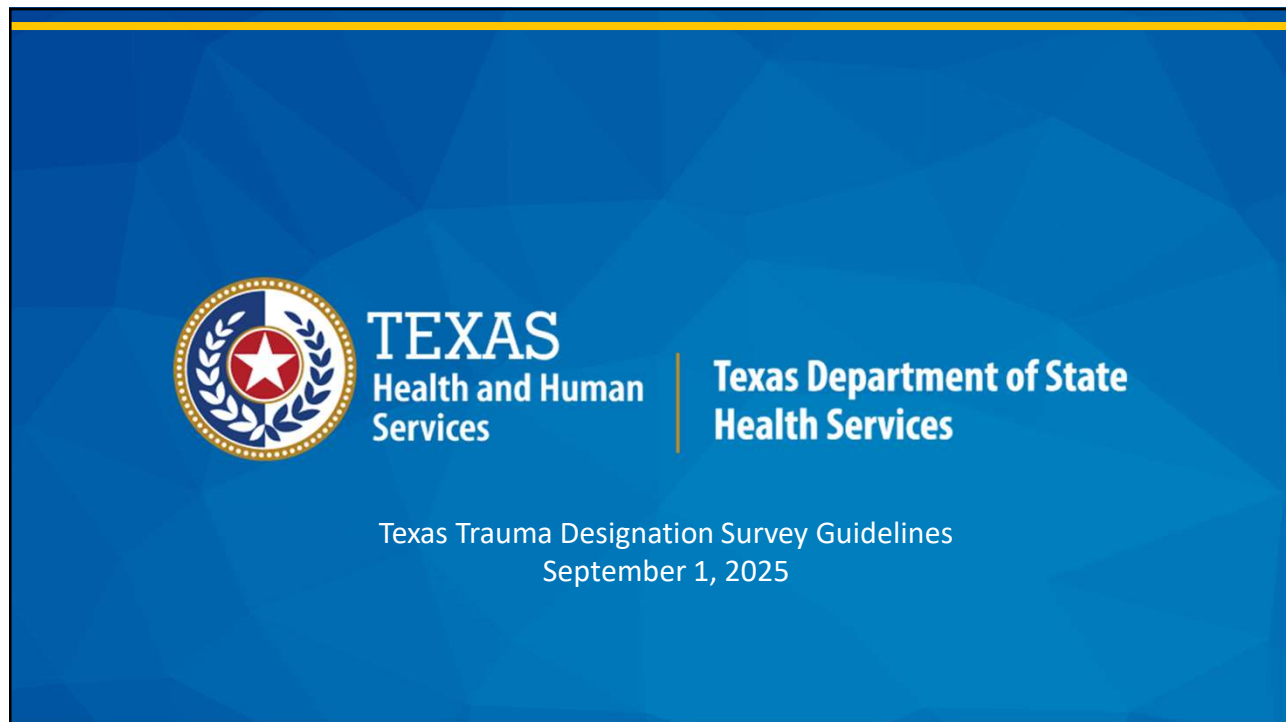




1

Welcome to the Training

Thank to everyone that has contributed to this process.
All public comments and feedback helped align 157.126.
Rules align and follow the ACS process when possible

Thank you to everyone.
Thank you to the Designation Team
Thank you to Rebecca Wright, Adrienne Kitchen, Deidra Lee
Thank you to Jia Benno and the State Registry Team
Thank you to DSHS Leadership

Thank you to Dr. Alan Tyroch, Dr. Stephen Flaherty, Dr. Robert Greenberg

Your participation made a difference.

2

Announcements

- Thank you to Dr. Kate Remick, Sam Vance, Pediatric Committee
- Thank you to Courtney Edwards, DNP, and TETAF

3

Announcements

This training is not recorded.

The Texas Trauma Designation Survey Guidelines are posted on the website
[Trauma Designation Survey Guidelines](#)

Information regarding the ACS Standards can not be posted or utilized in courses in which the participant must pay a fee unless approved by the ACS.

4

Announcement

Attendees who would like a certificate must complete the form via this link to receive one -

<https://forms.office.com/r/JKQ2WpxPwX>

5

Announcements



Need to use the same email address and name used to register.



