Trauma Verification
Q&A Web Conference

September 19, 2018
COTVRC@facs.org
Your Trauma Quality Programs Staff

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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.
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.**

[Link](https://www.facs.org/quality-programs/trauma/vrc/resources)
Clarification Document and Verification Change Log

- Released Monthly
- Change Log – notes criteria updates/changes
- Available and download: www.facs.org/quality-programs/trauma/vrc/resources

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<th>Chapter</th>
<th>CD #</th>
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<td>7/1/2014</td>
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<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>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>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>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>Surgical commitment is essential for a properly functioning trauma center (CD 2-2)</td>
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<td>7/1/2014</td>
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<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>II</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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Website Resources for Trauma Centers

- Recording of Webinars:  
  https://www.facs.org/quality-programs/trauma/vrc/resources/webinars

- Stakeholder Public-Comment website:  
  https://www.facs.org/quality-programs/trauma/vrc/public-comment

- Frequently Asked Questions (FAQs):  
  https://www.facs.org/quality-programs/trauma/vrc/faq

- Tutorials:  
  - Becoming a Verified Trauma Center: First Steps
  - Becoming a Verified Trauma Center: Site Visit:  
    https://www.facs.org/quality-programs/trauma/vrc/resources

- Participant Hub - Account Center:  
  https://www.facs.org/quality-programs/trauma/tqp/tqp-center
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.
Scheduling Reminders & Updates
Site Visit Application

- The site visit application is **online only**.
- Can be accessed on the following ACS Trauma website pages:

**VRC - Site Visit Application**
https://www.facs.org/quality-programs/trauma/vrc/site-packet

**TQP Participant Hub - Account Center**
https://www.facs.org/quality-programs/trauma/tqp/tqp-center
Site Visit Application

• The ACS Trauma website pages will link to the Account Center page:

   Welcome to the Account Center!
   • If your hospital is a new facility, please click the Register a New Facility link below.
   • If you are a current participant in one of our Trauma Quality Programs (National Trauma Data Bank®, Trauma Quality Improvement Program®, Verification Review Consultation Program®), you may log in below.
   • If you are a new user at an existing facility, please contact the Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

   Register a New Facility

   Copyright © 1999-2010 by the American College of Surgeons, Chicago, IL 60611-3211

   ACS Home Home Contact Us Log Out

   Welcome: Rachel Tschida
   Chicago Bears Hospital

   Thank you for visiting the Trauma Quality Programs Account Center.
   We have made some updates and created a few new sections to make your experience on the Account Center even better. For more information, please review the contact requesting the Account Center Resource Guide.

   If you are a current participant in one of our Trauma Quality Programs, you will be able to use this site to maintain contacts at your facility, keep your facility information up to date, assess performance, link out to submit data and assess reports, and much more!

   If you are applying to join a Trauma Quality Program, welcome! We've received your initial application and we're glad you're here. In addition to completing this profile, the TOP team will be working with you on the following items: DQA and payment. All of these items need to be completed in order for you to be fully enrolled in TOP. In order to be fully enrolled in TOP, a fully executed hospital participation agreement, provided by ACS Trauma Staff, will also be required. To be an ACS Verified Trauma Center, in addition to submitting a Site Visit Application, completing the Pre-Review Questionnaire, and passing your Verification site visit, you must also enroll in a case-based benchmarking program (CD 165). TOP team needs the requirement. Other interrelated benchmarking programs will be considered and must include the components outlined in the CD 165 Requirements and Reference document.

   To submit your facility's information, please first click the "Save" button in each section. The "Submit" button at the bottom of the screen will only appear when all required fields are completed and saved.

   • Facility Information
   • Contacts
   • Facility Characteristics
   • Pediatrics
   • Personnel
   • Registry Information
   • Program Enrollment
   • Join Another Trauma Quality Program
   • Request a Site Visit
   • Requested Site Visit Applications
   • Access the Data Center
   • Resources
   • Help

   We have received your completed Facility Profile information for the calendar year. Thank you! You may submit updated information at any time by clicking "Save" in the appropriate section.
- The online application must be submitted at least 13-14 months in advance of the requested site visit dates and must be before expiration date.

- An Alternate Pathway review should be requested on the application for surgeons/physicians who trained overseas and want to participate on the trauma call schedule. Their CVs must be submitted to cotvrc@facs.org as they will be vetted by a subcommittee for eligibility to go through the Alternate Pathway.

- All Level I Trauma Centers must also complete the Orthopaedic Trauma Liaison (OTL) form which can be downloaded on the site visit application. Submit form to cotvrc@facs.org with a copy of the OTL’s curriculum vitae.

