TOWN HALL:
PREPARING FOR A SUCCESSFUL VIRTUAL SURVEY

STN SOCIETY OF TRAUMA NURSES

Introductions

- Speaker: Tracy McDonald, MSN, RN, CCRN-K, NEA-BC; AVP Trauma HCA MidAmerica
- Panelists:
  - Melissa Smith, MSN, RN; Trauma Program Manager, Vanderbilt University Medical Center
  - Kelly Owens, BSN, RN; Trauma Program Manager, Metrohealth Medical Center
  - Mindy Walters, MSN, RN, CEN, TCRN, CCRN-K; Trauma Coordinator, CHI Health St. Francis

Sources

- ACS VRC Website: https://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/virtual-site-visits

- Resources for Optimal Care of the Injured Patient; 2014 (6th Edition) https://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources

- *ACS VRC Site Reviewer Update Meeting; June 2021*

- *Personal Experience*

Disclaimer: This presentation focuses on ACS virtual trauma surveys, but concepts can be applied to State surveys. Refer to designating body for requirements.

What Changed?

Challenges

What stayed the same?

Rewards

Know Your Resources

- ACS website: facs.org
  - Check frequently for updates to virtual survey material
- Adobe website: adobe.com
  - Online tutorials and instructions
- Hospital IT Department
  - Secure file sharing platform (may take a long time)
  - Hardware and software requests
- HIM / Clinical Informatics
  - Assistance with EMR to PDF output

Hone or Gain New Skills

Electronic Survey Document Organization Competency

Mastery of the Online Meeting

Tech Ability
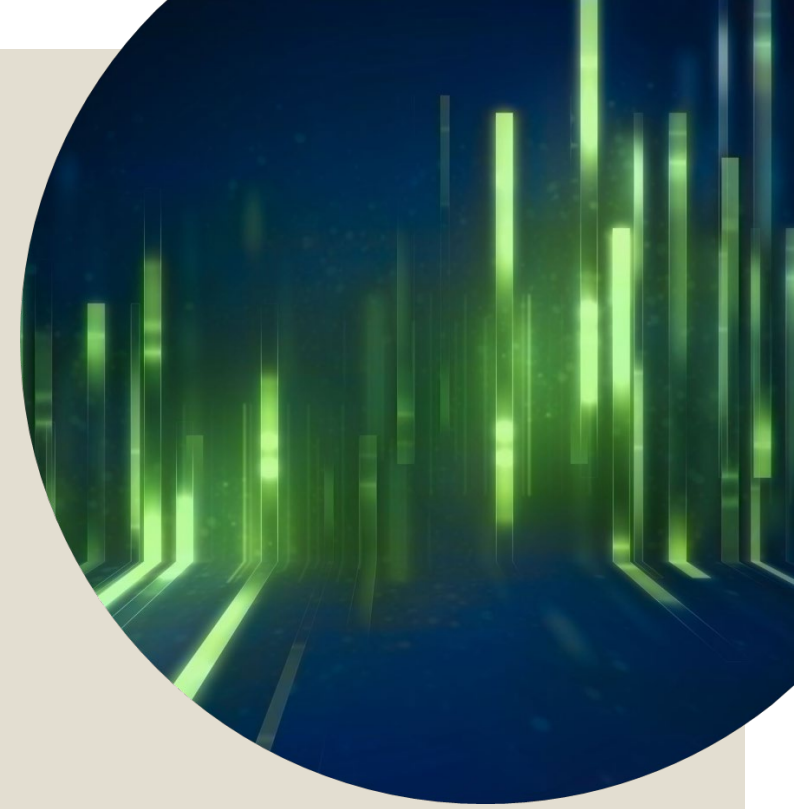
Communicating with ACS Reviewers

◦ Checking in with Lead Reviewer
  ◦ Early. Ask preferences.
◦ PRQ due 45 days prior to survey (starting in May '22)
◦ Chart selection
  ◦ PCR chart list to lead 30 days prior
◦ Pre-review call
  ◦ Reach out to schedule ASAP. Held at least 2 weeks prior to survey.
◦ Reviewer access to charts and documents- 14 days prior

ACS Agenda Overview

- Day 1 (~8 am – 5 pm)
  - 30 min – Introductions
  - ~4 hours – Medical record review
  - 1 hour – Lunch break
  - 30 min – TQIP report review
  - 1 hour – Review of program documents
  - 2 hours – Review meeting (old dinner)

- Day 2 (~ 8 am – 12 pm)
  - 1.5 hours – Hospital tour
  - 15 min – Reviewers meet alone with TMD
  - 15 min – Reviewers meet alone with TPM
  - 30 min – Reviewers meet with TMD/TPM
  - 30 min – Closed meeting for reviewers
  - 1 hour- Exit interview

ACS Document Overview

- Agenda

- Appendix 1: Program Assessment Documentation

- Appendix 2: Medical Record Review

- Appendix 3: Preselected Chart Review (PCR) Template

- Medical Record Face Sheet

Check facs.org frequently for updates to these documents

Guidance on survey requested program documents.

Previously either attachments to the PRQ or material that was requested to be available on site.

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APPENDIX 1: VIRTUAL VISIT DOCUMENTATION REQUIREMENTS

REQUIRED PROGRAM ASSESSMENT DOCUMENTS

- **All data and program assessment documents noted below must represent trauma activities consistent with the reporting period used to complete the online PRQ.**

- The program assessment documents must be:
  - Converted into a portable document format (PDF).
  - Bookmarked through Adobe Acrobat Pro® or other premium products – full featured PDF creator/editor
  - Labeled/indexed based on the categories noted below sections.
  - Shared via an electronic HIPAA-compliant transfer or sharing file system (Ex: secured email, Box, Sharepoint, Sharefile, or any system approved by the hospital's compliance/Information Technology department).
  - **Provided to the review team as early as your schedule allows but no later than 14 days prior to the virtual visit. We encourage trauma centers to provide the medical records and program assessment documents prior to the prereview call to ensure the files are accessible.**

- Refer to APPENDIX 2 – MEDICAL RECORD REVIEW for chart preparation

Administrative
- Governing body of hospital's resolution supporting trauma center (PRQ attachment 5-1)
- Commitment letters:

Guidance on medical record chart categories and required electronic shadow chart contents.

Categories have changed. Will need to adjust survey registry reports/queries.

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Medical Record Injury Categories	Patients Admitted for Trauma Care to the Institution		
	Adults only	Adults & Children	Children Only
Neurosurgical injuries *(Total of 10 charts with a minimum of 2 charts from each of the subcategories)*			
Epidural/subdural hematoma taken to the operating room	X	X	X
Severe TBI (GCS ≤ 8) admitted to an ICU, excluding the mechanism of Physical Child Abuse	X	X	X
Spinal cord injury with neurologic deficit	X	X	X
Orthopaedic injuries *(Total of 10 charts with a minimum of 2 charts from each of the subcategories)*			
Supracondylar elbow fractures with neurovascular compromise		X	X
Any amputations excluding digits	X	X	X
Acetabular fractures and any pelvic fractures requiring embolization, transfusion or surgery/ORIF	X	X	X
Open femur or tibia fractures	X	X	X
Abdominal & Thoracic injuries *(Total of 10 charts with a minimum of 2 charts from each of the subcategories)*			
Thoracic/cardiac injuries (include aortic), AIS ≥ 3 or requiring intervention (intubation, surgery, IR)	X	X	X
Solid organ injuries: spleen, liver, kidney, and pancreas: ≥ Grade III or requiring intervention (transfusion, embolization, surgery)	X	X	X
Penetrating neck, torso, proximal extremity trauma, with ISS ≥ 9, or requiring intervention (transfusion, chest tube, IR, surgery)	X	X	X
Non-Surgical Admissions & Transfers *(Total of 10 charts with a minimum of 2 charts from each of the subcategories)*			
Physical child abuse (suspected and/or confirmed) with an ISS ≥ 9		X	X
Patients admitted to non-surgical services with an ISS ≥ 9	X	X	X
Patients admitted to non-surgical services with an ISS ≥ 9 for geriatric hip fractures	X	X	

Deaths (Total of 15 charts with a minimum of 5 charts in each of the mortality subcategories)

If medical records overlap into other categories, do not duplicate the medical record. Place the medical record in the category deemed most approp

in a mortality, the best category would be death.