If more than one person is attending on one device, please make note of that in the comment section and include the names



Certificate will be available in two weeks

6

Announcements – 157.126



Improve trauma care across Texas



Align Texas with the ACS and national standards



Must have documented evidence the designation requirements are met

7

Trauma Designation Survey Guidelines

- The goals of the trauma designation survey guidelines are to establish a standardized structure and processes for the designation surveys in Texas. The primary objective is to establish consistency in the trauma surveys regardless of who is performing the survey.
- The secondary objective is to assist the facility administrators, trauma program leaders, and staff in planning and preparing for their trauma designation survey.
- The guidelines outline the expectations for department-approved survey organizations regarding establishing consistency in their processes of selecting, training, and organizing their surveyors and their survey processes.
- The guidelines define the role and responsibilities of the surveyors completing the trauma designation surveys to provide clarity and define consistent expectations in the survey processes.

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Trauma Designation Survey Guidelines

The purpose of the trauma designation survey is to validate the trauma designation requirements in §157.126 are met, and when applicable the ACS verification standards are met. Facilities pursuing designation must demonstrate that all requirements and standards for designation are met.

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Trauma Designation Survey Guidelines

Level I and II trauma facilities require a survey team comprised of two surgeons, an emergency medicine physician, and a registered nurse with trauma expertise.

Level III trauma facilities require a survey team comprised of a surgeon and a registered nurse with trauma expertise.

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Trauma Designation Survey Guidelines

Level IV trauma facilities managing 101 or more patients meeting NTDB registry inclusion criteria annually that have evidence of trauma patients having operative interventions, admission to the Intensive Care Unit (ICU), or having an ISS of 15 or greater require a surgeon and a registered nurse with trauma expertise.

Level IV trauma facilities managing 101 or more patients meeting NTDB registry inclusion criteria annually that do not have evidence of trauma patients having operative interventions, but have trauma patient admissions to the ICU and have an ISS of 15 or greater require a survey team comprised of a surgeon, emergency medicine physician, or family practice physician, who is serving as a trauma medical director (TMD) or trauma liaison, and a registered nurse with trauma expertise.

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Trauma Designation Survey Guidelines

Level IV trauma facilities managing 100 or less patients meeting NTDB registry inclusion criteria annually require a survey by a surgeon, emergency medicine physician, or family practice physician, who is currently serving as a TMD or trauma liaison, or a registered nurse with trauma expertise.

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Trauma Designation Survey Guidelines



Actual or potential conflict of interest



Facility and surveyors are expected to access conflict of interest

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Exception Request



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Trauma Designation Survey Guidelines

Exceptions to designation requirements

- Complete an exception request
- Submit to the department
- Request is reviewed by the Trauma Designation Review Committee
- Exception request must be reviewed by the committee and have a decision prior to scheduling a survey
- Requirement exception
- Physician requirement exception (NOTE: ACS Verification Require the Alternate Pathway Process)

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TRAUMA DESIGNATION EXCEPTION

A facility can only request **one exception** to a trauma designation requirement. If an exception is requested, the facility must demonstrate all other designation requirements are met. Trauma designation exceptions are specific to the state TAC requirements. Exceptions specific to the American College of Surgeons standards are not considered.

Define the specific requirement for which your facility is requesting an exception

If the facility is requesting an exception due to board certification or board eligibility, you must complete the *Physician Requirement Exception Request* for that physician, include it with the exception request, and complete the following tables.

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GENERAL INFORMATION

Facilities who have physicians in roles that do not meet specific requirements, have the option of completing this document to request an exception for that specific physician.

Examples may include:

- No board certification or board eligibility
- No board certification or eligibility in required specialty such as general surgery, emergency medicine or family medicine.

The completed exception request is sent to the Trauma Designation Review Committee at DSHS.EMS-Trauma@dshs.texas.gov. The exception request is reviewed by the Trauma Designation Review Committee at the next committee meeting.

NOTE: The designation requirement exception request must be received and reviewed by the committee prior to the facility scheduling a site survey.

REQUIRED INFORMATION

The facility must provide the following information when requesting a specific designation requirement exception due to board certification, board eligibility, or a variance regarding the physician specialty required.

