



Site Reviewer Guidelines for Trauma Facility Designation

**Bureau of EMS, Trauma and Preparedness
EMS and Trauma Division**

Verification and Designation Coordinator

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Site Review Date:

Facility Name:

Site Reviewer Guidelines

Thank you for agreeing to assist the Michigan Department of Health and Human Services (MDHHS) in verifying the resources of **(Facility Name)** on **(Date)**. The information throughout this guide will help you prepare for the trauma facility site review.

List of Contacts:

Title	Name	Email
Trauma Medical Director		
Trauma Program Manager		
Regional Trauma Coordinator		
Reviewer		
Reviewer		

Contact your co-reviewer prior to the site visit to develop an action plan. Both the Trauma Medical Director and Trauma Program Manager must be available for questions during the site review. The facility has been given instructions and materials to prepare for the visit.

Site Review

Site reviews are conducted in one eight hour day.

Enclosed Materials

The following documents are enclosed and electronic versions can be found online at www.michigan.gov/traumasystem. Please review all materials in advance of the site visit and come prepared with any questions you may have.

- 1) Facility's completed Pre-Review Questionnaire (PRQ)
- 2) Facility's Designation Application
- 3) Michigan Criteria
- 4) Medical Record Evaluation Tool (Level III or Level IV)
- 5) Performance Improvement Process Checklist Tool (Level III or Level IV)
- 6) Site Tour Equipment Checklist (Level III or Level IV)
- 7) Sample Site Visit Questions
- 8) Quick Criteria Reference Guide (Level III or Level IV)
- 9) Sample Final Report
- 10) Final Report Template (use the electronic version available at the website above when completing the final report)

Lead Author

The lead author will compile the findings from the site review, write, and submit the final report. The lead author will be identified by MDHHS prior to the site review.

Contract

Part of the process includes a contract that formalizes your roles (lead author vs. team member), responsibilities and agreement to conduct site reviews on behalf of MDHHS. Work cannot commence until a fully executed contract has been secured.

Travel Arrangements

Travel is set up by the reviewer following MDHHS policy (see Appendix A). The Verification/Designation Coordinator is available for assistance.

Confidentiality and Communication

Outside evaluation may be anxiety producing. Effective communication will limit this and provide a productive experience for growth. Communication throughout this process must be respectful, thoughtful, and professional.

Important Reminders:

- **Handle confidential information in a confidential manner.**
- **Keep all materials associated with this review secure.**
- **Do not divulge any information regarding the verification/designation process or potential outcomes of the visit.**
- **Maintain complete objectivity.**
- **Recommendations must be data driven.**

Any questions on the PRQ can be discussed with your co-reviewer prior to the site visit and if needed, contact the facility for more details or follow-up at the site visit.

Overview

Your charge is to verify the facility's capability to care for injured patients at the level of designation they are applying for. You must determine if the facility meets Michigan's standards for trauma care based on information derived from the facility's PRQ and the site visit. The site visit component will include a facility tour, a review of medical records and the performance improvement process.

Your responsibilities as a site reviewer are threefold:

- To evaluate the PRQ for compliance with published standards.
- To conduct a site review to verify the existence of a system to care for injured patients.
- To make a report of your findings.

Pre-Review Questionnaire (PRQ)

The facility's PRQ documents policies, protocols, equipment, staff and systems are in place to care for all trauma patients. Prior to the site visit, thoroughly review the facility's PRQ, and if further clarification is needed, note that on the PRQ as well as follow-up at the site visit.

The original PRQ must be submitted with the final report and site review documents to MDHHS.

The Site Review

Plan to arrive about 15 minutes prior to the scheduled start time. Meet in the lobby of the main entrance (unless other arrangements have been made). Start by meeting with your co-review team member in the designated area. Once you have met, notify the Trauma Program Manager (TPM) of your presence. The TPM will take you to a designated room. Once you are in the designated room, take a few minutes to organize responsibilities between yourself and the other site reviewer. Ensure the facility has included the materials below in the room as instructed.

