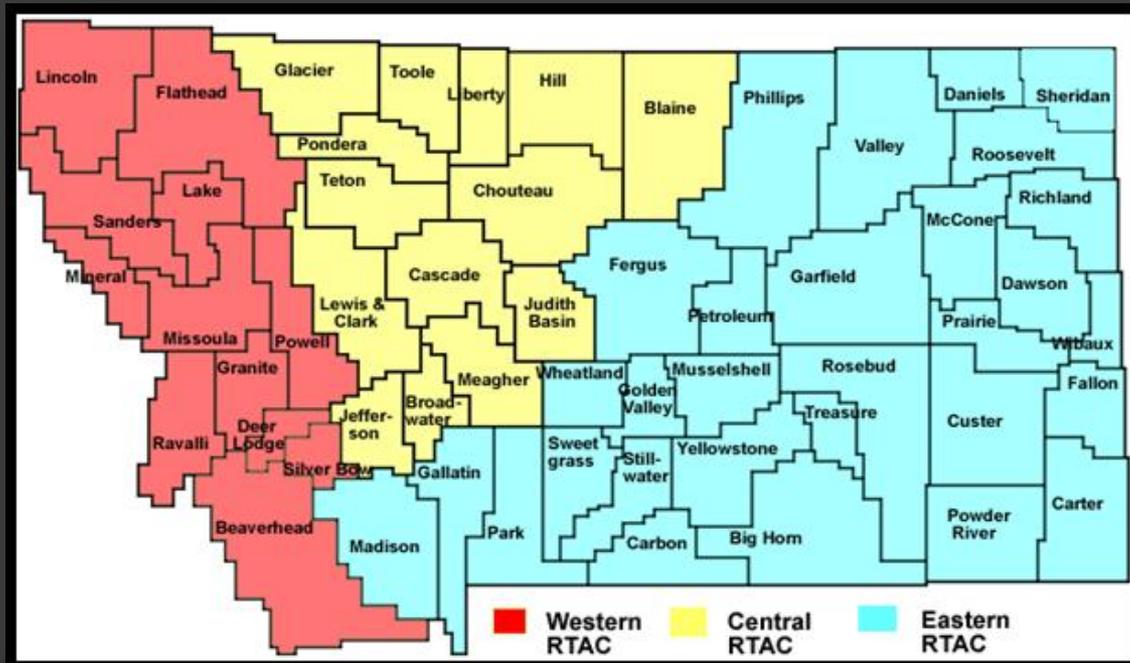




TRAUMA FACILITY DESIGNATION

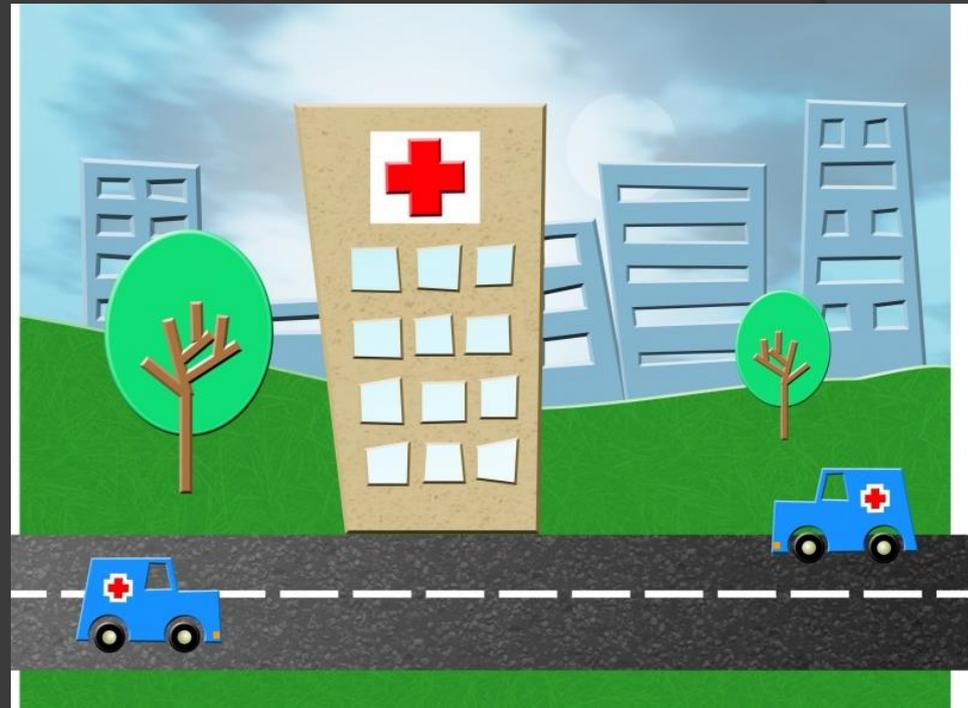
Trauma System

- The Montana trauma system is a voluntary system designed to provide an organized, pre-planned response to the trauma patient helping assure both optimal patient care and the most efficient use of limited health care resources.



