Michigan Medicine Visit

September 1 & 2, 2021

UM Verification

- Submit PRQ and get virtual date
- Preselected Chart Review (PCR) Template
  - Submit to lead reviewer 30-days prior (early)
  - Get list back of 20-25 charts by reviewer in 7 days
  - Preload charts (we had 2 weeks)
- Choose and arrange software
  - Dropbox (secure file share)
  - Zoom (videoconference)

Pre-review call

- Schedule as early as possible
- 7 days prior to visit
- TMD, TPM, navigators, coordinator
- Reviewers
- Listen to their preferences
  - We were asked to combine some pdf’s
- Try out tour
  - 2 laptops and web cams

Charts

- Due 7 days prior to visit **
- Organize by # and label (1 PI Form, 2 Registry Summary, etc.)
- The PI/Event Resolution Form (TOPIC) is extremely helpful
- Progress notes 1-2 day prior, day of, and 1-2 day post adverse event
- Combined radiology studies into one pdf
- Will also be submitting documents in Appendix 1

University of Michigan / Trauma Verification 2020 FINAL / Appendix 1 - Site Visit Documentation (1)

Upload | Create | Follow | ...

Name ↑

- Administrative
- Community Outreach
- Neurosurgery
- Orthopaedic Surgery
- Performance Improvement and Patient Safety (PIPS)
- Radiology
- Trauma Registry
- Trauma Service

University of Michigan / 2020 Trauma Verification / Appendix 1 - Site Visit Documentation / Performance Improvement and Patient Safety (PIPS)

Upload | Create | Follow | ...

Name ↑

- PIPS Initiatives
- PIPS Meeting Attendance
- PIPS Plan
- TQIP Reports
- Trauma PIPS meeting minutes

Virtual Visit

- One Zoom on for entire time
- Second Zoom for Reviewer 2
- Agenda
- Cell phones
- Rehearse
- Tour
  - Split up and leapfrog to avoid transfer delay
  - Coordinator
- 85% of visit was done prior to 2-day VRC review

VIRTUAL VISIT AGENDA

The site visit process will last approximately 12 hours over the 2-day period. Do not create your own agenda. We ask that you follow the agenda provided below. **All times are estimated and based on the trauma center's local time.**

Day 1			
Times	**Agenda**	**Requirements**	**Attendees**
8:00 am - 8:30 am	**Introductions**	• Introduce essential personnel. • Review logistics for virtual review process. • Provide brief presentation on the structure of the trauma program, e.g. electronic medical record (EMR) and PI Plan/process.	• Trauma medical director (TMD) • Trauma program manager (TPM) • Trauma registrar • Performance improvement (PI) coordinator (if applicable) • Hospital administrator (CEO or equivalent) • Navigators • Onsite logistics coordinator • State/EMS designating representative (if applicable)

8:30 am - 12:30 pm	**Medical Record Review**
	
	(Reviewers may break as needed during this period)
		• Provide separate videoconferencing calls or breakout rooms for each reviewer to conduct medical record review separately.
		• Assign navigators that are familiar with the trauma patients, EMR, and supporting PI documentation for each reviewer to assist with chart review and all sessions.
		• Provide patient medical record information in the Pre-selected Chart Review template (for reviewer to select patient charts refer to Appendix 2 and 3).
		• Ensure medical records are based on the reporting period consistent with pre-review questionnaire (PRQ).
		• Provide a chart summary or report for each medical record selected (refer to Appendix 2).
		• Provide access to the following:
		  ○ Radiology images
		  ○ EMR
		  ○ PI documentation and supporting standards documentation
		• Conduct the Alternate Pathway Candidate Review (if applicable).
		  ○ 30-minute meeting with the Alternate Pathway Candidate
			• TMD
			• TPM
			• Trauma registrar
			• PI coordinator (if applicable)
			• Alternate Pathway Candidate (if applicable)
			• Navigators
			• Onsite logistics coordinator
			• State/EMS designating representative (if applicable)

