

# Trauma Verification Q&A Web Conference

May 30, 2019

[COTVRC@facsc.org](mailto:COTVRC@facsc.org)



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:  
Highest Standards, Better Outcomes

100+years

The **Committee**  
on **Trauma**



**VRC** VERIFICATION  
REVIEW  
CONSULTATION

*for excellence in trauma centers*

# Your Trauma Quality Programs Staff



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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](mailto: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 trauma center.*

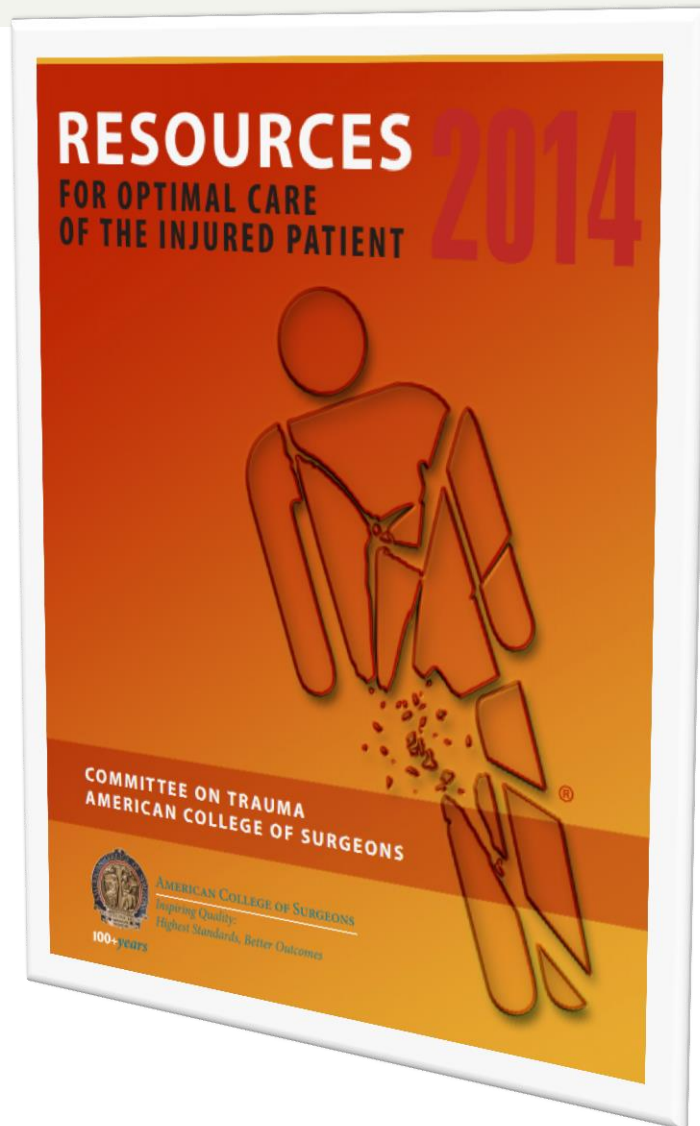
***Let's get started!***

# Orange Resources Book

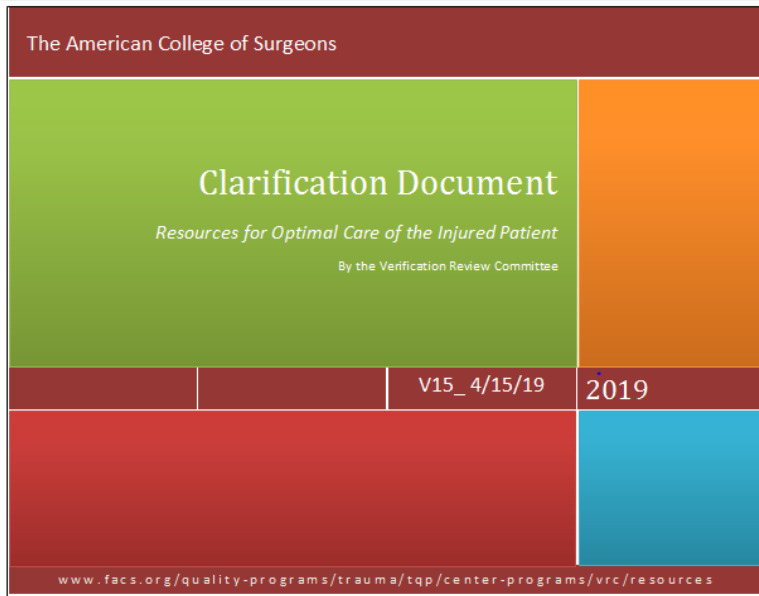
Available as hard copy or PDF version, it is recommended that you have it available as reference during the **CD-Related Questions** section of this webinar.

**Must use the most current Clarification Document and the Verification Change Log in conjunction with the manual.**

[www.facs.org/quality-programs/trauma/tap/center-programs/vrc/resources](http://www.facs.org/quality-programs/trauma/tap/center-programs/vrc/resources)



# Clarification Document and Verification Change Log



- Released Monthly
- Change Log – notes criteria updates/changes
- Available for download: [www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources](http://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources)

Chapter	CD #	Level I	Level II	Level III	Level IV	PTC I	PTC II	Date Change	Criteria	Resources 2014 Orange Book Description of Criteria	Clarification	Type
1	1-1	I	II	III	IV	I	II	7/1/2014	New	The individual trauma centers and their health care providers are essential system resources that must be active and engaged participants (CD 1-1).		TYPE II
1	1-2	I	II	III	IV	I	II	7/1/2014	New	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)		TYPE II
1	1-3	I	II	III	IV	I	II	7/1/2014	New	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)		TYPE II
2	2-1	I	II	III	IV	I	II	7/1/2014	New	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).		Type I
2	2-2	I	II	III		I	II	7/1/2014		Surgical commitment is essential for a properly functioning trauma center (CD 2-2).		TYPE I
2	2-3	I	II	III	IV	I	II	7/1/2014	New	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).		TYPE II
2	2-5	I	II	III		I		7/1/2014	Revised	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).		TYPE II

