Trauma Designation Performance Improvement Report

Facility:
Location:
Date:
Reviewers:

The review team does their best to capture the essence of your trauma care program in an unbiased and factual manner. This report is based on the information in the PRQ, the interviews with participants during the site review, and the reviewer's professional expertise. Although the team does their best to be conclusive and comprehensive during the exit debriefing onsite, they do warrant the ability to modify the findings prior to submission to State Trauma Care Committee (STCC). The STCC Designation Subcommittee makes the final recommendation to Dept. of Public Health and Human Services, EMS & Trauma Systems, who ultimately issue the definitive designation status.

MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

PublicHealth IN THE 406
MONTANA EMS, TRAUMA SYSTEMS & INJURY PREVENTION PROGRAM

MONTANA
STATE TRAUMA CARE COMMITTEE

Below is the Performance Improvement Rating & Requirements Framework used to evaluate your facility's ability to comply with the Facility Designation Criteria requirements.

4	**Strong/Excellent (Strengths)**	**Best practice/Excellent** • High level of capability with sustained and consistently high levels of performance • Organizational learning and external benchmarking used to continuously evaluate and improve performance • Systems in place to monitor and build capability to meet future demands
3	**Effective/Good**	**Capable** • Delivering expectations with examples of high levels of performance • Comprehensive and consistently good organizational practices and systems in place to support effective program • Evidence of attention given to assessing future demands and capability needs
2	**Needs Development (Opportunities For Improvement)**	**Developing** • Adequate current performance-concerns about future performance • Beginning to focus on system processes, consistency, dependability, evaluation and improvement • Areas of underperformance or lack of capability are recognized by the agency • Strategies or action plans to lift performance or capability or remedy deficiencies are in place and being implemented
1	**Weak (Criterion Deficiency)**	**Unaware or limited capability** • Significant area(s) of critical weakness or concern in terms of delivery and/or capability • Agency has limited or no awareness of critical weaknesses or concerns • Strategies or plans to respond to areas of weakness are either not in place or not likely to have sufficient impact
0	**Not Rated/Not Applicable**	**There is either:** • No evidence upon which a judgement can be made; or • The criteria is not applicable

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center

D - Desired Criteria are not required for designation but considered advantageous

Introduction:

Hospital Overview:

Trauma Program Organization & Governance:

	TRAUMA FACILITY CRITERIA	
	INSTITUTIONAL & ADMINISTRATIVE COMMITMENT	
	Facility	
	Demonstrated continuous institutional commitment/resolution by the hospital Board of Directors and Medical Staff within the last three years to maintain the human and physical resources to optimize trauma patient care provided at the facility.	E
	The trauma program has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	E
	PROGRAM ORGANIZATION & GOVERNANCE	
	Trauma Program	
	There is an identifiable trauma program that has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	E
	Trauma Team	
	A team of care providers to provide initial evaluation, resuscitation and treatment for all injured patients meeting trauma system triage criteria. The members of the team must be identified and have written roles and responsibilities.	E
	The trauma team is organized and directed by a general surgeon with demonstrated competence in trauma care who assumes responsibility for coordination of overall care of the trauma patient.	D
	The trauma team is organized and directed by a physician with demonstrated competency in trauma care and is responsible for the overall provision of care for the trauma patient from resuscitation through discharge.	E
	There are clearly written criteria for trauma team activation that are continuously evaluated by the multidisciplinary trauma committee.	E
	The Community Trauma Facility must have a trauma team plan for when the general surgeon is available	E

