

# Trauma Verification Q&A Web Conference

September 26, 2019

[COTVRC@facss.org](mailto:COTVRC@facss.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



Tammy Morgan  
Manager  
Trauma Center Programs



Molly Lozada  
Program Manager  
Trauma Verification



Rachel Sanchez  
Site Visit Coordinator  
Trauma Verification



Megan Hudgins  
Program Coordinator  
Trauma Verification



Bhumi Parikh  
Program Coordinator  
Trauma Verification

# 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 with instructions on how to claim CE
- ❖ If you have any questions – please email [COTVRC@facs.org](mailto:COTVRC@facs.org)
- ❖ **CE Eligibility will expire on Tuesday, October 15**
  - ❖ You must watch the webinar prior to October 15, in order to be eligible to claim CE

# *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.*

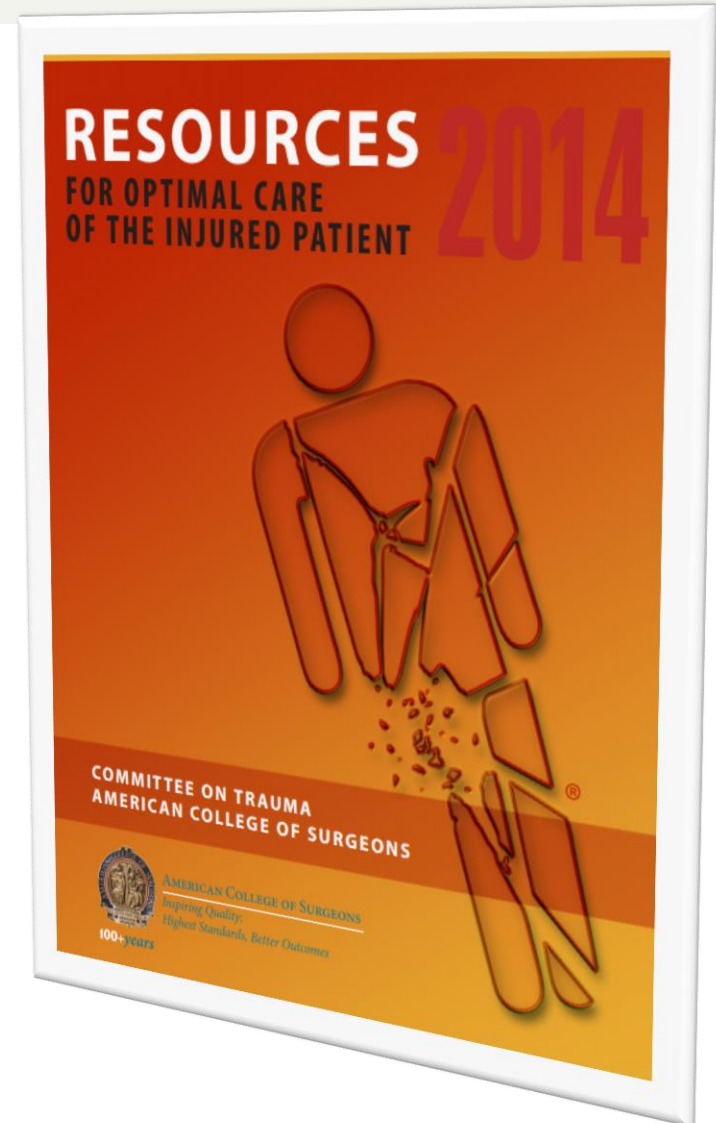
***Let's get started!***

# 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

The American College of Surgeons

## Clarification Document

*Resources for Optimal Care of the Injured Patient*

By the Verification Review Committee

V15\_ 4/15/19

2019

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

- 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/tqp/center-programs/vrc/resources/webinars>
- Stakeholder Public-Comment website:  
<https://www.facs.org/quality-programs/trauma/tqp/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/tqp/center-programs/vrc/resources>
- Participant Hub - Account Center:  
<https://www.facs.org/quality-programs/trauma/tqp/tqp-center>
- Expanded FAQ:  
<https://www.facs.org/quality-programs/trauma/tqp/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*

**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.

**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 Account Center homepage. At the top, there is a navigation bar with links for 'ACS Home', 'Home', and 'Contact Us'. The main heading reads 'Welcome to the Account Center!'. Below this, there are three bullet points providing instructions for new facilities, current participants, and new users. A 'Register a New Facility' link is prominently displayed, along with a 'Log On' button. At the bottom, contact information for the American College of Surgeons is provided, including the address, phone, and email.

**THE COMMITTEE ON TRAUMA**  
QUALITY PROGRAMS of the AMERICAN COLLEGE OF SURGEONS

ACS Home Home Contact Us

Welcome to the Account Center!

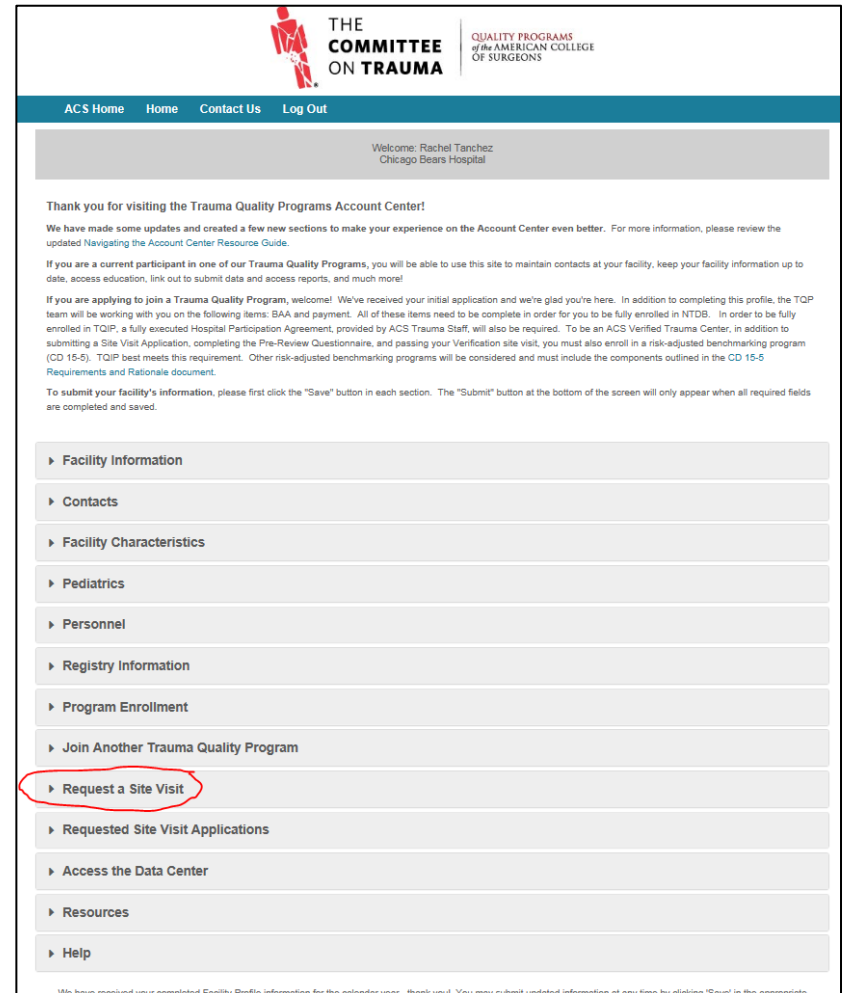
- If your hospital is a new facility, please click the Register a New Facility link below.
- If you are a current participant in one of our Trauma Quality Programs (National Trauma Data Bank®/Trauma Quality Improvement Program®/Verification Review Consultation Program®), you may log in below.
- If you 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.

