

November 2020

Attention Cardiac Coordinators,

This document has been posted on www.strac.org for the purposes of review and providing feedback to the STRAC Regional Cardiac Systems of Care, Cardiac Coordinators Committee. Please send any comments you may have to diana.chorn@strac.org.

Once this document has been finalized, a copy will be provided on the STRAC website and its membership will be notified.

Thank you,

Diana Chorn

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Cardiac Program Orientation Manual

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Cardiac Program Orientation Manual

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Introduction

To join STRAC, send email to info@strac.org; for help...

Insert committee schedule and LOA in Appendix

Welcome to the cardiac system in Southwest Texas and thank you for your interest in learning more about the cardiac program in Southwest Texas. You will find this manual beneficial as you embark upon this role and we encourage you to retain a copy of this text as it may serve as reference material later in your career.

ROLE OF STRAC

The Southwest Texas Regional Advisory Council (STRAC) is designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the regional trauma and emergency healthcare system for the 22 counties in Trauma Service Area - P (TSA-P). TSA-P has a mixture of urban, suburban, rural and frontier areas, from the 7th largest city in the US to the Mexican border, encompassing over 26,000 square miles in southwest Texas. STRAC is one of twenty-two regional advisory councils in Texas that comprise the Texas Trauma / Emergency Healthcare system.

SEE INSET MAP AND APPENDIX B

STRAC is a 501c3 non-profit, tax-exempt member organization consisting of 53 general and specialty hospitals, including 2 Level I Trauma Centers, 14 PCI centers, 11 Stroke centers, air medical providers, and over 70 EMS agencies.

A leader in the Texas Trauma System, STRAC has been recognized twice as the Texas RAC of the Year (2000 and 2008). STRAC oversees dozens of essential programs and projects for the trauma and emergency healthcare system in and around San Antonio, Texas, partnering with members, local governments and other non-governmental organizations.



MISSION

To reduce death / disability related to trauma, disaster, and acute illness through implementation of well-planned and coordinated regional emergency response systems.

VISION

We will be the model regional trauma, disaster, and emergency healthcare system in the united states that results in the lowest risk-adjusted mortality for emergency healthcare conditions.

CONTACTS

The STRAC office is located in the County of Bexar in the City of San Antonio, Texas.

Southwest Texas Regional Advisory Council
7500 West U.S. Highway 90
AT&T Building, Suite 200
San Antonio, Texas 78227

Main Phone Number: 210-233-5850
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Fax Number: 210-233-5851
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Technical Support: support@strac.org
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CARDIAC CARE HISTORY IN STRAC REGION

The Southwest Regional Advisory Council (STRAC) formed a Regional Cardiac Systems Committee January, 2008. This was done after the Methodist Health System, Baptist Health System, Christus Santa Rosa Health System, and University Hospital came together with STRAC in late 2007 to work on a solution to enable the San Antonio Fire Department EMS to begin transmitting 12-lead EKG's to receiving hospitals when they encountered a patient with an ST-segment Elevation Myocardial Infarction (STEMI). During this process, it was determined that the entire region could be better served if this level of cooperation was continued across the entire spectrum of STEMI care. As a result, this Committee was formed, led by EMS Leaders and the STRAC Chairperson to avoid any issues of system favoritism during the initial stages of our system development.

INTRODUCTION TO REGIONAL ADVISORY COUNCIL (RAC) AND PCI FACILITY

Regional Advisory Councils (RACs) are designated by the Texas Department of State Health Services as the administrative bodies to develop, implement and maintain the regional trauma and emergency healthcare system for the counties within their designated Trauma Service Areas (A - V). There are 22 RAC's in Texas. RACs work closely with their area Hospitals, EMS Agencies, and other organizations for improvement in healthcare and emergency preparedness.

Regional Percutaneous Coronary Intervention (PCI) Facilities are designed to support the STEMI patient. The determination those patients with a STEMI would be known as "Heart Alerts," mimicking the familiar "Trauma Alert" term used throughout our regional trauma system. Participants developed the definition of a "Heart Alert" and had the criteria approved by EMS, Hospitals, and Cardiologists across the region.

