

Con: Verification Should Only Be Based on Outcomes

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AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



Verified Trauma Center



Trauma Center Verification Criteria

| Chapter | Level of Center | Criterion | Type of Deficiency | Documented Evidence | Element | Status | Responsible Individuals | Clarification Document |
|---------|-----------------|---|--------------------|---|---------|--------|--|------------------------|
| 1 | I, II, III, IV | The individual trauma center and their health providers are essential resources that must be active and engaged participants (CD 1-1). | Type II | Documents demonstrate an overall commitment to meet or exceed the defined criteria for verification. Evidence of signed Board Resolution, Medical Staff Resolution and commitment of resources to provide optimal care as well as address areas of weakness or issues defined through the PI process. | C | | Administration Trauma Medical Director Trauma Program Manager | |
| | I, II, III, IV | Trauma center 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 developing (CD 1-2). | Type II | Evidence of engagement and regional participation in the system PI process, supports educational endeavors, injury prevention endeavors. | S | | Administration Trauma Medical Director Trauma Program Manager | |
| | I, II, III, IV | Meaningful involvement in state and regional system planning, development, and operation is essential for all designated centers and acute care facilities within a region (CD 1-3). | Type II | Evidence of engagement and participation in regional and state trauma system meetings, submission of data to regional (if available) and state trauma registry, participation in requested surveys that assist in defining regional and state needs. | S | | Administration Trauma Medical Director Trauma Program Manager Staff to include registry staff | |
| 2 | I, II, III, IV | 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 | Documented PIPS plan that defines the Administrator, Trauma Medical Director and Trauma Program Manager have the authority and oversight of the trauma program, trauma continuum of care and PIPS process with evidence that PI events are defined during the patient's phases of care and addressed. | PI | | Administration Trauma Medical Director Trauma Program Manager Staff to include registry staff | |
| | I, II, III | Surgical commitment is essential for a properly functioning trauma center (CD 2-1). | Type I | Evidence of adequate trauma surgeon and trauma specialty coverage to ensure 24/7/365 commitment and timely response to the injured patient, and the administrative needs of the trauma center such as time for attendance at system operations meeting, PI meetings, peer review meetings, regional participation, injury prevention and outreach education. | SC | | Administration Trauma Medical Director Trauma Program Manager Trauma Liaisons | |
| | I, II, III, IV | Trauma center 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 | Evidence of a budget to support the trauma program/trauma center to ensure all criteria are addressed as well as a concurrent PI and trauma registry process, injury prevention, outreach education and regional participation. | R | | Administration Trauma Medical Director Trauma Program Manager | |
| | I | A Level I trauma center must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15 (CD 2-4) | Type I | Documented evidence of the admission criteria. Injury Severity Scores must have a validation process. Evidence of trauma registrar or program managers completion of AAAM Injury Scoring Class. | V | | Administration Trauma Medical Director Trauma Program Manager Trauma Registry | |
| | I, II, III | Through the trauma PIPS program the hospital policy, the trauma medical 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 | Evidence of documented criteria to participate on the trauma panel and that the trauma medical director has the authority to monitor these criteria and take action as appropriate. Evidence of monitoring through a monthly or quarterly score card that evaluates the defined criteria for participation. Activity must be written and included in the PIPS plan. | C | | Administration Trauma Medical Director Trauma Program Manager | |

An iceberg floating in a blue ocean under a blue sky with light clouds. The tip of the iceberg is above the water line, and the much larger, submerged part is below. The text 'Outcomes' is written in yellow on the tip, while 'Structure', 'Process', and 'Culture' are written in yellow on the submerged part.

Outcomes

Structure

Process

Culture

Outcomes

Verified Trauma Center



The image features an iceberg floating in a blue sea under a blue sky. The tip of the iceberg, which is above the water line, is labeled 'Outcomes' and 'Verified Trauma Center'. The much larger part of the iceberg is submerged and contains a dense collection of text labels representing various components and processes. The labels are arranged in a roughly circular pattern around the submerged part of the iceberg. The text is in yellow and white, with some words in larger, bold fonts. The background is a gradient of blue, representing the sky and the sea.

PIPS

Culture

Peer Review

Trauma Registry

Research

Disaster Response

FUNDING

NTDB

Outreach

System Integration

Prehospital

Transfer Process

Advocacy

OR Resources

Psych Support

Radiology

Anesthesiology

Neurosurgery

Lab

Feedback

Rehabilitation

Evidence-Based Practice

Volume

Nursing

Blood Bank

TMD

TPM

Surgical Commitment

TQIP

Education

Injury Prevention

Critical Care

Organizational Leadership & Commitment

Emergency Medicine

Diagnostics

Orthopedics

System Integration



- 911 / Dispatch
- EMS – Ground or Air Medical
- Field Triage Criteria
- Prehospital Care Guidelines
- Transfer Process
- Communication
- Education
- Injury Prevention
- Coalition Development
- DATA
- EMS – Trauma Center Integration

Trauma Care



- Trauma Team Activation
- Team Response
- Evidence-Based Practice
- Timely Care
- Efficient Care
- Effective Care
- Coordination of Care
- Oversight / Authority
- Multidisciplinary
- Holistic
- Case Review
- Performance Measures
- Peer Review
- Continuous Learning
- DATA

Verification Review Process



- Every 3 years
- Criteria compliance
- Validate processes
- Evaluate outcomes
- Compliance to evidence-based practice



Strengths of Trauma Center (Klein's Personal Perspective)



- Concurrent PIPS
- Concurrent Registry
- Leadership
- Commitment
- Engaged Team

Threats To Trauma Center

- Criteria too complex
- Criteria too lax
- Cost of trauma center
- Staffing Shortages
 - Trauma Surgeons
 - Specialist
 - Nursing
 - Support Services
- Increased competition
 - Stroke / Cardiac
- Decrease in volume
- Academic training



Turnover / Vacancies

Verified Trauma Center

PIPS

Nursing
Blood Bank

Prehospital

TPM

Transfer Process

Surgical Commitment

Advocacy

Peer Review

OR Resources

Education

Trauma Registry

Injury Prevention

Critical Care

Radiology

Anesthesiology

Emergency Medicine

Diagnostics

Neurosurgery

Trauma Protocols

Orthopedics

Research

Lab

Evidence-Based Practice

Feedback

Rehabilitation

FUNDING

Fragmented Process – Broken Culture



How do you build it without criteria?

Performance Changes



Which Criteria Matter?



Current Verification Process

Good (risk
adjusted)
Outcomes

Poor (risk
adjusted)
Outcomes

Good VRC
Processes
and
Structure

Poor VRC
Processes
and
Structure

| | |
|--|--|
| | |
| | |

Potential Solutions



- Crosswalk between CMS, Joint Commission / ACS
- What is common?
- What is repeated?
- Pre-Review of TQIP Reports
- Should there only be 2 levels: academic and other
- CRITERIA MAKES A Difference

Questions

