical management of the trauma patient as documented in the medical record.
- Trauma center/system PI and its integration into the hospital's PI 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 surveyors' 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 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.

Consultative Survey

A consultative survey, led by PTSF, is typically very similar to a typical accreditation survey. The purpose of the consultative survey is educational in nature and seeks to duplicate the format of the accreditation survey as closely as possible. The consultative survey 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 survey 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 survey options.

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

Level IV Panel Survey

Level IV Trauma Centers on a 4-year survey cycle will have a mid-cycle Panel Review at year 2 of the survey cycle. Refer to Policy [AC-139](#) for details.

SITE SURVEY TEAM

Site Survey Team Composition

The Site Survey Team will consist of a combination of the following depending on the needs of the institution and type of survey:

- Trauma Surgeon Team Leader (TSL)
- Trauma Surgeon (TS)
- Registered Nurse (RN)
- Emergency Medicine Physician (EM)
- Neurosurgeon (NS)
- Orthopedic Surgeon (OS)

Refer to PTSF Policy [AC-119](#): Surveyor Selection Criteria for team composition guidelines.

CONFLICTS OF INTEREST: Trauma Centers are notified of the proposed members of the trauma survey team as soon as possible. PTSF 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. One will be assigned the PTSF Staff Lead and is the contact for the hospital.

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 be responsible for 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. Refer to PTSF Policy [BD-113](#): Payments & Refunds of Fees for additional details.

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

Site Surveyor Preparation

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

- Pennsylvania Standards of Accreditation
- Pennsylvania Site Surveyor Orientation Guide
- Site Surveyor (DI by ESO) software tutorial
- The specific Trauma Program's AFS
- Trauma registry data outlining demographic information (for example, ISS, age, and mechanism of injury) and hospital event/occurrence frequency report
- Significant Issues identified from the most recent site survey visit, if applicable. The Surveyors do not receive the medical record portion, list of Strengths or list of Opportunities for Improvement from 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 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/later start time, additional time for a session, or to include special survey schedule items based on the applicant hospital's status. Schedules are often changed for hospitals undergoing their first survey, those without significant issues or those with multiple significant issues. Please contact PTSF staff if to request modification of the survey schedule.

Time is crucial. Make every effort for meeting locations to be in close proximity to each other. This reduces the amount of time required to organize participants for the meeting and travel between survey day sessions. Recommend assigning someone other than the TPM or TPMD to 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. In some circumstances the Survey Team is ready to begin survey day or sessions early, therefore it is recommended to have participants ready to begin a session approximately 15 minutes prior to the assigned session start time.

As COVID-19 continues, the survey schedule will be modified to limit the risk of exposure. This may include utilization of a hybrid survey format eliminating the hospital tour for re-accrediting Trauma Centers, limiting in-person participants and requiring most participants to be involved via a video conferencing platform (i.e., Microsoft Teams, Zoom, GoToMeeting, WebEx). The operation of a video conferencing platform requires assigning a Video Meeting Coordinator, who cannot be the TPM or TPMD, but can be IT personnel or Administrative Assistant. PTSF will provide the hospital an individualized survey schedule with details related to COVID-19 risk mitigation. A video to assist you in preparing for a hybrid survey is available on the Site Survey page of the PTSF website. As a backup, a virtual survey format could be utilized, in which case a video conferencing platform will be utilized for all attendees to participate in the survey.

TYPICAL Site Survey Schedule: Level I, II and III

TIME	ACTIVITY
0645 - 0700	Survey Team Arrival & Brief Introductions
0700 - 0715	Opening Conference by Trauma Center Staff *PTSF Staff Lead will open and introduce the Survey Team
0715 - 0800	Physician Group Meeting AND Nursing & Collaborative Services Group Meeting
0800 - 0845	Significant Issue (n/a for new applicants) Presentation & Performance Improvement Overview
0845 - 0915	Hospital Tour
0915 - Noon	Medical Record Review
Noon - 1230	Lunch (Private for Survey Team)
1230 - 1630	Medical Record Review Continues
1630 - 1730	Survey Team Discussions (Private for Survey Team)
1730 - 1800	Leadership Closing Meeting

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

TYPICAL Site Survey Schedule: Level IV

TIME	ACTIVITY
0645 - 0700	Survey Team Arrival & Brief Introductions
0700 - 0715	Opening Conference by Trauma Center Staff *PTSF Staff Lead will open and introduce the survey team
0715 - 0800	Physician, Nurse & Collaborative Services Group Meeting
0800 - 0845	Significant Issue (n/a for new applicants) Presentation & Performance Improvement Overview
0845 - 0915	Hospital Tour
0915 - Noon	Medical Record Review
Noon - 1230	Lunch (Private for Survey Team)
1230 - 1530	Medical Record Review Continues
1530 - 1630	Survey Team Discussions (Private for Survey Team)
1630 - 1700	Closing Leadership Meeting

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

TYPICAL Level IV Mid-Cycle Panel Review Schedule

Typical length of a Panel Review is 2.5 hours. The review occurs remotely over a video conferencing platform of the hospital's choosing (i.e., Microsoft Teams, Zoom, GoToMeeting, WebEx). Start time will vary and will be assigned by PTSF. This example Panel Review Schedule has a start time of 2:00 p.m.

