APPENDIX 2 – MEDICAL RECORD REVIEW

Preselected Chart Review (PCR) Process

- **The program will complete the PCR template (Appendix 3) with data as prescribed in the table below for patients (adults and/or children) admitted for trauma care, transfers out less than and/or greater than 24 hours, and any deaths during the reporting period. The trauma center must have completed the PIPS process for these patients.**
    - Note: Medical records outside the reporting period that may have impacted the center's PIPS to demonstrate improvements may be included during this process.
- The TPM must email the completed PCR template to the lead reviewer (cc cotvrc@facs.org inbox) for chart selection **no later than 30 days prior to virtual visit**. **This may be sent in advance of the noted timeframe.**
- The ACS lead reviewer will have **7 days** to select the medical records they would like prepared for the visit based on the PCR template. The selection will be based on the following:
    - Standard visits: 25 charts
    - Combined programs: 40 charts for Level I or II adult and Level II pediatric (25 charts for adults and 15 charts for pediatrics)
    - Concurrent programs: 50 charts for Level I adult and Level I pediatric (25 charts for pediatric and 25 charts for adults) – this will be in the form of 2 separate PCR templates
    - Focused visits: 25 charts
- The TPM will prepare charts selected from the PCR by the lead reviewer, and any additional charts they request in advance.
- There may be instances where medical records fall into multiple categories. Place the medical record in the category deemed most appropriate. DO NOT duplicate charts in more than one category. For example, if the injury resulted in a mortality, the best category would be death.
    - Note: Not all categories will have the required number of charts available during the reporting period. In this instance, pull the medical records that are available.
- For trauma centers seeking separate pediatric consultation or re-/verification, the pediatric medical records will be based on the institution's pediatric age.
- **For focused reviews**, medical records and program assessment documents must represent trauma activities from the time the program implemented the corrective actions for the criterion deficiencies (CDs) cited at the time of the initial visit.
- Each medical record selected must have an ACS Medical Record Face Sheet completed.

Medical Record Review Access

The hospital must provide a HIPAA-compliant videoconferencing system. The system must be able to support simultaneous access (separate meeting rooms) for the review team and ACS observers, if applicable.

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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	
Transfer out for the management of acute injury	X	X	X
Adverse Events *(Total of 5 charts)*			
Any major complication, or unexpected return to the SICU/PICU or the operating room	X	X	X
ISS > 25 with survival, without severe TBI (Head AIS < 3)	X	X	X
Massive Transfusion Protocol (MTP) *(Total of 2 charts)*			
This will include: MTP Activation criteria, timing of hemorrhage control, prehospital interventions and timing, resources in the ED, time in the ED with hypotension prior to hemorrhage control, outcomes and timing of consults	X	X	X
Hospice *(Total of 1 chart)*			
Care provided up to the time of transfer will be evaluated	X	X	
Deaths *(Total of 15 charts with a minimum of 5 charts in each of the subcategories)*			
Mortality without opportunity for improvement Mortality with opportunity for improvement Unanticipated death with opportunity for improvement	X	X	X

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Medical Record Review Preparation

- **The medical records and attached documents noted below must represent trauma activities consistent with the reporting period used to complete the online PRQ.**
- The medical records and attached 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 in the "administrative" section.
  - 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.**
- For focused reviews, medical records and documents must represent trauma activities from the time the program implemented the corrective actions for the CDs cited at the time of the initial visit.
- Click here on how to create bookmarked PDF files

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
   - Documentation of each level of review (with date) with supporting information (timelines, etc.) with this case highlighted if multiple cases are present
   - Must include documentation of completed/closed loop closure
3) Prehospital
   - To outside hospital (if applicable)
   - 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.