ARKANSAS DEPARTMENT OF HEALTH

OVERALL DESIGNATION PROCESS FOR ARKANSAS TRAUMA CENTERS

A. Selection of Trauma Reviewers

Trauma Reviewers (hereafter referred to as Reviewers), with the exception of the Arkansas Department of Health (ADH) representative, should be active practitioners in a designated trauma program. Previous site survey experience is preferable but not required. All candidates for Reviewers will be required to successfully complete an ADH-sanctioned credentialing course. This course is more fully described in a separate document captioned "Arkansas Department of Health - Trauma Reviewer Credentialing Process." Once the course has been completed, ADH will designate the individual as a Reviewer Candidate. The Reviewer Candidate's first site survey will be proctored by an ADH representative. The Reviewer Candidate will complete the survey and produce a written report in accordance with the "Arkansas Rules and Regulations for Trauma Systems" (hereafter referred to as the Rules). This initial report will be reviewed by an ADH representative and feedback will be provided to the Reviewer Candidate. Successful completion of one survey will result in the Reviewer Candidate attaining full designation status as an Arkansas Trauma Reviewer. The Lead Reviewer will be someone with extensive survey experience.

The composition of the survey team is specified in the Rules and will be a mixture of in-state and out-of-state Reviewers. Level I survey teams must be made up of a majority of out-of-state Reviewers whereas Level II teams must have at least one out-of-state Reviewer. Level III and IV surveys may be performed by in-state Reviewers from another region of the state.

B. Scheduling and Financial Aspects of a Site Survey

A hospital seeking designation as a Level I-IV Arkansas Trauma Center should first place a telephone call to the ADH's Trauma Section at (501) 671-1428. This should be followed by a formal, written request from the hospital's Administrator/Chief Executive Officer (CEO) to

Canara Banister
Trauma Section Chief
Arkansas Department of Health
4815 West Markham Street, Slot 4
Little Rock, AR 72205-3867

The request should include several preferred dates for the survey. It is noted that Level I and II site surveys will require two days and Level III and IV surveys will require only one day. In addition, the letter should set forth the identities and e-mail addresses of the hospital's Trauma Medical Director and Trauma Program Manager/Coordinator. This request should come at least three months prior to the anticipated visit.

The ADH will respond with a letter to the Administrator/CEO setting forth the date(s) of the site survey and other pertinent information, including the identities of the Reviewers involved in the survey. In addition, an e-mail will be forwarded to the Trauma Medical Director and the Trauma Program Manager/Coordinator attaching the above letter and other relevant documents the staff will need for the site survey.

The Pre-review Questionnaire (PRQ) should be completed by the hospital and returned to the Trauma Section's Designation Coordinator no later than six weeks prior to the site survey. The reporting period on which the PRQ is based should span at least a three-month period of time for a facility's first review and a twelve-month period for all subsequent reviews. The reporting period for the PRQ must **end** within three months of the **date of submission** of the PRQ. For example, on June 1 hospital A, which is seeking Level II designation for the first time, requests a site survey for October 7-8. Its PRQ must be submitted within six weeks of the survey, which is August 26. In this example, the hospital submits its PRQ early on July 31. The data submitted for the PRQ should be for at least a three-month period and must end between April 30 and July 30. If, however, the hospital is seeking re-verification, the data submitted should be for a twelve-month period but again must end between April 30 and July 30.

The ADH will choose the facility's review team from the list of approved Reviewers. The Lead Reviewer may choose to select the members of his/her team, again from the list of ADH-approved Reviewers. The Reviewers will work with the Trauma Section's Designation Coordinator to come to a consensus on the date(s) of the site survey.

The Trauma Section's Designation Coordinator will coordinate with the facility the composition of the review team and the cost of the review. It is the responsibility of the hospital to ensure that appropriate payment is made to Reviewers. All expenses for the ADH representative will be paid by ADH. Level I-IV Trauma Center applicants will have as Reviewers one general surgeon, one emergency physician, a trauma nurse coordinator/manager, and an ADH Trauma Section representative. There are several categories of expenses a hospital should consider.

1. **Honoraria**: Honoraria must be paid to each Reviewer. It is the hospital's responsibility to have the honorariums available at the time of the site survey. These funds should be given to the ADH representative for review and distribution to the Reviewers during the site survey.
    a. Level I and II Facilities
        i. Reviewers for Level I and II facilities will receive $2,000 each
        ii. Lead Reviewer will receive an additional $1,000 for his/her effort in writing the report
    b. Level III and IV Facilities
        i. Reviewers for Level III and IV facilities will receive $1,000 each
        ii. Lead Reviewer will receive an additional $500

2. **Airfare**: Airfare is coordinated for those Reviewers who must travel by air. There are two options. The hospital should deal directly with the Lead Reviewer to determine which option will be used.
    a. Flights reserved by hospital: the hospital can book the flights (coach), in which case no reimbursement will be required.
    b. Flights reserved by Reviewers: Reviewers can book their own flights (coach). If this option is chosen, receipts showing the cost of the flights should be sent to the hospital no later than two weeks prior to the site survey.
        i. Like the checks for the honoraria, these checks should be given to the ADH representative for review and distribution to the Reviewers during the site survey.

