

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:
 - Medical staff's resolution supporting trauma center
 - Organizational chart (PRQ attachment 5-2)
- Job descriptions:
 - Trauma program manager (PRQ attachment 5-3/10-2)
 - Trauma medical director (PRQ attachment 5-4/10-3)
 - Injury prevention coordinator (PRQ attachment 18-1)
 - Screening brief intervention (PRQ attachment 18-2)
- Continuing Education (include CME Certificates/Transcripts)
 - Trauma medical director
 - Trauma program manager
 - Registrar (and certificates for the courses)
 - Alternate Pathway previously approved candidates (if applicable) (PRQ attachment 6-1)
- Alternate Pathway new candidate [documentation](#) (if applicable) (PRQ attachment 6-1)
- Map of referral area (PRQ attachment 3-1)
- Advanced Practice Providers (Trauma/ED/Ortho/Neuro as applicable) (PRQ attachment 11-1)

Trauma Service

- Trauma guidelines manual, including but not limited to (PRQ attachment 3-2):
 - Guidelines/protocols for attending surgeon response to lower activation patients requiring hospital admission (CD 5-16)
 - Trauma Team Activations (TTA) criteria for all tiers (PRQ attachment 2-2)
 - Transfer agreements (PRQ attachment 2-3)
 - Non-surgical admission guideline (PRQ attachment 2-1)
 - Emergency Department resuscitation guidelines/protocols for trauma patients
- Massive Transfusion Protocol
- Organ procurement policy
- Call and backup call schedules for trauma surgeons for the last month of the reporting year*
(not applicable to Level III centers)
- Over/under TTA analysis (e.g. Cribari matrix, NFTI, etc.)
- Current Ongoing Professional Practice Evaluation form used for trauma panelists, subspecialists, and APPs involved in trauma care (e.g. show a completed OPPE for the TMD, PRQ attachment 5-5)

*Additional call/backup call schedules may be requested during the virtual site visit upon the reviewers' request.

Neurosurgery

- Neurosurgery guidelines/protocols
- Report with data demonstrating neurosurgical response times for your "institution-specific 30-minute criteria"
- Call and backup call schedules for the last month of the reporting year*
- The neuro-trauma diversion and contingency plan
- Guideline for placement of ICP monitors in patients with severe TBI

*Additional call/backup call schedules may be requested during the virtual site visit upon the reviewers' request.

Orthopaedic Surgery

- Orthopaedic surgery guidelines/protocols
- Report with data demonstrating ortho response times for your "institution-specific 30-minute criteria"
- Call and backup call schedules for the last month of the reporting year*

*Additional call/backup call schedules may be requested during the virtual site visit upon the reviewers' request.

Radiology

- Report demonstrating radiology response times for emergent MRI and emergent arteriography/embolization
- Documentation for radiology mis-reads (identified discrepancies between initial/prelim report and final/over-read report)

Trauma Registry

- A quarterly report during the reporting year, listing the number and percentage of charts entered into the trauma registry within 60 days of patient discharge
 - Screening statistics for ETOH in patients with hospital LOS \geq 24 hours for 80% of admitted trauma patients
 - Report demonstrating ETOH screening, showing percentage of eligible patients that were screened for ETOH (must be at least 80% of trauma patients) and percentage of ETOH screen-positive patients who received a brief intervention (must be at least 80% of patients with a positive screen).
 - Document explaining registry validation process or example of registry validation report
- *Additional data from the trauma registry may be requested during the virtual site visit upon the reviewers' request.

Performance Improvement and Patient Safety (PIPS)

- PIPS Plan
- Minutes of trauma PIPS meetings during the review period
- Attendance records for the peer review meetings during the review period
- Documentation of two or three PIPS initiatives during the review period
- Copies of the two latest TQIP reports, if available.

Research (Level I trauma centers only)

- Documents must be submitted to COTVRC@facs.org as early as your schedule allows but **no later than 45 days prior to the virtual visit. Please note, these publications will be validated by the VRC office and forwarded to the review team.**
 - Research protocols, IRB submissions, trauma-related manuscripts that were published or in press within the last 4 years
 - *Research Form Template* for each article being considered to meet the requirement <https://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources>

Community Outreach/Injury Prevention

- Two or three prevention activities (attaching flyers, event schedule, clips/picture from PPT presentation) (PRQ attachment 18-3)