STRATEGIES AND TACTICS FOR EXIT INTERVIEWS AND REPORT WRITING

MICHIGAN SITE REVIEWER WEBINAR #2

FRIDAY, JULY 13, 2018
KEY POINTS TO CONDUCTING A SUCCESSFUL SITE VISIT

- Prepare for the visit – review and communicate PRQ questions / concerns to facility and Verification/Designation Coordinator prior to visit, as needed
- Manage time for the day to allow all required tasks to be completed
  - Chart review process may be time consuming – get to charts early
- State of Michigan Criteria must also be used to guide the designation process
SITE REVIEW WRAP-UP: CLOSED SESSION

- Use time to prepare verbal report
  - 60 minutes
- Resources
  - Michigan Criteria
  - ACS Orange Book (Criteria Quick Reference Guide)
  - State trauma website – www.michigan.gov/traumasysem
  - Regional Trauma Coordinator in attendance at site visit
  - Tammy First, State Verification/Designation Coordinator
SITE REVIEW WRAP-UP: CLOSED SESSION

- If unsure whether a finding is a deficiency, list as an area of opportunity.
  - Communicate at the exit interview that finding reported as area of opportunity may be elevated to deficiency.
- Bring in TMD and TPM at the end of the closed session to go over findings to be certain nothing was overlooked.
  - Policies – all required were reviewed and appropriate to the facility’s level.
  - Binders – all required documents were reviewed and appropriate.
  - Review of charts – did the program support and demonstrate a solid PI process, reveal opportunities or critical deficiencies?
EXIT INTERVIEW

- Typical start time – 3:00 p.m.
  - Time management ensures a successful visit
  - Pre-work and organization prior to the site visit will assist in allowing adequate time for chart review
- Use scripted statement provided by MDHHS and report on the following components:
  - Deficiencies
  - Strengths
  - Areas of Opportunity
  - Recommendations
- Site visit report should mirror what is stated at exit interview
DESIGNATION OUTCOMES

- Ensure facility understands what cited deficiencies mean
  - No criteria deficiencies = three year verification/designation determination
  - Three or fewer **type II** criteria deficiencies = one year verification/designation determination with focused review (on-site or documentation submission)
  - Type I or four or more type II criteria deficiencies = denied designation/verification
- Emphasize the final decision regarding verification and subsequent designation will be made by MDHHS (with input from Designation Subcommittee) and may differ from reviewer findings.
EXIT INTERVIEW CONVERSATION

- Reviewers identified no critical deficiencies
  - Three year designation

- Reviewers identified up to three type II critical deficiencies
  - One year designation with focused review (on-site or documentation submission)

- Reviewers identified one or more type I critical deficiencies
  - Non-designation

- Reviewers identified four or more type II critical deficiencies
  - Non-designation
REPORT WRITING – INTRODUCTORY COMMENTS

- Brief, general overview of the facility and the trauma program
- Provides context for the Designation Subcommittee members and MDHHS
- If applicable, note revisions to the PRQ
REPORT FORM – BEST PRACTICE

Michigan Statewide Trauma System
Site Review Report

Use this template to complete the final site review report. Type the information into each section. See Sample Final Report for detailed instructions on how to complete the template. The electronic version of this document, along with the Sample Final Report can be found online at www.michigan.gov/traumasytem

Hospital:
Date of Site Visit:
Designation Level:
Date of Report:
Reviewers:

Introductory Comments

Trauma Program Overview

Case Summaries

TraumaDeaths
(Please format each Trauma Death case summary as follows):
Date of Service: Admission Service (if applicable):
Level of Activation: Injury Severity Score (if available):
ICU Patient: Yes No

Case Summary:

PI Findings (clinical, system or process):

Reviewer Comments

Trauma Transfers
(Please format each Trauma Transfer case summary as follows):
Date of Service: Admission Service (if applicable):
Level of Activation: Injury Severity Score (if available):
ICU Patient: Yes No

Case Summary:
REPORT WRITING TIPS

- Stay objective – state facts
- Ensure the facility's policies/processes meet criteria vs. different than the way things are done at reviewer facility
  - Can give recommendations to strengthen, be specific
- Committee structures may look different.
  - Example: Peer review meeting may be attached to a hospital peer meeting but there is evidence that they “gavel in and out” for trauma and have representation of the appropriate committee members (typically seen in the Level IV facilities)
- Avoid comments regarding hiring more employees or purchasing new equipment
- Type out deficiency and citation (do not paraphrase)
REPORT WRITING – TRAUMA PROGRAM COMMENTS

- Deficiencies
  - Must be cited (i.e. CD 5-15, Type II) and accurate
  - Sufficient data to support: maybe referenced in the PI plan, chart review or need for guideline or policy

- Strengths
  - Components (commitment, readiness, resources, policies, performance improvement) of trauma program that are functioning properly and provide a strong foundation.

- Area of Opportunities
  - Appropriate and actionable
  - See evidence of the process but there is a need for the facility to develop further

- Recommendations
  - Objective and give clear direction to initiate change
  - Each recommendation must match an area of opportunity
De-identified summaries of reviewed charts

Support cited deficiencies and areas of opportunity

PI Findings:

- Summarize all aspects of the facility’s PI activities (i.e. levels of review, issues identified, strategies for remediation and loop closure)

Reviewer Comments:

- Reviewer comments regarding effectiveness of PI activities
CLOSING COMMENTS

- Total number of deficiencies
- Additional comments not previously covered in report
- Both reviewers must sign the site visit report indicating support of content
  - Electronic signatures or email confirmation
1) Site visit report submitted by Lead Author (copy co-reviewer).

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 meeting.

3) The Designation Subcommittee makes a recommendation on the verification/designation determination.

4) The Michigan Department of Health and Human Services makes the final verification/designation determination.
QUESTIONS
The recording of the June 22nd reviewer webinar on preparation and chart review, as well as this webinar will be available at [www.michigan.gov/traumasytem](http://www.michigan.gov/traumasytem) under the “Site Reviewer Resources” tab. An email will be sent to notify all when the recordings are available.

A brief survey will be sent regarding both reviewer webinars. Please respond with your feedback.

Reminder: attending or viewing recorded webinar(s) is required to maintain active site reviewer status.
ACKNOWLEDGEMENTS

- Wayne VanderKolk, MD FACS
  - Trauma Medical Director, Mercy Health St. Mary’s
  - State Trauma Advisory Committee member
  - Designation Subcommittee Chair

- Amy Koestner, RN, MSN
  - Trauma Program Manager, Spectrum Health Butterworth
  - Michigan Site Reviewer

- Chris McEachin, MBA, BSN, RN
  - Trauma Program Manager, Henry Ford Macomb Hospital – Clinton Township
  - Designation Subcommittee member