



# 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](http://www.michigan.gov/traumasystem). Please review all materials in advance of the site visit and come to the visit 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) Quick Criteria Reference Guide (Level III or Level IV)
- 8) Final Report Template (use the electronic version when completing the final report)
- 9) Site Review Report Example
- 10) Site Review Report Checklist

### **Lead Author**

The lead author will be identified prior to the site review. The lead author will compile the findings from the site review, write and submit the final report. The lead author is responsible for assimilating the reviewers input into the report reflecting consensus whenever possible.

### **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 is anxiety producing. Effective communication can mitigate 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.**
- **If discussions must take place, be thoughtful about where and who is included.**
- **Maintain complete objectivity.**
- **Recommendations must be data driven.**

**Any questions on the PRQ should 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. You may contact the facility prior to the site visit for clarification or follow-up at the site visit. Include all PRQ clarifications in the site visit report.

**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

***If the site visit cannot be completed for any reason, contact the Verification/Designation Coordinator before you leave the 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 must 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 the identified issues and your suggestions for patient care/program improvements based on chart review.

### **Performance Improvement**

Performance Improvement is a focal point of an effective 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)
- Admissions with high ISS (greater than 16)

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. Site reviewers may ask for additional charts within these categories if they feel it important to have more information.

### **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 about the PRQ, chart and/or performance improvement process.

### **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 – RTC should attend)**

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. Verbal reports require clear messaging. Your verbal report should be objective and based on the data in the report and focus on how resources can be applied to improve trauma care as well as acknowledge the program's commitment to the trauma system. Be thoughtful about conveying a less than complete or accurate impression of the visit to avoid uncomfortable situations. In addition, avoid subjective recommendations that are not specific to the program. If you are unsure whether a finding is a deficiency, you can list the finding as an area of opportunity, however you must communicate with the facility at the exit interview that you listed the finding as an area of opportunity, but it may be elevated to a deficiency. Please keep in mind the last sentence of the required statement below. *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.*"

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 Regional Trauma Coordinator may also attend the closed session. 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
5. Regional Trauma Coordinator

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.”*

### **Verification/Designation Determination Outcomes**

- No criteria deficiencies = three year verification/designation determination.
- Three or fewer type II criteria deficiencies = one year verification/designation determination with focused review (documentation submission or on-site review) to extend an additional two years.
- Type I deficiency(ies) or four or more type II criteria deficiencies = Denied verified/designated

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 Site Review Report Checklist when writing 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
- Region and participation in regional activities
- TMD and TPM years of involvement in trauma program
- PRQ corrections (if applicable)

### 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. **All case summaries 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
- Admissions with high ISS (greater than 16)

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. Requested information noted on the on-site focused review report:
  - a. Date of service
  - b. Admission service (if applicable)
  - c. Level of activation
  - d. ICU patient (if applicable)
  - e. Injury Severity Score (if applicable)
2. Provide a summary of the case.
3. 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. Both reviewers must sign the site visit report indicating they support the report content. Electronic signatures are acceptable.



### **Report Submission**

The report is due to the Verification/Designation Coordinator ***within three weeks*** of the site visit. Delays in report submission will result in a facility not receiving their Designation determination in a timely fashion. The lead author will email the final report (Word version) to the Verification/Designation Coordinator and copy the co-reviewer. Both reviewers are responsible for mailing the originals of the facility's PRQ with your notes, and all other documents containing notes of the review (pre-addressed envelope provided). Upon receipt of these documents, travel expense reimbursement and contract payment will be processed. While the site visit report is under review by the Designation Subcommittee, it is critical for reviewers to have the site visit documents in case of questions. Reviewers are copied on the final determination letter to the facility. Once you receive that email, mail the site visit documents to the Verification/Designation Coordinator. In addition, delete any documents from the site visit on your computer.

### **Report Review Process**

- 1) Site visit report is submitted to the Verification/Designation Coordinator.
- 2) Two members of the Designation Subcommittee are assigned as editors to perform a detailed review of the report and give their findings to the full Designation Subcommittee at the next scheduled subcommittee meeting. Editors may reach out to the reviewer(s) if clarification is needed.
- 3) The Designation Subcommittee will give their recommendation on the verification/designation determination.
- 4) MDHHS will make the final verification/designation determination.

### **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. Reimbursement of Mileage\*

- Mileage is reimbursed at \$0.58/mile
- Complete the mileage calculation on the invoice (Can use MapQuest to calculate mileage).

### II. 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.

### III. 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.**

### IV. Professional Fee and Lead Author Fee

- Physician Fee: \$1300
- Nurse or Physician Assistant Fee: \$800
- Lead Author Fee: \$200
- Supplemental for travel over 300 miles one way: \$500

### V. Instructions for Invoice Submission

1. Fill out the invoice completely. The invoice can be found at [www.michigan.gov/traumasystem](http://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](mailto: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.*