Subsequently, the Committee worked on the requirements of healthcare facilities desiring Heart Alert patients transported to their Emergency Departments by EMS agencies. This step was vital to ensure these patients with time dependent pathology received expedient care. After much discussion, the Committee concluded there was no regulatory body currently accrediting or certifying facilities as STEMI treatment facilities. Therefore, our region would be best served by having facilities desiring to provide STEMI care sign a Letter of Attestation indicating they would work to meet all criteria on an ongoing basis. It was recognized that EMS has a critical role in this process. Criteria were developed in order to provide consistency in care for these patients beginning with the 911 call through their intervention. The criteria were developed from the recommendations of the national Door 2 Balloon Alliance as a preliminary measure for facilities to work to achieve State and National Designations. It is the intent of the Committee that criteria will be reviewed annually and adjusted to better meet the needs of our region based upon the relevant science at that time.

Regional PCI Receiving Centers that complete the letter are attesting their ability to achieve these criteria and maintain the capabilities twenty-four (24) hours per day, seven (7) days per week. PCI Referral Centers that complete this letter are attesting their ability to achieve these criteria and maintain the capabilities as outlined within the Letter of Attestation (LOA).

Regional EMS agencies will use this information in determining destinations for STEMI patients and future work will be done to establish methods and procedures to rapidly move patients from outlying facilities in our region to Regional PCI Receiving Centers.

INTRODUCTION TO FACILITY CERTIFICATIONS/ACCREDITATION

For new Cardiac Coordinators at facilities with in the region, the following national resources are suggested areas to explore as processes with in your facility are reviewed.

American College of Cardiology (ACC) Accreditation: ACC Accreditation Services provides the resources and know-how that individual hospitals and hospital systems need to significantly reduce the variations in care that delay the early assessment, diagnosis and treatment of acute coronary syndrome, heart failure and atrial fibrillation. Armed with the latest scientific, peer-reviewed guidelines and highly-effective process improvement methods, we stand ready to help healthcare professionals navigate the challenges associated with cardiac patient populations.

The Joint Commission (TJC)

In 2017, The Joint Commission launched its Comprehensive Cardiac Center Certification, a voluntary program for Joint Commission-accredited hospitals seeking an independent evaluation and recognition of their comprehensive cardiac center services.

The program was designed for hospitals with robust cardiac care facilities, aiming to help organizations establish the structures, processes and culture necessary to achieve sustained levels of effective clinical performance and patient outcomes across cardiac specialties and the continuum of care.

This program will help organizations deliver comprehensive cardiac care through:

- Compliance with consensus-based standards
- Effective integration of evidence-based clinical practice guidelines
- An organized approach to performance measurement and improvement
- Achievement and/or maintenance of required Advanced Disease-Specific Care certification requirements

ROLE OF THE CARDIAC COORDINATOR – **NEED CARDIAC COORDINATORS TO COMPLETE THIS SECTION**

As a participant of STRAC, the Cardiac Coordinator's role is a vital. Cardiac Coordinators should attend 50% of STRAC meetings as defined in the LOA ([see attachment XX](#)). The following are examples of participation in a Cardiac Coordinator's activities

- Data submission to RAC data collaborative (RDC)
- Community Education
- Process Improvement Review
-

Data Collection

DATA COLLECTION REGISTRIES- RDC The RAC data collaborative is the registry platform for the state of Texas to collect data (Irene and Cheryl flesh out and fill in summary and explanation of what RDC is and why it exists

Action Cardiac Registry Upload into RDC

Put the hyperlink in also

SCRUB DATA ORIENTATION Irene and Cheryl high level summary working with Dr. David Wampler

TABLEAU

Performance Improvement and Patient Safety –

WHAT IS PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS)?

PIPS is a confidential systematic review and discussion of the heart alert/ STEMI patients care with continuing monitoring of processes, systems, and the impact both have on outcomes. Heart alert/ STEMI PIPS is a multi-step process vital to the existence of your chest pain program by documenting the quality of care you provide while providing direction to continually improve.

PIPS is not intended to be punitive, but is designed to identify opportunities to improve the care of the heart alert/STEMI patient.

WHY DO PIPS IN YOUR CHEST PAIN CENTER?

PIPS is required by the accrediting or certifying entities in order to be designated as a Chest Pain Center.

