



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Date

Name

Address

City, State Zip

Dear _____:

Thank you for agreeing to serve as a Trauma Reviewer for the upcoming Level **(I or II)** site survey for **hospital name and location (city & state)** on **(specific dates in month, day, and year format)**.

The hospital's Pre-review Questionnaire (PRQ) will be forwarded to you by the Arkansas Department of Health's (ADH's) Trauma Section one month prior to the visit. Other survey documents, including the report template, will be sent with the PRQ.

Surveys begin with a review of the charts at approximately noon on day number one. Reviewers are required to survey a total of 20 charts divided among the Reviewers at the discretion of the Lead Reviewer. The review dinner should begin at approximately 6:00 p.m., the hospital tour at 7:00 a.m. the next day, and the exit interview at approximately 11:00 a.m., with anticipated departure from the facility by noon on day number two. The details of this schedule can be altered by consensus of the Lead Reviewer and Trauma Program Manager. The schedule should be finalized at least two weeks prior to the review and all Reviewers should be consistent in their arrival and departure from the facility.

The hospitals are responsible for the cost of your travel, meals and expenses, and the honoraria for the review. Reviewers for Level I and II facilities will receive \$2,000 each, with the Lead Reviewer receiving an additional \$1,000 for his/her effort in writing the report. The honoraria will be paid to you during the site survey. You will be contacted by hospital personnel regarding the two options for flight reservations and airfare. First, the hospital may book the flight (coach fare) directly, in which case no reimbursement is required. Second, you may choose to book your own flight (coach fare), in which case you should send the receipt to the hospital no later than two weeks prior to the site survey. If this option is chosen, you will also receive your airfare reimbursement during the site survey.

The hospital will secure your hotel room and will pay the bill directly to the hotel. Meals will normally be provided by the hospital. Other incidental expenses may include airport parking, checked bag charges, or mileage. Mileage will be paid at the State of Arkansas mileage rate (currently 43 cents per mile). Meal and mileage rates may be found at www.gsa.gov/perdiem. If applicable, the "Itemized Expense Form" should be submitted to the hospital within two weeks of the conclusion of the site survey.

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The hospital will then submit reimbursement directly to you within one week of receipt of your expense form. If you do not receive payment in a timely manner, please contact Jim Brown at the ADH's Trauma Section. His telephone number is (501) 683-0707 and e-mail address is jimmie.brown@arkansas.gov.

Please sign the attached "Reviewer Candidate/Trauma Reviewer Affidavit" and either return it electronically to Mr. Brown at the above e-mail address or fax it to the ADH's Trauma Section at (501) 280-4729.

Please remember that the final report is due in the ADH's Trauma Section within two weeks of completion of the visit. The report should follow the provided template. Should you have any difficulties or questions please do not hesitate to contact me at (501) 683-4029.

Very truly yours,

William C. Temple
Branch Chief, Injury Prevention and Trauma
Arkansas Department of Health

Attachment

WCT/jcb