



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

## **BUREAU OF ACUTE CARE SYSTEMS**

### **Trauma System Site Survey Process Manual for Level I, II, and III Trauma Centers, Including Primary, Secondary, and Tertiary Pediatric Centers, and Burn Centers**

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## **Introduction**

The trauma center designation process is prescribed by Trauma System Rules and Regulations; however, this manual provides a useful guide for hospitals planning and preparing for the site survey visit. The site survey visit is a central part of the trauma center designation process. The purpose of the site survey visit is to verify compliance with the specific requirements for trauma centers delineated in the Trauma System Rules and Regulations. Mississippi State Department of Health, Bureau of Acute Care Systems (BACS) utilizes a team of independent consultants, who serve as site visitors and reviewers. BACS presents the consultants' findings to the Mississippi Trauma Advisory Committee (MTAC), which makes recommendations related to designation to the State Health Officer (SHO). The SHO is the designation authority for trauma centers in Mississippi. During the site survey hospital compliance with Trauma System Rules and Regulations is confirmed in part by evidence supporting the following:

- Appropriateness of care
- Documentation of clinical care
- Timeliness of care
- Performance Improvement (PI) and integration of PI efforts into the hospital program
- Implementation of clinical management guidelines
- Trauma specific education, training, and injury prevention efforts

The following pages provide information trauma program managers may use in the development of the trauma program, and specifically in preparation of the site survey visit.

Please contact the Bureau of Acute Care Systems if you have questions.

**Main number 601-933-2440**

## **Site Survey Visit Process and Schedule**

BACS will only accept complete applications for trauma center designation. After receiving the complete application for designation BACS staff verify receipt of the application and work with hospital staff and site visitors to coordinate a date for the site survey visit. Applicant centers may request an education visit from BACS. BACS, or a vendor contracted through BACS, will provide an education visit, to include preparation services in advance of the site survey visit. Education visits are scheduled through MSDH. During the interim applicant hospitals should ensure the information on the application is current and updated as needed prior to the site survey. BACS staff generally schedule the site survey visit within thirty (30) days of receiving the final version of the trauma center application. The site survey visit will include a review of selected trauma patient records from the previous twelve (12) months. The site survey visit report and designation letter will be sent via certified mail to the hospital's administrator or Chief Executive Officer once the process is complete. Correspondence may be copied to the vendor used for the education visit as appropriate.

## **Mississippi Site Survey Team**

### **Trauma Center Site Survey Team**

- Trauma Surgeon (Team Leader)
- Emergency Physician (Level I and II Trauma Centers only) optional
- Trauma Nurse
- Bureau of Acute Care Systems Staff
- MTCSF Staff

### **Pediatric Center Survey Team**

- Trauma Surgeon (Team Leader) (credentialed for pediatric trauma for Secondary and Tertiary Centers)
- Trauma Nurse
- Bureau of Acute Care Systems Staff
- MTCSF Staff

### **Burn Center Survey Team**

- General Surgeon w/special interest in burn care (Team Leader)
- Registered Nurse w/burn care or emergency experience
- Bureau of Acute Care Systems Staff
- MTCSF Staff

## **Required Documents for Pre-Review**

Site Surveyors will review the following facility specific information in preparation for the site survey visit:

- Current Trauma System of Care Plan
- Current Mississippi Trauma Care System Regulations
- Mississippi Trauma System Site Survey Process Manual
- Trauma Center Application
- Previous Facility Site Survey Report (if any)
- Previous Facility Corrective Action Plan (if any)

Surveyors may also require additional documentation in advance of the site survey visit. Applicant hospitals must facilitate access to documentation required for verifying hospital resources and capabilities.

## **Itinerary for the Site Survey Visit**

Applicant hospitals must adhere to the following schedule as closely as possible to ensure sufficient time and access to facility resources and capabilities on the day of the site survey visit:

- Ready access for the site survey visit team
  - Three (3) reserved parking spaces near the entrance of the hospital
- Level I Trauma Centers and Tertiary Pediatric Centers
  - Receive separate eight (8) hour surveys

8:00am – 8:30am – Introduction and Opening Session

8:30am – 9:00am – Performance Improvement Review

9:00am – 10:30am – Tour

10:30am – 3:30pm – Medical Record Review

3:30pm – 4:00pm – Closing Session

- Level II and Level III Trauma Centers
  - Receive a six (6) hour survey
  - Includes survey of pediatric capabilities
    - Secondary or Primary Pediatric Trauma Center

9:00am – 9:30am – Introduction and Opening Session

9:30am – 10:00am – Performance Improvement Review

10:00am – 11:30am – Tour

11:30am – 2:30pm – Medical Record Review

2:30pm – 3:00pm – Closing Session

- Burn Centers
  - Receive a six (6) hour survey

9:00am – 9:30am – Introduction and Opening Session

9:30am – 10:00am – Performance Improvement Review

10:00am – 11:30am – Tour

11:30am – 2:30pm – Medical Record Review

2:30pm – 3:00pm – Closing Session

## **Opening Session**

Opening sessions provide the opportunity for introductions, including the opportunity for hospitals to provide an overview of the trauma program at the facility.