	TRAUMA FACILITY CRITERIA	
	and a second schema for when the general surgeon is not available. When available to respond, the general surgeon is expected to be present in the ED upon patient arrival for those meeting criteria, if given sufficient advance notice or within 30 minutes of notification 80% of the time.	
	Trauma Medical Director	
	Physician board-certified or board eligible in a recognized specialty; with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director has the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of clinical care guidelines, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.	E
	The trauma medical director must provide evidence of 36 hours in 3 years of verifiable external trauma-related CME or maintain successful completion of most recent edition of ATLS course.	E[2]
	TMD must attend 60% of all multidisciplinary trauma committee meetings. This obligation cannot be delegated.	E
	TMD must attend at least one state trauma meeting during the last 3 years (examples include Trauma Systems Conference, Rocky Mountain Rural Trauma Symposium, Rimrock Trauma Conference, Spring Fever Conference etc.)	E
	Trauma Coordinator/Trauma Program Manager	
	A Registered Nurse or Advanced Practice Clinician working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include completion of the on-line trauma coordinator course, clinical care and oversight, provision of clinical trauma education and prevention, performance improvement, provision of feedback to referring facility trauma programs, trauma registry, utilization of the MT Trauma Treatment Manual, and involvement in local, regional, and state trauma system activities. There must be dedicated and adequate hours for this position.	E
	Must provide evidence of 24 hours of trauma related continuing education during the last 3 years.	E
	Trauma Registrar/Registry	
	Identified trauma registrar or trauma coordinator with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to complete a minimum of 80% of patient records within 60 days of the patient discharge date.	E
	The trauma registrar/trauma coordinator must attend, or have previously attended, within 12 months of hire a trauma registry training with the State Trauma Coordinator.	E
	Active and timely participation in the State Trauma Registry (cases should be current per ARM 37.104.3014, which is 60 days following close of the quarter).	E
	Trauma Registry data must be collected in compliance with the NTDS inclusion criteria and Montana Trauma Registry specific criteria.	E
	Registry data must have been submitted to the Montana Central Site in the most recent call for data.	E
	Must have a written data quality plan that details a process for measuring, monitoring, identifying and correcting data quality issues and ensures data is fit for use. Requires at least a quarterly review of data quality.	D
	Trauma Registrar must accrue at least 24 hours of trauma-related continuing education (CE) during the previous 3 years.	D
	Trauma Committees	
	Multidisciplinary Trauma Committee functions with a multidisciplinary committee which includes representation from all trauma related services to assess and correct global trauma program process issues. This committee is chaired by the TMD with the major focus on PI activities, policy development, communication among all team members, development of standards of care, education, outreach programs, and injury prevention. The committee oversees the implementation of the process which includes all program related services, meets regularly, takes attendance, maintains minutes, and works to correct overall program deficiencies to optimize patient care.	E
	Multidisciplinary Trauma Peer Review requires attendance of medical staff active in trauma resuscitation,	E

	TRAUMA FACILITY CRITERIA	
	including the trauma coordinator, to review systemic issues and/or provider issues, as well as proposed improvements to the care and safety of the injured. Must meet regularly and document comprehensive minutes that capture the essence of the discussion and consensus of the participants and documenting loop closure. Must systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement.	
	The trauma medical director ensures dissemination of information and findings from the trauma peer review meetings to the medical providers not attending the meeting.	E
	Must adopt/utilize evidence-based clinical practice guidelines/protocols/algorithms that are reviewed at least every three years.	E
	Trauma System Participation	
	There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development, and operation.	E
	Participation in the statewide trauma system including participation in at least 50% of Regional Trauma Advisory Committees; support of regional and state performance improvement programs; and submission of data to the Montana State Trauma Registry.	E

Emergency Medical Services/Prehospital:

Personnel & Service Resources:

	Prehospital Trauma Care	
	The trauma program reviews pre-hospital protocols and policies related to care of the injured patient. A physician/provider from the ED or trauma program must participate in the prehospital Performance Improvement (PI) process, including assisting EMS agency medical directors in the development and adoption of prehospital care protocols relevant to care of the trauma patient.	E
	The trauma program reviews pre-hospital protocols and policies related to care of the injured specialty patient: Pediatrics, Geriatrics, Obstetrical	E
	Trauma team activation criteria have been provided to EMS and are readily available to allow for appropriate and timely trauma team activation.	E
	EMS has representation on the multidisciplinary trauma committee or documentation of involvement where perspective and issues are presented and addressed.	E
	Review of prehospital trauma care is included in the trauma performance improvement program.	E
	EMS is provided feedback through the trauma performance improvement program, which includes accuracy of triage and provision of care, outcomes of their patients and any potential opportunities for improvement in initial care.	E
	Participates in the training of prehospital personnel.	D
	PERSONNEL & SERVICE RESOURCES	
	General / Trauma Surgeon	
	Full, unrestricted general surgery privileges	E
	Board-certified or board eligible	D[1]

