STATE OF COLORADO

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Staff Report to Designation Review Committee Sky Ridge Medical Center, located in Lone Tree, CO

History

• Initial Designation: January 9, 2004

• Previous Review: August 12, 2010 - All criteria met

Current Review: On October 16, 2013, an on-site Level III trauma center review was conducted. On-site review team members included the following clinicians: David Deaver III, M.D., surgeon, Gregg Minion, M.D., emergency physician, and Lori McDonald, R.N., trauma nurse coordinator. Margaret Mohan served as the state observer.

The following state criteria were met with reservations or not met:

• Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 1. A trauma program with: i. Multidisciplinary trauma committee with specialty representation. This committee is involved in the development of a plan of care for the injured patient and is responsible for trauma program performance.

Reviewer Comments: There is less than 50% meeting attendance by some services. Hospitalist just recently began attending meetings, despite the recommendation 3 yrs ago for more involvement.

- Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 1. A trauma program with j. A quality improvement program as defined in Section 304. All designated Level III –V trauma centers shall have an organized, trauma quality improvement program that demonstrates a plan, process and accountability for continuous quality improvement in the delivery of trauma care. It is the responsibility of the trauma medical director in coordination with the trauma nurse coordinator to oversee the program. The process should include the elements described in 6 CCR 1015-4, Chapter 3, 308

 Reviewer Comments: No documentation on follow up to nursing performance issues. No documentation of the "hallway" discussions that occur as loop closure.
- Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 1. A trauma program with j. A quality improvement program as defined in Section 308. All designated Level III –V trauma centers shall have an organized, trauma quality improvement program that demonstrates a plan, process and accountability for continuous quality improvement in the delivery of trauma care. It is the responsibility of the trauma medical director in coordination with the trauma nurse coordinator to oversee the program.

 Accountability can be demonstrated by meeting criteria described in 6 CCR 1015-4, Chapter 3, 308

 Reviewer Comments: Some cases are not taken to physician peer review. Some cases requiring discussion and loop closure are not recognized and loop closure is not apparent.

• Met with Reservations: B. CLINICAL CAPABILITIES - 2. This service available in person 24 hours a day within 20 minutes of trauma team activation: a. General Surgery. Coverage shall be by the attending board-certified surgeon or board-qualified surgeon working toward certification, who may only take call at one facility at one time

Reviewer Comments: A few cases where the trauma surgeon was late or reluctant to come in to the ED when requested.

Plan of Correction-See attached

Reviewers' Recommendation: Designation with a plan of correction and re-review in one year.

Request for Designation Recommendation

Staff is requesting a recommendation on the designation of this facility. The current designation period is January 9,2010 to January 8,2013