[Register a New Facility](#)

[Log On](#)

American College of Surgeons  
Trauma Quality Programs  
National Trauma Data Bank®/Trauma Quality Improvement Program®/Verification Review Consultation Program®  
633 N. Saint Clair St., 26th Floor, Chicago, IL 60611-3211  
Phone: +1 (855) 278-7982 Fax: +1 (312) 202-5015 Email: [traumaquality@facs.org](mailto:traumaquality@facs.org)

Copyright © 1996-2018 by the American College of Surgeons, Chicago, IL 60611-3211



The screenshot shows the Account Center dashboard. At the top, there is a navigation bar with links for 'ACS Home', 'Home', 'Contact Us', and 'Log Out'. The main heading reads 'Welcome: Rachel Tanchez Chicago Bears Hospital'. Below this, there is a message thanking the user for visiting and providing instructions on how to use the site. A list of menu items is displayed, with 'Request a Site Visit' highlighted in a red circle. At the bottom, there is a footer message.

**THE COMMITTEE ON TRAUMA**  
QUALITY PROGRAMS of the AMERICAN COLLEGE OF SURGEONS

ACS Home Home Contact Us Log Out

Welcome: Rachel Tanchez  
Chicago Bears Hospital

Thank you for visiting the Trauma Quality Programs Account Center!

We have made some updates and created a few new sections to make your experience on the Account Center even better. For more information, please review the updated Navigating the Account Center Resource Guide.

If you are a current participant in one of our Trauma Quality Programs, you will be able to use this site to maintain contacts at your facility, keep your facility information up to date, access education, link out to submit data and access reports, and much more!

If you are applying to join a Trauma Quality Program, welcome! We've received your initial application and we're glad you're here. In addition to completing this profile, the TQP team will be working with you on the following items: BAA and payment. All of these items need to be complete in order for you to be fully enrolled in NTDB. In order to be fully enrolled in TQIP, a fully executed Hospital Participation Agreement, provided by ACS Trauma Staff, will also be required. To be an ACS Verified Trauma Center, in addition to submitting a Site Visit Application, completing the Pre-Review Questionnaire, and passing your Verification site visit, you must also enroll in a risk-adjusted benchmarking program (CD 15-5). TQIP best meets this requirement. Other risk-adjusted benchmarking programs will be considered and must include the components outlined in the CD 15-5 Requirements and Rationale document.

To submit your facility's information, please first click the "Save" button in each section. The "Submit" button at the bottom of the screen will only appear when all required fields are completed and saved.

- ▶ 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
- ▶ Help

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 Member

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 5-7 business days
  - 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)

# *New Participation Fee Schedule*

- Effective July 1, 2020, the participation fee will increase.
- For a listing of the new fee structure, <https://www.facs.org/quality-programs/trauma/tqip/center-programs/vrc/fees>.
- The Trauma Quality Program includes participation in both TQIP and VRC.
- If you have specific questions about your trauma center's next invoice, please feel free to contact us at [traumaquality@facs.org](mailto:traumaquality@facs.org).



# *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*

# TQIP Annual Scientific Meeting and Training

November 16–18, 2019 Hilton Anatole, Dallas, TX

Reserve your hotel room!

- **Reminder**, book your hotel room by Sunday, October 13. Reservations received after October 13, or after the room block fills, are subject to rate and space availability.
- For more information, visit the TQIP Annual Meeting website:

[www.facs.org/TQIPMeeting](http://www.facs.org/TQIPMeeting)

# Preconference Workshops

## Courses Offered:

- AIS15 and Injury Scaling: Uses and Techniques—Association for the Advancement of Automotive Medicine
- ATS Trauma Registry Course—American Trauma Society
- Sharper Coding for Trauma with ICD-10-CM & ICD-10-PCS Workshop—KJ Trauma Consulting LLC
- Trauma Advanced Registrar Prep—Pomphrey Consulting
- Optimal Trauma Center Organization & Management Course (OPTIMAL)—The Society of Trauma Nurses
  - Offering two courses: Thursday and Friday, November 14 & 15, 2019
- Trauma Outcomes and Performance Improvement Course (TOPIC)—The Society of Trauma Nurses
  - Offering two courses: Thursday and Friday, November 14 & 15, 2019
- Stop the Bleed Basics—American College of Surgeons Trauma Programs
- Stop the Bleed Instructor—American College of Surgeons Trauma Programs

<https://www.facs.org/quality-programs/trauma/tqip/center-programs/tqip/meeting/workshops>

# *PRQ Update*

PRQ Question in Chapter IX: Orthopaedic Surgery, question 18.c. *How many of these patients had neurological deficits?*

*Question has been removed from the online PRQ.*

18. The number of operations performed at this institution during the reporting year for pelvic ring and acetabular fractures secondary to a trauma mechanism, excluding isolated hip fractures:

a. Pelvic ring injuries:

b. All acetabular fracture patterns:

# *Next Verification Q&A Webinar*

Webinar Date: **Wednesday, October 30th**

Webinar Time: **12:00 PM Central Time**

Deadline to submit questions: **Wednesday, October 9th**

# *Upcoming Webinar Schedule*



# *VRC Web Conference Schedule*

Last monthly VRC Web Conference

October 2019

1<sup>st</sup> Quarter VRC Web Conference

January 2020

2<sup>nd</sup> Quarter VRC Web Conference

April 2020

3<sup>rd</sup> Quarter VRC Web Conference

July 2020

4<sup>th</sup> Quarter VRC Web Conference

October 2020

# *Tell us what YOU want!*

Let us know the topics you'd like us to cover in future webinars! Reach out to us at [cotvrc@facs.org](mailto:cotvrc@facs.org) with your suggestions today.

