STATE OF COLORADO

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Colorado Department of Public Health and Environment

Designation Review Committee

Meeting Minutes

December 6, 2012

CDPHE Staff: Grace Sandeno
In Person: Carl Smith
Via Telephone: Beverly Martinez, Amy Polson (Rio Grande), Connie Conour (Sterling), Nancy Frizell (Valley View), Mary Shelton (Good Samaritan), Karen Masters (Lutheran), Kim White (The Memorial)

Roll Call/Call to Order: 4:00 PM

Members	Serving as:	In Person	By Phone	Absent
Denise Stong	Trauma Nurse Coordinator		X	
Edward Lopez	General Surgeon Level III		X	
Arlene Harms	Health Care Facility Admin		X	
Zane Laubhan	Prehospital/EMS Provider			X
Eugene Eby	Emergency Physician			X
Eric Schmidt	RETAC Rep		X	
Charles Mains	General Surgeon		X	
Phyllis Uribe	Trauma Nurse Coordinator		X	
Jeff Beckman	Emergency Physician		X	

Organizational Issues:

- Quorum established
- Minutes from November 1, 2012 meeting; motion to accept as written – Motion by Beckman, 2nd Schmidt, passed unanimously.

Trauma Program Report:

- There were no additional Level III, IV or V reviews during November

DRC Recommendations - See page 3

Discussion – Key Principle Recommendation Guide (also see attached)
Discussion focused on two portions of the "grid" and on the concept of "met with reservations."

The idea of a "partly met" or "met with reservations" was not originally a part of the scoring tool and still is not for Level I and II facilities. Is that unfair to the different level facilities? Is this similar to the American College of Surgeons weighted criteria? The question was raised if this is a useful construct or would facilities be better served with only "Met" and "Not Met" options? Would it be better for reviewers and facilities to force a yes/no choice (i.e., eliminate the "met with reservations" option)? Different reviewers look at things differently…the question is how to equalize the process.

And does “met with reservations” mean the criteria are really met but the program just needs to do one portion better? If so, could/should the reviewers simply document the suggestions for improvement and then make sure that any future site reviewers use that list to measure progress? Opinions were expressed on both sides of that argument; there was not a consensus.

The discussion then focused on the grid, and particularly the third column of responses. This column is entitled “Met with reservations on 2 consecutive reviews.” There was a discussion of whether the suggested consequences were too harsh given that the criteria we at least partially compliant on both visits. There was a discussion of whether facilities should anticipate a “line in the sand” over an issue that was at least partially met. There was a suggestion that we keep the concept of Met with Reservations but remove that concept from the “grid”.

The DRC requested that staff request information and comments from Level III, IV and V trauma centers on the following questions:

1) Does the facility support the concept of “met with reservations” – an intermediate option between “not met” and “met?”
2) Does the facility believe that the current recommendations in the Key Principle Recommendation Guidelines are too harsh for facilities having only items that are “met with reservations” on two consecutive reviews?

Finally, there was a request from members that if one DRC member requests additional information, for example, more information about the plan of correction, that the information be sent to all DRC members. Staff will work to comply with this request.

Next Meeting: Wednesday, January 23, 3 pm – 4 pm, Carson Room, (After STAC committee meets.)

Facility	Review Results/ Review Team Recommendation	Motion	W/POC	W/RR	Second	Abstain	Unanimous
Rio Grande Hospital	**Current Review: October 24, 2012** • **Met with Reservations -** A. Hospital Administration and Organization - 9. A quality improvement program as defined in Section 308 - **Process** should include the elements as described in 6 CCR 1015-4, Chapter Three, section 308 **Reviews' comments:** Specific nursing audit filters should be identified. Loop closure should be documented thoroughly to include follow up assessment for compliance. • **Met with Reservations -** A. Hospital Administration and Organization - 9. A quality improvement program as defined in Section 308 - **Accountability** can be demonstrated by meeting criteria as described in 6 CCR 1015-4, Chapter Three, section 308 **Reviewers' comments:** Loop closure needs to occur more timely. **Reviewers' Recommendation:** Designate for 3 years with a plan of correction.						
	Discussion: There was a question about the plan of correction and what nursing audit filters were proposed. The list was reviewed and considered appropriate.						
	Motion: Designate with a plan of correction	Uribe	Yes	No	Lopez	Mains Harms	Yes

KEY PRINCIPLE RECOMMENDATION GUIDELINES

Per Designation Review Committee (DRC) Policy, any facility having met all criteria for Level III – V trauma designation will receive an automatic recommendation from the DRC and thus will not be subject to the following guidelines.

All rule citations below are from 6 CCR 1015-4, Chapter Three. Designation of Trauma Facilities	Not Met on triennial Review	Not Met on re-review	Met w/Res. on 2 consecutive reviews	Not Met then Met w/ Res. on 2 consecutive reviews	Met w/Res. then Not Met on 2 consecutive reviews	Not Met on 2 consecutive triennial reviews
Facility Scope of Care Level III: 305.1.A.(3) Level IV: 306.1.C	3,4	2,3	3	2,4	2	1
Administration Support and Organization Level III: All of 305.1 except above Level IV: All of 306.1 except above	4	2	3	3,4	2,4	1
Clinical Capabilities Level III: 305.2 Level IV: 306.2	3,4	2,3	2,3,4	2,4	2,3	1,2,3
Quality Improvement Programs Level III: 308 Level IV: 308	4	2,4	3,4	4	3,4	1,2
Facilities, Resources and Staffing Level III: 305.3 Level IV: 306.3		2,4	3	4	2,4	2,3,4

(A plan of correction is assumed for every facility on grid)

Key: 1=Recommend denial or revocation of designation
2=Recommend suspension of designation until corrections are made
3=Recommend re-designation at a lower level
4=Automatic 1 year re-review