# Website Resources for Trauma Centers

- Recording of Webinars:  
<https://www.facs.org/quality-programs/trauma/tap/center-programs/vrc/resources/webinars>
- Stakeholder Public-Comment website:  
<https://www.facs.org/quality-programs/trauma/tap/center-programs/vrc/stakeholder-comment>
- Tutorials:
  - Becoming a Verified Trauma Center: First Steps
  - Becoming a Verified Trauma Center: Site Visit<https://www.facs.org/quality-programs/trauma/tap/center-programs/vrc/resources>
- Participant Hub - Account Center:  
<https://www.facs.org/quality-programs/trauma/tap/tap-center>
- Expanded FAQ:  
<https://www.facs.org/quality-programs/trauma/tap/center-programs/vrc/faq/standards>



# *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.

# *Scheduling Reminders*

# Site Visit Application

- The site visit application is **online only**.
- Can be accessed on the following ACS Trauma website pages:

## VRC – Site Visit Application

<https://www.facs.org/quality-programs/trauma/vrc/site-packet>

The screenshot shows the VRC Site Visit Application page. The header includes the American College of Surgeons logo and navigation links. The main content area is titled "Site Visit Application" and contains a "Please note" section, an "Applying for a Site Visit" section, and a "Following Your Application Submission" section. A yellow highlight is placed over the link "Access the Site Visit application".

**VRC** VERIFICATION REVIEW CONSULTATION  
*for excellence in trauma centers*

Verification, Review, and Consultation Program for Hospitals

About the VRC Program

Verified Trauma Centers Search

The VRC Process

Fees and Invoices

Site Visit Application

Site Visit Outcomes

Resources for Optimal Care of the Injured Patient 2014/Resources Repository

Resources for Optimal Care of the Injured Patient Stakeholder Comment

Trauma Verification FAQs

Contact VRC

### Site Visit Application

**Please note:** We are currently accepting site visit applications to be scheduled starting in February 2019. (We are no longer accepting applications for 2018–January 2019.) For those trauma centers expiring prior to January 2019, exceptions may be made provided that capacity is not overwhelmed.

#### Applying for a Site Visit

The site visit application can now be found on the TQP Account Center. Click on the link below to log into the Account Center. If you are a brand new trauma center, click on the "Join a Program" link to get started.

Please note that as of 7/1/18, all new site visits must be requested through the online system. As of July 1, we will no longer accept PDF site visit forms.

[Access the Site Visit application](#)

Centers must return completed site visit application 13–14 months in advance of preferred timeframe. Level I Trauma Centers, please see Orthopaedic Trauma Leader (OTL) section about additional documentation needed.

[Download the OTL Form for CD 9-5](#)

In addition to completing the site visit application, all Level I Trauma Centers must also complete the OTL form and return it to the VRC office with a copy of the OTL's curriculum vitae.

#### Following Your Application Submission

Access to the online hospital Pre-Review Questionnaire (PRQ) will be provided upon receipt of the application. The PRQ must be marked "complete" 30 calendar days prior to the confirmed visit dates.

We will do our best to schedule your visit according to your preferred start date. If the preferred date is not possible, the VRC office will contact the trauma program manager to find an alternative. Visit dates may be confirmed up to 150 days prior to the dates requested on the application. If you need to change your requested visit dates prior to the visit being confirmed, please contact the VRC office as soon as possible. Change requests will be considered as availability permits.

#### Cancellation Policy

## TQP Participant Hub-Account Center

<https://www.facs.org/quality-programs/trauma/tqp/tqp-center>

The screenshot shows the TQP Participant Hub Account Center page. The header includes the American College of Surgeons logo and navigation links. The main content area is titled "TQP Participant Hub" and contains a "Welcome" message, a "Join a Program" section, and an "Account Center" section. A yellow highlight is placed over the "Account Center" link.

American College of Surgeons  
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Member Services Quality Programs Education Advocacy Publications About ACS

American College of Surgeons > Quality Programs > Trauma Quality Programs > TQP Participant Hub

### TQP Participant Hub

Welcome to the ACS Trauma Quality Programs (TQP) Participant Hub!

If your hospital is a new facility, please click on [Join a Program](#) below.

If you are a current participant in one of our Trauma Quality Programs—the National Trauma Data Bank®, Trauma Quality Improvement Program, or Verification, Review, and Consultation Program—you may log in by clicking on [Account Center](#) below.

If you are a new user at an existing facility, please contact the Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

#### Join a Program

- Eligibility
- Getting started

#### Account Center

- Manage site information
- Manage contact information
- Request a site visit
- Access TQP participant educational materials

#### Data Center

- Submit data
- Download reports
- Access interactive reports

#### Training Resources

For training materials focusing on utilizing various elements of the TQP Participant Hub, Account Center, or the Data Center, please see below.


