VIRTUAL HOSPITAL TRAUMA SURVEY
Guideline for Level III Trauma Hospitals

Opening Presentation by the Trauma Program

Program Review
- Surveyors will ask questions and provide feedback on documents reviewed such as PRQ, CPG, policies and OTR data.
- Department staff may also be interviewed

Two Options for Medical Chart Review
Option 1: Pre-survey Review & Q&A Session on day of Survey
Option 2: Chart Review in real time on day of virtual survey

Pre-Exit Interview
OHA staff and surveyors will meet without hospital staff

Exit Interview
OHA staff and surveyors will meet with hospital staff and share survey findings/recommendations
Pre-Survey Timeline Guideline for Level III Trauma Hospitals

Six months prior to the scheduled survey date, an email with attached survey documents will be sent to the hospital trauma program:
1) Survey confirmation letter from OHA.
2) Trauma Hospital Guideline – Virtual Hospital Trauma Survey – Guideline for Level III Hospitals.

Four months prior to the scheduled survey date, an email with attached templates will be sent to the hospital trauma program:
1) Form #39 Patient List template: hospital will provide patient list from which the selected charts will be pulled for the medical record review. The patient list will need to meet the category criteria on the table on page 5 of this document.
2) EMS & Trauma Systems Hospital Resources, Equipment Checklist & Attestation Form.

These must be submitted for review two months prior to the scheduled survey.

- Oregon PRQ Application Form: complete with embedded documents.
- Form #39 Patient List template.
- EMS & Trauma Systems Hospital Resources, Equipment Checklist & Attestation Form.
- Document Submission of files listed below under table Exhibit 4, Tag/Criteria on pages 2-5 of this document need to be submitted electronically. Documents due for submission are grouped according to your designation level. Physical copies of these documents were formerly made available during on-site surveys.

Note: Documents highlighted in yellow do not need to be submitted but should be readily available upon surveyor request.

<table>
<thead>
<tr>
<th>Exhibit 4 Tag/Criteria</th>
<th>Document/File Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-12</td>
<td>Two months trauma surgeon call schedule</td>
</tr>
<tr>
<td>2-19</td>
<td>PIPS program audit filters</td>
</tr>
<tr>
<td>2-22</td>
<td>Documentation of participation in regional disaster plans &amp; exercises</td>
</tr>
</tbody>
</table>
5-5-1 | Board certification of TMD
---|---
5-6 | Current ATLS of TMD
5-11-2* | Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)
11-87-2* | Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)
6-3 | Completion of ACS alternate pathway for non-boarded surgeons
6-6-2 | PI documentation tracking of trauma surgeon response times
6-9-1 | Proof of ATLS completion for trauma surgeons
6-10-1 | Proof of current board certification or required 12 hrs./yr. CME for all trauma surgeons. Please arrange in the order the physicians’ names appear in the Master Roster.
7-3 | If applicable, PIPS documentation when ED physician leaves the ED department for in-house emergencies
7-4 | If applicable, documentation of supervision to emergency medicine residency training program
7-6-1 & 7-6-2 | Proof of board certification or alternate pathway of ED physicians
7-14 | ATLS completion for all ED physicians
7-15 | Current ATLS for ED physicians that are certified by boards other than emergency medicine
8-5 | Every case in which NS is encumbered and entails transfer of the patient must be reviewed by PIPS
8-6-1 | If applicable, have neurosurgeon call schedule if covering more than one center
8-10-2 | Completion of ACS alternate pathway to non-board neurosurgeons
8-15-2 | If providing neuro service, proof of current board certification or required 12 hrs./yr. CME for all neurosurgeons.  
*Note: Applicable to Level III if service is offered/provided.*
9-11 | Two months of orthopedic call schedule
9-12 | Two months back-up call schedule for orthopedic surgeon if not dedicated to single facility
9-17-2 | Completion of ACS alternate pathway for non-boarded orthopedic surgeons
9-19-1 | Proof of current board certification or required 12 hrs./yr. CME for all orthopedic surgeons on the trauma panel.
11-2-3 | Documentation that anesthesiology services must be present at full team activation within 30 minutes from patient arrival when requested by a physician or an advanced practitioner directing the trauma.  
*Note: Applicable to Level IV if service is offered/provided.*
11-6 | Show tracking documentation of anesthesia services availability, delays in airway control & operations.  
*Note: Applicable to Level IV if service is provided/offered*
<table>
<thead>
<tr>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
</table>
| 11-18 | Tracking by PIPS program.  
*Note: Applicable to Level IV if service is offered/provided.* |
| 11-47* | PIPS program tracking CT technologist response time from outside the hospital |
| 11-54 | Current board certification or CME of ICU director or co-director |
| 11-57 | Documentation to show that the PIPS program review all ICU admissions and transfers of ICU patients to ensure that appropriate patients are being selected to remain at the Level III and Level IV center vs. being transferred to a higher level of care.  
*Note: Applicable to Level IV if service is offered/provided. If no ICU, then disregard.* |
| 11-86 | ATLS documentation of advanced practitioners who participate in initial evaluation of trauma patients |
| 16-2-2 | Peer review meeting minutes |
| 16-3-12 | Show how retroactive cases are tracked. These numbers should be reflected in the OTR report. |
| 16-4* | Presence of CPG |
| 16-7-5 | If diversion-bypass is greater than 5% provide PIPS documentation |
| 16-7-7* | Provide PIPS documentation.  
*Note: For Levels I & II, some of this may have been addressed with Tag 11-14 to 11-16.* |
| 16-7-8 | Provide PIPS documentation.  
*Note: For Levels I & II, this is addressed in 11-14 to 11-16* |
| 16-7-9 | Provide PIPS documentation.  
*Note: For Levels I & II, OR delay may have been addressed in 11-14 to 11-16 & 11-25.* |
| 16-8 | PIPS documentation to patients transferred to higher level of care.  
Reviews should be incorporated in patient charts. |
<p>| 16-12 &amp; 16-13 | Trauma committee meeting minutes |
| 16-16 | PIPS documentation when surgeons cannot attend multidisciplinary meeting. |
| 16-19 | Show trauma committee meeting minutes showing interventions were made on issues identified. |
| 17-4-1 | Evidence that trauma-related education is provided to nurses involved in trauma care. |
| 17-4-2 | TNCC or other 16-hr accredited course and/or recertification or 4 hrs./yr. trauma-related CEUs for all ED nurses &amp; nurses who responds in ED resuscitation of trauma patients. |
| 18-1 | Documentation showing effective approach to injury prevention |
| 20-1 | Documentation meeting disaster-related requirement |
| 20-2 | List of Disaster Committee members. A surgeon or delegate from trauma panel must be a member. |</p>
<table>
<thead>
<tr>
<th>Evidence that disaster drills occurred at least twice a year &amp; plan described in hospital policy and procedure manual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy on triggering notification for organ procurement and documentation showing relationship with organ procurement organization.</td>
</tr>
<tr>
<td>Written criteria for diagnosis of brain death</td>
</tr>
</tbody>
</table>