All chest pain programs are quality programs so we must constantly strive to provide the best care to all heart alert/STEMI patients. Elements of your PI process include:

- Issue identification
- Analysis
- Corrective actions to address issue
- Implementation
- Evaluation of effect
- Loop closure

The goal of Performance Improvement is to improve patient care and outcomes while preventing repetitions of substandard care. Recommendations to attend the Certified Cardiac Care Coordinator (C4) Course, offered by the American College of Cardiology [Certified Cardiovascular Care Coordinator C4 Certification](#)

IDENTIFICATION OF PI ISSUES FOR REVIEW

Potential sources include, but are not limited to:

- EMS documentation and medical record
 - Compare care delivered to standards of care
 - Did care adhere to or deviate from clinical practice guidelines (CPGs)
- Feedback from providers – email, verbal
- Feedback from STEMI referral centers
 - Can be used to determine if appropriate lifesaving interventions were provided
 - Timely STEMI identification
 - Appropriateness of fibrinolytic administration
 - Timeliness of transfers
- Reports from external agencies – as regional PI and data improves
- Acute MI Care Measures: Pre-Hospital to reperfusion time

LEVELS OF REVIEW

1. Primary Review

- Goal of primary review is to identify and validate issues
 - Responsibility of the chest pain program manager/coordinator
 - Validation of information is key – develop a detailed timeline of the entire episode of care
 - There are several courses of actions that may follow the primary review:
 - Resolution of the issue/loop closed
 - If your findings indicate a need for further review, refer the issue on to the chest

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- pain medical director or physician champion
- Track and trend the issue for reoccurrence

Reoccurring issues warranting tracking and trending should be compiled as overall compliance. Issue Examples: Missed and delayed activations; Presence of EMS run sheets and EKG transmissions. Example: EMS activates heart alert and cath. lab not activated until after patient arrival; notice trends of reoccurring issue.

2. Secondary Review

- Goal of secondary review is in-depth evaluation of identified events
 - Responsibility of Cath Lab/Cardiology Medical Director (CMD) or the appropriate medical director overseeing the program – determines if standard of care is met according to national standards (ACC, AHA, etc.).
 - There are several courses of actions that may follow the secondary review:
 - Resolution of issue/loop closed
 - Referral for further review can be escalated to a specialty group or multidisciplinary peer review committee (PI committee).

3. Tertiary Review

- This is a structured review by a multi-disciplinary group (in-house, system-wide or regional)
- Goal of the tertiary review is to determine course of action to provide loop closure and assigned preventability
- Cases appropriate for committee review
 - Deaths
 - Transfers out
 - Unexpected outcomes
 - Review requested by trauma stakeholder
 - Sentinel events
 - System issues
 - Policy/protocol non-compliance
 - Low volume populations such as age 35 and under, pregnant women, etc.
- Can include STRAC Regional PI if regional involvement is required. SEE APPENDIX G FOR STRAC PI CASE REVIEW REQUESTFORM insert steps for accessing/submitted form (Diana)
- There are several courses of action that may follow the tertiary review:
 - Mortality determination/judgment as non-preventable, potential preventable or preventable.
 - Mortality with opportunities for improvement provides a gross measure of individual or system errors that were evident in individual and aggregate cases.
 - Mortality without opportunities for improvement. Provides a gross measure of in which no individual or system errors identified in individual or aggregate cases. Corrective action plan is initiated – this will be explained in detail under Action Plan section.

TRACKING PI ACTIVITIES

It is important you have a consistent way to track what you and your team are doing from time of issue identification to loop closure. There is an example included below. This will also help you organize your PI materials to show to reviewers at your site visit. Make note of every conversation and email you sent related to a particular case, "Sent case 12459 to Dr. Jones for review 09-10-2013" Follow your facility process for documenting process improvement/risk assessment.

SEE APPENDIX H FOR REGIONAL PI TRACKING FORM.

SEE APPENDIX I FOR REGIONAL PI M&M LIST

ACTION PLAN DEVELOPMENT

Once an opportunity for improvement is identified through your PI process, appropriate action must be taken to prevent similar future adverse events.

Each issue should have an action plan.

Examples of corrective actions:

- Guideline / protocol development
- Focused PI workgroup
- Education
- System enhancements
- Remediation / counseling
- External review

There may be times your action plan will require more than one corrective action.

