

Trauma Designation Performance Improvement Report

Facility:
Location:
Date:
Reviewers:

The review team does their best to capture the essence of your trauma care program in an unbiased and factual manner. This report is based on the information in the PRQ, the interviews with participants during the site review, and the reviewer’s professional expertise. Although the team does their best to be conclusive and comprehensive during the exit debriefing onsite, they do warrant the ability to modify the findings prior to submission to State Trauma Care Committee (STCC). The STCC Designation Subcommittee makes the final recommendation to Dept. of Public Health and Human Services, EMS & Trauma Systems, who ultimately issue the definitive designation status.



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**



**MONTANA
EMS, TRAUMA SYSTEMS &
INJURY PREVENTION PROGRAM**



Below is the Performance Improvement Rating & Requirements Framework used to evaluate your facility’s ability to comply with the Facility Designation Criteria requirements.

4	Strong/Excellent (Strengths)	<p>Best practice/Excellent</p> <ul style="list-style-type: none"> • High level of capability with sustained and consistently high levels of performance • Organizational learning and external benchmarking used to continuously evaluate and improve performance • Systems in place to monitor and build capability to meet future demands
3	Effective/Good	<p>Capable</p> <ul style="list-style-type: none"> • Delivering expectations with examples of high levels of performance • Comprehensive and consistently good organizational practices and systems in place to support effective program • Evidence of attention given to assessing future demands and capability needs
2	Needs Development (Opportunities For Improvement)	<p>Developing</p> <ul style="list-style-type: none"> • Adequate current performance-concerns about future performance • Beginning to focus on system processes, consistency, dependability, evaluation and improvement • Areas of underperformance or lack of capability are recognized by the agency • Strategies or action plans to lift performance or capability or remedy deficiencies are in place and being implemented
1	Weak (Criterion Deficiency)	<p>Unaware or limited capability</p> <ul style="list-style-type: none"> • Significant area(s) of critical weakness or concern in terms of delivery and/or capability • Agency has limited or no awareness of critical weaknesses or concerns • Strategies or plans to respond to areas of weakness are either not in place or not likely to have sufficient impact
0	Not Rated/Not Applicable	<p>There is either:</p> <ul style="list-style-type: none"> • No evidence upon which a judgement can be made; or • The criteria is not applicable

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center

D - Desired Criteria are not required for designation but considered advantageous

Introduction:

Hospital Overview:

Trauma Program Organization & Governance:

INSTITUTIONAL & ADMINISTRATIVE COMMITMENT		
<i>Facility</i>		
	Demonstrated continuous institutional commitment/resolution by the hospital Board of Directors and Medical Staff within the last three years to maintain the human and physical resources to optimize trauma patient care provided at the facility.	E
	The trauma program has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	E
PROGRAM ORGANIZATION & GOVERNANCE		
<i>Trauma Program</i>		
	There is an identifiable trauma program that has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	E
<i>Trauma Team</i>		
	A team of care providers to provide initial evaluation, resuscitation and treatment for all injured patients meeting trauma system triage criteria. The members of the team must be identified and have written roles and responsibilities.	E
	The trauma team is organized and directed by a physician, physician assistant, or nurse practitioner with demonstrated competency in trauma care and is responsible for the overall provision of care for the trauma patient from resuscitation through discharge.	E
	There are clearly written criteria for trauma team activation that are continuously evaluated by the multidisciplinary trauma committee.	E
<i>Trauma Medical Director</i>		
	Physician, nurse practitioner, or physician assistant with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of clinical care guidelines, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.	E
	The trauma medical director must provide evidence of 36 hours in 3 years of verifiable external trauma-related CME or maintain successful completion of most recent edition of ATLS course.	E ²
	TMD must attend 60% of all multidisciplinary trauma committee meetings. This obligation cannot be delegated.	E
	TMD must attend at least one state trauma meeting during the last 3 years (examples include Trauma Systems Conference, Rocky Mountain Rural Trauma Symposium, Rimrock Trauma Conference, Spring Fever Conference etc.)	E

