

Trauma Program Manager Webinar

Response Times Criteria / Facility Name in Image Trend September 29, 2023

Sarah Eason, RN, BS, CEN, EMT
Trauma System Coordinator
Bureau of Emergency Medical & Trauma
Services

Today's Agenda

- BEMTS Newsletter & Trauma Bulletin
 - Delivered via GovDelivery list serve
 - Please let us know if you need added to this distribution list
 - Primary source for information, including this webinar series
 - Questions regarding criteria and response times "Trauma Tip of the Month"
 - FD Trauma Record
 - Sign-in log
 - Open sharing ideas for recording times to meet criteria?
- Facility Names vs "Facility State ID" in Image Trend
 - Hospitals change names, do I need to adjust Image Trend?



Response Times Criteria

- (2-8) and 6(2-8): For Level I, II and III trauma centers, it is expected that the surgeon will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time for the highest-level activation tracked from patient arrival for Level I and II trauma centers is 15 minutes, and 30 minutes for Level III trauma centers. The minimum criteria for full trauma team activation are provided in Table 2 in Chapter 5. The program must demonstrate that the surgeon's presence is in compliance at least 80 percent of the time.
- (2-8): For Level IV trauma centers, it is expected that the physician (if available) or midlevel provider will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician's (if available) or midlevel provider's presence is in compliance at least 80 percent of the time.
- (5-15): In Level III and IV trauma centers the team must be fully assembled within 30 minutes.
- (8-6): In addition, the performance improvement process must demonstrate that appropriate and timely care is provided. [Level I, II, III with neurosurgery]
- (11-1): Anesthesiology services are critical in the management of severely injured patients and must be available within 30 minutes for emergency operations. [Level I, II, III]
- (11-2): Anesthesiology services are critical in the management of severely injured patients and must be available within 30 minutes for managing airway problems. [Level I, II, III]
- (11-7): In Level III hospitals, in-house anesthesia services are not required, but anesthesiologists or CRNAs must be available within 30 minutes.
- (11-8): In Level III trauma centers without in-house anesthesia services, protocols must be in place to ensure the timely arrival at the bedside by the anesthesia provider within 30 minutes of notification and request.



Response Times Criteria

- (11-17): In Level III trauma centers, an operating room must be adequately staffed and available within 30 minutes.
- (11-18): If an on-call team is used, the availability of operating room personnel and the timeliness of starting operations must be continuously evaluated by the trauma PIPS process, and measures must be implemented to ensure optimal care. [Level III]
- (11-32): In Level I, II, and III trauma centers, qualified radiologists must be available within 30 minutes in person or by teleradiology for the interpretation of radiographs.
- (11-47): In Level III centers, if the CT technologist takes call from outside the hospital, the PIPS program must document the technologist's time of arrival at the hospital.
- (11-56): In Level III trauma centers, physician coverage of the ICU must be available within
 30 minutes, with a formal plan in place for emergency coverage.
- (11-60): For all levels of trauma centers, the PIPS program must document that timely and appropriate ICU care and coverage are being provided). In all [Level I, II, and III] trauma centers, the timely response of credentialed providers to the ICU must be continuously monitored as part of the PIPS program.
- 16(2-9): Trauma surgeon response to the emergency department. See previous detail. [Level I, II, III, IV]
- I6(5-16): Trauma surgeon response time to other levels of TTA, and for back-up call response, should be determined and monitored. Variances should be documented and reviewed for reason for delay, opportunities for improvement, and corrective actions. Response parameters for consultants addressing time-critical injuries (for example, epidural hematoma, open fractures, and hemodynamically unstable pelvic fractures) must be determined and monitored). [Level I, II, III]