TIME	ACTIVITY
Pre-Arrival	Survey Team Preparation (Private for Survey Team)
1400-1600	Trauma Center Presentation <ul style="list-style-type: none">• Brief introductions• Hospital & Trauma Program Overview• Significant Issue Progress• AFS Follow-Up• 3 Case Presentations
1600-1630	Closing Discussion
Post-Presentation	Survey Team Completes Board Recommendation Report (Private for Survey Team)

Survey Day Schedule Details

The mandatory and recommended participants for each session of the survey day are identified in the Site Survey Information Form, located on the [Site Survey](#) page of the PTSF website.

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. If possible, please provide PTSF staff with a map identifying the parking location.
- 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 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 TPMD and TPM should meet the survey team members at a specified entrance and escort them to the opening conference location.

PLEASE CONFIRM WITH PTSF THE EXACT ARRIVAL TIME.

ARRIVAL TIMES MAY VARY BASED ON HOTEL LOCATION AND TRAVEL DISTANCE.

- 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)
- 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.

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 and water should be available during this meet-and-greet time. After the initial introductions, the Survey Team will move immediately to the Opening Conference. If surveyors are ready to proceed with Opening Conference prior to the scheduled time, the opening conference will begin early.

Opening Conference Session

The PTSF Staff Lead will make brief opening comments and the survey team will introduce themselves. This is followed by a short presentation from the CEO, Board Member and/or trauma program staff member who should present information unique to this hospital. Topics that must be presented include:

- Identification of Trauma Program and Service staff.
- Significant hospital and program changes since the last site survey.
- Map of Pennsylvania identifying the exact location of the hospital.
- Catchment area and community demographics

Discussions about significant issues and PI projects are discouraged, since there is a specified session for those discussion later in the day. Keep the presentation succinct. This session 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 (with title in large font and name on both sides) for all participants in the room including the Survey Team and PTSF staff. PTSF staff should be positioned at the table with the survey team.
- If you are using an auditorium for the Opening Conference, provide identified seating for the Surveyors and PTSF staff 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.
- Provide a folder for the Survey Team and PTSF staff containing:
 - The agenda with times and meeting locations
 - Names of personnel at each session of the survey
 - All presentation slides that may be used throughout the day and other information of interest (i.e., hospital newsletters, trauma center timeline for program implementation, etc.). No more than TWO SLIDES PER PAGE, can be double sided and in black or grayscale.
 - Criteria for trauma alert activation
 - For PTSF staff Lead only – Nursing Education & Credentialing Site Survey Report, and other documents requested in the AFS Clarification Form if not previously submitted via email
- 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 welcoming 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 Session

Level I-III Trauma Centers: Physician members of the Survey Team meet with hospital physicians and Liaisons to gather information on how trauma care is delivered by each team member, how various specialties interact with one another, and how they are involved in trauma PI. This gives Surveyors the opportunity to understand how the trauma program functions within the hospital. The session is facilitated by the TSL and is limited to 45 minutes.

The Nurse member of the survey team meets with hospital nursing and collaborative services staff members to obtain information pertaining to nursing and collaborative services care delivery to trauma patients, the interaction between the trauma service and the various nursing units/collaborative services staff, and their involvement in trauma PI. The session is facilitated by the nurse surveyor and is limited to 45 minutes.

Level IV Trauma Centers: This is a combined meeting where both the physician and nurse Surveyors will meet with all physician, nurse and collaborative services hospital staff. The Surveyors gather information on how trauma care is delivered at the hospital, how the different physician groups, nursing and collaborative services interact with each other, and their involvement in trauma PI. The session is facilitated by the physician Surveyor.

At all site surveys a PTSF staff member will be present in the room for this session. They do not need to have a seat at the table.

Room Preparation

- Provide a room for each meeting with enough space for U or square-shaped table seating.
- Provide name tents (titles and names on both sides) for the attendees and Surveyors.

- Keep in mind travel time/distance between meeting locations. 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 and collaborative services 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 TPMD and TPM *should not* answer all of the questions. Each participant should be prepared to discuss their specialty, their relationship to the trauma program and overall trauma PI activities.

Significant Issue Presentation & Performance Improvement Overview Session

Trauma Centers with significant issues identified from the previous survey must utilize this time to present each significant issue AND the PI 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, on both sides, black or grayscale is acceptable) to the Surveyors and PTSF staff. If you anticipate problems staying within the required timeframe, contact your assigned PTSF Staff Lead to discuss alternate schedules.

Significant Issue Presentation:

This is an opportunity for the Trauma Program staff to present a summary of the efforts to resolve significant issues cited on the previous site survey. It is the responsibility of the Trauma Program to clearly demonstrate resolution of the previous significant issues during this presentation. Each significant issue must be presented separately. The summary of each significant issue should include the identified opportunities for improvement, the corrective actions taken, committee involvement, multidisciplinary involvement, and most importantly, quantitative data that supports resolution. All Significant Issues are presented to the entire Survey Team. The staff that was made accountable for the significant issue can be involved in the presentation. Presentation of data is key!

