Trauma Program Manager Webinar

FEBRUARY 25, 2022 – UPDATES & FAQS

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Trauma Nurse Coordinator
Bureau of Emergency and Trauma Services

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Updates

- Governor Reynolds' Public Health Emergency Disaster Proclamation
  - Trauma elements expired May 27, 2021
  - Proclamation expired February 15, 2022

- Facelift to the SACA – 2022 facilities may notice
  - Easier flow by category
  - Few additional questions

Updated SACA

Iowa Department of Public Health
Bureau of Emergency and Trauma Services

321 E. 12th St.
Des Moines, IA 50319-0075
www.idph.iowa.gov/BETS

Level III Trauma Care Facility Self-Assessment Categorization Application (SACA)

Complete all sections of the application that apply and use N/A as indicated. The SACA may be completed as an electronic form (save to computer) or printed and completed legibly by hand. If additional space is needed to answer questions, further supporting documentation may be submitted with the application.

Application submission, questions, and comments can be directed to:

Jill Wheeler, RN, BSN, CCRN, SCRN, TCRN
Trauma Nurse Coordinator
(515) 201-4735
jill.wheeler@idph.iowa.gov

Hospital Information		
Name of Facility:		Date of application:
Address:	City:	Zip:
Hospital Board President/Chair:	Email:	
Hospital Administrator:	Email:	
Trauma Program Manager:	Email:	
Trauma Coordinator:	Email:	
Trauma Medical Director:	Email:	
Trauma Medical Director Board Certification:		
Trauma Registrar(s):	Email:	
Trauma Support Staff (injury prevention, quality, etc.)		

Level III SACA

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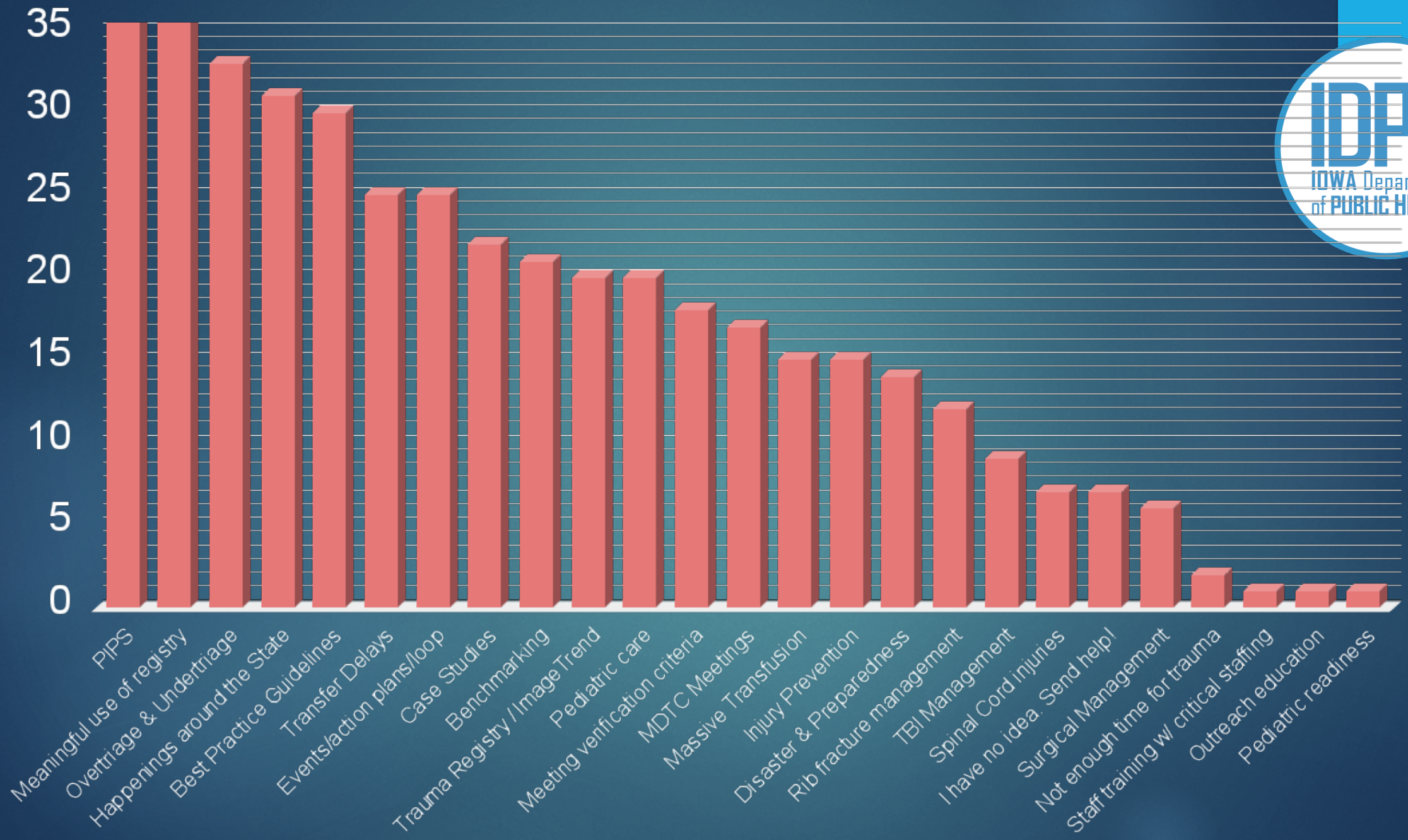
Updates

