Onsite Focused Review

If a hospital has been verified and criterion deficiencies are identified at the time of the verification/reverification visit, an on-site focus review must be scheduled between 6 to 12 months from the date of the initial review. During this time, the hospital must document the corrections of all the identified deficiencies before a certificate of verification is issued.

Application

A site visit application must be completed at least 5 months prior to when the hospital would like the visit scheduled. The cost of an onsite focused review is $11,500.

Review Team

A team of two trauma surgeons will conduct the focus review. At least one of the reviewers from the initial site visit will return.

Flight arrangements for the reviewers will be scheduled by the ACS. Typically, reviewers will have their flights scheduled approximately 30 days prior to the site survey. Most often the hospital will arrange for airport pick-up/drop-off. If you would like a copy of their flight itinerary or if contact by the lead reviewer has not been initiated 30 days prior to the survey dates, you may follow up with the reviewers at any time.

Generally, the reviewers will arrive the evening prior to the survey date, at which time we ask for hotel accommodations to be arranged and paid for by the hospital for that evening. On occasion the reviewers will arrive on the same day as the review; this will be relayed to you by my office or by the team if different than the above. Please be sure to contact the reviewers directly to coordinate the hotel, ground transportation to/from the airport/hotel/hospital, and other site visit logistics.

Site Visit Materials Needed

A summary of the corrective action plan must be forwarded to my office prior to the review. A list of the charts that will be needed at the time of the review is attached. The lead reviewer may alter the chart category as it pertains to your site visit.

Medical records/EMR related to the deficiencies cited commencing with the changes or those that have impact on the deficiency (ies). Refer to *Medical Records/EMR* below.

The following are **not** required:

- Hospital Prereview Questionnaire (PRQ)
- Pre-Review Dinner Meeting
- Tour of the facility

Day of Site Visit

The review will commence approximately at 0700 with the following:

- Presentation on the corrective actions taken to address the deficiencies and weaknesses
- Chart review process/validation
- Closed meeting with the reviewers
- Exit interview - the trauma medical director may extend the invite to other members

Medical Records /Electronic Medical Records (EMR)

Commencing with the changes or those that have impact on the deficiency, have available on-site medical records/EMR related to the deficiency (ies) cited.

For those trauma centers that are seeking separate pediatric verification, please insure a second set of charts, same categories as adult, for patients less than 15 years of age are available onsite.

Medical records must be pulled for the review period/reporting period (should not be older than 14 months prior to the scheduled survey date) as identified in the hospital's Pre-Review Questionnaire (PRQ).

For paper medical records; include a face sheet with the following information:

1. Pre-hospital run sheet w/ISS
2. Minutes
3. Progress/specialty notes.
4. Performance Improvement and other related information
5. Be prepared to extract data from the trauma registry upon the site surveyors' request.

Electronic medical records (EMR), there must be a computer available for each of the site surveyors with an assigned staff member that is proficient and knowledgeable in the electronic medical record system for each of the surveyors.

For centers that have EMR, the following must be available onsite:

1. Pre-hospital – a)EMS run sheet w/ISS, b)Transferring facility ED info
2. Trauma Flow Sheet
3. H & P
4. Consults
5. Op notes
6. Discharge Summaries
7. Autopsy reports
8. Copies of PI documentation and other related information
9. Be prepared to extract data from the trauma registry upon the site surveyors' request.

With regard to the trauma PI program, pull all the trauma deaths commencing with the changes or those that have impact on the CD's. Based on the Mortality Conference, separate the charts into the categories listed below. Each stack should be labeled accordingly.

1. Unanticipated mortality with opportunity for improvement (Preventable)
2. Mortality without opportunity for improvement (Non-Preventable)
3. Anticipated mortality with opportunity for improvement (Possibly-Preventable)

Commencing with the changes or those that have impact on the CD's, pull 10 charts (minimum) for each of the following categories

1. ISS >25 W/SURVIVAL;
2. Pediatric patient <12 years of age;
3. Epidural/subdural hematoma;
4. Thoracic/cardiac injuries (include aortic injuries);
5. Spleen and liver injuries;
6. Pelvis/femur fractures (include unstable pelvic fractures with hypotension);
7. Transfer out for the management of acute injury;
8. Adverse event/Death in the PICU/SICU

Commencing with the changes or those that have impact on the CD's, pull 10 charts (minimum) for trauma patients admitted to non-surgical services. Examples of trauma patients admitted to non-surgical services include: patients admitted to internal medicine, neurology, pediatric, family practice, hospitalist and geriatric medicine.

If the non-surgical admissions are more than 10% of the total admissions, in addition to pulling the last 10 admits (minimum) to non-surgical services the reviewers request a breakdown of how many of those patients met the following criteria:

1. Due to same height falls;
2. Drownings, poisonings, or hangings;
3. ISS less than or equal to 4 **and** who do NOT meet the criteria defined in #1 and #2 above.

Exit Interview (appx 11a-12p)

The Verification Review Committee would also like to make the following statement with regard to the Exit Interview:

> This voluntary site visit has been made by surveyors approved by the American College of Surgeons Committee on Trauma. The surveyors' findings will be presented in an executive summary at the beginning of the report and are divided into four major headings:
>
> 1. Deficiencies
> 2. Strengths
> 3. Weaknesses
> 4. Recommendations
>
> Deficiencies are determined by the guidelines found in the current edition of the document "*Resources for Optimal Care of the Injured Patient"*.
>
> The confidential report will be sent to the VRC office in Chicago and then forwarded to the members of the Verification Review Committee. The final decisions regarding deficiencies will be made by the Verification Review Committee, and may differ from the surveyors' findings that were reported.

Feel free to contact me or the site reviewers with any questions.

Report

The report follows the same process as a standard verification/reverification/consultation report.

Phase I	Phase II	Phase II	Phase IV	Phase V
Team submission	Office Receipt	Editor Review	VRC Vetting	Chair Ruling

This process can take up to 8 to 10 weeks to when the hospital will receive the final letter and report.