**VIRTUAL SITE VISIT FREQUENTLY ASKED QUESTIONS**

## **Videoconferencing system**

* **What videoconferencing system is acceptable to host the virtual site visit and is HIPAA compliant?**
  + Any HIPAA-compliant videoconferencing system is acceptable. Zoom® has been used for the majority of virtual site visits (VSVs) to date. If another system will be used, please let the ACS VRC office know. As the ACS VRC will not host the VSV, the hospital must ensure it has the additional security features in place for HIPAA compliance.

## **HIPAA compliance**

* **Do we need additional HIPAA or privacy agreements for virtual site visits?**
  + No additional agreements are necessary for virtual site visits. Please be advised that the trauma center is protected by the signed DUA-BAA. The VRC site reviewers have signed an agreement requiring them to act in accordance with HIPAA regulations.

## **Onsite logistics coordinator**

* **What is an onsite logistics coordinator and what role do they serve?**
  + The onsite logistics coordinator is responsible for the logistical aspects of the virtual visit, such as scheduling the videoconference meetings, sending out calendar invitations, providing EMR access, and, most importantly, ensuring all required participants are on the videoconferencing line for the various parts of the agenda. *This role cannot be fulfilled by the TPM*.

## **Navigator/Clinical Facilitator**

* **What is the navigator and what role do they serve?**
  + The navigators, one for each reviewer, will guide the review team through the virtual medical records, PIPS documentation, and supporting documentation. *This role can**be fulfilled by the trauma registrar, PIPS coordinator, or any other staff (excluding the TPM, TMD, and onsite logistics coordinator) that are familiar with navigating through the trauma EMR.*
* **What is the clinical facilitator and what role do they serve?** 
  + A clinical facilitator, much like the navigator, should be assigned to each reviewer to assist with and elaborate upon and clinical questions the reviewer has regarding the medical charts. This role would be filled by the TMD for the lead reviewer, and by the TPM for the second reviewer. For larger review teams, additional clinical facilitators could include trauma surgeons or emergency physicians. A clinical facilitator is not required for all reviewers but is strongly recommended to allow for a more seamless medical chart review.
* **Based on our state designating regulations we require a team of four reviewers; will we need four navigators?**
  + Yes, one navigator per reviewer is required.

## **Prereview call**

* **What is the purpose of the prereview call?**
  + The prereview call is to meet and greet members of the trauma team and reviewers.
  + Ensure all technical, logistical issues, and/or questions are addressed prior to the virtual visit.
  + To ensure reviewers can access medical records and program assessment document.
* **Who should schedule the prereview call?**
  + The trauma program’s onsite logistics coordinator will schedule the prereview call.
* **Who is required to attend the prereview call?**
  + Attendees will include the TMD, TPM, navigators, onsite logistics coordinator, and reviewers. On occasion, ACS staff will join the call to audit or provide support if needed.
* **When should the prereview call take place?**
  + As a critical step in the virtual site visit process, the call must be scheduled no less than 14 days prior to the site visit. This can be scheduled earlier than the noted timeframe.
  + Programs are encouraged to schedule this call (1 hour) as soon as possible as reviewers’ schedules are limited.

