**PARAMEDIC TRAUMA RECEIVING CENTER SURVEY/RESURVEY**

I. AUTHORITY:

*California Code of Regulations, Title 22, Division 9, Chapter 7, Trauma Care Systems. Health and Safety Code, Division 2.5, Sections 1798.163 and 1798.165.*

II. APPLICATION:

This policy defines the process for surveying applicant facilities responding to a Request for Proposal for Orange County Paramedic Trauma Receiving Center designation and to resurveys of designated Orange County Paramedic Trauma Receiving Centers.

III. DEFINITIONS:

*California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100248. "**Trauma Center**" or "**designated trauma center**" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV trauma center and/or Level I or II pediatric trauma center by the local EMS agency, in accordance with Articles 2 through 5 of this Chapter.*

"**Facility Application**" means a proposal submitted by the facility's administrator to the OCEMS in response to an OCEMS Request for Proposal for Paramedic Trauma Receiving Center (PTRC) services.

"**Facility's Portfolio**" means an OCEMS file which may consist of copies of prior survey team reports for the PTRC, copies of correspondence to/from the facility, and copies of letters/documentation of commendation and/or complaints relevant to the current evaluation time period.

IV. GENERAL:

A. Survey Documents

OCEMS PTRC criteria and checklist, facility's application and letters of commitment, quality assurance form for review of selected patient charts, facility's portfolio and, when applicable, American College of Surgeon's (ACS) Questionnaire and Hospital Resources Checklist.

B. Survey Committee
The ACS Committee on Trauma Verification or the OCEMS survey committee shall include:

1. Site Survey Team

The OCEMS shall contact the ACS or prospective survey team members to schedule the facility survey. The survey team members should include, at least:

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2 Surgeons ) Individuals knowledgeable in

1 Emergency Department Physician ) trauma care systems from
1 Trauma Nurse Coordinator, and ) outside of the County

Additional medical professionals, including neurosurgeons, orthopedic surgeons or others, as recommended by the Facilities Advisory Subcommittee and/or approved by the OCEMS.

2. OCEMS Staff

   OCEMS staff shall not actively participate in the review process, but shall serve as resource persons to the team.

C. Patient Chart Selection

Criteria for selection of patient charts shall be determined by the ACS, or shall include charts selected by the OCEMS medical director as follows:

1. Medical charts as identified by the survey team through review of the facility's Mortality and Morbidity minutes for the period of evaluation.

2. OCEMS staff, for the identified period of time (the period of time for selecting minimally 130 consecutive facility charts), shall review from the OCEMS computer printout and select for review those charts meeting the following criteria:

   a. Traumatic deaths
   b. Pelvic fractures
   c. Open fractures
   d. Fractures/arterial injuries
   e. Traumatic coma, epidural and subdural hematomas
   f. Chest injuries, including thoracotomies
   g. Abdominal injuries, including liver lacerations
   h. Multiple injuries
   i. Pediatric injuries
   j. Transfers in and out of the facility
   k. Spinal fractures
   l. Injury Severity Score $\geq$ 30

3. The facility will be requested by the OCEMS in writing at least one (1) week prior to the scheduled survey to have available for the site survey team those charts as identified by the process described above.

D. Confidentiality

*All proceedings will be confidential under California Evidence Code 1157.7.*

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V. PROCEDURE:

A. Facility Notification

The OCEMS shall by registered mail notify the facility administrator of the date of the survey 45 calendar days prior to survey. The notification packet shall minimally include:

1. The survey criteria checklist and quality assurance forms.
2. The facility's portfolio documents.
3. The names and affiliations of survey team members.
4. The designation fee.

Should the facility choose to challenge committee members due to substantiated evidence of prejudice or conflict of interest, the facility must submit written evidence to the OCEMS office within 5 days of receipt of the OCEMS notification.

B. Facility Survey

The facility, at the designated time, and place, shall make available to the survey team (1) its annotated criteria checklist with appropriate documentation and (2) requested patient medical charts.

Documentation shall minimally include current facility operational policies, personnel records, and schedules, minutes, attendance sheets, etc.

C. Survey Team Review

1. A pre-conference may be held by the ACS and/or the OCEMS with team members to review the facility's portfolio, proposal, letter of commitment and checklist, and to assign areas of responsibility.

2. An opening conference may be held with team members and the administrator to review the survey process and answer questions on the scope of materials to be covered. (To be taped; tapes shall be held for at least two years and may be presented in a formal hearing, if contested.)

3. The survey team will physically review the facility's adherence to the ACS and/or OCEMS criteria and review patient charts selected by the ACS or OCEMS.

4. The survey team will convene a post conference to discuss, evaluate, and compile any criteria deficiencies and concerns.

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5. The survey team leader will chair an exit conference with appropriate hospital representatives to review deficiencies and concerns, to clarify questions, and to accept additional documentation. (NO SURVEY DOCUMENTATION WILL BE ACCEPTED FOLLOWING

THE EXIT CONFERENCE.) (To be taped; tapes shall be held for at least two years and may be presented in a formal hearing, if contested.)

D. Survey Team Summary Report

The ACS or OCEMS, within 30 working days of the survey, shall prepare a summary report of the team's review, noting documented deficiencies and concerns, for signature by team members.

E. Designation Decision Notification

The OCEMS medical director shall forward via registered mail a letter of notification, including the Summary Report, to the facility within 60 days of the survey and, if appropriate, designate the facility to receive trauma patients for an identified period of time.

VI. DESIGNATION DENIAL APPEAL PROCESS:

The process for appeal of designation denial following resurvey, or designation with condition(s) following resurvey, is set forth in OCEMS Policy and Procedure #640.00.

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