- January TPM Webinar with IDN
  - Excellent turnout – 75 registrants, 66 logged in
  - CEU's provided (certificates coming soon from IHA)
  - Separate Zoom links & calendar invites when CEU's are offered
- New ACS "gray" book set to release March 2022
  - Level I & II ACS verifications with new criteria ~ September 2023
  - Level III & IV State verifications with new criteria ~ ???



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FAQ

- **Q: Falls on anticoagulants: "Is there a time period for when a trauma alert no longer needs to be called (i.e. elderly patient on anticoagulants presents to ED 3 days after fall)?"**
  - Time… not a hard and fast rule, but would ultimately depend on your facility's activation criteria. Use sound clinical judgment regarding the condition of the patient and why they are coming to the ED in a delayed fashion.
  - No State requirements (besides the 6 required activation criteria).
  - Expectation for facilities to develop clinical practice guidelines – management of the patient on anticoagulant/antiplatelet medications
  - Expectation for facilities to monitor over-/undertriage rates and adjust activation criteria accordingly to meet the goal of applying the necessary available resources to the patient in need

FAQ

- **Q: "Do we need to keep paper copies of trauma charts and documentation for verification purposes? How long do we need to retain these records?"**
  - Electronic documentation is fully supported from a State standpoint.
  - The State survey team is interested in the trauma program for the past 3 years, between verifications.
  - Follow your facility's record retention policy, but note that we may ask to see records within the last 3 year verification period.

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FAQ

- **Q: "Does a radiologist need to *read* the images within 30 minutes?"**
  - (11-32) – the radiologist must "be available" within 30 minutes
  - (11-34) – diagnostic information must be communicated in a written/electronic form "in a timely manner"
  - (11-35) – critical information must be verbally communicated "in a timely manner"

Applicable to Level III Trauma Care Facilities

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FAQ

- **Q: "What types of pediatric audit filters should we be using?"**
  - Should be reflective of your desired outcomes
  - "Dynamic" – change as the needs of your program change

  - Common pediatric filters:
    - Height/Weight/Broselow color documented
    - Appropriate fluid resuscitation of child with s/s of shock
    - GCS on arrival and Q1 hour with head injury
    - Child abuse screen for suspicious injuries
    - Appropriate imaging for peds (ex: PECARN head trauma CT decision)
    - Appropriate pain scale: assessment, intervention, reassessment

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FAQ

- **Q: "What Trauma Committees do we need?"**

- Multidisciplinary PIPS/Trauma Committee
  - TMD, TPM, ED, EMS, surgeons, administration, radiology, ancillary, anesthesia, ortho, OR/PACU, pharmacy, registrar, etc.
  - **System/operational** events & process issues
  - Should meet at least quarterly

- Trauma Peer Review Committee
  - Physicians, APPs, TMD, TPM, surgeons, liaisons
  - **Clinical care** concerns & provider issues
  - Deaths, morbidity, sentinel events, unusual cases, unexpected outcomes
  - Confidentiality is a must. The issue, discussion, action plan, and event resolution must be documented clearly.

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Frequently cited CD's & Recs

- **(2-13)** – Well-defined transfer plans are essential. Collaborative treatment and transfer guidelines reflecting the Level IV facilities' capabilities must be developed and regularly reviewed, with input from higher-level trauma centers in the region.

- What patients can your facility manage with your resources vs. what will be an expedited transfer?