- Required attendees for the Opening Session:
  - CEO/Administrator
  - Trauma/Pediatric/Burn Medical Director
  - Trauma/Pediatric/Burn Program Manager
  - Trauma/Pediatric/Burn Registrar

- Suggested attendees beyond those listed above:
  - Chairman of the hospital board and/or a designated board member
  - Chief Nursing Officer
  - Chief of Medical Staff
  - Chief of Neurosurgery and/or designated neurosurgeon (Level I and II only)
  - Chief of Orthopedic Surgery and/or designated orthopedic surgeon
  - Chief of Surgery and/or designated general surgeon
  - Chief of Emergency Medicine and/or designated emergency medicine physician
  - Chief of Anesthesiology
  - Chief of Radiology
  - Chief of Pediatrics (Secondary and Tertiary Pediatric Trauma Centers)
  - Chief of Rehabilitation Medicine (Level I and II Trauma Centers)
  - Additional specialty surgeons taking trauma call
  - ED Nurse Manager
  - OR Nurse Manager
  - ICU Nurse Manager
  - EMS Representative
  - Hospital Quality/PI Manager

Sufficient space is required for the Opening Session. BACS Staff will introduce the team and provide information at the beginning of the session. Hospital's CEO/Administrators and Trauma Program Managers will have a maximum of fifteen (15) minutes each (30 minutes total) to make introductions and present an overview of the trauma program at the facility. The following methods may be used: PowerPoint, handouts, storyboards, and/or graphs. Trauma program overviews should speak to:

- Specifics related to the hospital environment and unique patient populations
- The hospital's trauma program and the surrounding community
- Pertinent information that is relevant to this site survey
- Accomplishments of the trauma program over the last year

*Trauma Centers should use this brief opportunity to highlight accomplishments that clearly demonstrate the hospital's commitment to the statewide Trauma System.*

Hospital staff will present information related to the facility's trauma program performance improvement process. During the presentation hospital staff will also address any deficiencies cited in the most recent site survey.

*Note: Staff from other departments and areas may be dismissed at this point.*

Attendance expectations at the PI and Deficiencies Review:

- Trauma/Pediatric/Burn Medical Director **(Required)**
- Trauma/Pediatric/Burn Program Manager **(Required)**
- CEO/Administrator **(Required)**
- Chief Nursing Officer
- ED Nurse Manager
- OR Nurse Manager

- ICU Nurse Manager
- Pre-hospital/EMS/Flight Team Representative
- Hospital Performance Improvement Director
- Trauma Registrar **(Required)**
- Other staff who have been involved in the resolution of the deficiencies

Information should include the issue identification, analysis of the issue, corrective action plan, implementation of the action plan, and loop closure. This is only applicable if the facility has had a previous site survey with a corrective action plan in place.

Other issues that may be discussed at this time are:

- Explain the trauma performance improvement process
- Process of peer review (concurrent and retrospective)
- Leadership role of Trauma Program Manager in Trauma Performance Improvement
- Integration of Trauma Performance Improvement into Hospital Performance Improvement
- Assessment of minutes from Trauma Morbidity and Mortality and roles of the members of the Trauma Multidisciplinary Committee
- Review of care provided to pediatric patients
- Development and implementation of clinical management guidelines
- Use of trauma registry data for trauma Performance Improvement
- Trauma Program Director's system of credentialing trauma surgeons
- Nursing performance improvement activities
- Multidisciplinary involvement, example, and consistent participation of all team members
- Documentation of issue identification, analysis, corrective action plan, implementation, and loop closure
- Participation in Emergency Medical Services' Performance Improvement
- Assessment of trauma surgeon's involvement in major therapeutic decisions, presence during resuscitations and in the OR
- Review of appropriate neurosurgical and orthopedic response
- Resolution of the deficiencies from last site survey (if applicable)

## **Hospital Tour**

Hospital staff will facilitate a tour of the facility. A scribe will accompany each tour group to assist with documentation. Site surveyors may ask to see the relevant departments and units of the hospital in any order or at any time during the site survey visit. The tour generally follows the review of the facility PI process and past deficiencies. Generally, site surveyors prefer to follow the track trauma patients may take during their experience at the hospital, i.e. the point at the hospital where ambulances deliver trauma patients to the ER, and then route to the OR, ICU, radiology, lab, blood bank, etc. It is recommended that the tour guides be from the same specialty as the site surveyor (i.e., Trauma Surgeon Team Leader and Trauma Medical Director). At the completion of the tour, site surveyors will proceed to the medical record review room.

