FROM A SURVEYOR'S PERSPECTIVE

2024 CTN Winter Conference

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Take the time

- Survey teams have 2 Weeks to survey your program
- Google Folders or shared drives matter!
  - Organization is key!

Name | Status

- 1. Administrative
- 2. Application
- 3. Community Outreach and Injury Prevention
- 4. Data Reports
- 5. Guidelines
- 6. Medical Record Review
- 7. Physician Credentialing and Call Schedules
- 8. PIPS
- 9. Trauma Service

Think about what's required

- And what shows your program off.
  - Remember, the survey team only sees part of your program. Take credit for what you do!!
- Consider organization
  - Make it make sense – org charts and job descriptions into an admin folder
  - Guidelines should all be in one folder
  - Physician credentialing should be organized by specialty- have a spreadsheet for easy reference!
  - PI projects

Medical Record Review

- Organize them by reviewer
- Title the folders so their easily identified- maybe even include category they're in.
- ORGANIZE those charts.

OneDrive > Wendy - Personal > Desktop > St Awesome Hospital, Colorado > 6. Medical Record Review

Sort View

Name	Status	Date modified	Type	Size
ED Physician		11/21/2024 5:19 PM	File folder	
Nurse Reviewer		11/21/2024 5:19 PM	File folder	
Trauma surgeon		11/21/2024 5:19 PM	File folder	

OneDrive > ... Desktop > St Awesome Hospital, Colorado > 6. Medical Record Review > Nurse Reviewer

Sort View

Name	Status	Date modified	Type	Size
Patient A		11/21/2024 5:21 PM	File folder	
Patient B		11/21/2024 5:20 PM	File folder	
Patient C		11/21/2024 5:21 PM	File folder	
Patient D		11/21/2024 5:21 PM	File folder	
Patient E		11/21/2024 5:21 PM	File folder	

Chart Organization

- Follow the patient experience. Start at the beginning!
- Include all of your PI on the case – AND EVENT RESOLUTION!
- Label all things similarly chart to chart.
  - Cxray versus Chest X-ray
  - An EMS Run Sheet is an EMS Run Sheet
- Include committee minutes
- Include applicable data
- MINIMIZE CLICKING IN AND OUT OF FOLDERS WHEN POSSIBLE

: required documentation (components) listed below must be bookmarked and labeled/indexed to :h medical record selected by the lead reviewer in the following chronological order:

1) Patient's medical record face sheet
2) PIPS materials
   - Documentation of each level of review (with date) with supporting information (timelines, etc.) with this case highlighted if multiple cases are present
   - Must include documentation of completed/closed loop closure
3) Prehospital
   - To outside hospital (if applicable)
   - To trauma center
4) Trauma flow sheet (or ED documentation if not TTA)
5) MTP summary (count of products including cryo)
6) ED physician note
7) Trauma H&P
8) Consultation notes (for specialist consulted in first 12 hours)
9) Operative notes within anesthesia sheet (for procedures in first 48 hours)
10) Imaging reports* (for studies within first 12 hours)
11) Child protective services consult (peds only)
12) Discharge summary
13) Autopsy report, if applicable
14) Copy of the guidelines/protocols followed to care for the injured trauma patient, e.g. MTP activation, trauma team activation, neurosurgery/orthopaedic surgery (if applicable), organ procurement, etc. **(Refer to APPENDIX 1 – VERIFICATION or FOCUSED VISIT DOCUMENTATION REQUIREMENTS)**

*Physician progress notes ai are not required to be scanr in advance. They may be rec during the virtual site visit u reviewers' request.

Consider the ACS formating

Freaking out? Need help?

- Breathe.
- PHONE A FRIEND!!

The more organized you are…

- The more put together and complete your program seems.
- The more information I have at my fingertips prior to survey, the less questions I ask.

- Be succinct and be purposeful- YOU GOT THIS!
- Be clear in your application answers- YOU KNOW THIS!
- Be thoughtful in your organization of your online platform.
- Consider a tip sheet to show us how you put things together, or a road map to your folders.
- Make sure you've read through the scoring tool AND the rules!

For all that you do, EVERYDAY, for our trauma patients.