#### TQP Participant Hub

- Overview

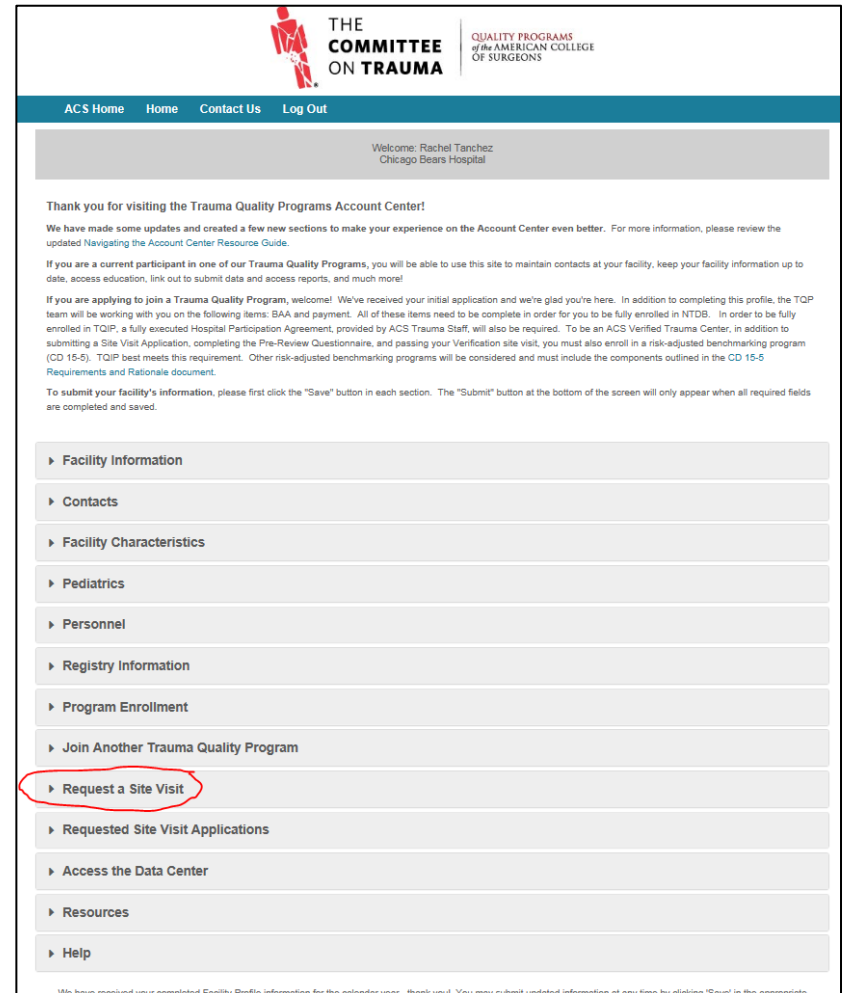
#### Account Center Resources

# Site Visit Application

- The ACS Trauma website pages will link to the Account Center page:



The screenshot shows the top of the Account Center page. It features the logo for 'THE COMMITTEE ON TRAUMA' and 'QUALITY PROGRAMS of the AMERICAN COLLEGE OF SURGEONS'. A navigation bar includes 'ACS Home', 'Home', and 'Contact Us'. The main content area says 'Welcome to the Account Center!' and lists three instructions: 1) For new facilities, click 'Register a New Facility'. 2) For current participants, click 'Log On'. 3) For new users at existing facilities, contact the Primary Contact. Below the instructions is a 'Register a New Facility' link and a 'Log On' button. At the bottom, contact information for the American College of Surgeons is provided, including the address (633 N. Saint Clair St., 26th Floor, Chicago, IL 60611-3211), phone (+1 (855) 278-7982), fax (+1 (312) 202-5015), and email (traumaquality@facs.org). A copyright notice for 1996-2018 is at the very bottom.



The screenshot shows the navigation menu of the Account Center. The top navigation bar includes 'ACS Home', 'Home', 'Contact Us', and 'Log Out'. Below this, a welcome message reads 'Welcome: Rachel Tanchez, Chicago Bears Hospital'. A thank-you message follows, stating 'Thank you for visiting the Trauma Quality Programs Account Center!' and providing information about updates and the Account Center Resource Guide. A list of menu items is displayed, with 'Request a Site Visit' circled in red. The menu items are: Facility Information, Contacts, Facility Characteristics, Pediatrics, Personnel, Registry Information, Program Enrollment, Join Another Trauma Quality Program, Request a Site Visit, Requested Site Visit Applications, Access the Data Center, Resources, and Help. At the bottom, a small note says 'We have received your completed Facility Profile information for the calendar year - thank you! You may submit updated information at any time by clicking "Save" in the appropriate'.

► Join Another Trauma Quality Program

▼ Request a Site Visit

**Instructions**  
The Site Visit Application must be submitted 13-14 months in advance of the center's preferred site visit date. Please use the Contacts section above to indicate your facility's Trauma Medical Director and Administrator.

An Alternate Pathway review should be requested for surgeons/physicians who trained overseas and want to participate on the trauma call schedule. Their CVs must be submitted as they will be vetted by a subcommittee for eligibility to go through the Alternate Pathway. For each surgeon, indicate if they are new to Alternate Pathway or if the surgeon was previously approved by the Alternate Pathway Criteria at the current institution.

In addition to completing the site visit application, all Level I Trauma Centers must also complete the Orthopaedic Trauma Liaison (OTL) form and return it to the VRC office ([cotvrc@facs.org](mailto:cotvrc@facs.org)) along with a copy of the OTL's curriculum vitae.

*Please note: We are currently accepting site visit applications to be scheduled starting in February 2019. We are no longer accepting applications for 2018-January 2019. For those trauma centers expiring prior to January 2019, exceptions may be made provided that capacity is not overwhelmed.*

If you would like to make changes to a previously submitted site visit application, please contact us at [cotvrc@facs.org](mailto:cotvrc@facs.org).

This review is at the request of:

**Preferred Dates**  
ACB site visits are over a 2 day period (with the exception of the half-day focused visit). Please select your preferred visit start date below.

Choice #1:

Dates to avoid:

Comments (to provide additional clarity regarding preferred dates):

Visit Type:

Visit Level:

Facility treats what kind of patients?: (Adults >= 16, Children < 16)

All trauma centers must use a risk-adjusted benchmarking system to measure performance and outcomes (CD 16-6). Participation in TGIP best meets this requirement. Other risk-adjusted benchmarking programs will be considered. Please indicate below if you plan to participate in risk-adjusted benchmarking program other than TGIP.