- Two computers with access to the EMR
- Printed Charts for case review
- Trauma Program Binders

A typical agenda for the site visit will consist of:

- 8:00 a.m. Introductions to facility team, chart review and performance improvement process review in designated site review room
- 11:00 a.m. Working lunch with facility team
- 12:00 p.m. Tour: ED, Radiology, OR, Med/Surg Floor and Blood Bank (ICU and Rehab if applicable)
- 1:00 p.m. Additional chart review (if needed)
- 2:00 p.m. Site Review Wrap-Up: Review team discusses findings internally
- 3:00 p.m. Exit Interview: Review team discusses findings with facility

Chart Review

Facilities have been instructed to provide unrestricted access to the entire medical record (EMR) and to have staff available to navigate the EMR if necessary. They have been instructed to pull ten of the most recent medical records within the reporting year that correspond to the categories listed in the PI section below. In addition, the following portions of the record will be printed:

- EMS record
- ED Record/Trauma flow sheet
- Provider ED notes/H&P
- Discharge summary/transfer record/disposition documentation
- Surgeon's ED note (if applicable)
- Any multidisciplinary review or PI records that exist for the pulled charts (feedback from centers)

Each reviewer should randomly select at least two medical records from each of the categories listed in the PI section below to review. Use the *Medical Record Evaluation Tool* to guide the evaluation of each chart. Focus on protocol, patient care standards, system performance and identify any concerns for patient care. Notes on the *Medical Record Evaluation Tool* must be objective and based on the facts contained within the record. Your documentation must be sufficient to provide feedback so that the trauma program has a clear idea of your suggestions for patient care improvements based on chart review.

Performance Improvement

Performance Improvement is a focal point of an efficient trauma program. During the review of the facility's performance improvement, look for event identification, levels of review, corrective action plans, methods of monitoring and reevaluation. Problem resolution, outcome improvements and loop closure must be identifiable. The facility has been instructed to print the most recent medical records within the reporting year in the following categories:

- Trauma deaths (10 each)
- Trauma transfers (10 each)
- Trauma team activations (10 each)
- Trauma patients admitted by non-surgeons (10 each)

In the event there are less than ten records, the facility will print all the medical records for the above categories within the reporting year.

Interviews During Lunch

This is a working lunch and the trauma facility has been advised to have the following staff available for questions and discussion:

1. Hospital administrator responsible for the trauma program
2. Trauma Medical Director
3. Trauma Program Manager
4. Trauma Registrar
5. Emergency Department Director
6. Anesthesiologist
7. Neurosurgeon (if applicable)
8. Orthopaedic Surgeon (if applicable)
9. ICU Director (if applicable)

The working lunch is an opportunity to ask clarifying questions on the PRQ and chart and performance improvement process review.

Tour

As the reviewer, you have flexibility to determine the start time and duration of the tour. Changes should be communicated to trauma program staff. During the tour, confirm the equipment listed on the *Site Tour Equipment Checklist* is available. Ensure that equipment is present for infants, children and adults, and that its location is logical. Visit each department listed below. Generally, the tour should follow the flow of patient care beginning with the ED. If time is an issue, the team of reviewers may split up to complete the tour.

A. Emergency Department

1. Review emergency department facility, resuscitation area, equipment, protocols, flow sheet, staffing, and trauma call schedule
2. Interview emergency physician and emergency nurse.
3. Review the pre-hospital interaction (i.e. hand-off, report)

B. Radiology

1. Tour facility
2. Interview radiologist and technician
3. Determine patient monitoring policy
4. CT log (if applicable)

C. Operating Room/PACU

1. Interview operating room nurse manager, PACU nurse and anesthesiologist/CRNA
2. Check operating room schedule
3. Determine how a trauma OR suite is opened STAT
4. Review equipment availability

D. ICU (if applicable)

1. Tour facility/review equipment
2. Review patient care documentation
3. Interview medical director or nurse manager
4. Discuss patient triage and bed availability

