Trauma Verification May Q&A Web Conference

May 31, 2017
COTVRC@facs.org
Continuing Education (CE)

❖ To qualify for CE, you must attend at least 50 minutes of educational content

❖ An email will be sent to all attendees who qualify for CE within 24 hours of the webinar ending, with instructions on how to claim CE

❖ If you have any questions – please email COTVRC@facs.org

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What is the goal for this Webinar?

- Interpret the standards outlined in the Resources for Optimal Care of the Injured Patient manual to ensure that hospitals have an understanding of the criteria to provide quality care to the injured patient.

- Understand the processes and standards involved in an ACS Trauma Verification Site Visit and how following these will positively impact the quality of care of the injured patient at your center.
Let’s get started!
Orange Resources Book

Available as hard copy or PDF version, it is recommended that you have it available as reference during the CD-Related Questions section of this webinar.

Must use the most current Clarification Document and the Verification Change Log in conjunction with the manual.

www.facs.org/quality-programs/trauma/vrc/resources
Clarification & Verification Document Updates

The updates for the monthly Verification Change Log and Clarification Document for January have been completed.

These documents may be accessed through the VRC webpage at www.facs.org/quality-programs/trauma/vrc/resources.

Going forward, changes to the criteria will be published in the Verification Change Log, and any clarifications to criteria will be published in the Clarification Document.
Updates sent to participants monthly

Clarification Document

Resources for Optimal Care of the Injured Patient

By the Verification Review Committee

V1_March 2017

www.facs.org/quality-programs/trauma/vrc/resources
## Verification Change Log

Updates sent to participants monthly

<table>
<thead>
<tr>
<th>Chapter</th>
<th>CD #</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
<th>PTC I</th>
<th>PTC II</th>
<th>Date Change</th>
<th>Criteria</th>
<th>Resources 2014 Orange Book Description of Criteria</th>
<th>Clarification</th>
<th>Type</th>
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<tbody>
<tr>
<td>1</td>
<td>1-1</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
<td>I</td>
<td>II</td>
<td>7/1/2014</td>
<td>New</td>
<td>The individual trauma centers and their health care providers are essential system resources that must be active and engaged participants (CD 1-1).</td>
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<td>III</td>
<td>IV</td>
<td>I</td>
<td>II</td>
<td>7/1/2014</td>
<td>New</td>
<td>They must function in a way that pushes trauma center–based standardization, integration, and PIPS out to the region while engaging in inclusive trauma system planning and development (CD 1-2)</td>
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<td>IV</td>
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<td>7/1/2014</td>
<td>New</td>
<td>Meaningful involvement in state and regional trauma system planning, development, and operation is essential for all designated trauma centers and participating acute care facilities within a region (CD 1-3)</td>
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<td>III</td>
<td>IV</td>
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<td>II</td>
<td>7/1/2014</td>
<td>New</td>
<td>This trauma center must have an integrated, concurrent performance improvement and patient safety (PIPS) program to ensure optimal care and continuous improvement in care (CD 2-1).</td>
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<td>III</td>
<td>I</td>
<td>I</td>
<td>II</td>
<td>7/1/2014</td>
<td>New</td>
<td>Surgical commitment is essential for a properly functioning trauma center (CD 2-2).</td>
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<td>I</td>
<td>II</td>
<td>7/1/2014</td>
<td>New</td>
<td>Trauma centers must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification (CD 2-3).</td>
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<td>2-5</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>I</td>
<td></td>
<td></td>
<td>7/1/2014</td>
<td>Revised</td>
<td>Through the trauma PIPS program and hospital policy, the trauma director must have responsibility and authority for determining each general surgeon’s ability to participate on the trauma panel based on an annual review (CD 2-5).</td>
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<td>TYPE II</td>
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Recording of Webinars

The webinars are recorded during the session and will be posted within one week on the ACS YouTube channel.

You may also access them via the VRC resources webpage at:

https://www.facs.org/quality-programs/trauma/vrc/resources.
Disclaimer

• All questions are pulled directly from the question submissions. There have been no edits made to the contents.

• If your question is not answered today, the question may require more information, and will receive a response from ACS staff within one week after the webinar.
Announcements
2017 TQIP Annual Scientific Meeting and Training

November 11-13, 2017
Hilton Chicago | Chicago, IL

Save the Dates

Abstract submission will open in mid May 2017.

Registration for the TQIP Annual Scientific Meeting and Training and Preconference Workshops will open Summer 2017.

