Con: Verification Should Only Be Based on Outcomes

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Verified Trauma Center



Trauma Center Verification Criteria

Chapter	Level of	Criterion	Type of Deficienc	Documented Evidence	Elemen t	Status	Responsible Individuals	Clarification Document
	Center		y					
1	I, II, III, IV	The individual trauma center and their health providers are essential resources that must be active and engaged participants (CD 1-1).	Type II	Documents demonstrate an overall commitment to meet or exceed the defined criteria for verification. Evidence of signed Board Resolution, Medical Staff Resolution and commitment of resources to provide optimal care as well as address areas of weakness or issues defined through the PI process.	С		Administration Trauma Medical Director Trauma Program Manager	
	I, II, III, IV	Trauma center 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 developing (CD 1-2).	Type II	Evidence of engagement and regional participation in the system PI process, supports educational endeavors, injury prevention endeavors.	S		Administration Trauma Medical Director Trauma Program Manager	
	I, II, III, IV	Meaningful involvement in state and regional system planning, development, and operation is essential for all designated centers and acute care facilities within a region (CD 1-3).	Type II	Evidence of engagement and participation in regional and state trauma system meetings, submission of data to regional (if available) and state trauma registry, participation in requested surveys that assist in defining regional and state needs.	S		Administration Trauma Medical Director Trauma Program Manager Staff to include registry staff	
2	I, II, III, IV	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)	Type 1	Documented PIPS plan that defines the Administrator, Trauma Medical Director and Trauma Program Manager have the authority and oversight of the trauma program, trauma continuum of care and PIPS process with evidence that PI events are defined during the patient's phases of care and addressed.	PI		Administration Trauma Medical Director Trauma Program Manager Staff to include registry staff	
	1, 11, 111	Surgical commitment is essential for a properly functioning trauma center (CD 2-1).	Туре І	Evidence of adequate trauma surgeon and trauma specialty coverage to ensure 24/7/365 commitment and timely response to the injured patient, and the administrative needs of the trauma center such as tine for attendance at system operations meeting, PI meetings, peer review meetings, regional participation, injury prevention and outreach education.	SC		Administration Trauma Medical Director Trauma Program Manager Trauma Liaisons	
	I, II, III, IV	Trauma center 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).	Type II	Evidence of a budget to support the trauma program/trauma center to ensure all criteria are addressed as well as a concurrent PI and trauma registry process, injury prevention, outreach education and regional participation.	R		Administration Trauma Medical Director Trauma Program Manager	
	ſ	A Level I trauma center must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15 (CD 2-4)	Type I	Documented evidence of the admission criteria. Injury Severity Scores must have a validation process. Evidence of trauma registrar or program managers completion of AAAM Injury Scoring Class.	V		Administration Trauma Medical Director Trauma Program Manager Trauma Registry	
	1, 11, 111	Through the trauma PIPS program the hospital policy, the trauma medical 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).	Type II	Evidence of documented criteria to participate on the trauma panel and that the trauma medical director has the authority to monitor these criteria and take action as appropriate. Evidence of monitoring through a monthly or quarterly score card that evaluates the defined criteria for participation. Activity must be written and included in the PIPS plan.	С		Administration Trauma Medical Director Trauma Program Manager	



Outcomes

Verified Trauma Center

System Integration

Outreach Prehospital

Transfer Process

Advocacy **Board Resolution**

Medical Staff

Psych Support

Rehabilitation

Trauma

Registry

Neurosurgery

Radiology

Lab **Feedback**

Anesthesiology

NTDB

Volume

Surgical Commitment

OR Resources Peer Review

Injury Prevention

Organizational Leadership & Commitment **Emergency Medicine**

Orthopedics Trauma Protocols

Evidence-Based Practice

FUNDING

Nursing

Blood Bank

Culture

TQIP

Education

Critical Care

Diagnostics

Research

Disaster Response

System Integration



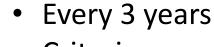
- 911 / Dispatch
- EMS Ground or Air Medical
- Field Triage Criteria
- Prehospital Care Guidelines
- Transfer Process
- Communication
- Education
- Injury Prevention
- Coalition Development
- DATA
- EMS Trauma Center Integration

