



# Level III Virtual Focused Visit Reviewer Guidelines

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

[www.michigan.gov/traumasystem](http://www.michigan.gov/traumasystem)

**State Trauma Designation Coordinator**

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**Focused Review Date:**

**Facility Name:**

## Level III Reviewer Guidelines: Virtual Focused Review

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

A focused review is required to determine that the critical deficiency(ies) identified by either the review team or the Designation Subcommittee has been satisfactorily addressed. Focused reviews must be scheduled and conducted within 12 months from the date of the initial review. The facility must contact MDHHS no later than 9 months after the initial review to schedule the focused review once the identified deficiency(ies) has been corrected. Progress related to areas of opportunity outlined in the site visit report may also be reviewed as part of the focused review. MDHHS reserves the right to cite additional critical deficiency(ies) if found.

List of Contacts:

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

### **Virtual Focused Review Visit Day**

Virtual focused reviews are conducted in one five-hour day.

### **Lead Reviewer**

The lead reviewer will be identified prior to the focused review. The lead reviewer will be responsible for assigning the charts to be reviewed by each reviewer and leading the pre-review meeting. In addition, the lead reviewer will compile the findings from the focused review, write, and submit the final report. The lead reviewer is responsible for assimilating the reviewers input into the report reflecting consensus whenever possible.

### **Confidentiality and Communication**

Outside evaluation may be 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 take place, be thoughtful about where and who is included.
- Maintain complete objectivity.
- Recommendations must be data driven.

Any questions on the PRQ or site visit report can be discussed with your co-reviewer prior to the virtual visit. If needed, you may contact the facility for more details or follow-up at the virtual focused review visit.

## Overview

Your charge is to verify the facility has corrected the identified deficiency(ies) documented in the original site visit report. The virtual focused review visit will include a PowerPoint presentation of corrective actions taken by the facility, and as applicable, a review of medical records and the performance improvement process. The facility has been instructed to have the Trauma Medical Director (TMD) and Trauma Program Manager (TPM)/Trauma Program Coordinator (TPC) available for the duration of the focused review.

Your responsibilities as a reviewer are:

- To conduct a focused review to verify corrective actions have been taken to address the identified deficiency(ies).
- To make a report of your findings.

## File Transfer Application

The State of Michigan will provide a file transfer application for the virtual review process. The file transfer application is HIPPA compliant, and password protected. The file transfer application can be found on the following link: <https://milogintp.michigan.gov>. To ensure an effective virtual visit, it is imperative that all materials uploaded by the hospital are reviewed prior to the visit day. Follow the steps below to access the file transfer application prior to the virtual focused visit.

- 1) Refer to pages 4-5 on the *File Transfer User Manual* to request access State of Michigan MiLogin interface. You will only complete this step once. For future site visits, you will use the username and password you created to login to the Michigan MiLogin interface and go directly to step 2.
- 2) Request access to the file transfer application **and** the specific folder that has been assigned for the virtual visit on the file transfer application. The instructions to complete this step are found on pages 6-8 in the *File Transfer User Manual*. **Please note that the State Trauma Designation Coordinator will notify you of the specific folder you will request access to in the official virtual visit notification email.**

Once you have gained access to the file transfer application, you will use the “download file” option to access the documents and medical records the hospital has uploaded for the virtual visit. Instructions to download the documents can be found on pages 10-12 of the *File Transfer User Manual*. You will receive automatically generated emails from the system as the hospital uploads documents.

After the focused visit is complete, you will need to use the “**share file**” option to upload the focused visit report and any other documents pertaining to the focused visit. Instructions to sharing files can be found on pages 13-15 of the *File Transfer User Manual*.

The following documents will be uploaded into the file transfer application:

- Immediate access – uploaded by the state:
  - PRQ and Designation Application from original site visit
  - Site report from original site visit
  - Designation determination letter from original site visit
- 45 days prior to the scheduled focused virtual visit:
  - Chart Review Selection (CRS) Template

- 14 days prior to focused virtual visit – uploaded by hospital:
  - PowerPoint of corrective actions
  - Medical records chosen by reviewers with pertinent documentation
  - Program documentation relevant to the correction of the identified critical deficiency(ies).