Trauma Record

be:	Time Call Received:		Time to OR:		Notified: Yes No		
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	Critical Care Start Time:	Time CT Completed:		Locké	own: Yes No		
Arrived 1	ву:	Gode 1 Blood Arrive	Time:	Belong	gings:		
ype of	Nert; ☐ Adult Trauma ☐ Code 1	MTP Ordered at:	By:	To Se	To Security Time: Interpreter [] Yes [] No		
Upgr	aded to Code 1	1 st MTP Arrives:		Relativ	ve:		
Peds	Trauma Peds Code 1	D/C MTP TIME Calle	rot:	Phone	c		
C	MVC GSW Assault	EMS Assessment:			Treatment:		
	Motorcycle Bicycle Stabbing	LOC: GO	S: Glucose:	. !! -	nnula O2L NRB		
PKEHOSPILAL	Pedestrian Fall:ft	BP: HI	R: RR:	DET	T sizė/@lip//	□BVM	
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	Town car TLM sail Closes cont						
Date/Tim	ne of Injury:		Transferring Fed	cility or EMS:			
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ALERT	
CALLED:	WHAT TIME?
ED ROOM:	DATE:
ER NURSE	ER
CHARGE:	PHYSICIAN:
TIME IN:	TIME IN:

All STAFF ARE TO SIGN IN AND WAIT AT THE NURSE STATION (OUTSIDE THE ROOM TO BE ASSIGNED A TASK). WHEN YOUR TASK IS COMPLETED CLEARLY STATE FOR THE SCRIBE WHAT YOU COMPLETED & ASK THE ER NURSE IN CHARGE IF THEY NEED ANY FURTHER ASSISTANCE. IF NOTHING FURTHER EXIT THE ROOM AND MARK WHAT YOU DID ON FORM. THANK YOU FOR HELPING MAKE EMERGENCIES FLOW SMOOTHLY.

	Arrival					
Staff Name	Time to ER	Tasks Assisted with During Emergency				

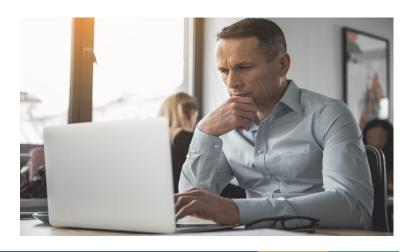
ROLES & RESPONSIBILITES

- PHYSICIAN: responsible for pt treatment & works closely with primary nurse
- ER NURSE: primary leader along with physician
- SCRIBE: someone to document on paper events happening in the emergency
- PHARMACY: assist to draw medications & assist with protocols & dosages
- LAB/RADIOLOGY: testing procedures & assist as needed
- RESPIRATORY: assess & maintain pt airway
- ANCILLARY STAFF (EMS, NURSES, SURERY) assist with tasks assigned by the primary nurse & support the emergency room patients while primary nurse is focused on primary emergency
- 24/7: assist with transportation & family support & other tasks as assigned

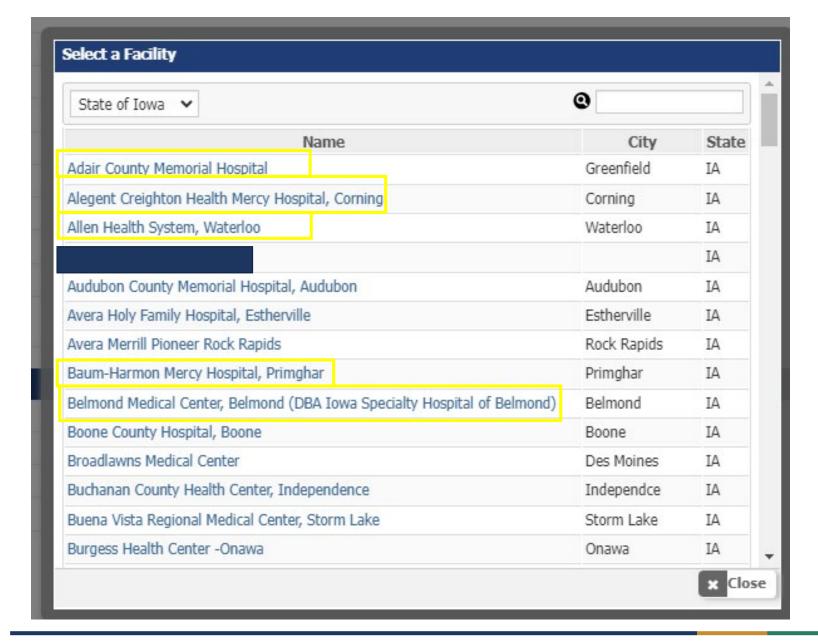


When your hospital changes their name - To change or not to change in Image Trend, that is the question......