Level IV

Frequently cited CD's & Recs

- **(2-19)** – A PIPS program must have audit filters to review and improve pediatric and adult patient care.

- Usually due to missing pediatric-specific filters
- What should you monitor?
  - Compliance with standards of care, documentation issues, system issues, outcomes, delays, missed diagnoses, errors, complications, etc.
- Filters should be reflective of desired outcomes

Level III & IV

Frequently cited CD's & Recs

- **(3-3)** – Rigorous multidisciplinary performance improvement is essential to evaluate overtriage and undertriage rates to attain the optimal goal of less than 5 percent undertriage.
- **(16-7)** – Rates of undertriage and overtriage must be monitored and reviewed quarterly.

Level III

Frequently cited CD's & Recs

- **(5-13)** – The criteria for a graded activation must be clearly defined by the trauma center, with the highest level of activation including the six required criteria listed in Table 2.

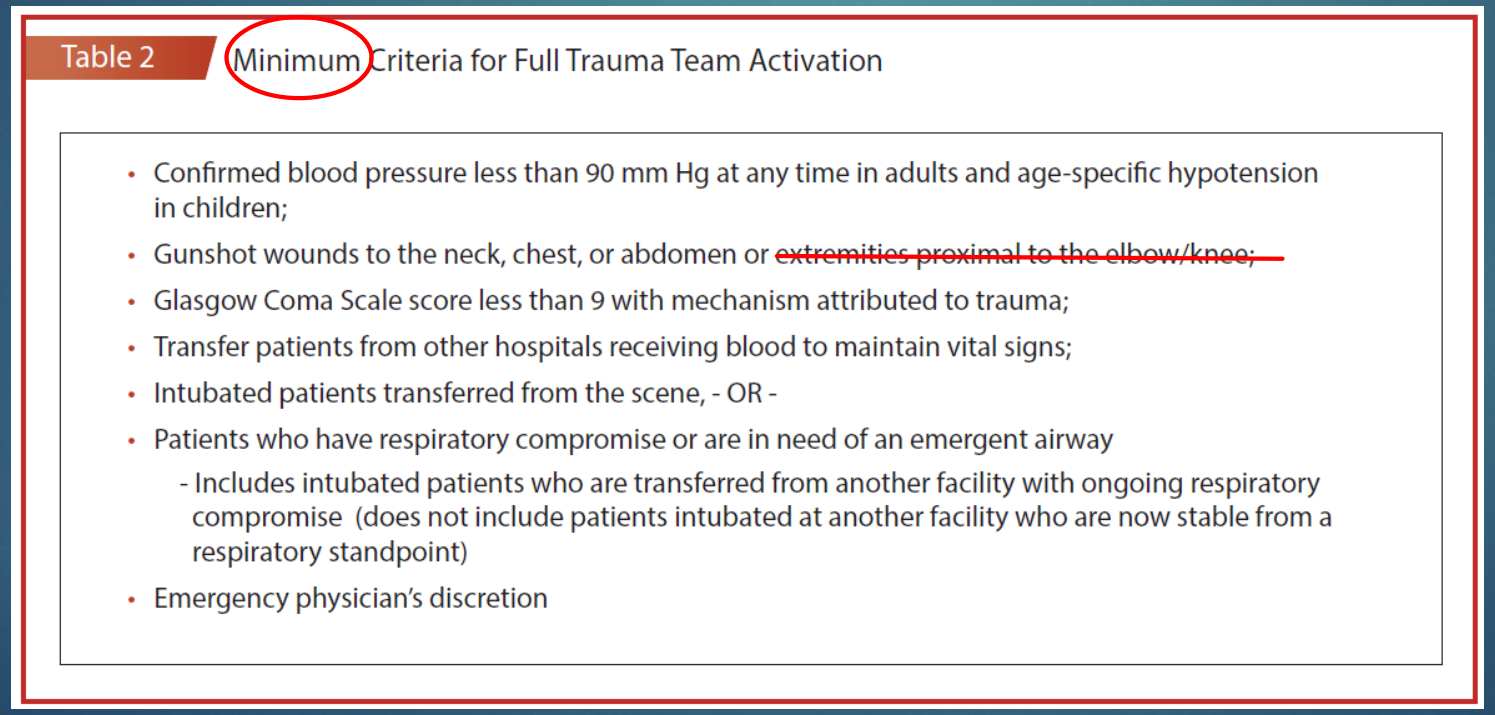

Table 2 Minimum Criteria for Full Trauma Team Activation

- Confirmed blood pressure less than 90 mm Hg at any time in adults and age-specific hypotension in children;
- Gunshot wounds to the neck, chest, or abdomen or ~~extremities proximal to the elbow/knee;~~
- Glasgow Coma Scale score less than 9 with mechanism attributed to trauma;
- Transfer patients from other hospitals receiving blood to maintain vital signs;
- Intubated patients transferred from the scene, - OR -
- Patients who have respiratory compromise or are in need of an emergent airway
  - Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint)
- Emergency physician's discretion