Trauma System

- A trauma system includes a network of definitive care facilities that provide a spectrum of care for all injured patients.
- The system emphasizes the need for various levels of trauma centers to cooperate in the care of injured patients to effectively utilize precious medical resources.



Trauma Designation



- A process conducted by the EMS and Trauma Systems Section of the Department of Public Health and Human Services
- Authority provided for by Montana statute (Title 50, chapter 6, part 4, MCA) and rules adopted on July 28, 2006
- Trauma Facility Resource Criteria

Levels of Trauma Facilities

- ◎ **Regional Trauma Centers**
 - Capable of providing advanced trauma care for a region
- ◎ **Area Trauma Hospital**
 - Capable of handling most trauma patients within their service area
- ◎ **Community Trauma Facility**
 - Able to provide limited emergency and surgical coverage
- ◎ **Trauma Receiving Facility**
 - Able to provide limited emergency care (ABCDE) with no surgical coverage

Duration



- Full designation = 3 years
- Coincide with ACS
 - 6 month extension
- Provisional designation
 - Not longer than 12 months
 - Corrective action plan
 - Focused review

Why focus on TRAUMA

➤ Trauma is just a small part of what you do BUT



WHY focus on Trauma



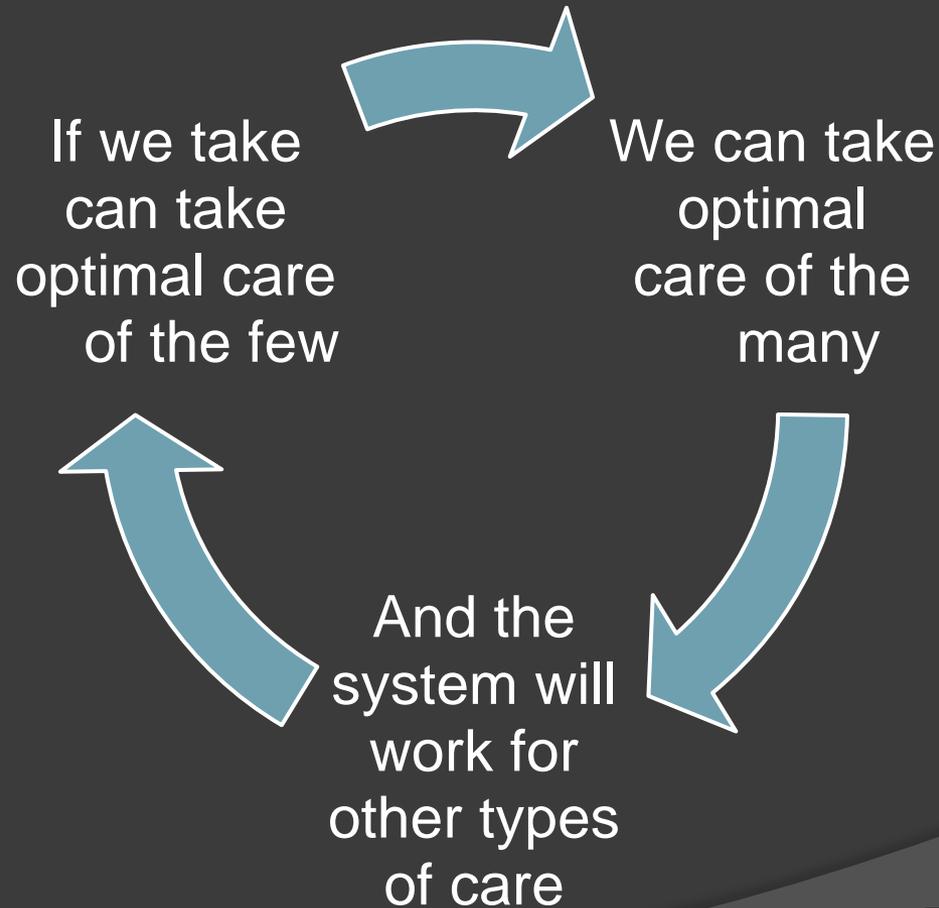
- Systematic
- Emergent care
- TEAM effort
- Other partners

Why focus on TRAUMA



- Trauma is the leading cause of death for all Montanans between the ages of 1 and 44

Basic Tenants



Montana Reality



Cannot Really Opt Out



Functional Trauma Planning

- ⦿ Commitment
- ⦿ Recognize limitations
- ⦿ Define capabilities for optimal resuscitation
- ⦿ Optimal use of resources
- ⦿ Assure adequate training
- ⦿ Prompt transfer
 - ABCDEF
 - “ATLS and Out”