Please let us know if you have any questions.
TQIP Meeting Information

• Hotel reservations are now open
  
  ▪ For more information visit: https://www.facs.org/tqipmeeting

• Call for abstracts opened Monday, May 1
TQIP Preconference Courses

• Registration is open for some workshops.
• Course detail listing available at: https://www.facs.org/quality-programs/trauma/tqip/meeting/workshops

  ▪ AIS and Injury Scaling Uses and Techniques (2-day course)
    • Thursday, November 9 and Friday, November 10
  ▪ TOPIC
    • Thursday, November 9
  ▪ OPTIMAL Course
    • Friday, November 10
  ▪ AIS 15 Update
    • Friday, November 10
Resources Revision Process

The Stakeholder Public-Comment website:

https://www.facs.org/quality-programs/trauma/vrc/public-comment

We strongly encourage everyone to review and comment on the standards. Your input will help guide the revision process to add, modify or retire requirements.

- Current Chapter Revision:
  - Chapter 6 General Surgery

- Upcoming Chapter Revisions (May & June):
  - Chapter 9 Orthopaedic Surgery
  - Chapter 10 Pediatric Surgery
  - Chapter 15 Registry
  - Chapter 19 Research
New Tutorial

• Becoming a Verified Trauma Center: First Steps
  ▪ Designed to guide the Trauma Program Manager or Medical Director in the First Steps in the Consultation and Verification Process.

• Objectives:
  ▪ Optimizing the VRC webpage for documentation to assist in preparing for a site visit
  ▪ What is needed before a visit can be scheduled
  ▪ Requesting a site visit

https://www.facs.org/quality-programs/trauma/vrc/resources
Scheduling Reminders
Site Visit Application

- The application must be received at least 13-14 months in advance of the requested time frame or current expiration date.
  - This will hold your spot and in addition, provide centers plenty of time to prepare and complete the online PRQ.
- The lead time is required due to the multitude of applications received.
- All of 2017 and up to July 2018 are closed to scheduling:
  - https://www.facs.org/quality-programs/trauma/vrc/site-packet
Additional Information to be submitted with Site Visit Application

The following should be submitted at the time of the site visit application:

- **Orthopaedic Traumatologist Leader (OTL) form**
  - Required for:
    - Level I Trauma Centers
    - Level I Pediatric Trauma Centers
    - Level I Adult and Level II Pediatric Trauma Centers

- Alternate Pathway Request
Orthopaedic Traumatology Leader (OTL) Form

• For Level I adult or Level I pediatric trauma centers (includes combined Level I centers), the OTL form must be completed and submitted with the site visit application.

  ▪ The form is located at:  https://www.facs.org/quality-programs/trauma/vrc/site-packet

• For those trauma centers that have separate visits scheduled, but share the same adult and pediatric OTL, the form must be completed entirely for the 1st visit and on the 2nd visit, only answer questions 1-3.

  ▪ If you are unsure if the 1st visit has completed the form, please contact the VRC office at: COTVRC@facs.org.
Alternate Pathway Request

• For all trauma centers that have a non U.S. or Canadian board certified/eligible physician or surgeon, and who has trained overseas, must provide the following on the site visit application at the time of submission.
  ▪ Applicant’s name and specialty;
  ▪ Forward a copy of the applicant’s curriculum vitae (CV).

• For information about the Alternate Pathway Criteria, visit:
  https://www.facs.org/quality-programs/trauma/vrc/site-packet
Pre-Review Questionnaire (PRQ) Online Access

- Once your application has been received, the VRC office will provide you with an email receipt of confirmation.

  - Logins to the online PRQ will be provided within the confirmation of receipt email.

  - The online PRQ can be accessed at: http://web2.facs.org/traumasurvey5/

  - A copy of the PRQ in Word can be downloaded from: www.facs.org/quality-programs/trauma/vrc/resources
Site Visit Application Payment

• Do not submit payment with the application.

• Your center will be billed annually for the Trauma Quality Program fee
  ▪ This annual fee will not include any additional visit-related fees, such as additional reviewers

• The fee structure is located at:
  https://www.facs.org/quality-programs/trauma/vrc/fees
Scheduling Site Visits

• Visits are typically scheduled within 90 days prior to the requested timeframe.

• Ideally, all visits will occur during the center’s preferred timeframe.