Attachment 1

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Trauma Designation Survey Process



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Trauma Designation Survey Guidelines - Process



Consistent clinical care – management guidelines and evidence-based practice



Concurrent, effective TPIPS



Documented trauma policies, procedures, protocols, and management guidelines specific to the facility – through the continuum of care



Evidence of data management and submission of required data to the State Trauma Registry



Validation required resources are available

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Trauma Designation Survey Guidelines - Process



Validation of staffing requirements for TPIPS and trauma registry



Validation trauma team activation guidelines are established and followed



Interviews with key leaders and staff



Documented evidence of outreach education, training, and prevention programs



Documented evidence of RAC participation for the designation cycle

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Trauma Designation Survey Guidelines - Process



Evidence of documented RAC and facility participation by the TMD and TPM in disaster management and response



Documented evidence that all designation requirements are met

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Interrupting the Survey



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Interrupting the Survey



Lack of access to the medial records or documents



Behavioral or non-professional behavior



Falsification of documents specific to the survey



Unexpected events

Department has authority to stop survey process and investigate issues.

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In Active Pursuit



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Initial Designation – In Active Pursuit

- Schedule call with department
- CEO, COO, CNO, Trauma Administrator, TMD, TPM
- Documentation
 - Job Descriptions of TMD, TPM, Trauma Registrar
 - Trauma Operational Plan
 - TPIPS Plan
 - Trauma Team Activation Guidelines
 - Trauma Management Guidelines
 - Trauma Registry Procedures
- Completes Designation Application

Survey Guidelines has an agenda for the facility's planning.

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Redesignation or Move to Higher Level of Designation



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Redesignation or Change in Level of Designation

Facility completes the Trauma Designation Application

- Online and linked into the survey guidelines
- Recommended facility completes the application 18 to 12 months prior to the potential survey date
- Completed prior to scheduling survey

Once received by the department, the department will send to the facility

- Designation Assessment Questionnaire (DAQ)
- Level I and Level II facilities required to complete an Addendum to the PRQ specific to the Texas requirements
- Designation requirement self-assessment document
- Department will hold monthly trainings for completing the DAQ and answer any questions during this training session

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☒ Re-Designation (Renewal) <i>Select 'Re-Designation (Renewal)' only if renewing a designation without level change or Change of Ownership or Location (CHOW).</i>	
Current Designation Expiration Date	Designation Level Requested
	select
Chosen Survey Organization	Texas Provider Identifier (TPI)
ACS ☐ DSHS ☐ TETAF ☐	<i>9-digit number issued by the Texas Medicaid & Healthcare Partnership (TMHP).</i>
Survey Dates Requested	
to	
Number of HHSC-Licensed Beds	HHSC Health Facility License Number
Application Fee Payment Information	
<i>Application fee is \$10/licensed bed. Levels I & II are at least \$4,000 and no more than \$5,000; Level III is at least \$1,500 and no more than \$2,500; Level IV is at least \$500 and no more than \$1,000.</i>	

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Planning Survey Dates

- Identify the trauma designation expiration date on the award letter or the designation certificate
- Back up 90 days for submission of documents to the department prior to expiration
- Back up 90 days to receive report and develop a corrective action plans
- 30 days of these 90 days is for the surveyors to complete the report and move it to the trauma facility
- Total = 180 days
- Back up 60 days for the potential survey dates = 240 days
- $365 - 240 = 145$ days for the planning and preparing for the survey
- NOTE: If you go back 125 days the 126th day will be the last year of your designation cycle – you can then define your three-year designation cycle
- In Active Pursuit

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Survey Planning and Preparation



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Trauma Designation Survey Preparation

- Required 12 months of documentation
- Complete the Designation Application
- Complete the Designation Assessment Questionnaire (DAQ)
- Complete the Designation Self-Assessment
- Attend the monthly training for completing the DAQ
- Plan for creating a shared file to place the survey documents 45 days prior to the survey date
- Designation survey – designed to evaluate a specific hospital
- Facility's trauma program leaders lead and respond to survey activities

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Survey Planning and Preparation

-  Plan and organize the required documents
-  Ensure all documents are complete and current
-  Complete the DAQ and all required attachments
-  Trauma program organization chart reflecting the number of FTEs and reporting structure
-  Facility's organization chart reflecting the reporting structure for the trauma program
-  Operational budget for the trauma program

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Preparing Required Documents

- Trauma program's annual PIPS plan summaries (dashboards) for designation cycle
- List of trauma screening events
- Current trauma operational plan
- Job descriptions
 - Administrator for trauma program
 - TMD
 - TPM
 - Trauma PIPS personnel
 - Lead trauma registrar

Note: If requested in DAQ, do not submit twice.