- Types of charts pulled for Medical Record review.

**Level III** (minimum of 20 charts)

Level III will need to provide a patient list of all the deaths, readmissions, transfers in, OR or ICU transfer out. Then provide at least one of the rest of the category. OHA will select the patients to be pulled from the submitted patient list. Selected patients will then be the ones pulled for chart review. These charts will be the one submitted electronically if choosing Option 1 on Medical Chart Review.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Injury (at least one of each category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All deaths (selected patients will be pulled for chart review)</td>
<td>Polytrauma</td>
</tr>
<tr>
<td>All readmissions (selected patients will be pulled for chart review)</td>
<td>Neuro</td>
</tr>
<tr>
<td>All transfers in (selected patients will be pulled for chart review)</td>
<td>Cardiothoracic</td>
</tr>
<tr>
<td>All OR or ICU transfer out (selected patients will be pulled for chart review)</td>
<td>Abdominal</td>
</tr>
<tr>
<td>Non-surgical admit (selected patients will be pulled for chart review)</td>
<td>Pelvic/femur</td>
</tr>
<tr>
<td></td>
<td>Pediatric</td>
</tr>
</tbody>
</table>

**Level III**: Pick charts that show PI with problem resolution, outcome improvements, and assurance of safety (“loop closure”) through methods of monitoring, reevaluation, and benchmarking. If available, select one medical record the survey team can review as an example of organ procurement.
Notes for All Levels:

A. If submitting electronic medical record, submit the patient medical records electronically at least one month prior to the scheduled survey. These will be submitted to a secured Document Portal that has met the state’s security criteria.

B. If choosing Option 2: Real time chart review, then there is no need to submit the patients’ charts electronically.

C. The order of each patient medical record should follow the sequence below:

1) Patient summary from OTR
2) Prehospital forms
3) History and physical assessments
4) Trauma flow sheets
5) ED records and summaries
6) Radiology reports
7) Summary from consultants
8) Operating Room notes
9) Transfer documents
10) Discharge summaries
11) Transfer facility feedback or reports from receiving hospitals
12) Documentation of PI: detailed recording of the PI outcomes discussed during the multidisciplinary trauma peer review committee meetings should be included as part of the PIPS documentation in the patient’s chart. This would include all PI documents, reviews and discussions, action plans implemented, documentation of loop closure, and other PI pertinent documents.
13) Any other documents to demonstrate the care rendered

Day of Virtual Survey

The following is the survey agenda for those who chose Option 1 for Medical Chart Review

Survey Agenda:

1. Opening Presentation (9:00 AM to 10:00 AM)
OHA staff will provide a short introduction of the survey team members and the survey process. A hospital representative will introduce the hospital trauma team personnel and present a brief (20 minute) executive overview of the hospital’s trauma program. Use the Oregon PRQ Addendum tool for the Exhibit 4 Tag/Criteria expected to be presented during this time.