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

ACS VRC Virtual Visit – Michigan Medicine Adult Trauma Program

Wednesday, September 1		Thursday, September 2	
8:00am-8:30am	Introductions	8:00am- 9:30am	Hospital Tour
8:30 am-12:30pm	Medical Record Review	9:30am-9:45am	Trauma Medical Director
1:30 pm-2:00 pm	ACS/TQIP MTQIP Report Review	10:00am-10:30am	Trauma Program Managers
2:00 pm-3:00 pm	Review of Program Documents	10:30am-10:45am	Trauma Medical Director & Program Managers
3:00 pm-5:00 pm	Review Meeting (previously dinner)	10:45am-11:00am	Reviewers only - Closed Meeting
		11:00am-12:00pm	Exit Interview

Day 1: Wednesday September 1, 2021

8:00am-8:30am INTRODUCTIONS
Link: https://umich.zoom.us/j/91602164609
Password: Trauma

- Introduce essential personnel.
- Review logistics for virtual review process.
- Provide brief presentation on the structure of the trauma program, e.g. electronic medical record (EMR) and PI Plan/process.

ACS VRC		
Position	**Name**	**Cell**
Primary Reviewer		
Second Reviewer		
Michigan Medicine		
Position		
Trauma Medical Director		
SICU Director		
Trauma Program Manager		
Trauma Program Manager		
Trauma Registrar		
Trauma Registrar		
PI Coordinator/MTQIP Clinical Reviewer		
Hospital Administrator		
Navigator		
Onsite logistics coordinator		

Day 1: Wednesday September 1, 2021

8:30am-12:30pm MEDICAL RECORD REVIEW (Lead)
Link: https://umich.zoom.us/s/93715691490
Password: N/A

- Provide separate videoconferencing calls
- Chart review
- Assign navigators familiar with the trauma patients, EMR, and supporting PI documentation for each reviewer.
- Provide a chart summary or report for each medical record selected (refer to Appendix 2)
- Provide access to the following:
  - Radiology images
  - EMR
  - PI documentation and supporting standards documentation

ACS VRC		
Position	**Name**	**Cell**
Primary Reviewer		
Michigan Medicine		
Position		
Trauma Medical Director		
Trauma Program Manager		
Trauma Registrar		
Navigator		
Onsite logistics coordinator		

Day 1: Wednesday September 1, 2021

8:30am-12:30pm, MEDICAL RECORD REVIEW (Secondary)
Link: https://umich.zoom.us/j/91602164609
Password: Trauma

- Provide separate videoconferencing calls
- Chart review
- Assign navigators familiar with the trauma patients, EMR, and supporting PI documentation for each reviewer.
- Provide a chart summary or report for each medical record selected (refer to Appendix 2)
- Provide access to the following:
  - Radiology images
  - EMR
  - PI documentation and supporting standards documentation

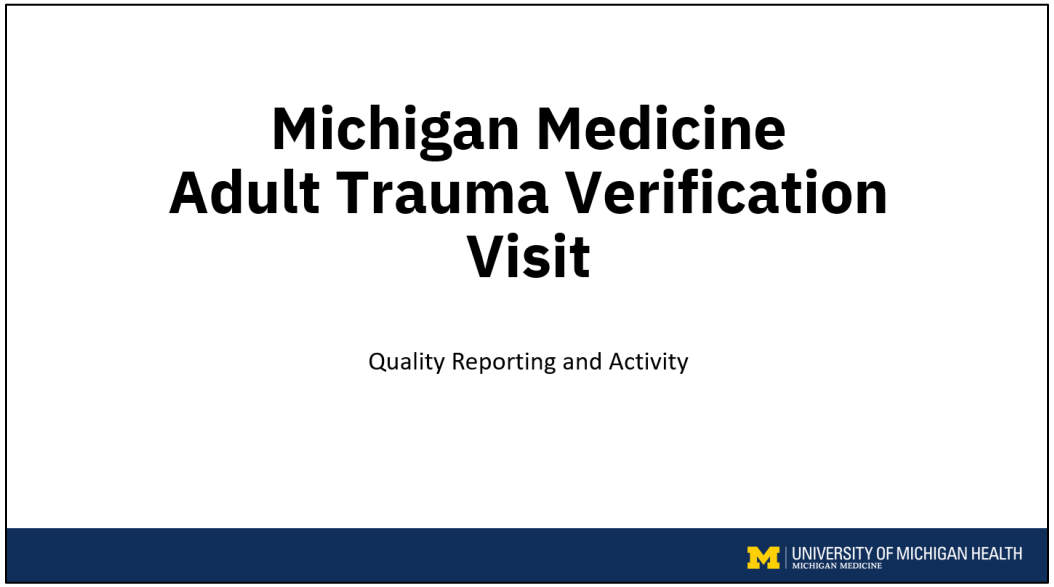
ACS VRC		
Position	**Name**	**Cell**
Second Reviewer		
Michigan Medicine		
Position		
SICU Director		
Trauma Program Manager		
Trauma Registrar		
Navigator		
Onsite logistics coordinator		