Guideline/Protocol Development

- Goal of a Clinical Practice Guideline (CPG) is to decrease variation in practice
- Establishes the standard of care for all providers and provides clinical direction
- Can be clinical or administrative
 - o Clinical - Anti-coagulation Reversal
 - o Administrative - Trauma Call Expectations
- Should be evidence based
- Best if drafted with input from appropriate stakeholders
- In the development of your CPG, do not re-invent the wheel. Chances are high that if your trauma chest pain center needs a CPG about a topic others have also. Use available resources to find what others have developed and use that as a starting point. CPG's should be applicable to your institution and/or region. Some of your available resources for CPG's include:
 - o Contact the Trauma Cardiac Program Manager at a tertiary trauma center in the region
 - o Clinical practice guidelines can be found at the following professional organization websites:
 - ACC www.acc.org
 - AHA www.heart.org
 - Eastern Association for the Surgery of Trauma - www.east.org
 - Pediatric Trauma Society - www.pediatrictraumasociety.org
 - Brain Trauma Foundation - www.braintrauma.org
 - American College of Emergency Physicians - www.acep.org
 - Western Trauma Association - www.westerntraumaassociation.org
 - Joint Theatre System - <http://www.usaisr.amedd.army.mil/cpgs.html>
 - o Query other trauma cardiac professionals through organizational list serves (Example: STRAC Regional Cardiac Coordinators list, Society of Trauma Nurses).

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- Additional EKG machines placed in high traffic areas
 - Adding heart alert packets to nursing station/ crash cart
 - Adding heart alert packets to nursing station/ crash cart
 - Adding heart alert packets to nursing station/ crash cart
- Facilities
 - Develop process to expedite patient from ED to Cath lab using the most effective route.
 - Communication
 - Communication
- Communication
 - Development of additional forms of communication such as MEDCOM, EKG transmissions, websites, EMSsystems, listserves, group pages, etc.

Remediation/Counseling

- Remediation/Counseling is rarely utilized to address PI issues and is usually most effective for behavior related issues
- Should be done as soon as possible after the event
- Requires direct communication Delivered by Trauma Medical Director or Nurse Manager depending on who is involved.
- Must be documented
 - The TMD has a one on one conversation with his colleague regarding his poor documentation for trauma activations. He then sends a memo to the trauma coordinator outlining the conversation and action items that came from the meeting.
- Look for trends and changes in behavior for loop closure
- Mitigation plan may include involving administration and removing provider from trauma panel

External Review

- Sometimes it is helpful with a small staff to have an outside provider review a case
- The resources at the level 1 and 2 trauma centers can help with this review
- Regional PI Committee should be utilized for system problems or issues that can not be resolved between institutions
- Your trauma site visit will also provide an external review of your care and processes

MEETING STRUCTURE

The trauma program is required to have a forum in which all system and trauma deaths and other issues are reviewed and discussed. The actual structure of how this will be operationalized is left up to each trauma center.

One option is a physician peer review committee to review provider related issues. Corrective actions and judgments are referred to trauma program leadership and should be chaired by the trauma medical director. In centers where there is a separate physician PI meeting, there should also be a multi-disciplinary PI meeting to review all identified issues.

Attendees should include: (as applicable)

- Emergency department (physician and nursing) representatives
- Radiology representative
- Surgeons
- Orthopedic representative
- Anesthesia representative
- ICU representative
- Trauma registrar
- TMD and TPM/trauma coordinator
- Administration
- EMS
- Pediatrics
- Rehab specialists
- NP/PA's involved in trauma care
- Social services
- Educator

Meeting frequency should be at least quarterly. All information presented at trauma PI meetings is confidential and protected by Texas Peer Review Statute. Attendance should be recorded for each meeting to so that all disciplines are involved. Minutes from the trauma PI meetings should be written to include in-depth critical review.

SEE APPENDIX H FOR REGIONAL PI TRACKING FORM

SEE APPENDIX I FOR REGIONAL PI M&M LIST

EVENT RESOLUTION

Event Resolution refers to the ability of your trauma program to show you have resolved an identified issue. Event refers to the cycle of monitoring, identifying, resolving and monitoring again. Your resolution should address the key aspects of the problem. In laymen's terms "We have solved the problem and here is the proof". Remember that some events take a long time to resolve. Remember that some events may never be resolved.

