

Wyoming Trauma Facility Site Review

1 PURPOSE

Traumatic injury is the leading cause of death for American children and adults ages 1-44. For this reason, facilities who treat severely injured patients should be prepared to provide the best possible care to these patients given the resources of the community. This provision of care extends beyond the resuscitation phase within the emergency department and into the surgical theater, intensive care, inpatient admission, rehabilitation and injury prevention, or transfer to a facility with a higher level of capability. The facility must continuously reassess the care of trauma patients through a systemic and clinical approach using the performance improvement process. This is especially important in rural or frontier facilities as critically injured patients often strain resources given the high acuity of care that is essential to decrease morbidity and mortality.

The purpose of the trauma site review is to verify that Wyoming acute care facilities are in compliance with the State of Wyoming Rules and Regulations for Wyoming Trauma Program and W.S. § 35-1-802. This statute and the rules help to ensure that all Wyoming hospitals and clinics that care for injured patients are prepared for and committed to providing best practices and better outcomes for our residents. Assessment includes facility commitment to the trauma program from the board, medical staff and administration; readiness to treat the trauma patient; facility resources; policies, protocols and practices; quality of care; and performance improvement activities. It is a regulatory visit to assess if the facility meets the minimum trauma standards; however it is also a time to acknowledge program strengths, provide consultation to the entire team and make suggestions for trauma program improvement.

2 SITE REVIEW TEAM

The trauma site review team will consist of an experienced trauma physician, trauma nurse, and the Wyoming Trauma Program (WTP) coordinator. There may be other team members at the discretion of the WTP (i.e. OEMS staff, review team trainees, students). This team is responsible for gaining a detailed and accurate assessment of the facility's capabilities to meet the expectations of Wyoming acute care facilities in the provision of care to the severely injured patient. The review team will make this verification and assessment through a variety of ways. They will evaluate the pre-review questionnaire provided by the facility, interview members of facility administration/trauma team staff, tour patient care areas, review the trauma registry, trauma charts and assess the trauma performance improvement process. In an exit interview, the review team will make a preliminary verbal report to the facility staff and allow for questions related to the findings. A formal document from the WTP will be sent to the facility to provide documentation of the review.

There are three outcomes of the site review: full trauma facility verification, provisional trauma facility verification or non-compliant verification. The facility will be designated in accordance with the State of Wyoming Rules and Regulations for Wyoming Trauma Program. Full and provisional designation statuses allow the trauma facility to bill for trauma team activations. A facility given a non-compliant designation status will not be able to bill legally for trauma team activations and will be reported to Healthcare Licensing and Surveys. A full designation status is for three years and provisional status is for one year—giving the facility time to address deficiencies and weaknesses.

3 TRAUMA SITE REVIEW PROCESS

The facility will receive the date and time of the review as scheduled by the Wyoming Trauma Program staff. The facility's trauma coordinator will receive a pre-review questionnaire (PRQ) prior to the review. The PRQ is utilized by the WTP and the site review team in the assessment of the facility's trauma program and trauma patient care. This document should be accurate and complete prior to the required return to the Wyoming Trauma Program office at the date determined by the state coordinator.

The facility's trauma coordinator will receive specific instructions from the WTP regarding the review including: which charts to have available, printouts of the trauma registry, all documentation regarding the performance improvement, trauma committee & trauma peer review minutes and pertinent policy/procedures. This documentation should be organized and easily accessible to the review team. **If your facility utilizes an electronic medical record (EMR) system, there must be TWO staff who are comfortable navigating the system available for the entire chart review time to assist the review team. These individuals should not be the trauma coordinator or the trauma medical/surgical director.

The facility's trauma coordinator will receive an agenda for the day of the review. Expect the team members to be in the facility for approximately 6-8 hours. The general agenda will consist of: an opening meeting; tour of the facility with interviews of key department staff; review of the trauma charts; review of performance improvement process and activities; review of pertinent policies/procedures; and an exit interview.

After the review has been completed, the facility will receive formal documentation from the WTP regarding the outcomes, strengths, weaknesses, and trauma designation status. This final report will be sent to the chief executive officer and the trauma coordinator/trauma medical director at the facility.

If the facility is placed on provisional status, a follow-up review will occur in one year to ensure the program has addressed deficiencies and weaknesses. If the facility has addressed the deficiencies and made sufficient progress, it will receive a full status as a trauma facility and will be reviewed again on the original three year schedule.

4 PREPARATION

A successful site review is dependent on careful and diligent preparation by the facility.

The facility will need to have a room available for the opening and exit meetings. These meetings are generally large: including administration, trauma medical director, trauma coordinator, trauma team staff, unit managers, EMS, and other interested parties. It is the responsibility of the facility to notify and request the presence of the EMS area services, administration and those involved in the trauma system at the facility.

The facility will need to provide a private area for the chart review phase to ensure confidentiality. If the facility utilizes an EMR, this area must have computers set-up and at least two assistants available for the review team. Please provide for a working lunch for the review team, trauma coordinator, trauma medical director, and assistants during this time.