Trauma Education is Key

- Advanced Trauma Life Support
- Trauma Nursing
- Prehospital Trauma Life Support
- Pediatric Education for Prehospital
- TEAM Trauma Course
- Annual Trauma System Conference
- Annual Rural Trauma Symposium
- Calendar on website MontanaEMS.mt.gov



Regional Trauma Advisory Committees



- Case reviews
- Education support
- Guideline development
 - Inter-facility transfer
 - Burn care
 - Neurosurgical transfers

- Sub-committees
 - Education
 - Injury Prevention
 - EMS
 - Area Trauma Plan
 - Performance Improvement

Designation Process



- Consultation & technical assistance site visits
 - Performance improvement report
- Complete application
- Designation site visit
 - Performance improvement report
 - Designation report

Designation Site Visit

- On-site review team to constructively verify the facility's commitment, cooperation, resources, & performance
 - Trauma Medical Director
 - Trauma Coordinator
 - Trauma System Manager

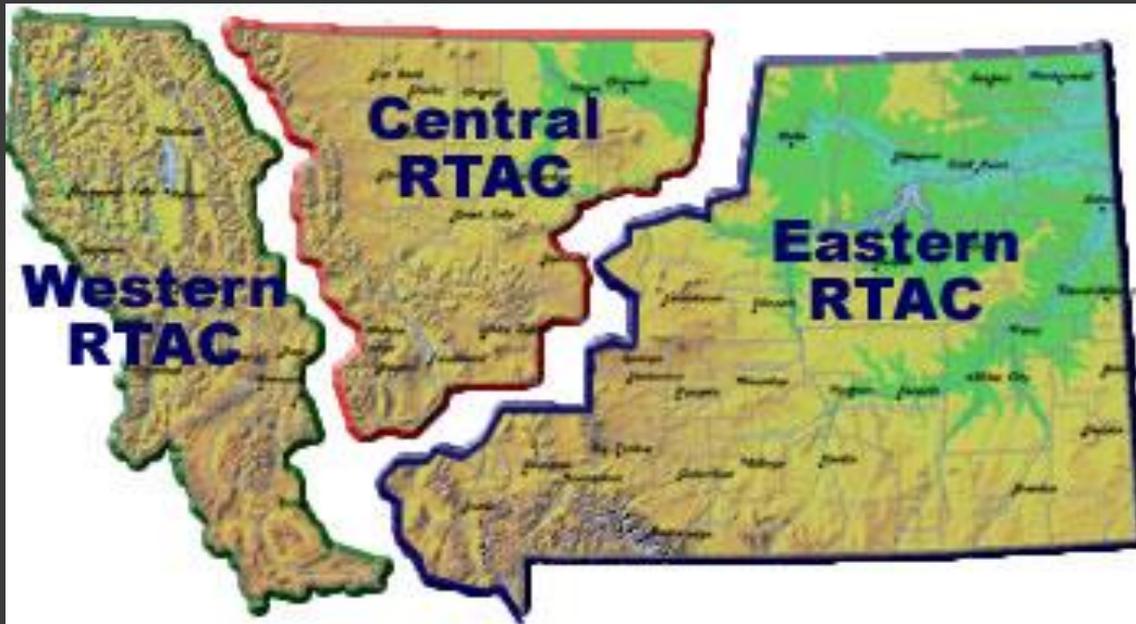


Surveyor Role

- Technical assistance
 - Assist in solving problems
- Opportunity for education
- Review charts carefully – may be the only trauma “peer review” that the facility receives
 - May only have 6 trauma charts per year
 - Teach how to do PI for limited patient population



Resources



- We don't believe in reinventing the wheel
- EMS & Trauma Systems Section
- Other facilities
- Regional Trauma Centers

St. Pat's Experience

- John Bleicher, RN – Trauma Coordinator
 - **Strong administrative commitment**
 - Willingness to commit the necessary resources
 - Willingness to help solve the difficult problems
 - **Medical provider leadership**
 - Credibility/respect from peers & co-worker
 - Willingness to deal with sometimes contentious issues
 - Ability to inspire for the greater good “rally the troops”

St. Pat's Experience

- What was gained:
 - Greater **physician involvement** in both caring for patients and in problem-solving (clinical & system)
 - Sense of **shared purpose/mission**, in which many people made sacrifices, partly because they knew others were doing the same
 - Greater **sense of “team”** involving all disciplines caring for the trauma patient
 - Occasionally, **lives are saved** that would not have been saved ten years ago - A few success stories go a long way towards replenishing enthusiasm

St. Pat's Experience

- ◎ Additional gains:
 - **Less complications** and missed injuries than in the past
 - **Sense of accomplishment** by working more with local EMS, other hospitals in our region and with the State Trauma Care Committee
 - **Trauma PI set the standard** for the rest of the hospital
 - Others will learn from these processes
 - Incorporated Trauma Service Death Preventability Criteria into reviews of all hospital deaths
 - Being a Trauma Center makes you a **better hospital!**



Evidence Based Research



- Many studies found supporting the premise that injured patients treated in designated/verified trauma centers have better outcomes than injured patients treated in non-trauma hospitals.
- No studies were found that refute this premise.