- We are accepting applications for June 2019 and onward.
Prereview Questionnaire (PRQ) Online Access

Once the application has been submitted, 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/](http://web2.facs.org/traumasurvey5/)
- A copy of the PRQ in Word can be downloaded from: [www.facs.org/quality-programs/trauma/vrc/resources](http://www.facs.org/quality-programs/trauma/vrc/resources)
Site Visit Application Payment

- Do not submit payment until you receive an invoice.

- 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 being scheduled quarterly

- We ask that you provide us with the exact dates you would like to have your site visit. The visit will occur on your chosen dates but we may ask for different dates if the review team cannot attend the requested dates.

- Once the review team has been secured, you will receive a confirmation email that will include your reviewers and their contact information.

- You will receive the confirmation email approximately 120 days prior to the scheduled visit.
Site Visit Preparation with Reviewers

- The ACS Travel Agent will arrange the site reviewers’ flights. Reviewers make travel plans approximately 20 to 30 days prior to the site visit.

- The hospital will arrange and pay for the site reviewers’ hotel accommodations, as well as their ground transportation.

- Please contact the reviewers directly within 30 days of the site visit for their flight itinerary and any logistical information.
Announcements
Next Verification Q&A Webinar

Webinar Date: **Thursday, October 25th**

Webinar Time: **12:00 PM Central Time**

Deadline to submit questions: **Thursday, October 11th**
Hotel reservations are now open
Preconference Workshop Registration is now open:
www.facs.org/quality-programs/trauma/tqip/meeting
## Preconference Workshops

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[https://www.facs.org/quality-programs/trauma/tqip/meeting/workshops](https://www.facs.org/quality-programs/trauma/tqip/meeting/workshops)
NTDB Call for Data

• The ACS COT Annual Call for Data is now open and will end **October 1, 2018**. During this call, we are accepting Admission Year 2017 Data. TQIP Participants are not expected to participate in this call for data and should follow their regular quarterly data submission schedule.

• Centers with upcoming Consultation or Verification visits will not have to pay to submit data.

• For more information or to begin the process of joining the Annual Call for Data, please visit our website: [https://www.facs.org/quality-programs/trauma/ntdb/cfd-instructions](https://www.facs.org/quality-programs/trauma/ntdb/cfd-instructions).
General Questions
Drownings

“Do near drownings need to be admitted to a trauma service?” (Level 2)

“I was wondering if you could shed some light on what the college of surgeons says about drowning/near drowning victims and the role of the trauma surgeon? We have recently revised our trauma alert criteria and added traumatic arrest (i.e. drowning/near drowning, strangulation). Some of our trauma surgeons are wondering what their role would be in these types of scenarios.” (Level 3)

The ACS does not set the admission policy for trauma centers.

In regard to the Trauma Surgeon’s involvement, they should be involved early to evaluate whether there are any traumatic injuries (strangulation can be neck vessel injury or cervical spine fx), and also the added benefit for rapid resuscitation if needed.
Peer Review Minutes

“Peer review minutes are being scrutinized internally at hospitals due to discoverability, what should we do?” (Level 2)

To meet the Verification requirements the following must be available for the site reviewers:

1. Access to detailed minutes of peer review at the time of the visit;
2. Clarify from the attorney, what the limits of protection are for the peer review process.
PRQ Administrative Changes

“Describe any changes (administrative) that occurred since last visit? Does this include doctors? Ortho, Neuro?” (Level 2)

Administrative changes since the last review will include any leadership changes, such as a new Trauma Medical Director, Trauma Program Manager, liaisons, program chairs, Chief Medical Officer, Chief Executive Officer or Chief Operations Officer.
PTSD Screening

“Is PTSD evaluation part of the standards? and if yes, what is the expected compliance rate?” (Level 1)

There are no ACS requirements for PTSD screening. The site reviewer may want to know if the trauma center provides PTSD screening for trauma patients. If the trauma center does, they may want to see your guidelines on evaluating, treating, and managing patients with PTSD. This is not a requirement.
Antibiotics

“Regarding the 60 minute goal-time for receiving antibiotics with open fx - is this inclusive of ALL fractures? Nasal? Finger?” (Level 2)

No, the data that is being requested in the PRQ is for tibial shaft fractures only. It does not include the following: ankle, pilon, amputations, plateaus, nasal, finger, etc.
“Will the ACS be ok on verification visit with EMR though they have wanted and written the need for a paper flowsheet in report?” (Level 2)

There are no ACS requirements on the type of flowsheets. However, what reviewers run into are issues with the time stamp based on when the entries are made. For best practices, use of the electronic flowsheet must contemporaneously document the care of the trauma patient. If reviewers see a number of instances where the dates/times are not accurately documented, they may cite a weakness or add a recommendation to use a paper flowsheet, if applicable, until the programming of the electronic flowsheet has been addressed.
Readmissions

“What is the ACS timeframe requirement for monitoring readmissions? 72 hours? 30 days?” (Level 1)