Process:

a) Surveyors will log into the survey remotely.
b) OHA staff will log into the survey as a group or individually remotely. Please refer to Zoom instructions at the end of this document.
c) The trauma hospital staff will log into the survey and will need to be prepared to share their screen with OHA staff and surveyors.
d) Opening presentation will be recorded and archived in hospital folder for transcription.

Trauma Service and Hospital Staff Participation

The following is a list of personnel who must be available for the opening session of the survey visit. Prepare a list of these key hospital personnel with name, title, and phone or mobile number. This list of needs to be submitted for full and focused surveys. If these personnel are not available at the time of the survey, a designee must be named that has the authority to speak for them.

Hospital personnel or designee that must be present for the trauma survey:

- Trauma Medical Director
- Trauma Program Manager/Trauma Nurse Coordinator
- Trauma Registrar
- Hospital Administrator

Other individuals identified below do not need to be present, but their contact information must be readily available for potential interviews with the survey team: Some of these providers/service may not be applicable at your level.

- QI Coordinator
- Vice President/Director of Nursing
- Clinical Manager/Head Nurse of: Emergency Department, Intensive Care Unit, Post Anesthesia Recovery Room, Operating Room, and Medical/Surgical Unit
- Medical Director of: Surgery, Neurosurgery, Orthopedics, Anesthesiology, and Pediatrics
- Support Services Director or designee: Medical Records, Social Services, Clinical
Laboratory, Blood Bank, and Radiology

2. Program Review (10:00 AM to 11:00 AM)
Surveyors will ask questions and provide feedback to documents submitted including the PRQ, CPG, policies, etc. They may also request to see multidisciplinary trauma committee meeting minutes and request case examples to assess the trauma program's PI process. If there are any concerns identified during the medical chart review and/or the OTR data, surveyors may request to interview certain staff from these departments: Radiology, Laboratory & Blood Bank, OR, ED and ICU. Please ensure that a staff representative is available for an interview during the time of the survey.

3. Medical Chart Review Q&A Session (11:00 AM to 12:00 PM)
Surveyors will ask clarifying questions based on the pre-survey medical chart review. It is expected that the Trauma Medical Director (TMD), Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC) and the Trauma Registrar (TR) be available during this session. Based on issues of concern identified during the medical chart review, the surveyors may also ask the TR to conduct queries during the survey. If the TR is unable to participate in the survey process, ensure that another hospital staff is able to generate this information.

4. Pre-Exit Interview (12:00 PM to 12:30 PM)
The OHA staff and surveyors will review and discuss findings without hospital staff present. During this time, the TMD, TNC, and the TR should be available by phone for any potential questions.

5. Exit Interview (12:30 PM to 1:00 PM)
OHA staff and surveyors will be invited back into the online room to discuss the survey findings and recommendations with trauma hospital staff.
Day of Virtual Survey

The following is the survey agenda for those who chose Option 2 for Medical Chart Review

Survey Agenda: The morning of the survey day

1. Virtual Medical Chart Review (9:00 AM to 12:00 PM)

   Each surveyor will be assigned one hospital staff to help navigate the patient’s charts electronically. If the hospital has converted the paper charts electronically, the order of the electronic charts prepared should follow the order as cited under Medical Records Review on page 5-6 of this document.

   For hospitals using EPIC, the hospital staff assigned to help navigate the medical records should be proficient in navigating EPIC and is able to access other supporting documentation such as PI review associated with the patient case.

   The hospital staff assigned will need to be able to have contact or access to the TMD, TPM/TNC and the TR.

   Process:
   This will need to be discussed and agreed upon two months prior to the survey day. Depending on the hospital’s trauma program technological capability and staff resources, the electronic chart review occurring in real time will need to be coordinated by the TPM/TNC and OHA designated staff.

Survey Agenda: The afternoon of the survey day

2. Opening Presentation (1:00 PM – 2:00 PM)

   OHA staff will provide a short introduction of the survey team members and the survey process. A hospital representative will introduce the hospital trauma team personnel and present a brief (20 minute) executive overview of the hospital’s trauma program. Use the Oregon PRQ Addendum tool for the Exhibit 4 Tag/Criteria expected to be presented during this time.