• When a lead reviewer is available for your site visit, VRC staff will contact you TPM to confirm the dates prior to finalizing the visit.
General Questions
“We are a TQIP participant as of August but will not get a report until 2018, how do we meet the requirement for the benchmarking?” (Level III Center)

In order to meet CD 15-5, hospitals must only be enrolled in TQIP. Hospitals are not required to have received a TQIP benchmark report at the time of their Verification visit. We ask that hospitals have their last few TQIP reports on hand to discuss with reviewers if requested. TQIP reports are a good opportunity for hospitals to showcase their PI process. Hospitals are not being penalized or lauded for their TQIP results alone. TQIP staff provide a summary of the hospital’s TQIP results to reviewers along with an executive summary and explanation of how to interpret results.
Site Visit Preparedness

“During verification do they surveyors want to see all 3 years worth of minutes, meeting attendance, physician CME, or do they just want to see the same time block for patient charts (12-14mo)?” (Level III Center)

During the visit, all data and documentation with the exceptions listed below, must be reflective of the reporting period (same block of time as charts).

Documentation required for the 3 year period leading up to the site visit are:

- CMEs for Level I and II trauma centers
- Research publications for Level I trauma centers
PRQ: Anesthesia

“Can you clarify the question: ‘Who fulfills the in-hospital requirements for anesthesia services?’ PRQ question?” (Level II Center)

The question is asking who is in-house to cover anesthesia services. That could be the anesthesiologist, residents or CRNAs.
PRQ: Tibial Washout Times

“I- PRQ Section IX Orthopedic Surgery #16: Avg time to washout of open tibial fx's. Can ED washout times be used?” (Level III Center)

PRQ Question: Average time to wash out of open tibial fractures secondary to a blunt mechanism; report as average and range:

Response/clarification: Time to first operative washout of open tibial shaft fractures from presentation to your ED (time to formal OR washout).

The ACS recommendation is typically within an hour 24 hours.
PRQ: Femur/Pelvic Fractures

“On the PRQ, can you clarify the chart pull category of femur/pelvic fx? Do you want only open fx for the 2nd line?” (Level II Center)

**Pull the last 10 cases for pelvis/femur fractures:**

a) Include unstable pelvic fractures with hypotension and embolization;

b) Exclude geriatric hip/fractures that are managed by internal medicine or geriatrics.

Have all PI information with each chart and applicable guideline/protocol.
"Is it a deficiency or a weakness if we use FAST and don’t have a specialized QI program. We have heard many different things.” (Level I Center)

There are no CDs or requirements regarding FAST exams.

The PRQ does ask to describe the QI process for the Fast exams. This is used to assess the process, but does not infer a CD will be cited.
“In the PRQ appendix are you supposed to indicate the total number of CMEs or answer yes/no or whether the CMEs are internal/external” (Level I Center)

In the PRQ appendices, the column for CME, note the number of trauma related CMEs obtained per physician. This number must match the certificates/transcripts that will be reviewed onsite by the reviewers.
PRQ: PIPS Plan (CD 16-1)

“Can you please explain what you are looking for on the PRQ in the PIPS Section Question #7”

“7. Describe the PIPS plan that includes a comprehensive written plan outlining the configuration and identifying both adequate personnel to implement that plan and an operational data management system. (CD 16–1) Type II / L13” (Level I Center)

It is asking about the center’s overall Trauma PIPS plan. You may provide a summary in the PRQ section and have your PIPS plan onsite for the reviewers.
PRQ: Additional Appendices

“(Lvl I adult & Lvl II peds) Where should info on all the Pedi liaisons be listed on the PRQ? Peds mirrors the adult committee?” (Level I & II Center)

For combined centers, you may use a copy of the appendix from the Word version of the PRQ and have that available onsite. The additional appendices are not currently programmed into the PRQ.

Additional appendices for the liaisons will be available on the Resources webpage:

[www.facs.org/quality/programs/trauma/vrc/resources](http://www.facs.org/quality/programs/trauma/vrc/resources)
Verification Level - Upgrading

“If a center drops a verification level, how long before they can apply to upgrade again?” (Level II Center)

This will be dependent on the trauma center meeting the criteria for the higher level. For example, if a center was recently verified as a Level III trauma center and wishes to seek Level II verification shortly thereafter, the center must ensure that it will meet the Level II criteria at the time of the verification visit. This means that the center must have 12 months of data and be in compliance with all criteria as a Level II trauma center during that time period. This is true for any center that wishes to upgrade.

