Arkansas Designation Process for Hospitals

May 10, 2011

R. Todd Maxson, M.D. FACS
Trauma Medical Director
Arkansas Children's Hospital

Big picture

- Moving from the “blue H sign” to the sign that says “Designated Trauma Center”.

- Creating the Trauma Service
- Making it work practically and financially
- Assessing the Readiness for a designation visit
- PRQ
- Visit

Steps (in order)

- Institutional commitment
- Physician and staff buy-in
- Method for capturing expenses
- Naming and assigning duties to:
  - TPM
  - TMD
  - Registry

Requirements for jobs

- TMD
  - Surgeon at Level I & II
  - ED physician or Surgeon at Level III and IV
    - Level III – must at least have an assistant TMD that is a surgeon
- TPM – RN with **Adequate** effort devoted to the trauma program
- Registrar – *should be clinical.* Must be proficient in coding

Steps (in order)

- Performance improvement process
  - Trauma Council – system issues
  - Trauma multi-disciplinary peer review – provider issues
- Live with it. Track it. Document it. Get help. Modify it.
  Get good at it for three months.

Steps (in order)

- Obtaining and documenting educational base
  - Physicians
    - ATLS
    - CME
  - Nursing
    - TNCC
    - Unit based

Assessment of readiness

- ADH website www.healthy.arkansas.gov
  - New “quick-link” to trauma
  - Video
  - Rules and updated FAQ

So you're ready for a visit

- Call your ADH designation coordinator with tentative date "range with black outs"
- Fill out the seven question readiness evaluation document
- Lead reviewer and AHD will settle on a date and notify you

So you're ready for a visit

- PRQ is DUE six weeks prior to the review
  - Visit date
  - Six weeks prior – PRQ due
  - One month to fill out the PRQ
  - Three months of SOLID PI
  - Two to three months to get PI going
- Beginning program – site visit - 8 months

PRQ

- Do not modify or change the form
- Answer all questions.
- If you have a service that sees trauma patients (even if it’s not a required service) answer the questions about that service

PRQ

- Call the ADH designation coordinator for clarity on questions
- Send it to a friend that has been through a survey
- Do not use abbreviations
- Distribute it among hospital stakeholders

PRQ

- Have someone else read over it
- Save it in a Word format
- Send it electronically to the ADH designation coordinator, who will forward it to the reviewer
- Print your own copies

Now the PRQ is submitted

- It will be reviewed at the ADH
- You may get a call to clarify or modify

- Once given the green light
  - Contact the lead reviewer
    - Exchange e-mails and phone numbers
    - Work out logistics
    - Accommodations

Dealing with Reviewers

- Work out the travel, lodging and honoraria
  - Hospital should have secured and paid for lodging (or billing)
  - Honoraria should be secured
  - Travel – work out with reviewer

Site Visit

- Charts
- Meal / PRQ meeting
- Tour
- Review of PI minutes, CME, ATLS, community education
- Team deliberation
- Exit interview

Secluded room

- Reviewers will leave personal items
- Computers
- Meeting minutes, binders etc.

- Will be needed the entire time of the review

Chart Review

- Electronic medical record
  - Have someone from the hospital to “drive the computer” VERY familiar with the EMR and trauma charts - practice this ahead of time
  - Reviewers don’t need access
- Alternatively print out
- Have ALL PI documents available

Charts Levels I - III

- Categories
  - a. Patient deaths
  - b. Patients with ISS > 25 with survival
  - c. Pediatric patients (non-pediatric facilities)
  - d. Subdurals/Epidurals
  - e. Pelvic fractures
  - f. Admissions to a non-surgical service
  - g. Transfers out (non-rehab)
  - h. Urgent to the OR (within 2 hours of arrival)
  - i. Patients with significant PI issues
  - j. Liver and Spleen injuries

Latest 10 per category OR if you don't have 10, all in a category

Charts Level IV

- All trauma deaths (2-3 will be chosen for review)
- ii. All trauma patients with ISS> 4 admitted to the facility (2-3 will be chosen for the review)
- iii. All “major trauma” patients seen and transferred – hospital may substitute patients with ISS > 25 for “major trauma”
- iv. Pediatric trauma patients (<10 years old) transferred out (2 will be chosen for review)
- v. Trauma patients with significant PI issues identified and discussed in the PI process (2 will be chosen for review)

Chart Review

- Pre-hospital - run sheet
- ED flow sheet
- Admission orders
- Notes

- Abstract sheet
- PI indicators
- All deliberations – Peer review or Systems discussions, e-mails, etc.

Meal - Meeting

- Dinner or lunch (depending on level)
  - All MUST attend
    - Liaisons from Administration, general, ortho, neuro, anesth, EM, CCM, Rehab,
    - Nursing – ED, Units, OR/PACU
    - Others – Education, injury prevention

Meal - Meeting

- Dinner / lunch – working meeting
  - No presentation
  - Secluded – very quiet
  - Seats arranged to facilitate discussion
  - All should have a copy of the PRQ and be familiar with the area they will cover.

Tour

- ED
  - Disaster preparedness
  - Resuscitation room
- Radiology
- OR / PACU
- Units / floor
- Rehab

Back to the “room”

- Review PI notebooks
  - Have a flow diagram of PI process
  - Have binders by meeting
- Others
  - CME and ATLS for physicians
    - Have the certificates
  - Job descriptions
  - Resolutions
  - Community education and IP

CME and ATLS

- Initial designation
  - Physicians are required to have two hours of trauma specific CME
- Subsequent designations
  - 16 hours of trauma specific CME over the four year period
- ATLS once for Surgeons & ED physicians - document

CME and ATLS

- Documentation for emergency physicians to justify that they are “qualified and experienced in the care of patients with traumatic injuries and can initiate resuscitative measures”

- Ways to document this
  - Board certification
  - Current in ATLS
  - Letter from TMD or Chief of Staff
  - Results of Audit of charts with quality filters

CEU and Nursing Ed.

- ED nursing – PALS or ACLS or ENPC
- PLUS
  - 16 hours of a Health Dept. Approved Trauma Course
    - Only one so far is TNCC
- Expectation is ALL of eligible nurses – if ALL are not certified provide proof of enrollment

Education

- Proof of educational offering or requirements for
  - Nurses
  - Physicians
  - Pre-hospital

Reviewer Deliberation

- Reviewer will determine the time of the exit interview
- Reviewer will need about an hour to complete the Reviewer checklist and prepare the executive summary

Common deficiencies

- Inadequate PI
- Inadequate registry
  - Capture of injuries and complications
  - Inaccurate coding
- Attendance at the PI meetings (must be at least 50%)
- ATLS for surgeons and EM docs
- Documentation of ED physician competence

Categorization of deficiencies

- Critical – cannot be designated
- Type I – can have one, receive a provisional designation with an acceptable corrective action plan
  - 5 Type II deficiencies = a type I
- Type II deficiencies – can have up to four and receive full designation
- REVIEW the ADH documents
  - Reviewer's check list
  - Designation criteria document

Executive summary

- Attendance is not mandatory but very helpful to have the administrators there
- May be recorded

Designation

- Provisional
  - 1 year to correct
  - Hospital to submit a corrective action plan
  - ADH will review and agree or modify and determine the extent of the focused review.
- Enjoy all monies and benefits of designation

Summary

- We want you to succeed
- A good show can’t make up for lack of commitment
- Certifying that you ARE a trauma center, not going to be
- The money is not the point

- Answer will come back in 4 – 6 weeks.
- Charges can be submitted from the day of the survey if designated