

STATE OF COLORADO

John W. Hickenlooper, Governor
Karin McGowan
Interim Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Designation Review Committee Meeting Minutes July 24, 2013

CDPHE Staff: Michelle Reese, Grace Sandeno, Margaret Mohan, and Crystal Cortes, Scott Beckley
In Person: Carl Smith, Steve Hilley, Mary Shelton, Dee Crump, Peggy Berkey, Jimmy Taylor, Gail Finley
Via Telephone: Warren Ward, Rhonda Perez, Nancy Frizell, Dana Knerl, Sherrie Peckham, Connie Conour, Darcy LaFleur, Deb Moynihan, Denise Clark, Bob Quist, Rachel Liverett, Amanda Soychak, Amy Carter, Patti Thompson

Roll Call/Call to Order: 3:00 PM

Members	Serving as:	In Person	By Phone	Absent
Misty Sakala	Trauma Nurse Coordinator		X	
Edward Lopez	General Surgeon Level III	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 June 6, 2013 meeting; motion to accept as written – Motion by Phyllis Uribe, 2nd Eugene Eby, passed unanimously.

Trauma Program Report:

- Middle Park Medical Center Granby received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on June 11, 2013. The department issued a level IV designation for three years, based on the recommendation.
- San Luis Valley Regional Medical Center received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on June 20, 2013. The department issued a level IV designation for three years, based on the recommendation.
- Middle Park Medical Center Kremmling received an automatic recommendation as a level IV trauma center, by having no deficiencies and no items met with reservations when reviewed on July 15, 2013. The department issued a level IV designation for three years, based on the recommendation.

DRC Recommendations - See page 2

Next Meeting: Thursday, August 1, 4 pm – 5 pm, CDPHE, Bldg C, Room C1A

Facility	Review Results/ Review Team Recommendation	Motion	W/POC	W/RR	Second	Abstain	Unanimous
Mt. San Rafael Hospital	<p>Current Review: May 23, 2013</p> <p>The following state criteria were not met or were met with reservations:</p> <ul style="list-style-type: none"> • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 3. A trauma program with policies that identify and establish the scope of trauma care for both adult and pediatric patients, included but not limited to: b. Admission criteria Reviewer Comments: Needs revision to better describe the type of trauma patients that are admitted to the facility. • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. A physician designated by the facility as the Trauma Medical Director who takes responsibility for the trauma program. Reviewer Comments: New trauma medical director, so there needs to be a track record to evaluate responsibility for loop closure, policy revisions, and oversight of medical care. • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director. Responsibilities include: a. Participation in trauma education activities for healthcare providers or the public. Reviewer Comments: Suggest local M&M and education to EMS providers and 1st responders or participation in EMS chart reviews • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director. Responsibilities include: b. Leadership for the trauma program and oversight of the trauma quality improvement process. Reviewer Comments: Trauma medical director, not ED trauma nurse manager, should be in charge of oversight of trauma QI and loop closure. • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 4. Trauma Medical Director. Responsibilities include: c. Administrative authority for the trauma program, including, recommendations for trauma privileges, policy and procedure enforcement, and peer review. Reviewer Comments: New at position, no history to review. • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 5. A facility-defined trauma team activation protocol that includes who is notified and the response expectations. The protocol shall base activation of personnel on 						

	<p>anatomical, physiological, mechanism of injury criteria and co-morbid factors as outlined in the pre-hospital trauma triage algorithms as set forth in Chapter 2.</p> <p>Reviewer Comments: Recommend revision and simplification based on prehospital trauma triage algorithm, policy may exceed 1 page but activation criteria should easily fit on 1 page.</p> <ul style="list-style-type: none"> <p>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 7. A staff person identified as the Trauma nurse coordinator with clinical experience in care of the injured patient, who is responsible for coordination of the trauma program functions.</p> <p>Reviewer Comments: New TNC that has the clinical experience and now needs mentoring for coordinating a trauma program. Suggest STAC, CTN, DRC involvement.</p> <p>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 8. An identified multidisciplinary committee involved in the development of a plan of care for the injured patient and is responsible for trauma program performance. Membership will be established by the facility and the committee will establish attendance. (See below for specifics from section 308)</p> <p>Reviewer Comments: Recommend care reviews and updating of policies, consider requiring ED physicians to attend at least half of the trauma multidisciplinary committee meetings.</p> <p>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 9. 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. The plan should address the criteria as described in 6 CCR 1015-4, Chapter 3, 308.</p> <p>Reviewer Comments: The new Trauma QI plan in place is excellent but too new to evaluate for effectiveness.</p> <p>Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 9. 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. The process should include the</p> 						
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	<p>elements as described in 6 CCR 1015-4, Chapter 3, 308.</p> <p>Reviewer Comments: In addition to case review, need to establish a peer review process. May want to consider sending charts out for review, could be part of the hospital wide peer review. Recommend TMD, ED Medical Director, TNC, ED Manager and one additional ED physician perform case reviews.</p> <ul style="list-style-type: none"> • Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 9. 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 as described in 6 CCR 1015-4, Chapter 3, 308 <p>Reviewer Comments: Newly developed plan. Need to see a track record.</p> <ul style="list-style-type: none"> • Not Met: C. FACILITIES/RESOURCES/ CAPABILITIES- 1. Emergency Department with: a. Physicians who are credentialed by the facility to provide emergency medical care and maintain current Advanced Trauma Life Support (ATLS) verification. <p>Reviewer Comments: TMD not ATLS certified.</p> <ul style="list-style-type: none"> • Not Met: C. FACILITIES/RESOURCES/ CAPABILITIES- 6. Continuing education for all physicians providing trauma care, with: b. 10 hours of trauma-related facility-defined CME annually or 30 hours over the 3 year period preceding any site review. <p>Reviewer Comments: Three physicians lacking the required hours. The facility should consider expanding the trauma related CME policy to include board study and recertification for emergency physicians.</p>					
	<p>Discussion: Facility has undergone complete trauma staff turnover since the previous review. The current staff worked hard to prepare for the survey but had limited time. The number of criteria met with reservations or not met is significant and some of the same issues as the last review. Schmidt made motion to approve recommendation from reviewers, Uribe 2nd with intention of amending-motion failed. Committee members discussed the need to enhance the POC to ensure demonstration of program improvement and commitment to the trauma program.</p>					
	<p>Motion: Defer to recommendation vote until the September DRC meeting to give facility time to meet August commitments and expand the</p>	Uribe			Eby	No -1 vote against

	Action Steps identified in the Plan of Correction.						
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