Designation Costs

- Trauma Coordinator
 - Care Guidelines
 - Trauma Registry
 - Performance Improvement
- Physician support
- Education
- Equipment
- There is no facility fee for Montana trauma designation



Small Facility Facts

- ⦿ Transfer issues are important
- ⦿ Limited & declining resources
 - Physicians, nurses, prehospital,
 - Payor mixes
 - Patient beds
- ⦿ Trauma Coordinator
 - Many hats, not much time, may share responsibilities, medical records



Small Facility Facts



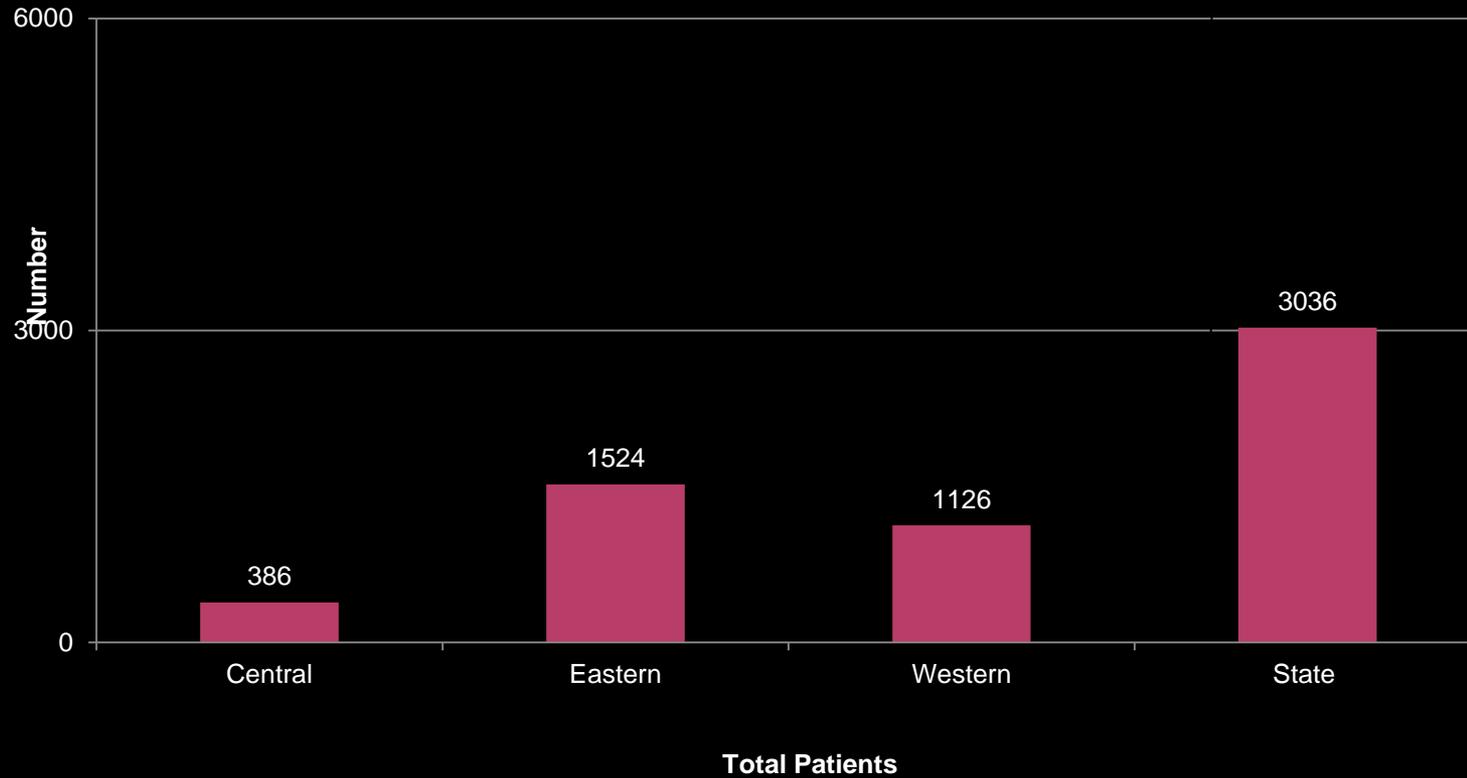
- Apply standards to best practice for their size, patient census & resources
- Look for what can be done
 - Limited resources
- Clinical Care can be outstanding

