# Lessons Learned from the Grey Book ACS Survey

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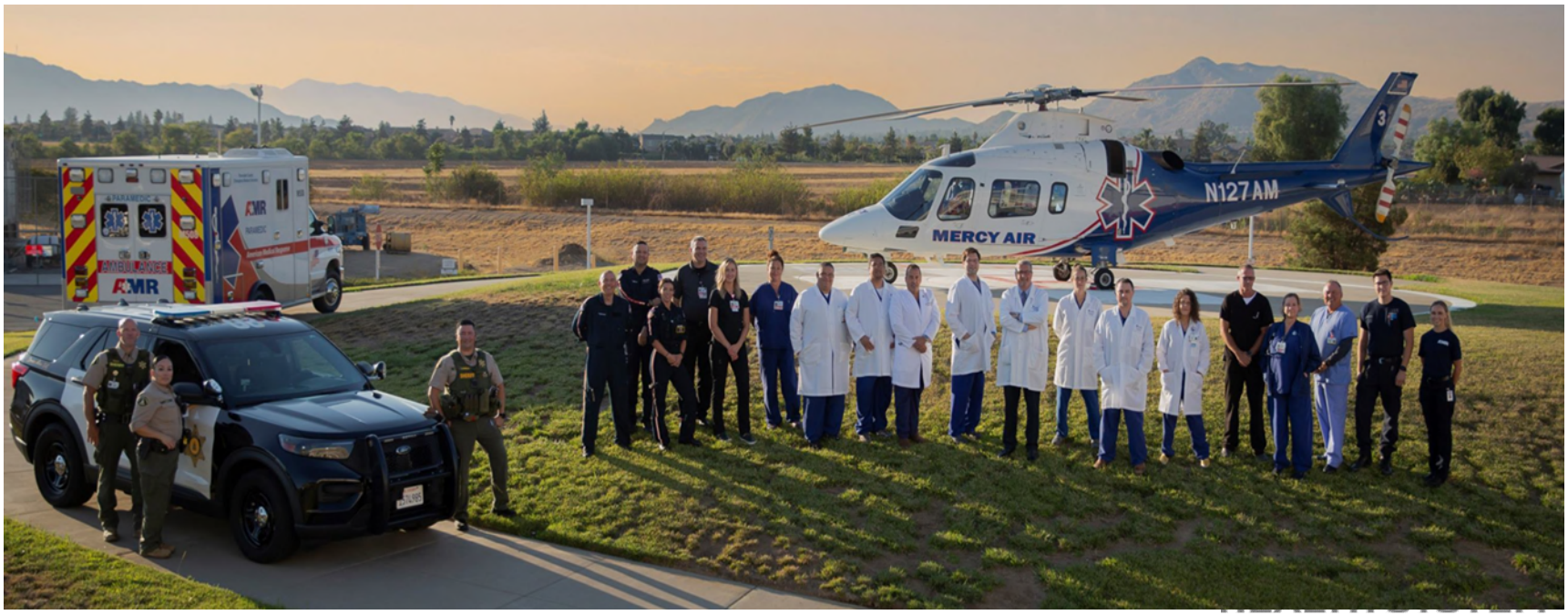
# Disclosures

- None
- This presentation is our center's experience with the verification process.



# RUHS

- Level 1 Adult ACS verified/REMSA designated trauma center
- Level 2 Pediatric REMSA designated trauma center
- Approx. 3650 traumas annually
- 11 Trauma/SICU Surgeons
- 10 APPs
- 1 Adult TPD
- 1 Pediatric TPA
- 1 Injury Prevention Coordinator
- 17 Trauma Nurses
- 8 FT RN Registrars/1 PD RN Registrar
- 3 PI Nurses

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# Preparation

- Application – 13-15 months out
- Gap analysis with every other week meetings moving to weekly
- Q Port
- PRQ – Final PRQ 66 pages + over 300 documents that included call schedules, proof of participation, disaster drills and meetings including Ortho liaison, credentialing letters, TPM/TMD CEUs/CMEs, policies/guidelines, procedures, roles/responsibilities, spreadsheet templates, registrar requirements, PI, Geriatric, Pediatric readiness assessment, and much more.
- Pre-review checklist with dates

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# Timeline

- Timeline – Try to submit earlier than minimum
- PRQ 45 days before minimum
- Find your charts throughout the survey year
- Pre-review call to ensure surveyors can access your platform and navigate your files and send sample medical record prior to call
- Chart selection template and facesheet
- Requires Adobe and tabs (start early)
- Upload to secure share system (Sharepoint)
- Tour – pre-position devices in areas and check sound, microphones, wifi
- **Asked for floorplans with distances

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# Agenda

- Introductions – Brief powerpoint including PI plan/process and findings from previous survey along with actions
- Medical record review – ensure navigators are familiar with files, ensure PI is extensive and all documentation is included, carefully prepare chart summaries
- TQIP report data review – reviewers already had reports…
- Review of Program documents – asked questions regarding research and if any issues with call schedules, injury prevention presentation
- Review meeting – went standard by standard including any that addressed liaison services especially NSX, Ortho, IR response times, asked Anesthesia coverage for ORs, etc.
- Tour – standard questions (disaster, decon, trauma bay, blood bank, OR, ICU)

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# Standards

- Level 1 centers – Ortho liaison on disaster committees (2.3)
- OR staffing, Anesthesia staffing – ensure policy clearly states Anesthesia coverage and availability (3.1, 3.2, 4.13)
- Referring hospital remote image capability (4.14)
- IR within 60 minutes of consult for hemorrhage control (4.15)
- Call schedules for all surgical specialty services essentially (4.21, 4.22, 4.23, 4.24, 4.25)
- (4.26) Medical Specialists – Narrative on how you meet standard. Call schedules if asked
- Physiatry (4.26) – 7 days per week…
- CAISS (4.32)

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# Standards (cont.)

- (5.10) Pediatric Readiness
- Ortho/NSX response times (5.17, 5.21)
- Mental health screening along with alcohol misuse and intervention (5.29, 5.30, 5.31)
- Data quality plan** (6.1)
- Trauma registry closure status (6.2, 6.3)
- Loop Closure (7.3)
- TQIP OFIs/plan (7.4)
- Prehospital care feedback (7.10) – Image Trend allows bi-directional flow of feedback
- Various contingency plans in writing

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# OFIs

- Terminology now
  - 1. Non-compliance with standards
  - 2. Opportunities for improvement
- IR
- SICU
- NSX/Ortho Response Times
- Registry closure status
- PIPS – Discussion details, all inclusive, liaison responses
- ED/ICU/PACU Nursing Education

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