#	Mortality (with OFI, without OFI, unanticipa..., OFI)	Unique Hospita... Identifi...	Age (ONLY list if >8... <2)	ISS	Mechanism	Injuries	Issues Identified	OR (Y,...)	Notes	Length of Stay	Peer Reviewe... (Y/N); If y... what level...
	EXAMPLE			29	Child physical abuse, confirmed, initial	Traumatic subdural hemorrhage w LOC of any duration w death due to brain injury, initial encount, Traumatic subarachnoid hemorrhage w LOC of any duration w death due to brain injury, initial enc, Traumatic cerebral edema w LOC of any duration w death	ED Did Not Place Trauma Band, ED Incomplete Nursing Documentation				
1											
2											
3											
4											
5											
6											
7											

PCR template - enter information about cases for the specified categories.

Sent via secure email to the lead reviewer.

Expect response within 7 days on his/her selection of charts.

The purpose of this form is to give the reviewer enough information to select charts that best represent the capacity of your program and the strength of your PI. Be concise.

ACS Medical Record Face Sheet

(To be completed on every chart selected)

Patient	Name			
	Age		Gender	
MRN/Trauma registry #				
Injury Category				
ISS				
EMS Scene Time				
Trauma Team Activation	Yes ◯ No ◯ Level			
Patient arrival date/time to trauma bay/ED	Date	Time	Surgeon arr time	
Time of initial imaging	Chest xray	Pelvic xray	CT	
MTP activated	Yes ◯ No ◯ Time			
Consultant services engaged in ED				
Response time for services with 30-minute requirement	Neuro	Ortho	IR	
Patient destination after ED	OR ☐ Floor ☐ ICU ☐ IR ☐		Other	
OR timeline (if next after ED)	In OR	Incision	Out of OR	
Final destination (after initial ED/OR care)	Floor ☐ ICU ☐		Other	
Time arr at final destination in hospital				
LOS	ED	ICU	Hospital	
SBIRT screening completed	Yes ◯ No ◯ NA ◯			
If Yes, SBIRT intervention offered	Yes ◯ No ◯			
Timeline of transfers between units (up to three after final destination noted above)	Date	Time		
	Date	Time		
	Date	Time		

The purpose of the ACS Medical Record Face Sheet is to give reviewers a very brief summary of the case.

This form will appear first in your PDF chart for each case.

CREATING A SURVEY PROJECT PLAN

Project Planning

- Utilize your preferred software: Excel, MS Project, Kanban, etc.

- House all elements in one document

- Access for all team members to update progress

- Typical elements:
  - Gap analysis
  - Timeline
  - Logistics: Tech Resources and Physical Space
  - Program Assessment Documents Checklist
  - Medical Record Checklist

Gap Analysis

		American College of Surgeons LEVEL III Trauma Center Criteria Check List- FACILITY NAME					
CHAPTER	**LEVEL**	**CD #**	**DESCRIPTION**	**TYPE**	**YES/NO**		**EVIDENCED BY**
Chapter 1: Trauma Systems							
1	I, II, III, IV	(CD 1–3)	Meaningful involvement in state and regional trauma system planning, development, and operation is essential for all designated trauma centers and participating acute care facilities within a region	TYPE II			
1	I, II, III, IV	(CD 1–1)	The individual trauma centers and their health care providers are essential system resources that must be active and engaged participants	TYPE II			
1	I, II, III, IV	(CD 1–2)	They must function in a way that pushes trauma center–based standardization, integration, and PIPS out to the region while engaging in inclusive trauma system planning and development	TYPE II			
Chapter 2: Description of Trauma Centers and Their Roles in a Trauma System							
2	I, II, III	(CD 2–2)	Surgical commitment is essential for a properly functioning trauma center	TYPE I			
2	I, II, III, IV	(CD 2–1)	This trauma center must have an integrated, concurrent performance improvement and patient safety (PIPS) program to ensure optimal care and continuous improvement in care	TYPE I			

CD level	Comments	Action Plan	Evidentiary Material Produced (What you will show to prove complete) and link to where this is saved (S drive)	Responsible Per	Due Date	Status 10.25.	Status as of 1.12.22
Type I	The PI program is in arrears, and does not conform to current ACS standards for quality monitoring. The structure is extremely outdated, and does not appear to improve care at the bedside.	PI Action Plan	Restructured exisiting PI process. Re-aligned PI coordinators. Concurrent timelining, event identifiecation, secondary review and overall capture PI processes to loop closure process with benchmarking. See action plan for full details. S:\ACS Verification Visits\ACS 2022 Reverification Visit	TMD/ TPD	Oct-21	On-going and reported out at Division meeting	PIPS process is improved, just short staffed until new PIPS Coord. onboarded.
Type I	This is essentially a tracking and reporting issue. The ACS requires that the trauma PIPS program track this, and it has not been. In discussion with the OR director, there is a question if the 15 min availability is actually in compliance.	OR Time Tracking Action Plan	Tracking form implemented Oct. 2021. See attached action plan for details	TMD/ TPD/ Periop Dir	Oct-21	On-going and reported out at Division meeting	resolved, tracking in place.

Readiness Timeline

14 mo
- Survey year begins
- Focus on PI

45 days — PRQ due

1 mo — Chart list due

2 wks
- Pre-review call
- Access for reviewers

Big picture timeline good for leadership to understand major milestones.

A detailed timeline with accountabilities should be part of your project plan.

Survey Logistics Tracking

Times	Agenda	Attendees	Attendee Name	Room Requirements	Assigned Space	Technology Requirements	Technology Confirmed
0800-0830	Introductions						
		Trauma Medical Director		Office		PC, Web Cam, Phone	
		Trauma Program Director		Office		PC, Web Cam, Phone	
		Trauma Registrar		Office		PC, Web Cam, Phone	
		Trauma PI Coordinator		Office		PC, Web Cam, Phone	

Use the *survey agenda* for your outline

Program Document Checklist

Survey Documents as requested by ACS- Status Tracking		Responsible	Date Due	Status	Concern/Issue
Administrative					
	Governing Body Resolution (PRQ attachment 5-1)	David	4/1/2021	Completed	dated 4/21. poor scanned copy - where is original?
	Med Staff Resolution	David	4/2/2021	Completed	dated 4/21
1	Org Chart (PRQ attachment 5-2)	Tracy	7/1/2021	Completed	
	TPD JD (PRQ attachment 5-3/10-2)	Cory	7/1/2021	Completed	

Use *Appendix 1: Program Assessment Documentation* for your outline

Medical Record Checklist

Final check of PDF charts selected by lead reviewer

Chart Type	TR#	ACS Face Sheet	PIPS			Prehospital	ED		MTP summary	H&P	Key Consults during initial care (first 12 hrs.)	Op Notes first 48 hours	Anesthesia and OR Records first 48 hours	Imaging Reports (first 12 hours)	DC Summary	Autopsy	Applicable PMGs (this is any guideline that applied to the care of this patient)
			PI Summary	PIPS Minutes	Other supporting documents- loop closure data	EMS Run Sheet	TFS including trauma surgeon arrival times (if not activated include ED documentation)	ED Note									

Use *Appendix 2: Medical Record Review* for your outline.

ASSEMBLING THE RIGHT TEAM

Onsite Visit Coordinator

◦ Can't be the TPM
◦ Skill with virtual meeting platform (Zoom, WebEx, etc)
◦ Schedules virtual meeting sessions
◦ Serves as a point of contact for reviewers in case of technical issues
◦ Coordinates various other logistical details (ensuring support personnel are present: IT, HIM, Runners, etc.)
◦ Staging of staff during visit
◦ Participates / monitors agenda sessions – must be present and engaged the entire survey time

Medical Record Navigators

- Chart review navigator needs to be an expert in all phases of care in the EMR and will need to be able to locate basic supporting documents such as policies, PI material, etc.

- Chart review navigator must have access to:
  - Radiology images
  - EMR
  - Hospital trauma share drive
  - Virtual survey document sharing platform

Clinical Facilitators

- TMD has always filled this role, but difficult to go between ≥2 virtual rooms during chart review session.

