Site Reviewer Frequently Asked Questions

PRE-SITE VISIT:

1. **May I contact a facility if there are questions on the Pre-Review Questionnaire (PRQ)?**
   Yes, you will be given the contact information for the Trauma Medical Director and Trauma Program Manager. Please "cc" the Verification/Designation Coordinator on all correspondence (TraumaDesignationCoordinator@michigan.gov).
2. **May I contact my co-reviewer prior to the site visit day?**
   Yes, you can discuss questions on the PRQ or develop an action plan. This is not required but is recommended to assist in organizing for the site visit.
3. **Are the times on the site review day agenda flexible?**
   Yes, the schedule for the day is flexible. For example, if more time is needed for chart review, the lunch can be pushed back. Just ensure the trauma program staff is notified. However, the Site Review Wrap-Up must be no longer than 60 minutes and the Exit Interview must be no longer than 30 minutes. Keep in mind this is a full agenda and the start times should stay as close to scheduled as possible to ensure a complete review is conducted.
4. **How should I familiarize myself with the tools/documents for the site visit day?**
   Do a run through at your own facility using the tools/documents provided for the site visit day.
5. **Will name badges be provided to reviewers?**
   Yes, a name badge will be sent with your packet.
6. **Will reviewers get a range of dates to schedule a site visit?**
   Yes, a range of dates will be sent by the Verification/Designation Coordinator to determine your availability.

CRITICAL DEFICIENCY CLARIFICATIONS:

1. **Is a brief intervention of alcohol required for Level III or IV facilities?**
   No, a brief intervention is not required; only universal screening. (CD 18-3)
2. **CD 11-18 states, "In Level III centers, the blood bank must have an adequate supply of packed red blood cells and fresh frozen plasma available within 15 minutes." What does adequate mean and does the blood have to be thawed within 15 minutes?**
   This criteria is about having the resource available (blood onsite). The blood does not have to be thawed, but must be available to the patient. An adequate supply will be determined by ongoing performance improvement.
3. **Are 12 months of performance improvement required for initial verification?**
   Not for initial verification. The performance improvement process must be in place and fully functional at the time of the site review and the facility must be able to show active performance improvement as well as progress.

4. **What are the Advanced Trauma Life Support (ATLS) requirements for trauma care providers?**
    - Emergency Department mid-level providers that function as a member of the team caring for trauma activation patients via assessment or interventions must be current in ATLS. If the ED mid-level's only role is as a scribe or entering orders they would not need to meet the ATLS requirement.
    - The Trauma Medical Director must be current in ATLS (**Level III only**).
    - General surgeons treating trauma patients must have taken ATLS once.
    - Emergency Medicine physicians who are board certified in emergency medicine must have taken ATLS once.
    - Physicians who work in the emergency department and are board certified in something other than emergency medicine, for example family practice, internal medicine, etc., must be current in ATLS.

CHART REVIEW:

1. **Are reviewers required to use the Medical Record Evaluation Tool?**
   No. However, if the tool is used and written on, it must be returned with the final report.
2. **Will reviewers be given a guest username and password for the facility's Electronic Medical Record (EMR)?**
   Yes, the facilities have been instructed to provide unrestricted access to the EMR as well as staff available to help navigate the EMR and printed charts.
3. **Will facilities be able to pull reports on all audit filters?**
   The capability for the facilities to run reports in ImageTrend will evolve as the registry matures. The Michigan Department of Health and Human Services (MDHHS) will be developing a one-pager for facilities about building reports and will develop canned reports that can be used for verification.
4. **What if the EMR system crashes during the site visit?**
   As a reviewer, if you feel you have enough information on the printed charts and binders, then complete the review. If there is not enough information, the site visit may have to be rescheduled. In this instance, contact the Verification/Designation Coordinator.
5. **Is it mandatory for the facility to print certain portions of the charts?**
   Yes, please refer to the *Site Review Guidelines for Reviewers* (page 4), which lists which portions of the charts will be printed.
6. **May I review more than eight charts?**
   At your discretion, you may review more charts to gain a more complete understanding of a facility's trauma program.

