

STATE OF COLORADO

John W. Hickenlooper, Governor
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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 October 23, 2013

CDPHE Staff: Grace Sandeno, Randy Kuykendall

In Person: Linda Underbrink, Nancy Frizell, Dee Crump, Carolle Anne Banville, Pattie Thompson, Mary Shelton, Karen Maciejko, Carl Smith, Steve Hilley, Travis Polk, and Lew Gaiter

Via Telephone: Margaret Mohan, Deb Moynihan, Connie Conour, Kiva Thompson, Sherilyn Skokan, Kim Weiss, Wendy Erickson, Mike Archuleta, Jody Wallace, Jeff Womble, Beth Metcalf, Greg Rohrich, and Amanda Soychak

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		
Arlene Harms	Health Care Facility Admin		X	

Organizational Issues:

- Quorum established
- Minutes from September 5, 2013 meeting; motion to accept as written – Motion by Ed Lopez, 2nd Phyllis Uribe, passed unanimously.

Trauma Program Report:

- St. Francis 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 September 11, 2013. The department issued a level IV designation for three years, based on the recommendation.
- Parker Adventist Hospital received an automatic recommendation as a level III trauma center, by having no deficiencies and no items met with reservations when reviewed on October 15, 2013. The department issued a level III designation for three years, based on the recommendation.

Discussion:

- Quality of application-don't fill in with a lot of fluff.
- Suggestion: Ask work group to convene to see what data should be asked for.

- Suggestion: Education at level III, IV, and V trauma centers on how to fill out the applications.
- Suggestion: Raise awareness of what requirements are
- Suggestion: State should review applicable for quality as soon as turned in and tell applicant what needs to be filled out better

DRC Recommendations - See page 2

Next Meeting: Thursday, November 7, 2013, 4 pm – 5:00 pm, CDPHE, Room: C1A

DRAFT

Facility	Review Results/ Review Team Recommendation	Motion	W/POC	W/RR	Second	Abstain	Unanimous
The Memorial Hospital	<p>Current Review: August 26, 2013</p> <p>The following issues were identified through the review process:</p> <ul style="list-style-type: none"> • 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 Reviewers Comments: New TNC stepping into the role soon. Needs support and mentoring • 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 process should include the elements as described in 6 CCR 1015-4, Chapter 3, 308. Reviewers Comments: Need death audits, may need to revise filters and identify more specific loop closure • 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. • Met with Reservations: C. FACILITIES/RESOURCES/ CAPABILITIES- 7. Facility-defined, trauma-related continuing medical education requirements for nurses. Reviewers Comments: Not meeting your own policy for trauma related continuing education for nurses. 						
	Discussion:						
	Motion: Designate with a plan of correction and re-review in a year.	Eby	X	X	Beckman	Schmidt	Yes
Pikes Peak	Current Review: On September 12, 2013						

Regional Hospital	<p>The following issues were identified through the review process:</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 the site review. <p>Reviewer Comments: Covering surgeon does not meet standard</p>						
	Discussion:						
	Motion: Designate with plan of correction.	Schmidt	X		Uribe		yes
Sedgwick County Health Center	<p>Current Review: On September 17, 2013</p> <p>The following state criteria 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. <p>Reviewer Comments: Admission criteria was noted as a recommendation at the last review. This was not done. Admission criteria will need to be more specifically defined. Rewrite admission policy/criteria to outline what types of patients you admit without being too restrictive.</p>						
	Discussion:						
	Motion: Designate with plan of correction.	Lopez	X		Beckman		yes