Critical Elements for a Successful Virtual Re-Verification

Presenter:

Alita C. Pitogo, RN, BSN, CEN, TCRN

Detroit Receiving Hospital

Moderators:

Karla Klas, BSN, RN, CCRP

Michigan Medicine – University of Michigan Trauma Burn Center

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Housekeeping Items

Tips to limit background noise:

Computer Audio

- Please mute your microphone
- Consider using a headset for best sound quality

Telephone Audio

- Please mute your call
- **Please DO NOT put the call on "HOLD"** at any time. Or the entire audience will be serenaded by your organization's HOLD music/message.

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Questions / Chat Box

- Report any technological issues in the chat box
- Type questions into chat box any time during the session
- Questions will be answered at the end, time permitting

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CRITICAL ELEMENTS FOR A SUCCESSFUL VIRTUAL REVERIFICATION

CHALLENGES
MEDICAL RECORD REVIEW

Alita C. Pitogo, BSN,CEN,TCRN
Trauma Program Manager
Detroit Receiving Hospital

Objectives

- To illustrate the difference between in person and virtual reverification
- To provide strategy on how to make virtual reverification seamless
- To emphasize the importance of making assessment of possible flaws and practice the virtual review with your own trauma surgeons

Difference between in Person & Virtual

In person	Virtual
	Pre-review – a week before virtual review
Introduction w/ TMD,TPM, Trauma staff, and Administration	Everyone in one room – Zoom session or Microsoft Team
Review of charts – 2 surveyors	Need 2 zoom sessions, navigator with each surveyors, separate rooms Navigator should be knowledgeable with the charts being reviewed and the trauma PI
PI review	PI stats was fed ex to the reviewers 2 weeks before the review date. Include sign-in sheets from community education/out reach attendance

Difference between in Person & Virtual

In person	Virtual
Research & Publications	Fed ex 2 weeks ahead with the brochures used for education i.e. Trauma symposium last 3 yrs.
TQIP & MTQIP data review	Zoom session
Hospital tour	Done using 2 WOW, stage in each area Ambulance bay, decontamination room, ambulance triage, resuscitation, blood bank, OR, PACU, SICU
Dinner w/ TPM, TMD, trauma liaisons, support ancillary departments for trauma, CEO, COO, CFO, CNO, trauma staff	Done through zoom session in one room, voice enhancer on the WOW and microphone.

Critical Elements

Critical Elements for a successful virtual reverification

- Compliance officer involvement
- Information technology involvement
- Dry runs
- Using trauma staff as navigators

Critical Elements cont.1

- IT personnel remotely shadow the surveyor's PC 2 days before pre-review visit, to make sure they have all the applications needed to open the EMR and view the medical record.

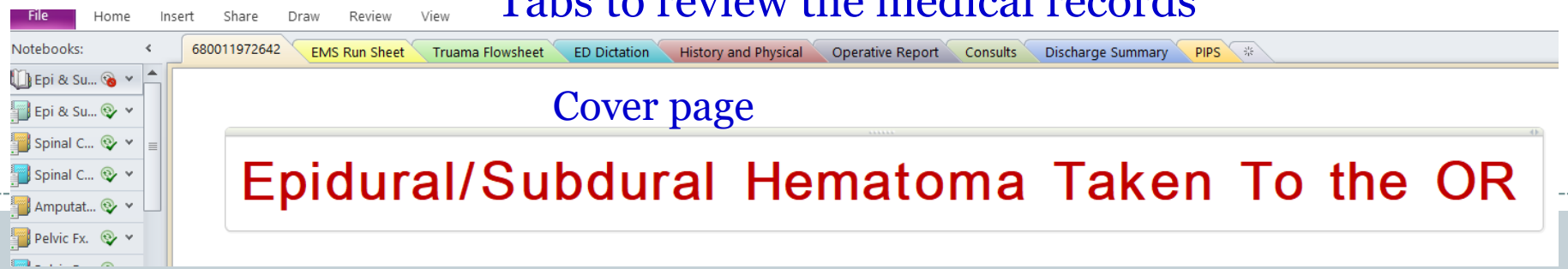
- USB drive for medical record review, meeting minutes, CV and CME for TMD & trauma liaisons, report cards for trauma surgeons.