5 WHO SHOULD BE REPRESENTED AT THE REVIEW?

The site review generally follows the basic steps below:

- Opening/Orientation Meeting for focused questions to the team at your facility
 - Review team provides an overview of the verification/designation process, ask questions and interview key facility personnel
 - Facilities are encouraged to begin with a short presentation
 - suggested content: hospital service area demographics, trauma program successes since last review, changes since last review, program growth, current challenges **show off your program!
- Tour of the facility and questions focusing on areas involved in the care of a trauma patient (i.e. EMS ambulance bay, emergency department, trauma resuscitation area, laboratory, radiology, surgical unit, PACU, ICU, and any other areas your facility would like to show the team)
- Review of trauma medical records and the trauma performance improvement process
 - Please provide for a private room to ensure confidentiality
 - Working lunch
- Closed meeting for review team to evaluate findings
- Exit Meeting to report to the facility deficiencies, weaknesses, and strengths; suggest areas for growth; answer questions; next steps in the verification/designation process

Opening/Orientation Meeting-- It is highly recommended that you have the following personnel at this meeting. It is the hospital's responsibility to invite appropriate staff

- Trauma Medical Director (required)
- Trauma Program Manager/Coordinator (required)
- Hospital administration representation (CEO, CNO, CFO etc.)

- Trauma Registrar
- EMS Services who transport/transfer patient to the facility
- EMS Medical Director
- Representation from various departments that participate on the trauma team and care of the trauma patient (ED physicians, surgeons, nursing, respiratory therapy, laboratory, radiology, OR, PACU, ICU, quality improvement, injury prevention.) We encourage anyone with a vested interest in trauma care to attend!

Tour of the facility—the review team may split in two groups depending on the facility

- Trauma Medical Director (required)
- Trauma Program Manager/Coordinator (required)
- Any interested individuals(s) are welcome

Review of trauma medical records & performance improvement process/documentation—this will need to be a private room

- Trauma Medical Director (required; we realize that at times physicians may have other obligations throughout the day, but if at all possible please consider being available regularly)
- Trauma Program Manager (required)
- Trauma Registrar (required)
- If your facility utilizes EMR, there must be 2-3 computers set up and ready to access records. You must have at least TWO assistants to access and navigate the system. These assistants may not be the TMD or the TPM (required)
- If possible, it is very helpful to have an assistant that is able to be a runner or to add extra help if needed

Closed Meeting

- Site review team
- State trauma program manager

Exit Meeting—it is encouraged to have representation as in the opening meeting

- Trauma Medical Director (required)
- Trauma Program Manager/Coordinator (required)
- Hospital administration representation (CEO, CNO, CFO etc.)
- Trauma Registrar
- EMS Services who deliver and transfer patient to the facility
- EMS Medical Director
- Representation from various departments that participate on the trauma team and care of the trauma patient. (ED physicians, surgeons, nursing, respiratory therapy, laboratory, radiology, OR, PACU, ICU, quality improvement, injury prevention). We encourage anyone with a vested interest in trauma care to attend!

6 DOCUMENTATION TO BE REVIEWED

Policies pertinent to the facility's trauma program

- Do these policies make sense for your level of facility?
- Are these policies clear so a locum tenens physician or travel nurse could read and understand the expectations?
- Do the policies reflect the facility's practice?

Staff qualifications and education

- Trauma education offerings for staff
- In-house competencies relevant to trauma patient treatment
- Physician trauma CME, TNCC & CEUs for nursing

Trauma medical record review

- Organize your charts into groups
 - Trauma activations (please separate into primary & secondary)
 - Deaths (ED or after admission)
 - Pediatrics
 - Significant burns
 - High ISS regardless of activation
 - Transfers to a Level I/II Trauma Center
- Organize or tab charts for review (Examples below not intended to be the entire chart!!)
 - EMS WATRS report
 - ED documentation (trauma flow sheet, nursing notes, physician/surgeon notes etc.)
 - Radiology
 - Laboratory
 - ICU/Inpatient documentation
 - Rehabilitation
- The WTP coordinator will send you a specific list of charts (approximately 10-16 total) to pull approximately two weeks prior to the scheduled date. Generally, you will have already pulled these in your initial chart organization
- Attach or have readily accessible any performance improvement documentation regarding that specific case (i.e. primary, secondary, & tertiary review)
- Some facility coordinators find that if they attach the PDF from the trauma registry regarding this patient, the chart review may be streamlined. If you document trauma performance improvement process through the trauma registry, this is essential
- Example of chart review: The review team member or state coordinator will request a specific chart. Please have it immediately available either in hard copy (much easier to review) or EMR. The team member will review the chart then will look at your performance improvement documentation to assess what (if any) issues may

have emerged (both from the facility's review & their review). There may be some discussion on findings. This is a very good opportunity to learn for all involved!

Trauma performance improvement

- Trauma Performance Improvement Plan/Policy
 - Process to identify issues found in review - examples
 - Staff reporting of quality issues/concerns
 - Level of review (Primary, secondary, tertiary, peer review)
 - Based on standards of care and best practice
- Audit filters - examples
 - Process: resuscitation, LOS in ED, trauma team response times, proper and complete documentation of treatment including flowsheet & physician documentation
 - Clinical: operative timeliness, failed non-operative management, c-spine clearance, etc.
 - Performance: diagnostic delay, radiological misreads, timeliness of interventions, discharge planning etc.
 - Trauma deaths receive automatic review
 - Trauma activations receive automatic review
- Primary and Secondary review documentation by trauma coordinator and/or trauma medical director
- Committee meeting minutes (multidisciplinary trauma committee and peer review)
 - Documentation of minutes, agenda, attendance
 - Documentation of meeting discussions, case review, conclusions and action plan
 - Implementation of action plan
 - Evaluation/method for loop closure
 - Any trending issues