
METHODS AND TOOLS FOR SITE VISIT PREPARATION AND CHART REVIEW

MICHIGAN SITE REVIEWER WEBINAR #1

FRIDAY, JUNE 22, 2018



PRE-REVIEW QUESTIONNAIRE (PRQ) REVIEW

- Review PRQ 3-4 weeks prior to the scheduled site visit
 - Review it multiple times
 - Communication with facility
 - Validate information in the PRQ at the site visit
- Make sure the numbers add up
- Make sure all questions are answered
- May contact facility prior to site visit to clarify answers on the PRQ if needed
- Any revisions to the PRQ should be noted in the final site visit report

PRE-REVIEW QUESTIONNAIRE (PRQ) REVIEW – FOCUS AREAS

- PRQ corrections on site report – example:
 - PRQ review was reviewed on site and the following were clarified:
 - The number of trauma activations for the reporting period was 61 and trauma transfers were 155.
 - The PRQ reported a total of 94 admissions to a surgical service; two were to general surgery and the other 92 were to the orthopaedic surgeon.
 - The injury prevention / public education is based on local trauma registry data, thus meeting the requirements of CD 18-1.
 - The hospital was able to confirm a process for alcohol screening with admitted patients; updating the response in the PRQ to meet CD18-3.
 - The hospital clarified that they do not manage acute spinal cord injuries in the facility and transfer these patients to a higher level of care from the ED.

PRE-REVIEW QUESTIONNAIRE (PRQ) REVIEW – FOCUS AREAS

- Ensure the numbers on the PRQ are correct – example:

- Total number of trauma patients **seen** by the facility: 3214
- Total number of trauma patients **admitted** to the facility: 148 ←
- Total number of trauma patients transferred to a higher level of trauma care from the facility: 65
- Total number of trauma deaths at the facility: 8

Table 1:

Service	Number of Admissions
General Surgery	13
Other Surgical Specialties	107
Non-Surgical	28
Total Admissions	148



Table 2:

ISS	Total Number of Admissions	Number of Deaths from Total Trauma Admissions	Number Admitted to General Surgery
0-9	133	0	8
10-15	8	0	0
16-24	4	0	3
> or = 25	3	1	1
Total	148	1	12



- **Blue arrows must match.**

PRE-REVIEW QUESTIONNAIRE (PRQ) REVIEW – FOCUS AREAS

- Request facility to pull charts on admissions with an ISS greater than 25
 - Consider reviewing admissions with ISS of 16-24
- Activation criteria
 - Must be more than one level
 - Answers on the PRQ must match the attached policy
- ATLS expiration dates must be reported vs. check mark

COMMUNICATION

- Email facility (TMD/TPM) **one to two weeks** prior to the scheduled site visit
 - Lead author sends; copies co-reviewer
 - Include Verification/Designation Coordinator on all communications
- Reviewer team must communicate prior to the site visit

Good evening,

We are looking forward to meeting you and your team on Friday to conduct the state designation visit. We will follow the schedule that is included in the state designation materials. We will be arriving somewhere around 7:45 at your facility.

The schedule is as follows:

8:00-8:10	Welcome with team, orientation to charts
8:10-11:00	Chart review – we will pull charts from the 4 state required categories
11:00-12:00	Lunch with your team
12:00-1:00	Tour
1:00-2:00	Complete charts and review binders for state required documents
2:00-3:00	Reviewers to meet and formulate report for exit interview
3:00	Exit interview / questions

I will be heading your way Thursday night and would greatly appreciate your recommendations for a hotel in the area.

Please feel free to contact me at my office number below or by cell phone.

CHART REVIEW 101

- Use Medical Record Evaluation Tool to gather information for chart summary
 - Important information to collect
- Chart Summary:
 1. Brief description of the case including injuries, key procedures or interventions
 2. Describe the hospital's PI activities (components)
 3. Comment on your findings, opportunities for improvement, and PI timeline for closing the issue.

MEDICAL RECORD EVALUATION TOOL LEVEL IV



Level IV Medical Record Evaluation Tool

Hospital: _____

Date of Service: _____

Reviewer: _____

Chart Category:

- Trauma Death
- Trauma Transfer
- Trauma Activation
- Non-Surgical Admission

Patient Age _____ Gender _____

ISS: if available _____

Data field	Time	Date Field	Time
EMS total time on scene		Team at bedside	
EMS transport time		X-ray	
EMS arrive at Hospital		CT	
Team activated		Transfer order	
Activation level		Transfer Time	
Physician at bedside		ED Dwell time	

Check the items below found in the medical record.

Pre-hospital/EMS:

<input type="checkbox"/> EMS hospital care appropriate? Yes No If no, why?
<input type="checkbox"/> EMS scene time appropriate per region? Yes No If no, why?