- Suggest additional physicians assigned to reviewers. Associate TMD, other trauma surgeons or liaisons are options.

- TMD should be with lead reviewer

- Thoroughly know cases and associated PI

- Can answer questions regarding care decisions, OFI's identified and loop closure

- Allows TPM to float between rooms

- TMD can move to another break out room when needed to answer questions for other reviewers and TPM can cover his/her room

Other Roles

- IT Support
- Clinical Informatics / HIM
- Tour support staff
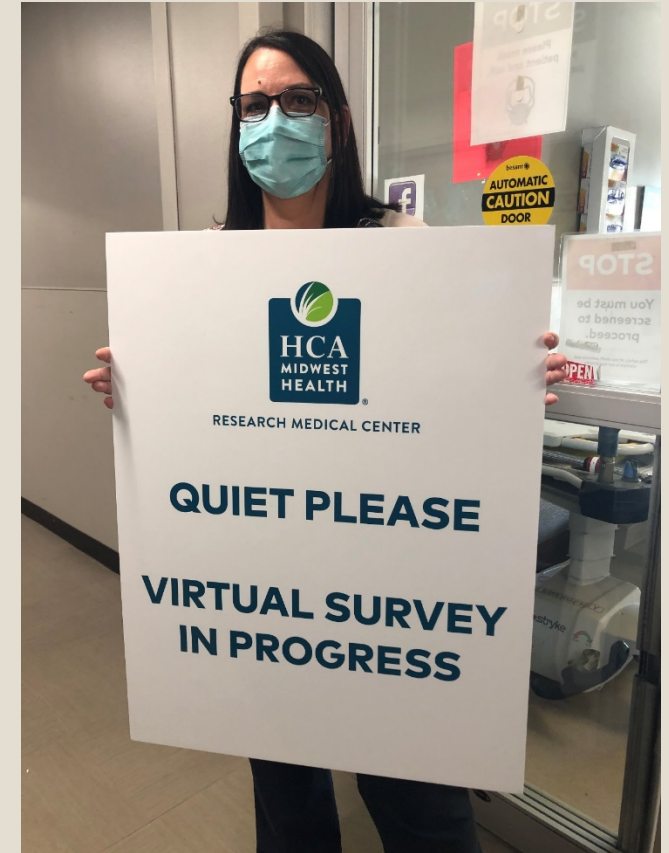
TECH NEEDS & PHYSICAL SPACE

Tech Needs

◦ Virtual Meeting Platform

◦ Secure File Sharing Platform- HIPAA Compliant
  ◦ **Start early** - involve hospital IT and compliance officer

◦ Hardware
  ◦ PCs
  ◦ Webcams
  ◦ Dual screens
  ◦ Laptops
  ◦ COW or multiple iPads
  ◦ Wireless mic and speaker
  ◦ Head sets
  ◦ Scanner

Physical Space

- The best place for the meetings is having each participant at their own desk with a web camera.

- Offices adjacent to each other are ideal for the chart and document review.

- Set-up and then test, ensure good sound quality.

Dual screen and camera

Quick Reference Guides

Chart notes
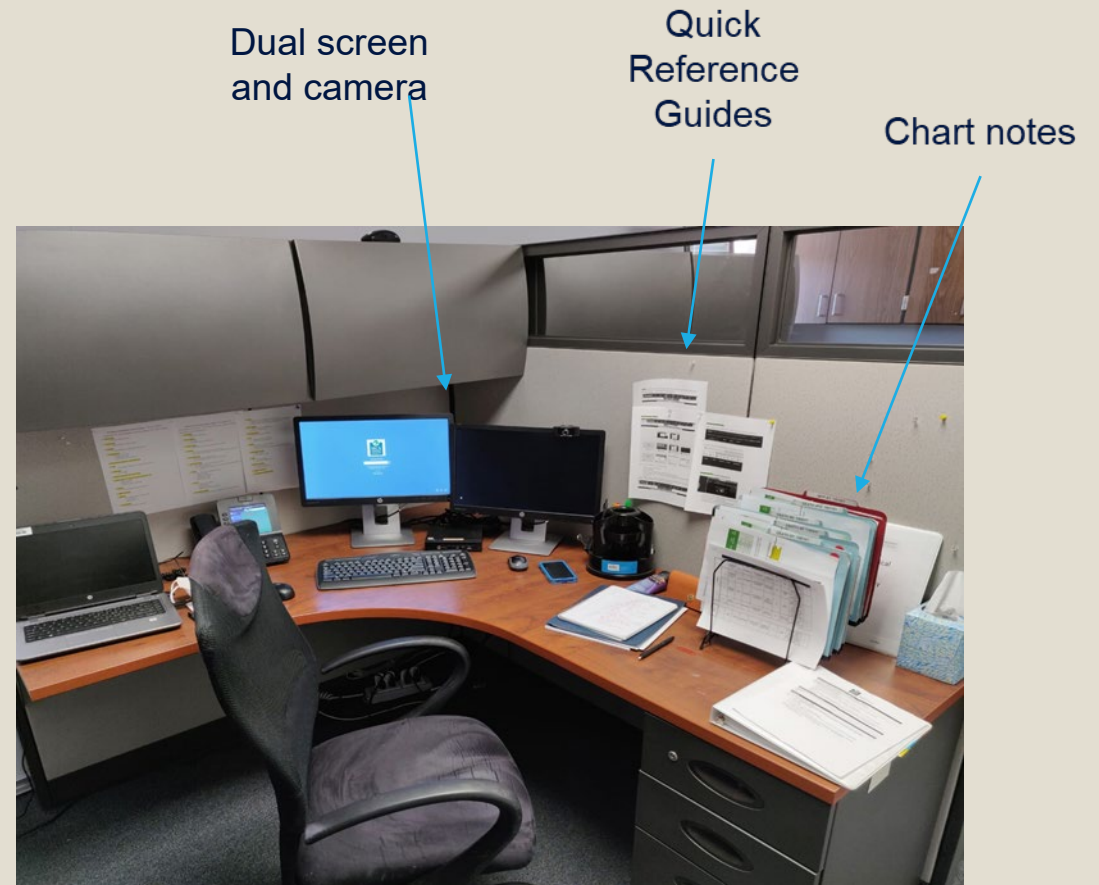
PREPARING CHARTS AND DOCS IN ADOBE

Program Assessment Documents

Recommend creating a single PDF for each section (8 or 9 PDF files):

1. Administrative
2. Trauma Services
3. Neurosurgery
4. Orthopaedic Surgery
5. Radiology
6. Trauma Registry
7. PIPS
8. Research (Level I)
9. Community Outreach/Injury Prevention

For each of the above files, bookmark the subsections.

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- Governing body of hospital's resolution supporting trauma center (PRQ attachment 5-1)
- Commitment letters:

LOGO HERE

ADMINISTRATIVE

Each patient chart is now a single PDF with bookmarks for the sections listed in Appendix 2.

The required documentation (components) listed below must be bookmarked and labeled/indexed to each medical record selected by the lead reviewer in the following chronological order:

1) Patient's medical record face sheet
2) PIPS materials
   o Documentation of each level of review (with date) with supporting information (timelines, etc.) with this case highlighted if multiple cases are present
   o Must include documentation of completed/closed loop closure
3) Prehospital
   o To outside hospital (if applicable)
   o To trauma center
4) Trauma flow sheet (or ED documentation if not TTA)
5) MTP summary (count of products including cryo)
6) ED physician note
7) Trauma H&P
8) Consultation notes (for specialist consulted in first 12 hours)
9) Operative notes within anesthesia sheet (for procedures in first 48 hours)
10) Imaging reports* (for studies within first 12 hours)
11) Child protective services consult (peds only)
12) Discharge summary
13) Autopsy report, if applicable
14) Copy of the guidelines/protocols followed to care for the injured trauma patient, e.g. MTP activation, trauma team activation, neurosurgery/orthopaedic surgery (if applicable), organ procurement, etc. **(Refer to APPENDIX 1 – VERIFICATION or FOCUSED VISIT DOCUMENTATION REQUIREMENTS)**

*Physician progress notes and films are not required to be scanned/sent in advance. They may be requested during the virtual site visit upon the reviewers' request.