RESOURCES

- Never hesitate to call the Trauma Program Manager / Trauma Coordinator at the Level I or Level II trauma center that serves as your tertiary referral center. All are well versed in PI and the PI process

and will be more than willing to help answer any question you may have.

There are also several on-line resources that might be helpful:

- o TOPIC by Society of Trauma Nurses (STN): <http://www.traumanurses.org/topic>
- o ACS Orange Book: <https://www.facs.org/quality%20programs/trauma/vrc/resources>
- o ACS Committee on Trauma: <https://www.facs.org/quality-programs/trauma/publications>

SEE APPENDIX J FOR TRAUMA PERFORMANCE IMPROVEMENT PLAN TEMPLATE

Community Outreach

Your cardiac community outreach program can become whatever you envision, however should be driven based on data and patterns. The challenge will be in deciding on a focus, gathering the information, and finally implementing your plan.

The STRAC Regional Cardiac Coordinators Committee meets to provide an open, consensus-driven environment across all facilities to support the development of regional guidelines, processes and educational opportunities to facilitate projects and campaigns in an effort to better educate the public and healthcare workers in the communities we serve.

Contacts and Resources

Southwest Texas Regional Advisory Council
7500 West US Hwy 90,
AT&T Building, Suite 200,
San Antonio, Texas 78227
Main: 210-233-5850
info@strac.org
<http://www.strac.org>

STRAC 24 Hour Technical Support:
Helpdesk: 210-233-5888
support@strac.org

MEDCOM EKG TRANSMISSIONS: Angela Lopez work on adding this

Add attachment referencing [SEE APPENDIX C FOR MEDCOM TRANSFER FORM](#)

STRAC Request for EMS Run sheets Access from ePCR- RescueNet 6.0

Please send an email to tabletpcr@strac.org. Include your name, title, and hospital.

If you are unable to locate the agency within the system, please contact that agency directly; add hyperlink to website

Cardiac Education – ask Coordinators to fill in

There are numerous educational courses available for all members of your cardiac team. Listed below are some, but not all, of the courses available to you and your trauma team:

CLASSES/COURSES/CERTIFICATIONS

PALS – Pediatric Advanced Life Support (PALS) is a classroom, video-based, Instructor-led course that uses a series of simulated pediatric emergencies to reinforce the important concepts of a systematic approach to pediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation and team dynamics. The goal of the PALS Course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.

SOURCE: [HTTP://CPR.HEART.ORG/AHA/ECC/CP/ANDECC/TRAINING/HEALTHCAREPROFESSIONAL/PEDIATRIC/UCM_476258_PALS.JSP](http://CPR.HEART.ORG/AHA/ECC/CP/ANDECC/TRAINING/HEALTHCAREPROFESSIONAL/PEDIATRIC/UCM_476258_PALS.JSP)

ACLS – The Advanced Cardiovascular Life Support course highlights the importance of high-performance team dynamics and communication, systems of care, recognition and intervention of cardiopulmonary arrest, immediate post-cardiac arrest, acute dysrhythmia, stroke, and acute coronary syndromes (ACS).

SOURCE: [HTTP://CPR.HEART.ORG/AHA/ECC/CP/ANDECC/TRAINING/HEALTHCAREPROFESSIONAL/ADVANCEDCARDIOVASCULARLIFESUPPORT/ACLS/UCM_473186_ADVANCED-CARDIOVASCULAR-LIFE-SUPPORT-ACLS.JSP](http://CPR.HEART.ORG/AHA/ECC/CP/ANDECC/TRAINING/HEALTHCAREPROFESSIONAL/ADVANCEDCARDIOVASCULARLIFESUPPORT/ACLS/UCM_473186_ADVANCED-CARDIOVASCULAR-LIFE-SUPPORT-ACLS.JSP)

CONFERENCES

STRAC Emergency Healthcare Systems Conference – The first STRAC Emergency Healthcare Systems Conference was put on in May 2014 at the Alamo dome in San Antonio, TX. This conference hosted several keynote speakers in four different realms of the emergency healthcare system: stroke, cardiac, disaster management, and trauma. Also provided were CE credits for medical providers, tours of the emergency operations center & regional medical operations center, and vendors on site (Emergency Healthcare Systems Conference Schedule, 2014).