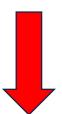
- The choice is YOURS!
- The State will not update your Facility name in Image Trend, but if you do, you must notify the State.
- Image Trend can not map/link the old facility name with the new facility name



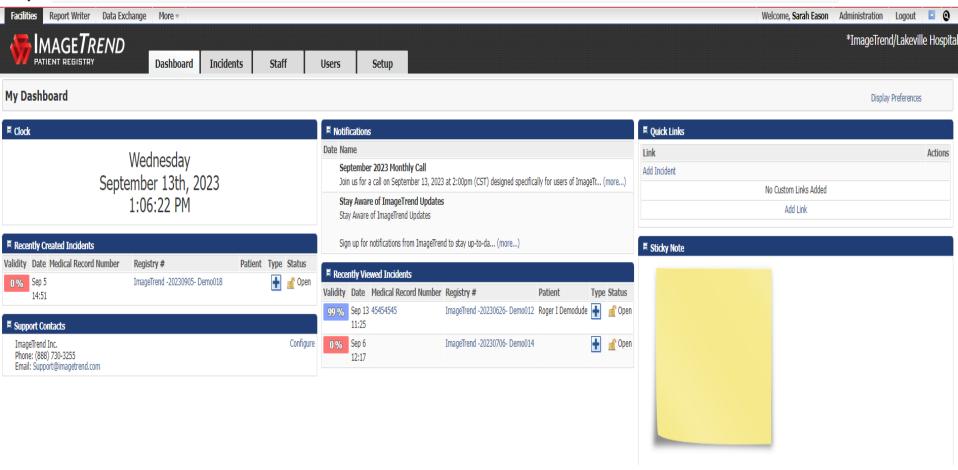




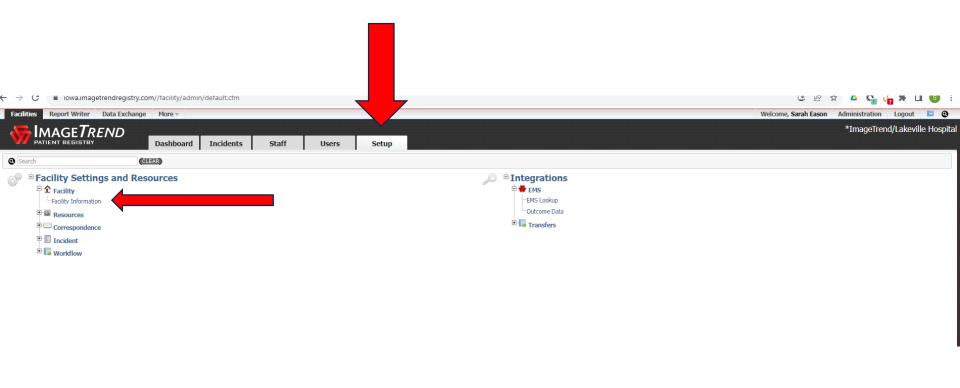




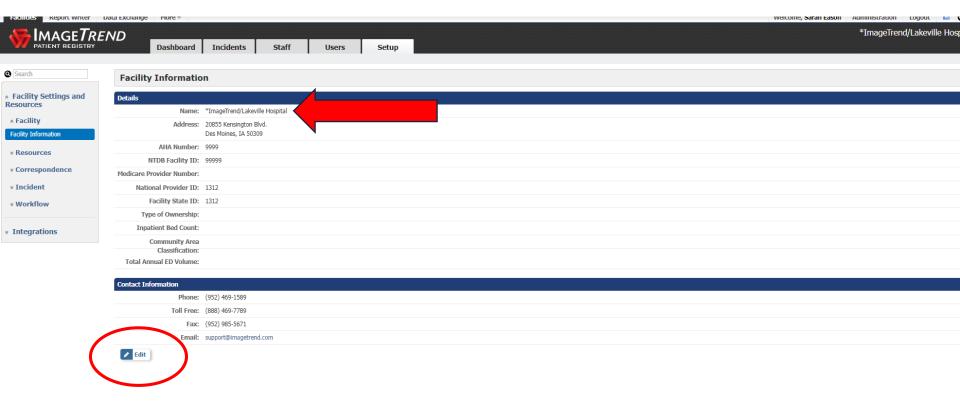
I choose to update my hospital's name, how do I do it?











