Trauma Verification Q&A Web Conference

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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.

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

The updates for the Verification Change Log and Clarification Document through December 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.
Clarification Document

The document has been shortened to display only those requirements with a clarification (down from 90 pages to 44 pages).

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

Download and SAVE as an excel file. Can filter by any of the columns.

<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>
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<th>Date Change</th>
<th>Criteria</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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<tr>
<td>1</td>
<td>1-2</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>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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<tr>
<td>1</td>
<td>1-3</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>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>2</td>
<td>2-1</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>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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<tr>
<td>2</td>
<td>2-2</td>
<td>I</td>
<td>II</td>
<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>2</td>
<td>2-3</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>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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<tr>
<td>2</td>
<td>2-5</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td></td>
<td>I</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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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.
Next Verification Q&A Webinar

Deadline to submit questions:  March 2, 2018

Webinar date:  March 15, 2018

Webinar time:  12:00pm-1:00pm CST
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.

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Resources for TPMs and TMDs

- Frequently Asked Questions (FAQs)
  - The list will expand over time.
    [https://www.facs.org/quality-programs/trauma/vrc/faq](https://www.facs.org/quality-programs/trauma/vrc/faq)

- 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.
    [https://www.facs.org/quality-programs/trauma/vrc/resources](https://www.facs.org/quality-programs/trauma/vrc/resources)
TQP Participant Hub

  - Manage facility information
  - Manage contact information

- If the Primary Contact at your facility has left and you need assistance accessing the Account Center, please email tqip@facs.org

- Data Center
  - Submit data
  - View reports
Risk-Adjusted Benchmarking (CD 15-5)

All trauma centers must use a risk–adjusted benchmarking system to measure performance and outcomes (CD 15-5).

Effective for visits scheduled after August 1, 2018: Participation in TQIP best meet this requirement. Other risk-adjusted benchmarking programs will be considered and must include the components outlined in the CD 15-5 Requirements and Rationale document, https://www.facs.org/~/media/files/quality%20programs/trauma/CD_15_5_Reqs_Rationale.ashx.
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.
- We are accepting applications for December 2018, and all of 2019. Please note: we’ve recently had some openings for July, August & September 2018.
  
  https://www.facs.org/quality-programs/trauma/vrc/site-packet
Providing QTP Contact Updates

- Staff changes should be reported as soon as possible
  - TMD/TPM/Administrator (President, Vice-President, CEO)

- Challenges with not updating contacts:
  - Consultation/Verification/Reverification letters and reports have incorrect staff listed
  - Follow-up inquiries from the VRC staff on recent site visits may cause delays receiving the final report

- Site visit applications, note credentials: MD, RN, EMT, NP, PA
  - Combined adult and pediatric verification programs, add contacts for both the adult and pediatric programs
Additional Information to be submitted with 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
  - Combined centers (Level I adult/Level I pediatric) that have separate visits scheduled, but share the same OTL, the form must be completed entirely for the 1<sup>st</sup> visit and on the 2<sup>nd</sup> visit, only complete questions 1-3

- The form is located at:  [https://www.facs.org/quality-programs/trauma/vrc/site-packet](https://www.facs.org/quality-programs/trauma/vrc/site-packet)
OTL Form – Under Revision

• Trauma centers that have previously completed an OTL form and has had no change in the OTL, are not required to submit another form; however, you will be asked to indicate his/her name on the site visit application.

• Trauma centers who have had a change or are new to the process, must complete and submit an OTL form with the site visit application.
Alternate Pathway Criteria (APC) Request

• For centers that have a non U.S. or Canadian board certified/eligible physician or surgeon, who has trained overseas, must note the applicant’s name and specialty on the application.
  - Forward a copy of the applicant’s curriculum vitae (CV)
  - On-site evaluation by a member of the same specialty; assess the 8 criteria (ATLS, CME, meeting attendance, etc), along with review of clinical care

• Those previously approved by way of the APC are not required to have a review by the specialist at the time of the visit. However, they are required to meet the APC.

• The APC is not applicable to U.S. or Canadian residency trained physicians or surgeons.

https://www.facs.org/quality-programs/trauma/vrc/site-packet
Prereview 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-Newer Process

• Visits are being scheduled quarterly.

• Center’s are now being asked to provide us with the exact dates you would like to have visit. Ideally, the visit will occur on your chosen dates.