   Process:
   a) Surveyors will log into the survey remotely.
   b) OHA staff will log into the survey as a group or individually remotely. Please refer to Zoom instructions at the end of this document.
   c) The trauma hospital staff will log into the survey and will need to be prepared to
share their screen with OHA staff and surveyors.

d) Opening presentation will be recorded on a physical recorder and archived in hospital
folder for transcription.

Trauma Service and Hospital Staff Participation

The following is a list of personnel who must be available for the opening session of the
survey visit. Prepare a list of these key hospital personnel with name, title, and phone or
mobile number. This list of needs to be submitted for full and focused surveys. If these
personnel are not available at the time of the survey, a designee must be named that has
the authority to speak for them.

Hospital personnel or designee that must be present for the trauma survey:

- Trauma Medical Director
- Trauma Program Manager/Trauma Nurse Coordinator
- Trauma Registrar
- Hospital Administrator

Other individuals identified below do not need to be present, but their contact information
must be readily available for potential interviews with the survey team: Some of these
providers/service may not be applicable at your level.

- QI Coordinator
- Vice President/Director of Nursing
- Clinical Manager/Head Nurse of: Emergency Department, Intensive Care Unit, Post
  Anesthesia Recovery Room, Operating Room, and Medical/Surgical Unit
- Medical Director of: Surgery, Neurosurgery, Orthopedics, Anesthesiology, and
  Pediatrics
- Support Services Director or designee: Medical Records, Social Services, Clinical
  Laboratory, Blood Bank, and Radiology

3. Program Review (2:00 PM to 3:00 PM)

Surveyors will ask questions and provide feedback to documents submitted including the
PRQ, CPG, policies, etc. They may also request to see multidisciplinary trauma committee
meeting minutes and request case examples to assess the trauma program's PI process. If
there are any concerns identified during the medical chart review and/or the OTR data,
surveyors may request to interview certain staff from these departments: Radiology,
Laboratory & Blood Bank, OR, ED and ICU. Please ensure that a staff representative is
available for an interview during the time of the survey.
4. Medical Chart Review Q&A Session (3:00 PM to 4:00 PM)

Surveyors will ask clarifying questions based on the morning’s medical chart review. It is expected that the Trauma Medical Director (TMD), Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC) and the Trauma Registrar (TR) be available during this session. Based on issues of concern identified during the medical chart review, the surveyors may also ask the TR to conduct queries during the survey. If the TR is unable to participate in the survey process, ensure that another hospital staff is able to generate this information.

5. Pre-Exit Interview (4:00 PM to 4:30 PM)

The OHA staff and surveyors will review and discuss findings without hospital staff present. During this time, the TMD, TNC, and the TR should be available by phone for any potential questions.

6. Exit Interview (4:30 PM to 5:00 PM)

OHA staff and surveyors will be invited back into the online room to discuss the survey findings and recommendations with trauma hospital staff.

**Technology**

Virtual survey will be conducted using Zoom for government platform.

*Zoom quick start guide for new users*

**Process:**

a) Three to four weeks prior to the survey date, an email with an invitation to the Zoom virtual survey will be sent to the TPM/TNC.

b) Three days prior to the scheduled survey, an email with an invitation to the Zoom test will be sent to the TPM/TNC. This will provide an opportunity to practice signing in and using the Zoom account. Please use the same computer for the test as will be used during the survey.

c) Three days prior to the survey, the TPM/TNC will submit the names of the hospital staff that will assist with the technology aspects of the virtual survey and if different, the name(s) of the navigators who will access the electronic patient...
medical records and other documents as requested by the surveyors.

d) If there is a disruption in the internet connection and the video fails or the internet is disconnected, the TPM/TNC or designated staff will be responsible for securing a private conference line so that the survey may continue. The TPM/TNC or designated staff will ensure that documents requested for viewing by the surveyors are sent via secured email to the state trauma coordinator, Camillie Storm at CAMILLIE.A.STORM@dhsoha.state.or.us.

e) A secured Document Portal to submit files electronically can also be made available for document submission.

f) In case of a disruption to the conference line or if the line gets disconnected, the TPM/TNC or designated staff will ensure that a direct phone line or cell phone number is provided to OHA staff and surveyors and that this phone line is available throughout the survey. This phone line will need to be provided to OHA staff at least three days before the designated survey day.

**OHA Staff Contact Information**

**Renee Schneider**
EMS & Trauma Administrative Specialist
Oregon Health Authority
Public Health Division
EMS and Trauma Systems
Desk: 971-673-3136     Fax: 971-673-0555
renee.schneider@dhsoha.state.or.us

**Camillie A. Storm, BSN, RN**
Trauma Program Coordinator
Oregon Health Authority
Public Health Division
EMS & Trauma Systems
Desk: (971) 673-0488     Cell: (503) 891-0464
camillie.a.storm@dhsoha.state.or.us