Future topics may include:

- Alternate Pathway
- Specific chapter discussions
- The peer review process for verification reports

# *The National Trauma Data Standard*

Presented by: Amy Svestka, BA, EMT, CSTR  
Senior Program Manager, Data Quality

NATIONAL TRAUMA DATA STANDARD

# DATA DICTIONARY

2020 ADMISSIONS



Hospital Arrival  
*January 1 – December 31, 2020*

## National Trauma Data Standard (NTDS)

- *Defines data elements*

## NTDS Workgroup

- *Determines which elements are reported*

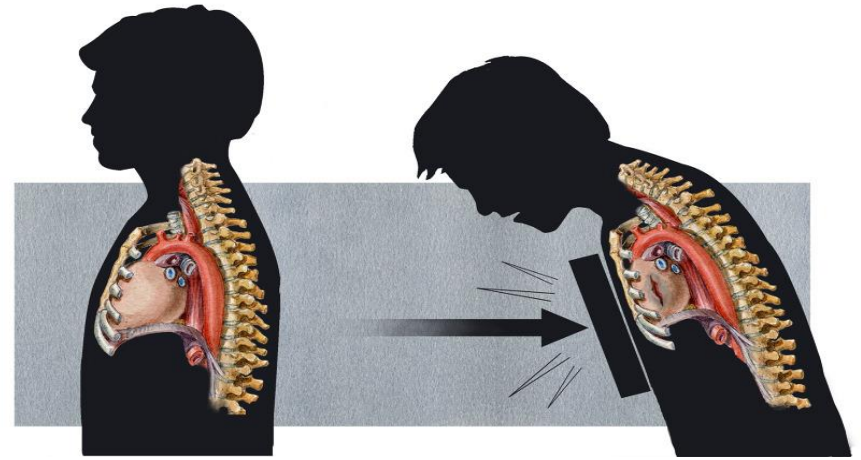
<https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds>

# *NTDS History*



The National Trauma Data Standard (NTDS) was implemented in 2007 and was critical for standardizing what data fields should be collected and how those fields should be defined.

# *NTDS History*

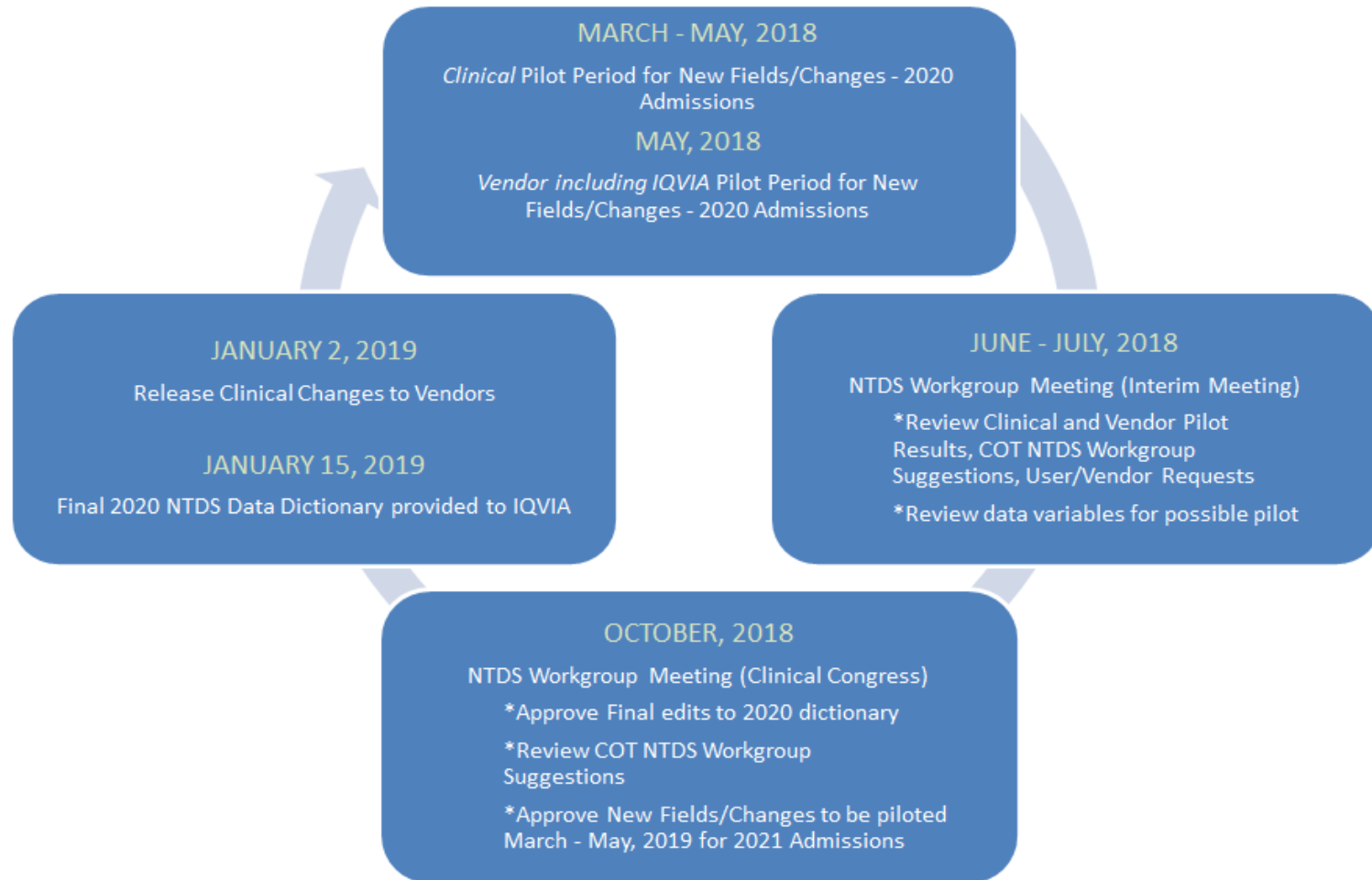


The NTDS was originally developed primarily to describe patterns of injury mechanism and severity in trauma centers.

