



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Basic (Level IV) Trauma Facility **Initial/Re-designation Site Survey Agenda**

The purpose of the Texas Department of State Health Services (DSHS) trauma designation review process is to verify a hospital's compliance with DSHS standards for a Trauma Facility. Site surveyors are charged with the responsibility of obtaining an accurate assessment of the hospital's capabilities in a very short period of time. For this reason, we ask that the Trauma Program personnel at the hospital carefully prepare for the visit by having all documents and medical records carefully organized and accessible to the surveyors. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional validation of compliance with the standards. The application will give the surveyor(s) an overview of the trauma program and serves as a guide for the review process.

For planning purposes, the review will last for approximately six hours. Please note that, in general, the survey team will set the schedule for the day. Timelines may vary according to surveyor preference. Please have one staff member (Trauma Coordinator, Trauma Medical Director) available to accompany the surveyor(s) on the tour of the facility. It is helpful for the Trauma Coordinator and Trauma Medical Director to be readily available to the survey team for the review. One of the reviewers will visit each department listed below, not necessarily in the order stated.

Interviews - 20 minutes

Usually at the beginning of the survey, a brief overview of the survey process will be given and questions to clarify answers on your application will be asked. Attendees should include: Hospital Administration, Trauma Medical Director, Trauma Coordinator, EMS representative, PI Director, applicable Department Directors and any other interested parties.

Emergency Department - 20 minutes

- a. Review Emergency Department facility, resuscitation area, equipment, protocols, flow sheet, staffing, trauma call;
- b. Interview Emergency Department physician and nurse;
- c. Review the pre-hospital interaction and QI feedback mechanism.

Intensive Care Unit – 10 minutes (if applicable)

- a. Inspect facility/review equipment,
- b. Review flow sheets and standards of care,
- c. Interview Medical Director/Nurse Manager/Staff Nurse, and
- d. Discuss patient triage and bed availability

Medical Surgical/Ortho/Pediatric Units - 10 minutes (as applicable)

- a. Inspect facility/review equipment,
- b. Review flow sheets and standards of care, and
- c. Interview Medical Director/Nurse Manager/Staff Nurse,

Radiology - 5 minutes

- a. Inspect facility,
- b. Interview radiologist and technician,
- c. Discuss patient triage, and
- d. Determine patient monitoring policy.

Blood Bank/Laboratories - 10 minutes

- a. Inspect facility,
- b. Interview technicians, and
- c. Determine availability of blood products and massive transfusion protocols.

Chart Review/QI – 3-5 hours

Review all trauma performance improvement documents and medical records. Someone should be available to assist the surveyor with any questions or locating documents.

Site Surveyors preparation for Exit Interview– 15-30 minutes

Closed meeting - site survey team only

Exit Interview/Summary - 30 minutes

An overview of the findings from the survey will be given. The surveyors will list out hospital strengths, weaknesses and any potential deficiencies. Attendees should include: Hospital Administration, Trauma Medical Director, Trauma Coordinator, and others as desired by hospital administration.

Materials to have available for surveyor at time of review:

All materials listed below and requested in the application to be available *on site* means that they are to be available *in the room where the chart review will take place*. A room with conference-style table and adequate space for surveyors to comfortably complete the review of the medical records should be available.

1. List of hospital's trauma activity for one year:
 - a. Extramural Education - physicians, nurses, paramedics
 - b. Community Outreach/Injury Prevention activities
 - c. Trauma related inservices/orientation/skills
2. Copy of Emergency Physician's call schedule for three months prior to review:
3. Performance Improvement (PI)
 - a. Minutes of all trauma service PI meetings for one year
 - b. Attendance records for all trauma service PI meetings
 - c. Documentation of all performance improvement programs relating to trauma for one year (provide evidence of loop closure)
 - d. Trauma Registry information/statistics
4. Specific trauma patient medical records will be requested either before the review or from the Trauma Registry at the time of review. Those records requested prior to the review should be in the review room and organized in stacks according to injury type to make them easily accessible to the surveyor. All deaths should be placed together by category- preventable, potentially preventable and non-preventable- in separate stacks. Label all stacks so that surveyors can access the appropriate charts easily.