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Document Preparation

- Job descriptions continued
 - Advanced Practice Providers
 - Outreach Education Coordinator
 - Injury Prevention Coordinator
 - Physician Trauma Liaisons
 - Other personnel dedicated to trauma program (Trauma Nurse Clinicians)
 - Other support personnel (Social Worker, Case Manager, Nurse Navigator, Psychologist, Geriatrician, Child Life Specialist, Chaplain, PECC)

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Document Preparation

Registry Data Management Plan

- Registry vendor
- Registry inclusion criteria
- Data dictionary (if different than NTDS and Texas State Registry definitions)
- Abstraction and data entry process
- Data validation process
- Security
- HIPAA compliance

Level I, II, III facilities will include their last TQIP benchmarking report

Level IV facilities will include their benchmarking targets

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Document Preparation

- Documented evidence of submission to State Registry
 - Data validation
 - Corrective actions
 - 12 months – quarterly submissions or every 90 days

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Document Preparation



Outreach
education



Public education



Injury
prevention



Research



Publications



(Appendix D –
Resources)

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Medical Record Preparation

- Medical record selection (Appendix E)
- Prefer patients meeting Trauma Team Activation criteria
- Selection – reverse chronological order from the survey date
- No medical records greater than 12 months from the survey date, unless requested by surveyor or department (Exception Level IV Managing 100 or less)
- Medical record face sheet
- ACS verified facilities utilize ACS face sheet
- Copies of admission H&P, and Discharge Summary

Note: Facility defines if medical record review utilizes the EMR or if they will print items from the medical record for review

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Medical Record Review

Each surveyor is required to review 10 medical records. The number of medical records prepared is based on the following:

- Adult Program Level I or II: 50 medical records • Pediatric Program Level I or II: 50 medical records
- Combined Adult and Pediatric Programs:
 - ◊ Adult Level I or II and Pediatric Level II: 75 medical records (50 adult medical records and 25 pediatric medical records)
 - ◊ Adult Level I and Pediatric Level I: 90 medical records (45 adult medical records and 45 pediatric medical records)
- Level III Program:
 - ◊ 25 medical records for two surveyors ◊ 35 medical records for three surveyors
- Level IV Program:
 - ◊ 15 medical records for one surveyor ◊ 25 medical records for two surveyors
- Focused Surveys:
 - ◊ 15 medical records for one surveyor
 - ◊ 25 medical records for two surveyors

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Patient Injury Diagnosis	Last Name:	
	Age/Gender	Mechanism of Injury
MRN/Trauma Registry #		
Injury Category		
ISS		
EMS Scene Time / Summary Prehospital Whole Blood or Blood Component Administered		
Trauma Team Activation	Yes ☐ No ☐ Level: _____ Timely Activation ☐ Delayed Activation ☐ Missed Activation ☐ Wrong Level of Activation ☐	

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Medical Record Review Categories: Priority is Trauma Patients Who Meet Trauma Activation Requirements		Patients Admitted for Trauma Care to the Facility		
Level I, II, III, and IV *		Adults Only	Adults and Children	Children Only
Neurosurgical Injuries (Total of 12 charts with a minimum of 2 charts from each of the subcategories)				
• Epidural/subdural hematoma taken to the OR		X	X	X
• Severe TBI (GCS less than or equal to 8) admitted to an ICU, excluding the mechanism of Physical Child Abuse		X	X	X
• Spinal cord injury with neurologic deficit		X	X	X
Orthopedic Injuries (Total of 15 charts with a minimum of 2 charts from each of the subcategories)				

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Massive Transfusion Protocol (MTP) (Total of 5 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
Prehospital Whole Blood Administration (3 records)		X	X	X
Highest Level or second level of trauma activation transfers out of the ED (5 records)		X	X	X
Patients who met trauma team activation criteria that are transferred from the inpatient setting (4 records)		X	X	X
OB trauma patient who met trauma team activation criteria and is greater than 20 weeks pregnant with ISS score 9 or greater (3 records)		X	X	X

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Hospice (Total of 2 charts)			
• Care provided up to the time of transfer will be evaluated	X	X	
Deaths (Total of 20 charts with a minimum of 5 charts from each of the subcategories)			
• Mortality without opportunity for improvement	X	X	X
• Mortality with opportunity for improvement	X	X	X
• Mortality with regional opportunity	X	X	X
• Unable to determine	X	X	X

The trauma center is encouraged to identify two great saves or exemplary resuscitations for the medial record review or two cases that demonstrate excellence in system response.