Digital Innovations Users Conference – The annual Digital Innovations (DI) Users Conference provides information presentations and extension training opportunities for their users. In the trauma forum, the DI Collector program is used throughout most of the region to serve as the registry tool for our trauma patients. Topics covered at this conference include: ICD-10 coding, data validation, statistical reports, outcome data, and benchmark reports (DI Users Conference, n.d.).

Texas EMS Conference – The annual Texas EMS Conference, held in Fort Worth, provides comprehensive education from leaders in EMS, features state-of-the-art exhibits, and allows for great networking opportunities (Texas EMS, 2014)

Preparing for Cardiac Designation Site Visit- we did not discuss this section yet

OVERVIEW

The trauma designation process is a quality program aimed at assuring seriously injured patients receive the best care possible based on the resources available at a given hospital. This process requires the commitment and support of hospital administration, physicians, and allied health partners. For initial designations, at least one year should be allowed to prepare for a site visit, as designation requirements include a reporting period of at least six months.

The site reviewers will compare the components of your trauma program with those required for your chosen

level of trauma designation. Refer to DSHS essential criteria for minimum standards. This section will focus on those hospitals undergoing site review by the DSHS. Trauma Program Managers/Coordinators from facilities seeking review by the American College of Surgeons are encouraged to contact the Trauma Program Managers from Level 1 facilities in your region.

Listed below are the steps involved in preparing for your hospital's site visit.

One year prior to the visit

1. Decide the level of designation for which your hospital will apply
 - a. The level of designation is determined by the resources at your hospital. It has no bearing on the quality of care given. (See Level Definitions in this manual)
 - b. Level 1 and Level 2 trauma centers are designated by the American College of Surgeons <http://www.facs.org/trauma/verificationhosp.html>
 - c. Level III trauma centers can be designated by either the American College of Surgeons or the Texas Department of State Health Services. Most Level III centers in Texas are designated by the state. REFERENCE: TEXAS ADMINISTRATIVE CODE, TITLE 25, PART 1, CHAPTER 157, RULE §157.25.
 - d. Level IV trauma centers are designated by the Texas Department of State Health Services.

Consider contacting the State Hospital Designation Coordinator early on to discuss your site visit and the level your hospital should consider for designation.

Consider contacting an experienced Trauma Program Manager/Coordinator at a hospital in your region or affiliated with your hospital system as a mentor through this process.

2. Complete the DSHS trauma application appropriate to your level that will be submitted by your facility to familiarize yourself with the materials needed to submit with the application
3. Assure all members of the trauma team have the required trauma education (refer to essential criteria)
4. Begin entering patients in the trauma registry. Patients are to be entered within 60 days of discharge from your hospital.
 - a. Consider delegating trauma registry duties to someone else. Possibilities include medical records, QI department, ED or ICU staff nurse, etc. Assure proper training.
5. Look at injury prevention activities. The number of these will depend on the size of your facility and the number of resources you have. (See Injury Prevention Section of this manual).
6. Join your regional trauma advisory committee. Begin attending meetings.

Six months prior to the visit

7. Continue performance improvement activities
 - a. Daily review of cases
 - b. PI reviews at committee
 - c. Getting to "Loop Closure" on identified issues
 - d. Entering registry cases
8. Continue completing education requirements
 - a. Common reason hospitals do not pass initial designation is failure to have all trauma team members current in educational requirements
9. Complete and submit the trauma application. You will designate your "reporting year" on this application. Have this timeframe end no sooner than 3 months prior to your visit so you have time to prepare all of your materials for the site reviewers

Three months prior to the visit

10. Work with state designation coordinator to correct any issues/gaps found in the application
11. Schedule your site visit (this will be done by the state hospital designation coordinator).
12. Reserve a room large enough to accommodate your hospital administrator, trauma medical director, three site reviewers, nursing administrator, and any others who may attend the meeting.
13. Block calendars on the above people. At a minimum your trauma medical director and hospital administrator

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need to be available for the site reviewers. The medical director should be available the entire day. The administrator during the exit interview at a minimum

14. Assure a room large enough to accommodate chart review for two site reviewers. Assure two people highly experienced in navigating the EMR are available (one for each reviewer).

