



Level III Virtual Visit Reviewer Guidelines

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

www.michigan.gov/traumasystem

State Trauma Designation Coordinator

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Review Date:

Facility Name:

Level III Virtual Visit Reviewer Guidelines

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

List of Contacts:

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

Virtual Visit Day

The virtual visit day will last approximately 8 hours.

Lead Reviewer

The lead reviewer will be identified prior to the review day. The lead reviewer will be responsible for selecting the charts to be reviewed by each reviewer, assigning parts of the PRQ for the review meeting and parts of the tour to each reviewer, and leading the pre-review meeting. In addition, the lead reviewer will compile the findings from the 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 is 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:

- Manage 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 must take place, be thoughtful about where and who is included.
- Maintain complete objectivity.
- Recommendations should be based on published standards.

Any questions on the PRQ should be discussed with your co-reviewer prior to the virtual visit and if needed, contact the facility for more details or follow-up at the virtual visit.

Overview

Your charge is to verify the facility's capability to care for injured patients at the level of designation for which they applied. You must determine if the facility meets Michigan's standards for trauma care based on information derived from the facility's PRQ and the virtual visit. The visit component will include a facility tour, a review of medical records, and the performance improvement process.

Your responsibilities as a site reviewer are threefold:

- To evaluate the PRQ for compliance with published standards.
- To conduct a review to verify the existence of a system to care for injured patients.
- 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. Follow the steps below to access the file transfer application prior to the virtual visit.

- 1) Refer to pages 4-5 on the *File Transfer User Manual* to request access to the 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 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 virtual visit is complete, you will need to use the “**share file**” option to upload the site visit report and any other documents pertaining to the visit. Instructions to sharing files can be found on pages 13-15 of the *File Transfer User Manual*.

The hospital will be responsible for uploading the following documents:

- 45 days prior to the scheduled virtual visit:
 - Pre-Review Questionnaire (PRQ)
 - Designation Application
 - Chart Review Selection (CRS) Template
- 14 days prior to the scheduled virtual visit:
 - Medical records chosen by reviewers with pertinent documentation
 - Program documentation

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 site visit is conducted
 - Final site visit report (Word® version) with signatures of both reviewers, site visit documents, and revised PRQ (if applicable).

Pre-Review Call

The hospital will schedule a pre-review meeting approximately 30 days prior to the scheduled site 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.

Pre-Review Questionnaire (PRQ)

The facility's PRQ documents policies, protocols, equipment, staff, and systems are in place to care for all trauma patients. The hospital will upload the PRQ to the file transfer application at least 45 days prior to the scheduled visit. Prior to the visit, thoroughly review the facility's PRQ, and if further clarification is needed, note that on the PRQ. You may contact the facility prior to the visit for clarification or follow-up at the visit. Include all PRQ revisions in the site visit report. ***If revisions are made to the PRQ, the revised PRQ must be submitted with the final report and site review documents.***

Virtual Visit 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 virtual review.

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.
- 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.
- 4:00 p.m. Debrief with state representatives to discuss virtual visit experience.

Chart 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 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 file transfer application at least 14 days prior to the 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 visit, the review team will meet virtually to discuss the individual chart review and plan for the virtual 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.

Performance Improvement

Performance Improvement is a focal point of an effective trauma program. During the review of the facility's performance improvement, look for event identification, levels of review, corrective action plans, methods of monitoring, and reevaluation. Problem resolution, outcome improvements, and loop closure must be identifiable.

Review Meeting

At the review meeting, the PRQ will be reviewed and discussed. The lead reviewer is responsible for assigning different sections of the PRQ to each reviewer. The facility has been instructed to provide the State and reviewers with a list of names of all attendees and their positions. Each attendee must log into the videoconferencing meeting separately from their workstation. The facility has been instructed to have the following staff available for questions and discussion:

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

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

Tour

During the tour, confirm the equipment listed on the *Site Tour Equipment Checklist* is available. Visit each department listed below. The lead reviewer is responsible for assigning parts of the tour to each reviewer. Generally, the tour should follow the flow of patient care beginning with the ED.

A. Emergency Department

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

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 to discuss findings with the TMD and TPM/TPC. If needed, the TMD and TPM/TPC can discuss any concerns with reviewers.