Enrolled in Other Risk-Adjusted Benchmarking (RAB) Program:  Yes  No

If "Yes" please provide program name:

If "Yes" please provide contact information for program:

Additional Reviewers Requested:

Orthopaedic Surgeon  
 Emergency Physician  
 Trauma Surgeon  
 Alternate Pathway  
 Trauma Program Manager  
 Neurosurgeon

**Alternate Pathway Review(s) Requested For (see instructions section)**  
 (+) Add New Alternate Pathway Reviewer

Name	Specialty	Type
<b>Orthopaedic Trauma Liaison</b>		
Level I Adult/Pediatric Trauma Centers, was the Orthopaedic Trauma Surgery Leader (OTL) previously approved? <input type="radio"/> Yes <input type="radio"/> No		
If "Yes" please provide their name: <input type="text"/>		
Level I Adult/Pediatric Trauma Centers, was the OTL requirement previously met with a transfer agreement? <input type="radio"/> Yes <input type="radio"/> No		
If you answered 'No' to either question above, please download, complete, and return the OTL form to <a href="mailto:COTVRC@facs.org">COTVRC@facs.org</a>		
<input type="button" value="Save"/>		

► Requested Site Visit Applications

► Access the Data Center

► Resources

- The online application must be submitted at least 13 -14 months in advance of the requested site visit dates and must be before expiration date
- An Alternate Pathway review should be requested on the application for surgeons/physicians who trained overseas and want to participate on the trauma call schedule. Their CVs must be submitted to [cotvrc@facs.org](mailto:cotvrc@facs.org) as they will be vetted by a subcommittee for eligibility to go through the Alternate Pathway
- All Level I Trauma Centers must also complete the Orthopaedic Trauma Liaison (OTL) form which can be downloaded on the site visit application. Submit form to [cotvrc@facs.org](mailto:cotvrc@facs.org) with a copy of the OTL's curriculum vitae
- We are accepting applications for **2020 Site Visits. 2019 is now closed.**

# Prereview Questionnaire (PRQ) Online Access

- Once the application has been submitted, 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/tqp/center-programs/vrc/resources](http://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources)

# *Site Visit Application Payment*

- Do not submit payment until you receive an invoice
- 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:  
[www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/fees](http://www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/fees)

# *Scheduling Site Visits*

- Visits are being scheduled quarterly
- We ask that you provide exact dates you would like the visit scheduled
  - The visit will occur on your chosen dates, but may ask for different dates should the review team be unavailable on the requested dates
- Once the review team has been secured, you will receive a confirmation email, approximately 120 days prior to the scheduled visit. This will include your reviewers and their contact information



# *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.

# *Announcements*

# *Next Verification Q&A Webinar*

Webinar Date: **Wednesday, June 26th**

Webinar Time: **11:30 AM Central Time**

Deadline to submit questions: **Thursday, June 13th**

# *New Webinar Platform*

- July 2019 webinar will be on a new platform
- Same registration and question submission process
- Detailed instructions will be sent by email
- NO option to call in by phone
  - **Only headphones or speakers via computer**
- CE eligibility extended to watching the archived webinar video
  - **CE eligibility will have an expiration date. That date will be communicated via email and on the website.**

# *General Questions*

# VRC Monthly Updates

“1) Can any new changes be marked by a certain color for each clarification document, not just a change log?” (Level 1)

*As a reminder, if there are updates and/or changes to these documents, it is summarized in the narrative of the email for ease. The updates and/or changes are then highlighted within the respective document.*

“2) Can the ACS-COT consider putting out one clarification document per year, as which occurs with the NTDS data dictionary process?” (Level 1)

*This will be taken into consideration. For the time being, we will continue to release VRC monthly updates. This is helpful for new participants who are preparing for site visits.*

“3) Are trauma centers mandated to meet new clarification document requirements that are published once a site visit reporting year has begun? It might not be feasible to implement, certain changes during this time, for various reasons?” (Level 1)

*When a standard is updated or revised, an effective date is also published. If it is an immediate change for example the revised CME standard, we will contact centers that are in their reporting period and also, all other trauma centers. We do not make changes to standards and expect centers that are in their reporting year to be compliant.*

# *Site Visit Process – Orthopaedic Traumatologist*

“If our OTL was the same at our 2017 verification, do we need to resubmit his CV and OTL with the 2020 application request?” (Level 1)

Does the CV and questionnaire for the OTL, need to be submitted if the OTL was the same when we were verified in 2017? (Level 1)

*After the initial visit, you would not need to submit the OTL's curriculum vitae again. While you would again submit the form for the second visit, you would only complete questions 1-3.*

## *Site Visit Process – Case Review Mortality*

“During the verification process can charts from the 10 categories be duplicated and put into the mortality charts?” (Level 3)

*Please do not duplicate charts across multiple categories. If a case resulted in a mortality, this should automatically be categorized as a mortality, even if there are other categories to which it would apply.*



## *Site Visit Process - Consultation*

“If you had a large amount of deficiencies at your consult and they have more than half have been addressed before the 6 month mark, but some were unable to be addressed until a later than 6 month date, is that bad?”