	TRAUMA FACILITY CRITERIA	
	ATLS course completion	E
	Must remain current in board-certification to satisfy CME requirements.	E
	Attendance of each of the general surgeons at a minimum of 50% of the trauma peer review committee meetings.	E
	Published back-up schedule and dedicated to a single hospital when on call or performance improvement process in place to demonstrate prompt general surgeon availability.	D
	Must have a documented backup plan for trauma surgery which must include transferring patients requiring surgery to a higher level of care when trauma surgery is unavailable.	E
	Process in place to assure the on-call general surgeon is notified and responds to the ED within the required time frame for trauma patient resuscitation. The trauma performance improvement process will monitor each surgeon's notification and response times.	E
	Trauma surgeon must be present in the operating suite for the key portions of the surgical procedures for which they are responsible and must be immediately available throughout the entire procedure.	E
	Emergency Medicine	
	Physicians must be board-certified or board eligible in emergency medicine or a specialty other than emergency medicine.	E[1]
	Emergency Department physician medical director must be board-certified or board eligible.	D[1]
	Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	E
	Emergency Department coverage may be physician, physician assistant, or nurse practitioner on-call and promptly available.	E
	Must remain current with board certification to satisfy CME requirements. If functioning as an ED provider or providing care in the ED for patients outside of current board-certified specialty and/or are an Advanced Practice Practitioner, current ATLS is required.	E
	CALS (Comprehensive Advanced Life Support) Provider certification (WITH completion of CALS Trauma Module) may substitute for ATLS recertification for Community & Trauma Receiving Facilities. Provider must be current in or be pursuing the most recent ATLS edition before CALS may be substituted for recertification.	E
	Emergency Department trauma liaison (may be Trauma Medical Director if ED Provider serves in that role).	E
	Attendance of an emergency physician representative at a minimum of 50% of the trauma peer review committee meetings.	E[2]
	Anesthesia – MD or CRNA	
	Board certified or board eligible anesthesiologist trauma liaison.	D
	Anesthesia trauma liaison.	E
	CRNAs and certified anesthesiologist assistants who are licensed to practice independently can serve as anesthesia liaison.	E
	Attendance of anesthesia representative at a minimum of 50% of the trauma peer review committee meetings.	E
	The availability of anesthesia and the absence of delays in airway control and operative anesthesia management must be identified and reviewed to determine reasons for delay, adverse outcomes and opportunities for improvement.	E
	Anesthesia services must be available within 30 minutes of request.	D
	Must have a written plan approved by the TMD that defines the types of neurotrauma injury that may be treated at the center.	D
	ATLS course completion.	D
	Must remain current in board-certification to satisfy CME requirements.	D
	Board-certified or board eligible orthopedic trauma liaison.	D[1]

	TRAUMA FACILITY CRITERIA	
	Attendance of an orthopedic surgery representative at a minimum of 50% of the trauma peer review committee meetings.	E*
	Must have treatment guidelines in place for orthopedic injuries, including pelvic ring fractures, long bone fractures, open extremity fractures, and hip fractures in geriatric patients.	D
	Radiologist	
	Attendance of a radiologist representative at a minimum of 50% of the trauma peer review committee meetings.	D[2]
	A radiologist must have access to patient images and be available for imaging interpretation, in person or by phone, within 30 minutes of request.	D
	Critical Care Physician	
	Critical Care/Hospitalist trauma liaison.	D
	Attendance of a critical care physician representative at a minimum of 50% of the trauma peer review committee meetings.	D
	Advanced Practitioners	
	Advanced practitioners who participate in the initial evaluation of trauma patients must demonstrate currency as an ATLS provider.	E
	Additional Medical Specialists	
	Institutionally defined, response parameters for consultants addressing time-critical injuries should be determined and monitored. Variances should be documented and reviewed regarding reason for delay, opportunities for improvement and corrective actions.	D
	*Obstetric/Gynecologic surgery	D