One month prior to visit

15. Request letter of RAC participation from STRAC. Contact info@strac.org.
16. Pull charts for the site reviewers. Cases should be identified through the trauma registry and placed in the following categories:
 - a. Deaths
 - b. Trauma Team Activation Patients
 - c. Transfers out
 - d. Trauma admissions
 - e. Trauma patients admitted by non-surgeon (Level III centers)A record should not be in more than one category. For example, if you have a patient death that was admitted by a non-surgeon it would go in the death pile only.
17. For each case – print the following:
 - a. ED record (trauma flow sheet if used)
 - b. Ambulance record
 - c. ED provider note
 - d. Surgeon note (Level III only)
 - e. All PI minutes, forms, etc. showing reviews for each record
18. Create a report to give the site reviewers about your trauma program. Power Point works well. Include the following information:
 - a. Trauma volumes, deaths, transfers out, ED volumes.
 - b. General information about your hospital (specialty services, catchment area, medical staff, etc.)
 - c. Ambulance services
 - d. Information on your Multidisciplinary Committee and Peer Review (who is on each, how often each committee meets, attendance requirements, etc.)
 - e. PI process – how issues are identified, how they are reviewed, how loop closure is achieved
 - f. Re-designation visit – How opportunities identified at last visit have been addressed. One week prior to the visit
19. Assure all charts have been pulled and in order.
 - a. Review each case. You will want to be familiar with them.
20. Assure one person who is experienced in navigating the EMR is available for each site reviewer the day of the review.
21. Assure no last minute meetings have been put on the trauma medical director's or administrators calendars.
22. Schedule something special just for you.
23. Schedule an after site visit "debriefing" for your trauma team. (Restaurant, party, etc.)

Day of visit

24. Greet site reviewers and state hospital designation coordinator at a mutually agreed upon location.
25. **SHOW OFF YOUR PROGRAM!**
 - a. You have just spent a year preparing for this day. Show off what you have done!
26. The site reviewers will offer advice based on their experience as trauma providers. Listen to them. They are really there to help.
27. The tour of the hospital will follow the path of the patient. The reviewers will look at the ambulance bay, ED trauma bay, lab, radiology, OR, ICU, helipad. On the Minnesota Trauma System website look under site reviewers resources, then Tour checklist. Here you will see everything the reviewers need to find during the hospital tour. Much of this is equipment in the ED. (Look at Equipment section in this manual).
28. Expect at least two hours for chart review. You will be asked questions about the patients and/or PI.

Having the PI sheets with the records will make everyone's job easier.

29. The hospital designation coordinator will go over your PI process. Be prepared to speak to how you review cases and bring things to loop closure.
30. The site reviewers will take about 30 minutes after chart reviews to summarize their findings. You will be given a time for the exit interview.
31. During the exit interview expect to hear strengths of your program and opportunities for improvement. Having administration present to hear about these opportunities directly from the site reviewers is powerful. Get them there!

After visit

32. Attend your "debriefing" session.
33. Take time off! Re-acquaint yourself with your family!
34. Pat yourself on the back for a job well done.
35. Update STRAC on your designation.

Time Management

PRIORITIES

- Performance Improvement program is near real time or concurrent
- Critical discussion of the care provided by the facility and the documentation of such review is descriptive and thorough

MULTIPLE ROLES

Time dedicated to the cardiac program may be divided between employees. Staffing should be adequate for hospitals cardiac patient volume. The program's responsibility lies with the Cardiac Program Manager and Cardiac Coordinator, however tasks may be assigned to other team members. Oversight should remain with the program manager. If multiple roles are performed, you will need to be able to demonstrate how time is divided.

References- coordinators will forward copies to Angela to add to this section

STRAC process that may not be aware of (HELP calls) link to form

Appendices - Add

- A) Texas Map with TSA Borders
- B) STRAC Regional Map
- C) MEDCOM Transfer Forms
- D) STRAC Performance Improvement Case Review Submission Form
- E) STRAC Regional General Hospitals Map
- F) STRAC Hospital Selection Guide
- [G](#)) STRAC Hospital Executive Leadership Protocol (HELP)
- [H](#)) [Add from PI Section](#)
- [G](#)) [Add from PI Section](#)