* Level IV facilities managing 100 or less will choose medical records from these categories based on their volume and services provided meeting trauma activation guidelines.

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Level IV Managing 100 or Less
• Prepare 12 medical records • Prefer trauma team activation (TTA) patients • May go back 18 months to identify TTA medical records • Any patient that goes to the OR at any time during admission and meets either TTA or NTDB registry inclusion criteria (not more than 3) • Any patient admitted to ICU during admission and meets TTA or NTDB registry inclusion criteria (not more than 3) • Trauma deaths meeting TTA criteria or NTDB registry inclusion criteria (Not more than 3, Death with OFI, Death without OFI, Death with Regional OFI) • Transfers out meeting TTA criteria • Need at least 3 pediatric records • Need at least 2 geriatric records • One OB trauma record • One burn record

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Document Preparation



Map of referral area



Targeting rural areas



Areas with transport challenges



Be prepared to discuss any outreach education in these areas

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Operational Preparation for the Survey: Nine Months Out



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Preparing for the Operational Processes of the Survey

- Prepare the survey documentation
- Convert to PDF
- Bookmark files through Adobe or other products to organize the documents
- Label and categorize the documents requested in the PRQ or DAQ
- NOTE: Level I and II facilities utilize ACS PRQ and completed DAQ Addendum
- Define shared file platform – Chief of IT, Quality, CNO
- Level I and II facilities utilize the ACS platform and process
- Business agreement with surveyor(s) minimum of 45 days prior to the survey
- DAQ, attachments, and required documents must be in shared file a minimum of 45 days prior to the scheduled survey

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Pre-Survey Conference Call

- TMD and TPM contact lead surveyor to schedule a pre-survey call
- 20 days prior to the scheduled survey
- Identify any outstanding logistics
- Discuss missing or outstanding required documents
- Changes that have occurred since the last designation survey
- Updates on any previous requirements not met or OFI
- Medical record selection
- Administrative overview, support and reporting structure of trauma program
- Designation requirement exception, physician requirement exception request
- Test virtual platform



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Survey Operational Process



Process to orient surveyors to the electronic medical record



Process to orient to TPIPS plan and processes



Validate business agreements are signed



EMR navigator for all phases of care and TPIPS

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Medical Record Preparation

- Lead surveyor's direction how selections are defined
- Medical record face sheet completed for each selected medical record
- Admission H&P
- Discharge Summary
- Facilities decision to review medical records through EMR or to print documents for review
- Appendix E
- NOTE: Level I and Level II trauma facilities will follow the ACS medical record planning process and utilize the ACS face sheet.

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Preparing the Medical Records

- Selected medical records
- Folder for each medical record
 - All associated TPIPS documents
 - Autopsy
 - Transfer feedback
 - Associated trauma management guidelines
 - Trauma registry profile
 - Benchmarking documents
- Note: Surveyor may request to review credentials and certifications of staff and physicians while reviewing the medical record
- Medical record documents loaded into the shared file a minimum of 5 days prior to the scheduled survey
- REMEMBER: Level I and Level II facilities will follow the ACS requirements

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Survey Preparation



TMD, TPM, Administrator review previous designation summaries



Prepared to discuss improvements



Prepare to discuss any designation requirement exception



Department staff will have facility trauma registry submissions

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Final Preparation Three Months Out



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Survey Preparation

- Prepare a folder for each surveyor, department staff, and executive staff
 - Survey agenda
 - Attendance list for pre-survey conference call, morning conference, group interviews if selected, and exit conference that include name and titles
 - Copies of all presentations provided through the survey (maximum of 3 slides per page)
 - Facility newsletter, program annual report, recent abstracts accepted at national conference, other pertinent program information

Note: No gifts may be accepted by the surveyors or department staff

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Survey Preparation

- Schedule designation survey on executive leaders, quality, trauma surgeons, trauma liaisons and department leader's schedule
- Educators, social workers, rehabilitation, lab, blood bank, IT, engineering, and security are included in the schedule notification
- Chief of IT and IT representatives are aware of medical record planning
- In person - room selection for medical record review
- Engineering for room temperature control
- IT for computer set up and testing
- Parking
- Meals
- HIPAA compliance