Trauma Care



- Trauma Team Activation
- Team Response
- Evidence-Based Practice
- Timely Care
- Efficient Care
- Effective Care
- Coordination of Care
- Oversight / Authority
- Multidisciplinary
- Holistic
- Case Review
- Performance Measures
- Peer Review
- Continuous Learning
- DATA

Verification Review Process



Criteria compliance

Validate processes

Evaluate outcomes

 Compliance to evidencebased practice



Strengths of Trauma Center (Klein's Personal Perspective)



- Concurrent PIPS
- Concurrent Registry
- Leadership
- Commitment
- Engaged Team

Threats To Trauma Center

- Criteria too complex
- Criteria too lax
- Cost of trauma center
- Staffing Shortages
 - Trauma Surgeons
 - Specialist
 - Nursing
 - Support Services
- Increased competition
 - Stroke / Cardiac
- Decrease in volume
- Academic training



Verified Trauma Center

PIPS

Nursing

Prehospital

TPM

Blood Bank

Transfer Process

Surgical Commitment

Advocacy

Trauma Registry

Peer Review

Education

OR Resources

Injury Prevention

Critical Care

Radiology

Anesthesiology

Emergency Medicine

Diagnostics

Neurosurgery

Trauma Protocols Orthopedics

Research

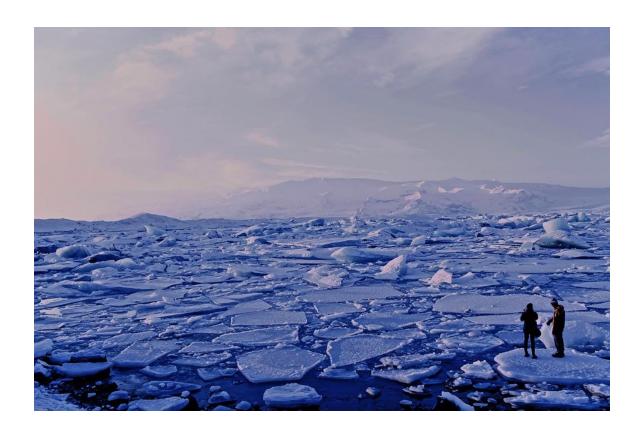
Evidence-Based Practice

Lab Feedback

Rehabilitation

FUNDING

Fragmented Process – Broken Culture



How do you build it without criteria?

Performance Changes



Which Criteria Matter?

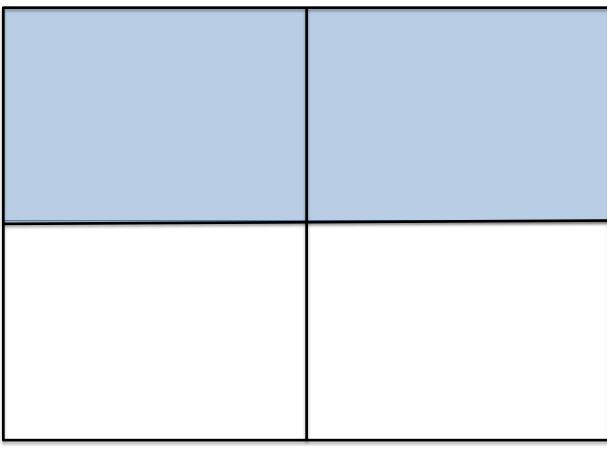


Current Verification Process

Good (risk Poor (risk adjusted)
Outcomes Outcomes

Good VRC
Processes
and
Structure

Poor VRC
Processes
and
Structure



Potential Solutions



- Crosswalk between
 CMS, Joint Commission
 / ACS
- What is common?
- What is repeated?
- Pre-Reviewof TQIP Reports
- Should there only be 2 levels: academic and other
- CRITERIA MAKES A Difference

Questions