Site Reviewer Frequently Asked Questions

TOUR:

1. **Do we check what equipment the facility has on the tour checklist?**
   Yes. Only note missing equipment on the final report.
2. **What am I required to record for EMS communication?**
   On the hospital tour, ask the two questions on the *Site Tour Equipment Checklist* under "EMS Compliant Communications" and document the answers. No further information is required.
3. **During the tour, is it appropriate to ask trauma staff questions from the chart review?**
   Questions during the tour should pertain to processes/equipment. It is possible that the chart review may drive some tour questions about process. As always, it is not appropriate to ask trauma staff about a specific chart on the tour (or discuss patient health information).

WORKING LUNCH:

1. **May I ask to speak to a trauma staff person who was not in attendance at the working lunch?**
   Yes, you may ask to speak to a trauma staff person outside of the working lunch if further clarification is needed on any questions.

EXIT INTERVIEW

1. **How do I handle a "violent" or "angry" reaction at the exit interview?**
   Stay objective and make objective recommendations. Keep a "positive spin" on feedback you are giving to the trauma staff. Focus on giving feedback from an educational perspective.
2. **What do I say if there is disagreement on the findings?**
   Remind the facility that the report will go through the Designation Subcommittee then the MDHHS before a final determination is made.

POST-SITE VISIT:

1. **Will the Designation Subcommittee get enough information to make a recommendation from the final report?**
   Yes, two editors from the Designation Subcommittee will thoroughly review the site review report and, if they feel further clarification is needed, the lead author will be asked to attend the next scheduled Designation Subcommittee meeting to discuss the report.
2. **Will feedback be received from facilities after site visits?**
   Yes, each facility will be given a post-site visit survey to complete.

GENERAL QUESTIONS:

1. **What is the most difficult part of the review process?**
   The ACS reviewers suggest it's the chart review. Tips to address the review include:
   - Pick a simple chart first and pace yourself through the charts
   - Start with H&P first and then resuscitation
   - Stay focused and read the chart from a reviewer's perspective
   - Look for performance improvement issues or standards of care - be sure to review the medical record documentation, meeting minutes, PI process, or policies and procedures
2. **Do facilities pay for a site visit?**
   No.
3. **If a facility is determined to have critical deficiencies, can the facility be designated?**
   If a facility has NO type I deficiencies and THREE or fewer type II deficiencies, a one year verification/designation may be granted. The ensuing 12 months would then involve a **focused review**, either on-site or through the submission of documentation. Once the deficiencies are deemed corrected, the verification/designation would be extended to the full three years.
4. **Who will conduct the onsite focused review?**
   The onsite focused review will be conducted by a member of the original site review team and a member of the Designation Subcommittee.
5. **How long does it take for a facility to be designated after the initial request for verification is received by MDHHS?**
   The verification and designation process takes approximately seven to eight months.
6. **What preparation tools are available to facilities prior to the site visit day?**
   There are various tools/documents available on the State's trauma website (www.michigan.gov/traumasystem) to assist in the development of a trauma program and organization for the site visit day. The Regional Trauma Coordinators and higher level trauma facilities may also be a resource.
7. **What if I have a professional relationship with a staff person in the facility I am reviewing?**
   A professional relationship is acceptable. There cannot be a financial relationship.
8. **How far does the drive have to be to have an overnight stay approved?**
   There is no set distance, overnight stays will be a case by case basis.
9. **Who is on the Designation Subcommittee?**
   The Designation Subcommittee is comprised of 17 clinical experts from each of the eight Regional Trauma Networks. At a minimum, the subcommittee must consist of two board

certified surgeons, two board certified ED physicians, and two trauma program managers from Level I or II trauma facilities.

10. **Does this process verify or designate trauma facilities?**
    The in-state review process will verify that the facility has the resources to be a trauma facility at the level it is seeking and designate Level III and IV trauma facilities. The designation is conferred by the MDHHS after considering the site visit results and conferring with the Designation Subcommittee.