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Survey Preparation – Medical Record Review

- Planning for in-person review
- Room large enough for each surveyor and department staff to have a navigator
- 2 monitors, minimum of 22 inch screen, two keyboards, a mouse for each individual – login process, address time out
- Reliable internet capabilities and capacity
- Medical record files
- Refreshments
- TMD, TPM, PI, registry staff, and administrator remain in the room
- Others must be aware of the need to keep talking to a minimum unless related to the medical record reviews
- Acceptable to display abstracts, posters, injury prevention, outreach education activities
- Restroom locations

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Survey Preparation – Interviews



TMD and TPM must be able to quickly locate individuals for interviews and to answer questions



Separate room nearby for interviews – that is shared in advance

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Survey Preparation

- Facility walk-through review
- Group interviews
- Note: Initial designation surveys or higher level of designation surveys require in-person and require a facility walk-through review
- Staff preparation

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Survey Preparation – Staff Preparation



Navigators



Arrive 15 minutes before session begins



Complete medical record review testing, TPIPS testing



All staff entering the medical record review process



If surveyor asks for additional information

Navigator makes a note
Navigator shares with TMD and TPM
Information is available and given to surveyor

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Survey Preparation – Closed Surveyor Meeting

- All surveyors and department staff
 - Review findings
 - List potential requirements not met
 - Opportunities for improvement
 - Identified best practices
 - Regional participation
 - Strengths
- Review with TMD, TPM, and Administrator

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Survey Preparation – Exit Conference



All surveyors and department staff



TMD, TPM, Administrator



All individuals participating in trauma care and planning for the survey



Surveyors provide feedback of the designation survey findings



Note: Representatives from media are not allowed to participate

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Post Survey



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Post Survey



If survey team identifies key documents that need to be submitted to the lead surveyor

Must be sent within 3 business days



If the facility has 4 or more requirements not met based on the exit conference

Must call department within the next 10 days

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Post Survey – All Level I, II, III, and IV

- Designation survey summary report
- Medical record review summaries
- DAQ and attachments (Level I and II DAQ Addendum)
- Final completed trauma designation application
- Designation Fee – Submitted to Cash Receipts Branch with remit form
- Plan of correction (POC) for requirements not met
- Corrective actions must be implemented within 90 days of the survey
- Evidence of data validation and quarterly submission to the State Trauma Registry for past 12 months
- Evidence of RAC participation through the designation cycle
- Sent to the department within 90 days of the survey date

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Post Survey – Plan of Correction

Statement of the cited designation requirements not met

Corrective actions taken by the facility

Title of individuals responsible for the corrective action implementation, monitoring, and tracking

Date the corrective actions are implemented

Process to measure the outcome of the corrective actions to identify needed change

Corrective actions are reported through the trauma operations committee

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Post Survey

- Communication regarding designation status
 - Released only after the facility receives the department award letter and certificate
- Feedback regarding survey process (Appendix J)

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Consultation Surveys



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Consultation Surveys



Full consultation review



Mock survey review



Focused consultation review



Facility's choice of consultation team



If consultation review is chosen, recommend it occur 18 to 24 months prior to the anticipated actual survey date

Allows time to implement changes and documented history of requirements met



Consultation visits are between the facility and consultants

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Survey Schedule



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Survey Guidelines Schedule

Day 1

0715	Survey Team Arrives On-Site
0730	Survey Opening Conference/Morning Conference
0830	Facility Tour/Group Interviews
0930	Medical Record Review
1200	Lunch
1230	Closed Survey Team Meeting
1245	Medical Record Review
1630	Closed Survey Team Discussion
1700	Trauma Program Update

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Survey Guidelines Schedule

Day 2

0715	Medical Record Review
0930	Closed Survey Team Discussion
1030	Trauma Program Update
1100	Exit Conference
1145	Exit Building

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Survey Schedule 2; Day 1

Time	Activity
10 am - Survey Begins	Medical Record Review (Folders Prepared for Medical Record Review)
4 pm - Closed Survey Meeting	Surveyors List Findings: Requirements Not Met; OFI; Observed Best Practices; Regional Participation; Strengths
4:30 pm - Trauma Program Update (TMD, TPM, Administrator)	Surveyors Share Findings