The lead reviewer will be responsible for uploading the following documents:

- 10 days after Chart Review Selection (CRS) template is uploaded
  - CRS template with chosen medical records highlighted and reviewer noted for each chosen chart
- 3 weeks after virtual focused visit:
  - Final focused visit report (Word version). Ensure both reviewers have signed the report (electronic signatures acceptable)

### **Important Review Documents**

Prior to the focused review visit, thoroughly review the facility’s site visit report and PRQ from the original site visit. If further clarification is needed, you may contact the lead author from the original site visit.

### **Pre-Review Call**

The hospital will schedule a pre-review meeting approximately 30 days prior to the scheduled focused visit with the review team. The pre-review meeting will include the TMD, TPM/TPC, and Regional Trauma Coordinator. The purpose of the meeting is to review the virtual visit agenda, address questions on chart selection, chart upload process, and ensure all technical, logistical issues and/or questions are addressed prior to the virtual visit. The lead reviewer is responsible for leading the call.

### **Virtual Focused Review Agenda**

The State of Michigan will provide a HIPPA compliant videoconferencing platform (Zoom) for the virtual visit. You will be sent an appointment with the Zoom link that will be used for the virtual visit day. Please have your camera turned on for the duration of the review.

A typical agenda for the virtual focused visit will consist of:

- 8:00 a.m. Introductions to the facility team, review logistics for virtual review process, and a facility PowerPoint presentation of corrective actions taken to address the deficiency(ies) and areas of opportunities
- 8:30 a.m. Chart review/validation
- 11:00 a.m. Reviewer Huddle
- 11:30 a.m. Meeting with TMD and TPM/TPC
- 12:00 p.m. Focused Review Wrap-up: Review team discusses findings internally
- 12:30 p.m. Focused Review Findings Discussion: Review team discusses findings with TMD, TPM/TPC, and others as desired by the facility
- 1:00 p.m. Debrief with state representatives to discuss virtual visit experience

There is no scheduled tour for the focused review. However, in the event the identified deficiency(ies) warrants a look at another department in the trauma program, you may ask the hospital for a live tour of that department. Please notify the facility in advance.

### **Presentation of Corrective Actions:**

The hospital will prepare a PowerPoint presentation detailing the corrective actions that have been implemented to address the deficiency(ies) and progress in the areas of opportunities identified from the original site visit report. In addition, the facility has been instructed to have all staff whose positions are involved in the identified deficiency(ies) available at this time for questions. While the areas of opportunity are not being reviewed for the focused review, use this time to provide ongoing education to the facility on the correction of the areas of opportunity to assist in organizational success.

### **Chart and Program Document Review**

The facility will complete and upload the *Chart Review Selection (CRS) Template* to the file transfer application at least 45 days prior to the focused scheduled review date. The *CRS Template* will include 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) and
- Admissions with high ISS (greater than 16) (10 each)

In the event there are less than ten records, the facility will supply information on the medical records available for the above categories within the reporting year. Reviewers may ask for additional charts within these categories if they feel it important to have more information.

The lead reviewer will have 10 days after the hospital uploads the *Chart Review Selection (CRS) Template* to select the medical records each reviewer will be reviewing. Select the charts by highlighting the chosen ones and putting the name of the reviewer who will be reviewing each chart in the appropriate column. Each reviewer will review at least two charts from each category for a total of 10 charts per reviewer. The facility will then upload the selected medical records to the reviewers at least 14 days prior to the focused scheduled review date.

The hospital will complete the *Chart Summary Form* which has some basic information pre-filled for each selected chart. The *Chart Summary Form* will be the first page of each medical record. Evaluate each chart by focusing on protocol, patient care standards, system performance, and identify any patient care concerns. Notes on each chart must be objective and based on the facts contained within the record. Your documentation must be sufficient to supply 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. Please note, if you are using Apple products for the review, the charts as well as program documentation will be uploaded on to the file transfer application as pdfs. There is a free Adobe Reader available for Apple users.