• Once the review team has been secured, you will receive a confirmation email which will list your reviewers and their complete contact information.

• Will typically be scheduled within 120 days prior to 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.
General Questions
Focused Review Process

“Please explain the process of chart prep for a focus review. Do we pull 10 charts from each category or just the CD ones? What data time frame should be used? Do the same charts get used again that were used for the original review or all they all new ones?” (Level 2)

Do not pull the same charts from the initial review. The time period will differ based on when resolution on the CDs began. Commencing with the changes or those that have impact on the deficiency(ies), have available on-site medical charts/EMR related to the deficiency (ies) cited. All indicated materials must be available and organized systematically as instructed in the Focused Review Agenda. You will have a limited quantity of medical charts and should align with the categories if there were changes that impacted that process.
Telemedicine

“Is telemedicine an acceptable substitute for specialty consults, such as OMFS & Ophtho, to determine the need for transfer out?” (Level 2)

Telemedicine is not an acceptable method of consult. The expectation is that the specialist must be available in person at bedside by a predefine time when a request is made.
Alternate Pathway

“I know that peri-prosthetic fractures are not included in NTDb data so my question is if I have a trauma patient with other injuries in addition to a peri-prosthetic fracture can that fracture be repaired by an orthopedist that specializes in these injuries yet is not board certified and does NOT take call for trauma? Does he need to go through the alternative pathway process?” (Level 2)

If the surgeon in question treats trauma patients, he would need to go through the alternate pathway process in order for the facility to comply with verification requirements. However, if the “other” injuries are traumatic and a board certified orthopaedic surgeon is managing those injuries, and then the patient is transferred to the specialist that specializes in periprosthetic fracture, this would be acceptable. It must be clearly documented and reviewed through the PIPS process.
Thromboelastography (TEG)

“The manual states: ‘Thromboelastography should be available at Level I and II trauma centers.’ Does available mean required?” (Level 2)

The “should” throughout the Resources manual is essentially a “recommendation” and it is not perceived as a requirement.
Peer Review Minutes

“In a previous webinar regarding the dissemination of PIPS Committee Minutes it was stated the Intent is the TMD and/or liaisons provide the panel members with the information and have a mechanism to track it.

1. Does this mean the minutes are sent and tracked to all the trauma attendings, including who attended the meeting or just to those not attending?

2. Is it acceptable to send the PIPS Minutes to the Liaison who will then disseminate any service specific information or must we distribute and track for all trauma panel members from neurosurgery, ortho, emergency medicine, diagnostic imaging and anesthesia?” (Level 1)

To clarify, peer review follow-ups may be disseminated to those that did not attend. In addition, the TMD may disseminate to the liaisons and they in turn can disseminate to their panel members. Furthermore, the minutes to do not need to be tracked unless they will be used as part of your internal education process.
“We received a weakness ‘the trauma flow sheet (via the EMR) is very difficult to follow & contains a large amount of extraneous info that may encumber the PI process’ The flow sheet is in chronological order and contains all orders and assessments. Is it sufficient to address this issue by creating a PI form that is auto populated with pertinent info from trauma registry data?” (Level 1)

Yes, that would be acceptable. In an effort not to create more work for the nurse/scribe, consider not capturing the extraneous information that may not necessarily be needed in the flow sheet.
PRQ

“Please clarify which PRQ is to be used for a combined Level I Adult Trauma Center and a Level I Pediatric Trauma Center.” (Level 1)

As a combined Level I adult and Level I pediatric visit would involve two separate PRQs and two separate reports at the conclusion of the review process, you would use both the L1 adult and L1 pediatric PRQs linked from the Resources Repository.

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

“PRQ (II-5) asks for ED visits with ICD9 code 800.00-959.9; we use ICD10 codes now. Which ICD10 codes should we be using?” (Level 1)

The online PRQ and word versions have been updated to not reflect the language of ‘ICD9’ codes. For verification, the injury codes are not defined. We will take this into consideration for the next revision of the PRQ.
Trauma Registry Inclusion

“Do you know the percent of facilities that include isolated hip fractures in their registry?” (Level 2)

The inclusion of these types of patients vary based on the institutions policy on admission and also, state inclusion criteria. In some instance both the institution and state criteria are the same and in others, they differ. In the latter, the institution may have to capture two sets of data sets.
Trauma Rounds

“For Level III facilities how often and who should participate in the trauma rounds?” (Level 3)

The verification process does not define who should be included in trauma rounds. This will vary by institutions.
Trauma Team Activation Protocol

“Table 3 in Chapter 5: is this to be followed exactly or just a recommendation protocol?” (Level 3)

For the Full Trauma Team Activation, the minimum criteria must be include (refer to Table 2 page 38). The center may add additional criteria to this activation.