Montana Trauma Registry

- Statewide database of trauma patients
- Required participation (regardless of designation status)
- Computer & paper format
- Performance Improvement
- Alyssa Sexton-System Manager
 - asexton@mt.gov
- Carol Kussman- Trauma Coordinator
 - ckussman@mt.gov
 - 444-4459



Total Patients Year 2010



2010 Patient YTD Demographics

AGE

74% ages 10-64

29% > 55 yrs of age

8% < 10 of age

19% \geq 65 of age

RACE

78% White

2% Other

16% Native

4% ND

GENDER

65% Male

34% Female

<1% ND

2010 Patient Demographics

91%

Blunt

6%

Penetrating

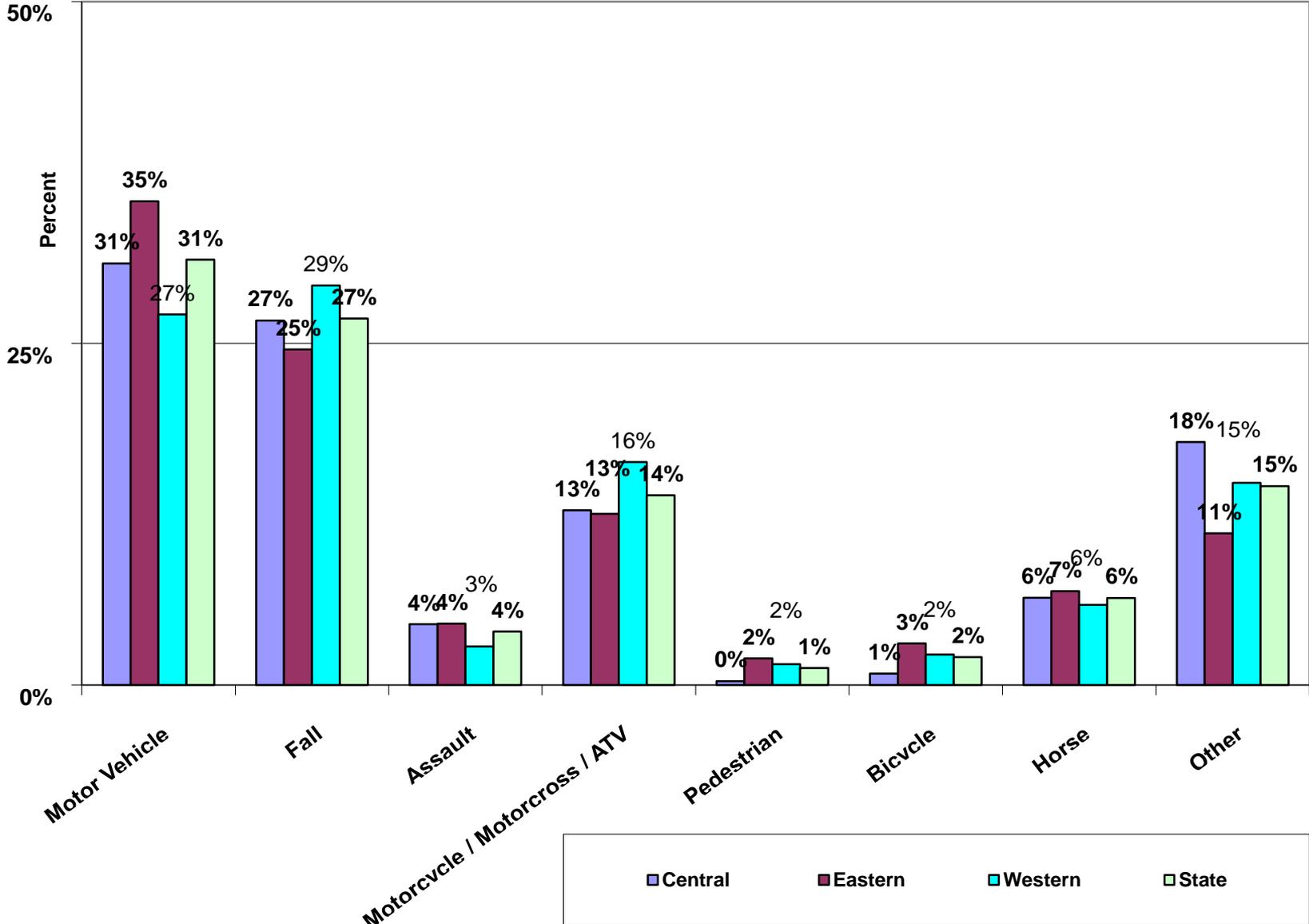
2%

Burns

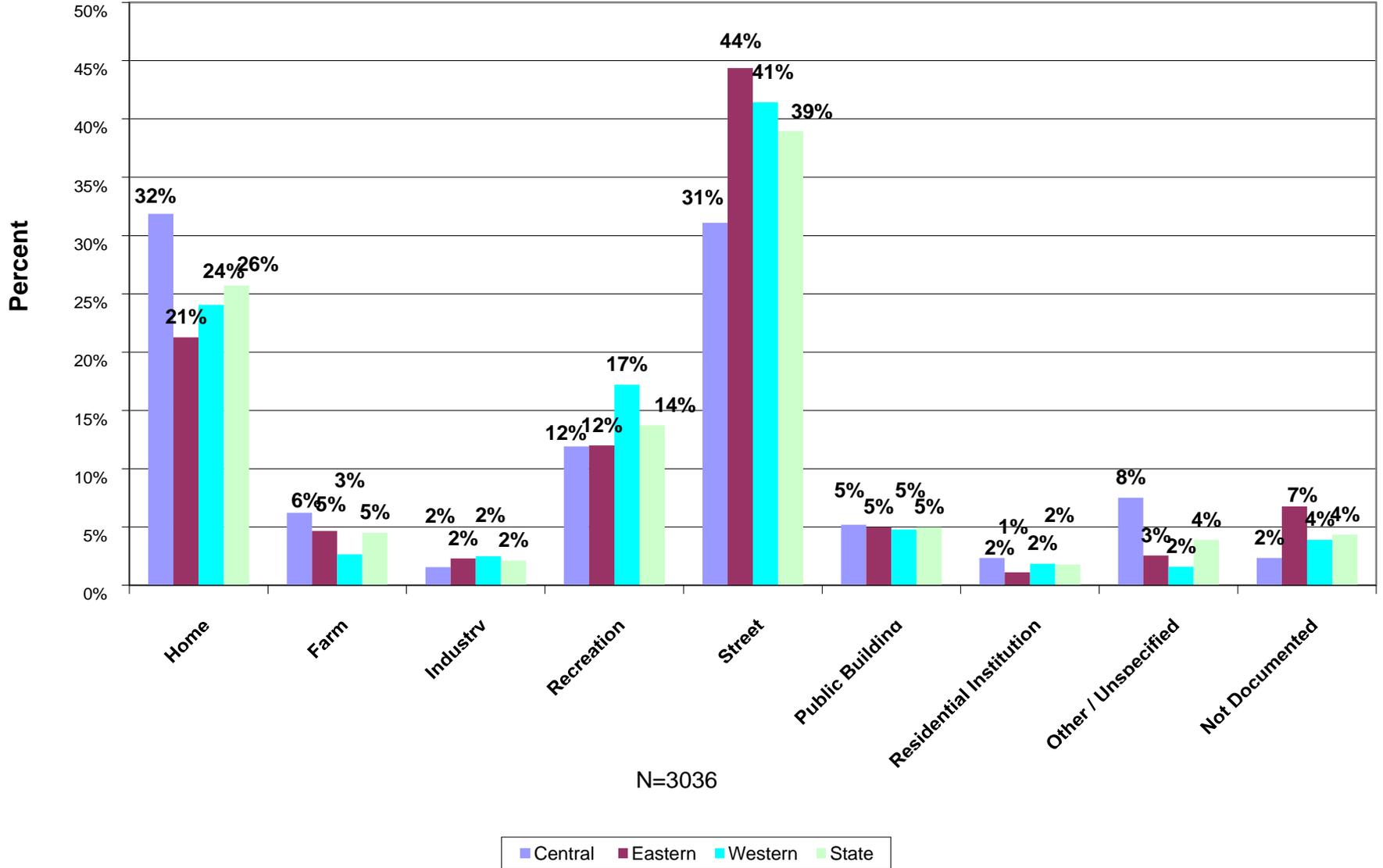
1%

Anoxia

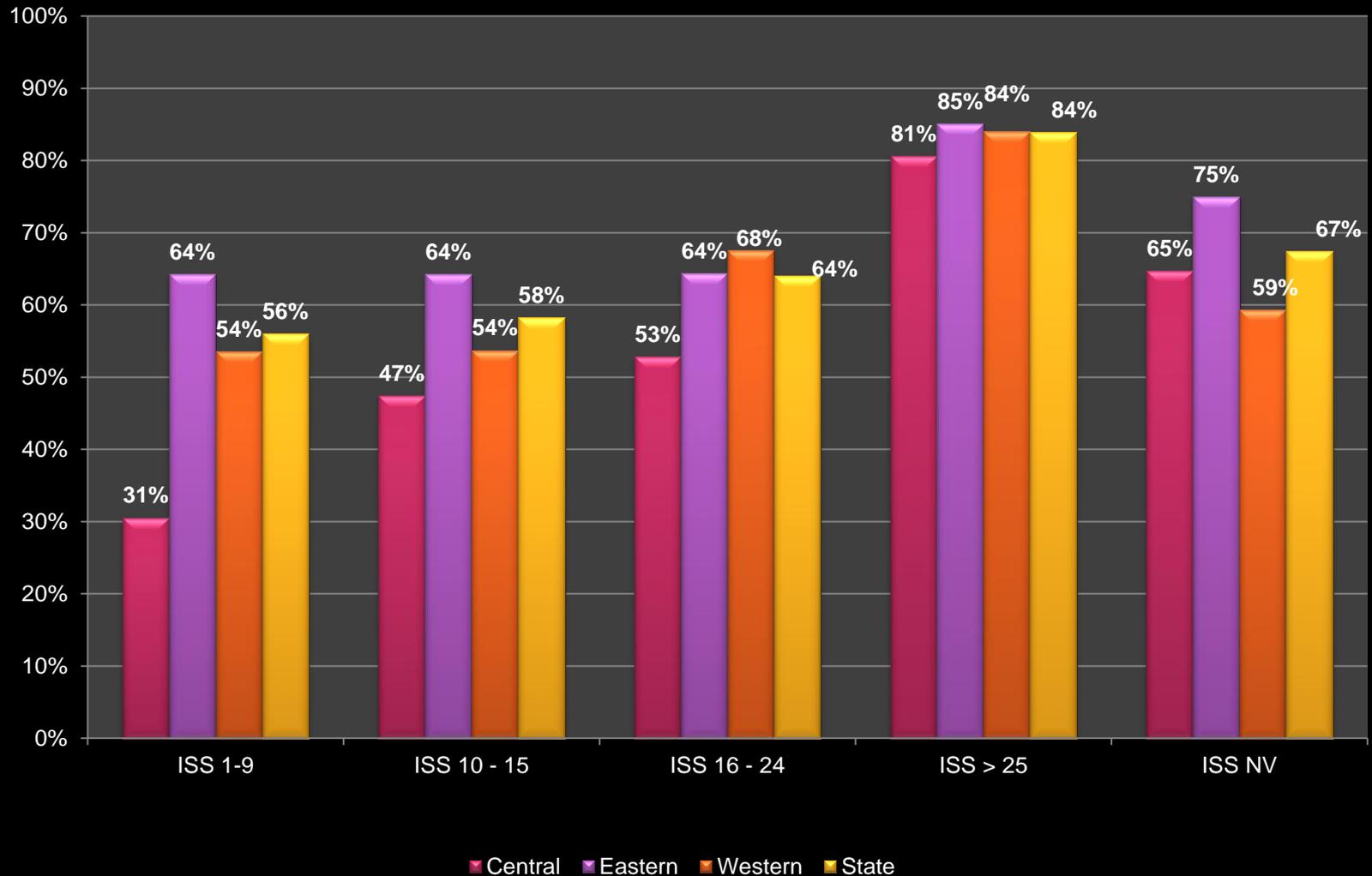
Blunt Causes



Location by Region



Trauma Team Activations by ISS



Designation Revenues

- Bill for trauma team activations that have EMS pre-notification, interhospital transfers & meet pre-established criteria
- System efficiencies will lead to decreased length of stay and overall costs
- Decreased complications and “things falling through the cracks” will lead to increased patients & family satisfaction
- Other departments/programs will emulate trauma performance improvement & improve system efficiency for the entire hospital
- Involving staff in the development process helps to achieve a sense of TEAM



Trauma Code Guidance

- Trauma Response code UB-92 068X can be used only by trauma centers/hospitals as licensed or designated by the state government authority, or as verified by the American College of Surgeons.
- Only patients for whom there has been prehospital notification based on triage information by prehospital caregivers who meet either local, state, or ACS field triage criteria, or are delivered by interhospital transfers, and are given the appropriate team response can be billed a trauma activation charge.

Non-Medicare Billing

- **Trauma patient type** (FI 19 Type of Admission/Visit 05).
- To be used by bona fide trauma centers to identify those patients that meet trauma activation or transfer criteria.
- This category to be used regardless of whether the patient received trauma team activation.
- This code demonstrates to the payers that this is a “**trauma admission**”

