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December 2021

# STATE OF MICHIGAN VIRTUAL VISITS

# WHY VIRTUAL VISITS?

The COVID pandemic and required response made the suspension of in person site visits necessary.

The American College of Surgeons began virtual visits with success which provided a model to build the state program on.

Potential benefits of virtual visits made it a compelling reason to fully explore as an option:

1. Increased flexibility to schedule visits to accommodate inclement weather and to reduce the amount of time reviewers are away from clinical work.
2. The process will be used to address the current back log of visits.
3. Cost savings related to decreased travel.
4. If circumstances in the future warrant an expeditious, vetted, approved method of verifying trauma resources, a process is established.

Virtual verification of some type is under consideration in six states.



## WHAT ARE THE CHANGES?

- Other than the use of a video conferencing platform, the structure of the visit and the overall requirements for verification have not changed. The State of Michigan will provide HIPAA-compliant Zoom for the virtual site visit.
- A few more people from the facility will be needed to ensure the visit runs smoothly. IT support and help with the virtual tour to assist with fluidity of the tour and quick response to technical issues are important.
- Uploading charts and required documents to a file sharing application 14 days prior to the virtual visit.
- NO MORE BINDERS! Binder information is sent electronically.
- State staff and site reviewers meet with the TPM and TMD prior to the visit for discussions, questions and any needed clarifications.
- PowerPoint presentation which provides basic information about the building and trauma program.



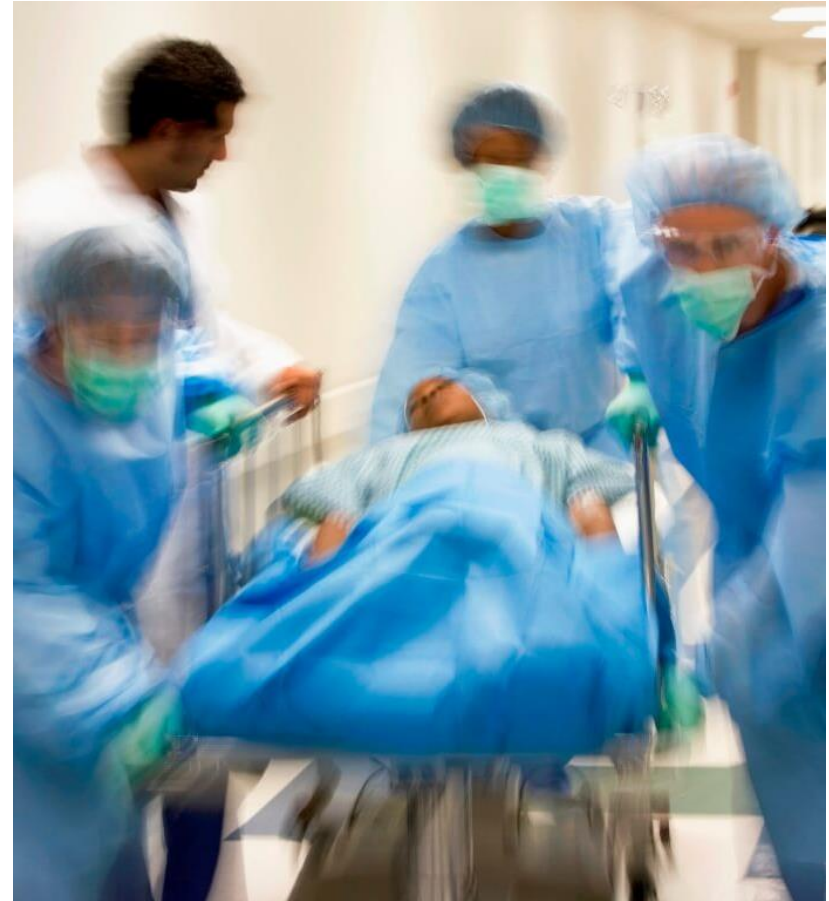
# THE AGENDA

- Introductions and PowerPoint presentation
- Medical Record and Program Document Review
- Review Meeting – this replaces the lunch meeting with all staff and trauma panel members
- Hospital Tour
- Meeting with TPM/TMD and surveyors
- Exit Interview

# INTRODUCTIONS AND POWERPOINT

The hospital will prepare a PowerPoint presentation to provide a brief overview of the hospital and trauma program.