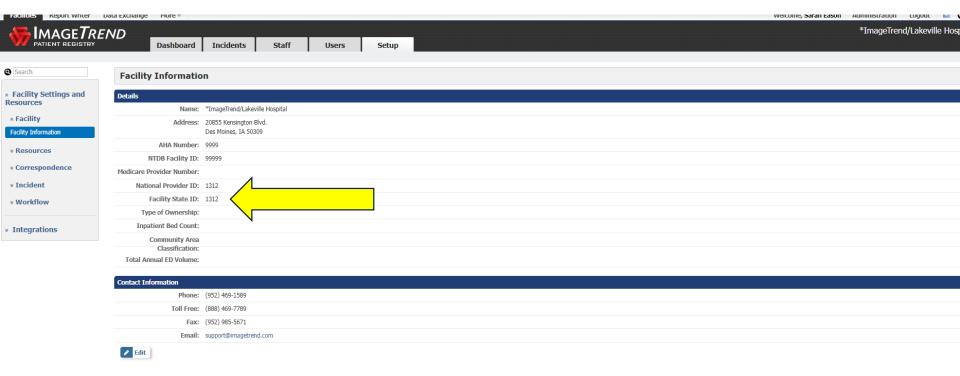


USE CAUTION



- Retrospective reports can contain queries based off of Facility Names
 - Be mindful of the reports you have previously created with facility name embedded in the criteria or filter (examples coming up)
 - If you use shared reports, examine them and if the "facility name" is a criteria or filter Be aware!!! and run the report off of Facility State ID
- Use Facility State ID Number to capture YOUR data from an "old" hospital name or "new" hospital name
 - Where can I find this number?
- Many old reports that Danny helped me with have this in there, so if you change your name, and don't adjust your report criteria, the report will only pull in record from your previous names.





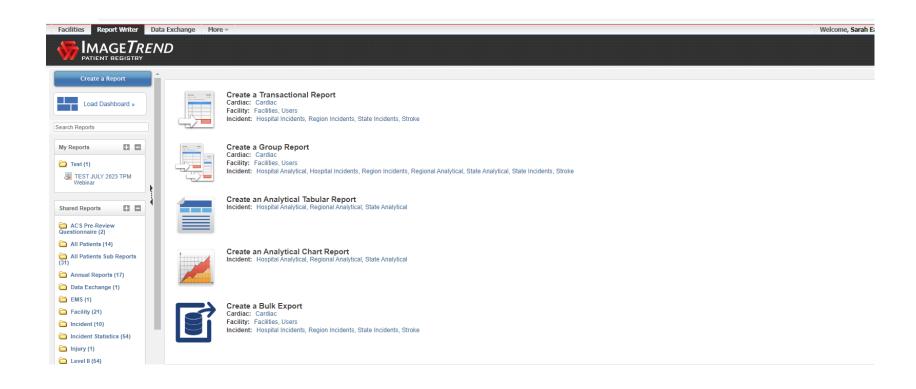


I choose "NO"

- Even though you do not have access to other hospital's data, there will be shared reports in Image Trend that require a facility name for a search criteria. Be aware.
- Other users beyond you, should know why you didn't change the hospital name. New employees, future TPM's and administrators.
- 'Public' display of Image Trend reports
- Remember to build new future reports using Facility State ID in criteria and filer sections to avoid complications from future name changes.

