NASEMSO Level IV Survey Process Query

For those of you with Level IV trauma centers, I would appreciate knowing how your designation/accreditation process differs from your process with higher levels. Here in PA we do on-site surveys using an almost identical survey day format for Level IV centers as with higher level centers and at the same frequency. Only the number of surveyors is less (2 rather than 3). Our application is also abbreviated. Our Board of Directors reviews the surveyor materials and makes the final approval.

We are looking into potentially eliminating or reducing on-site visits and instead having the hospital show evidence of compliance on "paper" with an out-of-hospital meeting.
Question asked February 2016

Colorado
My two cents, plus a bit more is: Run away from that idea! Sprint in the opposite direction!

Virtually everyone in this business starts each day wanting to do a good job and take good care of patients. Thus, everyone can attest to doing what they think is the right thing. It is only when you look at their charts that you can tell whether they know what the right thing is or whether they are just plain clueless (and you really hope that you never have to take your pet to that facility, much less a person you love.)

I don't think anything substitutes for chart review along with a review of their PI process. Probably more than you bargained for...

Delaware
Delaware is also an ACS state but we do our own Level 4 visits with 1 out-of-state ED physician reviewer, myself, and the chairperson of our Trauma System Designation Committee. The process mirrors the ACS process but with an abbreviated PRQ and a 4 hour site visit where we quickly look at everything from equipment and staff to charts and PI program. We do the visits every 3 years. Early on we did have a couple times where one of our Level 4's only got 1 year designation until they fixed some things. We use the old ACS blue book criteria for Level 4's and have incorporated those criteria into our regs. Right now we have 2 Level 4's that want to move up to Level 3's and hopefully we have given them a good taste of the review process over the years so that they can prepare effectively. We are still recommending an ACS consultation visit as part of their preparation.

Georgia
Georgia does designate IV's and we use the ACS criteria. Our team consist of a Trauma Surgeon, ED Physician and Trauma Coordinator. The IV's submit data and reports to us quarterly. I agree with statements others have made about the turnover rates and why it is important to review with the same process. I have also found that it makes the small facilities feel more a part of the system if we do not treat them differently. We try to make sure they serve on committees and have the same access to education and resources.

Minnesota
Grace (CO) and Sherri (NE) are spot on in every way. Their points cannot be over emphasized. It is utterly essential to do site visit and review charts and PI.

Nebraska
I agree with Grace (CO). We review all our Level 3 and 4's, with the exception of one Level 3 that is ACS verified. I can't imagine being able to tell what they are doing without an on-site visit. What is written on paper does not always match up to what you find on the day of visit. Plus, the turnover rate in the TNC and TMD is so frequent, you can't be sure that the new person has been trained in the role. Our on-site reviews take 4-5 hours and the review teams are comprised of a trauma surgeon a trauma nurse, an EMS Coordinator and a state rep.

We also have hired a RN Trauma Nurse Specialist in the last year that goes out and orients our new TNC's when there is turnover, this has improved our designation process a great deal.

New York
We are an ACS state so the ACS will be doing those reviews. A Level IV survey will include an onsite review (one reviewer) after review of a brief PRQ.

Texas
In Texas we do designate Level IV trauma centers. We use a very similar process as you described for PA; onsite survey, here it is 1 surveyor (an RN) unless they keep a lot of surgical patients then it may require a surgeon too. My office reviews the survey results to make the designation determination. The application is not abbreviated.

Wyoming
I agree with Sherri (NE) and Grace (CO). I would be very hesitant to not do a site visit with any level of facility. PRQ/other paper is great but chart review combined with PIP documentation is where you can really see if there is even a true program happening. I believe that site reviews also add credibility to the entire process. Generally my team is a surgeon or ED doc, a trauma nurse consultant and myself. Occasionally I will do a full review with just a physician & myself and occasionally I will do a focused review at a smaller facility myself and that is totally fine for some sites.
I don't have an abbreviated PRQ, it is the same for everyone. The caveat is that there are sections that small facilities would obviously not fill out (example: if no surgeon, skip to the radiology section)