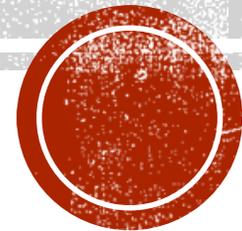


COMMON DESIGNATION PITFALLS

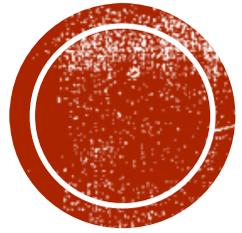
Katie Pierce, BSN, RN, CEN, CPEN



THANKS, DIANE!

- Make sure you review the information provided by Diane Yetter-Canedy during the Trauma Nurse Coordinator Connect on June 28th!
- Contact me if you don't have a copy of Diane's presentation 😊



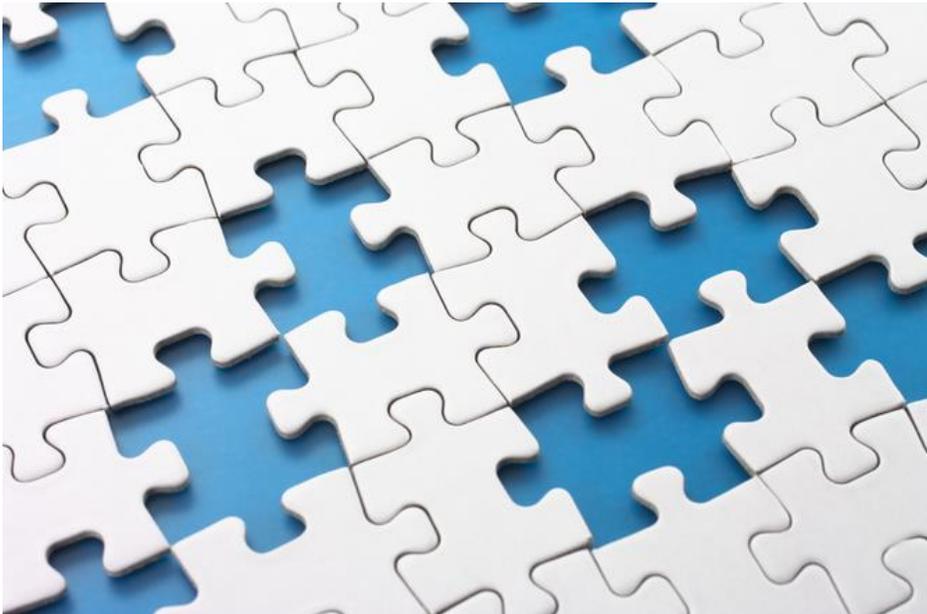


8 COMMON PITFALLS



#1: INCOMPLETE PRO

- There is a new version available—questions should be more clear
- Answer each question
 - Look for “have available” comments, and be sure these things are available (example: PI filters)



#2: UNDERTRIAGE

- Carefully consider the “numbers” section of your PRQ... does your activation category match your admissions/transfers for traumatic injury?
- If not, what accounts for the difference?
 - Example: Transfer 65 patients, but only report 3 trauma activations
- Are you reviewing injury admissions/transfers for appropriate activation?
- Cribari Matrix:

Figure 2 The Matrix Method for the Calculation of Triage Rates

	Not Major Trauma	Major Trauma	Total	
Highest Level TTA	A	B	C	Overtriage $A/C \times 100$
Midlevel TTA	D	E	F	Undertriage =
No TTA	G	H	I	$(E+H) / (F+I) \times 100$



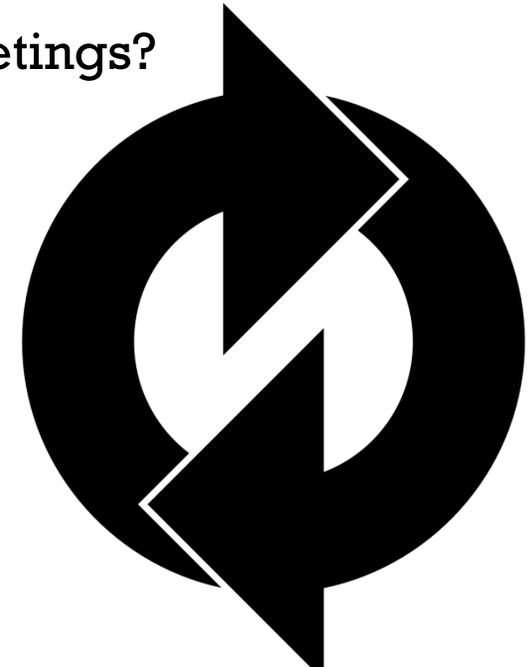
#3: PERFORMANCE IMPROVEMENT--PLAN

- Make it clear!
 - Explain how a chart goes all the way through the PI process
 - Include PI filters
 - Who can “close” out a chart
 - Include your trauma meetings
 - Who attends the meeting
 - Is it part of another meeting
 - What is discussed at each
- Example plans are available—ask your lead hospital or Diane Schoch



#4: PERFORMANCE IMPROVEMENT: THE LOOP

- Be able to explain exactly how a loop is closed for PI
- Have an example of loop closure with documentation
 - Pro tip: pick some of your chart review selections to include loop closure
- How are issues tracked?
- Do you report on loop closure at your multidisciplinary meetings?



#5: THE REGISTRY

- Required to be up to date!
- You must use it....
 - Know how to run at least a few reports
 - Use it to drive your PI program (ie look for patterns, etc)
 - Use it to drive your injury prevention program



#6: THE ED

- Go through the equipment checklist and make sure all items are there (and check again the day of the review)
- **POST ACTIVATION CRITERIA!**



#7: EDUCATION

- ATLS not current for physicians and APCs
- RN Education:
 - TNCC
 - 2 hours pediatric
 - 6 hours adult
- Any trauma related education that includes CE's will count
- Make sure you have a schedule for conferences that are not expressly about trauma or if using for pediatric hours
 - Example: many Emergency Conferences have some hours for trauma, but unlikely all include trauma



EDUCATION SUGGESTIONS

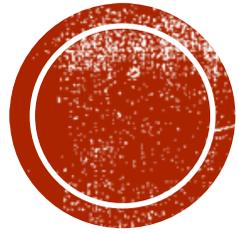
- Staff missing hours? Try these ideas:
 - Members of ENA or STN can get free CE's from the organization websites and webinars
 - Grand Rounds—check the state website for upcoming education. Several places have free CE's available via telehealth or webinar
 - American Trauma Society (ATS) website
 - Facility purchased programs (ie CE Direct, Elsevier, etc)
 - Call your regional lead hospitals and request some kind of education
 - RTTDC books purchased by the state, instructors are usually free



#8: GETTING INVOLVED

- State or Regional involvement is required
- Attend a trauma board meeting (either state or regional)
- Get involved in committees/special interest groups
 - This meeting is a good example
 - Designation committee
 - Data committee





QUESTIONS??

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