Level III & IV

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Frequently cited CD's & Recs

- **(11-84)** – Trauma centers of all levels must have a massive transfusion protocol developed collaboratively between the trauma service and the blood bank.

- ACS TQIP Massive Transfusion in Trauma Guidelines
- Ratio-based product administration
- Staff roles & responsibilities
- Consider mock MTP drills

Level III & IV

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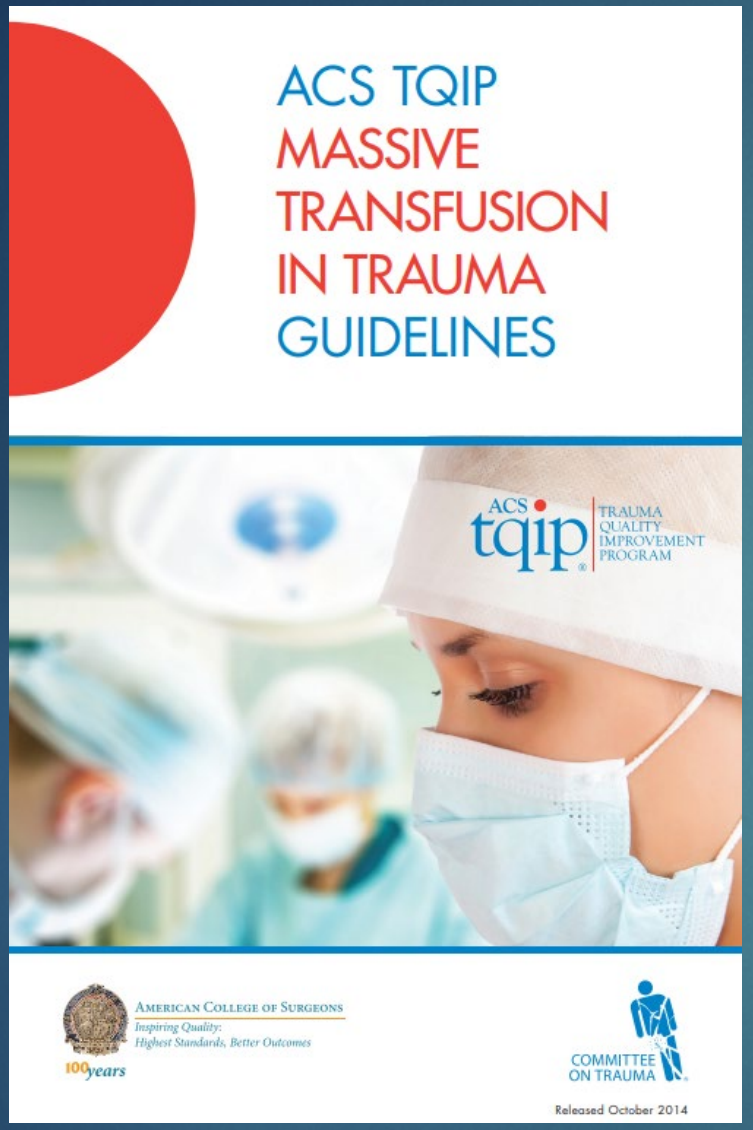

"The purpose of the guidelines is to identify the necessary components of a Massive Transfusion Protocol and address key issues involved in developing an MTP for trauma."

https://www.facs.org/-/media/files/quality-programs/trauma/tqip/transfusion_guildelines.ashx

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Frequently cited CD's & Recs

- **(11-87)** – The trauma program must also demonstrate appropriate orientation, credentialing processes and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director.

Level III & IV

Frequently cited CD's & Recs

- **(15-3)** – The trauma registry is essential to the performance improvement and patient safety (PIPS) program and must be used to support the PIPS process.