Critical Elements cont.

- Research publications, 3 months trauma on call schedule, EMS catchment area, Leadership organizational tree – Fed ex to the surveyors 2 weeks before the scheduled virtual reverification
- TQIP report – know by heart
- Gift of Life – organ procurement – organ donors
- Submit your patient list of cases timely

Medical Record Review

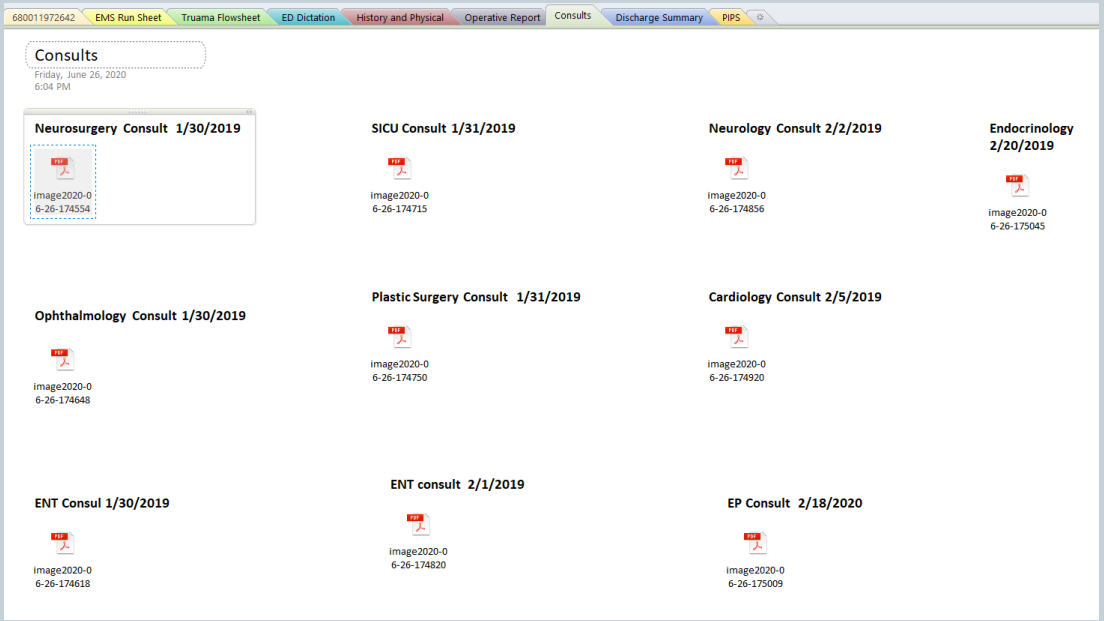
Tabs to review the medical records



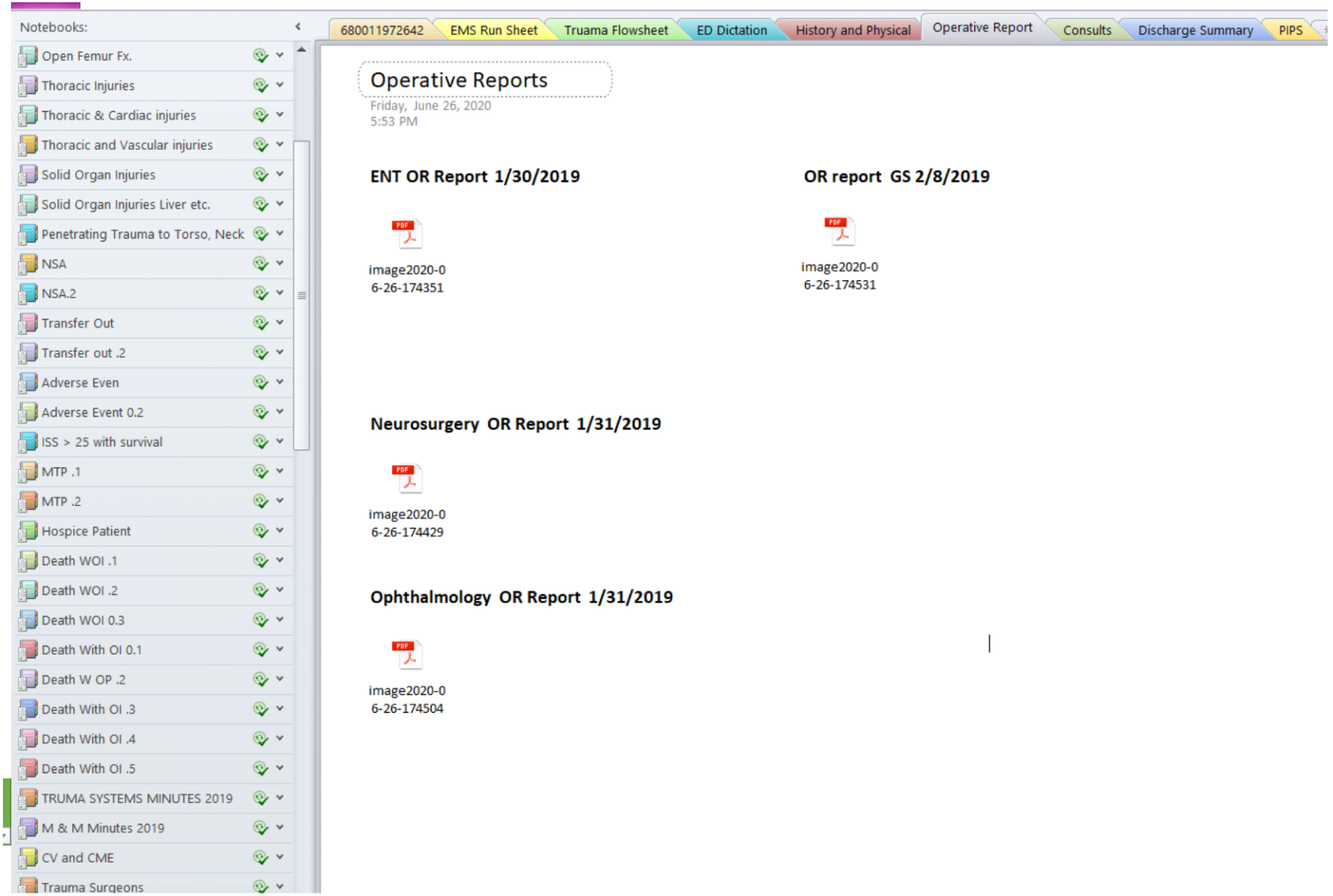
Cover page

Epidural/Subdural Hematoma Taken To the OR

Consult tab arranged by date and service



Documents are saved in a USB drive with a password to open the file


Notebooks:
Open Femur Fx.
Thoracic Injuries
Thoracic & Cardiac injuries
Thoracic and Vascular injuries
Solid Organ Injuries
Solid Organ Injuries Liver etc.
Penetrating Trauma to Torso, Neck
NSA
NSA.2
Transfer Out
Transfer out .2
Adverse Even
Adverse Event 0.2
ISS > 25 with survival
MTP .1
MTP .2
Hospice Patient
Death WOI .1
Death WOI .2
Death WOI 0.3
Death With OI 0.1
Death W OP .2
Death With OI .3
Death With OI .4
Death With OI .5
TRUMA SYSTEMS MINUTES 2019
M & M Minutes 2019
CV and CME
Trauma Surgeons
680011972642
EMS Run Sheet
Truama Flowsheet
ED Dictation
History and Physical
Operative Report
Consults
Discharge Summary
PIPS
Operative Reports
Friday, June 26, 2020
5:53 PM
ENT OR Report 1/30/2019
image2020-0
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OR report GS 2/8/2019
image2020-0
6-26-174531
Neurosurgery OR Report 1/31/2019
image2020-0
6-26-174429
Ophthalmology OR Report 1/31/2019
image2020-0
6-26-174504

Challenges

- Walk around tour in a crowded ED
- Reviewers are in two rooms
- Pre-review sessions
- PI Minutes
- Education, Prevention, Research
- Case/chart reviews each reviewer select their cases

Case Review Sample

Category (see review agenda for additional descriptions)	Unique Hospital Identifier	Age (ONLY list if >80 or <2)	ISS	Was IR used? (Y/N)	Was imaging used? (Y/N)	Mechanism	Injuries	Issues Identified	OR (Y/N)	Notes	Length of Stay	Peer Reviewed (Y/N); If yes, what level?	Loop Closure (Y/N)

Abdominal & Thoracic injuries

- Total of 10 charts with a minimum of 2 charts from each of the subcategories.

