Nebraska Trauma Regulations

Preparing for Trauma Designation

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Disclosure/Privacy

No commercial or financial gain from any information discussed here

I have no financial interest/arrangement that would be considered a conflict of interest

Abbreviations

TNC – Trauma Nurse Coordinator*
TPC – Trauma Program Coordinator
TPM – Trauma Program Manager
TMD – Trauma Medical Director
APP – Advanced Practice Provider (NP, PA)
PI – Process Improvement

*Old terminology

NE Milestones…

Early 1990's- Need for a trauma system in Nebraska is identified
- Lloyd Westebuhr, Bob Harry, Ray Gaines, Joe Stothert

1993-Meeting with Senate to develop trauma plan for the state- LB 1223

1997 - LB 626 Statewide Trauma System plan passed

Late 90's - Difficulty with funding

2001 - LB 191 assists trauma program financially through revenue from vehicle registration

State vs ACS

State Designation:

- Process outlined & developed at a state level through legislative approval
- Identifies unique criteria in which to categorize Trauma Centers
- Can reassess at any time
- In NE, designation valid for 4 years

ACS Verification:

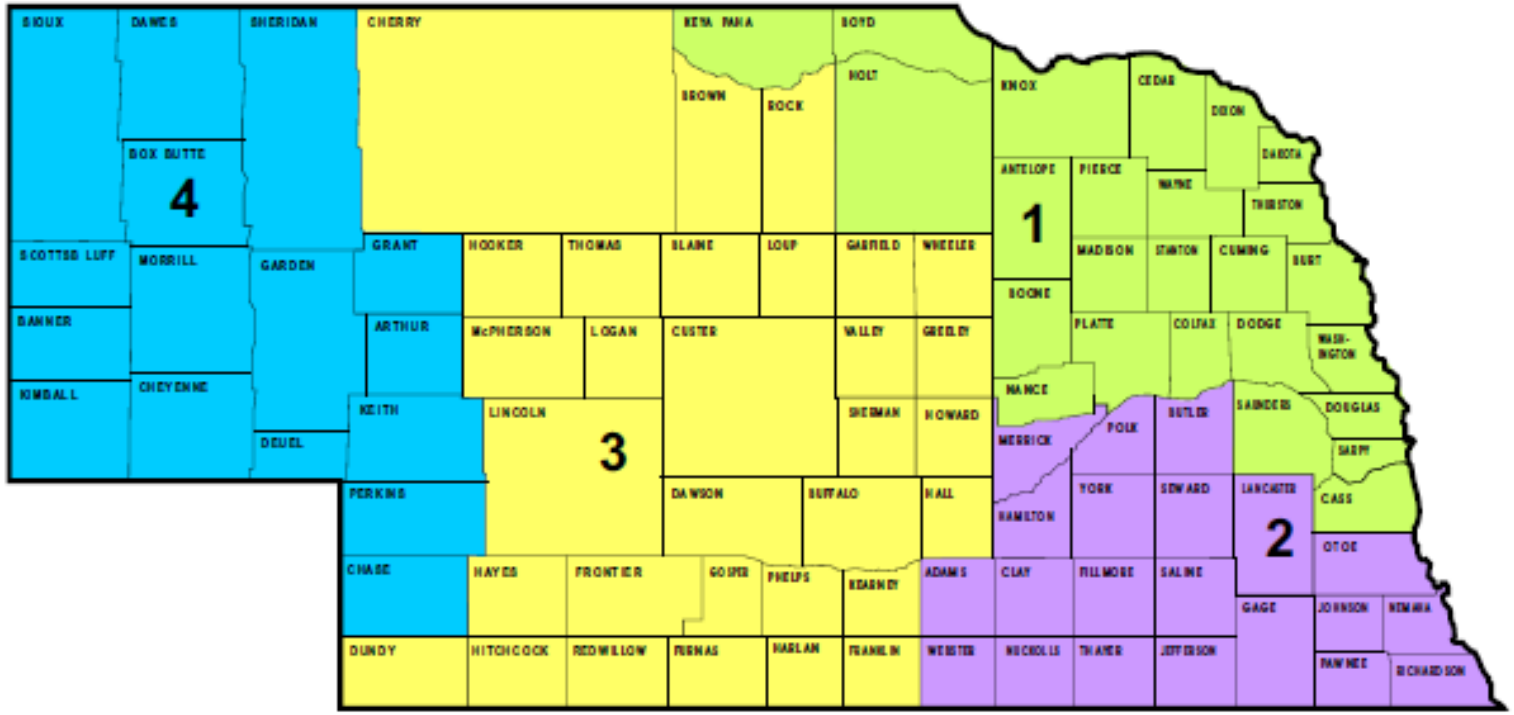
- Verifies the presence of the resources listed in Resources for Optimal Care of the Injured Patient
- Verification valid for 3 years