- Where is your data? What are you doing with it? Is it supporting PIPS?
- "Meaningful use of the registry"

Level III & IV

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Frequently cited CD's & Recs

- **(15-4)** – Furthermore, these findings must be used to identify injury prevention priorities that are appropriate for local implementation.

- What are your high volume mechanisms of injury?
- ImageTrend reports
- Community education

Level III & IV

Frequently cited CD's & Recs

- **16(2-17)** – The processes of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking must be present.

- Loop closure – did the corrective action get the desired effect?
- Thorough documentation
- Continuous monitoring/reevaluating

Level III & IV

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Frequently cited CD's & Recs

- **(16-10)** – Sufficient mechanisms must be available to identify events for review by the trauma PIPS program.
- **(16-11)** – Once an event is identified, the trauma PIPS program must be able to verify and validate that event.

- Are your audit filters catching events? Are they "dynamic" and changing with the needs of your program?
- Validate data accuracy

Level III & IV

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Frequently cited CD's & Recs

- **(18-1)** – Trauma centers must have an organized and effective approach to injury prevention and must prioritize those efforts based on local trauma registry and epidemiologic data.

- Coincides with **(15-4)**
- Look at your local registry trends – develop injury prevention activities accordingly

Level III & IV

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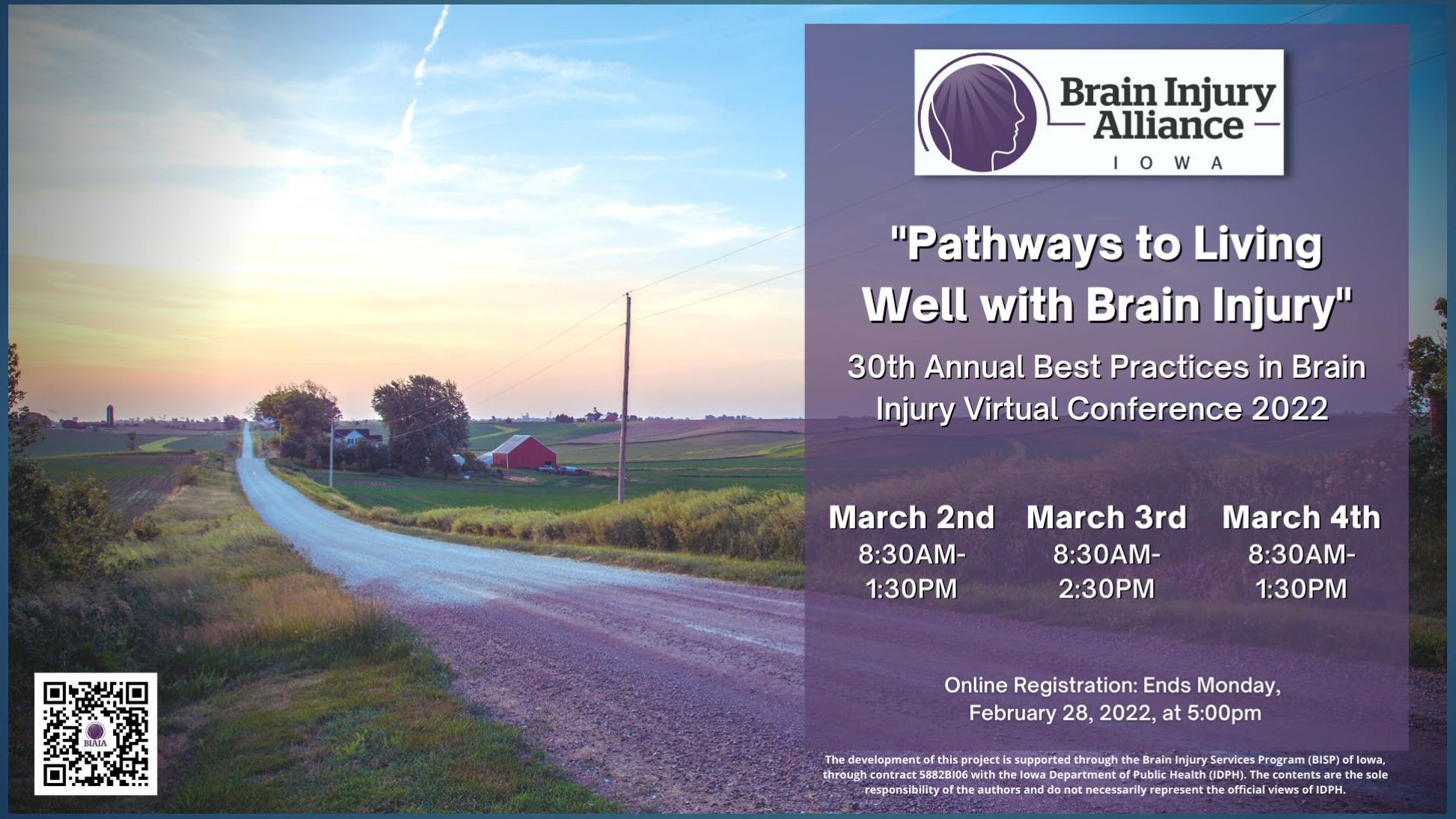
Upcoming Opportunities