NOTE: It is recommended that Trauma Centers utilize the Significant Issue format from the AFS as an outline to present each Significant Issue. In addition to the presented summary, have available all documentation of the evidence of the action plan, implementation, and loop closure for each issue. This can be in a binder with all supporting documentation available for the Surveyors to review.

Performance Improvement Overview Presentation:

The focus of this part of the session is to describe the Trauma Program's PI Program. This should include a brief overview of the PI process outlined in the program's PI Plan. At a minimum the presentation must include all four levels of review and committee structure. Recommend including examples of successful and complete PI 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 (title and names on both sides) for the attendees, the Survey Team and PTSF staff.
- Provide copies of the presentation slides for the Survey Team and PTSF staff. No more than 2 Slides per page, on both sides and in black or grayscale are acceptable.
- Posters can be used to showcase PI initiatives and may be displayed in the room where this session is being held or in the room where medical record review is being held.
- The PTSF Staff Lead will attend this meeting.
- Note that during this session the second PTSF staff member will go to the room where medical

record review will be held. They will organize the medical records assigned to each surveyor and set up the Site Surveyor Software for each Surveyor prior to the start of the medical record review. A member of the hospital staff, ideally one of the chart navigators, will need to escort the PTSF staff to the room where medical records will be help. The computers need to be on and ready to go on the internet. It is recommended that the escort has the ability to log into the computers or IT is present while PTSF is setting up.

Hospital Tour

The purpose of the hospital tour is for the site surveyors 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 bedside staff knowledge of their 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 (for example a Trauma Surgeon should accompany the Trauma Surgeon 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 shortened or 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 sessions 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)	
Team Leader and Nurse Begin together in the Emergency Department/Trauma Resuscitation area Then:	
<ul style="list-style-type: none"> • Physician: Radiology and Operating Room (if applicable) • Nurse: Patient Floor as applicable 	

PURSUING CENTERS: More time may be allotted for the tour to assure the Survey Team that the hospital is able to comply with Standards for commitment, capacity, and ability. Please contact the assigned PTSF staff Lead 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 answering questions for 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 or the physical plant!

Medical Record Review

The majority of the day will be spent in medical record review where the Surveyors will review the clinical care provided to trauma patients and the PI process completed by the Trauma Program. Clinical care will be reviewed from pre-hospital to follow-up post-discharge if applicable. The quality and timeliness of care provided will be assessed through the documentation in the patient's medical record. The PI process will be assessed through the documentation of PI in PA V5 Outcomes and additional supportive documentation provided by the Trauma Program. Every component of the PI process must be clearly demonstrated in the PI documentation. Meeting discussions will also be evaluated.

In evaluating the PI process the Surveyor will be looking for documentation and evidence of

- Issue/event identification
- Analysis
- Levels of review including meeting minutes if there was a tertiary review
- Determinations of opportunities for improvement
- Corrective actions
- Implementation of corrective action
- Post-action re-evaluation
- Data to support loop closure
- Loop closure

Recommend providing each surveyor a copy of any PI dashboards or practice management guideline tracking logs as part of the evaluation of the PI process.

Medical Record Selection

Medical records are selected by PTSF using the Pennsylvania Trauma Outcomes Study (PTOS) Central Database. Only PTOS patients will be selected. Records will be selected according to the type of survey and the date of survey. All medical records from the survey cycle are eligible to be selected, though to review more recent cases the below dates are typically used but may be altered based on the needs of the query base.

- Accredited Trauma Center with two or three-year survey cycle: January 1st of the previous year through date of survey
- Trauma Center with one-year survey cycle: Date of accreditation certificate through date of survey
- New Applicant/Pursuing Center: January 1st of the current year through date of survey

The PTOS Central Database is queried by the PTSF Data Analyst utilizing a specific formula to obtain medical records that represent the specific trauma center, as well as incorporate specific indicators. The medical record selection query typically include BUT ARE NOT LIMITED TO:

- Injury Severity Score > 16
- Revised Trauma Score \leq 7.56
- Patients with extremes of age; \leq 14 years and \geq 65 years
- Deaths
- Transfers into or out of the Trauma Center
- Burns (for non-burn centers)
- Hospital events/occurrences with special attention given to:
 - Coagulopathy
 - Acute respiratory distress syndrome (ARDS)
 - Deep vein thrombosis
 - Extremity compartment syndrome
 - Wound infection (traumatic/incisional)
 - Pressure Ulcer
- 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 query. A maximum of 2 death records per physician Surveyor will be selected. If the number of cases generated in the initial query is too few, some components of the query will be expanded (i.e. ISS will decrease to 9) and additional records may be selected.

Three weeks prior to the site visit, the list of selected medical records will be sent via a secure email to the TPM by the PTSF Data Analyst. If a hospital is not concurrent (within six weeks of discharge) with PTOS data submission, additional medical records may be selected and communicated to the TPMD one week prior to the site visit.

Once you receive the list of medical records via email from PTSF, please do not alter these medical records in Collector. This information will be placed into the Site Survey Software in preparation for the site visit. If you have any questions with the medical records, contact the PTSF Staff Lead immediately.