Subcategories: Thoracic or cardiac injuries

Age ISS Was IR used? (Y/N)

Was imaging used? (Y/N)

Mechanism of injury

Injuries identified

Issues Identified

OR (Y/N)

Notes

Length of Stay:

Peer Reviewed (Y/N); If yes, what level?

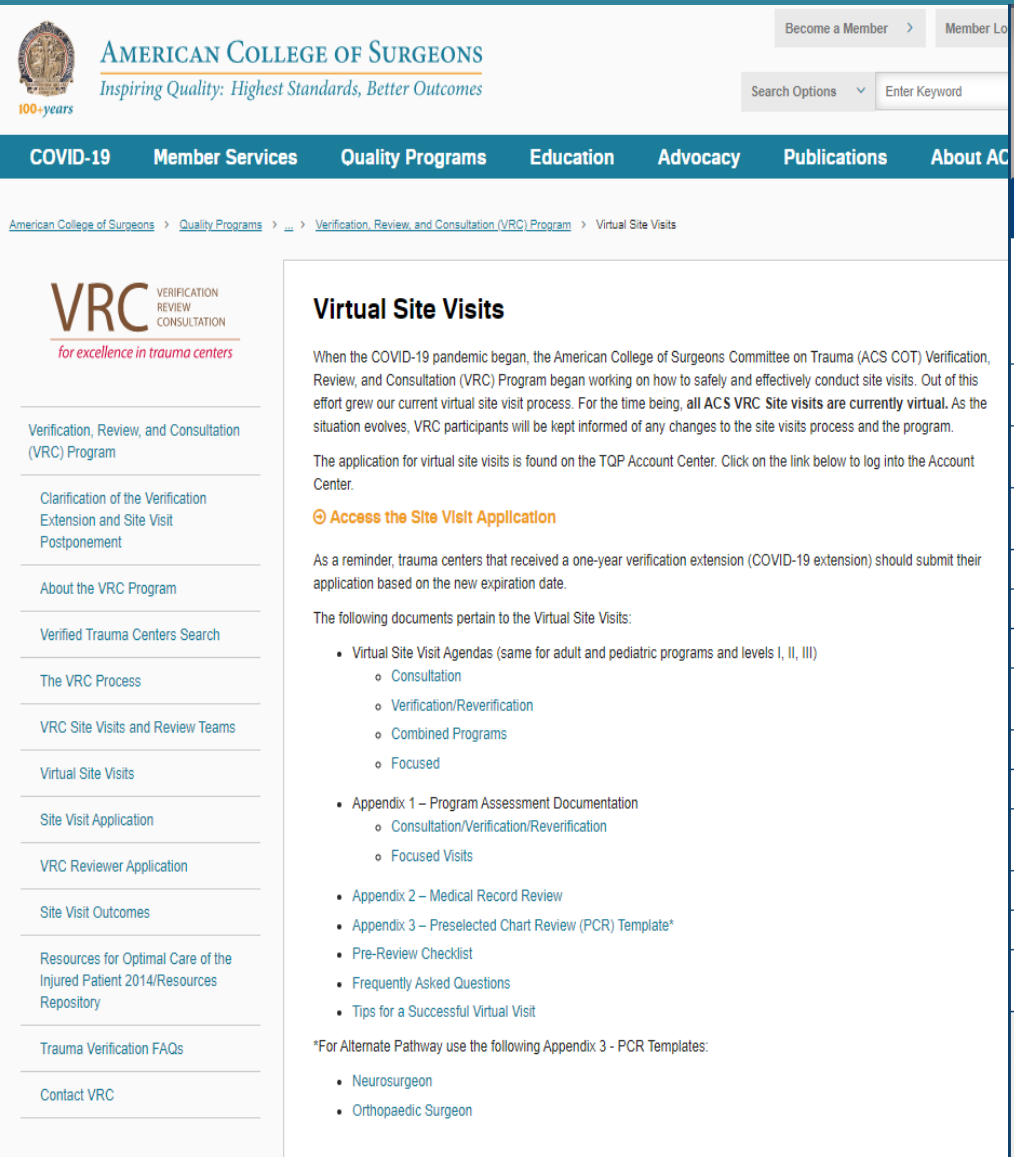
Loop Closure (Y/N)