Emergency Dept:

OR/PACU:

ICU:

Pediatric:

Radiology:

Laboratory:

	FACILITIES/RESOURCES/CAPABILITIES	
	Emergency Department	
	There is a system in place to assure early notification of the on-call medical provider, so they can be present in the ED at the time of trauma patient arrival. This is tracked in the trauma performance improvement process.	E
	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient.	E
	Trauma nursing education: Maintenance of TNCC/ATCN or equivalent.	E
	Trauma nursing education: 6 hours of verifiable trauma-related education annually or trauma-related skill competency through internal or external educational process.	E
	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility.	E
	***Equipment for resuscitation for patients of* ALL AGES**	
	Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source	E
	Rescue airway devices	E
	Pulse oximetry	E
	Suction devices	E
	End-tidal CO^2detector	E
	Cardiac monitor and defibrillator	E
	Waveform capnography	E
	Standard IV fluids and administration sets	E
	Large bore intravenous catheters	E
	Sterile surgical sets for:	
	Airway control/cricothyrotomy	E
	Thoracostomy (chest tube insertion)	E
	Central line insertion	D
	Peritoneal lavage or ability to do FAST ultrasound exams	E
	Arterial pressure monitoring	D

	Ultrasound availability	D
	Drugs necessary for emergency care	E
	Cervical stabilization collars	E
	Pelvic stabilization method	E
	Pediatric equipment appropriately organized. Current pediatric length-based resuscitation tape	E E
	Intraosseous Insertion Device	E
	Thermal control equipment: Blood and fluids Patient Resuscitation room	 E E E
	Rapid fluid infuser system	E
	Communication with EMS vehicles	E
	Operating Room (OR)	
	Adequately staffed and available in a timely fashion 24 hours/day.	D
	Trauma performance improvement will monitor OR availability and on-call surgical staff response times. Any case which exceeds the institutionally agreed upon response time must be reviewed to identify reasons for the delay and opportunities for improvement.	D
	Trauma-specific training opportunities, applicable to the specialty, are available for all RNs working in the OR.	D
	Age-specific Equipment	
	Equipment for monitoring and resuscitative	E
	Thermal control equipment: Blood and fluids Patient Operating room	 E E E
	X-ray capability	E
	Endoscopes, bronchoscopes	D
	Craniotomy instruments	D
	Equipment for long bone and pelvic fixation	D
	Rapid fluid infuser system	E
	Post-Anesthetic Recovery Room (PACU) *(ICU is acceptable)*	
	Registered nurses available 24 hours/day	D
	Trauma-specific training opportunities, applicable to the specialty, are available for all RNs working in the PACU.	D
	Age-specific Equipment	
	Equipment for monitoring and resuscitation	E
	Intracranial pressure monitoring equipment	D
	Pulse oximetry	E
	Thermal control equipment: Blood and fluids Patient	 E E
	Intensive Care Unit *(if available…)*	
	Designated Physician/APC director.	D
	Trauma surgeon remains in charge of the multisystem trauma patient in the ICU.	E
	Provider coverage of the ICU must be available within 30 minutes of request, with a formal plan for emergency coverage.	D
	Nurse-to-patient ratio in the ICU must be 1:1 or 1:2 depending on patient acuity.	E
	Registered nurses with 6 hours trauma education annually.	E
	Trauma patients requiring ICU admission must be admitted to, or be evaluated by, a surgical service pursuant to hospital policy.	E
	Thermal control equipment:	