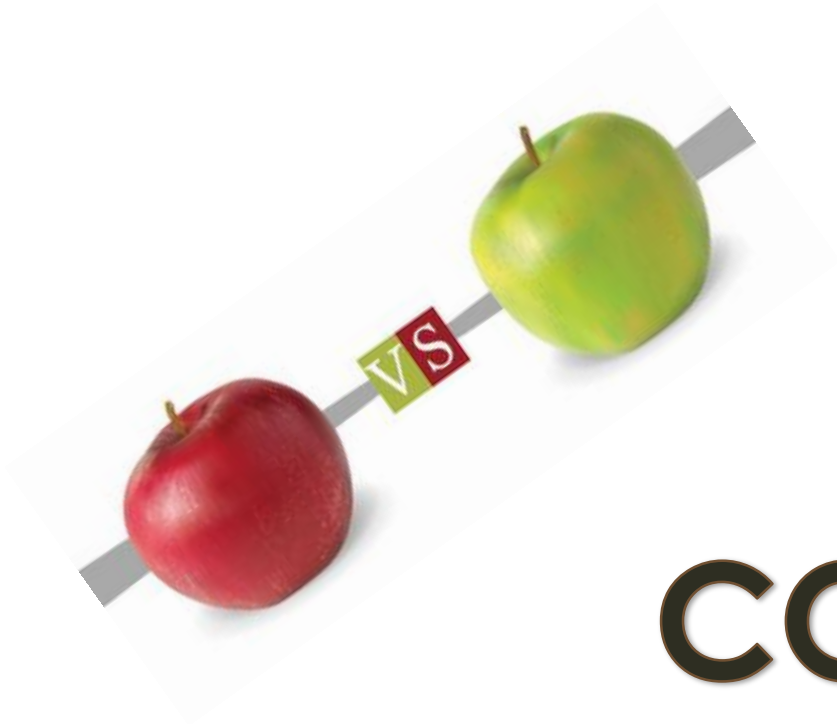
The NTDS was **not** designed for the purpose of facilitating granular comparative benchmarks for processes and/or outcomes of care between institutions.

# NTDS DEVELOPMENT CYCLE

NTDS Development Cycle 2020 Admissions



*Why....*



**CLARITY**

**CONSISTENCY**



Old ways won't  
open new doors!

-Author unknown

# 2020 NTDS PATIENT INCLUSION CRITERIA

Piloted in 2016  
Piloted in 2018  
Implementation in 2020

# 2020 NTDS Patient Inclusion Criteria

## National Trauma Data Standard Patient Inclusion Criteria

### Definition:

To ensure consistent data collection across States into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria:

At least one of the following injury diagnostic codes defined as follows:

**International Classification of Diseases, Tenth Revision (ICD-10-CM):**

S00-S99 with 7<sup>th</sup> character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)

T07 (unspecified multiple injuries)

T14 (injury of unspecified body region)

T20-T28 with 7<sup>th</sup> character modifier of A ONLY (burns by specific body parts – initial encounter)

T30-T32 (burn by TBSA percentages)

T79.A1-T79.A9 with 7<sup>th</sup> character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

Excluding the following isolated injuries:

**ICD-10-CM:**

S00 (Superficial injuries of the head)

S10 (Superficial injuries of the neck)

S20 (Superficial injuries of the thorax)

S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitala)

S40 (Superficial injuries of shoulder and upper arm)

S50 (Superficial injuries of elbow and forearm)

S60 (Superficial injuries of wrist, hand and fingers)

S70 (Superficial injuries of hip and thigh)

S80 (Superficial injuries of knee and lower leg)

S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7<sup>th</sup> digit modifier code of D through S, are also excluded.

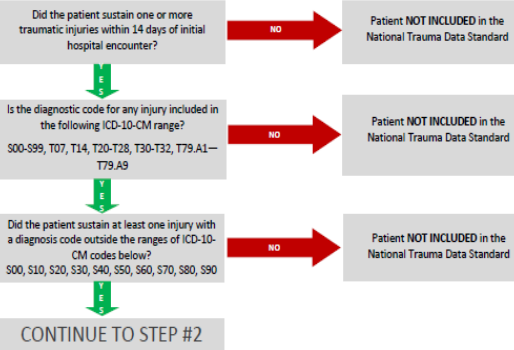
**AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9):**

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);  
OR
- Patient transfer from one acute care hospital\* to another acute care hospital;  
OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);  
OR
- Patients who were an in-patient admission and/or observed;  
OR
- Patients who were a trauma consult or any level of trauma activation

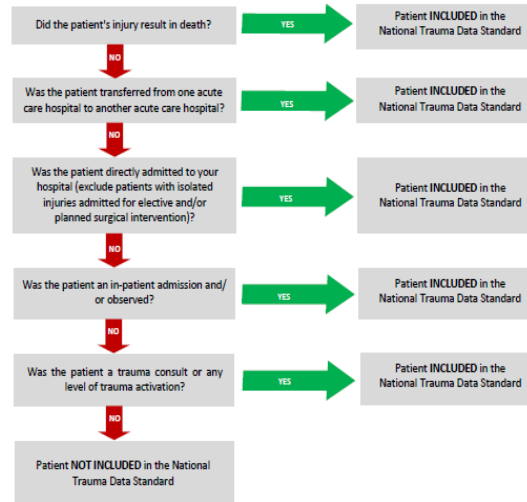
\*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" [https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav\\_Glossary\\_Alpha.pdf](https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf) (accessed January 15, 2019).