068X Revenue Codes

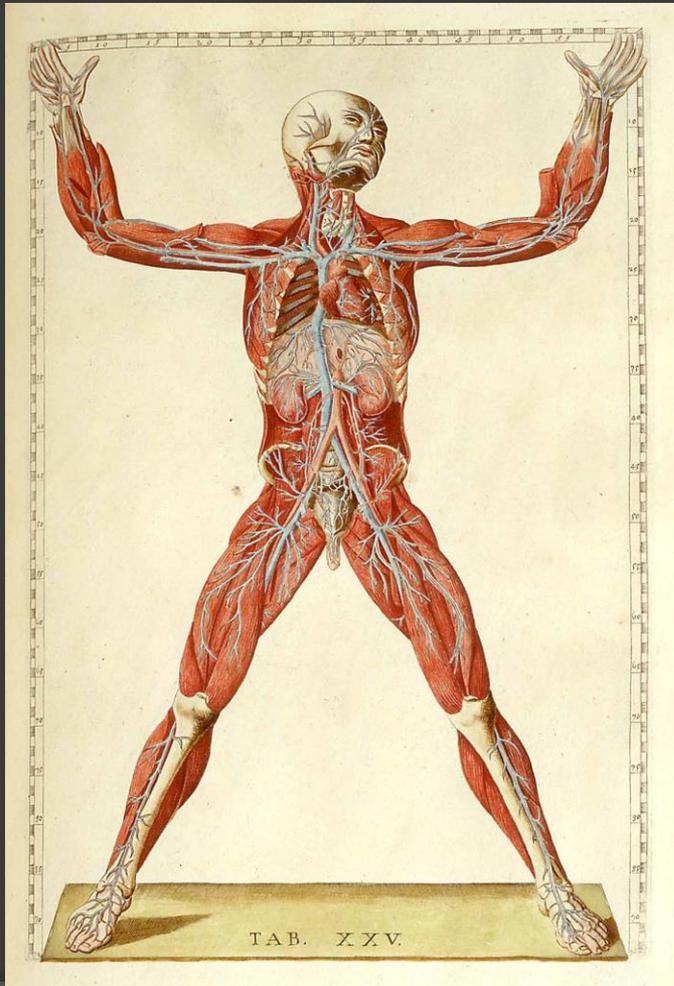
- 068X Subcode (substitute for X) is used when **trauma team activation** occurs “notification of key hospital personnel in response to triage information from prehospital caregivers in advance of the patient’s arrival”
 - 1 - Level I
 - 2 - Level II Regional Trauma Center
 - 3 - Level III Area Trauma Hospital
 - 4 - Level IV Community Trauma Facility
 - 9 - Levels beyond IV Trauma Receiving Facility
- The code is for reporting activation costs only. To be reported in conjunction with ED 045X revenue code.
- Place on UB92 form in location 42.



HPCPS Codes

- For use with 068X Revenue Category, the trauma facility can establish up to **three levels of activation** identified by the correct CCPT/HPCPS codes
 - 99284 – Trauma evaluation for non-EMS patients, transfers, etc. for whom a small team is activated
 - 99285 – Partial team activation
 - 99291 – Full activation
- **Documentation is essential** that proves that the team members at each level are activated and respond in the time established by policy/protocol

Descriptions



- Each hospital is responsible for doing their own criteria
- Must be “reasonably related”
- Must also be:
 - Documented
 - Medical necessity
 - Follow own system

Medicare Billing

- New Out Patient Procedure Code (OPPC) code for activation of the “trauma response team”
- Bill code G0390 (just like a CPT)



Outpatient Prospective Payment System

- Effective January 2007
- HCPCS/CPT codes for ED expanded from 3 levels to 5
 - CPT 99281-99285
- Now paying critical care 99291 but not extended time 99292
 - Clarifies 99291 must be 30 minutes
 - Expected to bill 99292 if applicable



Bill & Collect from CMS

- If critical care without trauma activation, bill 99291 (& 99292, if appropriate). HCPCS 99291 (critical care) can be billed under any appropriate revenue code, not necessarily 045X (ED).
- If critical care with trauma activation, bill G0390, trauma activation & response, under APC 0618. G0390 must be billed with same date of service as 068X, must appear on the same claim, but does not need to be on the same line.

Note:

- ⦿ HCPCS 99291 required for CMS 68x payment. CMS will only pay 068X if HCPCS 99291 appears on the UB-92 on the same day of service as the trauma activation 068X charge.
- ⦿ Facilities may adopt either a scoring system or ACEP's method for defining levels of service.
 - ACEP's definitions for critical care 99291 may limit payment to extremely critically injured patients.

It Adds Up



- ◎ Bill trauma activations in addition to E&M and critical care codes if applicable
- ◎ Critical care is a procedure code (s code) rather than a visit code (v code) – can bill both

2007 Physician Rules

- ⦿ **Any physician** may use any code in the CPT manual,
 - Must be consistent with description and must be medically necessary
- ⦿ **Critical care codes** 99291 for 1st 30-74 minutes and 99292 for each additional 30 minutes
 - Must include total time spent providing critical care services in progress note
 - Any time for separately reported services should not be included

Critical Care Charges

- Procedures included in critical care:
 - Interpretation of cardiac measurements
 - Chest x-rays
 - Pulse oximetry
 - Blood gases
 - Gastric intubation
 - Ventilator management
 - Vascular access
 - Information data
- Common procedures billed with critical care:
 - 92950 – CPR
 - 31500 – ET
 - 32020 – Chest tube
 - 36489 – Central venous catheter
 - 33010 – Pericardiocentesis

Trauma Facility Designation



Above all, know that we are trying to provide the best possible care to our family and neighbors....

Contact

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