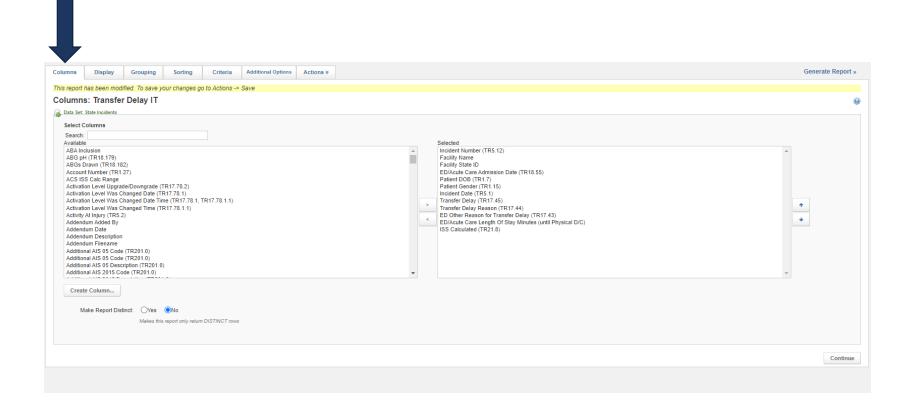


Report Writer – Adjusting Criteria and Filters to get the data you want



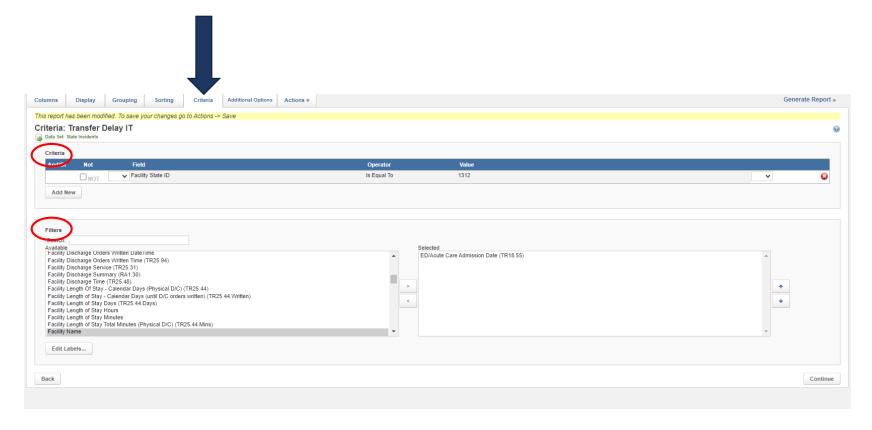


Columns to Display



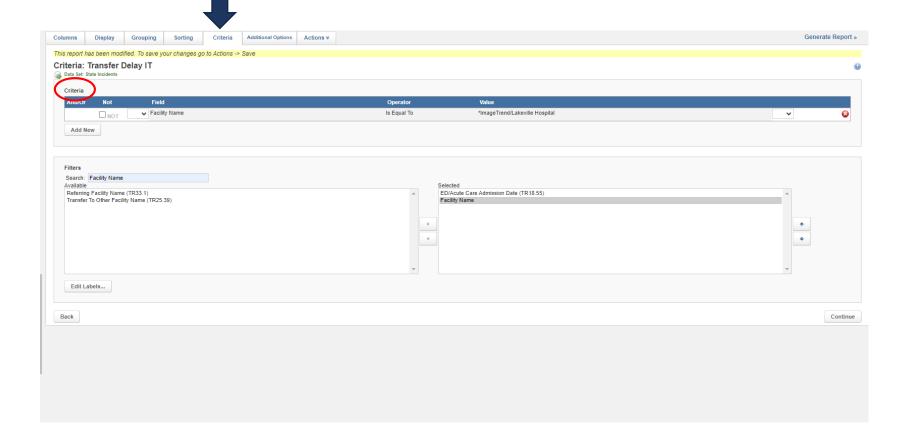


Adjusting Criteria and Filters to get what you want



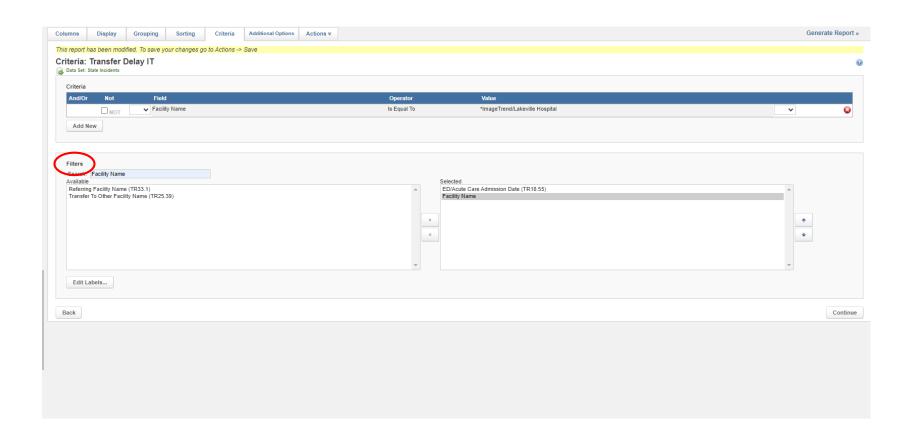


Criteria



