Plan of Correction -
Facility Name: University of Colorado Hospital
Review Date: August 28-29, 2012

Rule	MWR/Not Met*	Action Steps	By Whom	By When	State Reporting Date
3. Performance Improvement Process-C. Peer Review/Performance Improvement Committee 3. C.(5) The committee reviews overall quality of care for the trauma service, selected deaths, complications and sentinel events with the objective of identifying issues and appropriate responses	Not Met	The Peer Review Committee will remain a restricted committee. Non-members will attend by specific invitation only when necessary.	TMD and TPM	Oct 1, 2012	Quarterly-30 days after the end of each calendar quarter.
		Peer review reports will be more detailed to supplement meeting minutes. A standardized electronic review form will be designed and used for each review discussed in the committee. Files will be reorganized to better document PI work. Action items will be identified and progress discussed at each meeting until completed. This will be reflected in the minutes.	Committee members with TPM and TMD oversight	Nov 1, 2012	Quarterly-30 days after the end of each calendar quarter.
		A hospital performance improvement specialist will provide consultation to the Peer Review Committee for process improvement	TMD and TPM	Nov 1, 2012	Quarterly-30 days after the end of each calendar quarter.
4. Facility Organization and the Trauma Program 4.E(2) The Trauma Service demonstrates or provides documentation that it has sufficient infrastructure and	Not Met	Initiate regularly scheduled, monthly trauma surgery service meetings	TMD	Sept 4, 2012	Quarterly-30 days after the end of each calendar quarter.
		All unanticipated urgent or emergent clinical issues occurring off-hours will be addressed by the attending trauma surgeon on-call.	TMD	Oct 1, 2012	Quarterly-30 days after the end of each calendar quarter.

support to ensure the adequate provision of care		Develop practice based guidelines based on national standards such as the Western Trauma Association Critical Decisions Committee or the Eastern Association for the Surgery of Trauma Guidelines Biannual trauma surgeon evaluation	Trauma surgeons with oversight by TMD TPM and TMD	Jan 1, 2013 Jan1, 2013	Quarterly-30 days after the end of each calendar quarter. Biannual-30 days after the end of each calendar ½ year.
8 Clinical requirements for Orthopedic Surgery 8.D.(3) Clinical Commitment/Involvement-Orthopedic surgeons on the call panel are regularly involved in the care of the trauma patient.	Not met	Revise call panel members to include those regularly involved in trauma care. Redefine orthopedic scope of practice to include injuries other than complex pelvic and acetabular fractures Decrease Orthopedic transfers Orthopedic call schedule adjusted to panel that regularly participates in trauma care Recruit additional Orthopedic trauma surgeon(s) Review all transfers for appropriateness using daily, weekly and monthly reports Quarterly Orthopedic surgeon performance evaluation	Orthopedic liaison to TC, TPM, TMD Orthopedic liaison to TC and TMD Orthopedic liaison to TC, TMD Chair of Orthopedics, TMD Orthopedic liaison to TC, TNC, TPM, TMD Orthopedic liaison to TC and TMD	Jan 1, 2012 Jan1, 2012 Jan 1, 2013 Dec 1, 2013 Jan 1, 2013 Jan1, 2013	Quarterly-30 days after the end of each calendar quarter. Quarterly-30 days after the end of each calendar quarter. Quarterly-30 days after the end of each calendar quarter. Jan 1, 2013 Quarterly-30 days after the end of each calendar quarter. 30 days after the end of each calendar ½ year.

Signature of Facility Administrator:_____ Date:_____

Signature of Trauma Medical Director:_____ Date:_____

Date Submitted: _____
*Please indicate if the rule was Met With Reservation (MWR) or Not Met.