(Level 3)

*In preparation of a verification visit following a consultation, the center is required to demonstrate that all the deficiencies cited have been addressed within the reporting period leading up to the site visit. There are certain deficiencies, such as PI attendance that can be addressed immediately. However, there may be CDs that require more time to implement, such as provider contracts, PI structure, loop closure, etc., these require tracking and trending over time, at minimum 9-12 months of data to demonstrate compliance.*

# PRQ – Orthopaedic Metrics

“What are the specific Orthopedic Metrics for the ACS Survey that you will be looking at and what are their associated targets?” (Level 2)

*In regard to the Orthopaedic metrics listed in the PRQ, these are for trauma patients admitted during the reporting year for the following:*

- *Time from patient arrival in the emergency department (ED) at your institution to administration of the first dose of intravenous antibiotics for patients with open fractures*  
*Goal: <= 60 minutes (note: times > 90 minutes will be cited as a weakness by the VRC.)*
- *The percent of patients with femoral shaft (only) fractures who undergo operative stabilization (intramedullary nail, external fixation, open reduction and internal fixation) within 24 hours of presentation to your ED. Traction is not included.*  
*Goal: >= 90% (as a recommendation)*
- *Time from ED arrival at your institution to operative debridement of open tibial shaft fractures*  
*Goal: <= 24 hours (as a recommendation)*

# *Thromboelastography*

“Is TEG a requirement in the OR or as long as they are available?” (Level 1)

*No, this is not required. Thromboelastography (TEG) should be available at Level I and II trauma centers.*

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

# *Social Work*

“What are the requirements for Social Work coverage at Adult Level 1 that also see less than 100 pediatric patients per year?” (Level 1)

“Do we need a policy that list triggers to consult SW for pediatric Trauma patients?” (Level 1)

*A medical social worker should be available 24/7 in Level I and II trauma centers. However, the VRC does not require they be dedicated to the trauma program. The best practice to demonstrate commitment to the trauma program would be for the social worker be made part of the trauma team or at a minimum, be provided updates in regard to activities within the trauma program. In addition, the social worker should document their evaluation in the medical record.*

*The center should develop a policy for when the social worker will be needed for trauma cases, i.e. patients. The triggers will be determined by the institution.*

# *Non-Board Certified Orthopaedic Surgeon*

“If a board certified Ortho Surgeon takes call on a ED patient can a non-board certified Surgeon perform the surgery next day?” (Level 2)

*As a means of quality control and the surgical expectation of the board certified orthopaedic surgeon, this practice would not be acceptable.*

# *Shared Physician Resources*

“If resources are shared between an adult LI and Ped LI, both freestanding via tunnel, are those physicians considered in house?” (Combined)

*Shared physician resources in combined adult Level I and pediatric Level I centers, such as adult trauma surgeons responding to the pediatric activations, is acceptable and it would be considered inhouse coverage.*

# *Trauma Surgeon's Response*

“If the ED does not notify the surgeon until 10 minutes after patient arrival, when does the clock start for the surgeon response time, the patient arrival time or the notification time? (i.e. patient arrives at 1200, but the ED does not notify the surgeon until 1210, what time is the 30 minute response time deadline, 1230 or 1240?)(Level 3)

*The trauma surgeon's time would be tracked from time of notification in either of the two scenarios: (1) patient arrived as a non-activation but determined to meet the highest level of activation criteria (for 30 minute response = 1240), or (2) patient arrived and did not meet trauma activation criteria, but required a surgical evaluation (trauma surgeon) based on institution criteria.*

## *Newborn Admission*

“For a Level I Pediatric Trauma Center within a Level I Adult Trauma Center, what is the most appropriate way to manage the newborn of a adult maternal trauma patient with emergent delivery? Does the newborn need to be then evaluated and become trauma patient on the Pediatric trauma service?” (Level 1)

*The newborn should be evaluated to rule out any potential injuries or harm. The service to which the newborn will be admitted should be determined by the trauma program's admission policy.*



# *Adverse Events*

“Adverse Events category- is that only Deaths in the SICU /Unexpected return to SICU/OR? (TJC has more inclusive criteria)” (Level 2)

*“Adverse Events” refers specifically to a major complication that may have resulted in a death or an unexpected return to the SICU/PICU or operating room.*

*If you are able to share The Joint Commission’s definition on “adverse events,” we can present it the VRC Chair’s for consideration to adopt the nomenclature.*

# *Advanced Practice Provider (APP) Coverage*

“Can a Trauma APP substitute as trauma surgeon Provider at bedside for lower level activations?” (Level 2)

*No. The APP cannot substitute for the trauma surgeon.*

*For the lower level of activations, the APP may act as the primary responder as long as the hospital has credentialed them to do so and they must be current in ATLS (CD 11-86). With this said, the lower tier criteria/protocol must clearly speak to this and in addition have criteria for the type of injuries and response expectation for when the trauma surgeon is required to respond. All the above must be monitored through the PIPS process to ensure there are no delays.*

# *Burn Admissions*

“What is the ACS stance on trauma centers, that are not burn centers, keeping burns greater than 10%?” (Level 1)

*The VRC does not have requirements regarding the number of burn patients that a trauma center should admit, regardless of status as a designated burn center.*

*For centers that do not have a separate Burn Service, admitting burn patients without a mechanism of injury to a non-surgical service are acceptable. This may increase the total of non-surgical admissions; therefore, these must be monitored through the PIPS process for appropriateness of care.*

# *Primary Surgeon as Backup at Another Facility*

“Can the back-up call surgeon be primary call at another facility?” (Level 2)

*This would not be an acceptable practice if the trauma surgeon is on primary call at an ACS verified Level I or II trauma center. Trauma surgeons who are on primary call at these centers must be dedicated to one trauma center.*

*This practice may be acceptable if the trauma surgeon is on primary call at an ACS-verified Level III trauma center, since these centers are not required to have dedicated call or a backup call schedule.*

## *EPIC system – Arrival Time Stamp*

“What are the rules for using the time stamps that are system (EPIC) generated on the notes of the providers for arrival times?” (Level 1)

*This is an acceptable method of tracking provider arrival times. As a reminder, the electronic time stamps must contemporaneously document the care of the patient.*

## *Liaison Follow-up*

“Are liaisons (neurosurgery/ortho) required to see patients for follow-up in outpatient clinic if pt is out of network?”