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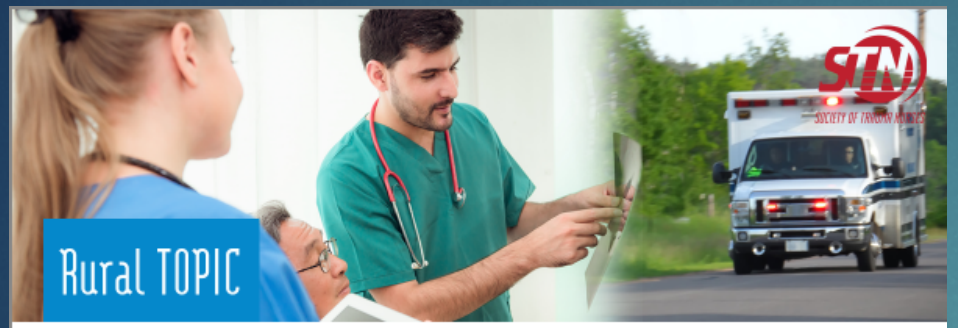
Upcoming Opportunities



Newly Scheduled
STN Virtual Rural TOPIC Courses Available

The Society of Trauma Nurses is now offering the **Rural Trauma Outcomes and Performance Improvement Course** online.

This course will provide education and a better understanding of the Performance Improvement process in trauma care to Level 4 and Level 3 (those in small communities or low trauma volume) trauma centers.

The TOPIC course is taught to all members of the trauma system team who participate in the ongoing assessment, evaluation and improvement of trauma care. TOPIC focuses on the ongoing assessment of the continuum of trauma care with a structured review of process and trauma patient outcomes with a unique focus on rural trauma center processes.

The TOPIC course is taught in a 6-hour interactive Modular Format. The course offers practical application from entry level to mature phase of program development. The Modules are taught with a focus on didactic, operational definitions, sample tools, case study examples and take-home points.

Course Dates:

- Tuesday, April 12, 2022
  8:00 AM - 3:30 PM (Central Time)
  TBD
- Thursday, June 23, 2022
  8:00 AM - 3:30 PM (Mountain Time)
  TBD

Course Modules

- Trauma Performance Improvement Patient Safety Infrastructure and Culture
- Culture of Safety and Conceptual Trauma Performance Improvement Plan
- Event Identification: Audit Filters, Core Measures, CPGs, and the Levels of Review
- Classification System for Trauma PI Events
- Data Management, Foundation of PI Process
- Trauma Performance Improvement Reports
- Trauma Performance Improvement Committee Structure
- Action Plans: Prevention and Mitigation
- Event Resolution
- Case Scenario Review: Skills Practice

Continuing Education

Society of Trauma Nurses is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This course has been awarded 6.5 contact hours.

https://www.traumanurses.org/education/stn-topic

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Upcoming Opportunities

- Trauma System Advisory Council (TSAC)
  - Tuesday, April 19 – 1:00-4:00
  - All are welcome to attend

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Upcoming Opportunities

- Iowa's 2022 Trauma & Preparedness Conference
  - **September 8-9, 2022** (formal save the date to come)
  - Prairie Meadows Conference Center – Altoona, IA
  - Interested in being on the planning committee?
    - Meeting: Thursday, March 3 @ 1200
  - Do you have speaker or content ideas?
  - What do you want to learn about?
  - Do you have a good case study to share?

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Resources

- Trauma Program Manager Manual
- BETS Trauma Website
- American College of Surgeons Verification Website

Thank you!

- Next TPM webinar:
  - Friday, March 25 @ 10:00am
  - Topic: Injury Prevention & WISQARS database
  - Guest Speaker: Brian Feist
  - If CEU's are offered, watch for registration & new Zoom link

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