The Verification process does not have requirements on monitoring readmissions.
Surgical Services

“Is podiatry considered a surgical service?” (Level 2)

No, podiatry would be considered a nonsurgical service.
CD-Related Questions
Burn Patients (CD 2-4)

“If trauma & burn programs/registries are separated, can the overall ISS over 15 volume count for the facility for a Level I?” (Level 2)

It sounds like this facility is both a Trauma and Burn center and have separate registries. If this is correct, burn patients with any associated traumatic injuries should also be captured in the trauma registry and may be included in the total trauma volume.
"If a patient is activated at the highest level, may a trauma midlevel respond and qualify for the 15 minute timeframe?" (Level 2)

For the highest level of activation, the Midlevel provider cannot respond and qualify for the Trauma Attending’s 15 minute timeframe.

A PGY 4 or 5 may begin the initial evaluation and resuscitation while awaiting the arrival of the Trauma Attending, but cannot independently fulfill the responsibilities of, or substitute for, the Attending Surgeon.
"Is an OPPE required of a non-surgeon intensivist taking care of trauma patients?" (Level 1)

If the Intensivist is the primary physician responsible for the care of the trauma patient while in the ICU (meaning the patient’s care is transferred to the Intensivist), they are required to have an OPPE assessment.

Intensivists that are in the ICU managing pulmonary or medical issues on trauma patients are not required to have an OPPE assessment.
OPPE (CD 5-11)

“Regarding OPPE for EM, Ortho, Nsgry: in the 5/31/18 webinar it was stated “Have available a copy of the documentation for each of the services. It is not required to have the OPPE documentation for each panel member at this time (for trauma only), other services is group report.” In the 8/30/18 webinar, slide #38 it was stated “Each provider must have their own individual OPPE process.” Has the expectation changed and we are now required to provide OPPE for individual EM, Ortho and Nsgry physician providers?” (Level 1)

The expectation has not changed. All services (Trauma, Orthopaedic Surgery, Neurosurgery, Emergency Medicine and ICU) must have an annual assessment in the form of OPPE. The Trauma Medical Director does not need to perform the assessment for the other services, but should have oversight over the process. The August webinar asked about a ‘group OPPE.’ Without having the details of what a ‘group OPPE’ looks like, I would say that if the group report captures each panel member’s assessment, that it would be acceptable. We have asked trauma centers to have a copy of the OPPE form available onsite for reviewers to review should they ask to see it.
OPPE (CD 5-11)

“Please explain/give an example of OPPE process that meets standards for Level 1 TC review.” (Level 1)

The OPPE may be designed by the trauma center and should include criteria for each provider, such as:

- Peer review attendance
- CME
- Performance evaluation
- Patient Care
- Medical/Clinical Knowledge
- Interpersonal and Communication Skills
- Professionalism, etc
FOCUSED PROFESSIONAL PRACTICE EVALUATION
XXX DEPARTMENT

Practitioner Name: XXX, MD  
FPPE Period: XXX through XXX

Purpose of FPPE:  
- Initial Privileges
- Expanded Privileges
- OPPE/Case Review Concern

Evaluation based on:  (check all that apply)
- Chart Review
- Monitoring Clinical Practice Parameters
- External Peer Review
- Consultation
- Discussion with Other Individuals Involved in Care of the Patient

The evaluation, as identified above, has been successfully completed.  __ Yes  __ No
If no, please explain:

COMPETENCY ASSESSMENT

☐ Yes  ☐ No  Patient Care – Provided patient care that is compassionate, appropriate and effective for the promotion of the prevention of illness, treatment of disease, and care at the end of life.
☐ Yes  ☐ No  Medical/Scientific Knowledge – Demonstrated knowledge of established and evolving biomedical, clinical and behavioral sciences, and the application of their knowledge to patient care and the advancement of health care.
☐ Yes  ☐ No  Practice-based Learning and Improvement – Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.
☐ Yes  ☐ No  Interpersonal and Communication Skills – Demonstrates interpersonal and communication skills that enable to establish and maintain professional relationships with patient, families, and other members of health care teams.
☐ Yes  ☐ No  Professionalism – Demonstrates behaviors that reflect a commitment to and continuity of professional development in practice, in an understanding and sensitivity to diversity and a responsibility toward patient, family, and society.
☐ Yes  ☐ No  Systems-based Practice – Demonstrates ability to function within the context and systems in which health care is provided, and the ability to apply knowledge to improve and optimize health care.

If you answered no to any of the above questions, please explain.

