



Kansas Trauma Program Level IV Trauma Center Onsite Survey Agenda

The Level IV trauma center onsite review process is designed to serve as a resource for your hospital's trauma program and to assist in ensuring Level IV trauma center standards are being met. Site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital's capabilities in a very short period of time. For this reason, we ask that the trauma program personnel at the hospital to carefully prepare for the site visit by having all documents organized and accessible to the surveyors. Please be aware that surveyors will look beyond the requested documents if they need additional validation of compliance with the standards. The "Pre-Review Questionnaire (PRQ) for Kansas Level IV Trauma Center Designation" submitted when applying for trauma center designation provides surveyors an overview of your hospital's trauma program and serves as a guide for the review process.

For planning purposes, the review will last approximately three to four hours. Do not prepare your own agenda or presentation. A Kansas Department of Health and Environment (KDHE) Trauma Program staff member will coordinate and establish the survey schedules with hospitals.

A typical agenda for the site visit: hospital tour, chart review, review of documentation and evaluation of your performance improvement patient safety process (PIPS), site survey team closed meeting, and finish with an exit interview that will take place approximately three hours after the start of review visit. The lead reviewer will coordinate the format with the hospital (trauma program manager-coordinator) and the survey team.

TOUR

Please arrange for trauma team members to guide reviewers and have staff available to meet with the reviewers in each department during the tour. It is helpful for the trauma program manager-coordinator, trauma registrar, and trauma medical director to be readily available to the survey team for the entire review. Reviewers will visit each department listed below, not necessarily in the order stated.

Deficiencies are determined by the guidelines found in the current edition of the documents: The Kansas Trauma Program's "Pre-Review Questionnaire for Kansas Level IV Trauma Center Designation (& Guidance)" and the American College of Surgeons (ACS) "*Resources for Optimal Care of the Injured Patient*" and are available on the KDHE web site: www.kstrauma.org.

A. Emergency Department

1. Review emergency department facility, EMS/helipad, resuscitation area, equipment, protocols, flow sheet, staffing (past 3 months), and trauma call (past 3 months)
2. Interview emergency provider and nurse who responds in emergency room
3. Review the prehospital interaction and performance improvement and patient safety feedback mechanism
4. The emergency department log (past 1 year) should also be available for the reviewers to view during the hospital visit. There may be additional records requested onsite based on this review
5. Decontamination resources

B. Prehospital

1. Meet with EMS representative
2. EMS trauma protocols available
3. Use of field triage criteria for trauma patient destination decisions
4. EMS trauma patient performance improvement
5. Patient safety feedback
6. EMS involvement in regional trauma council
7. Trauma education

C. Radiology

1. Inspect facility
2. Interview technician
3. Discuss patient triage
4. Determine patient monitoring policy
5. CT technician call-back response log (past 3 months)
6. Radiology on-call schedule (past 3 months)

D. Operating Room/PACU (If available in facility)

1. Interview operating room nurse
2. Check operating room schedule (past 3 months)
3. Determine how a trauma OR suite is made available
4. Review equipment availability
5. Review how OR crew response is monitored

E. ICU / PICU (if available)

1. Inspect facility/review equipment
2. Review flow sheets
3. Interview medical director/nurse manager/staff nurse
4. Discuss patient triage and bed availability
5. Review percentage of nursing staff TNCC certified that responds to trauma team activations

F. Blood Bank

1. Inspect facility
2. Interview technicians
3. Determine availability of blood products (if applicable) and massive transfusion protocols
4. Determine availability of FFP, PCC, TXA products and protocols
5. Blood bank on-call schedule (past 3 months)
6. Review turn-around-time-for basic labs, serum lactate

G. Interviews

Potential interviews include:

1. Hospital Administration/CEO
2. Trauma Medical Director
3. Orthopedic surgeon (if available)
4. Trauma Program Manager-Coordinator
5. Chief of Staff (preferred but not required)
6. Director of Nursing (DON) or Chief Nursing Officer (CNO)
7. Primary EMS provider

H. PIPS

1. Review performance improvement documents
2. Review Peer Review Committee attendance/minutes
3. Chart review

Site Surveyors preparation for exit interview. Closed meeting – site survey team only.

I. Exit Interview

1. Hospital Administrator/CEO
2. Trauma Medical Director
3. Trauma Program Manager-Coordinator
4. Director of Nursing (DON) or Chief Nursing Officer (CNO)
5. Others as desired by hospital administration

MATERIALS REQUIRED AT TIME OF REVIEW

All materials requested are to be available onsite in a room where review and discussions will take place. Two computers, to navigate the electronic medical record (EMR), and a room with conference style table (s) that provides adequate space for surveyors to comfortably complete the review of the documents. If possible, please have light refreshments available for site review team.

A. Documentation of the hospital's trauma activity for during the review period

1. Intramural Education – physicians, mid-levels, nurses, paramedics
2. Extramural Education – physicians, mid-levels, nurses, paramedics
3. Community Outreach/Injury Prevention

B. Trauma Program Supporting Documents

1. Copy of trauma team leader call-backup schedule (3 months)
2. Physician call-backup schedule when PA or APRN on duty/call (past 3 months)
3. Trauma transfer agreements
4. Trauma specific protocols
5. Regional and/or State trauma council participation log
6. Disaster management plan and documentation of disaster drills

C. Performance Improvement and Patient Safety (PIPS)

1. Minutes of all trauma PI during the review period, including multidisciplinary peer review and trauma system committees
2. Attendance records for all trauma service PI meetings during the review period
3. Documentation of all PI initiatives during the review period
4. Specific evidence of loop closure during the review period
5. Chart Review
 - All trauma related deaths
 - All trauma team activations
 - All trauma related transfers
 - The most current trauma related charts, up to 25 charts, in addition to the charts listed above

What Happens After the Site Review?

The Site Survey Team along with Kansas Trauma Program staff (at KDHE) will compile the final confidential report. The report will be forwarded to the Advisory Committee on Trauma (ACT) Designation Committee who will make a recommendation to the Secretary of KDHE regarding the trauma designation of the applicant facility. **A final report/decision will be provided to the hospital within 60 days after the site visit.** The report/decision will come to the facility in the form of a designation letter sent via FedEx; however, it will be forwarded electronically at the same time as it is FedExed and thus should reach the facility as soon as the letter is signed.