Arkansas Department of Health

Process for Re-Designation of Arkansas Trauma Centers

Timing of Re-designation

Original designation is for a period of three years from the trauma center's designation date. The re-designation must be completed prior to the expiration of the previous designation. The completion of the designation process requires six weeks (42 days) time beyond the site survey. The site survey therefore must be completed at least six weeks (42 days) prior to the expiration of the previous designation.

Complete records, including quality improvement (QI), for one year prior to the survey will be used as the basis for the re-designation survey. Charts may not be more than 15 months old (486 days).

Survey visits must be scheduled at least four months (163 days) prior to the anticipated date of the visit. It is the hospital's responsibility to contact their ADH trauma nurse coordinator to schedule the survey.

Once scheduled, the hospital's PRQ is due at the Trauma Section at least six weeks (42 days) prior to the scheduled site survey. All Trauma Registry records for the facility's reporting period are due to the Arkansas Trauma Registry upon submission of the PRQ, regardless of the standard submission schedule.

Example:

Hospital	Designation Date	Expiration Date	(A)Site Survey Performed No Later Than	(B)Last Day to Schedule Survey Date with ADH	(C)Reporting Period - not older than	(D)PRQ Due Date	(E)Last Day for Submission to the Registry
A	09/28/10	09/28/14	08/17/14	04/18/14	05/30/13	07/06/14	07/06/14

- (A) date is six weeks (42 days) prior to the hospital expiration date
- (B) date is four months (163 days) prior to (A)
- (C) date is 15 months (486 days) prior to (A)
- (D) date is six weeks (42 days) prior to site survey date
- (E) date is the same date as the hospital's PRQ due date.

Consequences of Failure to Comply with Proper Timing of Re-designation

Failure of the hospital to comply with the schedule for re-designation will cause the facility to be taken off the list of designated hospitals at the ADH and will lead to the facility being removed from the ATCC dashboard. Hospitals not designated and not on the ATCC dashboard will not be a recommended destination for scene or transfer triage and may not submit for reimbursement costs incurred during the time they were not designated.

Designation process for the FIRST re-designation

Complete records, including quality improvement (QI), for one year prior to the survey will be used as the basis for the re-designation survey. Charts may not be more than 15 months old (486 days).

Example:

Hospital A: review will be September 28, 2014. Their PRQ is due July 06, 2014 and must contain complete data from the previous year INCLUDING peer review (allowing three months past the year to complete peer review).

Hospital A: data (reporting period) cannot be older than May 30, 2013.

Designation process for SUBSEQUENT (i.e., after the first) re-designation

The period of full designation will be for three years. The provisional designation periods will be at the discretion of the ADH Trauma Section and will be based on the recommendation from Designation Subcommittee and reviewer's findings. The period of provisional designation will be stated in the letter from the Section and will be reflected on the designation certificate.

Hospitals are responsible for scheduling future verification visits, as outlined above, in order to not lapse in their designation.

During re-designation site surveys, reviewers will verify documents/records/clinical activity from the entire period between the prior re-designation site survey and the current re-designation survey (i.e., trauma centers will be held accountable for this entire time frame and not just one year as was previously the case).

Designation process for PROVISIONAL, FOCUSED site survey

At the time of the survey all previous deficiencies and weaknesses will be reviewed. In addition, other areas that are identified as problematic may also be explored.

UNSCHEDULED site survey

The ADH Trauma Section reserves the right to perform a survey based on a reason to believe a trauma center is not in compliance with the Rules and Regulations for Trauma Systems. This will be done at no expense to the facility

Site Survey Chart Review Process

Charts available for review will depend on the designation level sought by the hospital, the facility's capability and capacity as listed on the ATCC dashboard, and will be at the discretion of the Trauma

Section of the ADH. Six weeks prior to the site survey visit the lead reviewer will receive a list of charts during the review period from the Trauma Registry Section. Charts requested by the reviewer will be determined the Trauma Registry reports, ATCC reports, and/or hospital discharge data. Additional records may be requested at the discretion of the ADH Trauma Section.

The Trauma Nurse Coordinator will need to have the following documents printed from the electronic medical records (EMR), if EMR are used within the trauma center. A room will need to be secured for the review. This area should have a hospital computer for each reviewer and adequate working space to review charts and the QI minutes for selected patients. If the trauma center uses EMR, have the names and medical record numbers listed by the above categories and have available one person per reviewer who is *extremely* familiar with the EMR in order to "guide" the reviewer through the chart.

List of documents to be printed if EMRs are used –

- H & P
- Discharge Summary
- Operative Reports
- Initial imaging reports
- Run Sheets
- Trauma Flow Sheets
- ED Physician Records

Chart Categories by Level

Level IV trauma centers: *at least 10 charts will be reviewed*

Deaths

High level activations

Patients admitted with ISS >8

Pediatric patients (<15 years of age)

Patients with ED LOS > 2 hours with a ISS >8 for transferred patients

Patients intubated in the ED

Hospital QI cases (3) that followed the QI process and represent good QI management

Level III trauma centers: *at least 16 charts will be reviewed*

Deaths

High level activations

Patients presenting with SBP < 90 mm Hg (older than 15 years of age)

Pediatric Patients (< 15 years of age)

Patients with head AIS > 2 (admitted or transferred out of the facility)

Solid organ injury (admitted or transferred)

Pelvic or acetabular injury (admitted or transferred)

Elderly (65 and older) (admitted or transferred) with a ISS >10 in addition to meeting an additional criteria

Patients with ED LOS > 2 hours for transferred patients with a ISS >8

Patients intubated in the ED

Hospital trauma QI cases (3) that followed the QI process and represent good QI management

Level I and Level II (adult) trauma centers: *at least 20 charts will be reviewed*

Deaths

High level activations

Patients presenting with SBP < 90 mm Hg (older than 15 years of age)

Pediatric Patients (< 15 years of age)

Subdurals/Epidurals

Solid organ injury (admitted or transferred)

Pelvic or acetabular injury (admitted or transferred)

Elderly (65 and older) (admitted or transferred) with a ISS >10 in addition to meeting an additional criteria

Patients with ISS > 25 with survival

Admission to non-surgical services – facility will provide a list of these

Hospital trauma QI cases (3) that followed the QI process and represent good QI management

Patients transferred out (non-pediatric) (non-rehab)

Level I pediatric trauma centers: *at least 20 charts will be reviewed*

Deaths

High level activations

Patients presenting with SBP < 90 mm Hg

Patients taken to the OR within two hours of arrival for general or neurosurgery

ICU complications

Patients requiring angiography

Operative pelvic or acetabular injuries

ISS > 25 with survival

Subdurals/Epidurals

Patients transferred out

Admission to non-surgical services – hospital will provide a list of these

Hospital trauma QI cases (3) that followed the QI process and represent good QI management