TMD

- List of charts with notes
- Key documents in a folder on my computer
- UM ACS Summary
  - People
  - Physical Footprint
  - Quality
  - Programs
  - Progress on opportunities for improvement

TMD

- List of charts with notes
- Key documents in a folder on my computer
- UM ACS Summary
- ACS TQIP / MTQIP presentation



TMD

- List of charts with notes
- Key documents in a folder on my computer
- UM ACS Summary
- ACS TQIP / MTQIP presentation
- PIPS initiatives summary

PIPS Initiatives Reporting Year 2020

EMS activation PI

One system process improvement effort completed during the reporting year was development and implementation of EMS activation criteria for trauma activation from the field. In collaboration with EMS providers and the adult and pediatric trauma teams of the level one trauma centers within our medical control authority, criteria were developed to allow EMS providers to activate the trauma system directly from the field for Class 1 and 2 trauma patients. These criteria are based on anatomic and mechanistic criteria endorsed by the American College of Surgeons. After review and revision at medical control authority meetings, and education to EMS providers and local ED providers, these criteria have been implemented to great success. A full description of this process improvement project will be available on site for further review.

Trauma Cart

An additional system process improvement effort completed during the reporting year was development and implementation of a specialized trauma cart for use during trauma resuscitation in the Emergency Department. This cart supplies nearly all the equipment necessary for high level trauma resuscitation in a single location for the team. A multi-disciplinary team from the trauma service, the ED, the OR, and material service met and developed the supplies for the cart and developed a system for daily checks and resupply when used. After discussion in our Trauma Quality of Care committee meetings and education to the Acute Care Surgery and ED teams the cart was introduced into care and has been met with great success during trauma resuscitation. A full summary of this process will be available on site for further review.

Staged approach to small bore feeding tube placement in the ICU

One system improvement generated as a result of multi-disciplinary patient review was a staged approach to small bore feeding tube placement in the ICU. An elderly patient suffered the unfortunate complication of a pneumothorax during feeding tube placement that progressed to acute respiratory failure and ultimately transition to comfort care. A protocol has been developed and implemented that incorporates the use of portable X-ray to confirm intra-esophageal tube placement prior to further advancement to prevent pulmonary injury. Since implementation no further patient care complications have been encountered. A full review of this process improvement effort will be available to the site reviewers at the time of the site visit.

Emergent Transfer from VA Hospital Protocol

An additional system improvement completed following multi-disciplinary patient review was the development of an emergent transfer protocol for patients presenting to the local Veteran's Administration ED following traumatic injury. The recommendations specifically address patients with delayed presentation following injury as local EMS protocols specifically exclude the VA when trauma criteria are met in the field. This protocol was developed after a patient with a high grade splenic injury presented to the VA by private vehicle 4 days after injury. The protocol-developed in conjunction with the surgical staff of the VA and Michigan Medicine endorses the preferential triage of patients to Michigan Medicine for surgical evaluation and requires any patient being admitted to the VA following traumatic injury be evaluated by surgery at VA prior to admission. A full review of this process will be available to the site reviewers at the time of the site visit.

ED blood transfusion/trauma pack algorithm

A new algorithm was created for emergent blood transfusion for trauma patients in the ED. Retrieving pre-arrival trauma packs from the blood bank is reserved for patients with penetrating truncal injury, hypotension/cardiac arrest, and those receiving blood transfusion during transfer. All other patients begin transfusion therapy -when necessary- using blood available in the ED blood bank. When requesting emergency blood products from either the blood bank or ED lab, staff are required to use the pink emergency transfusion form (available in all resuscitation bays). The form includes, at minimum, the patient's age and gender and when available a patient registration sticker. If patients require more than 2U PRBC/2U FFP the trauma chief communicates to the blood bank- via the trauma radio- the initiation of the massive transfusion protocol and a trauma pack will be retrieved from the blood bank. When massive