Alternate Pathway: Selected medical records that include care by providers on an Alternate Pathway must be identified. 1 week prior to survey day complete the Alternate Pathway Provider Medical Record Form. Template is available on the [Site Survey](#) page of the PTSF website).

Site Survey Software Screenshots

Surveyors are required to communicate their survey day findings to the Board via the DI by ESO Site Survey Software. This web-based documentation tool includes sections for the Surveyors to document their review of each medical record, their findings on the previous significant issues, requested queries, overall summary of the Trauma Program, overall summary of the PI Program, strengths and areas for improvement.

In their review of the medical records, the Surveyors respond to specific questions for each phase of care, and rate each phase as either Acceptable, Acceptable with Reservations, or Unacceptable.

- Pre-Arrival Phase
- Resuscitative Phase
- Radiology/CT Phase (physician Surveyors only)
- Operative Phase (trauma surgeon Surveyors only)
- Neurosurgical Involvement (trauma surgeon Surveyors only)
- Orthopaedic Surgery Involvement (trauma surgeon Surveyors only)
- Critical Care Phase
- Step-Down/Floor Phase
- Clinical Care
- Rehabilitative Care Phase (nurse Surveyors only)
- Discharge Planning
- PI

Each phase of care includes questions on care provided during that phase. The Surveyors will also evaluate the quality of care, immediacy of care and documentation of care. The PI section of the Site Survey Software is different from the other sections. In the PI section the Surveyors will enter every hospital event identified by the Trauma Program and evaluate how the event was taken through the PI process. The responses to each hospital event will include if the PI process was appropriate, a list of the corrective actions taken by your program, and if there was loop closure. The question regarding loop closure is referring to evidence of loop closure rather than what is documented in PA V5 Outcomes as the loop closure status. The Surveyor will also list and describe all the issues they identified that were not identified by the Trauma Program. For all deaths, the Surveyor will include details on the death review, categorization and determination. The surveyor will respond to a question asking if they agree or disagree with the determination by the Trauma Program.

Screenshots of the questions addressed by Surveyors in the Site Survey Software is available for Trauma Programs to review prior to survey day on the Support section of the Central Site Portal. The screenshots are available for the Trauma Surgeon Surveyor, Emergency Medicine Surveyor and Registered Nurse Surveyor, and are updated annually in February.

It is recommended that members of the Trauma Program and chart navigators utilize the screenshots in preparation for survey day. They provide an understanding of what the Surveyors will be looking for during medical record review, and will help the chart navigator identify where in the EMR the specific information can be found. For example, after viewing the screenshots the chart navigator realized that they do not know where to location abuse screening documentation, prior to survey they can collaborate with their peers to identify where to find this documentation. Having the chart navigator review the screenshots and practice locating the information in the EMR will assist in the efficiency of the medical review session of survey day.

If you need help locating the screenshots on the Central Site Portal, contact the PTSF staff Lead for assistance.

Medical Records and PI Documents

- Electronic Medical Records (EMR):
 - One chart navigator should be assigned to each Surveyor. The chart navigator is a hospital staff member familiar with the EMR. This cannot be the TPM or TPMD.
 - The chart navigator will help the Surveyor locate pertinent information in the chart.
 - If the chart navigator is unable to locate the requested information in the chart, they should request the assistance of the TPMD or TPM.
 - The chart navigator can briefly orient the assigned Surveyor to the EMR and PI folder. Formal orientations are not required, as the surveyors are not independently navigating through the system.
 - The chart navigator must be familiar with the contents of the PI folder. Recommend that the chart navigator prepares for this role by reviewing the screenshots of the Site Survey Software prior to survey day to ensure they know where to locate the necessary information in the EMR, and what questions the surveyor is required to answer for each record.
- Paper medical records (if applicable):
 - Recommend organizing the chart into easily identified sections by phase of care. Each section can be 'tabbed' and labeled.
- PI documentation:
 - Each medical record MUST have the accompanying PI documentation available for review by the Surveyor.
 - The Surveyor must be able to review the PI process through the documentation in PA V5 Outcomes.
 - The OUTCOMES: Survey Summary Printout (preferred) or another Case Summary from V5 Outcomes Report Writer must be included at a minimum.
 - All PI documentation can be located in an electronic folder or on paper within a folder/binder.
 - Electronic PI Folder:
 - Each medical record should have an electronic folder on either the Surveyor's computer desktop or chart navigator's computer desktop.
 - Save the PA V5 Outcomes printout in the patient's electronic folder as a PDF
 - Recommend saving all supporting documents as PDF files
 - The electronic folder and each document within the folder must be clearly labeled
 - Paper PI Folder
 - Copy of the PA V5 Outcomes documentation (Survey Summary is preferred) must be in the folder
 - Include all supporting PI documents in the folder
 - Supporting documents can include but are not limited to:
 - Follow-up letters sent from the Trauma Program
 - Follow-up letters received by the Trauma Program
 - Autopsy
 - Evidence of Education
 - Policy
 - Tracking/Trending Logs or Graphs
 - Meeting Agendas
 - Meeting Minutes
 - Communications such as emails
 - Applicable PMGs
- Use the "Information to Have Available for Surveyor Review" 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
- Reliable internet capability
- Power access for two PTSF staff computers
- Refreshments and beverages (billable to PTSF)
- Posters can be displayed to showcase PI initiatives and may be displayed in the PI room and/or medical record review room. Some centers choose to have 'scrolling' slide show presentations which showcase PI, research and/or prevention efforts.
- Identify an area close to the room for Surveyors to interview hospital personnel and to discuss the PI review
- Identify a printer close to the room. 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 but not preferred).