Site Review Wrap-Up: Closed Session (Reviewers Only – RTC will attend)

Use this time to prepare your verbal report for the trauma facility in which you will identify the deficiencies, strengths, areas of opportunity, and recommendations for the facility's trauma program. Verbal reports require clear messaging. Your verbal report should be objective and based on the data in the report and focus on how resources can be applied to improve trauma care as well as acknowledge the program's commitment to the trauma system. Be thoughtful about conveying a less than complete or accurate impression of the visit to avoid uncomfortable situations. In addition, avoid subjective recommendations that are not specific to the program. If you are unsure whether a finding is a deficiency, you can list the finding as an area of opportunity, however you must communicate with the facility at the exit interview that you listed the finding as an area of opportunity, but it may be elevated to a deficiency. Please keep in mind the last sentence of the required statement below. *"The final decisions regarding verification and subsequent designation will be made by the Michigan Department of Health and Human Services and may differ from the findings we are about to report."*

The reviewers will spend the time in the closed session to organize who will give the verbal report and develop a plan to finalize the report. The Regional Trauma Coordinator will also attend the closed session. The closed session should last no longer than 60 minutes.

Exit Interview

The exit interview will have, at a minimum, the following people in attendance:

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

Read the following statement as an introduction to the exit interview:

“The exit interview is confidential, and the facility may wish to construct its attendance list carefully. This voluntary site visit has been made by reviewers approved by the Michigan Department of Health and Human Services. The reviewers’ findings are divided into four major headings:

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

The final decisions regarding verification and subsequent designation will be made by the Michigan Department of Health and Human Services and may differ from the findings we are about to report.”

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.

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 review day to author the report. The reviewers will collaborate on a report draft. The lead reviewer will be responsible for reviewing, revising, and completing a final report. Follow the *Site Review Report Checklist* when writing the report. In addition, review the following information for guidance on each section of the report.

Introductory Comments

Use the facility’s PRQ and Designation Application to provide a brief and general overview of the facility and their trauma program. The introductory comments will provide context for the Designation Subcommittee members and MDHHS. Some examples include:

- Number of ED annual visits
- Number of trauma activations
- Urban vs rural
- Region and participation in regional activities
- TMD and TPM years of involvement in trauma program
- PRQ corrections (if applicable)

Trauma Program Comments

- Deficiencies:
 - Include any type I or type II deficiencies in the trauma program. The deficiency must be cited (i.e., CD 5-15, Type II). Deficiencies must be supported by data.
- Strengths:
 - Highlight the features (commitment, readiness, resources, policies, performance improvement, etc.) of the trauma program that are functioning properly and provide a solid foundation.
- Areas of Opportunity:
 - Pay particular attention to the following elements:
 - State the facility's current practice and why you are taking issue with it.
 - Provide context as to why this is important.
- Recommendations:
 - Include recommendations based on the areas of opportunity and/or deficiencies. Each recommendation should match a deficiency or area of opportunity. Ensure the recommendation clearly delineates a means by which to rectify the issue.

Site Tour

Report missing equipment and note recommended equipment present on checklist.

Case Summaries

Case summaries provide an important overview of a trauma program. **All case summaries must be completed for each category below as applicable.** Use the case summary section on the *Medical Record Evaluation Tool* to make notes for the final report.

- Trauma deaths
- Trauma transfers
- Trauma team activations
- Trauma patients admitted by non-surgeons
- Admissions with high ISS (greater than 16)

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 site 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

If any deficiencies were found, put the total number of type I or type II deficiencies in this section. Include any further comments you may have that were not covered previously in the report. Both reviewers must sign the site visit report indicating they support the report content. Electronic signatures are acceptable.

Report Submission

The report is due to the State Trauma Designation Coordinator **within three weeks** of the site visit. Delays in report submission will result in a facility not receiving their designation determination in a timely fashion. The lead reviewer will upload the final report (Word® version) to the file transfer application or email it to the traumadesignationcoordinator@michigan.gov mailbox. Both reviewers are responsible for returning (sharing into file transfer application) any documents containing notes of the review. Upon receipt of these documents, payment for conducting the review will be processed. While the site visit report is under review by the Designation Subcommittee, it is critical for reviewers to have the visit documents in case of questions. You will retain access to the file transfer application until the final determination is made. Reviewers are copied on the final determination letter to the facility. Once you receive that email, delete any documents from the virtual visit on your computer.

Report Review Process

- 1) Site visit report is uploaded to the file transfer application or emailed to the State Trauma Designation Coordinator.
- 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. Editors may reach out to the reviewer(s) if clarification is needed.
- 3) The Designation Subcommittee will give their recommendation on the verification/designation determination.
- 4) MDHHS will make the final verification/designation determination.

Invoice

Complete, sign and submit the invoice after the virtual visit is complete to the State Trauma Designation Coordinator at traumadesignationcoordinator@michigan.gov. Approval of the invoice is sent after the completed site visit report is received.

Professional Fee and Lead Reviewer Fee:

- Physician Fee: \$1300
- Nurse or Physician Assistant Fee: \$800
- Lead Reviewer Fee: \$200