## Medical Record Review

At least 2 weeks prior to survey selected records must be available for surveyors to review electronically. MSDH staff will assist with selection of records. On the day of survey, hospital administrators must provide sufficient space and resources for the medical record review process. Ideally, two large tables with workspace for the entire team suffice. If the hospital uses electronic medical records, the hospital must provide each site surveyor access to a computer workstation, as well as technical assistance/support/instruction on use of relevant computer software.) Hospital staff, ideally the trauma program registrar will assist surveyors with this process. Trauma program personnel must be **immediately** available to the survey team to provide answers or explanations related to medical records; however, only the survey team will be allowed in the review room.

When asked to respond to a question, please be brief yet thorough. If the question is best answered by another member of your staff, please request the respective staff member to come to the room to respond to the question. If the response is lengthy, please move the discussion to the hallway or another room.

A major segment of the surveyors' day will be dedicated to reviewing patient medical records and corresponding performance improvement documents. Hospitals must facilitate access to required documentation for this process. Site surveyors may not break for lunch. Hospitals should provide refreshments and a working lunch for the site survey team.

## Medical Record Selection

Please have the following charts or patient list if electronic medical records, available for review on the day of survey:

- All deaths, divided by ISS categories (0-9, 10-15, 16-24, >24)
- All TRISS >.5 where there are unexpected deaths (note which records are included in all deaths list)
- All TRISS <.5 where there were unexpected survivors
- All ISS >24 survivors
- All transfers out
- All pediatric trauma admissions
- Registry number and Medical Record number for each patient
- Registry Quick Report for each identified record

Hospitals should also select records for review by the team which reflect exceptional care.

Hospitals must provide PI documents organized in such a manner as to be accessible for review and reference (i.e., partial electronic and partial paper charts should be prepared in a way that the surveyor can determine the care the patient received while in the facility.) For electronic medical records, at least two guest access codes should be available for the site surveyors to use on the day of survey. If the surveyor is unable to adequately review the medical records, it may be necessary to terminate the survey process.

## **Additional Hospital Information for Surveyor Review**

1. All trauma performance improvement reports and minutes must be made available to the survey team. This is not a Health Insurance Portability and Accountability Act (HIPAA) violation; it is a part of the performance improvement process along the continuum of care. Available information includes:
  - Performance indicators/audit filter studies/reports
  - Pediatric audit filters
  - Trended data
  - Deaths
  - Pre-hospital PI
  - Reviews of transfers in and out
  - Morbidities (review of occurrences/complications)
  - Systems issues
  - Specific PI review attached to ALL records required for the survey
2. Trauma program policy and procedure manual
3. Clinical management guidelines (development, implementation)
4. List of physicians on staff (attending and residents) for the period under review
  - List the physicians by specialty (emergency physicians, trauma/general surgeons, orthopedic surgeons, neurosurgeons, anesthesiologists, radiologists, pediatrics, and rehabilitation physicians)
  - Physician credentials
    - Board certification (or eligibility)
    - ATLS certification
    - Trauma/pediatric/burn related CMEs for each trauma team liaison
  - Specific trauma related privileging information
    - Emergency physicians
    - Trauma/general surgeons
    - Orthopedic Surgeons
    - Neurosurgeons (Level I and II Trauma Centers only)
    - Anesthesiologists
    - Radiologists
    - Intensive care unit physicians
5. Trauma Activation Criteria for all levels of activation
6. Documentation of Community Education projects

## **Closing Session**

Hospitals must provide sufficient space for a Closing Session. All required persons noted above are required to be present for the Closing Session. Suggested personnel noted above

are welcome. The Closing Session will provide an opportunity for BACS Staff to review the process for designation, with a special emphasis on the survey report, how it is used in the recommendation process, and the approval process. It should be noted that the State Health Officer (SHO) is ultimately responsible for making the determination on the designation of trauma centers. During the Closing Session the site surveyors will share instances of best practices and opportunities for improvement witnessed during the visit. However, neither BACS Staff nor site surveyors will provide any information on the results of the visit or answer questions. BACS will follow Trauma System Rules and Regulations in completing the processing of the application, survey report and hospital notification.

### **Alternate On-Site Option**

In the event an actual on-site survey visit is not feasible due to an uncontrollable event (i.e., COVID-19 pandemic) BACS may conduct a virtual site survey visit. To facilitate this process MSDH will provide a virtual teleconference environment for the process outlined above and hospitals will:

- Upload all required documentation for the designation application and survey process using MSDH approved software
- Ensure HIPAA compliance for patient protected information shared with MSDH
- Facilitate access to facility resources for no more than 2 BACS Staff
- Provide and/or facilitate mobile hardware equipment (computer or tablet) for use during the virtual visit and during the facility tour
- Provide Wi-Fi access for BACS Staff on-site during the visit
- Facilitate space and equipment required for the alternate on-site option
- Facilitate digital or virtual access for surveyors to any additional documents required on the day of the on-site visit
- Ensure the same hospital personnel required for an actual on-site survey are present virtually for the sessions prescribed above