- ✓ Computer #1 - Used by the chart navigator to access the EMR.
- ✓ Computer #2 - Used by the Site Surveyor to access the Site Survey Software. Can have any internet browser except Internet Explorer. Ability to view radiographic imaging is also required.
- A minimum of a 15-inch screen is recommended for the site survey software. The larger the better.
- Please assure computers have been turned-on and all updates are completed
- Please assure the computer will not frequently go to sleep. Assure the chart navigator has the computer login information in case it goes to sleep
- Please provide a mouse for each computer and a 2nd mouse attached to the EMR computer for the Surveyor to use (touchpads are not acceptable)
- Please provide a keyboard for each computer (prefer a separate keyboard over the laptop keyboard)
- Test the DI Web Portal to assure connectivity: <https://ptsf.centuralsiteportal.com/>
- Recommend IT personnel be available in the room prior to the medical record review start time while PTSF is setting up for this session. Throughout the survey day, IT personnel should be readily available if needs arise.
- Please contact PTSF if you have any questions about IT needs.

Staff Preparation:

- All chart navigators should be available in the room 15 minutes prior to the medical record review start time. Registrars, PI Coordinators and Advanced Practitioners on the Trauma Service make excellent chart navigators.
- The TPMD and TPM should be physically present in the room during the entire medical record review.
- 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 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 PI activities that were not fully explained during the morning review sessions.

Survey Team Discussion (Private)

This closed meeting is held in the Medical Record Review room with only PTSF staff and Survey Team members present. This session provides the Survey Team with dedicated time to discuss their overall recommendations to the Board and document their recommendations in the Site Surveyor Software. In the software they will comment on any previous significant issues, comment on active variances (if applicable), enter query information, comment on the overall Trauma Program, comment on the overall PI program, list strengths and list areas for improvement. They also prepare comments and/or questions for the Closing Leadership Meeting.

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

Closing Leadership Meeting

The Closing Leadership Meeting provides the opportunity for Surveyors to provide their overall feedback to the Trauma Program and hospital leadership. It is also a time for the Survey Team to ask final questions of clarification regarding compliance with trauma center standards.

The session starts with a general announcement by the PTSF Staff Lead regarding the purpose of the closing session and post survey deadlines. It is further explained that the Survey Team are fact finders only and the PTSF Board of Directors have the responsibility for accreditation decisions. Any statements made by the Survey Team are the Surveyors' opinions only. Surveyors are encouraged 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
- Trauma or Hospital PI

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 PTSF staff Lead 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 Closing 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.

POST-SURVEY

Clarification Letter

Post-survey you may decide that there is additional information that should be included for accreditation deliberations by the Board. This additional information may be an update from information available on survey day, or it may be due to not agreeing with comments made by the Survey Team during the course of the survey day regarding lack of compliance with trauma center Standards To address the Board during deliberation the Trauma Program has the option to submit a clarification letter via email to the PTSF staff Lead. The following components should be included in the letter:

1. A cover letter addressed to the PTSF Staff Lead signed by the TPM AND TPMD.
2. The contents of the cover letter should describe the topic that the Trauma Program is clarifying. If the topic is that the Trauma Program disagrees with comments from the Survey Team, the letter should describe why the program disagrees.
3. Documentation supporting that the hospital met the Standards of Accreditation on the day of site survey as evidenced through a registry query, established policy or other data.
4. Documentation supporting that the hospital post-survey meets the Standards of Accreditation.
5. Blinded documents that do not include any patient names or identifiers. Specific information related to a medical record should be identified by trauma number and medical record number.

Any information submitted by the Trauma Program to PTSF will be blinded before inclusion in the deliberation materials for Board review – PLEASE be aware that any identifying characters will be redacted (blackened out) to protect the hospital’s identity. Please use as little identifying notes as possible.

Documents must be received by PTSF within two weeks of the site survey unless otherwise agreed upon by the hospital and PTSF.

Accreditation Decisions

The Surveyors and PTSF staff members are fact finders. The PTSF Board of Directors vote 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. For hospital’s on less than a 3-year survey cycle, the decision is communicated to the applicant hospital’s CEO via telephone within several days of deliberation.

The decision of the Board regarding length of the survey cycle 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 PTSF Policy [AC-137](#): Accreditation Guidelines and Continuum for Board Members for additional deliberation details including potential vote outcomes options.

Conflict of Interest: Prior to deliberations conflicts of interest will be identified. Board members identified as having a conflict of interest with a hospital will not have access to the hospital’s deliberation material and will be excused from that hospital’s deliberation discussion and vote. Both Board members and hospitals will have the opportunity to disclose and/or identify potential conflicts of interest annually. This is reviewed by the Conflict of Interest Committee prior to the deliberation meeting to determine final conflict of interest. Refer to PTSF Policy [BD-106](#): Conflict of Interest for details.