Trauma Coordinator/Trauma Program Manager		
	<p>A Registered Nurse, Advanced Practice Clinician or alternately a qualified allied health personnel working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include completion of the on-line trauma coordinator course, clinical care and oversight, provision of clinical trauma education and injury prevention, performance improvement, trauma registry, utilization of the MT Trauma Treatment Manual, and involvement in local, regional, and state trauma system activities. There must be dedicated and adequate hours for this position.</p>	E
	<p>Must provide evidence of 24 hours of trauma related continuing education during the last 3 years.</p>	E
Trauma Registrar/Registry		
	<p>Identified trauma registrar or trauma coordinator with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to complete a minimum of 80% of patient records within 60 days of the patient discharge date.</p>	E
	<p>The trauma registrar/trauma coordinator must attend, or have previously attended, within 12 months of hire a trauma registry training with the State Trauma Coordinator.</p>	E
	<p>Active and timely participation in the State Trauma Registry (cases should be current per ARM 37.104.3014, which is 60 days following close of the quarter).</p>	E
	<p>Trauma Registry data must be collected in compliance with the NTDS inclusion criteria and Montana Trauma Registry specific criteria.</p>	E
	<p>Registry data must have been submitted to the Montana Central Site in the most recent call for data.</p>	E
	<p>Must have a written data quality plan that details a process for measuring, monitoring, identifying and correcting data quality issues and ensures data is fit for use. Requires at least a quarterly review of data quality.</p>	D
	<p>Trauma Registrar must accrue at least 24 hours of trauma-related continuing education (CE) during the previous 3 years.</p>	D
Trauma Committees		
	<p><i>Multidisciplinary Trauma Committee</i> functions with a multidisciplinary committee which includes representation from all trauma related services to assess and correct global trauma program process issues. This committee is chaired by the TMD with the major focus on PI activities, policy development, communication among all team members, development of standards of care, education, outreach programs, and injury prevention. The committee oversees the implementation of the process which includes all program related services, meets regularly, takes attendance, maintains minutes, and works to correct overall program deficiencies to optimize patient care.</p>	E
	<p><i>Multidisciplinary Trauma Peer Review</i> requires attendance of medical staff active in trauma resuscitation, including the trauma coordinator, to review systemic issues and/or provider issues, as well as proposed improvements to the care and safety of the injured. Must meet regularly and document comprehensive minutes that capture the essence of the discussion and consensus of the participants and documenting loop closure. Must systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement.</p>	E
	<p>The trauma medical director ensures dissemination of information and findings from the trauma peer review meetings to the medical providers not attending the meeting.</p>	E
	<p>Must adopt/utilize evidence-based clinical practice guidelines/protocols/algorithms that are reviewed at least every three years.</p>	E
Trauma System Participation		
	<p>There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development, and operation.</p>	E
	<p>Participation in the statewide trauma system including participation in at least 50% of Regional Trauma Advisory Committees; support of regional and state performance improvement programs; and submission of data to the Montana State Trauma Registry.</p>	E

	Radiologist	
	Attendance of a radiologist representative at a minimum of 50% of the trauma peer review committee meetings.	D ²
	A radiologist must have access to patient images and be available for imaging interpretation, in person or by phone, within 30 minutes of request.	D
	Advanced Practitioners	
	Advanced practitioners who participate in the initial evaluation of trauma patients must demonstrate currency as an ATLS provider.	E

Emergency Dept:

Pediatric:

Radiology:

Laboratory:

FACILITIES/RESOURCES/CAPABILITIES		
Emergency Department		
There is a system in place to assure early notification of the on-call medical provider, so they can be present in the ED at the time of trauma patient arrival. This is tracked in the trauma performance improvement process.		E
Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient.		E
Trauma nursing education: Maintenance of TNCC/ATCN or equivalent.		E
Trauma nursing education: 6 hours of verifiable trauma-related education annually or trauma-related skill competency through internal or external educational process.		E
Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility.		E
Equipment for resuscitation for patients of ALL AGES		
Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source		E
Rescue airway devices		E
Pulse oximetry		E
Suction devices		E
End-tidal CO ² detector		E
Cardiac monitor and defibrillator		E
Internal paddles		
Waveform capnography		E
Standard IV fluids and administration sets		E
Large bore intravenous catheters		E
Sterile surgical sets for:		
Airway control/cricothyrotomy		E
Thoracostomy (chest tube insertion)		E
Central line insertion		D
Peritoneal lavage or ability to do FAST ultrasound exams		D
Ultrasound availability		D
Drugs necessary for emergency care		E
Cervical stabilization collars		E
Pelvic stabilization method		E
Pediatric equipment appropriately organized.		E
Current pediatric length-based resuscitation tape		E
Intraosseous Insertion Device		E
Thermal control equipment:		
Blood and fluids		E
Patient		E
Resuscitation room		E
Rapid fluid infuser system		E
Communication with EMS vehicles		E
Pediatric Services		
Appropriate resuscitation equipment to care for all ages of pediatric patients		E
Must have a process in place to assess children for non-accidental trauma		E
Emergency Department must evaluate their pediatric readiness and have a plan to address any deficiencies. Pediatric readiness refers to the infrastructure, administration and coordination of care, personnel, pediatric-specific policies, and equipment to ensure the center is prepared to provide care to an injured child.		D
Respiratory Therapy Services		
Respiratory therapist available		D
Radiological Services		
Radiologists, in person or by teleradiology, are promptly available for interpretation of radiographic studies.		E
Availability of the following services 24 hours/day within time frame specified:		D
• Conventional radiology (30 minutes)		

	<ul style="list-style-type: none"> • CT (30 minutes) • Point of Care Ultrasound (15 minutes) 	
	Radiology technologist available in-house or on-call 24 hours/day.	D
	Must have a mechanism to remotely view radiographic images from referring hospitals within their regional catchment area.	
	Radiologist diagnostic information is communicated in a written form in a timely manner and includes evidence that critical findings were communicated to the trauma team.	E
	Final radiology reports accurately reflect communications, including changes between preliminary and final interpretations.	E
	Documentation of the final interpretation of CT scans must occur no later than 12 hours after completion of the scan.	E
	Angiography	
	Ultrasound	D
	Computed Tomography	D
	CT technologist available in-house or on-call 24 hours/day	D
	CT has pediatric dose reduction protocols/policies	E
	Magnetic Resonance Imaging	D
	Must routinely monitor on-call radiology, CT and MRI technologist institutionally agreed upon response time and review reasons for any delay and opportunities for improvement.	E
Clinical Laboratory Service		
	Laboratory technician available in-house or on-call 24 hours/day	E
	Must routinely monitor on-call technician institutionally agreed upon response time and review for reasons for any delay and opportunities for improvement.	E
	Standard analysis of blood, urine, and other body fluids, including micro-sampling when appropriate	E
	Blood typing and cross-matching	D
	Coagulation Studies	E
	Massive or Rapid Transfusion Policy (clinical and laboratory) if blood is available at the facility	E
	The blood bank has an adequate supply of packed red blood cells and plasma to meet the needs of the injured patient.	D
	Process of care for rapid reversal of anticoagulation	E
	Blood gases and pH determinations	E
	Microbiology	D
	Drug and alcohol screening	D
Allied Health-Services		
	Nutrition Support	D
	Physical Therapy	D
	Occupational Therapy	D
	Social Services	D
	Speech Therapy	D

Performance Improvement:

Trauma Education:

Injury Prevention & Disaster Preparedness:

PERFORMANCE IMPROVEMENT	
There is a comprehensive, written performance improvement (PI) plan outlining the PI process, organizational structure, event identification, list of audit filters and defined levels of review. Needs to be reviewed annually.	E
The Trauma PI program must be independent of the hospital or departmental PI program, but it must report to the hospital or departmental PI program.	D
Must have documented evidence of event identification, effective use of audit filters, demonstrated loop closure, and attempts at corrective actions and strategies for continued improvement over time.	E
There is a process to identify the trauma patient population for performance improvement review.	E
The results of issue analysis will define corrective action strategies or plans that are documented.	E
Use of telehealth for collaborative care of the trauma patient requires inclusion of the off-site service in the PI process.	E
All trauma deaths and transfers to hospice must be reviewed to identify opportunities for improvement. Deaths must be categorized as either: <ul style="list-style-type: none"> • Mortality with opportunity for improvement; or • Mortality without opportunity for improvement. 	E
Must have standardized treatment protocols for geriatric trauma management.	D
All transfers of trauma patients to a higher level of care both within the hospital and via interfacility transfer must be routinely monitored, and identified cases reviewed to determine rationale for transfer, adverse outcomes, and opportunities for improvement.	E
The trauma program participates in benchmarking with other facilities of the same designation level to identify how the trauma center performs compared to others.	E
PATIENT CARE EXPECTATIONS & PROTOCOLS	
<i>Diversion</i>	
A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care. Must include a process for notification of affected EMS services and outlying facilities.	E
All trauma patients who are diverted to another trauma center, acute care hospital, or specialty center must be subjected to performance improvement case review. Documentation showing reasons for, and duration of diversion is required.	E
Diversion cannot exceed 400 hours during the reporting period and all instances must be reviewed by the trauma committee.	E
<i>Organ Procurement</i>	
Must have an affiliation with an organ procurement organization.	E
Must have a written policy for notification of the regional organ procurement organization.	E
Must have protocols defining clinical criteria and confirmatory tests for the diagnosis of brain death.	D
<i>Inter-Facility Transfer</i>	
Must have clearly defined transfer protocols that include the types of patients and expected time frame for initiating transfer to predetermined referral centers for outgoing transfers.	E
Decision to transfer a patient must be based solely on the needs of the injured patient without consideration of their health plan, payor status, or affiliation with a healthcare system.	E
The transferring provider must directly communicate with the receiving provider to ensure safe transition of care when transferring a patient. This communication may occur through a transfer center.	E
The trauma coordinator at the transferring hospital is encouraged to contact the receiving facility trauma coordinators for feedback.	E
All trauma patients who are transferred during the acute hospitalization to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	E
Signed and current inter-facility transfers agreements for transfer of special population trauma patients to a higher level of care.	E
Burn Care – Organized	
In-house or transfer agreement with Burn Center	E
Acute Spinal Cord Management	
In-house or transfer agreement with Comprehensive/Regional Trauma Center	E

Pediatrics	
In-house or transfer agreement with Comprehensive/Regional or Area Trauma Center with pediatric trauma care capability or a Pediatric Hospital.	E
CONTINUING EDUCATION	
Clinical trauma education provided by hospital for:	
Physicians, physician assistants & nurse practitioners	E ²
Nurses	E ²
Allied health personnel	E ²
Prehospital personnel	E ²
Must provide trauma orientation to new nursing and provider staff caring for trauma patients.	E
The trauma center will participate in a TEAM course every 3 years or when significant change in staff warrants additional training.	D
INJURY PREVENTION & DISASTER PRPAREDNESS	
Must provide public trauma/injury prevention education.	E
The trauma center implements at least two activities over the course of the 3-year designation period with specific objectives and deliverables that address separate major causes of injury in the community.	E
The trauma center has a designated injury prevention coordinator or spokesperson (can be the trauma coordinator/trauma program manager for ATH, CTH & TRF), with adequate hours to perform duties.	E
Injury prevention priorities are based on local/state data.	E
Demonstrates evidence of partnerships with community organizations to support injury prevention efforts.	E
Monitor progress / effect of prevention program	D
Must screen at least 80% of all admitted patients over age 12 for alcohol misuse with a validated tool or routine blood alcohol content testing.	D
A process for referral to a mental health provider when required.	D
Disaster Preparedness	
There is a written emergency operation plan that is updated and exercised routinely.	E
Ability to decontaminate single and multiple injured patients prior to entry to the facility.	E
Participation in regional disaster/emergency management activities including Local Emergency Planning Committee (LEPC), health care coalitions, and regional mass casualty exercises.	E
The trauma program must participate in two hospital drills or disaster plan activations per year that include a trauma response and are designed to refine the hospital's response to mass casualty events. A facility that is involved in one or more real-world disaster events having a trauma component and requiring activation of the disaster plan is exempt from participating in drills.	E

EXECUTIVE SUMMARY

DEFICIENCIES

1.

STRENGTHS

2.

OPPORTUNITIES FOR IMPROVEMENT

1.

RECOMMENDATIONS

1.

DESIGNATION RECOMMENDATION

The reviewers have determined the facility **does /does not** meet the Montana Trauma Facility Resource Criteria to become a Trauma Receiving Facility at the current time.

We recommend that the facility **be / not be** designated as a Montana Trauma Center.

We advise the following:

REVIEWERS: _____