	Blood and fluids Patient	E E
	Pediatric Services	
	Appropriate resuscitation equipment to care for all ages of pediatric patients	E
	Must have a process in place to assess children for non-accidental trauma	E
	Emergency Department must evaluate their pediatric readiness and have a plan to address any deficiencies. Pediatric readiness refers to the infrastructure, administration and coordination of care, personnel, pediatric-specific policies, and equipment to ensure the center is prepared to provide care to an injured child.	D
	Respiratory Therapy Services	
	Respiratory therapist available	D
	Radiological Services	
	Radiologists, in person or by teleradiology, are promptly available for interpretation of radiographic studies.	E
	Availability of the following services 24 hours/day within time frame specified: • Conventional radiology (30 minutes) • CT (30 minutes) • Point of Care Ultrasound (15 minutes)	D
	Radiology technologist available in-house or on-call 24 hours/day.	E
	Radiologist diagnostic information is communicated in a written form in a timely manner and includes evidence that critical findings were communicated to the trauma team.	E
	Final radiology reports accurately reflect communications, including changes between preliminary and final interpretations.	E
	Documentation of the final interpretation of CT scans must occur no later than 12 hours after completion of the scan.	E
	Ultrasound	D
	Computed Tomography	E
	CT technologist available in-house or on-call 24 hours/day	E
	CT has pediatric dose reduction protocols/policies	E
	Magnetic Resonance Imaging	D
	Must routinely monitor on-call radiology, CT and MRI technologist institutionally agreed upon response time and review reasons for any delay and opportunities for improvement.	E
	Clinical Laboratory Service	
	Laboratory technician available in-house or on-call 24 hours/day	E
	Must routinely monitor on-call technician institutionally agreed upon response time and review for reasons for any delay and opportunities for improvement.	E
	Standard analysis of blood, urine, and other body fluids, including micro-sampling when appropriate	E
	Blood typing and cross-matching	E
	Coagulation Studies	E
	Massive or Rapid Transfusion Policy (clinical and laboratory) if blood is available at the facility	E
	The blood bank has an adequate supply of packed red blood cells and plasma to meet the needs of the injured patient.	D
	Process of care for rapid reversal of anticoagulation	E
	Blood gases and pH determinations	E
	Microbiology	E
	Drug and alcohol screening	D
	Allied Health Services	
	Nutrition Support	D
	Physical Therapy	D
	Occupational Therapy	D
	Social Services	D
	Speech Therapy	D

Performance Improvement:

Trauma Education:

Injury Prevention & Disaster Preparedness:

	PERFORMANCE IMPROVEMENT	
	There is a comprehensive, written performance improvement (PI) plan outlining the PI process, organizational structure, event identification, list of audit filters and defined levels of review. Needs to be reviewed annually.	E
	The Trauma PI program must be independent of the hospital or departmental PI program, but it must report to the hospital or departmental PI program.	D
	Must have documented evidence of event identification, effective use of audit filters, demonstrated loop closure, and attempts at corrective actions and strategies for continued improvement over time.	E
	There is a process to identify the trauma patient population for performance improvement review.	E
	The results of issue analysis will define corrective action strategies or plans that are documented.	E
	Use of telehealth for collaborative care of the trauma patient requires inclusion of the off-site service in the PI process.	E
	All nonsurgical services admissions should be subject to individual case review to determine rationale for admission onto a non-surgical service, adverse outcomes, and opportunities for improvement.	D
	Neurotrauma care should be routinely evaluated for compliance with the Brain Trauma Foundation Guidelines.	D
	All trauma deaths and transfers to hospice must be reviewed to identify opportunities for improvement. Deaths must be categorized as either: • Mortality with opportunity for improvement; or • Mortality without opportunity for improvement.	E
	Must have standardized treatment protocols for geriatric trauma management.	D
	All transfers of trauma patients to a higher level of care both within the hospital and via interfacility transfer must be routinely monitored, and identified cases reviewed to determine rationale for transfer, adverse outcomes, and opportunities for improvement.	E
	The trauma program participates in benchmarking with other facilities of the same designation level to identify how the trauma center performs compared to others.	E
	PATIENT CARE EXPECTATIONS & PROTOCOLS	