Accreditation Announcements

Within several days following Board deliberations, the hospital CEO and Trauma Program leadership of each surveyed hospital 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 (Levels I-III) or 4 years (Level IV)
- An Accredited Trauma Center level elevation (for example from a Level II to a Level I 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 Trauma Center Status for additional details.

Accreditation Reports

Accreditation reports are developed by PTSF staff using comments from the Board of Directors and Survey Team. An electronic copy of the trauma center accreditation report is provided to the hospital's CEO, TPMD and TPM within three weeks of the deliberation meeting. A Guide to Understanding the Accreditation Report is available on the Site Survey page of 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.

Disagreement with Accreditation Determination

Should a hospital disagree with the accreditation determination or one or more significant issues the hospital may send a letter via email to the PTSF Staff Lead for the Board to review. The letter should outline the reason that the determination should be re-considered per PTSF Policy [AC-136](#): Request for Reconsideration of Accreditation Deliberation Decision. If the issue remains unresolved, PTSF Policy [AC-103](#): Appeals Process should be referenced.

Action Plans

Significant issue(s) assigned in an accreditation report must be addressed within 3 months via a Action Plan. The Trauma Program must complete an Action Plan for each significant issue and submit to the PTSF staff Lead. The date the Action Plan is due is assigned within the cover letter of the accreditation report. Submit via email to the PTSF staff Lead. Action Plans will be reviewed by PTSF staff who will provide follow-up to the Trauma Center.

The Action Plan must be submitted on the Action Plan Template, available on the Site Survey page of the PTSF website. Complete the information up to and including the Metrics to Demonstrate Resolution section.

The submission will include the following information for each significant issue:

- Title of Significant Issue – The title of the significant issue from the accreditation report.
- Analysis
 - Summary of the Trauma Program's analysis of the specific significant issue.
 - The conclusions of the analysis will identify the contributing factors or causes that resulted in receiving this significant issue.
 - Do NOT copy and paste the significant issue write-up from the accreditation report.
 - Can be listed or in narrative format.
- Corrective Actions
 - List the corrective actions the Trauma Program plans to implement to address the significant issue.
 - The corrective actions do not need to be completed by submission.
 - If any of the corrective actions have been completed, you can include the date it was implemented.
- Metrics to Demonstrate Resolution
 - The overall measurable goal that will indicate to you and future Survey Teams that the significant issue is resolved.
 - The specific metric (i.e. data, benchmarks, dates) that will be tracked or measured for this significant issue to evaluate if the corrective actions have resolved the SI.
 - Each corrective action may correlate with a specific metric that will be measured.

Example of an acceptable Action Plan:

Title of Significant Issue	Compliance with Advanced Trauma Life Support Principles
Analysis	A retrospective review to identify patterns in ATLS deviations was completed. Custom elements relevant to ATLS principles were added to Collector and a registry report was created to complete this retrospective analysis and determine a baseline. <ol style="list-style-type: none">1. Identified variation amongst all providers in compliance with ATLS, though not specific to 1 provider. The factor contributing to this is the Resuscitative Policy that provides minimal guidance and does not comprehensively standardize care.2. Identified a delay or lack of obtaining chest or pelvis x-rays in Trauma Activation patients. Radiology Techs shared that they typically wait outside the resuscitation room for someone to let them know if/when an x-ray is needed. The trauma activation

	<p>leaders shared that the delay/lack of obtaining was related to x-ray not being available. We determined that the trauma activation leader did not know the Radiology Tech was waiting outside the room. We recognized this is a process we must work on.</p> <ol style="list-style-type: none"> a. Average time to portable chest x-ray = 20 min. b. Percent of patients without portable chest x-ray = 20% c. Average time to portable pelvis x-ray = 32 min. <p>3. Identified hemodynamically unstable patients going to CT scan. Nurses shared that they were not aware that hemodynamically unstable patients should not go to CT scan. The trauma activation leaders shared that they felt comfortable transporting the patient because they were traveling with the patient and the patient had responded to fluids. We recognized this is a process we must work on.</p> <ol style="list-style-type: none"> a. Percent of hemodynamically unstable patients that went to CT scan = 25% <p>4. Identified use of excessive crystalloids prior to administering blood in hemodynamically unstable patients. Identified delay in obtaining blood products from the blood bank. Nurses shared that they were not aware that crystalloids should be limited, and that timely blood administration is preferred. The trauma team leader was not aware of the amount of crystalloids patients were receiving prior to blood administration. We recognized this is a process we must work on.</p> <ol style="list-style-type: none"> a. Average amount of crystalloids prior to blood = 3500 L b. Average time from identifying SBP <90 to first blood administered = 27 min
Corrective Actions	<ol style="list-style-type: none"> 1. Host biannual combined ATLS and ATCN courses. <ol style="list-style-type: none"> a. Require all physician, AP and ED nurse Trauma activation responders attend. 2. Purchase a blood refrigerator to be housed near the resuscitation rooms to decrease the amount of time to blood administration. <ol style="list-style-type: none"> a. Developed a new policy that addresses the use of blood from the blood refrigerator b. Education on the new policy and procedure for using blood from the blood refrigerator to all ED physicians, nurses and APs, Trauma Service, Blood Bank, OR, etc. 3. Revise the Resuscitative Policy (with the help of the key stakeholders Trauma Program, Trauma Service, EM, ED Nursing, Radiology, etc.) to be more comprehensive and include each step in ATLS and indications for points of decision making <ol style="list-style-type: none"> a. Empower the Radiology Techs to automatically enter the resuscitation room to obtain a portable chest x-ray in trauma activation patients without waiting for physician direction b. Empower nurses to speak up if the Resuscitative Policy is not being followed c. Education on the new policy to all ED physicians, nurses and APs, Trauma Service, Radiology Techs, Blood Bank, OR, etc. d. Availability of a laminated copy of the Resuscitative Policy 4. Create a Flowchart based on the revised Resuscitative Policy for