COMMENTS/SUMMARY:

Reviewing Peer’s Signature: __________________________ Date: ____________

Section Head Review:

RECOMMENDATION:
☐ FPPE for Initially Granted Privileges Completed
☐ Insufficient data (low/no volume) – continue FPPE for additional six months
☐ Refer to Credentialed Committee

COMMENTS/SUMMARY:

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Non-Surgical Admissions (CD 5-18)

“We have a policy that it is acceptable for an EM physician to evaluate an ISOLATED orthopedic fx, consult Ortho and admit to a medicine team. The trauma team is not involved, unless there is a need for critical care or EM/Orthopedics feels the patient warrants further trauma workup. We review all of these Admissions to Non-Surgeons through the PIPS process. Is this an acceptable ANS? It is only for Isolated ortho injuries.” (Level 1)

Based on the scenario above, admitting the isolated orthopaedic fracture to [Family] Medicine Team, would be an acceptable practice. You must ensure that the patient receives an Orthopaedic consult and it is reviewed through the PIPS process.
"If the Trauma Surgeon on-call is also on-call for General surgery at the same time. Is it required that you also have a back-up Trauma/General surgery call schedule?"

(ex: We have one call schedule for Trauma/General Surgery – do we also need a backup call schedule for Trauma/General Surgery?) (Level III)

A Level III trauma center is not required to have a backup call schedule for Trauma/General Surgery.
Trauma Surgeon Backup Call Schedule (CD 6-6)

“Level 2. Backup call covered by cardiothoracic surgeons. Required to have taken ATLS at least once or do they have to be current?” (Level 2)

There are no requirements for the backup surgeons. It is acceptable for the Cardiothoracic Surgeons to be credentialed based on the institution’s policy (which may include ATLS, CME, training, etc.) to provide backup to the Trauma Surgeons. These instances should be monitored through the PIPS process.
Orthopaedic Surgery Call (CDs 9-6/9-7)

“Can you define exactly what is considered to be dedicated OS coverage CD 9-6? Can the Orthopedic Surgeon on-call take call at another hospital or is dedicated defined by the response times of the Orthopedic Surgeons to the critical patient when requested by the Trauma Surgeon?” (Level 2)

Dedicated is defined as being at one trauma center while on call.

To clarify criteria CD 9-7, the trauma center may have dedicated Orthopaedic Surgery call or have an effective backup call system (Orthopaedic Resident or Orthopaedic Advance Practice Provider).

In regard to CD 9-7, dedicated is not defined by the 30 minute response for the Orthopaedic Surgeon’s evaluation of critical patients. This evaluation may be done by an Orthopaedic Resident at any level or Orthopaedic Advance Practice Provider as long as the patient was initially evaluated by an Emergency Medicine Physician, Trauma Surgeon, or senior Orthopaedic Resident. There must communication and documentation with the Attending Orthopaedic Surgeon should this be the practice at your institution.
“Just to clarify, it appears that the Anesthesia Liaison and the Radiology Liaison are required to be currently Board Certified and the rest of the Anesthesiologists and Radiologists are not required to have a current Board Certification. Can you please confirm?” (Level 2)

Correct, the criteria was changed shortly after the Resources manual 2014 was released and the change in the criteria is noted in the Change Log. Only the Anesthesia and the Radiology liaisons are required to maintain current U.S. or Canadian board certification.
Advance Practice Providers (CD 11-86)

“If APP does not have ATLS can they do procedures and initial resuscitation evaluation of trauma with trauma surgeon in attendance” (Level 2)

Without having the specific level of activation, the Advance Practice Provider (APP) who is not current in ATLS, may participate as a member of the trauma activation team if the:

• Emergency Department (ED) or Trauma APP is utilized as a scribe or other role that does not involve patient evaluation and resuscitation
• Primary responder for the consultative tier

For ED or Trauma APPs who are members of the trauma activation team; provide evaluation and assessment, are required to be current in ATLS.
Hospice (CD 16-6)

“We have an inpatient hospice unit, which the patient is discharged from inpatient and admitted to the inpatient hospice unit. Do I have to review them as a trauma death if the trauma patient is discharged from the inpatient unit and admitted to the inpatient hospice unit?” (Level 1)

If the patient did not die while on the Trauma Service, the patient does not need to be reviewed as a trauma death.

If the patient was discharged or transferred to an inpatient unit within the hospital or to an external hospice facility, the expectation is that the care of the patient leading up to the discharge or transfer is evaluated through the PIPS process by the TMD and TPM. If any issues are found, then it may be reviewed at peer review.
“Are travel nurses taking care of trauma patients subject to trauma education requirements?” (Level 1)

Travel nurses who are caring for trauma patients are required to be offered trauma-related education.
Alcohol Intervention (CD 18-4)

“What is the expectation for a timeline to meet the 100% compliance on the intervention for positive alcohol screens?” (Level 1)

The timeline is the reporting year and/or by the date of the site visit.

To clarify, 80% of admitted trauma patients are required to be screened. Those who screened positive must receive an intervention.
Thanks for your participation!