## NTDS PATIENT INCLUSION CRITERIA

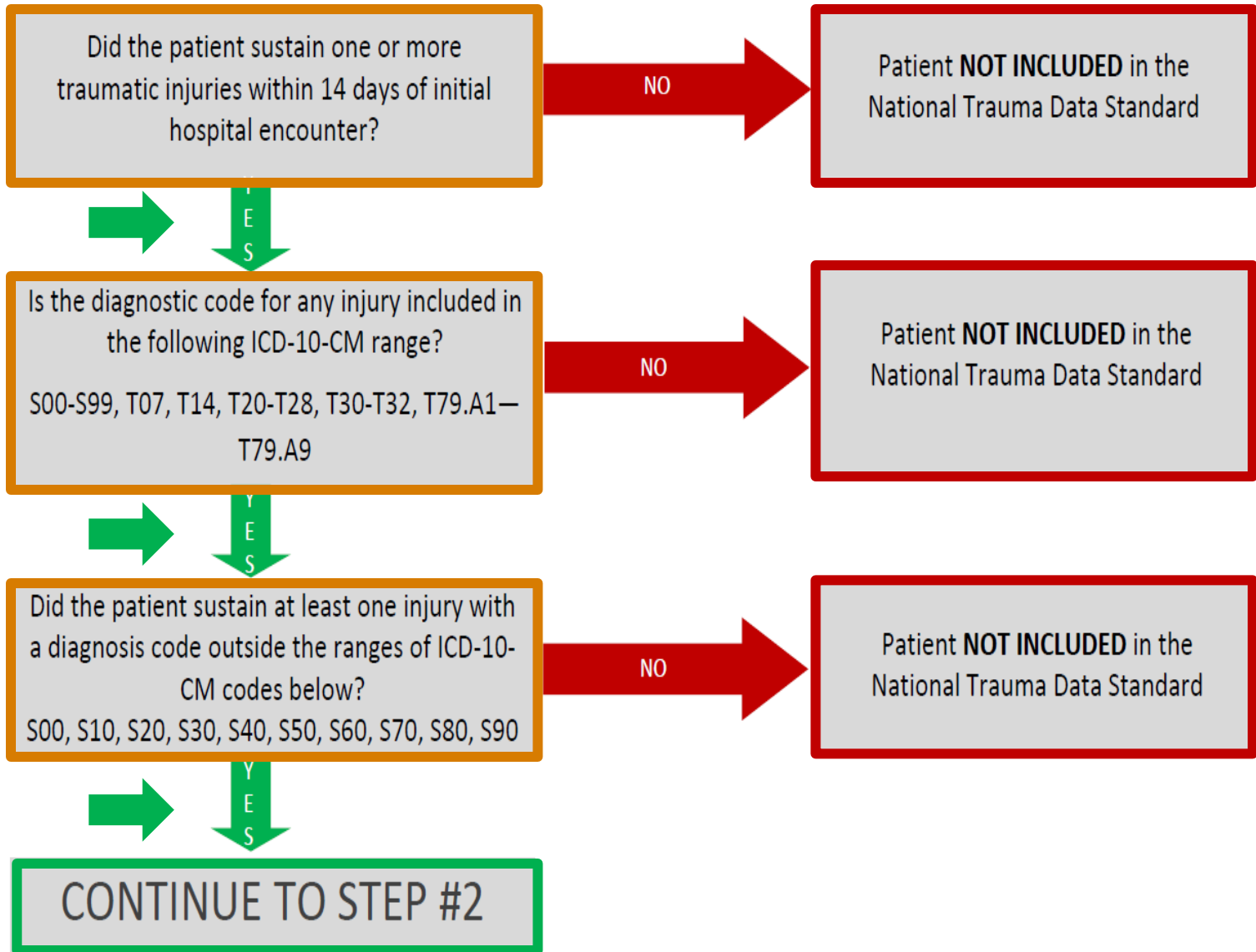
### STEP #1:



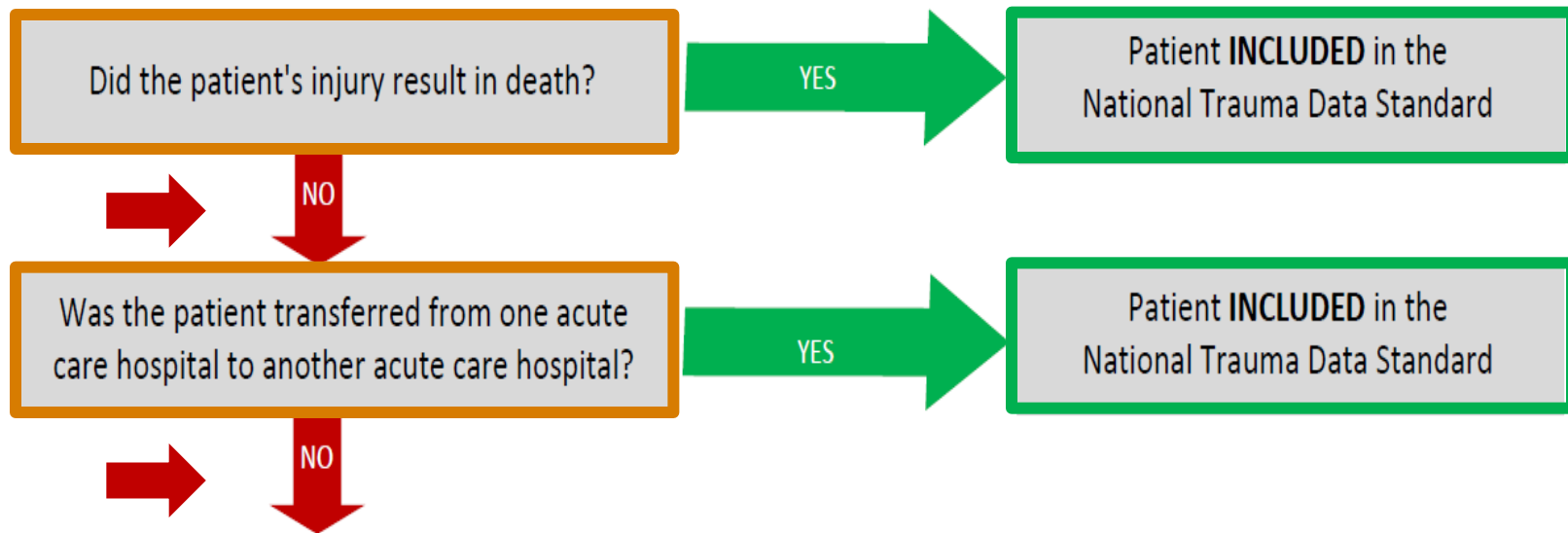
### STEP #2:



# STEP #1:



## STEP #2:



\*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" [https://www.cms.gov/Research-StatisticsDataandSystems/Research/ResearchGenInfo/Downloads/DataNav\\_Glossary\\_Alpha.pdf](https://www.cms.gov/Research-StatisticsDataandSystems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf) (accessed January 15, 2019).

Was the patient directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention)?

YES

Patient **INCLUDED** in the National Trauma Data Standard

NO

Was the patient an in-patient admission and/or observed?

YES

Patient **INCLUDED** in the National Trauma Data Standard

NO

Was the patient a trauma consult or any level of trauma activation?

YES

Patient **INCLUDED** in the National Trauma Data Standard

NO

Patient **NOT INCLUDED** in the National Trauma Data Standard

# Scenario #1

A 16-year old female was playing fast pitch softball, she slid into 3<sup>rd</sup> base and collided with another player. After the game, her parents drove her to your emergency room where she was diagnosed with a distal humerus fracture. The orthopedic surgeon applied a splint and discharged the patient home with instructions to follow-up in his clinic.

Based on the information provided, would this patient meet the **2020 NTDS Patient Inclusion Criteria**?

*The correct answer is “No”. Although the patient sustained a traumatic injury within 14 days of arrival to your emergency room, she was not transferred from another acute care hospital, there was no trauma activation or consult, nor was she admitted or observed.*

## Scenario #2

On 1/1/2020, an 88-year old female tripped and fell. That same day, she was brought to your emergency room by emergency medical services (EMS) complaining of “hip pain”. Plain films revealed an intertrochanteric fracture. The patient was seen by orthopaedics and admitted for surgical repair of her fracture.

Based on the information provided, would this patient meet the **2020** NTDS Patient Inclusion Criteria?