E. Blood Bank

1. Tour facility
2. Interview technicians
3. Determine availability of blood products
4. Review massive transfusion protocol

F. Medical Surgical Floor

1. Tour facility
2. Review equipment
3. Review patient care documentation
4. Interview nurse manager
5. Discuss patient triage and bed availability

G. Rehabilitation (if applicable)

1. Tour facility
2. Interview staff
3. Determine where rehabilitation is initiated

Site Review Wrap-Up: Closed Session (Reviewers Only)

Use this time to prepare your verbal report for the trauma facility in which you will identify the deficiencies, strengths, areas of opportunity and recommendations for the facility's trauma program. Your verbal report should reflect a positive viewpoint, focusing on how resources can be applied to improve trauma care. Avoid a pessimistic outlook or subjective recommendations.

The reviewers will spend the time in the closed session to organize who will give the verbal report and develop a plan to finalize the report. The reviewers have the option to invite the Trauma Medical Director and Trauma Program Manager into the closed session to go over the verbal report and ask for clarification. The closed session should last no longer than 60 minutes.

Exit Interview

The exit interview will take place in the conference room with, at a minimum, the following people in attendance:

1. Hospital administration
2. Trauma Medical Director
3. Trauma Program Manager
4. Others as desired by hospital administration

Read the following statement as an introduction to the exit interview:

"The exit interview is considered to be confidential and the facility may wish to construct its attendance list carefully. This voluntary site visit has been made by reviewers approved by the Michigan Department of Health and Human Services. The reviewers' findings are divided into four major headings:

1. *Deficiencies*
2. *Strengths*
3. *Areas of Opportunity*
4. *Recommendations*

The final decisions regarding verification and subsequent designation will be made by the Michigan Department of Health and Human Services and may differ from the findings we are about to report."

If there is disagreement on the findings, remind the facility that the report will go through the Designation Committee then MDHHS before a final determination is made. If they disagree with the final determination, they should contact the Verification/Designation Coordinator for information on the appeals process.

Post Site Visit: Report Creation

Use information obtained from the site review day to write the report. The reviewers will collaborate on a report draft. The lead author will be responsible for reviewing, revising and completing a final report for submission to the Verification/Designation Coordinator. Follow the Sample Site Review Report to write the report. In addition, the following is guidance on each section of the report.

Introductory Comments

Use the facility's PRQ and Designation Application to provide a brief and general overview of the facility and their trauma program. The introductory comments will provide context for the Designation Committee members and MDHHS. Some examples include:

- Number of ED annual visits
- Number of trauma activations
- Urban vs rural

Trauma Program Comments

- Deficiencies:
 - Include any type I or type II deficiencies in the trauma program. The deficiency must be cited (i.e. CD 5-15, Type II). Deficiencies must be supported by data.
- Strengths:
 - Highlight the features (commitment, readiness, resources, policies, performance improvement, etc.) of the trauma program that are functioning properly and provide a strong foundation.
- Areas of Opportunity:
 - Pay particular attention to the following elements:
 - State the facility's current practice and why you are taking issue with it
 - Provide context as to why this is important.
- Recommendations:
 - Include recommendations based on the areas of opportunity or deficiencies. Each recommendation should match a deficiency or area of opportunity. Ensure the recommendation clearly delineates a means by which to rectify the issue.

Site Tour

Report missing equipment and note recommended equipment present on checklist.

Case Summaries

Case summaries provide an important overview of a trauma program. At least one case summary must be completed for each category below as applicable. Use the case summary section on the *Medical Record Evaluation Tool* to make notes for the final report.

- Trauma deaths
- Trauma transfers
- Trauma team activations
- Trauma patients admitted by non-surgeons

Case summary reports should be de-identified by avoiding identifiers such as medical record number, age, name of receiving facility, or any other information that might identify the case. Only include gender, description of age (young/elderly) and a summary of pertinent information. Include the following information for each case reviewed:

1. Provide a summary of the case.
2. Summarize the facility's PI activities and your comments regarding the depth, breadth and effectiveness of those PI activities.

