VIRTUAL HOSPITAL TRAUMA SURVEY
Guideline for Level IV 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 IV Trauma Hospitals

- Six months prior to the scheduled survey date, an email with the 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 IV 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 from for the medical record review. The patient list will need to meet the category criteria on the table on page 4 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 2-4 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>2-15</td>
<td>Two months call schedule for ED coverage by RN, ED physician or mid-level provider</td>
</tr>
<tr>
<td>2-19</td>
<td>PIPS program audit filters</td>
</tr>
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</table>

Level IV
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-22</td>
<td>Documentation on participation on regional disaster plans &amp; exercises</td>
</tr>
<tr>
<td>5-6</td>
<td>Current ATLS of TMD</td>
</tr>
<tr>
<td>11-87-2*</td>
<td>Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)</td>
</tr>
<tr>
<td>6-6-2</td>
<td>PI documentation tracking of trauma surgeon response times</td>
</tr>
<tr>
<td>6-9-1</td>
<td>Proof of ATLS completion for trauma surgeons</td>
</tr>
<tr>
<td>6-10-2</td>
<td>Proof of current board certification or required 8 hrs./yr. CME for all general surgeons who take trauma calls. Please arrange in the order the physicians’ names appear in the Master Roster.</td>
</tr>
<tr>
<td>7-13-2</td>
<td>Proof of current board certification or required 8 hrs./yr. CME for all ED physicians. Please arrange in the order the physicians’ names appear in the Master Roster.</td>
</tr>
<tr>
<td>7-14</td>
<td>ATLS completion for all ED physicians</td>
</tr>
<tr>
<td>7-15</td>
<td>Current ATLS for ED physicians that are certified by boards other than emergency medicine</td>
</tr>
<tr>
<td>8-15-3</td>
<td>If providing neuro service, proof of current board certification or required 8 hrs./yr. CME for all neurosurgeons. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is offered/provided.&lt;/em&gt;</td>
</tr>
<tr>
<td>9-19-2</td>
<td>Proof of current board certification or required 8 hrs./yr. CME for all orthopedic surgeons on the trauma panel. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is offered/provided.&lt;/em&gt;</td>
</tr>
<tr>
<td>11-2-3</td>
<td>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. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is offered/provided.&lt;/em&gt;</td>
</tr>
<tr>
<td>11-6</td>
<td>Show tracking documentation of anesthesia services availability, delays in airway control &amp; operations. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is provided/offered&lt;/em&gt;</td>
</tr>
<tr>
<td>11-18</td>
<td>Tracking by PIPS program. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is offered/provided.&lt;/em&gt;</td>
</tr>
<tr>
<td>11-57</td>
<td>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. &lt;br&gt;&lt;em&gt;Note: Applicable to Level IV if service is offered/provided. If no ICU then disregard.&lt;/em&gt;</td>
</tr>
<tr>
<td>11-86</td>
<td>ATLS documentation of advanced practitioners who participate in initial evaluation of trauma patients</td>
</tr>
<tr>
<td>16-2-2</td>
<td>Peer review meeting minutes</td>
</tr>
<tr>
<td>16-3-12</td>
<td>Show how retroactive cases are tracked. These numbers should be reflected in the OTR report.</td>
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<tr>
<td><strong>16-8</strong></td>
<td>PIPS documentation to patients transferred to higher level of care. Reviews should be incorporated in patient's charts.</td>
</tr>
<tr>
<td><strong>17-4-2</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>18-1</strong></td>
<td>Documentation showing effective approach to injury prevention</td>
</tr>
<tr>
<td><strong>20-1</strong></td>
<td>Documentation meeting disaster-related requirement</td>
</tr>
<tr>
<td><strong>20-3 &amp; 20-4</strong></td>
<td>Evidence that Disaster drills occurred at least twice a year &amp; plan described in Hospital policy and procedure manual</td>
</tr>
<tr>
<td><strong>21-3</strong></td>
<td>Written criteria for diagnosis of brain death</td>
</tr>
</tbody>
</table>

❖ Types of charts pulled for Medical Record review.

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>All deaths</td>
<td>Polytrauma</td>
</tr>
<tr>
<td>All readmissions</td>
<td>Neuro</td>
</tr>
<tr>
<td>All transfers in</td>
<td>Cardiothoracic</td>
</tr>
<tr>
<td>All OR or ICU transfer out</td>
<td>Abdominal</td>
</tr>
<tr>
<td>Non-surgical admit</td>
<td>Pelvic/femur</td>
</tr>
<tr>
<td></td>
<td>Pediatric</td>
</tr>
</tbody>
</table>

**Level IV:** Pick charts that show PI with event identification, levels of review, development of corrective action plans, 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 remotely as a group or individually. 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 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
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 4-5 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 remotely as a group or individually. 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 the hospital folder for transcription.

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 that 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

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