Some ideas to include, but not limited to, location of hospital, community information, trauma centers in area, picture of hospital, hospital bed and patient numbers, PI levels of review, audit filters, etc.



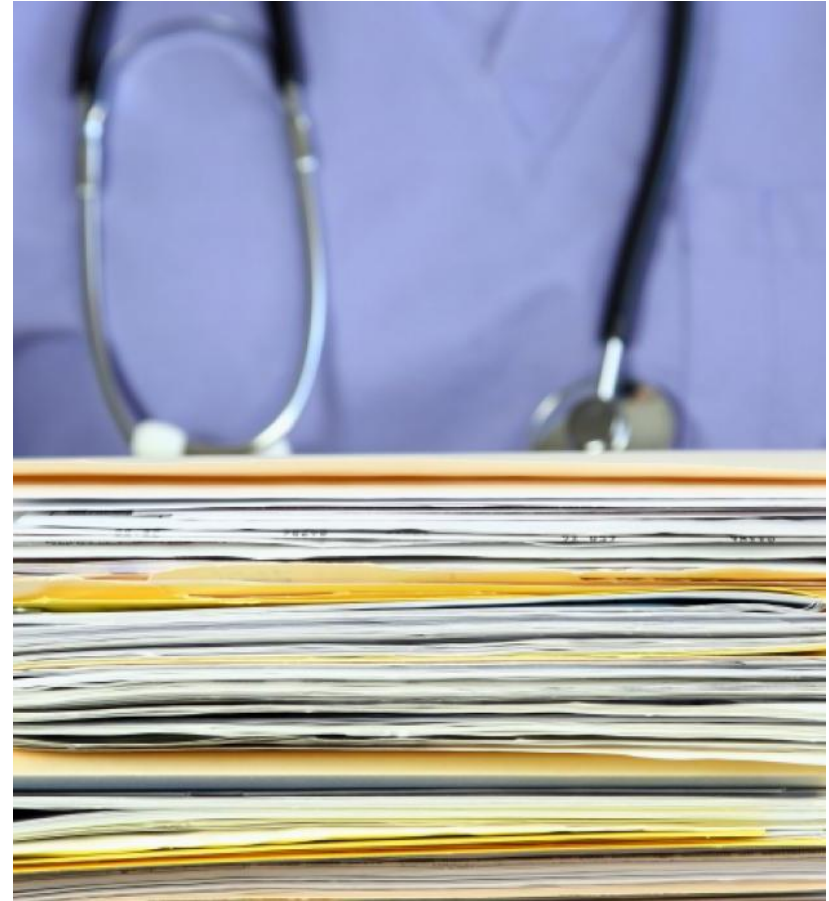
# MEDICAL RECORD AND PROGRAM DOCUMENT REVIEW

- For Level III facilities, each reviewer will be in separate breakout rooms on Zoom during the medical record and program review.
- The hospital will assign one navigator per reviewer to guide the reviewer through the virtual medical records, PI documentation, and supporting documentation. This role can be fulfilled by the TPM/TPC, trauma registrar, PI coordinator, or any other staff deemed appropriate.
- The navigator must be familiar with the trauma patients, EMR, and supporting PI documentation and able to assist the reviewers with chart review. The TPM/TPC and/or chart navigator should share their screen and pull up the appropriate chart as it is being reviewed.

## MEDICAL RECORD AND PROGRAM DOCUMENT REVIEW

It is strongly recommended that the TMD and TPM/TPC be in separate physical rooms and that the rooms are next to each other for ease as the TMD and TPM/TPC may need to go between the reviewers to answer questions as needed. This limits feedback issues resulting from two computers in the same room.

For Level IV facilities, the reviewers will stay together in the main Zoom room during the medical record and program review. The reviewers will take turns reviewing their medical records with the TMD and TPM/TPC.





MEDICAL  
RECORD  
AND  
PROGRAM  
DOCUMENT  
REVIEW

- What is the chart review selection process?
  - Trauma programs will be required to provide a deidentified list of trauma patients that will include the most recent medical records within the reporting year based on the required five categories.
  - A Chart Review Selection (CRS) Template will be provided in advance for the hospital to complete.
  - The lead reviewer will select the required medical records from the list provided by the hospital. The trauma program will then provide those medical records to the reviewers prior to the site visit.
  - It is within the purview of the reviewers to request additional charts for review if they deem necessary.