*The correct answer is “Yes”. The patient sustained a traumatic injury that met the ICD-10 coding requirement within 14 days of arrival to your emergency room and was admitted for surgical repair of her injury.*



## Scenario #3

A 31 year old female presented to the emergency department (ED) after an altercation with her boyfriend. The trauma surgeon was consulted and evaluated the patient in the ED that same day. The patient was diagnosed with contusions and abrasions without fracture of her right eye.

Based on the information provided, would this patient meet the **2020 NTDS Patient Inclusion Criteria**?

*The correct answer is “No”. The patient did not sustain a traumatic injury that meets the ICD-10 coding requirement.*

## Scenario #4

On 1/5/2020, a 50-year old male who was the unrestrained driver involved in a motor vehicle collision (MVC) was transported to your hospital by emergency medical services (EMS) from a critical access hospital. His injuries included contusions and abrasions without fracture of his right eye. After being evaluated by an emergency room physician, the patient was discharged home.

Based on the information provided, would this patient meet the **2020 NTDS Patient Inclusion Criteria**?

*The correct answer is "No". Although the patient was transferred from an acute care hospital, the patient did not sustained a traumatic injury that met the ICD-10 coding requirement.*

## Scenario #5

On 2/1/2020 a 34-year old male was shooting hoops with his son when he fell and injured his forearm. That same day, he went to an orthopaedic clinic and was seen by an orthopaedic surgeon. He was diagnosed with a radius/ulna fracture, with plans for operative repair the next week. On 2/8/2020 he was directly admitted to your hospital by the orthopaedic surgeon for operative repair of his fracture.

Based on the information provided, would this patient meet the **2020 NTDS Patient Inclusion Criteria**?

*The correct answer is "No". Although the patient sustained a traumatic injury that met the ICD-10 code requirement, and the injury was within the 14 days time-frame, he was admitted to your hospital for a planned surgical intervention of an isolated injury which is excluded.*

## *Important email/website addresses:*

Questions about NTDS data element definitions:

[traumaquality@facs.org](mailto:traumaquality@facs.org)

NTDS Data Dictionary Revision Site (data element suggestions/clarifications):

<http://web5.facs.org/ntdsrevisions>

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

The screenshot shows the ACS website's FAQ page for the NTDS. The header includes navigation links like 'JACS', 'Jobs', 'Events', 'Find a Surgeon', 'Patients and Family', 'Contact', 'My Profile', 'Shop', and 'Donate'. The ACS logo and tagline 'Inspiring Quality: Highest Standards, Better Outcomes' are prominently displayed. A search bar is located in the top right. The main navigation bar includes 'Member Services', 'Quality Programs', 'Education', 'Advocacy', 'Publications', and 'About ACS'. The breadcrumb trail reads: 'American College of Surgeons > Quality Programs > ... > National Trauma Data Standard (NTDS) > Frequently Asked Questions'. The left sidebar contains a list of links: 'National Trauma Data Standard (NTDS)', 'What is the NTDS?', 'Getting Started', 'Revision Cycle', 'Data Dictionary', 'Change Log', 'Data Dictionary Revision Site', 'Archived Data Dictionary', 'Additional Benefits', and 'Vendor Information'. The main content area is titled 'Frequently Asked Questions' and contains the following text:

Welcome to the NTDS FAQ section! We have compiled frequently asked questions about the National Trauma Data Standard (NTDS) and its data element definition for your reference. After noting the year of the NTDS Data Dictionary that you wish to review, click the appropriate link to navigate to the topic or data element to find out more information.

### 2019 NTDS Data Dictionary

*(Revised December 2018)*

**General**

- NTDS Patient Inclusion Criteria (pg. iv & v)
- Miscellaneous

**Injury Information**

- Protective Devices (pg. 28)
- Protective Devices; Airbag Deployment (pgs. 28 & 29)

**Pre-Hospital Information**

- Initial Field Systolic Blood Pressure (pg. 43)
- Initial Field Systolic Blood Pressure; Initial Field Pulse Rate; Initial Field Respiratory Rate; Initial Field Oxygen Saturation; Initial Field GCS—Eye, Verbal, Motor, Total; Initial Field GCS 40—Eye, Verbal, Motor (pgs. 43-53)

# How can you obtain additional CEs in addition to VRC Webinars?

TQIP EDUCATION	CEs OFFERED
2018 TQIP Conference	17
2019 Level I & II Full Online Course	7
2019 Level I & II Abbreviated Online Course	4
2019 Level III Full Online Course	6
2019 Level III Abbreviated Online Course	2.5

*50 minutes of content = 1 CE*

# *General Questions*

## *Trauma Service Admission*

“Near drowning. Admitted for near drowning pulmonary edema. Should this be admitted to a trauma service or is IM appropriate w/ trauma consult?” (Level 2)

*It is acceptable to admit to the Internal Medicine (IM) service with a trauma consult.*

*The trauma surgeon should be involved to evaluate whether there are any traumatic injuries (strangulation can be neck vessel injury or cervical spine fracture), and also for the added benefit for rapid resuscitation if needed.*

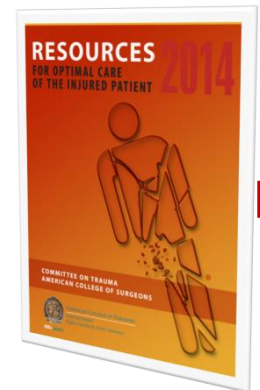


# *Verification Site Visit Charts*

“Will we always need to print off charts or when will the ACS go paperless or at least somewhat paperless?” (Level 2)

*Currently, trauma centers have the option of using the electronic medical record (EMR) or printing the charts for an upcoming site visit. As a courtesy, we ask that you contact the lead reviewer to check to see if they would like something specific printed for the visit.*

*In the current Review Agenda, centers that will be utilizing the EMR are asked to have available specific documents printed onsite or tabulated.*



# *Electronic Medical Record*

The EMR software must be easily tabulated to display the contents listed below. If the EMR is not able to be tabulated, then the following contents must be printed for each trauma case.