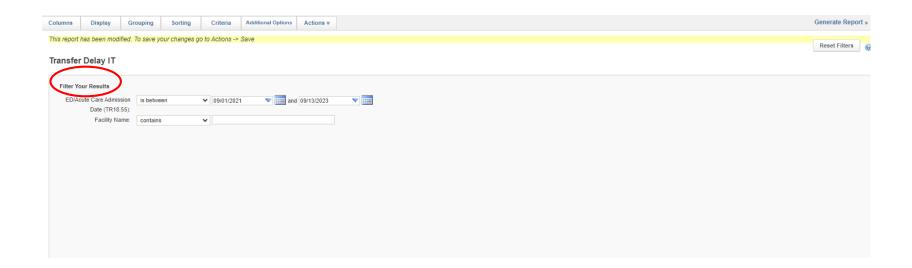


Filter





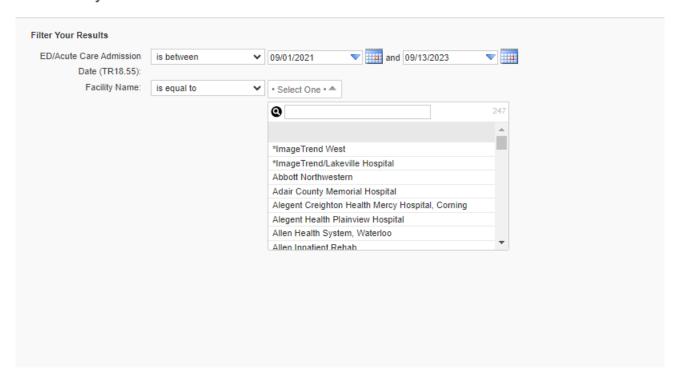
Generate Report and select query





Where it beomces a problem if you have multiple names in the system

Transfer Delay IT





This report has been modified. To save your changes go to Actions \Rightarrow Save $MAGETREND^{\otimes}$