	<p>utilization in the resuscitation area</p> <ol style="list-style-type: none"> a. Education of the flowchart to all ED physicians, nurses and APs, Trauma Service, Radiology Techs, Blood Bank, OR, etc. b. Place a large, laminated copy of the Flowchart on the wall of each resuscitation room with dry erase markers available for providers to write on it <ol style="list-style-type: none"> 5. Develop standing orders for Trauma Activations <ol style="list-style-type: none"> a. Education on the standing orders to all ED physicians, nurses and APs, Trauma Service, Radiology Techs, etc. 6. Initiate weekly mock trauma activations with subsequent debriefing 7. Develop and share a trauma activation scorecard that is distributed to each person that responded to the activation
Metrics to Demonstrate Resolution	<ol style="list-style-type: none"> 1. Goal average time to portable chest x-ray ≤ 10 min. 2. Goal percent of patients without portable chest x-ray ≤ 2 % 3. Goal average time to portable pelvis x-ray ≤ 10 min. 4. Goal percent of hemodynamically unstable patients that went to CT scan = 0% 5. Goal average amount of crystalloids prior to blood ≤ 2 L 6. Goal average time from identifying SBP < 90 to first blood administered ≤ 5 min

Action Plan Progress Reports

In addition to the initial Action Plan submission, the Trauma Program may need to submit follow-up progress report(s) within the accreditation period (typically one or two years) if a significant issue is unresolved or the PTSF Board requests a Progress Report. If this is required, it will be listed with an assigned submission date within the cover letter or body of the accreditation report. The intention of the progress report is to assure that significant issue(s) continue to be addressed. The follow-up report should demonstrate the program's progress towards resolution of the significant issue(s) which would be demonstrated in the data. Utilize the same Action Plan document submitted to PTSF. The Analysis, Corrective Actions and Metrics to Demonstrate Resolution do not need to be updated. Complete the Re-evaluation Phase section on the template. Submit via email to the PTSF Staff Lead. This report will be blinded and presented to the PTSF Board for review. PTSF will notify the Trauma Center of the results including any additional requests if applicable.

The new submission will include:

- Re-evaluation Phase
 - Address each of the items listed in the previously submitted Metrics to Demonstrate Resolution.
 - Re-evaluate the current state of the significant issue and list the results/data from the re-evaluation.
 - Specify if the Trauma Program has demonstrated resolution or if progressing towards resolution.
 - If your Trauma Program determined that the previously implemented corrective actions are not providing the desired results and have implemented or plan to implement additional new corrective actions, you can list them here.

Example of an acceptable Action Plan Progress Report:

Re-Evaluation	<ol style="list-style-type: none">1. Average time to portable chest x-ray = 13.5 min.2. Percent of patients without portable chest x-ray = 5%3. Average time to portable pelvis x-ray = 16 min.4. Percent of hemodynamically unstable patients that went to CT scan = 4%5. Average amount of crystalloids prior to blood = 2500 mL6. Average time from identifying SBP <90 to first blood administered = 15 min
---------------	---

APPENDIX

The information 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.

1. Physician Group Meeting Potential Questions
2. Nursing & Collaborative Services Group Meeting Potential Questions
3. Survey Day Staff Interview Contact List
4. Information to Have Available for Surveyor Review

Physician Group Meeting

POTENTIAL QUESTIONS

Listed below are some questions that site surveyors have asked on previous site surveys during Group Meetings; it is not guaranteed that these exact questions will be asked. Often the surveyor will give the group a case scenario and ask each attendee to describe their 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. Make sure the attendees know what kinds of questions may be asked so that they can be prepared to answer. The Trauma Program Medical Director should avoid answering questions.

- How has the trauma clinical practice in your specialty changed since the last site survey?
- Identify a PI 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 PI 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 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?
- Is the TQIP report shared with you? Are you aware of your specialty's indicators on the TQIP report?
- 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?
- If a patient needs to go to the OR/IR, how is that communicated to that department?

- Describe the decision to transfer a severely injured trauma patient (pediatric, complex pelvic fracture, spinal cord injury, etc.).
 - Who makes the decision and what clinical criteria are utilized?
 - What are the roles of the trauma surgeon, emergency medicine physician, and pediatrician?

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

- Who manages the patient in the ICU? Describe your clinical treatment plan for a trauma patient in the ICU.
 - For example, ventilator management, the role of the ICU service and the relationship with the Trauma Service, the role of the first responder in the 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” (First 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.