NE Trauma System

Trauma Hospitals

- **Basic Trauma Center**
- **General Trauma Center**
- **Advanced Trauma Center**
- **Comprehensive Trauma Center**
- **Rehabilitation**

Nebraska Department of Health & Human Services
EMS/Trauma Program
Trauma System Regions



http://www.dhhs.ne.gov/ems/emsindex.htm

Map-91 Rev. 2/09

Trauma Boards

State Trauma Board – meets 2x/ year

- Advise the department regarding trauma care needs throughout the State of Nebraska.
- Review and recommend changes to the statewide trauma plans.
- Review and recommend changes to trauma system statutes and regulations.
- Review and comment on trauma registry data.
- Develop and coordinate training and education programs.
- Determine and make recommendations to the department concerning acceptance or rejection of trauma, specialty or rehabilitative center designation application.

Trauma Boards

Subcommittees:

- Designation
- Education, Prevention and Training
- Data and Quality

Regional Board – no set meetings but goal is yearly

- Advise the department regarding trauma care needs throughout the region.
- Review and recommend changes to the regional trauma plans.
- Review and recommend changes to trauma systems statutes and regulations.
- Review and comment on trauma registry data.

PI Meetings – no set meetings but goal is 2x/year

Optional regional meeting to review and discuss PI Issues

Resources

Resources:

State Trauma Program Manager
Sherri Wren
(402) 471-0539
(402) 429-3311 (cell)
Sherri.Wren@Nebraska.gov

State Trauma Nurse Specialist
Diane Schoch
(402) 289-7431 (cell)
Diane.Schoch@Nebraska.gov

Trauma Program Manager at Regional Trauma Center:

Region 1: Karen Saxton: KSaxton@nebraskamed.com
Katie Pierce: Katie.Pierce@alegent.org
Jamie Mukherjee: jmukherjee@childrensomaha.org
Region 2: Jackie Wright: jackie.wright@bryanhealth.org
Region 3: Renae Jacobson: RenaeJacobson@catholichealth.net
Region 4: Susan Wilson: Susan.Wilson@rwhs.org

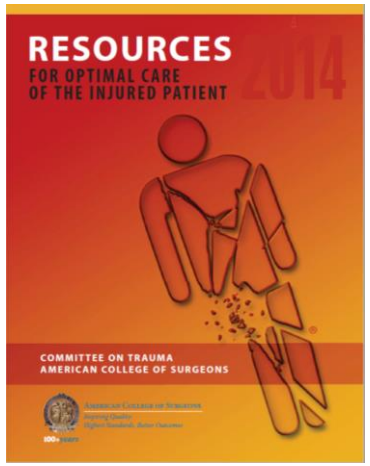
On-line Resources

State Criteria

http://dhhs.ne.gov/Pages/EHS-Statewide-Trauma-System-of-Care.aspx

ACS “Optimal Care Document”

https://www.facs.org/~/media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care.ashx



Current Regulations

Title 185 Chapters 1 to 11 - approved in 2011

- Under renovation – awaiting public hearing and final approval

Checklist (pgs 20 – 29) – required criteria

Deficiency at re-designation:

1 Educational requirements

2 Job description verbiage

INSTITUTIONAL ORGANIZATION

Trauma Program is financially supported by the hospital

- Money for education
- TPC position funded
- Signed BOD and Med Staff letters – current for year of designation

Trauma Program is on the Organizational Chart

Trauma Team

- Provider and RN at a minimum
- Activation criteria/policy

Trauma PI Committee

CATEGORIES	COMPREHENSIVE	ADVANCED	GENERAL	BASIC
	INSTITUTIONAL ORGANIZATION			
Institutional Support[1]	X	X	X	X
Trauma Program [2]	X	X	X	X
Trauma Team[3]	X	X	X	X
Trauma Multidisciplinary Review Committee[4]	X	X	X	X
Trauma Program Medical Director[5]	X	X	X	X
Trauma Coordinator[6]	X	X	X	X

TPM and TPC job descriptions – exact verbiage from regs
(pg 28 footnotes # 5 & 6)

Clinical Capabilities

TRACK RESPONSE TIMES IN PI

BASIC

On-call and available within 30 minutes

ED - MD, DO, APP

Radiology

Surgeon – not required but if one is on-call for trauma, must meet requirement.

GENERAL

In-House and Available 24/7

ED provider

On-call and available within 30 minutes

Surgeon

Anesthesia

Radiology

What does this mean?

“A representative attending Peer Review Committee meetings at least 50%”

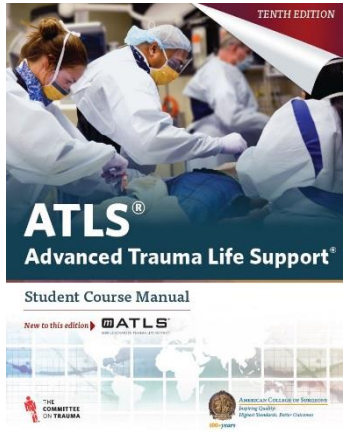
Provider Education

** Applies to providers (MD, DO, APP) who have been in the ED more than 1 year
** ATLS hours count toward 16 hours
(ATLS refresher course is 4-8 hours – get CME certificate from MD)
** Locum tenens must have current ATLS upon hire

BASIC/GENERAL Surgeon
16 hours trauma CME every 4 years
Current ATLS
** Basic does not have to have a surgeon but if one is on staff and takes call for trauma – must meet requirements

BASIC ED
Current ATLS

GENERAL ED
16 hours trauma CME every 4 years
Current ATLS



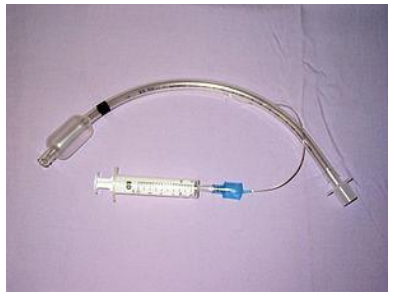
ED Equipment

Must be readily available in ED

Should be organized in logical manner

Will need to demonstrate location of each item at designation

Consider routine scavenger hunts & competencies



RN EDUCATION

BASIC/GENERAL RN

ED: Trauma Education 8 hours/2 years for RN

TNCC or ATCN every 4 years

** TNCC/ATCN counts for 8 hours during the 2 year period it is taken

** Two hours of each 8 hours increment must be pediatric
(Can be PALS, ENPC)

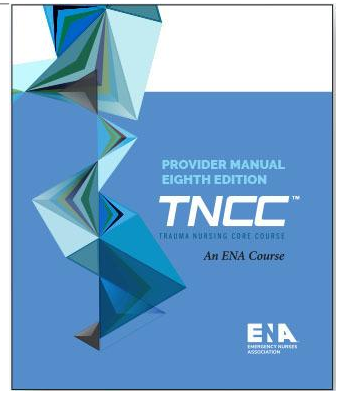
** Applies to RNs who have been in the ED more than 1 year

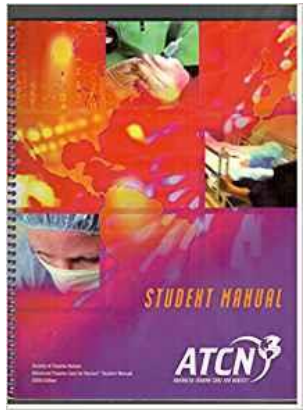
** Pro-rated for RNs > 1 year, less than 4 years.