Sessions with trauma liaisons and other ancillary department

- Make sure you have a microphone
- Voice enhancer on your PC/WOW
- Identification tag on each of the participants

  Example: Dr Brown – ortho liaison
- You need a back up on everything
- Available runner

Questions?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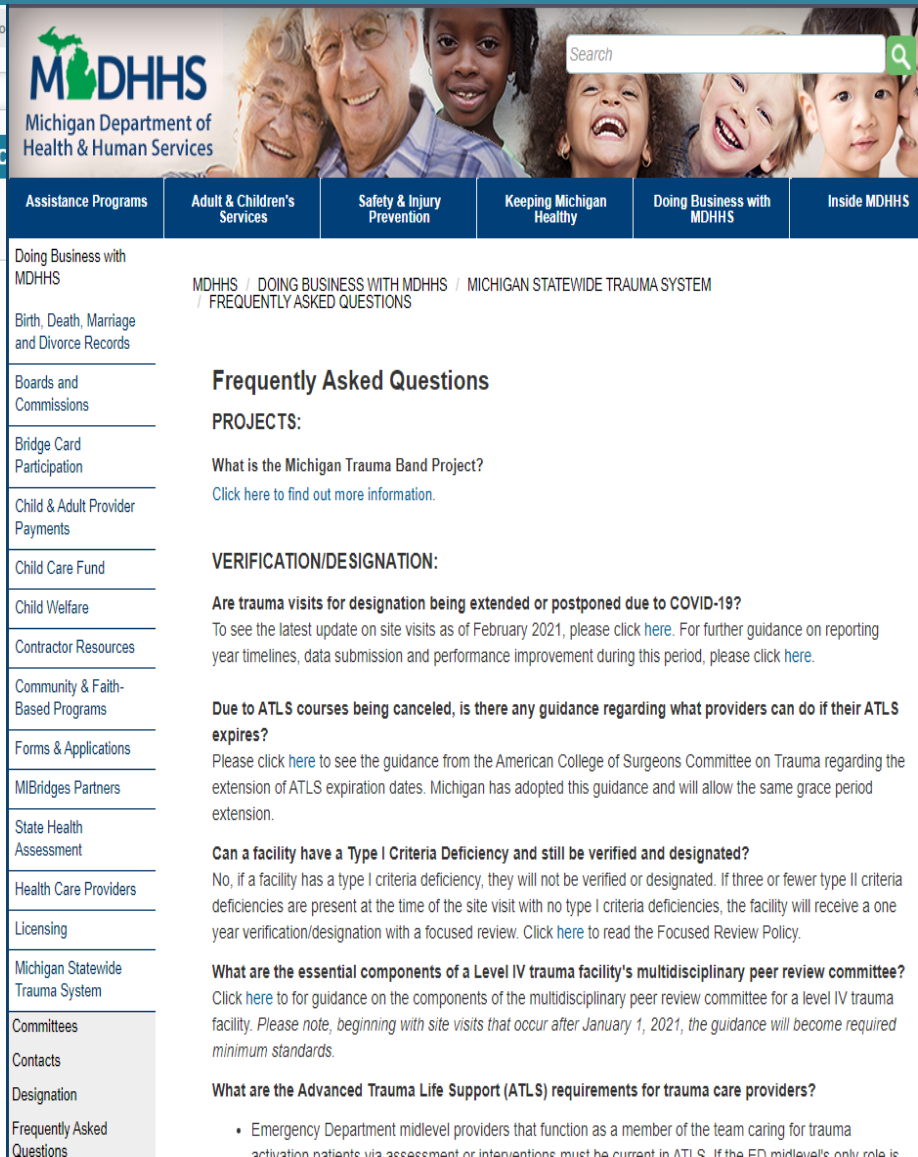
VRC VERIFICATION REVIEW CONSULTATION
for excellence in trauma centers
Verification, Review, and Consultation (VRC) Program
Clarification of the Verification Extension and Site Visit Postponement
About the VRC Program
Verified Trauma Centers Search
The VRC Process
VRC Site Visits and Review Teams
Virtual Site Visits
Site Visit Application
VRC Reviewer Application
Site Visit Outcomes
Resources for Optimal Care of the Injured Patient 2014/Resources Repository
Trauma Verification FAQs
Contact VRC
Virtual Site Visits
When the COVID-19 pandemic began, the American College of Surgeons Committee on Trauma (ACS COT) Verification, Review, and Consultation (VRC) Program began working on how to safely and effectively conduct site visits. Out of this effort grew our current virtual site visit process. For the time being, all ACS VRC Site visits are currently virtual. As the situation evolves, VRC participants will be kept informed of any changes to the site visits process and the program.
The application for virtual site visits is found on the TQP Account Center. Click on the link below to log into the Account Center.
Access the Site Visit Application
As a reminder, trauma centers that received a one-year verification extension (COVID-19 extension) should submit their application based on the new expiration date.
The following documents pertain to the Virtual Site Visits:
Virtual Site Visit Agendas (same for adult and pediatric programs and levels I, II, III)
Consultation
Verification/Reverification
Combined Programs
Focused
Appendix 1 – Program Assessment Documentation
Consultation/Verification/Reverification
Focused Visits
Appendix 2 – Medical Record Review
Appendix 3 – Preselected Chart Review (PCR) Template*
Pre-Review Checklist
Frequently Asked Questions
Tips for a Successful Virtual Visit
*For Alternate Pathway use the following Appendix 3 - PCR Templates:
Neurosurgeon
Orthopaedic Surgeon