(Level 2)

*The VRC does not have requirements regarding outpatient follow-ups.*

# *Locums for Neurosurgery*

“Can a Locums neurosurgeon be the trauma liaison to the PIPS committee” (Level 2)

*This would be acceptable, though the locum neurosurgery liaison would be required to meet the 50% or greater minimum peer review meeting attendance.*

# *Over/Under Triage*

“Do we need to take into account the ED treat & releases when calculating the over & under triage?” (Level 1)

“Does the ACS support a specific method to calculate over/under triage? For example using Cribari versus NFTI.” (Level 2)

*The trauma program should monitor those ED cases that may possibly meet trauma criteria and were not activated. In these instances, they should be factored into the total of over/under triage.*

*Cribari and NFTI are both valid methods of calculating over/undertriage. The VRC does not have specific requirements about which method a center uses.*



# *PI Coordinator*

“Does a Level 1 Peds require a PI coordinator, OR can 1 be shared w/Adult Program” (Level 1)

*The VRC does not have requirements with regard to the PI coordinator position. Therefore, this role may be shared as defined by the trauma program.*

# *Isolated Hip Fractures*

“Do the Geriatric isolated hip fracture deaths need to be reviewed at Trauma Peer Review? These pts. are not seen by Trauma” (Level 2)

*Based on your admission policy, if these patients are seen and admitted to the hospitalist with a surgical evaluation by the Orthopaedic Surgery Service and later resulted in a death, these patients would be seen as a non-surgical admission. Furthermore, these death cases must be reviewed at trauma peer review meeting.*

# *Physiatrist - PI Meetings*

“If a TC refers patients to a freestanding rehab facility is the TC required to have a Physiatrist on staff and participating in the PI meetings?” (Level 1)

*The VRC does not have requirements specific to physiatrist coverage, or their attendance in peer review meetings.*

*The physiatrist should attend peer review meetings if any issues in care were identified.*

# *The Designating Authority*

“The Orange book is always referencing ‘the designating authority’ .... who or what is this entity?” (Level 2)

*“Designating authority” refers to your state Department of Health or local Emergency Medical Services Agency. They have the authority to designate trauma centers. The VRC does not designate trauma centers, we verify that the center meets the standards outlined in the Resources manual.*

# *Transfers Time Frames*

“What is considered an acceptable time frame for transferring a patient out?” (Level 3)

*There are no time requirements for transferring patients out, however, this will be based on your institution's policy.*

*All transfers must be evaluated through the PIPS process (CD 4–3).*

# *Operating Room Response*

“For an activated trauma requiring OR, how do you measure the one hour window? From critical result to cut time?” (Level 1)

*For operating room metrics of 30 or 60 minutes, it is based on arrival time and not incision time.*

# *Trauma Registry*

“How familiar with the registry should a Trauma Program Manager (TPM) of a Level III Trauma Center be?” (Level 3)

*All TPMs should be familiar with the registry so they know what data is being entered into the registry and what is reported out. Typically, the TPM oversees and directs all data validation processes. The TPM also completes an ad hoc review of reports, and specific cases, e.g., reviewing PI cases to ensure all injuries were captured, and coded correctly.*

# CD-Related Questions



# *Trauma Surgeon's Response (CDs 2-8 and 2-9)*

What CD and type of deficiency would there be if the trauma surgeon refuses to see pediatric trauma team activation patients?" (Level unidentified)

*If this question is from a combined program and is asking what CDs are applicable if the adult trauma surgeon refuses to see the pediatric patient: there would have to be a backup trauma surgeon who will respond to the pediatric trauma activation. The noted two Type I CDs would be applicable as they refer to the trauma surgeon's response (adult or pediatric) to the highest or limited tier of activations (CD 2-8). The trauma surgeon's response times must be monitored through the PIPS process for undue delays (CD 2-9).*

## *Interfacility Transfer (CD 4-3)*

“Per TQIP webinar, the VRC and NTDS definition of ‘interfacility transfer’ are different. Please clarify what the difference is.” (Level 1)

*This is correct. We are working on aligning the NTDS and VRC definitions in the next Resources manual.*

*For verification purposes and completing the PRQ, centers that will be undergoing a consultation or re-/verification visit, patients who are transferred in or out from/to another facility whether that is a sister hospital, same health system, free standing/satellite ED, private physicians office, etc., are considered interfacility transfers.*

## *Limited Tier Activation (CD 5-16)*

“Is it an ACS requirement that the trauma surgeon be notified immediately of all incoming trauma patients regardless of Tier activation? Said another way, would it be appropriate for a LIMITED tier patient to come to the ED, be evaluated by the ED physician and then the trauma surgeon notified at the time of discovery of injury or at admission?” (Level 3)

*For the limited tier, it is acceptable for the ED physician to be the initial responder; however, the institution must define criteria for when the trauma patient requires a surgical evaluation by the trauma surgeon. All must be monitored through the PIPS process to ensure there are no delays. If a patient presents in the ED as a non-activation, the ED physician may evaluate the patient and if the patient meets trauma criteria, then the trauma surgeon may be notified at the time of discovery of injury.*

## *Trauma Surgeon Peer Review Meeting (CD 6-8)*

“A trauma surgeon works 1-3 shifts/month, are they still required to have 50% or greater trauma peer review committee attendance?” (Level 3)

*Yes. Regardless of the number of shifts, the trauma surgeon is required to attend the trauma peer review committee at minimum of 50% of the time.*

*The meeting requirement may be met either in person, via teleconferencing, or by video.*

# *Trauma Shared Responsibilities (CD 7-5)*

“Should Trauma own the patient in the trauma bay or is the practice of ER physicians generally taking charge acceptable?” (Level 1)