## **Preselected Chart Review (PCR) Template**

* **What is the preselected chart review process?**
  + Trauma programs will be required to provide a deidentified list of all trauma patients that were admitted during the reporting period. A PCR template will be provided in advance (refer to Appendix 3) for the center to complete. The lead reviewer will select 25 medical records. This number will vary based on the type of visit, such as combined/concurrent programs. The trauma program will then share those medical records with the reviewers prior to the site visit. The timing for each step in this process are listed in the questions below. All virtual site visit documents will be available on the website.
* **When does the lead reviewer need the PCR template?**
  + The trauma program will forward the PCR template to the lead reviewer and the [cotvrc@facs.org](mailto:cotvrc@facs.org) 30 days prior to the virtual visit. This may be sent earlier than the noted timeframe.
* **When will the lead reviewer return the PCR template so we can prepare the medical records for review?**
  + The lead reviewer will return the PCR template with their selection within 7 days of receipt of the PCR template.
* **When will the trauma program need to provide an electronic copy of the medical records to the review team?** 
  + Medical records must be provided to the review team no later than 14 days prior to the virtual visit. These may be provided earlier than the noted timeframe.
  + We encourage trauma centers to provide the medical records and program assessment documents prior to the prereview call to ensure the files are accessible.
* **How are copies of the electronic medical records and assessment documents sent to the review team?** 
  + The medical records and program documents must be forwarded to the Review Team via an electronic HIPAA-compliant transfer or sharing file system (Ex: secured password-protected email, Box, Sharepoint, Sharefile, or any system approved by your compliance/IT department that is HIPAA compliant). In the interests of preserving data security, please **do not** distribute medical records through a physical flash/thumb drive.
* **For a focused review, do we complete the PCR template?** 
  + All of the above bullets in this section are applicable to a focused review with the exception of the medical record reporting period. The reporting period will be based on when the trauma program implemented the corrective actions to address the criterion deficiency(ies).
* **How should we prepare the template if we have 20 or fewer total cases?**
  + If the trauma center’s total relevant cases number 20 or less, the program would not need to complete the PCR. All cases then must be provided electronically with all associated documentation.

## **Medical Records and Assessment Documents**

* **How should the medical records be prepared?**
  + The center should not print paper copies of medical records. Each medical record selected by the lead reviewer must include the ACS Medical Record Face Sheet, all pertinent documentation (refer to Appendix 2), and the guidelines/protocols (ortho/neuro protocols, MTP, etc.) that were followed to care for the trauma patient. Refer to Appendices 1 and 2.
* **Is there a required file format for medical records and assessment documents?**
  + Yes. Medical records and assessment documents must be saved in a portable document format (PDF), and bookmarked through Adobe Acrobat Pro®. Refer to Appendix 2 for chart preparation requirements.
* **What additional assessment documents need to be sent to the review team?**
  + A list of additional assessment documents is provided in Appendix 1. These documents must be scanned separately from the medical records, if not already appended. In conjunction with the medical records, these documents must be forwarded to the review team electronically prior to the visit. Copies must be organized chronologically in digital folders as per Appendix 2, page 3.
* **How will medical record review session be conducted?**
  + All review team members must have separate videoconferencing calls or breakout rooms with their assigned navigators. The TMD and TPM must be on hand to assist the lead reviewer and junior reviewer respectively.
  + In the instance that there are more than two reviewers present on the team (such as a nurse or specialty reviewer), a trauma staff member in a relevant role must be assigned to answer questions. For example, if the visit calls for an emergency physician reviewer, the emergency physician director may be assigned to assist, and if there is a nurse reviewer, the PIPS coordinator or equivalent may be assigned to assist.
* **For a focused review, what medical records and documents should be prepared?** 
  + All of the above bullets in this section are applicable to a focused review with the exception of the medical record timeframe. The timeframe will be based on when the trauma program implemented the corrective actions to address the criterion deficiency(ies). The assessment documents that must be prepared from Appendix 1 would be those that are associated with the deficiency(ies) under review. Assessment documents that are associated with the trauma cases must be in digital folders based on the categories listed in Appendix 1.
* **Are the medical records provided for the virtual site visit discoverable?**
  + There is no more increased risk of discoverability on a virtual site visit when compared to an in-person site visit. All information the College receives through its quality review activities is protected from discovery under the Illinois Medical Studies Act. While we cannot fully guarantee protection under this law, the law was created to specifically address the question of protecting documents from discoverability to in order to encourage facilities to participate in quality improvement programs.
* **If the trauma center is not seeking pediatric verification, but did admit pediatric patients, would there still be an expectation to provide pediatric medical charts for review?**
  + Yes, even if the program in question is not seeking pediatric verification, if pediatric patients were admitted, those medical charts must still be provided. In this instance, the program will provide medical records for both the adult and pediatric patients when submitting the PCR template to the lead reviewer. They will select the cases and will pick a mix of adult and pediatric.
* **If the trauma center is seeking pediatric and adult verification, could we use the same PCR template?**
  + No. The pediatric and adult programs under review must complete separate PCR templates based on their respective patient population. The adult PCR template will be sent to the adult lead reviewer, and the pediatric PCR template will be sent to the pediatric lead reviewer.