The Limited Tier will be defined by the institution along with protocols for when the surgeon is expected to respond.
Verification Process & TQIP

“How is the TQIP report expected to be used in the verification process?” (Level 2)

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 TQIP report 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.
“Do the unfilled positions in the hospital trauma program weigh heavily on the decision to verify a trauma center?” (Level 2)

Based on the little bit of information here, yes, it can weigh heavily on whether a deficiency will be cited. The expectation is that all resources and providers are in place at the time of the visit.
Warming Measures

“Are warm blankets considered warming measures?” (Level 1)

While there are no specific criteria to warming measures, a warming blanket is one method.
CD-Related Questions
Admission Volume (CD 2-4)

“Can a supracondylar fx treated in the ED & discharged w/next day scheduled operative repair be counted toward admission volume?” (Level 1)

For verification purposes, an admission is defined as a stay > 23 hours with a traumatic injury and admitted to the trauma service. Based on the description above, this does not meet the inclusion criteria.
“Is it expected that the will sign off on the FPPE/OPPE (annual assessment) for Orthopedics, Neurosurgery, Emergency Medicine, & Anesthesia (page 37 in the Orange Book is a little confusing as to who's included in the ‘Trauma panel providers’)?” (Level 2)

If the question is referring to the TMD signing off on the FPPE/OPPE for specialty providers, the expectation is that the OPPE for all specialists should be performed by their respective directors, with oversight from the TMD.
“What should the OPPE document show?” (Level 3)

There are a few examples for OPPE on the VRC resources repository website. The expectation is that the Trauma Medical Director (TMD) is conducting the OPPE and has a process (score card/template/report) available to present on site, if asked.

https://www.facs.org/quality-programs/trauma/vrc/resources
“Can the level one TMD be a level two TMD as well?”

(Level 2)

No, this would not be in compliance with criteria. The TMD must be dedicated to the facility undergoing verification, and cannot direct more than one trauma center.
“For highest level activations, can an ATLS, trauma-trained fellow fill in the gap for the attending physician or is the attending always required to be at the bedside within 15 minutes for highest level activations? We are a state Level 1 Peds Ctr.” (Level 1)

The surgery fellow who is board certified or board eligible can act as the initial responder for the highest level of activation as long as they are credentialed by the institution to do so.
Non-Surgical Admits (NSA) CD 5-18

“We have a Level III consultative visit scheduled for August. I have a question for the next web conference or whenever you have time to answer it…Many of our older fall patients are admitted by our hospitalist service due to comorbidities. Nearly all of them have immediate consult to general surgery and/or ortho. Must these all be reviewed by the trauma committee?” (Level 3)

The short answer is no they do not need to be reviewed by the trauma committee. If you are following the NSA grid on page 121 of the Resources manual and those that fall outside of the grid, should be reviewed by you and the trauma medical director.
ATLS (CD 6-9, 7-14 and 7-15)

“Do all surgeons and ED physicians at a Level III need to be current in ATLS?” (Level 3)

All general surgeons and all emergency physicians who are boarded in emergency medicine must have successfully completed the ATLS course at least once. However, emergency physicians boarded in specialties other than emergency medicine (pediatrics, internal medicine, etc) who treat trauma patients must have current ATLS status.
Level III with Neurosurgery Capabilities

“Will Level III with Neurosurg capabilities criteria be clarified?” (Level 3)

Level III centers must meet the criteria specified in Chapter 8 (CDs 8-5, 8-6, 8-7, 8-8, 8-9, CD 8-10 and 8-13.