	Diversion	
	A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care. Must include a process for notification of affected EMS services and outlying facilities.	E
	All trauma patients who are diverted to another trauma center, acute care hospital, or specialty center must be subjected to performance improvement case review. Documentation showing reasons for, and duration of diversion is required.	E
	Diversion cannot exceed 400 hours during the reporting period and all instances must be reviewed by the trauma committee.	E
	Organ Procurement	
	Must have an affiliation with an organ procurement organization.	E
	Must have a written policy for notification of the regional organ procurement organization.	E
	Must have protocols defining clinical criteria and confirmatory tests for the diagnosis of brain death.	D
	Inter-Facility Transfer	
	Must have clearly defined transfer protocols that include the types of patients and expected time frame for initiating transfer to predetermined referral centers for outgoing transfers.	E
	Decision to transfer a patient must be based solely on the needs of the injured patient without consideration of their health plan, payor status, or affiliation with a healthcare system.	E
	The transferring provider must directly communicate with the receiving provider to ensure safe transition of care when transferring a patient. This communication may occur through a transfer center.	E
	The trauma coordinator at the transferring hospital is encouraged to contact the receiving facility trauma coordinators for feedback.	E
	All trauma patients who are transferred during the acute hospitalization to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	E
	Signed and current inter-facility transfers agreements for transfer of special population trauma patients to a higher level of care.	E
	Burn Care – Organized	
	In-house or transfer agreement with Burn Center	E
	Acute Spinal Cord Management	
	In-house or transfer agreement with Comprehensive/Regional Trauma Center	E
	Pediatrics	
	In-house or transfer agreement with Comprehensive/Regional or Area Trauma Center with pediatric trauma care capability or a Pediatric Hospital.	E
	CONTINUING EDUCATION / RESEARCH	
	Clinical trauma education provided by hospital for:	
	Physicians, physician assistants & nurse practitioners	E^2
	Nurses	E^2
	Allied health personnel	E^2
	Prehospital personnel	E^2
	Must provide trauma orientation to new nursing and provider staff caring for trauma patients.	E
	The trauma center will participate in a TEAM course every 3 years or when significant change in staff warrants additional training.	D
	INJURY PREVENTION & DISASTER PRPAREDNESS	
	Must provide public trauma/injury prevention education.	E
	The trauma center implements at least two activities over the course of the 3-year designation period with specific objectives and deliverables that address separate major causes of injury in the community.	E
	The trauma center has a designated injury prevention coordinator or spokesperson (can be the trauma coordinator/trauma program manager for ATH, CTH & TRF), with adequate hours to perform duties.	E
	Injury prevention priorities are based on local/state data.	E
	Demonstrates evidence of partnerships with community organizations to support injury prevention efforts.	E

	Monitor progress / effect of prevention program	D
	Must screen at least 80% of all admitted patients over age 12 for alcohol misuse with a validated tool or routine blood alcohol content testing.	D
	A process for referral to a mental health provider when required.	D
	Disaster Preparedness	
	There is a written emergency operation plan that is updated and exercised routinely.	E
	Ability to decontaminate single and multiple injured patients prior to entry to the facility.	E
	Participation in regional disaster/emergency management activities including Local Emergency Planning Committee (LEPC), health care coalitions, and regional mass casualty exercises.	E
	The trauma program must participate in two hospital drills or disaster plan activations per year that include a trauma response and are designed to refine the hospital's response to mass casualty events. A facility that is involved in one or more real-world disaster events having a trauma component and requiring activation of the disaster plan is exempt from participating in drills.	E

EXECUTIVE SUMMARY

DEFICIENCES
1.

STRENGTHS
1.

OPPORTUNITIES FOR IMPROVEMENT
1.

RECOMMENDATIONS
1.

DESIGNATION RECOMMENDATION
The reviewers have determined the facility **does /does not** meet the Montana Trauma Facility Resource Criteria to become a Community Trauma Hospital at the current time.

We recommend that the facility **be / not be** designated as a Community Trauma Hospital.

We advise the following:

REVIEWERS:_____