## **Review Meeting (Not appliable to a focused review)**

* **If there is no review meeting dinner, how will reviewers meet with our liaisons?**
  + In lieu of the review dinner, a meeting will be held with the required liaisons and staff (refer to Virtual Visit Agenda).
* **What is the set-up for this meeting?**
  + We do not recommend having all attendees in one large conference room (refer to Tips for Successful Visit document).
  + All attendees must have individual logins through the videoconferencing system of choice during this meeting.

## **Hospital Tour (Not applicable to a focused review)**

* **What is the best method to do the tour virtually?**
  + The tour must be done live during the virtual visit. The hospital must conduct a test run to ensure there are no connectivity issues.
  + In preparation for the hospital tour, reviewers may prefer to have iPads/laptops on carts and/or individually located at each area that will be toured. A request for multiple iPads or laptops must be made prior to the prereview call (scheduled at least 2 weeks in advance) to allow programs adequate time to make these preparations.
  + The tour will not cover the radiology department, due to electronic interference with equipment. However, a staff member from the radiology department must be present during the tour of the emergency department to field questions.
  + The reviewers will view the tour together.
    - For combined adult and pediatric visits, the pediatric reviewer may opt to do the pediatric component separately. This will be determined at the time of the prereview call.
    - Concurrent programs must have separate tours.
  + Refer to Tips for Successful Visit document for more suggestions for a virtual site visit tour.

## **ACS Quality Program Staff Observers**

* **What is the purpose of the observers?**
  + Occasionally, staff and/or reviewers will observe virtual visits. Observing virtual visits is used to train reviewers and document best practices.
* **Do the VRC staff and/or reviewer observers need navigators and/or access to the EMR?**
  + A navigator and EMR access are not required for any of the observers.

## **Visits scheduled from 2020 (Site visit dates and review team confirmed): Pre-review Questionnaire (PRQ) reporting period and medical records**

* **Our visit was previously confirmed (scheduled dates with review team) and later postponed, can we keep the same PRQ reporting period?** 
  + Yes, keep the same reporting period.
  + If the PRQ has been marked complete (closed) and changes need to be made, contact the VRC office at: [COTVRC@facs.org](mailto:COTVRC@facs.org).
  + If the PRQ has not been marked complete, do so 30 days prior to the visit date.
* **Can we keep the same medical records?** 
  + Yes, keep the same medical records to remain consistent with the reporting year.
  + Current medical records may be included if the program implemented improvements during the postponement period.

## **Visits pending from 2020 (site visit dates and review team not confirmed):**

## **Pre-review Questionnaire (PRQ) reporting period and medical records**

* **What if a site visit application for 2020 was submitted and pending site visit dates (not confirmed), can we keep the same PRQ reporting year?**
  + Programs that were not confirmed were given an option to: a) keep the same reporting period *or* b) use the reporting year that is consistent with the new site visit dates.
  + If the PRQ has been marked complete (closed) and changes need to be made, contact the VRC office at: [COTVRC@facs.org](mailto:COTVRC@facs.org).
  + If the PRQ has not been marked complete, do so 30 days prior to the virtual visit date.
* **Can we keep the same medical records?**
  + Medical records for review will be based on the PRQ submission option a or b noted above.

## **Impact of COVID-19 on Standards**

* **What if standard(s) are impacted by COVID-19 at my trauma center?**
  + The VRC understands the impact this pandemic has had on hospitals’ resources and the ability to maintain compliance with standards. At the VRC’s discretion, provisional allowances may be issued on a case-by-case basis. These allowances are subject to approval by the VRC Chairs. Standards that may have been impacted must be documented and signed by the TMD. This must be presented to the review team at the time of the site visit.