1. Prehospital
  - a) EMS run sheet
  - b) Transferring facility ED info
2. Trauma Flow Sheet
3. H&P
4. Consult Notes
5. Operative Report/ Notes
6. Discharge Summary
7. Autopsy Report, if available
8. Copies of PIPS documentation and other related information, if applicable

## *PRQ – Future Programming*

“Will the PRQ ever go away and the information just be pulled directly from the registry?” (Level 2)

*The PRQ will not go away. We are working on developing a more streamlined PRQ that will hopefully be launched in conjunction with the release of the new Resources manual.*

## PRQ - ICU

“Under PRQ section E, #12, "Does the Trauma surgeon retain responsibility for the patient and coordinate all therapeutic decisions in the ICU?" Would this be answered as "Yes" if the Trauma advanced practice provider is coordinating care in collaboration with the Intensivist, or would the Trauma surgeon themselves need to be involved in all therapeutic decisions?” (Level 2)

*The expectation is that the trauma surgeon is involved with all therapeutic decisions while the trauma patient is in the ICU under their care. If the trauma surgeon, trauma advance practice provider (APP) and the intensivist are all involved in the care of the trauma patient, the PRQ would be answered as “yes” in this case.*

# *PRQ – Weaknesses/Opportunities for Improvement*

“On the PRQ where it asks for "Briefly list any weaknesses and how they were addressed"....do "weaknesses"="opportunities for improvement" from the Executive Summary from my previous visit?” (Level 1)

*The term weaknesses and opportunities for improvements (OFI) are interchangeable. We are transitioning from the term weaknesses to OFIs.*

## *Reports – Documenting Multiple Deficiencies and/or OFIs*

*We understand that some trauma centers may have multiple deficiencies and/or opportunities for improvement from the previous visit to report on the PRQ. Please note that the text boxes in the PRQ have character limits. Therefore, it is important to be concise in your responses.*

*We recommend to list a few on the online PRQ and list the rest in a Word document. This document may be forwarded to the VRC office at the same time the PRQ is marked complete. A copy of the document will be provided to the review team in their Reviewer Packet.*

## *PRQ – Completing Data Tables for Pediatric Programs*

“We are an "Adult Level I" and "Pediatric Level II" facility that considers the pediatric population to be all patients under 18 years of age. The ACS considers "pediatrics" to be patients under 15 years old. Which age cutoff should I use to answer adult/pediatric questions on the PRQ (to complete the pediatric data tables and pediatric and adult "hospital bed" table)?” (Level 1)

*When the PRQ is asking about pediatric-specific data, the expectation is that the data provided in the “admit” line should account for the ACS definition of “pediatric patients” (under 15 years of age) to meet the volume requirement. However, for purposes of completing the data tables, use your center’s pediatric age.*

## *PRQ – 2020 Site Visits*

“If we have an ACS adult and pediatric reverification June 2020 when would we expect to get the updated PRQ to fill out?” (Level 2)

*Access to the PRQ will be provided shortly after the center has submitted an online site visit application request.*

*Please note, changes to the PRQ are ongoing. Revisions are announced during the VRC web conferences and by email to trauma program managers that have an upcoming visit.*

*As mentioned earlier, a new PRQ will be released in conjunction with the release of the new Resources manual.*



# *Non-Surgical Admissions*

“If our NSA percentage is over the 10% threshold, what is our requirement for ACS reverification?” (Level 2)

*For centers that admit more than 10% of patients to a non-surgical service, the expectation is that a review is being conducted to ensure patients who may have benefited from a surgical consult received one, and that care was appropriate if they did not receive a surgical consult.*

*For best practices, the PIPS process should review all non-surgical admissions.*

# *Board Certification Documentation*

“Do we need to show proof of surgeons' board certification in their specialty?” (Level 2)

*Yes, please provide documentation onsite that indicates the surgeon is board eligible for certification or current in their board certification (also known as continuous certification or maintenance of certification) for their specific specialty.*

# *Call Schedules Documentation*

“How far back do you want copies of the call schedules?”  
(Level 2)

*Have available onsite copies of the primary call and/or backup call schedules for the last 3 months during the reporting year.*

# *Trauma Record Retention*

“For primary survey/trauma records for a level III trauma center, how far back do we keep our records for trauma patients, from the last site verification (3/17 was last visit)? When do we need to follow our hospital's retention policy, since they don't have a specific one for trauma records but do have a 5 year retention on ED records?” (Level 3)

*The VRC does not have any requirements related to documentation/record retention policy. It would be advisable to follow your hospital's retention policy.*

# *Pediatric Trauma Program Manager*

“For a peds level 2 facility does the peds trauma program manager have to also be over the injury prevention department or just have active involvement with it?”  
(Level 1)

*The TPM for an adult or a pediatric program is not required to also be the injury prevention coordinator or, in this case, over the injury prevention department. In a Level II trauma center, the adult or pediatric TPM may also serve as the injury prevention coordinator as long as it does not encumber their day-to-day duties as the TPM.*

# *Backup Trauma Call Requirements*

“Can a general surgeon (not part of the regular trauma panel) take backup trauma call (second call) without having to meet all other requirements (50% PIPS/peer review meeting attendance, etc)?” (Level 1)

*Yes, the general surgeon may serve as the backup for primary call. They are required to be current in their board certification; but are not required to attend the peer review meetings. They must be able to receive information resulting from the peer review meetings. If at any time the backup surgeon serves on the primary call schedule, they will be required to meet the same requirements as the other panel members.*

# *Performance Improvement*

“I have the Clarification Document V16-\_5/15/19 2019, as the latest document. I note admits, transfers, activation & response times, non-surgical admits, changes in xray interpretations, mortality review, universal screening for alcohol on admitted pts with a stay of >24 hrs, attendance at trauma services meeting should all be monitored by the PIPS program. I was questioning whether there was an official # of PIPS items that ACS expects Trauma Centers to be collecting/analyzing/ reporting out with followup through the PIPS program?”

“Is there a list of All expected PI to be monitored per ACS guidelines? Is it the above AND whatever else the trauma center sees as necessary to monitor?” (Unknown)

*All the standards are what the center has to monitor, and any outliers are what will have to be reviewed through the PIPS process.*

# *CD-Related Questions*



## *Limited Activations (CD 2-8)*

“As a Level 2 verified trauma center, we have two trauma activation levels at our facility: full and partial activations. Our trauma surgeons respond to all full activations. Emergency physicians with ATLS certification respond to partial activations. Is this practice of allowing Emergency physicians instead of Trauma Surgeons to respond to partial activations fall outside of the ACS Orange book guidelines (CD 2-8)? Will this policy receive a deficiency in an ACS reverification?”  
(Level 2)

*Regarding the partial (limited) activation, it is acceptable for the emergency physician to be the primary responder, as long as there are guidelines for when and to which injuries the trauma surgeon is expected to respond.*

*To clarify, emergency physicians who are boarded in emergency medicine and have taken ATLS once are acceptable as the primary responder.*

# Social Worker (CD 10-7)

“For Level I pediatric trauma centers, is it required that there be a designated trauma social worker or is the requirement just to have social work consultation performed for each patient?”  
(Level 1)

*A medical social worker should be available 24/7 in Level I and II trauma centers. However, the VRC does not require them to be dedicated to the trauma program. This requirement calls for a pediatric social work program that is available to provide evaluations and counseling.*

*A potential point of confusion may be noted in Chapter 10 – Pediatric Trauma Care, page 67, Table 1, E is defined as Essential, **please disregard:***

