



Level III Virtual Focused Visit Facility Guidelines

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

www.michigan.gov/traumasystem

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Virtual Focused Review Date:

Review Team Members:

Level III Facility Visit Guidelines: Virtual Focused Review

Overview

A focused review is required to determine that the critical deficiency(ies) identified by either the review team or the Designation Subcommittee has been satisfactorily addressed. Focused reviews must be scheduled and conducted within 12 months from the date of the initial review. The facility must contact MDHHS no later than 9 months after the initial review to schedule the focused review once the identified deficiency(ies) has been corrected. Progress related to areas of opportunity outlined in the site visit report may also be reviewed as part of the focused review. MDHHS reserves the right to cite additional critical deficiency(ies) if found.

Reviewers

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

Virtual Focused Review Day

Allow approximately five hours for the virtual focused review visit. Your Regional Trauma Coordinator, **(Name of RTC)**, will participate in the review day. The Trauma Medical Director (TMD) and Trauma Program Manager (TPM)/Trauma Program Coordinator (TPC) must be available for the duration of the focused review. Refer to the *Level III Virtual Focused Visit Agenda* for more information on the virtual visit day.

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 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 focused visit. The state will send the Zoom link for the virtual 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 virtual 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 focused 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 upload the following documents into the file transfer application:

- 45 days prior to the scheduled virtual visit:
 - Chart Review Selection (CRS) Template
- 14 days prior to the scheduled virtual visit:
 - PowerPoint Presentation of corrective actions
 - Medical records chosen by reviewers with pertinent documentation
 - Program documentation relevant to the correction of the identified critical deficiency(ies).

Pre-Review Call

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

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

- 8:00 a.m. Introductions to the facility team, review logistics for virtual review process, and a facility PowerPoint presentation on the corrective actions taken to address the deficiency(ies) and areas of opportunities
- 8:30 a.m. Chart review/validation
- 11:00 a.m. Reviewer Huddle
- 11:30 a.m. Meeting with TMD and TPM/TPC
- 12:00 p.m. Focused Review Wrap-Up: Review team discusses findings internally
- 12:30 p.m. Focused Review Outcome Discussion: Review team discusses findings with TMD, TPM/TPC, and others as desired by the facility

Presentation of Corrective Actions

Use this time to present (PowerPoint Presentation) the actions your trauma program has taken to correct the identified deficiency(ies) and progress made regarding areas of opportunity from the original site visit report. Ensure any staff whose positions were involved in the identified deficiency(ies) are available for questions. All attendees must attend from their own workstation. While the areas of opportunity are not the primary focus of the visit, reviewers can provide additional comments and/or recommendations to assist in organizational success.

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 reviewers will have 10 days to select the medical records they will review. 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.

During the medical record and program review portion of the virtual focused 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.

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.

Focused Review Wrap-Up: Closed Session (RTC will attend)

The reviewers will go into closed session to prepare for the findings discussion after the chart review process is completed for no longer than 30 minutes.

Focused Review Findings Discussion

Unlike the formal exit interview at the original site visit, the Focused Review Findings Discussion will be a brief discussion of the findings related to the correction of the identified deficiency(ies). The TMD and TPM/TPC must be present. Others may attend at the discretion of the hospital administration.

The reviewers' findings are preliminary. MDHHS will make the final determination on the correction of the identified deficiency(ies).

Final Report

Upon completion of the virtual focused review 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 and designation determination to MDHHS. The final verification and designation determination will be made by MDHHS based on recommendations from the Designation Subcommittee and the focused review team.