Nursing & Collaborative Services Group Meeting

POTENTIAL QUESTIONS

Listed below are some questions that site surveyors have asked on previous site surveys during Group Meetings; it is not guaranteed that these exact questions will be asked. 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 attendee 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 avoid answering questions.

It is difficult for surveyors to be introduced and talk to a large number of people 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.

- 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.
- How are issues/events communicated to the Trauma Program? If you identify a trauma related PI issue/event, who do you contact at the Trauma Program?
- What trauma education do staff receive to prepare to care for trauma patients? What continuing trauma education do staff receive?
- Describe your interaction with the various collaborative services and 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 PI 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? Be prepared to state the data.
- 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.
- Describe how a trauma patient enters your system and who makes triage decisions.

- If a patient needs to go to the OR/IR, how is that communicated to that department
- When a rehabilitation service (PT/OT/Speech) consult is placed, how long does the service have to complete the consult? What is the weekend coverage for the service?
- If a trauma patient deteriorates, who do you contact? (Trauma AP, trauma resident, attending trauma surgeon). For example, if the patient has an elevated ICP, who is contacted first, the Trauma Service or Neurosurgery Service?

Survey Day Staff Interview Contact List

(Trauma Program Use Only, Do Not Send to PTSTF)

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 Member			
Hospital Administration			
Chief Executive Officer			
Trauma Administrator			
Medical Staff			
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 Advanced Practitioner from any trauma-related specialty			
Nursing Administration			
Chief Nursing Officer, Vice President of Nursing or Director of Nursing			
Manager of Emergency Department			
Manager of Intensive Care Unit			
Manager of Intermediate Care Unit			
Manager of Operating Room			

Title	Date Notified	Name	Survey Day Contact Phone Number
Manager of Post-Anesthesia Care Unit			
Manager of Trauma Medical/Surgical Units			
Manager of Rehabilitation			
Staff nurse from any trauma unit			
Support Services			
Director of Medical Records			
Trauma Registrar			
CT/X-ray Technologist			
Trauma Case Manager			
Trauma Educator			
Director of Quality			
Director of Laboratory			
Director of Blood Bank			
Social Work			
Pre-hospital Coordinator			
Pastoral Care			
Other			

Information to Have Available for Survey Team Review

(Trauma Program Use Only, Do Not Send to PTSF)

ITEM(S)	COMMENTS
<p>Medical Records Selected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrange Medical Records in chronological trauma number order (i.e., 20220001, 20220012, 20220033, etc.) <input type="checkbox"/> If not available in the electronic medical record, please have the following available upon request with the PI folder <ul style="list-style-type: none"> ○ Trauma Flowsheet ○ EMS patient care records ○ Autopsy Reports ○ Rehab follow-up letters/reports 	
<p>Performance Improvement</p> <ul style="list-style-type: none"> <input type="checkbox"/> ALL patient-specific PI information available for surveyor review in an electronic or paper folder. Include: <ul style="list-style-type: none"> <input type="checkbox"/> PA V5 Outcomes documentation, Survey Summary Printout is preferred <input type="checkbox"/> Evidence of patient specific PI communication <input type="checkbox"/> Evidence of Corrective Actions <input type="checkbox"/> Evidence of Resolution, such as documents/data supporting loop closure <input type="checkbox"/> EMS, Transfer and/or Referral follow-up letters <input type="checkbox"/> Other documents supporting PI activities for the patient <input type="checkbox"/> System PI activities should be available, including meeting minutes, PI initiatives, PI education material etc. Electronic is acceptable. <p>NOTE: Do not print out the Collector case facsimile with the registry information.</p>	

<p>Each Surveyor's Folder</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agenda of the day <input type="checkbox"/> Name and title of attendees at each session of the survey <input type="checkbox"/> All Presentations used throughout the day (maximum of 2 slides per page, can be printed in black and white, on both sides) <input type="checkbox"/> Other information of interest (i.e., hospital newsletters, trauma center timeline for program implementation, etc.). <input type="checkbox"/> Policy noting criteria for trauma alert activation <p>Display posters, awards, newsletters around the perimeter of the opening presentation room. These can be moved into the Medical Records Review Room during the Tour.</p>	
<p>Provide a folder for each PTSF staff with</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agenda of the day <input type="checkbox"/> Name and title of attendees at each session of the survey <input type="checkbox"/> All Presentations used throughout the day (maximum of 2 slides per page, can be printed in black and white, on both sides) <input type="checkbox"/> Other information of interest (i.e., hospital newsletters, trauma center timeline for program implementation, etc.). <input type="checkbox"/> Policy noting criteria for trauma alert activation <input type="checkbox"/> Completed Education & Credentialing Report <input type="checkbox"/> Documents requested in the AFS Clarification Form 	
<p>The following must be accessible – may be in electronic format</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trauma Program Policies <input type="checkbox"/> Trauma Patient Management Guidelines / Practice Management Guidelines/ Clinical Management Guidelines <input type="checkbox"/> Call schedules for trauma surgeons and subspecialists <input type="checkbox"/> PI Dashboard 	