Please note that the scheduling process and timeline is the same as for all other visits, except a Focused Review visit.
Common Criterion Deficiencies

“Can you give examples of the most common deficiencies occurring with the new orange book?” (Level II Center)

The most common deficiencies are:

- CME
- Peer review attendance
- Universal screening for alcohol use
- Loop closure (CD 16-2)-problem resolution, outcome improvements, and assurance of must be readily identifiable through methods of monitoring, reevaluation, benchmarking, and documentation.
Geriatric Patients

“What are some recommendations from ACS to improve criteria for Geriatric Trauma and get ED physicians on board?” (Level II Center)

Currently the ACS does not mandate geriatric criteria; however, if the center sees a high percentage of these patients, it would be the expectation that they have both geriatric specific activation criteria and guidelines.
Surgeons Response

“Highest activation Surgeon required to be present 15mins, is there a defined time for surgeon to maintain that presence?” (Level I Center)

No. There is an expectation that the surgeon is there throughout the resuscitation. The question does pose the concern that the center may have a PI issue with engagement and commitment to the program.
**Specialty Response Times**

“Why does the ACS look at Neurosurgery/Ortho response times as opposed to time to craniotomy or other treatment times?” (Level I Center)

As previously mentioned, we are currently working on revising the Resources manual for opportunities to add/remove requirements. In addition, this will reflect changes to the PRQ.

The current requirement is for tracking the specialist’s response time for those injuries that are defined/agreed upon between the TMD and the Orthopaedic surgeon or Neurosurgery liaisons. The center may choose to track when a patient is taken emergently to the OR for any cranial neurosurgical procedure. Again, the institution will define what injuries the specialist will respond to and adhere to those guidelines.
Dissemination of Information

“What methods do you recommend for dissemination of information from peer review meetings?” (Level II Center)

The dissemination of information may be done by email with a return receipt of acknowledgement. You may also use the hospital’s intranet, again with receipt of acknowledgement. The method can vary; however, the intent is that the TMD and/or liaisons provide their panel members the information and have a mechanism to track receipt.
Neurosurgery (Spine)

“If our neurosurgeons only do spine do they have to meet the same standards as neurosurgery (head)?” (Level III Center)

If the neurosurgeon is only doing spine surgery and does not participate in trauma call, they are not required to meet the same standards.
Pediatric Patient Admission

“Who should admit pediatric patients (minor injury) for a Level 2 facility that admits less than 100 pediatric patients per year” (Level II Center)

If the pediatric patient (less than 16 years old) meets the NTDS Trauma Inclusion Criteria or your state’s inclusion criteria, the trauma service may admit the patient.
CD-Related Questions
Transfers (CD 4-1)

“CD 4-1, is it ok if receiving facility has auto acceptance of all trauma patients or does physician to physician still required” (Level I Center)

There may be some unintentional consequences in auto acceptance. For instance, if your center knowingly accepts transfers in which you cannot provide definitive care, this may result in a secondary transfer. You must monitor and review these instances through the PIPS process.
Ongoing Professional Practice Evaluation (CD 5-11)

“What performance measures does ACS look for in the OPPE process??” (Level II Center)

The depth of the OPPE will vary; however, it should include the surgeon’s performance activities. This may include peer review attendance, CME tracking, any corrective action review, etc.

There are a few examples for OPPE on the VRC Resources repository website.
“For ED physicians what is the technical ATLS requirement (taken once or be current in it)?” (Level III Center)

In Level I, II and III trauma centers, physicians who are board-certified or eligible in Emergency Medicine are required to have successfully completed the ATLS course at least once (CD 7-14).

Physicians who are board-certified or eligible in something other than Emergency Medicine, such as Family Practice, Internal Medicine, etc., are required to be current in ATLS (CD 7-15).
"Can (CD-8-5) be part of the over-arching diversion plan that includes catastrophic failures or does it have to be a separate?" (Level I Center)

The contingency plan must be separate from the diversion plan. Each of these plans play a different role and they have specific guidelines that it must adhere to.

If there is an over-arching "plan" that has dedicated sections for the contingency plan and another for the diversion plan, that would be acceptable.
Radiologist Response (CD 11-33)

“CD: 11-33- Is this 30 minute time frame from time of consult to first stick?” (Level I Center)

The response time is tracked from when the call is made requesting the service for the radiologist to arrive at the trauma center.
ICU Liaison (CD 11-61)

“Can our surgeon who serves as the ICU co-director serve as the ICU liaison also? Of note, we have an ICU intensivist team.” (Level II Center)

For a Level II and III trauma center, the ICU co-director may also serve as the ICU liaison.
Advanced Practice Providers (CD 11-86)

“Does the ACS limit the function or have an opinion for APPs in an academic trauma center who respond to trauma activations where?” (Level I Center)

The ACS does not limit the functions of the APPs. If the APPs are members of the trauma tier activations and participate in the care of the trauma activation patients (this excludes the consult level) provide assessment or interventions to the trauma patient, the APPs must be current in ATLS.

