



# Trauma Facility Designation Site Visit Guidelines

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

**Verification and Designation Coordinator**

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**Site Review Date:**

**Review Team Members:**

## Facility Site Visit Guidelines

### Overview

Providing trauma care consistent with Michigan's criteria and participating in Michigan's verification and designation process is foundational to an efficient and effective trauma system. **(Facility name)**'s collaboration on trauma program development with the Michigan Department of Health and Human Services (MDHHS) will improve mortality and morbidity for the victims of trauma locally and statewide.

The purpose of the site visit is to assemble trauma program staff from your facility, together with reviewers from the MDHHS who are experienced in trauma program implementation, to collaboratively evaluate and assess your facility's trauma care. The desired outcome is to assist you in developing a strategy for your program by identifying its strengths and opportunities for improvement. Utilize the site reviewers as resources to improve. The MDHHS Trauma Section program staff are another resource available for regional trauma system development.

### Reviewers

The following reviewers are scheduled to perform your site visit: **(Reviewer Name)** and **(Reviewer Name)**.

### Site Visit Day

Allow approximately six to eight hours for the site visit. Your Regional Trauma Coordinator, **(Name of RTC)**, may participate partially or fully in the review day. The Trauma Medical Director (TMD), Trauma Program Manager (TPM) and Registrar must be available for the duration of the site review.

### Travel Arrangements

Reviewers arrange their travel independently. Facilities are not responsible for travel costs.

### Arrival of Reviewers

The reviewers will gather in the lobby of the main entrance unless other arrangements have been made. They will alert the Trauma Program Manager of their presence and they should be taken to the room that has been designated for the site review. The designated room must be secure for the reviewers to leave their belongings during the facility tour. The reviewers will take a few minutes to organize their responsibilities and ensure all materials needed are present.

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. Lunch with facility team
- 12:00 p.m. Tour: ED, Radiology, OR, Med/Surg, 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 and Performance Improvement Process Review**

The following items are necessary for the site visit:

- A secure, private conference room reserved for the full eight hours
- A table large enough to accommodate the charts for review and room for two people to work comfortably
- Two computers with access to the EMR
- Staff available to navigate the EMR and printed charts
- Pull the 10 most recent medical records within the reporting year that correspond to the following categories and separate them into stacks. In the event there are less than ten records, pull all medical records for the categories below:
  - Trauma deaths
  - Trauma transfers
  - Trauma team activations
  - Trauma patients admitted by non-surgeons
  - Admissions with high ISS (greater than 16)
- Then, have the following portions of the medical records printed and include in the appropriate category (stack) above:
  - 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 performance improvement records that exist for the pulled charts
- Include the performance improvement documentation that pertains to these charts (attached to or easily accessible):
  - PI tracking worksheet (or similar) w/attachments (emails, education presentations, newsletters, etc. illustrating activity surrounding PI project)
  - Meeting minutes:
    - Multidisciplinary meeting
    - Peer review
    - Any other committee meeting that addressed the PI issue
- A spreadsheet listing the following information about each case that will assist the reviewers to target a variety of charts:
  - Med Rec Number
  - Date of Admission
  - TTA yes/no
  - Mode of Arrival – EMS/Self present
  - ED LOS
  - Diagnosis Disposition
- Organized binders containing documentation on Education, Injury Prevention, Credentialing of Providers, Resolutions, PI and Peer Review, Bypass and Diversion, Trauma Protocol's and Policies, Transfer Plans and Guidelines, and Lab and Radiology. Refer to *Binder Organization Guideline Checklist* for recommended guidelines on the binders.

## **Interviews During Lunch**

This is a working lunch involving questions and discussion. The reviewers will use this time to ask clarifying questions from the PRQ and chart and performance process review. The facility will provide lunch in a room sufficient enough to accommodate the following required attendees:

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

## **Tour**

Reviewers will determine the start time and duration of the tour. The TPM should be assigned to one reviewer, and the TMD should be assigned to the second reviewer for the tour. Consider if other trauma team members should participate in the tour and have staff available to meet with the reviewers in each department during the tour. It is helpful for the trauma registrar to be readily available to the reviewers for the entire review. One or both of the reviewers will visit each department listed below.

### **A. Emergency Department**

1. Review emergency department facility, resuscitation area, equipment, protocols, flow sheet, staffing, and trauma call
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
- 5.

## **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

Reviewers will want to see all equipment listed in the *Site Tour Equipment Checklist* for both adult and pediatric patients.

## **Site Reviewer Wrap-Up: Closed Session**

If no additional chart review is needed, the reviewers will go into closed session to prepare for the exit interview after the tour is completed for no longer than 60 minutes.

## **Exit Interview**

The exit interview is considered confidential and the facility may wish to construct its attendance list carefully. The four major headings below will be covered:

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

The exit interview is an important opportunity to recognize program development, best practices, and provides a collaborative and collegial forum to discuss improvements. Use the experience of the reviewers to strategize opportunities for improvement. At a minimum, the following people should be in attendance.

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

***The reviewers' findings are preliminary. MDHHS will make the final verification and subsequent designation determination. Any questions after the site visit and before the final determination should be directed to the Verification/Designation Coordinator.***

## **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

## **Final Report**

Upon completion of the site visit, the review team members will submit a final report to MDHHS. The report will be reviewed by the Designation Subcommittee who will forward their recommendation regarding the verification/designation determination to MDHHS. The final verification/designation determination will be made by MDHHS based on recommendations from the Designation Subcommittee and the Site Review Team.