MDHHS
Michigan Department of Health & Human Services
Search
Assistance Programs
Adult & Children's Services
Safety & Injury Prevention
Keeping Michigan Healthy
Doing Business with MDHHS
Inside MDHHS
Doing Business with MDHHS
Birth, Death, Marriage and Divorce Records
Boards and Commissions
Bridge Card Participation
Child & Adult Provider Payments
Child Care Fund
Child Welfare
Contractor Resources
Community & Faith-Based Programs
Forms & Applications
MIBridges Partners
State Health Assessment
Health Care Providers
Licensing
Michigan Statewide Trauma System
Committees
Contacts
Designation
Frequently Asked Questions
MDHHS / DOING BUSINESS WITH MDHHS / MICHIGAN STATEWIDE TRAUMA SYSTEM / FREQUENTLY ASKED QUESTIONS
Frequently Asked Questions
PROJECTS:
What is the Michigan Trauma Band Project?
Click here to find out more information.
VERIFICATION/DESIGNATION:
Are trauma visits for designation being extended or postponed due to COVID-19?
To see the latest update on site visits as of February 2021, please click here. For further guidance on reporting year timelines, data submission and performance improvement during this period, please click here.
Due to ATLS courses being canceled, is there any guidance regarding what providers can do if their ATLS expires?
Please click here to see the guidance from the American College of Surgeons Committee on Trauma regarding the extension of ATLS expiration dates. Michigan has adopted this guidance and will allow the same grace period extension.
Can a facility have a Type I Criteria Deficiency and still be verified and designated?
No, if a facility has a type I criteria deficiency, they will not be verified or designated. If three or fewer type II criteria deficiencies are present at the time of the site visit with no type I criteria deficiencies, the facility will receive a one year verification/designation with a focused review. Click here to read the Focused Review Policy.
What are the essential components of a Level IV trauma facility's multidisciplinary peer review committee?
Click here to for guidance on the components of the multidisciplinary peer review committee for a level IV trauma facility. Please note, beginning with site visits that occur after January 1, 2021, the guidance will become required minimum standards.
What are the Advanced Trauma Life Support (ATLS) requirements for trauma care providers?
Emergency Department midlevel providers that function as a member of the team caring for trauma