APPs/PAs who function as a scribe or enters orders are not required to meet the ATLS requirement. In addition, APPs who respond for the Orthopaedic or the Neurosurgery services, they are not required to be current in ATLS.
“Do we have to delay loop closure pending hospital quality mortality reviews on NSAs?” (Level II Center)

No. You must review all deaths regardless if they have been reviewed by your center’s hospital’s quality mortality committee. You may add a note to the chart to say the death is pending review by the mortality committee.
“Please discuss PACU RN education. What is the expectations for them? Examples of classes?” (Level III Center)

There is not a specific requirement for the type of education/training the nurses who are caring for trauma patients must have. The requirement is for the hospital to provide a mechanism to offer trauma-related education to nurses involved in trauma care (CD 17-4).

The VRC has partnered with STN to develop nursing education guidelines. At this time, the study results are pending.
SBIRT: Alcohol Screening Tool (18-3)

“Do ETOH & Drug screens have to be tested, i.e., blood or urine or can a verbal screen suffice. Please clarify” (Level III Center)

There must be a screening toolkit developed and used by the hospital. The center determines the tool that will be used, e.g. CAGE, BAC, etc. The patients screened positive then need brief intervention.
Injury Prevention Programs (CD 18-5)

“Is there a monthly minimum for injury prevention programs in a Level 1 facility?” (Level I Center)

There is not a monthly requirement on the injury prevention activities. The requirement has been clarified as allowing two projects related to local issues, e.g. two projects on one issue or two projects on two issues.
“We keep hearing that other facilities are being given deficiencies for not having CME on their ICU doctors. We have asked this before and were told just the liaison needs to have their CME available. Our ICU physicians are not surgical and are only consulted for medical or pulmonary issues. What exactly do we need to have on them?” (Level II Center)

“ICU intensivists are consulted for medical management of trauma patients or respiratory management not to manage the injuries” (Level II Center)

For Level I and II trauma centers, the ICU liaison must have external trauma related CME. All other physicians (Intensivists, Hospitalists, etc) who provide care for trauma patients in the ICU are required to meet the CME requirement by either having a combination of external trauma related CME or through an Internal Education Process.
“Please provide examples of the Critical Care part of the CME requirements...for example, would a conference on diabetes and obesity be considered critical care?” (Level II Center)

If the conference course topic is relevant to the management of the trauma patient, it may be counted to meet the CME requirement.

Diabetes, obesity, spine or stroke are not acceptable trauma related CME.
CME: Journal Article

“Please review what documents we need to show Internal CME attendance...For example, reviewing a journal article.....” (Level II Center)

Reading journals will count as part of the Internal Education Process (IEP). There must be a mechanism by which the program can track its process: list of participants, was the information received, was it read (by quiz questions) and was the topic trauma related or did it result from the programs PI process. This can all be captured in a report and available during the onsite visit.
CME: Attestation

“Is it acceptable to have the NON-Liaisons sign an attestation form that they completed 16 hours of CME?” (Level I Center)

An attestation will not be acceptable for the non-liaisons. The center must have the certificates, transcripts or Internal Education Process documented and available at the time of the onsite visit.
CME: Panel Member No Longer on the Schedule

“If a provider is no longer with the organization, but here during the reporting year, do we still need to have their CME, etc?” (Level II Center)

For the onsite visit and the completion of the PRQ, the data is reviewed retrospectively; therefore, if the center had locums or panel members during the reporting year who are no longer present, do not list them in the appendices. Their CME documentation will not be required at the time of the visit. As a reminder, only list panel members that are currently practicing at your center.
CME: Advanced Practice Providers

“Do advanced practitioners on the trauma service who respond to and participate in trauma resuscitation need 48 hours of CME?” (Level I Center)

There are no CME requirements for the Advanced Practice Providers.
CME: Prorated for New Providers

“New surgeons CME prorated if starting September and review in December or still required to have 16 for the year?” (Level II Center)

The prorated requirement for new trauma centers or new providers will be prorated for one year as 16 hours of external trauma related CME (liaisons) or through an Internal Education Process (non-liaisons). Based on when a provider was hired during the reporting period, the prorated amount may vary. For example, a provider that came on 6 months prior to the visit, it will be prorated accordingly to that timeframe.

If the provider came from another hospital, ideally s-/he should have CME.
CME: Teaching ATLS

“Can TMD's count teaching ATLS for CME credit?” (Level I Center)

Currently, teaching ATLS will not grant CME credits.
Thanks for your participation!