Prior to the scheduled virtual focused review, the reviewers will meet virtually to discuss the individual chart review and plan for the visit day.

Facilities have been instructed to provide one EMR navigator per reviewer on the virtual visit day to guide the reviewers through the medical records, PI documentation, and supporting documentation. Each reviewer will be in separate virtual Zoom breakout rooms during the medical record review portion of the agenda. The TMD and TPM/TPC will go between reviewers as needed.

### **Meeting with TMD and TPM/TPC**

This meeting is an opportunity for the reviewers to discuss findings with the TMD and TPM/TPC. If needed, the TMD and TPM/TPC can discuss any concerns with reviewers.

### **Focused Review Wrap-Up: Closed Session (RTC will attend)**

Use this time to prepare your verbal report to the TMD, TPM/TPC, and others as identified by the facility. The verbal report will identify whether the deficiency(ies) cited in the original report has been corrected. In addition, develop a plan to finalize the report. The closed session should last no longer than 30 minutes.

### **Focused Review Findings Discussion**

The TMD and TPM/TPC must be present for the Focused Review Findings Discussion. Others as desired by hospital administration can be in attendance, however, unlike the formal exit interview at the original site visit, this will be a brief discussion of the findings related to the identified deficiency(ies).

*Read the following statement as an introduction to the focused review findings discussion:*

*“This focused review visit has been made by reviewers approved by the Michigan Department of Health and Human Services. The reviewers’ findings are focused on the correction of the identified deficiency(ies) from the original site visit report.*

*The final decisions regarding the correction of the identified deficiency(ies) from the original site visit report 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 Subcommittee then MDHHS before a final determination is made. If they disagree with the final determination, they should contact the State Trauma Designation Coordinator for information on the appeals process.

### **De-brief with State Representatives**

The 30-minute de-brief will provide an opportunity for you to discuss how the virtual process went from initial notification to the conclusion of the virtual visit. The process will continue to be refined based on experience and feedback.

### **Post Site Visit: Report Creation**

Use information obtained from the virtual focused review day to write the report. The reviewers will collaborate on a report draft. The lead reviewer will be responsible for reviewing, revising and completing a final report for upload to the file transfer application. The following information will provide guidance on each section of the report.

#### **Corrective Actions**

Carefully document the findings from the review (presentation on corrective actions, chart and performance improvement review) to report on the corrective actions the facility took to correct the deficiency(ies) identified in the original site visit report. Clearly document the cited deficiency(ies) and corrective actions as the Designation Subcommittee and MDHHS will base the final determination on the findings of the report.

### Case Summaries

Case summaries provide an important overview of a trauma program. **All case summaries must be completed for each category below as applicable.**

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 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

Indicate whether the identified deficiency(ies) from the original report has been corrected. Educational comments and/or recommendations related to the areas of opportunity may also be briefly discussed. Include any further comments you may have that were not covered previously in the report.

### Report Submission

The report is due to the State Trauma Designation Coordinator **within three weeks** of the virtual focused review visit. The lead reviewer will upload the final report (Word version) to the file transfer application or email it to the [traumadesignationcoordinator@michigan.gov](mailto:traumadesignationcoordinator@michigan.gov) mailbox. Both reviewers are responsible for uploading any documents containing notes from the review to the file transfer application.

### Invoice

Complete, sign and submit the invoice after the virtual focused review visit is complete to the State Trauma Designation Coordinator at [traumadesignationcoordinator@michigan.gov](mailto:traumadesignationcoordinator@michigan.gov). Approval of the invoice is sent after the completed focused visit report is received.

#### *Focused Visit Fees:*

- Physician Fee: \$800
- Nurse or Physician Assistant Fee: \$500
- Lead Reviewer Fee: \$200