Emergency Department/Initial Resuscitation:

<input type="checkbox"/> Trauma team activation (TTA) at appropriate level? Yes No If no, why?
<input type="checkbox"/> Time physician, NP or PA called:
<input type="checkbox"/> Physician, NP or PA present at resuscitation within 30 minutes of patient arrival?
<input type="checkbox"/> Physician consulted by NP/PA?
<input type="checkbox"/> 1 ^o & 2 ^o surveys immediate and accurate?
<input type="checkbox"/> ATLS guidelines followed?
<input type="checkbox"/> Were the appropriate diagnostic tests ordered (lab, x-ray, CT)? Yes No <i>If no, please note in chart summary.</i>
<input type="checkbox"/> Vital signs monitored completely and periodically as appropriate for patient's hemodynamic presentation (GCS, BP, HR, Resp., SaO ₂ , temp.)?
<input type="checkbox"/> Fluids monitored in unstable patient or elderly?

SITE REPORT REVIEW PROCESS

- 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.

CHART REVIEW EXAMPLE #1 – LEVEL IV

Please refer to the Case I document.

CHART REVIEW EXAMPLE #1 – CASE SUMMARY

Date of Service: 5/17/18 **Admission Service (if applicable):** Transfer
Level of Activation: None **Injury Severity Score (if available):** 10
ICU Patient: Yes **No**

Initial VS: BP: 122/72 **P:** 108 **RR:** 22 **T:** 36.7 **Pulse Ox:** 93% RA **Initial GCS:** 15

The case involved a young male that was stabbed in the chest with an ice pick. He came to the ED as a non-activation patient and was initially treated by the APP with tertiary care facility notified quickly for need of transfer. Over the course of the first hour a CXR was done revealing a hemothorax and the ED physician then became involved in the care and placed a chest tube 90 minutes after arrival. Due to the patients change in status and need for blood products, air medical was called and the patient was transferred after a two-hour ED stay.

CHART REVIEW EXAMPLE #1 – PI FINDINGS BY FACILITY

- Case underwent primary review by the TPM, secondary by the TMD and tertiary review in Trauma PIPS.
- Committee discussion with action plan for undertriage (UT), ED length of stay >60 minutes and resuscitation guideline variation.
- Action plan including education of trauma team members the necessity to follow Trauma Team Activation Criteria (TTA), periodic UT reporting, counseling of APP related to practice variation & consideration of Rural Trauma Development Course (RTTDC).

CHART REVIEW EXAMPLE #1 – REVIEWER COMMENTS

- The hospital's PI process accurately identified the issues in the case.
- The trauma committee notes documented the discussion of the issues and action plan.
- At the time of the review there was documentation of the PI process for the other penetrating cases that were monitored.
- There was also documented follow up from tertiary care facility with no additional PI issues noted.

CHART REVIEW EXAMPLE # 2 – LEVEL IV

Please refer to the Case 2 document.

CHART REVIEW EXAMPLE # 2 – CASE SUMMARY

Date of Service: 4/15/18
Level of Activation: None
ICU Patient: Yes No

Admission Service (if applicable): Transfer
Injury Severity Score (if available): 4

Initial VS: BP: 96/56 HR: 110 RR: 20 **Initial GCS:** 15

This was a young child that was brought to the ED by parents after falling off her bicycle. Her only complaint was pain and deformity to her right forearm. Vital signs were WNL for age except for a tachycardia of 110-116. Radiograph confirmed a fracture of the right proximal radius and ulna that was in close proximity to the growth plate, orthopaedic surgeon requested transfer to a higher level of care with pediatric trauma capabilities. The patient's arm was splinted and the family transported the child to the trauma center per their request due to cost. Follow up from the pediatric trauma center indicated that the patient had an additional injury on CT abdomen of a grade III splenic laceration that was treated non-operatively.

CHART REVIEW EXAMPLE # 2 – PI FINDINGS BY FACILITY

- Primary review completed by TPM. She noted that the child was never examined for other injuries other than the isolated right arm fracture. She verbally communicated the case along with the follow up from the pediatric trauma center to the TMD. The following day the TMD states that he called the ED physician involved in the care and relayed the following educational points: performing an examination and documenting discharge instructions. The case was closed by the TMD with action to periodically review pediatric transfers.

CHART REVIEW EXAMPLE # 2 – REVIEWER COMMENTS

- The review of the case by the TPM and TMD was timely. The discussion between the TMD and ED physician was not documented and was only reported by the TPM as a hallway conversation took place within two weeks of the transfer. There should have been clear documentation by the TMD of the discussion held with the ED physician of record. This case identifies an opportunity for education on pediatric trauma patients in a hospital that would typically see a low volume of these patients. There was no documentation in terms of follow up with staff on the mode of transport and discharge instructions on any patient being transferred including not eating in transit. There might be an opportunity to invite the pediatric trauma center to present the case in an educational forum at the level IV center. The patient did not suffer any harm but the ATLS standard of care was not met.