*The emergency physicians and trauma surgeons should work closely. Typically, the trauma surgeon “retains” the patient since they coordinate all therapeutic decisions.*

- Performance of diagnostic and resuscitative procedures may be shared, especially in training institutions. These roles and responsibilities must be defined, agreed on, and approved by the director of the trauma service (CD 7–5).*

# Neurosurgery Response Time (CD 8-2)

“Please refer to VRC January 2019 slide #42 for APPs and responding to patients bedside for emergent cases (Neurosurgery Response)” (Level 2)

*The intent is that the TMD and liaisons For orthopaedic surgery or neurosurgery, develop guidelines for which types of critical and complex injuries the orthopaedic/neurosurgeon will respond to [in person] within the 30 minutes. If they send the specialty resident/PA/APP, there must be guidelines for the types of injuries they are approved to respond to and there must be clear documentation of the discussion with the surgeon specialist on the plan of care.*

## Neurosurgery Response Time

“If Neurology makes a determination of care over the phone does this count as response time?” (Level 1)

*Consult by phone is not an acceptable means of meeting the neurosurgical 30 minute response criteria. The expectation is that the Neurosurgeon and/or resident/APPs must be available in person at bedside within 30 minutes for the injuries established by the guidelines.*



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## *APPs Response Times (CDs 8-2 and 9-7)*

“Can APPs for subspecialties end the 30 minute response time of providers coming to the patients bedside based on facility policy” (Level 2)

“Can the Ortho APP meet the requirements of Ortho response to trauma activation” (Level 2)

*The APPs for Neurosurgery or Orthopaedic Surgery may be the responder at bedside for the 30 minute response based on guidelines developed by the trauma program (refer to the previous slide); however, there must be clear documentation of discussion with the attending neurosurgeon/orthopaedic surgeon on plan of care.*

# *Orthopaedic Surgeon Backup Call System (CD 9-6)*

“If you have a traumatologist on call for ortho is it acceptable for your contingency plan to have the trauma surgeon on call stabilize the injury (with an attestation that they are trained to stabilize) until the Traumatologist is unencumbered or they can transfer the patient to another trauma center for surgical temporization if the Traumatologist is going to be delayed an established unacceptable amount of time?” (Level 2)

*The standard is that the orthopaedic traumatologist must be dedicated to the center and if not, the center must have a backup call system in place. If the backup call system calls for the trauma surgeon to stabilize and transfer the patient (refer to page 84, CD 8-5), these occurrences must be monitored through the PIPS process.*



## *Orthopaedic Surgery (CD 9-7)*

“Please clarify backup call for Traumatologist, if we have 2 dedicated to our program do we need backup call schedule?” (Level 2)

*If the two orthopaedic traumatologists are the providers for the Orthopaedic Service and are dedicated to your trauma center, a backup call schedule is not required.*

## *Anesthesia Services (CDs 11-1 and 11-5)*

“For level 2 center: CD 11-1 states Anesthesiology must be available within 30 min for emergency operations. CD 11-5 states when CRNAs used for availability requirements, anesthesiologist must be advised, available within 30 min and present at all operations. Is this ‘all’ referring to all emergent operations or any operations involving a trauma registry patient?” (Level 2)

*This is referring to all operations involving trauma patients.*

## *ICU Patient-to-Nurse Ratio (CD 11-66)*

“Does the CD 11-66 regarding the ICU 2:1 nursing ratio only apply to the trauma ICU, or only to trauma patients in the ICU? Or must the nursing ratio be 2:1 across all types of ICU care?” (Level 3)

*Regarding the patient-to-nurse ratio of 2:1 for the Trauma ICU or trauma patients in the ICU, the guidelines for the patient-to-nurse ratio will be set at each individual trauma center.*

## *Hand Surgery (CDs 11-70 and 11-71)*

“If a program is unable to attain a full-time call schedule for hand call is there an acceptable alternative i.e. traumatologist temporizing and transferring if beyond their scope of hand expertize or temporizing and referring to outpt follow-up with hand surgeon for definitive care?”

(Level 2)

*Level II trauma centers are required to have hand surgery capabilities. The center may have a transfer agreement in place for implantations, but must have a hand surgeon or a surgeon consultant that can manage the hand injury. This service is not required inhouse 24/7.*

*It is acceptable for the orthopaedic traumatologist to manage hand injuries. The trauma program must be able to demonstrate who is providing hand coverage when requested.*

## *Microvascular Surgery (CD 11-70 and 11-71)*

“Microvascular Service, if one is not available, does an appropriate transfer agreement make us compliant?”  
(Level 2)

*Level II centers must have Microvascular Surgery capabilities. Coverage may be satisfied by having a surgeon who can use an operating microscope for nerve repair, free tissue transfer, etc. This surgeon must respond, in person, when requested by the attending surgeon. This service is not required inhouse 24/7. The trauma program must be able to demonstrate who is providing Microvascular coverage when requested.*

*Transfer agreements are acceptable for complex injuries.*

## *Ophthalmology Surgery (CD 11-70 and 11-71)*

“Regarding ophthalmology coverage. Is tele-ophthalmology an acceptable coverage if the center has a transfer agreement in place with a level I center for surgical ophthalmology situations?” (Level 2)

*Telemedicine is not an acceptable method of consult. The Ophthalmology capability is not required inhouse 24/7, but there must be a surgeon consultant available to respond, in person, when requested by the attending surgeon. The trauma program must be able to demonstrate who is providing Ophthalmology coverage when requested.*

*Transfer agreements are acceptable for complex injuries.*

## *Advanced Practice Providers (CD 11-86)*

“ED APPS may do the initial assessment of a pt that is then found to meet activation criteria. Must they be current in ATLS?” (Level 1)

