Trauma Measure #6
Trauma Surgeon Response within 30 Minutes of Hospital Arrival

National Quality Strategy Domain: Patient Safety

Measure Type (Process/Outcome): Process

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY

DESCRIPTION:
Percentage of patients aged 18 years or older evaluated as part of a trauma activation who received a transfusion of any blood component within 4 hours of arrival to the hospital for whom there is documentation that the attending trauma surgeon was present within 30 minutes of the patient’s hospital arrival.

INSTRUCTIONS:
This measure is to be reported each time a patient is evaluated as part of a trauma activation, requires a transfusion of any blood component within 4 hours of hospital arrival, and does not expire within 30 minutes of hospital arrival. It is anticipated that clinicians who are responsible for the initial trauma evaluation of trauma patients as specified in the denominator coding will submit this measure.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

DENOMINATOR:
All patients aged 18 years or older who are evaluated by an eligible professional as part of a trauma activation, start receiving a transfusion of any component blood within four hours of arrival to the hospital, and do not expire within 30 minutes of hospital arrival.

Denominator Criteria:
Patients aged 18 years or older

AND

Patients evaluated as part of a trauma activation

AND

Patients who begin receiving a transfusion of one or more of the following blood components within 4 hours of hospital arrival:

1) Whole Blood
2) Packed Red Blood Cells (pRBCs)
3) Platelets
4) Fresh Frozen Plasma
5) Cryoprecipitate
AND

Patients have not expired within 30 minutes of hospital arrival

**NUMERATOR:**
All patients aged 18 years or older who are evaluated by an eligible professional as part of a trauma activation, start receiving a transfusion of one or more components of blood within 4 hours of hospital arrival, and who don’t expire within 30 minutes of hospital arrival for whom there is documentation that the attending trauma surgeon was present at the patient’s location within 30 minutes of the patient’s hospital arrival.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
Documentation in the medical record that the attending trauma surgeon was present at the patient’s location within 30 minutes of the patient’s hospital arrival.

**Performance Met:**
Documentation in the medical record that the attending trauma surgeon was present at the patient’s location within 30 minutes of hospital arrival.

**OR**

No documentation in the medical record that the attending trauma surgeon was present at the patient’s location within 30 minutes of the patient’s hospital arrival and there is no documentation that the patient expired within 30 minutes of hospital arrival.

**Performance Not Met:**
No documentation in the medical record that the attending trauma surgeon was present at the patient’s location within 30 minutes of their arrival and there is no documentation that patient expired within 30 minutes of hospital arrival.

**RATIONALE**
Attending trauma surgeon response time is an important quality metric in evaluating trauma center performance. The American College of Surgeons’ *Resources for the Optimal Care of the Injured Patient, 2014* defines the maximum acceptable attending trauma surgeon response time as 15 minutes from patient arrival at Level I and II trauma centers and 30 minutes from arrival at Level III and IV trauma centers.

**CLINICAL RECOMMENDATION STATEMENTS**
ACS *Resources for the Optimal Care of the Injured Patient, 2014*:
- “For Level I and II trauma centers, the maximum acceptable response time is 15 minutes; for Level III and IV trauma centers, the maximum acceptable response time is 30 minutes. Response time will be tracked from patient arrival.”
- An 80 percent compliance threshold must be met for the highest-level trauma activations at the attending trauma surgeon’s institution.