



Level III Virtual Visit Facility Guidelines

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

www.michigan.gov/traumasystem

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Level III Facility Virtual 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 morbidity and mortality for the victims of trauma locally and statewide.

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

Reviewers

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

Virtual Visit Day

Allow approximately eight hours for the virtual visit. Your Regional Trauma Coordinator, **(Name of RTC)**, will participate in the review day. The Trauma Medical Director (TMD), Trauma Program Manager (TPM)/Trauma Program Coordinator (TPC), and Trauma Registrar must be available for the duration of the review. Participants are encouraged to attend the virtual visit from their own workstation to ensure they can be heard.

Virtual Visit Logistics

To ensure an effective virtual visit, the following logistical aspects are important.

- 1) Participants must attend the virtual visit from their own workstation for better audio.
- 2) To avoid feedback, no more than one computer can be in a physical room at the same time.
- 3) The TPM/TPC is required to have Adobe Standard DC or Adobe Pro to accurately prepare the charts and required program documentation for upload into the file transfer application.

Virtual Visit Preparation

The hospital will be responsible for the logistical aspects of the virtual visit, such as scheduling the appropriate participants for each component of the review day, providing technical assistance if needed, and ensuring all required participants are on the videoconferencing line for the various parts of the agenda.

The State of Michigan will provide a HIPPA compliant videoconferencing platform (Zoom) for the virtual site visit. The state will send the Zoom link for the site visit day to the TPM/TPC or person designated by hospital who will forward the Zoom invitation to the appropriate participants at their hospital.

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>. All files are deleted from the application once the designation process is complete. Follow the steps below to access the file transfer application where all documents and medical charts pertaining to the visit will be uploaded.

- 1) Refer to pages 4-5 on the *File Transfer User Manual* to request access State of Michigan MILogin interface.
- 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 “**share file**” option to upload all documents and medical records for the virtual visit. Instructions to sharing files can be found on pages 14-15.

The hospital will be responsible for sharing the following documents into the file transfer application:

- ☐ 45 days prior to the scheduled virtual visit:
 - Pre-Review Questionnaire (PRQ) - ***The PRQ and attachments should be in a single pdf document.***
 - Designation Application.
 - Completed Chart Review Selection (CRS) Template
- ☐ 14 days prior to the scheduled virtual visit:
 - Medical records chosen by reviewers with pertinent documentation (ensure the *Chart Summary Form* is completed and is the first page of each medical record)
 - Program documentation

Pre-Review Call

The hospital will schedule a pre-review meeting approximately 30 days prior to the scheduled virtual visit with the review team. The pre-review meeting will include the TMD, TPM/TPC, EMR navigators, 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 Visit Agenda

Refer to the *Level III Virtual Visit Agenda* for further information. A typical agenda for the virtual visit will consist of:

- 8:00 a.m. Introductions to facility team, review logistics for virtual review process, and a facility PowerPoint presentation on the trauma program and PI plan/process.
- 8:30 a.m. Medical record and program document review.
- 11:00 a.m. Review and discuss PRQ with pertinent hospital staff.
- 12:00 p.m. Lunch break – Review team touch base on medical record and program review.
- 12:45 p.m. Live hospital tour: ED, Radiology, ICU, OR, Med/Surg Floor and Blood Bank (Rehab if applicable).
- 1:45 p.m. Reviewer huddle to touch base after tour.
- 2:00 p.m. Meeting with TMD and TPM/TPC.
- 2:30 p.m. Site Review Wrap-Up: Review team discusses findings internally.
- 3:30 p.m. Exit Interview: Review team discusses findings with facility.

PowerPoint Presentation

The hospital will prepare a PowerPoint presentation to provide a brief overview of the hospital and trauma program. Some ideas to include, but not limited to, location of hospital, trauma centers in area, picture of hospital, hospital beds, patient numbers, PI levels of review, audit filters, etc.

Chart and Program Document Review

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

In the event there are less than ten records, the hospital will provide information on the medical records available within the reporting year. Do not put the same chart in more than one category. If a chart fits into more than one category, put the chart in the most appropriate category. Prior to the virtual visit day, reviewers may ask for additional charts within these categories if they feel it important to have more information.

Once the *CRS Template* is uploaded into the file transfer application, the lead reviewer will have 10 days to select the medical records to be reviewed. The lead reviewer will notify the hospital once the charts have been selected. The selected medical records must be uploaded to the file transfer application at least 14 days prior to the scheduled review date. Each medical record must have all pertinent documentation along with a copy of the guidelines/protocols that were followed to care for the trauma patient. Utilize the *Medical Record Review Guidance* document for information on what components of the medical record to upload. In addition to the selected medical records, the hospital will upload required program documentation to the file transfer application at least 14 days prior to the scheduled review date. The *Virtual Visit Documentation Requirements* details all required documentation.

During the medical record and program review portion of the virtual visit agenda, each reviewer will be in separate virtual breakout rooms on Zoom. The hospital will assign one navigator per reviewer to guide the reviewer through the virtual medical records, PI documentation, and supporting documentation. This role can be fulfilled by the TPM/TPC, trauma registrar, PI coordinator, or any other staff. The navigator must be familiar with the trauma patients, EMR, and supporting PI documentation and able to assist the reviewers with chart review. The TPM/TPC and/or chart navigator should share their screen and pull up the appropriate chart as it is being reviewed. Throughout the course of the chart review, the reviewers may be utilizing multiple screens and looking away from the camera at times. It is recommended that the separate physical rooms be next to each other for ease as the TMD and TPM/TPC go between the reviewers to answer questions as needed.

Review Meeting

At the review meeting, the PRQ will be reviewed and discussed. The TPM/TPC will have the PRQ open and share the screen so all participants can see the PRQ. The hospital must provide the state and reviewers a list of names of all attendees and their positions. Each attendee must log into the videoconferencing meeting separately from their workstation. The following staff must be available for questions and discussion:

1. Hospital administrator responsible for the trauma program
2. Trauma Medical Director
3. Trauma Program Manager/Trauma Program Coordinator
4. Trauma Registrar
5. Trauma liaisons (Emergency Medicine, Radiology, Anesthesia, ICU, Orthopaedic, Neurosurgery)
6. EMS Representative
7. Navigators
8. Onsite Logistics Coordinator

The review meeting is an opportunity to ask clarifying questions about the PRQ, chart and/or performance improvement process.

Tour

The hospital must rehearse the tour to ensure everything will run smoothly the day of the review. Items to be tested include the video, microphone, and speakers of the phone/tablet/laptop being used to broadcast the tour. Ensure those conducting the tour can be seen and heard on the virtual tour and that they can hear those on the other end of the line asking them questions. Refer to the *Site Tour Equipment Checklist* to see the equipment reviewers will be looking for during the tour.

A. Emergency Department

1. Review emergency department facility, resuscitation area, equipment, protocols, trauma 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

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.

Site Reviewer Wrap-Up: Closed Session

The reviewers will go into closed session to prepare for the exit interview for no longer than 60 minutes.

Exit Interview

The reviewers will present their preliminary findings. The exit interview is considered confidential, and the facility may wish to construct its attendance list carefully. It is recommended that everyone attend from their own workstations vs. one large room. 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/Trauma Program Coordinator
4. Regional Trauma Coordinator
5. 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 State Trauma 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 verification/designation.

Final Report

Upon completion of the virtual 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 Review Team.