MEDICAL RECORD EVALUATION TOOL

LEVEL III



Level III Medical Record Evaluation Tool

Hospital: _____

Date of Service: _____

Reviewer: _____

Chart Category:

- Trauma Death
- Trauma Transfer
- Trauma Activation
- Non-Surgical Admission

Patient Age _____ Gender _____

ISS: if available _____

Check the items below found in the medical record.

Data Field	Time	Data Field	Time
EMS total time on scene		Surgeon at bedside	
EMS transport time		X-ray	
EMS arrive at Hospital		CT	
Team activated		Lab	
Activation level		Transfer order	
Physician at bedside		Transfer time	
Team at bedside		ED dwell time	

Pre-hospital/EMS:

<input type="checkbox"/> EMS hospital care appropriate? Yes No If no, why?
<input type="checkbox"/> EMS scene time appropriate per region? Yes No If no, why?

Emergency Department/Initial Resuscitation:

<input type="checkbox"/> Trauma team activation (TTA) at appropriate level? Yes No If no, why?
<input type="checkbox"/> Time physician, NP or PA called:
<input type="checkbox"/> Physician present at resuscitation within 30 minutes of patient arrival?
<input type="checkbox"/> Physician consulted by NP/PA?
<input type="checkbox"/> General surgeon response time to trauma activation:
<input type="checkbox"/> 1 ^o & 2 ^o surveys immediate and accurate?
<input type="checkbox"/> ATLS guidelines followed?
<input type="checkbox"/> Were the appropriate diagnostic tests ordered (lab, x-ray, CT)? Yes No <i>If no, please note in chart summary.</i>
<input type="checkbox"/> Vital signs monitored completely and periodically as appropriate for patient's hemodynamic presentation (GCS, BP, HR, Resp, SaO ₂ , temp.)?

CHART REVIEW EXAMPLE # 3 – LEVEL III

Please refer to the Case 3 document.

CHART REVIEW EXAMPLE # 3 – CASE SUMMARY

Date of Service: 04/25/17

Level of Activation: I

ICU Patient: Yes No

Admission Service (if applicable): Transfer

Injury Severity Score (if available): 29

Initial VS: BP: 88/60 P: 122 RR: 24 T: 36.7 Pulse Ox: 96%-Non-Rebreather **Initial GCS:** 14 (minus 1 for verbal)

A young female driving an ATV was involved in a crash and thrown a distance. She was hypotensive and tachycardic on scene with obvious bilateral lower extremity fractures. She arrived at the level III center as a highest trauma activation. The team was present within 20 minutes except for the surgeon, who was called off by the ED physician. The patient was taken to the CT scanner within an hour of arrival, where a grade IV splenic laceration was found with active bleeding. Vital signs remained soft with crystalloid resuscitation. The patient was transported to a higher level of care after a great than two-hour ED dwell time.

CHART REVIEW EXAMPLE # 3 – PI FINDINGS BY FACILITY

- Case underwent primary review by the TPM, secondary by the TMD and tertiary review in Trauma PIPS.
- The PI meeting minutes document a discussion on calling off the surgeon, crystalloid fluid resuscitation with need for blood products, spinal clearance, missed injury and ED dwell time.
- Action plan included monitoring of key issues noted in PI review was developed.

CHART REVIEW EXAMPLE # 3 – REVIEWER COMMENTS

- The hospital's PI process accurately identified the issues in the case.
- There was good documentation of the TMD discussion with the ED physician involved with the case on the above issues.
- The center placed monitoring parameters in place and reported those back to the peer review committee. The trauma system committee may have benefitted by these audit filters being presented there as well.
- Some general education could be utilized on ATLS principles of resuscitation, and incorporation of NEXUS spine immobilization guidelines.
- Additional work related to spinal image reconstruct/reformatting might reduce risk of missed injuries.
- Additional follow up from tertiary facility might be useful for team.

RESOURCES DURING SITE VISIT

- Michigan Criteria
- ACS Orange Book (Criteria Quick Reference Guide)
- State trauma website – www.michigan.gov/traumasystem
- Regional Trauma Coordinator in attendance at site visit
- Tammy First, State Verification/Designation Coordinator

QUESTIONS



WRAP UP

- The example cases and report write ups will be available at www.michigan.gov/traumasystem under the “Site Reviewer Resources” tab.
- Reminder: attending or viewing recorded webinar(s) is required to maintain active site reviewer status.
- Directions on how to access the recorded webinar will be sent via email.

ACKNOWLEDGEMENTS

- Gaby Iskander, MD, FACS
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 - Michigan Site Reviewer
- 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