Insert Hospital Logo

MRN#: XXXXX

Name: Last, First

TR#: XXXXXXXX

Type of Chart:_____

ACS Medical Record Face Sheet

(To be completed on every chart selected)

Patient	Name Man, Florida		
	Age 29	Gender	Male
MRN/Trauma registry #	11111111		
Injury Category	Death		
ISS	26		
EMS Scene Time	3 min		
Trauma Team Activation	Yes ● No ○	Level Full	
Patient arrival date/time to trauma bay/ED	Date 01/09/2021 Time 12:32		Surgeon arr time 12:32
Time of initial imaging	Chest xray 13:04 Pelvic xray 13:04	CT NA	
MTP activated	Yes ● No ○	Time 12:42	
Consultant services engaged in ED	Neurosurgery		
Response time for services with 30-minute requirement	Neuro 24 min	Ortho NA	IR NA
Patient destination after ED	OR ✓ Floor ☐ ICU ☐ IR ☐		Other
OR timeline (if next after ED)	In OR 13:36	Incision 13:40	Out of OR 17:55
Final destination (after initial ED/OR care)	Floor ☐ ICU ✓		Other
Time arr at final destination in hospital	17:55		
LOS	ED 56 min	ICU 3 day	Hospital 6 day
SBIRT screening completed	Yes ○ No ○ NA ●		
If Yes, SBIRT intervention offered	Yes ○ No ○		
Timeline of transfers between units (up to three after final destination noted above)	Date Floor 1/12/21	Time 0930	
	Date ICU 1/12/21	Time 1000	
	Date	Time	

| PI filters triggered

1) Unanticipated mort w/ OFI
2) Cardiac Arrest with CPR
3) Error in Judgment
4) Error in Communication
5) Unplanned return to ICU	Primary review	PI Coord routine review for trauma death. Identified cardiac arrest w/ CPR and unplanned return to ICU. Referred to TMD/TPD secondary review.	Date 1/15/21
	Secondary review	TMD/TPD secondary review. Patient s/p EDH evacuation transferred to floor by resident without NS clearance. Aspiration led to arrest. Transferred back to ICU. Death from hypoxic brain injury. Referred to NS liaison, then on to Peer.	Date 1/16/21
	Tertiary review	Influx of a trauma mass casualty the day the event. Resident had been sent to triage the ICU for transfers out. Pt was extubated and moved off unit without communication with attending. He developed respiratory failure with cardiac arrest. Eventual withdrawal of support. Action: provider counseling and the implementation of a surgical mass casualty plan.	Date 02/01/21
Action items that occurred as a result of review		Provider issue: Documented counseling by TMD. There have been no further patient events involving this resident over the past 4 months.

System issue: a surgical mass casualty plan was developed which included ICU triage by the ICU APPs. Parameters for emergent ICU triage developed. Residents roles established. While no further surgical mass casualties have occurred, there have been two drills with formal hot wash. Scoring of the drill was completed by the Disaster Coordinator and TMD. Acceptable compliance with plan was attained. Drills will be held annually. | |

MTP Summary Suggestion

	PRBC	FFP	PLT	CRYO
Products administered before MTP				
MTP Totals				

Other details:
- Time MTP activated
- Time to first PRBC
- Time to first FFP
- Final ratio

Virtual Survey Document Resources

- The ACS just published detailed instructions on creating bookmarked PDF files
  - https://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/virtual-site-visits
- Adobe website has instructional material, videos, etc.
  - https://helpx.adobe.com/acrobat/how-to/combine-merge-split-extract-pdf-files.html
  - https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html