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Survey Schedule 2; Day 2

Time	Activity
7:30 Surveyor Arrival	Morning / Opening Conference
8:30 – 9:30	Walk-Through / Group Interviews
9:30 - 1100	Documentation / Medical Record Review
1100 – 1130	Surveyor Exit Conference Planning
1130 – 1145	Trauma Program Update
1145 – 1215	Exit Conference

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Survey Schedule 3; One Day Survey

Time	Activity
7:30 Surveyor Arrival	Morning / Opening Conference
8:30 – 9:30	Walk-Through / Group Interviews
9:30 - 1145	Documentation / Medical Record Review
1215 – 1530	Medical Record Review
1530 – 1600	Closed Conference
1600 – 1630	Exit Conference

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Surveyor Medical Record Review Expectations



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Medical Record Review

Example: Medical Record Review Summary

- | | |
|---|--|
| <ul style="list-style-type: none"> • Prehospital response, assessment, and intervention to include if whole blood was administered • Hand-off • Wristband utilization • Helipad | |
| <ul style="list-style-type: none"> • TTA criteria and response times are met • Presenting vital signs • Level of activation • Response • Resuscitation guidelines followed are assessed | |
| <ul style="list-style-type: none"> • Timely availability of plain images, CT scan, IR, and Angio • Timeliness of radiologist reads • If radiology is requested, response time and availability of reads • Critical finding communication • Laboratory is available and response is appropriate • Timeliness of reporting lab results • Critical finding communication. | |

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Medical Record Review

• MTP activation and blood product ratio • Whole blood utilization	
• Process if MTP is not available. • Prehospital whole blood process if applicable.	
• Age specific guidelines followed	
• Injuries identified • Plan of care	
• Admission to OR • Procedure review • Timeliness	

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Medical Record Review

• ICU admission • Admission criteria • Admission assessment • Trauma management guidelines followed	
• Inpatient admission • Trauma management guidelines followed • Continuum of care	
• Specialty services • Consulting services • Response times and documentation	
• SBIRT • Screening • Interventions • Referral	
• Abuse screening • Referral	

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Medical Record Review

• Mental health screening • Referrals	
• Psychosocial support available	
• Rehabilitation needs assessment	
• Discharge planning	
• Discharge status	
• Overview of trauma PIPS case review • Timeliness	
• Trauma registry abstraction • ISS coding • Calculations	
• Evidence trauma program has oversight authority	

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Survey Summary Report Example



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Survey Summary Report

Survey Findings	
Requirements Not Met (Provide specific ACS Standard/TAC Rule)	List Designation Requirements Not Met and Provide the Medical Record(s) Reviewed
Opportunities for Improvement (Provide Specific ACS Standard/TAC Rule)	List Designation Requirements with Opportunities for Improvement and Provide Medical Records Reviewed as Appropriate

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Survey Summary Report

Regional Participation	Define Regional Participation for the Designation Cycle
Observed Best Practices	List Observed Best Practices Identified During the Survey
Program Strengths	List Program Strengths Identified During the Survey
Recommendation (Provide specific recommendation for each ACS Standard/TAC Rule not met)	Provide a Recommendation for Each Requirement Not Met

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Summary

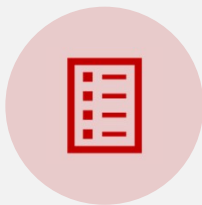


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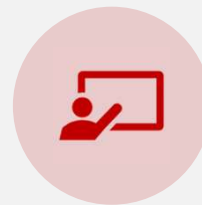
Reminders



REVIEW THE TABLE OF
CONTENTS



RESOURCES AND
TOOLS



ATTEND THE SURVEYOR
TRAINING

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Summary

- Trauma Designation Survey Guidelines
 - Designed to assist facilities plan for their trauma designation survey
 - Review key elements of the survey process and timelines
 - Assist in preparing survey documents
 - Assist in preparing staff for survey readiness
 - Attend the monthly calls for more in-depth information regarding the survey planning
 - ACS verified facilities utilize ACS PRQ, alternate pathway, medical record review process and complete a State DAQ Addendum
 - In Active Pursuit – Schedule call with the department to review process and commitment

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