# MEDICAL RECORD AND PROGRAM DOCUMENT REVIEW



## **How should the medical records be prepared?**

The hospital should not print paper copies of medical records. Each medical record selected by the reviewers, must have all pertinent documentation along with the copy of the guidelines/protocols appended to the medical record that were followed to care for the trauma patient.



## **How are copies of the appended/additional documents sent to the reviewers?**

The virtual visit documents will be sent via the file transfer application provided by the State of Michigan.



## REQUIRED DOCUMENTS

### Trauma Service

Trauma guidelines manual, including, but not limited to:

- Guidelines/protocols for attending surgeon response to lower activation patients requiring hospital admission (*Level III only*)
- Non-surgical admission guideline (*Level III only*)
- Transfer agreements
- Emergency Department resuscitation guidelines/protocols for trauma patients
- Organ procurement policy
- Review period report that demonstrates ETOH screening of at least 80% of the injured patients that were admitted with a stay of >24 hours and able to participate with the screening (dashboard acceptable)
- Over/under TTA analysis
- Current Ongoing Professional Practice Evaluation form used for trauma panelists, subspecialists, and APPs involved in trauma care



REQUIRED  
DOCUMENTS

Neurosurgery (Level III Only)

- Neurosurgery guidelines/protocols
- 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

Orthopedic Surgery (Level III Only)

- Orthopedic surgery guidelines/protocols
- Report demonstrating average time to washout in the operating room for Gustilo Grade III open tib-fib fractures, if available, or otherwise all open tib-fib fractures



## REQUIRED DOCUMENTS

### Radiology

- Policy on the process of radiologists notifying physician of critical readings/information and changes in interpretation of radiographs, misreads, and missed injuries

### Trauma Registry

- Trauma registry policy which should include:
  - At a minimum, 80 percent of cases entered within 60 days of discharge
  - Use of current NTDB data elements
  - Quarterly data submission to the Michigan Department of Health and Human Services
- Chart audit process



## REQUIRED DOCUMENTS

### Performance Improvement and Patient Safety (PIPS)

- PI Plan
- Minutes of trauma PI meetings during the review period
- Attendance records for the peer review meetings during the review period
- Documentation of two or three PI initiatives during the review period

### Community Outreach/Injury Prevention

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

# REVIEW MEETING

At the review meeting, the PRQ will be reviewed and discussed. The TPM/TPC will have the PRQ open and share his/her screen so all participants can see the PRQ while the questions are being asked. The hospital must provide the state and reviewers a list of names of all attendees and their positions. Each attendee must log into the videoconferencing meeting separately from their workstation. The following staff must be available for questions and discussion:

1. Hospital administrator responsible for the trauma program
2. Trauma Medical Director
3. Trauma Program Manager/Trauma Program Coordinator
4. Trauma Registrar
5. Trauma liaisons (Emergency Medicine, Radiology, Anesthesia, ICU, Orthopedic, Neurosurgery)
6. EMS Representative

# HOSPITAL TOUR

- The hospital must rehearse the tour to ensure everything will run smoothly the day of the review.
- Items to be tested include the video, microphone, and speakers of the phone/tablet/laptop being used to broadcast the tour.
- Ensure those conducting the tour can be seen and heard and that they can hear those on the other end of the line asking them questions.
- Ensure there is no identifiable patient or patient information viewed.
- Refer to the *Site Tour Equipment Checklist* to see the equipment site reviewers will be looking for during the tour.





# HOSPITAL TOUR

The tour is done live during the virtual visit. The areas toured include:

Emergency Department

Radiology

Operating Room/PACU

ICU (if applicable)

Blood Bank

Medical Surgical Floor

Rehabilitation (if applicable)

Reviewers will want to see all equipment listed in the *Site Tour Equipment Checklist* for both adult and pediatric patients.

The tour will be conducted for both reviewers at the same time.