Transfer Delay IT

IMAGE	NEIND		Transfer Belay 11								
Incident Number (TR5.12)	Facility Name	Facility State ID	ED/Acute Care Admission Date (TR18.55)	Patient DOB (TR1.7)	Patient Gender (TR1.15)	Incident Date (TR5.1)	Transfer Delay (TR17.45)	Transfer Delay Reason (TR17.44)	ED Other Reason for Transfer Delay (TR17.43)	ED/Acute Care Length Of Stay Minutes (until Physical D/C)	ISS Calculated (TR21.8)
lowa21070801000021		9080100	04/18/2021	05/20/1970	Female	04/18/2021	No	-Select-		28	4
lowa21070801000022		9080100	04/17/2021	06/30/2006	Female	04/17/2021	No	-Select-		53	20
lowa21071301000023		9080100	05/21/2021	02/19/1991	Male	05/21/2021	No	-Select-		43	4
lowa21071301000024		9080100	05/14/2021	11/16/1959	Male	05/14/2021	No	-Select-		9	9
lowa21071301000025		9080100	05/19/2021	03/04/1962	Female	05/19/2021	No	-Select-		49	4
Iowa21071301000026		9080100	05/13/2021	10/24/2003	Female	05/13/2021	No	-Select-		46	4
Iowa21071301000027		9080100	05/14/2021	07/12/1971	Male	05/14/2021	No	-Select-		30	8
lowa21071301000028		9080100	05/16/2021	09/21/1945	Female		No	-Select-		35	9
lowa21072101000029		9080100	06/15/2021	08/29/1943	Female	06/15/2021	No	-Select-		48	4
lowa21072201000030		9080100	06/19/2021	12/24/1977	Female		-Select-	-Select-		35	4
lowa21081701000031		9080100	07/25/2021	03/26/1948	Female		No	-Select-		43	16
lowa21081701000032		9080100	07/07/2021	03/25/1938	Female	07/07/2021	No	-Select-		29	10
lowa21081701000033		9080100	07/03/2021	11/09/1979	Female	07/03/2021	No	-Select-		48	1
lowa21092201000034		9080100	08/18/2021	07/26/2004	Female	08/18/2021	No	-Select-		4	4
lowa21092201000035		9080100	08/20/2021	11/16/1945	Female		No	-Select-		15	17
lowa21113001000036		9080100	10/01/2021	11/17/1940	Female	10/01/2021	No	-Select-		41	9
lowa22011701000001		9080100	12/12/2021	03/03/2005	Male	12/12/2021	No	-Select-		10	4
lowa22012001000002		9080100	12/24/2021	03/14/1967	Female		-Select-	-Select-		36	4

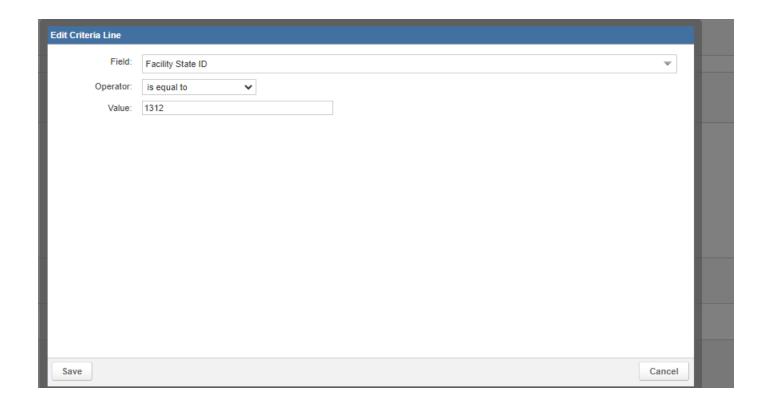
Report Filters

Ed/Acute Care Admission Date (Tr18.55): is between '01/01/2021' and '12/31/2021'

Facility Name: is equal to

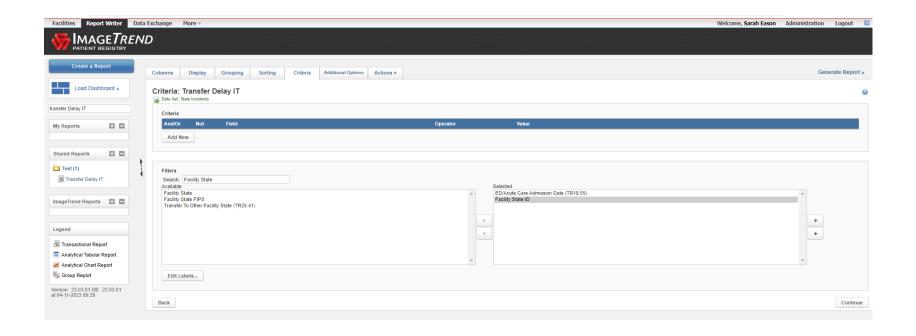


Instead "criteria" this - Facility State ID





Or Filter it this way- Facility State ID





Questions?



References:

■ The American College of Surgeons — Committee on Trauma. Resources for the Optimal Care of the Injured Patient (2014 edition).