Converting EMR to PDF

- Each EMR is a little different, but the general steps are the same
  - Get with your HIM/IT if you need further instructions
- Select your note/document in the EMR
- Select print (like you were going to print the note)
- Select print to PDF (instead of selecting a printer)
  - If you don't see this option, you may have to slide the bar over to see more options or get IT to install
- Save the file
- A similar process also works for electronic EMS records
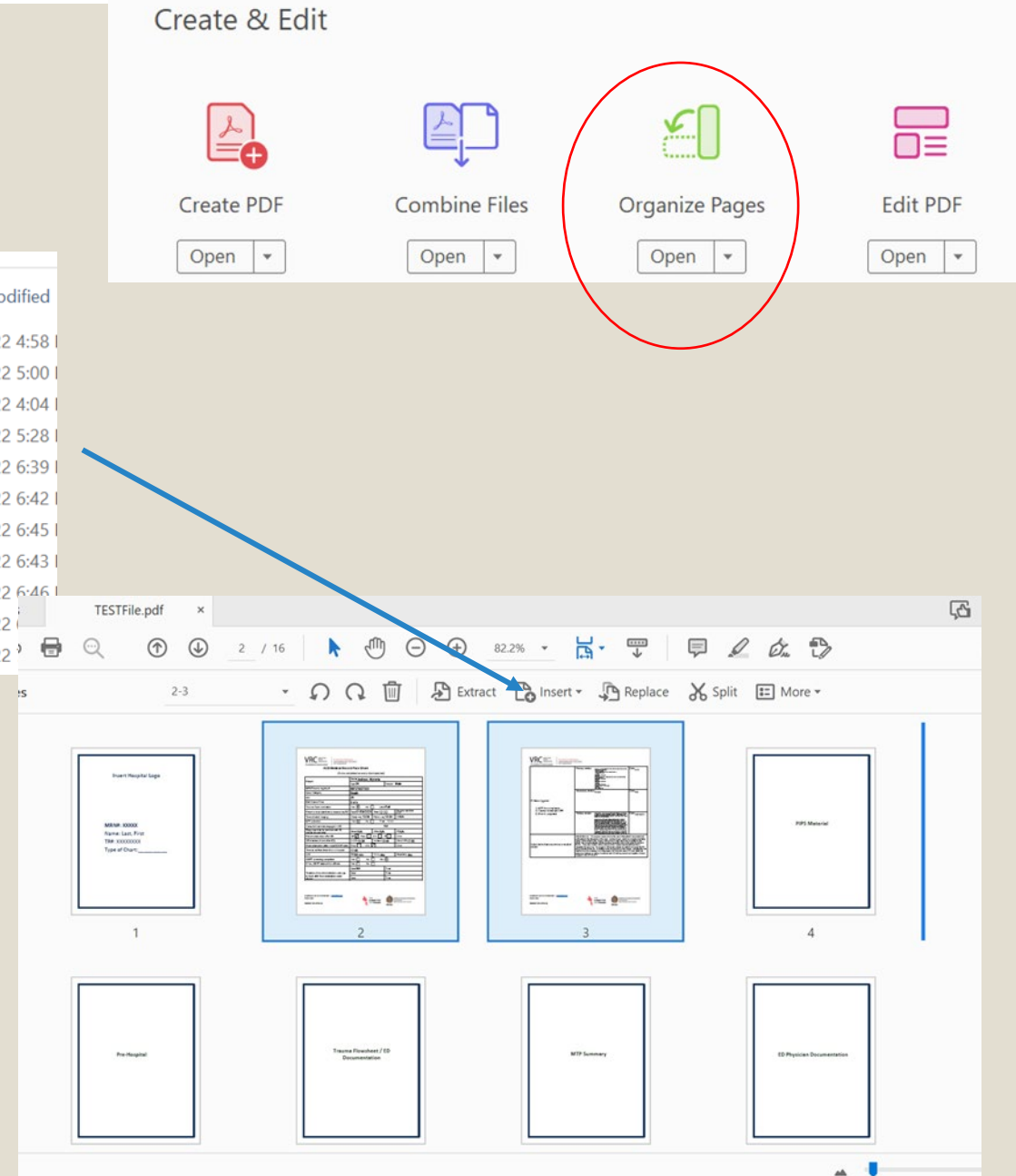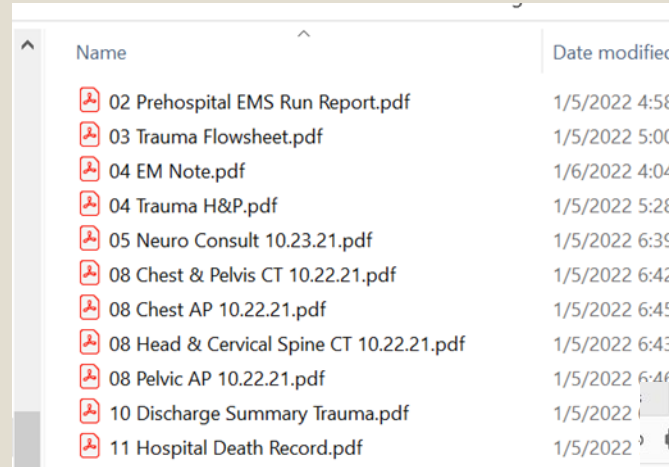
EPIC
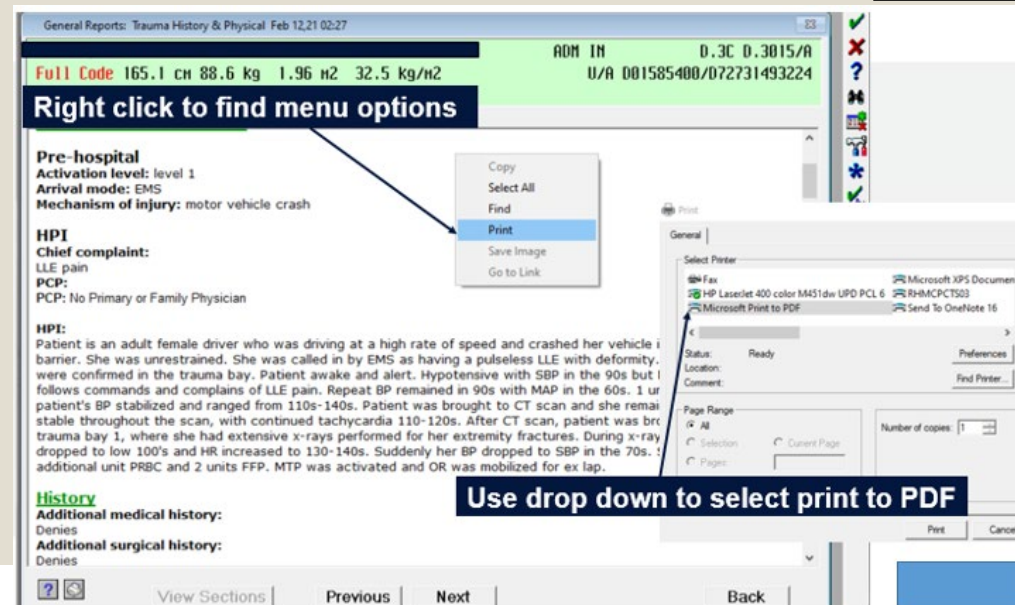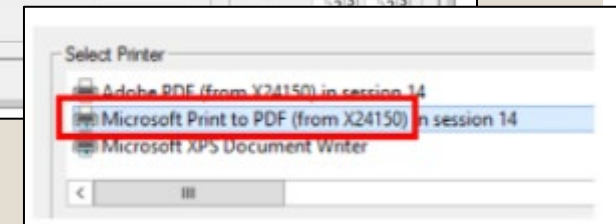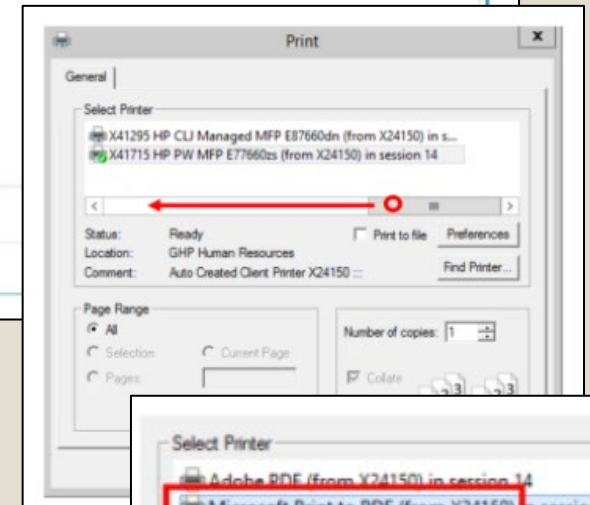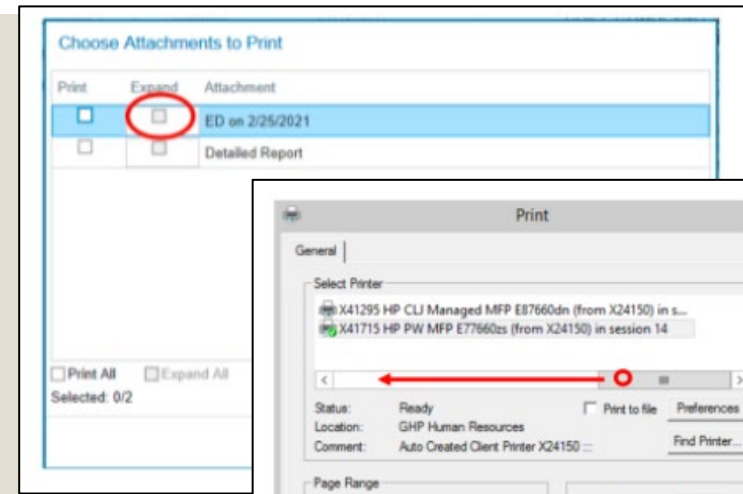
Meditech

Combining Files

With Adobe Pro, its as simple as dragging and dropping your individual chart PDFs created in previous slide into a single new PDF.

Use a dual screen to make it fast.

Bookmarking

MANAGING SURVEY AGENDA SESSIONS

Introductions Session

What It Is

- Introduce essential personnel.
- Review logistics for virtual review process.
- Provide **brief** presentation on the structure of the trauma program, e.g. electronic medical record (EMR) and PI Plan/process.

Common Presentation Outline

- Introductions; welcome by CEO
- Catchment area served, impact of trauma center, overview of pertinent state/regional trauma system information
- Quick facts –hospital characteristics (# beds, etc)
- Org structure of trauma program
- Trauma service staff (surgeons, APPs)
- Anything particular about how your facility does PI (do not just go over routine PI process)
- Review survey logistics, contact information for On-Site Coordinator
- Leave time for the Lead Reviewer at beginning and end

Rapides Regional Medical Center

ACS Level II Verification Survey - August 3-4, 2021

Rapides Regional Trauma Center

Rural Hospital Referral Network Footprint

- Allegiance (green)
- CHC Aligned (orange)
- Christus Aligned (purple)

○ Outreach Target Hospitals
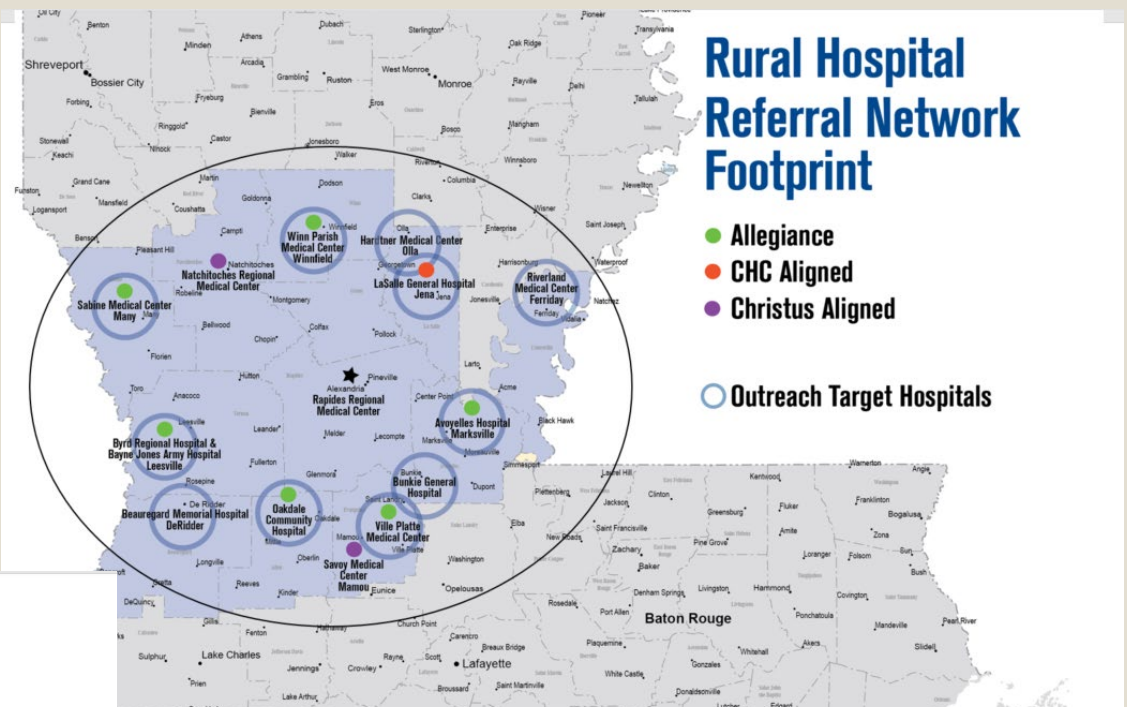
Administrative Support for Trauma since 2017 ACS reverification survey
- Added 26 beds to existing ED
- Added new heliport
- Renovated and opened nursing unit on 5th floor (Trauma unit)
- Orthopedic and Neurosurgical equipment to support trauma cases
- Relationship with schools
  - OR Scrub tech program
  - Many resources into nursing programs