3. **Lodging**: Lodging is reserved by hospital. The hospital should secure the appropriate number of hotel rooms for the Reviewers and pay the hotel directly.

4. **Incidental Charges:** Incidental charges make up the final group of expenses which must be considered. Incidental expenses should not exceed $250.00.
    a. Normally, meals will be provided by the hospital
    b. Other incidental expenses may be
        i. airport parking
        ii. checked bag charges
        iii. mileage
            1. Mileage should be paid at the State of Arkansas mileage rate (currently 52 cents per mile).

Meal and mileage rates can be found at http://www.gsa.gov/perdiem. Expense forms should be submitted to the hospital within two weeks of the conclusion of the site survey. The hospital will then submit reimbursement directly to the Reviewers within one week of receipt of expenses.

All hospital correspondence and communication regarding the site survey, with the exception of travel-related information, should be with the ADH.

C. Survey Reports and Designation

The purpose of the site survey is not to designate but rather to verify the information provided in the hospital's PRQ, as well as the operations and assets of the hospital, and report the findings to the ADH, which has ultimate authority to designate the facility at the appropriate level.

The review team will complete the survey and in an exit interview present to the hospital an executive summary of their findings prior to leaving the facility. The executive summary will include identified deficiencies, strengths and weaknesses of the program, and recommendations to correct weaknesses and deficiencies. Deficiencies are described as areas in which the Rules have not been met. The hospital will have the opportunity to comment on the executive summary during the exit interview. Comments and discussion will be included in the final report written by the Lead Reviewer. Reviewers will be required to inform the facility that the findings of the report may be altered by the Trauma Advisory Council's Designation Subcommittee prior to its submission to the ADH.

The report of the site survey will be produced by the Lead Reviewer and submitted in the required format to the ADH's Trauma Section within two weeks of the visit. It will identify any deficiencies or weaknesses in the program and will summarize the review team's recommendations for compliance with the Rules, should deficiencies by found, and/or recommendations for improvements in the program if weaknesses are identified.

The Trauma Section's Designation Coordinator, Trauma Section Chief, and Trauma Medical Consultant will review the report for accuracy and completeness. Any questions or discrepancies will be discussed with the Lead Reviewer prior to submission of the report to the Designation Subcommittee. The report will then be sent electronically to three members of the Subcommittee.

The ADH will ensure there are no conflicts of interest between the Subcommittee members selected to review the report and the hospital seeking designation. The Subcommittee members will have five business days to complete their review and will then vote on whether or not to recommend designation of the facility based on their review and the Lead Reviewer's findings. The Subcommittee will also have the option of recommending non-designation, full designation, full designation with the provision of timely correction of minor deficiencies, or provisional designation with a performance improvement plan, in which case the correction would be verified by a focused review. This could range from a visit to the facility by a Reviewer, a representative of the ADH's Trauma Section, or, if appropriate, an attestation of the facility's Trauma Medical Director and Administrator/CEO that the deficiency has been corrected. It should be noted that another designation option exists under the Rules. This option calls for "full approval at lower level of designation as recommended by the Section based upon the facilities' current capabilities as determined by the Section review of the on-site survey." The Trauma Section will not automatically designate a hospital at a lower level than that for which it applied. Should the Trauma Section ultimately determine that the hospital's current capabilities are at a lower level, it will so inform the hospital by letter and the hospital will then have the option of either accepting a lower level of designation or submitting a new application as called for under the Rules.

A unanimous vote either to designate, provisionally designate, or non-designate, will be reported to the Trauma Advisory Council for information and forwarded as a recommendation to the Trauma Section. A split vote will go to the full Designation Subcommittee for consideration. The Subcommittee Chair may solicit assistance from non-Subcommittee members as needed based on the merits of the review. The Subcommittee will then vote on a final recommendation and the Trauma Advisory Council, after having been informed of the Subcommittee's recommendation, will forward it to the Trauma Section. The final authority with respect to designation rests with the Trauma Section and will be based on the review team's report, the recommendation of the three-person Subcommittee review team or full Subcommittee, and the judgment of the Trauma Section Chief. The hospital will be notified of the Trauma Section's judgment within eight weeks of the site survey.

Should the Trauma Section find that the facility meets the requirements for designation at the level requested, it will forward a letter to the facility formally granting designation. However, if the Section finds that the hospital has deficiencies in its program and does not meet the requirements for full designation, it will so state this in the letter to the facility. In this case, the letter would state either recommendations for remediation in the case of non-designation, or recommend a performance improvement plan in the case of provisional designation per the Rules.

If a hospital disagrees with the ruling of the ADH's Trauma Section with respect to its designation status, the facility may request a meeting with the Designation Subcommittee and the Trauma Section's Designation Coordinator for the purpose of mediation. The hospital will send its Trauma Medical Director, Trauma Program Manager, and Administrator/CEO to present its case to the Subcommittee, which will hear the appeal and consider its original ruling in light of the information presented by the facility. The Subcommittee will send a letter outlining its findings and recommendation to the Trauma Section within five business days of the meeting with the facility. The Section will consider the Subcommittee's recommendation and notify the facility of its decision to either uphold or amend its original ruling. Should the hospital continue to disagree with the ruling, it may follow the formal appeal process outlined in Section XIII of the Rules.