“Can you confirm that APPs that work in the Emergency Dept and respond to Trauma activation must have current ATLS?” (Level 2)

*Emergency medicine or trauma APPs who are clinically involved in the initial evaluation and the resuscitation of trauma patients during the activation phase, are required to have current ATLS certification.*

## *Trauma Registrar (CD 15-9)*

“Do pts that stay in the ED for less than 24 hrs for observation count as admitted patients towards the # per registrar?” (Level 1)

*Per the requirement, one full-time equivalent employee dedicated to the registry must be available to process the data capturing of the NTDS data set for each 500–750 admitted patients annually (CD 15–9). If the observation patients are discharged within 23 hours, they would not count towards the data set requirement nor the trauma volume requirement (CD 2-4). Having said this, we are currently working on changing this standard in the next edition of the Resources manual by removing the word “admitted” and modifying the data set requirement.*



## *Trauma Registrar (CD 15-9)*

“Would it be appropriate for the Trauma Registrar of a Level 3 Center (600-800 patients per year) to also be the PI Coordinator?” (Level 3)

*In Level III trauma centers, the trauma registrar may hold the position of the PI coordinator, as the VRC does not have any requirements regarding this role. In this scenario, it would be advised to not have the same person in both positions, as it may impact the registry support staff requirement of 1 FTE for 500-750 trauma patients admitted.*

## *Trauma Registrar (CD 15-9)*

“Are Trauma Registrars expected to have roles in addition to Registry data entry (PI, Injury Prev, Comm Outreach, Office Duties)?” (Level 3)

*In Level III trauma centers, the trauma registrar roles will vary based on the patient volume at the trauma center. However, if the registrar's role is encumbered by the other duties or if the number of admitted patients in the registry is greater than 750, there will need to be a separate FTE in this position.*

## *Mortality Review (CD 16-6)*

“Does the trauma medical director need to review every trauma mortality?” (Level 1)

“Do all trauma mortalities require discussion and judgments by the TMD and or peer review committee?” (Level 1)

*Yes. All trauma-related mortalities must be systematically reviewed and those mortalities with opportunities for improvement identified for peer review.*

## *Organ Donations (CD 16-9)*

“CD 16-9 need clarification: as per the orange book the percentage= organ donors/referrals. Is the organ donor number represent only the patients that were determined brain dead? and the referrals, do they represent all the trauma deaths? ” (Level 1)

*“Organ donors” represent any patients whose organs were successfully harvested. “Referrals” are those patients who were referred for donation by the trauma center.*

## *Injury Prevention Coordinator (CD 18-2)*

“Does Level II designation require a dedicated full time Trauma Outreach Coordinator?” (Level 2)

*The trauma center must have someone in a leadership position that has injury prevention/outreach as part of their job description. For a Level II trauma center, this does not need to be a full-time position, and may be shared with the TPM as long as the prevention/outreach activities do not encumber the day-to-day TPM duties.*

## *Alcohol Screening and Intervention (CDs 18-3 and 18-4)*

“SBIRT is that a requirement if we are currently doing alcohol screening and counselling/education?” (Level 1)

*To clarify, SBIRT means screening, brief interventions, referral to treatment for alcohol use. So if you are currently doing alcohol screening for at least 80% of admitted trauma patients and counseling/education for patients who receive a positive screening, you are compliant with the requirement.*

## *Alcohol Screening and Intervention (CDs 18-3 and 18-4)*

“As a Level 3 trauma center, do we need to do the SBIRT intervention or just the SBIRT screening?” (Level 3)

*While SBIRT intervention is of course encouraged in Level III trauma centers, this is only a requirement for Level I and II trauma centers. However, trauma centers of all levels still must conduct an SBIRT screening on at least 80% of admitted trauma patients.*

## *Alcohol Screening and Intervention (CDs 18-3 and 18-4)*

“My question for the next Webinar has to do with the substance abuse screenings for 80% of patients admitted > 24 hours. We are a Level III center. Is the requirement really for all of those patients to receive either a urine or blood test or can we just do an Audit on everyone and ask the question if they drink or abuse substances? Concerns were raised at Trauma Committee about the charges incurred for all of these (mostly elderly) fall patients and if there would be pushback from Medicare/Medicaid?” (Level 3)

*The VRC does not mandate a particular mechanism for conducting substance abuse screening. Audit questions, as described above, would be an acceptable method of screening.*



## *Research Alternate Pathway (CD 19-7)*

“Alternate pathway for research for Level 1 center: If a TMD from another state moves to our facility to become TMD and had been a member of their state COT prior to moving would we be able to count this leadership towards the alternative pathway for research for our center?” (Level 1)

*This would not be acceptable. As with research criteria, the publications or leadership engagement must be a result of the [current] program seeking verification.*

# CME

# *CME Requirements*

“CME requirement - is correct that if our trauma panel physicians are board certified/board eligible we do not need to have their CME at the time of review- including our liaisons- only need CME for the TMD?” (Level 1)

*We would advise having proof of the trauma panel physicians' board certifications available, with current expiration dates. You must have CME documentation available onsite for:*

- The TMD (36 hours/12 hours per year)*
- Any Alternate Pathway physicians (36 hours/12 hours per year)*

*Additionally, as per CD 5-24, the TPM must demonstrate evidence of at least 12 hours per year (36 hours over 3 years) of trauma-related CE.*

# *Injury Prevention Coordinator (CD 18-2)*

## **Clarification from the April Webinar:**

“Does a Level I peds and Level I adult both need separate, FT injury prevention (2 people)?” (Level 1)

*The injury prevention coordinator is not required to be full-time. This position may be shared between a combined adult Level I or II program and a Level I or II pediatric program.*

*In Level I trauma centers, this position must be separate from the Trauma Program Manager's position.*

***Thanks for your participation!***