Rapides Regional Trauma Center

Trauma Providers

Jeremy Timmer, MD
Trauma Medical Director

Samantha Zeringue, MD
Trauma Surgeon

Matthew Linger, MD
Trauma Surgeon

Nicholas Harris, MD
Trauma Surgeon

Rapides Regional Trauma Center

Medical Record Review Session

What It Is

- Evaluation of quality of clinical care
- Determination of whether the facility is following their own applicable guidelines
- Assessment of the ability of the PIPS program to identify issues in care quality (events)
- Evaluation of the effectiveness of the PIPS program in creating action plans and demonstration of event resolution
- Opportunity for external review and feedback to improve care
- **May not take the full 4 hours**

Preparation

- Prepare selected charts as directed in ACS App 2
  - Well organized PI
  - Evidence of loop closure (re-monitoring to demonstrate resolution)
- Access to charts for review team at 14 days prior to virtual visit
- Break out room for each reviewer
- Know your charts
- Discussion surrounding PI will be the focus
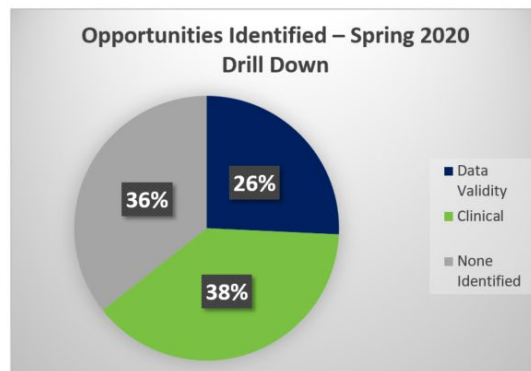
TQIP Initiatives Session

What It Is

- Discuss specific efforts to address any issues arising from outcomes in your two most recent TQIP reports (e.g. data drill downs, PI projects).

- This is work that you have done stemming from your TQIP reports over the last couple of years- show impact on your recent reports that resulted from this work

- If you haven't been working on action plans from your TQIP data all along- you may have trouble here

Preparation

- A presentation isn't required, but can be helpful. Plan time for questions/discussion.

- What areas were you not performing well in?

- When you drilled down, what did you find?
  - Data validity issues
  - Clinical issues

- What corrective action did you take?

- What was the final result?

- Ensure you have resolved issues where poor performance is noted across multiple TQIP reports
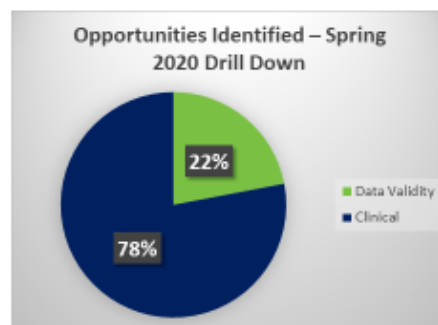
Mortality – All Patients

TQIP Report	Mortality
Fall 2020	1.40
Spring 2020	1.63
Fall 2019	1.27
Spring 2019	1.40

Opportunities Identified – Spring 2020 Drill Down

- Data Validity 26%
- Clinical 38%
- None Identified 36%

	Drilldown/Opportunities Identified	Corrective Action
Registry/Data	17 Data Errors identified and corrected	1. Education to registrars completed 2. Ongoing monitoring of data through chart validation and report drill downs 3. Re-submission of accurate data
Clinical Findings	Delay to OR caused by obtaining CT	Review and education at Trauma Multidisciplinary Peer Review. Emphasized on importance of avoiding unnecessary CT scans in penetrating trauma with obvious intra-abdominal injuries and speed to the OR for definitive hemorrhage control. TMD reviewing appropriateness of pre-op CT scans.
	Delays with activating MTP	MTP process revision and tracking
	Transfer out of ICU with subsequent clinical decline	Development of Transfer Out of ICU Checklist
	Knowledge and use of rapid infuser	Development of competencies and education for Belmont Rapid Infuser to key departments
	Fatal stroke related to traumatic injury	Development of PMG related to indications for CTA neck in blunt trauma

Complication - VAP

TQIP Report	VAP
Fall 2020	1.82
Spring 2020	2.73
Fall 2019	3.42
Spring 2019	2.30

Opportunities Identified – Spring 2020 Drill Down

- Data Validity 22%
- Clinical 78%

	Drilldown/Issues Identified	Corrective Action
Registry/Data	2/9 (22%) did not meet VAP criteria	1. Education to registry staff 2. Validation of all major complications against NTDB definition
Clinical Findings	Variable adherence to the VAP Bundle	1. Concurrent review during daily rounds by PI Coord. for all patients with pneumonia identified 2. Any identified VAP is escalated to secondary review by TMD and further as needed 3. Vent bundle added to Trauma ICU Admission order set 4. Trauma-specific ICU practice of sedation vacation and spontaneous breathing trial at 0700 daily to promote liberation from ventilator 5. Early Tracheostomy PMG developed and implemented

Review of Program Documents Session: What It Is

What It Is

- Review and discuss the program assessment documentation outlined in Appendix 1.
- Ensure supporting documentation is based on the level specific to the program, for example:
  - Call schedules, e.g. trauma, orthopaedic, neurosurgery, emergency medicine, etc.
  - Research (for Level I trauma centers)
- The injury prevention coordinator will be present to describe the program's prevention efforts.

Preparation

- Follow ACS App 1 instructions
- Access to documents for review team 14 days prior to virtual visit
- Ensure all polices/PMGs are current
- Provide information in a summary format, followed by any supporting information (don't make reviewers have to dig- example TPM CE hours).

Example of Summaries: IP

HCA MIDWEST HEALTH

Research Medical Center
2020 Injury Prevention Events

COURSE TYPE & TITLE OF OFFERING	DATE	LOCATION	TOTAL
Youth Traffic Offenders Program			
	1/3	RMC	
	2/7	RMC	
	3/6	RMC	
	4/3	RMC	CANCELLED
	5/1	RMC	
	6/5	RMC	
Roadwise	6/12	RMC	
	7/10	RMC	
	8/7	RMC	
	8/21	RMC	
	9/11	RMC	
	10/2	RMC	
	11/6	RMC	
	12/4	RMC	
ThinkFirst Falls			
	1/20	Villa Ventura	17
Stop the Bleed			
	2/22	Raytown FPD	22
	2/10	Summit Tecnology	9
TRAUMA IP, OUTREACH & EDUCATION TOTAL			**48**

Trauma Services
Injury Prevention
HCA MIDWEST HEALTH — RESEARCH MEDICAL CENTER

ThinkFirst

ThinkFirst of Greater Kansas City is part of a national, award-winning injury prevention program presented by inspiring survivors of brain and spinal cord injuries. Through compelling, firsthand testimonies, youth learn about the consequences of careless decisions and how injuries can happen to anyone. These sobering yet motivational messages urge youth to take personal responsibility and make safe choices.

ThinkFirst of Greater Kansas City provides 45-minute, free school-based presentations for youth grades kindergarten through high school throughout the Greater Kansas City metropolitan area.