Closing Comments

If any deficiencies were found, put the total number of type I or type II deficiencies in this section. Include any further comments you may have that were not covered previously in the report.

Report Submission

The report is due to the Verification/Designation Coordinator ***within three weeks*** of the site visit. The lead author will mail the final report to the Verification/Designation Coordinator along with the originals of the facility's PRQ with your notes, and all other documents containing notes of the review (pre-addressed envelope provided). The other reviewer is responsible for mailing their originals of the PRQ and notes separately (pre-addressed envelope provided). Upon receipt of these documents, travel expense reimbursement and contract payment will be processed. Keep a copy of the documents until you receive a confirmation of receipt of the documents by the Verification/Designation Coordinator. Once confirmation of receipt is received, shred the documents.

Once the facility's designation determination is final, the Verification/Designation Coordinator will contact you to delete the report file from your computer. After deletion, empty your recycle bin.

Invoice and Receipts

Please ensure you have the most recent invoice document, which is available on the trauma website. In addition, utilize the *Travel Guidelines* document (see Appendix A) to guide you through the reimbursement process. Please submit invoice once travel is completed.

Appendix A – Guide to In-State Site Review Team Travel Reimbursement

I. Payments through Electronic Funds Transfer (EFT)

- The State of Michigan requires all new and existing contractors to receive their agreement reimbursements through EFT. When going through the EFT sign-up process, a W-9 form will be automatically completed as well. A W-9 is required to receive payment. For more details and to sign up for EFT, visit <http://michigan.gov/cpexpress>.
 - On the homepage of the website above, click on “Contract and Payment Express (C&PE) Pre-Registration Overview” and then click on “Individual Payee” for an overview training.
 - Once the overview training has been completed, click on “Register for Contract & Payment Express” back at the homepage and follow the instructions to set up EFT payments and complete a W-9.

II. Reimbursement of Mileage*

- Mileage is reimbursed at \$0.54/mile
- Complete the mileage calculation on the invoice (Can use MapQuest to calculate mileage).

III. Reimbursement of Meals*

- Meals, including reasonable gratuity, are reimbursed at the following rates:
 - Breakfast - \$8.50
 - When travel commences prior to 6:00 a.m. and extends beyond 8:30 a.m.
 - Lunch - \$8.50
 - When travel commences prior to 11:30 a.m. and extends beyond 2:00 p.m.
 - Dinner - \$19.00
 - When travel commences prior to 6:30 p.m. and extends beyond 8:00 a.m.
- A receipt is required to request reimbursement of meals up to the published maximum meal rate.
- The receipt must be an itemized receipt and include the date, time, business name, and city and state where the business is located.
- Credit card receipts are not allowable as they are not itemized.
- Tips on meals cannot exceed 20%.
- Alcoholic beverages are not allowable as reimbursable expenses.
- State of Michigan does not allow per diem rates for meals.

IV. Reimbursement of Lodging Expense

- **Overnight stays must be approved by the Verification/Designation Coordinator.**
- Sales or use taxes, applicable to lodging charges, are reimbursable in addition to the regular lodging rate.
- The receipt must be an itemized receipt and include the date, time, and business name.
- **The receipt must have a zero balance.**

V. Professional Fee and Lead Author Fee

- Physician Fee: \$1300
- Nurse or Physician Assistant Fee: \$800
- Lead Author Fee: \$200

Appendix A – Guide to In-State Site Review Team Travel Reimbursement (continued)

VI. Instructions for Invoice Submission

1. Fill out the invoice completely. The invoice, as well as a completed example, can be found at www.michigan.gov/traumasystem.
2. Scan the invoice and individual receipts for lodging and meals.
3. Submit the invoice and itemized receipts to the State Trauma Designation Coordinator at traumadesignationcoordinator@michigan.gov.
4. Approval of the invoice is sent after completed site review report is received.

**Rates determined by the State of Michigan and are subject to change.*