Child life and family support programs	E	E
Pediatric social work child protective services	E	E
Child maltreatment assessment capability	E	E

## *Pediatric Surgical Critical Care (CD 10–17)*

“If you have peds critical care medicine do you need a pediatric surgeon with SCC?” (Unknown)

*In Level I and II pediatric trauma centers, a pediatric surgeon with surgical critical care boards is not required. This will be discussed in the next slide.*

*In regard to CD 10-17, a Level I pediatric trauma center must have two physicians boarded in pediatric critical care medicine, or alternatively two physicians who are boarded in pediatric surgery and surgical critical care by the American Board of Surgery.*

## *Pediatric Surgical Critical Care (CD 10-33)*

“Also in 10-33 there must be a surgical director of the PICU boarded in SCCC – does that person have to be a pediatric surgeon or can it be an all-ages surgeon with interest in pediatrics?” (Unknown)

*There was a change to CD 10-33 in which Level I and II pediatric trauma centers are no longer required to have a board-certified pediatric surgical critical care surgeon. This information is captured in the Verification Change Log as follows:*

- The surgical director of the pediatric intensive care unit should be board certified in surgical critical care.*

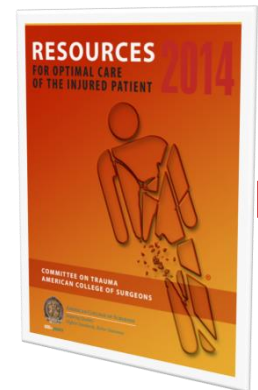
## *Other Surgical Specialists (CD 11-71)*

“Is OMFS (oral maxillofacial surgery) coverage a required surgical specialty for Level 2 trauma centers? If there are several specialties that have coverage sporadically, would that mean a deficiency could be cited?” (Level 2)

*Level I and II trauma centers are not required to have oral maxillofacial capabilities.*

*Level I and II trauma centers must have a full spectrum of surgical specialists available in person at bedside when a consult is requested by the trauma attending.*

*A deficiency will be cited if the surgical specialist is not available when a consult is requested by the attending based on institutional guidelines.*



# Surgical Specialists (CDs 11-70/11-71/11-72)

## Level I

Orthopaedic surgery  
Neurosurgery  
Cardiac surgery  
Thoracic surgery  
Vascular surgery  
Hand surgery  
Microvascular surgery  
Plastic surgery  
OBGYN surgery  
Ophthalmology  
Otolaryngology  
Urology

## Level II

Orthopaedic surgery  
Neurosurgery  
*Cardiac - not required*  
Thoracic surgery  
Vascular surgery  
Hand surgery  
Microvascular surgery  
Plastic surgery  
OBGYN surgery  
Ophthalmology  
Otolaryngology  
Urology

## Level III

Orthopaedic surgery  
*(All other surgical specialists are not required, but desirable)*

## *Registry Concurrence (CD 15-6)*

“Please help define registry concurrence. Does this mean that in addition to all data fields and scoring, that all complications must be entered within 60 days?” (Level 1)

*Concurrent is defined as:*

- *80% of charts are closed within 60 days of patient being discharged.*

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

“Many TPM's have injury preventionist included in the job description. For a level I center, I see the ACS has identified specific criteria for that role. What is the injury prevention role for a Level II center? Is there a volume requirement for a dedicated injury preventionist not included in the TPM role for Level II centers?” (Level 2)

*There is no volume requirement related to an injury preventionist for any trauma centers. The requirement is that there is someone with a leadership position that has injury prevention as their job description. At a Level II center, these duties may be part of the TPM's job description, as long as they are not encumbered with their duties as a TPM.*



## *SBIRT for Children (CD 18-3)*

“SBIRT Adult Level II center (that also admits children; but not seeking combined peds Level II verification). Does the SBIRT process need to be completed on the peds registry patients as well (using CRAFFT on ages 12y - 17y)? Or just the adult registry patients (using Audit/Cage on ages 18y and older)?” (Level 2)

*All trauma centers, regardless of separate (combined) pediatric verification, that admit children with a traumatic injury are required to perform an alcohol screening. The trauma program will determine at what age the screening will begin. Some centers use the age of 12, but again this will be determined by the trauma program.*

## *Alcohol Intervention (CD 18-4)*

“Patients seen and discharged on Saturday & Sunday with positive alcohol level, we mailed the 'Rethinking Drinking' booklet to their address in the system. Is that acceptable?” (Level 1)

*To clarify, 80% of admitted trauma patients with a stay greater than 23 hours are required to be screened. Those who screened positive must receive an intervention. The type of intervention will be based on your institution's policy. Therefore, providing a brochure/pamphlet is an acceptable form of intervention.*

# CME

## *Continuing Education (CE)*

“What is the view of the ACS for continuing education for the Trauma Service staff?” (Level 2)

*If “trauma service staff” implies the trauma medical director (TMD), trauma program manager (TPM), and the trauma surgeon panel members, the requirement is as follows:*

- TMD must maintain an average of 12 hours of CME per year, with a total of 36 hours over 3 years.*
- TPM must maintain an average of 12 hours of CE per year, with a total of 36 hours over 3 years.*
- Trauma surgeons presently maintain CME through board certification.*

## *CME – Board Certification*

“Clarification for the new CME requirements says, “...participating on the trauma call panel, staying current with their board certification satisfy the CME requirement.” Do we have to demonstrated they are “staying current” with their board requirements (i.e. if they are half way through their Board certification, show that they have half of their required CME hours)?” (Level 2)

*Yes, this may be demonstrated by having a copy of the provider’s board certification, continuous certification, or maintenance of certification document.*

# ***Update: Resource Manual Chapter Revisions***

# *Orange Book Revision*

- “Are there plans to change the 500-750 charts per year for a registrar with the new revisions?” (Level 1)
- “With the increased encouragement of TQIP, will the Trauma PI coordinator become a required FTE?” (Level 2)
- “The orange book identifies staffing for registry staff to be 1 FTE per 500-750 patient volume. Will this number be changing? Does this number only reflect registrars and not additional staff such as a Trauma PI nurse/coordinator?” (Level 2)
- “Do you know of any plans to revise the 500-750 registrar case load recommendation that is listed in the 'orange' book in relation to the 2020 revised NTDB inclusion criteria? We are discovering that many facilities will have a increase in registry volume with the revised 2020 inclusion criteria.” (Level 1)

# *New Resources Manual*

- Trauma centers will be given a 1-year grace period.
- An effective date will be provided by which centers will be held to the new standards.
- A new PRQ will be launched in conjunction with the manual.
- We will be educating reviewers and participants on the new standards.
- Unfortunately, we cannot answer questions regarding revisions to the standards at this time. All changes will be released once the chapter revision process has been completed.



***Thanks for your participation!***