** Travelers must have TNCC upon hire

** Hours can be on-line, journal reading, webinar, in-person AS LONG AS THERE ARE CE HOURS GRANTED

** If unsure if counts, submit to Sherri Wren or Diane Schoch





Education

Start gathering year 1!

		Trauma CE Report							
		Jan 2015 - Dec 2018							
Staff Name	DOH	PALS/ENPC exp*	TNCC exp	Event/Name of Program	Date Attended	Hours	Adult Hrs	Pedi Hrs	Total Hours
Nancy Nurse	1/1/2012	Aug-2020	Jun-2020	TNCC	6/2/2016	8	16	4	20
				PALS	8/5/2016	2			
				TBI Management Update	2/25/2017	2			
				Bryan LGH Trauma Symposium	6/17/2018	7			
				PALS	8/10/2018	2			
Debbie Downer	5/12/2000	Jul-2018	Jun-2020	ATCN	6/20/2016	8	11	3	14
				PALS	7/5/2016	1			
				Uncrossmatched Blood Administration	3/1/2017	1			
				Pediatric Trauma Update	7/5/2017	1			
				Abdominal Trauma	9/12/2018	2			
Nora Newbie	9/30/2017	Aug-2020	Jun-2022	TNCC	5/24/2018	8	8	2	10
				PALS	8/10/2018	2			

OR/ICU

OR

BASIC

- Not required
- If use for emergent trauma pts – must have PACU monitoring equipment, pulse ox and thermal control and monitor OR team response time (30 min)

GENERAL

- Track response time of OR personnel
- PACU – can use ICU as PACU

ICU

BASIC

- Not required

GENERAL

- Designated Surgical Director or Co-Director must be assigned.
- ** New draft regs – required education for RNs.

Pediatrics

BASIC/GENERAL

- Pedi resus equipment in ED, CT and in-patient (if admit pedi pts)
- TWO Pediatric PI indicators

GENERAL

PICU – do not have to have a dedicated PICU but must meet criteria if one is on-site and used for trauma pts.

Blood Bank

Must have 2 units O negative blood that can be released quickly

Suggest:

- Policy for RNs to obtain prior to blood bank personnel arrival
- Policy to release to ALS/Helicopter for transport w/ pt

Hemodialysis
Burn/SCI/TBI/Rehab

"EMTALA Regulations Established Referral patterns for Trauma"

Your hospital has a customary referral plan with a higher level trauma center and you can speak to it.

Do **NOT** have to have a **written** transfer plan.

Cont. Education

GENERAL

Continuing education – offer programs for MDs and RN

Prevention

Focus on common problems or interests in your population – Falls, car seat checks, seatbelt education, farm safety, distracted driving.

- Use Registry!
- Don’t reinvent the wheel

Not just TPC – anyone in hospital

Log – Date, Topic, number attending

“Research”

Use the registry for PI

What Do I Do?

Must have dedicated time each week to be successful

A. Assure compliance with State rules and regs
B. Identify patients and evaluate their care
C. Registry
D. Develop, monitor, grow PI Process
E. Prevention
F. Assure all educational requirements are met
G. Participate in regional and state trauma meetings

Identify Patients

Develop system to identify and track patients on a regular basis
ED log, Hospital admit log, discharge logs

Hospital admission; OR
Patient transfer via EMS transport (including air ambulance) from one hospital to another hospital; OR
Death resulting from the traumatic injury in ED or OR

ICD 10:

- S00-S99 with 7th character modifiers of A, B, or C ONLY
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T20-T28 with 7th character modifier of A ONLY (burns by specific body parts)
- T30-T32 (burn by TBSA percentages)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome

Excludes: Superficial injuries (if only injury)

Monitor Care

- ATLS followed
- TTA criteria followed (under triage)
- Providers arrive timely
- PI Indicators (EMS, ED, pedi & hospital)
- System Issues
- Unusual Event

Resource for PI Process & Prevention

Develop system for registry. Decide who will abstract and enter the data (TPC, med records) – AIM FOR CONSISTENCY

Contact State Trauma Registrar for access to Image Trend

Andrew Ngochoch
Andrew.Ngochoch@nebraska.gov
402-471-1370

Must be submitting data for at least 3 months prior to designation visit

Even if TPC is not entering data, they **must** have knowledge of the registry

Follow State and NTDB data dictionary

NTDB Data Dictionary

Standardize trauma registry data collection

Dataset defining standardized data elements collected by the American College of Surgeons

The NTDS Data Dictionary contains the recommended elements to be collected at the national level for every injured patient meeting the national inclusion criteri

- **Name of the data element**
- **Definition of the data element**
- **Data type of the data element**
- **How to deal with missing or incomplete information**

www.ntdsdictionary.org

ED_13

INITIAL ED/HOSPITAL GCS - TOTAL

Definition

First recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.

Field Values

- Relevant value for data element

Additional Information

- If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.
- Please note that first recorded/hospital vitals do not need to be from the same assessment.

Data Source Hierarchy Guide

1. Triage/Trauma/Hospital Flow Sheet
2. Nurses Notes/Flow Sheet
3. Physician Notes/Flow Sheet

Associated Edit Checks

Rule ID	Level	Message
5701	1	GCS Total is outside the valid range of 3 - 15
5703	4	Initial ED/Hospital GCS - Total does not equal the sum of Initial ED/Hospital GCS - Eye, Initial ED/Hospital GCS - Verbal, and Initial ED/Hospital GCS - Motor
5704	4	ONE of the following: Initial ED/Hospital GCS - Eye, Initial ED/Hospital GCS - Verbal, or Initial ED/Hospital GCS - Motor is blank but Initial ED/Hospital GCS - Total is not: (1) blank, (2) Not Applicable, or (3) Not Known/Not Recorded
5705	2	Field cannot be blank

Trauma PI

Most important aspect of Trauma Program

- Develop PI Indicators
- Develop PI Log and Tracking Form
- Develop Trauma PI Committee
    - Keep attendance
    - Keep minutes - must be frank, open, honest, detailed
- Develop Physician Trauma Peer Review

Trauma PI

Trauma PI Committee
Can meet monthly or quarterly depending on volume

Multidisciplinary – include EMS, lab, radiology, nursing, MDs, pharmacy

Monitor PI Indicators

i. Use state trauma PI Indicators on State website
ii. Two must be pediatric related
iii. Monitor response time of team members
iv. Monitor transfer out times (< 2 hrs from admit to discharge)
v. Monitor EMS documentation and care
vi. Tailor other PI indicators to problems in your hospital
vii. Trend aggregate data (Set targets - response times, documentation issues, volume)

Protocol/Policy/Guideline development

Review Major Incidents/System's Issues/Deviation from Policy/Protocol

Trauma PI

Physician Trauma Peer Review Meeting

a. Protected by NE statue
b. Can be in conjunction with Medical Staff meeting or PI Committee meeting
c. Keep separate minutes for this meeting - include frank, detailed minutes of discussion and action/outcomes.
d. Ideally, TPC should attend trauma portion of this meeting
e. Peer Review must be conducted by physicians current in ATLS
f. All in-house deaths must reviewed and categorized:
   - Morbidity/Mortality without opportunity for improvement
   - Morbidity/Mortality with opportunity for improvement
   - Unanticipated morbidity/mortality with opportunity for improvement

Policies

Required Policies:

1. Trauma Activation Policy – post copy of criteria in ED and at nurse's station and educate EMS on policy
2. PI/Peer Review Plan

Helpful Policies:
-C-spine clearance
-Administration of uncrossmatched O blood
-Criteria for APPs to call in Supervising MD

Develop Trauma Flow Sheet

KEEP A LOG

PI Loop Closure

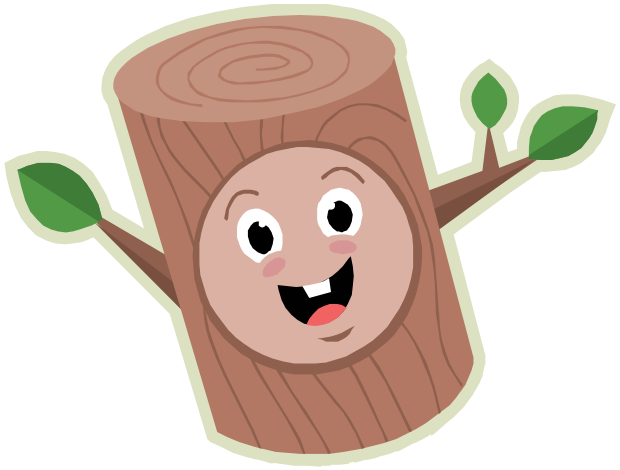
Prevention

EMS Education

Staff Education

MD/APP Education

Disaster Drills



EMS

Conduct routine education with EMS

- Log – date, Service name, Topic, # attendees
- Document any care issues and follow up in PI Committee.
- EMS is required to be invited to PI Committee

EMS Education Log

Date	MRN for Run Review/Topic Presented	EMS Services in Attendance	# Attendees

Getting Ready for the Visit

1. Submit Application to State (Sherri)
2. Complete questionnaire
3. Schedule date with State (Sherri)
4. Prepare for visit – pull charts, reserve rooms, invite attendees, order lunch

Getting Ready for the Visit

Pull Charts

Chose approximately 20 charts from the reporting year and include:

a. All Trauma Deaths
b. Trauma Activations especially those with unstable vital signs or those requiring a procedure (such as intubation, chest tube placement)
c. Patients not activated but transferred to a higher level of care due to positive CT findings.
d. If you admit patients to your hospital, have two to three inpatient charts available

- EMS run sheet
- ED Physician Notes
- Any Procedure Notes (intubation, chest tube insertion, etc.)
- Trauma Flowsheet or ED Nursing Notes
- Radiology Reports
- Laboratory Reports
- Progress Notes (if admitted to your hospital)
- Autopsy (if available)
- **Any PI forms associated with the patient**

Getting Ready for the Visit

Reserve Rooms/Invite Attendees

1. Conference Room for Pre-Review Meeting/Lunch and Exit Interview:
   Attendance for these meetings should include:
   Trauma Medical Director
   Trauma Program Coordinator
   As available (but highly suggested)
   - CEO
   - CNO/DON
   - Managers of Laboratory/Blood Bank, Radiology, ED, Quality Office
   - EMS representatives (from agencies that transport to your hospital on routine basis)
   - Any other interested hospital personnel.

2. EMS Interview

3. Two separate rooms
   - PI Review (Nurse Reviewer and Trauma Program Coordinator, Quality Office Personnel if involved in Trauma PI)
   - Medical Records Review (Physician Reviewer and Medical Records/HIM personnel or other staff that can readily locate information in the medical record).

Designation Review

Agenda (approx. 4 hours)

1. Lunch and Pre-Review Discussion
2. Hospital Tour/EMS Interview
    - TPC should accompany the review team on the hospital tour.
    - Department Managers should return to their respective departments to be available when the review team arrives in their area.
    - The TMD and other hospital staff are welcome on the tour as their schedule allows but are not required.
    - While the Physician and Nurse Reviewers are touring the hospital, the State EMS representative will interview the EMS agencies.
3. PI Review and Chart Review
4. Exit Interview