The Research Foundation's injury prevention program, ThinkFirst of Greater Kansas City, discussed how to prevent injuries during the 2019-2020 academic year. More than 29,000 students were educated before Kansas City metro area schools closed due to the pandemic.

Think First to prevent falls

A fall prevention program aimed at helping older adults recognize their risk factors for falls
- Falls are the leading cause of fatal and not fatal injuries in older Americans
- Falls are the second leading cause of unintentional injury deaths world wide

Trauma Services offers Think First to Prevent falls
- To Senior Centers
- Assisted Living Centers
- Independent Living Centers
- Any Senior group locally

Stop the Bleed

Originated 2015 after the Sandy Hook Elementary shootings

- In conjunctions with the ACS and ACE committee on trauma over 1 million people have been trained to stop the bleed
- Hemorrhage is the number 1 leading cause of preventable death in Trauma it is with courses like Stop the Bleed by teaching the public to STOP the BLEED to save lives.

Stop the Bleed is offered though out the year by Trauma Services
Law enforcement
Civil service groups
Highschool groups

THE COMMITTEE ON TRAUMA

Aim4Peace
Violence & Trauma Response Network

Aim4Peace Mission

- Aim4Peace is a public health approach to reduce shootings and homicides and reverse the violence epidemic in Kansas City, MO.
- Aim4Peace focuses on the neighborhood factors that most often contribute to violence, helping those who are considered at highest risk of committing offenses due to their living or employment situation.

Aim4Peace works to reverse the violence epidemic in Kansas City, Missouri with:

Aim4Peace Violence & Trauma Response Network

- Provide access and coordination to training and development programs centered on Trauma-Informed-Care and Secondary Trauma Training
- Provide case management services to identify and evaluate the needs of male survivors of violence
- Refer client to appropriate services and supports

Young Traffic Offenders Program (YTOP)

Participants begin the class by following the path of a car crash victim at a trauma center. Hospital staff share their experiences with crash victims in the emergency room, radiology, intensive care and physical therapy. Students meet young people who have suffered from permanent brain or spinal cord injuries as a result of a motor vehicle crash. The class ends as the Missouri State Highway Patrol Troopers talk about working crash sites and making death notifications to families. At the end of the program, attendees are required to write a one-page essay describing what they learned and how their driving habits will change. Those who attend the full four-hour program will be provided a certificate upon the completion of class.

YTOP offers municipal court judges a way to deter young people from speeding, drunk driving and other related offenses. Young drivers convicted of driving offenses are often sentenced to attend YTOP. Many attorneys also recommend that their clients with driving offenses take this class prior to their court appearance.

In 2020, 568 young drivers attended our Young Traffic Offenders Program (YTOP).

Examples of PI Data Summaries

2019 Neurosurgeon Time Sensitive Injury (TSI)

	Patients Met Neuro TSI 30 Min Criteria	NSG at Bedside ≤30 Mins	% Within 30 Min Threshold
Jan	0	0	n/a
Feb	1	1	100%
Mar	1	1	100%
Apr	2	2	100%
May	4	4	100%
Jun	2	2	100%
Jul	2	2	100%
Aug	1	1	100%
Sep	2	2	100%
Oct	1	1	100%
Nov	1	1	100%
Dec	1	1	100%
Total	**18**	**18**	**100%**

- **Indications for Neurosurgical TSI**
- ED or Trauma Surgeon determines that their expertise is required.
- Acute epidural hematomas
  - Acute EDH in patients with GCS 5-8, >2 cm in EDH thickness, and brainstem compression or obliteration of cisterns
- Acute subdural hematomas
  - Acute SDH with >1 cm in thickness, and have midline at pineal level on true axial cuts with GCS 5-8
- Posterior fossa mass lesions >3 cm or obstructive hydrocephalus and GCS ≤ 8

Trauma SBIRT Screening Statistics 2020

Month	Total Inpatients > 24 hrs LOS	Monthly SBIRT Screening Completed %*	Positive Screening with Intervention %
Jan	89	97.8%	100%
Feb	78	97.4%	100%
Mar	85	90.6%	100%
Apr	76	92.1%	100%
May	90	85.6%	100%
Jun	113	89.4%	100%
Jul	107	86.0%	100%
Aug	96	87.5%	100%
Sept	75	90.7%	100%
Oct	84	91.7%	100%
Nov	24	91.7%	100%
Dec	49	77.6%	100%
Total	966	93.9%	100%

OFI
1. Maintaining above 80% benchmark

Actions
1. Ongoing monitoring

Review Meeting

What It Is

- An opportunity for reviewers to clarify any questions they have noted in the PRQ

- Questions on anything noted from chart review (i.e.. follow up with neurosurgery liaison on trends noted in chart review of TBI cases)

- Generally follows the PRQ outline

Preparation

- The more well-written, succinct, complete and accurate the PRQ is; the shorter this meeting will be (less questions)

- Provide copies / excerpts of the PRQ to all attendees

- Meet with each attendee to review potential questions or problem areas.

- Ensure administration is aware of TQIP report findings

- Ensure liaisons can speak to the applicable data within the TQIP report

- Give a heads up to applicable attendees regarding any issues communicated in the chart review

Review Meeting (Formerly the "Dinner")

- Each participant at their own computer in their office
- Ensure they all have web cameras
- Smaller attendee list - stick to the agenda invitees unless absolutely necessary
- Stress to participants beforehand the importance of non-verbal/body language
- Have attendees enter their name and role so that it is displayed
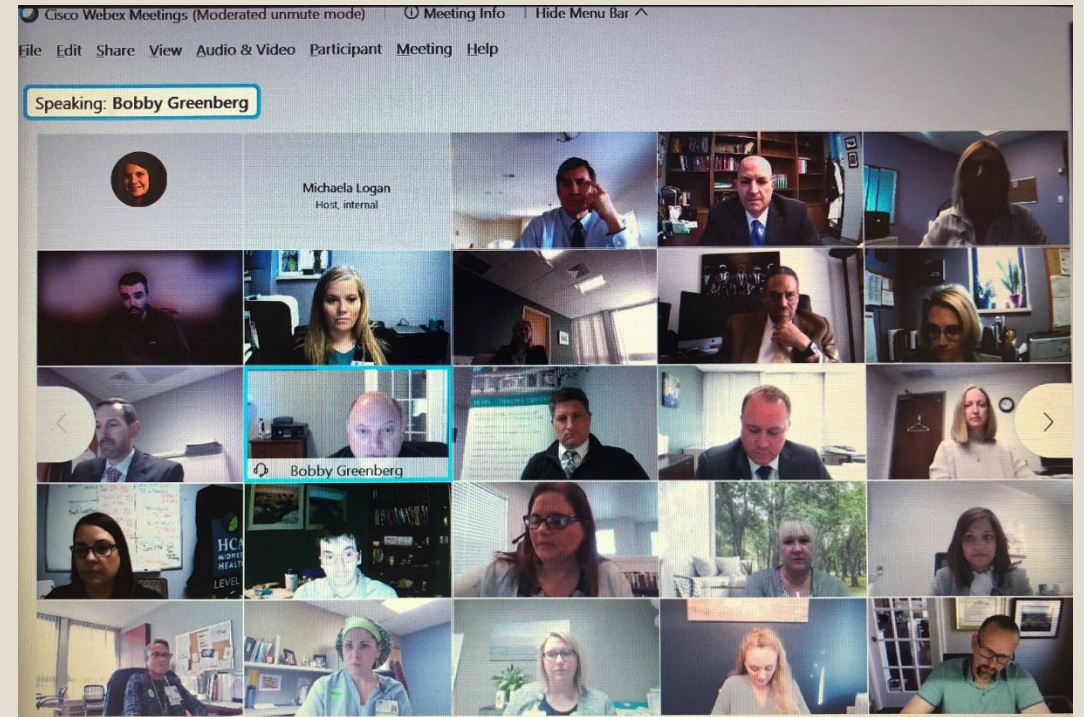
Hospital Tour

What It Is

- Live visual access to the following areas:
  - Ambulance bay
  - Decontamination area
  - Emergency Department
  - Trauma Bay
  - Operating room
  - PACU
  - ICU/PICU
  - Blood bank
- Reviewers will interview staff nurses/directors in the areas noted above.
- Reviewers stay together (no longer split up)

