

# STATE OF COLORADO

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Executive Director and Chief Medical Officer

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 November 7, 2013

**CDPHE Staff:** Grace Sandeno, Margaret Mohan, and Crystal Cortes

**In Person:** NA

**Via Telephone:** Nancy Frizell, Kim Muramoto, Connie Conour, Maureen Tarrant, David Markenson, Dr. Katubig, Peggy Berkey, Garrett Chism, Susan Hicks, Christine Johnson, David Hoffenberg, Tony Barkey, Lisa Morris, Pat Samples, Dr. Schoelkoph and Denise Stong

**Roll Call/Call to Order:** 4:00 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			excused
Jeff Beckman	Emergency Physician		X	
Patti Thompson	Health Care Facility Admin			X

### Organizational Issues:

- Quorum established
- Minutes from November 7, 2013 meeting; motion to accept as written – Motion by Ed Lopez, 2<sup>nd</sup> Misty Sakala, passed unanimously.

### Trauma Program Report:

- No facilities to report

**DRC Recommendations** - See page 2

**Next Meeting:** Thursday, December 5, 2013, 4 pm – 5:00 pm, CDPHE, Room: C1E

Facility	Review Results/ Review Team Recommendation	Motion	W/POC	W/RR	Second	Abstain	Unanimous
East Morgan County Hospital	<p><b>Current Review:</b> September 18, 2013</p> <p>The following issues were identified through the review process:</p> <ul style="list-style-type: none"> <li> <p><b>Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-9.</b> 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 <b>a plan, process and accountability</b> 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 <b>plan</b> should address the criteria as described in 6 CCR 1015-4, Chapter 3, 308</p> <p><b>Reviewer Comments:</b> Plan submitted but it is brief and does not clearly outline the rule requirements. Plan does not include oversight of admitted trauma patients. Documentation of discussion, action and loop closure is inconsistent and not readily available at the review.</p> </li> <li> <p><b>Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-9.</b> 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 <b>a plan, process and accountability</b> 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 <b>process</b> should include the elements as described in 6 CCR 1015-4, Chapter 3, 308</p> <p><b>Reviewer Comments:</b> Process for case review is unclear, 1 death chart was not reviewed or classified as a death, trauma filters not defined, minutes lack detail, no clearly defined QI process.</p> </li> <li> <p><b>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-9.</b> 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 <b>a plan, process and accountability</b> for continuous quality improvement in the delivery of trauma care. It is the responsibility of the trauma medical director in</p> </li> </ul>						

	<p>coordination with the trauma nurse coordinator to oversee the program. <b>Accountability</b> can be demonstrated by meeting criteria as described in 6 CCR 1015-4, Chapter 3, 308</p> <p><b>Reviewer Comments:</b> There is partial accountability as it relates to admitted trauma patients.</p> <ul style="list-style-type: none"> <li>• <b>Not Met: C. FACILITIES/RESOURCES/CAPABILITIES-6.</b> Continuing education for all physicians providing trauma care, with: a. Current ATLS.</li> </ul> <p><b>Reviewer Comments:</b> 1 physician not current</p>						
	<p><b>Discussion:</b> East Morgan has had their first case reviews since the review, they have a dedicated team, NCMC and Travis Polk is a resource for them, the new TNC will be visiting Wray's trauma program and Margaret will also be visiting the new TNC. Eric requested that it us noted in the staff report when there is a new TNC.</p>						
	<p><b>Motion:</b> Designate with a plan of correction and re-review in a year.</p>	Lopez	X	X	Beckman		Yes
Sky Ridge Medical Center	<p><b>Current Review:</b> October 16, 2013</p> <p>The following issues were identified through the review process:</p> <ul style="list-style-type: none"> <li>• <b>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-</b> 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.</li> </ul> <p><b>Reviewer Comments:</b> 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.</p> <ul style="list-style-type: none"> <li>• <b>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-</b> 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 <b>a plan, process and accountability</b> 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 <b>process</b> should include the elements described in 6 CCR 1015-4, Chapter 3, 308</li> </ul> <p><b>Reviewer Comments:</b> No documentation on follow up to nursing performance issues. No documentation of the “hallway” discussions that occur as loop closure.</p>						

	<ul style="list-style-type: none"> <li>• <b>Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION-</b> 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 <b>a plan, process and accountability</b> 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. <b>Accountability</b> can be demonstrated by meeting criteria described in 6 CCR 1015-4, Chapter 3, 308 <b>Reviewer Comments:</b> 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.</li> <li>• <b>Met with Reservations: B. CLINICAL CAPABILITIES - 2.</b> 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 <b>Reviewer Comments:</b> A few cases where the trauma surgeon was late or reluctant to come in to the ED when requested.</li> </ul>						
	<p><b>Discussion:</b> There has been a lot of growth in the area since the last review, hospitalists have been slow to start attending the trauma committee meetings; instead the TMD has been attending their meetings to keep them informed. This will change now with the expectation that a representative from the hospitalist group will now attend the trauma meetings. There is a plan in place to improve the nursing documentation in the ED to be more consistent. Trauma peer review has been revised to account for loop closure in the trauma committee for any peer review issue not closed by the hospital wide peer review system.</p>						
	<p><b>Motion:</b> Designate with plan of correction and re-review in a year.</p>	Schmidt	X		Lopez		Yes