The online PRQ will appropriately display those questions based on whether the center has neurosurgery capabilities.
“The surgical director of the pediatric intensive care unit .... should be board certified in surgical critical care. (CD 10–33, Type I) Does 'should be' mean 'must be'?" (Level 2)

As per the Clarification Document (pg 27), the surgical director of the PICU must participate actively in the administration of the unit, as evidenced by the development of pathways and protocols for care of surgical patient in the ICU and in unit-based PI. They should be board certified in surgical critical care, but this is not a requirement in a pediatric center. This does not mean they must be board certified/eligible in surgical critical care.
Peer Review Meeting Attendance (CD 10-38)

“Does our board certified pediatric surgeon need to attend peer review 50% of the time or just peds specific peer reviews?” (Level 2)

If this is a combined center, the pediatric surgeons or adult surgeons are not required to attend both peer review meetings. However, there must be a representative (TMD or designee) from the adult program or pediatric program designated to attend the other meeting, and this representative must ensure that discussions during this meeting are disseminated amongst the other panel members.
Anesthesia (CD 11-4)

“What is the new Anesthesia requirement for level II?” (Level 2)

There has not been any changes to the anesthesia in-house requirements.
“Are Emergency Dept. APP’s required to be current in ATLS (CD 11-86) for ED-specific activations? In our institution, ED-Specific activations (i.e. Trauma Expedite) are designed for the timely evaluation, processing of diagnostics and potential upgrade to limited or full-tier activations internal to the ED.” (Level 1)

Based on the scenario provided, if the ‘ED-specific activations’ is similar to the fast-track, the requirement does not extend to those APPs.
“Can a Non verified trauma center but designated burn center with the state receive burn only patients?”

(Level 1)

Yes. *There must be written transfer agreement in place.*
Registrar (CD 15-9)

“Requirements for FT registrar in addition to a FT trauma program manager if we are placing 450-498 in the registry.” (Level 3)

For a Level III trauma center, the trauma program manager may also act as the registrar.
Alcohol Screening (CD 18-3)

“SBIRT Clarification: Activations that are discharged from the ED require screen AND intervention if positive?” (Level 1)

As per the revised criteria, a minimum of 80% of patients who meet NTDS Inclusion criteria with a hospital stay of > 24 hours must have an SBIRT screening. Additionally, all patients who screen positive must receive a documented intervention by appropriately trained staff, as per CD 18-4. If the patients are not admitted and released from the ED within < 24 they are not subjected to the screening. However, this may differ based on your hospital policy.
Alcohol Screening (CD 18-3)

“In our institution we perform an ETOH level on all trauma activations. Trauma consults receive CAGE on admission to the floor. Is it acceptable if we screen at least 80% between these two screens? If they screen + then SW has to perform the SBIRT. Is that requirement 80% as well?”

(Level 2)

It is acceptable to use the two types of screening. If the patients screen positive the requirement is that the social worker or credentialed provider provide some means of referral, this is not inclusive of the 80% threshold.
Alcohol Screening (CD 18-3)

“What is the requirement for SBIRT documentation?”
(Level 2)

There should be a screening toolkit developed and used by the hospital. The data must be documented in the progress notes/medical record.
"Who has to meet the CME requirements?" (Level 3)

"Is there a CME requirement for the TMD at a Level III and do they need to be current in ATLS?" (Level 3)

There is no CME requirement for Level III trauma centers. However, they do need to be current in ATLS, as per CD 5-6.
“Can a PALS course be used to meet the pediatric CME requirements for trauma surgery and the external CME requirements for the surgical specialty and PICU liaisons involved in the care of pediatric trauma patients?” (Level 1)

Yes, the PALS course is acceptable to meet the external trauma-related CME requirement.
CME

“Free standing ED: do the physicians practicing there need to maintain CME if they do not care for traumas in their main hospital” (Level 1)

There are no requirements for the free standing ED.
CME

“What is the physician CE requirement?” (Level 2)

It is important to distinguish that our criteria relate to CME specifically, rather than CE.

Physicians taking trauma call at L1 and L2 facilities are expected to have a minimum of 16 hours of CME per year, which adds up to a total of at least 48 hours of CME during the 3-year verification period. This number may be prorated for:

• Surgeons who recently completed training
• Surgeons who recently joined the trauma call panel
• Centers undergoing their first verification
• Military deployment, medical leave, and missionary work
“Do locums trauma surgeons need to meet the same requirements as core trauma surgeons for CME's and Peer Review?” (Level 2)

Yes. For all trauma centers, locums treating trauma patients must meet the credentialing process and same requirements as the other physicians/surgeons, e.g. board certification, CME and/or an Internal Education Process, peer review attendance, etc.
Thanks for your participation!