Preparation

- Ensure tech is working, have a back-up
- Practice with tech and staff
- Provide a facility floor plan with distances marked out
- **Use a wireless mic and speaker-** biggest issue is not being able to hear during tour
- Can use single rolling device but sequential devices in tour locations may work better
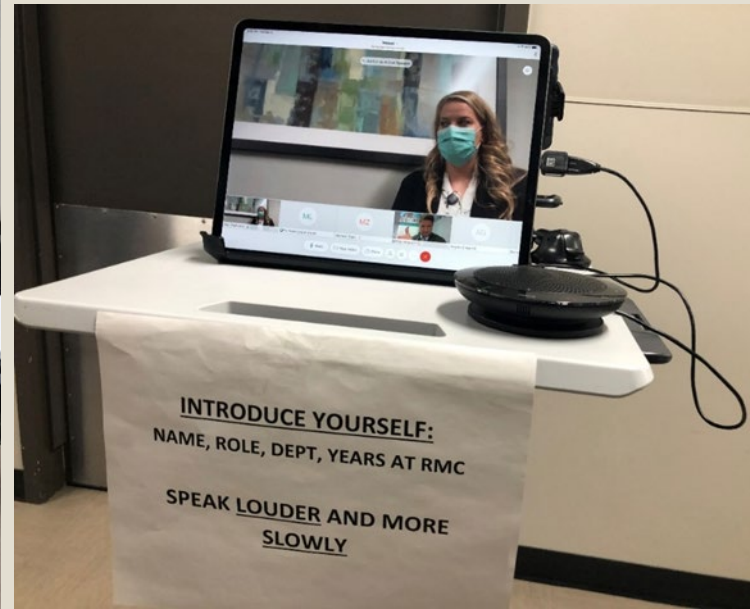- Practice and perfect

Facility Map

- Provide map of your facility that review team can follow during the tour

- Mark distances between key locations

Research Medical Center - A Level
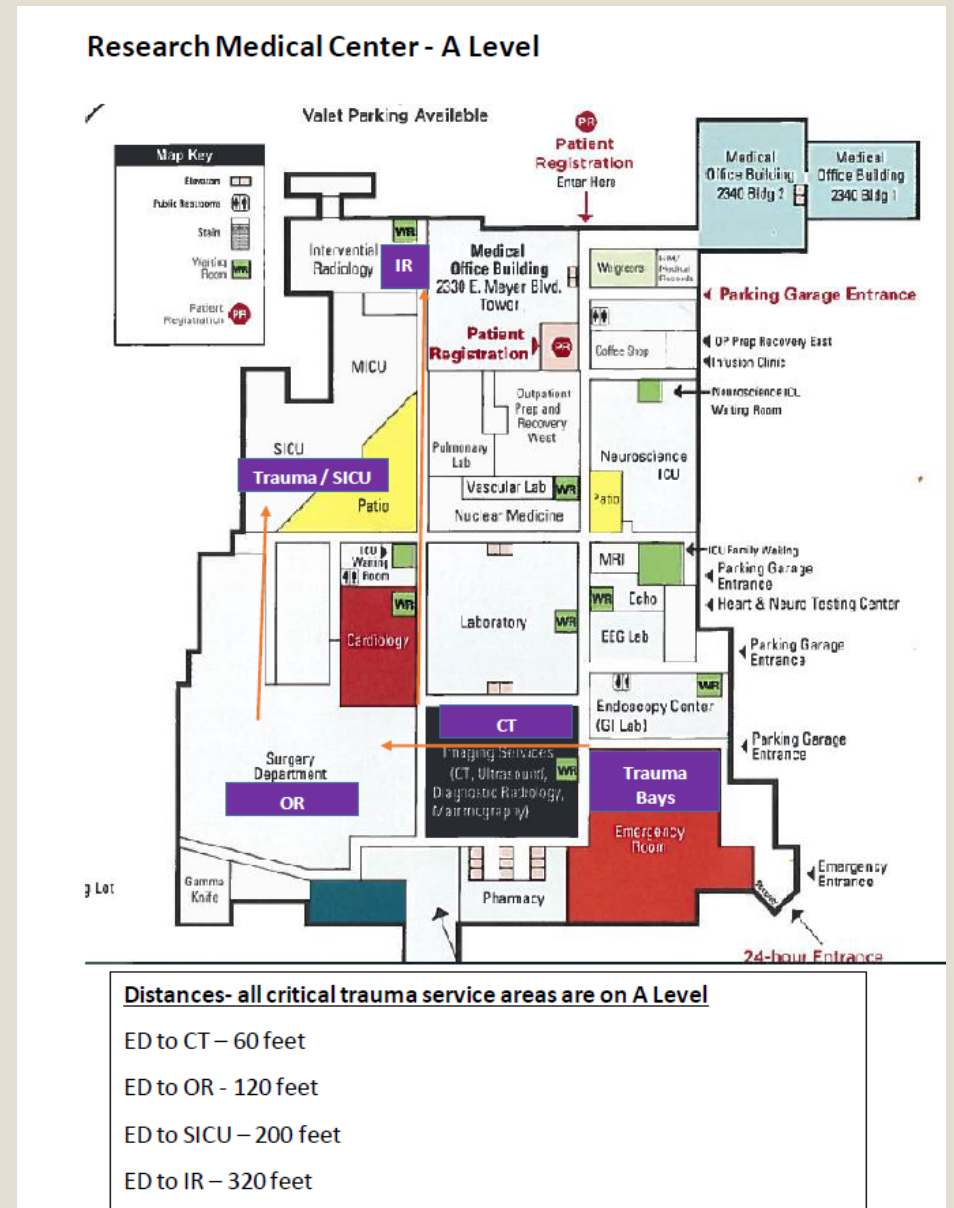
Distances- all critical trauma service areas are on A Level

ED to CT – 60 feet

ED to OR - 120 feet

ED to SICU – 200 feet

ED to IR – 320 feet

TPM/TMD Meetings with Reviewers

What It Is

- Reviewers will meet separately with TMD and TPD, then both together
- One-on-one meetings: discuss role, needs, challenges
- Meeting with TMD/TPM together: reviewers will give the TMD/TPM a high level summary of the findings that will be shared at the exit interview. Opportunity to clarify any points that may not be accurate.

Preparation

- You will be asked the question "what do you need?" Have something reasonable and attainable to request. Use caution here. Discuss and agree between TMD and TPM what you will be saying.
- If you know of a possible deficiency the review team has identified, and it is one that you can provide clarification for- bring this information.

Reviewers Closed Session

- Provide a separate meeting for the reviewers to go into closed session.

- This is where they finalize their findings that will be presented to you during the exit interview.

Exit Interview

What It Is

- The review team will present the preliminary findings:
  - Criteria deficiencies
  - Strengths
  - Opportunities for improvement (weaknesses)
  - Recommendations

Preparation

- In the event that the review team finishes early, they may request that this be moved up (if possible). Have executive team hold open their schedules an hour or so prior to the scheduled time, just in case.
- Have note takers

KEY POINTS

Practice Makes Perfect

- Hold pre-meetings with staff to let them know how different this is and what their roles are
- Practice every session at least 3 times with full staff
  - Overall sound quality on every session in every location
  - Meeting platform practice points: assigning people in breakout rooms, asking for help function
  - Tour: trials with people talking on iPad, connectivity, video quality
  - Chart Navigator Training to check access and become familiar with documents
- Hang helpful hints and other tools in their location

Other Tips

- Be flexible
- Master the dynamics of a virtual meeting
- Make things easy for the review team
- Be ready to go very deep on PI
- Have back up plans

- https://www.trauma-news.com/2021/05/how-to-host-a-successful-cot-virtual-site-visit-9-lessons-from-a-level-i-trauma-center/

What Should You Be Doing Now

- Update your TMD and Administration on the virtual survey process
- Designate your On-Site team
- Evaluate your technology needs
- Establish your secure file sharing platform
- Convert your documents to electronic format
- Work on your TQIP improvement plans and drill downs
- Begin your Virtual Visit Project Plan
- Schedule practice / mock sessions

PANEL