## TOUR TECHNOLOGY AND SUGGESTIONS

- I. Video should be provided by tablet/phone/laptop signed into the Zoom platform.
  - a. The tablet/phone/laptop can be put on a stationary object, a cart with wheels or have individual tablets strategically located at each of the areas that will be toured.
  - b. A small Bluetooth speaker/microphone could be paired to the tablet/phone and used as microphone for all interviewees. It should be handed to each person interviewed.
  - c. Have someone go ahead of the person conducting the tour to ensure the next room is quiet.

## MEETING WITH TPM/TMD

This meeting is an opportunity for the reviewers to discuss findings with the TMD and TPM/TPC.

If needed, the TMD and TPM/TPC can discuss any concerns with reviewers.





## EXIT INTERVIEW

The reviewers will present their preliminary findings. It is recommended that everyone attend from their own workstation vs. one large room. The four major headings below will be covered:

1. Deficiencies
2. Strengths
3. Areas of Opportunity
4. Recommendations

The exit interview is an important opportunity to recognize program development, best practices, and provides a collaborative and collegial forum to discuss improvements. At a minimum, the following people should be in attendance.

1. Hospital administration
2. Trauma Medical Director
3. Trauma Program Manager/Trauma Program Coordinator
4. Regional Trauma Coordinator
5. Others as desired by hospital administration



The State of Michigan will provide a file transfer application for the virtual review process. The file transfer application is HIPPA compliant, and password protected.



Reviewers and the hospital will receive a manual with the steps to access the file transfer application where all documents and medical charts pertaining to the site visit will be uploaded. All files are deleted from the application once the designation process is complete.

## FILE TRANSFER APPLICATION

The hospital will be responsible for uploading the following documents into the file transfer application:

45 days prior to the scheduled site visit:

Pre-Review  
Questionnaire (PRQ)

Designation Application

Chart Review Selection  
(CRS) Template

14 days prior to the scheduled site visit:

Medical records chosen by reviewers  
with pertinent documentation

Program Documentation

FILE TRANSFER  
APPLICATION

What is the pre-review call?

- The pre-review call is to ensure all technical, logistical issues, and/or questions are addressed prior to the virtual visit.

Who should schedule the pre-review call?

- The TPM/TPC or designated person by the hospital will schedule the pre-review call.

Who is required to attend the pre-review call?

- Attendees will include the TMD, TPM/TPC, reviewers, and Regional Trauma Coordinator.

When should the pre-review call take place?

- As a critical step in the virtual site visit process, this call should take place approximately 30 days prior to the visit.
- Programs are encouraged to schedule this call (1 hour) as soon as possible as reviewers' schedules are limited.

## PRE-REVIEW CALL

## REPORTING PERIOD OPTION

- Some programs have the option to keep the same 12 month reporting period from the original expiration date OR use a 12 month reporting period consistent with the new scheduled site visit date.
- **This applies to:**
  - Hospitals whose site visits were scheduled in 2020 and postponed
  - Hospitals whose designation expires in 2021
- Medical records for review will be based on the PRQ submission option. Hospitals must advise the State Trauma Designation Coordinator which option they are choosing when the scheduling begins.
- Current medical records may be included if the program implemented improvements during the postponement period.




## SITE VISIT SCHEDULING

- The State Trauma Designation Coordinator will contact each hospital once it is time to begin scheduling the virtual visit. Hospitals will receive at least a 90 day advance notice.
- The hospitals expiring in 2021 are being scheduled first in order of expiration date. Anticipate the visits for the hospitals expiring in 2021 will occur through July 2022.
- Hospitals expiring in 2022 will be scheduled once the 2021 expiring hospitals are complete. Anticipate the visits for hospitals expiring in 2022 to occur from late summer to end of 2022.
- Hospitals seeking initial verification will be scheduled once the back log of visits has been addressed.

## IMPACT OF COVID-19 ON STANDARDS

- The State of Michigan understands the impact this pandemic has had on hospitals' resources and the ability to maintain compliance with standards.
- At the state's discretion, leniency regarding standards may be issued on a case-by-case basis. These allowances are subject to approval by the State of Michigan and the Designation Subcommittee.
- 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.



# office hours

you've got questions... we might have answers

- Attend an office hours session to learn more about the virtual process. Topics will include the file transfer application and chart organization. There will also be an opportunity for questions.
- [December 20, 2021, 9-10 a.m.](#)
- [January 11, 2022, 1-2 p.m.](#)