

Plan of Correction

Facility Name: Rose Medical Center

Review Date: May 8, 2014

Rule	MWR/ Not Met*	Action Steps	By Whom	By When	State Reporting Date
<p>A. Hospital Administration and Organization</p> <p>4. Trauma Medical Director Responsibilities include</p> <p>c. Administrative authority for the trauma program, including recommendations for trauma privileges, policy and procedure enforcement, and peer review.</p>	<p>Not Met</p>	<p>1. The TNC and TMD will cooperatively revise the job description for the Trauma Medical Director identifying the new addition of his/her administrative authority of the trauma program as well as the importance of enforcing that authority when reviewing trauma patient care and evaluating patient outcomes to better the trauma program at RMC.</p> <p>2. The final revised job description will be submitted to CDPHE</p>	<p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt</p> <p>TNC: Melissa Migliero</p>	<p>06/19/14</p> <p>October 2014</p>	

Signature of Facility Administrator: _____ Date: _____

Signature of Trauma Medical Director: _____ Date: _____

Date Submitted: _____

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A. Hospital Administration and Organization 6. A defined method of activating trauma response personnel consistent with the scope of trauma care provided by the facility.	MWR	1. The trauma activation policy has been reviewed in the ED Physician meeting, the Trauma Multidisciplinary Committee Meeting and the Nursing Staff meeting (all on 5/15/14).	TNC: Melissa Migliero	05/15/14	
		2. The trauma activation policy is placed throughout the Emergency Department for reference (in triage, by the MD computers, in the trauma and critical care room and next to the Bio-Phone.)	TMD: Matthew McDevitt	05/15/14	
		3. Based on the recommendations of the previous meetings a new, easier to follow trauma activation criterion policy has been established.	TNC: Melissa Migliero	05/15/14	
		4. Compliance to the TTA policy will be monitored.	TNC: Melissa Migliero	05/15/14	
		5. The over and under activation percentages will be monitored and reported to the Trauma Multidisciplinary Committee and CDPHE.	TNC: Melissa Migliero	05/15/14	

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A. Hospital Administration and Organization 9. A quality improvement program as identified in Section 308...The process should include the elements as described in 6 CCR 1015-4, Chapter 3, 308	Not Met	<ol style="list-style-type: none"> The TNC will continue to utilize Trauma Base to trend fallout criteria and identify process and quality improvement needs All issues will be addressed by both the TNC and TMD, as well as be discussed in our monthly trauma multidisciplinary committee meeting. The TNC has developed a cover sheet to easily identify charts that have any critiques. The TNC and TMD will make sure that issues are brought to peer review and that notes are taken and obtained for records. A letter to both nursing and medical staff has been created to help with loop closure. Follow up responses from nursing and medical staff will be required and trended. The external review process will be established with Swedish Medical Center or other resource facility to perform reviews on inpatient care provided to trauma patients Monthly committee meeting minutes will be sent quarterly to CDPHE. 	<p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt / Adam Barkin</p> <p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt / Adam Barkin</p> <p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt / Adam Barkin</p> <p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt / Adam Barkin</p>	<p>05/08/14</p> <p>06/15/14</p>	

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<p>A. Hospital Administration and Organization</p> <p>9. A quality improvement program as identified in Section 308... Accountability can be demonstrated by meeting criteria as described in CCR 1015-4, Chapter 3,308.</p>	Not Met	<ol style="list-style-type: none"> 1. The TNC will continue to utilize Trauma Base to trend fallout criteria and identify process and quality improvement needs. 2. Fallouts will be addressed by both the TNC and TMD. 3. A letter identifying the fallout has been drafted for both nursing and medical staff and will remain in their professional file as well as in the PI/QI binder maintained and updated by the TNC. 4. Disciplinary action, if needed, will be determined by senior management staff. 5. Enforcement action to ensure adherence to trauma guideline and policies to be determined by senior management staff. 	<p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt / Adam Barkin</p> <p>TMD: Matthew McDevitt / Adam Barkin</p> <p>CMO: Andrew Ziller</p> <p>CEO: Ken Feiler</p>	<p>05/15/14</p> <p>05/15/14</p> <p>05/15/14</p> <p>05/15/14</p>	

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C. Facilities/Resources /Capabilities 1. Emergency Department with a. Physicians who are credentialed by the facility to provide emergency medical care and maintain current ATLS verification.	Not Met	1. A waiver has been filed with intention to be presented at the July 2014 SEMTAC meeting on behalf of the physician who's ATLS is not current. However, the physician is enlisted in the upcoming ATLS class on July 12 th at Swedish Medical Center. 2. The TNC continues to monitor the ATLS certifications of the ED physicians, keeping them updated when recertification is necessary.	TNC: Melissa Migliero TMD: Matthew McDevitt / Adam Barkin ED Medical Director: Donald Lefkowitz	06/2014	

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<p>C. Facilities/Resources /Capabilities</p> <p>2. If an operating room and/or intensive care unit are utilized for the trauma patient, there must be policies that identify and define the scope of care that include the supervision, staffing and equipment requirements that the facility will utilize.</p>	<p>Not Met</p>	<p>1. The TNC and TMD will be working with the ICU and OR Directors of Nursing and Medicine to help draft policies and procedures for providing care to trauma patients. Topics include but are not limited to:</p> <ul style="list-style-type: none"> o Policies identifying scope of practice, required education for staff caring for trauma patients o Equipment for trauma patients o Nursing care of trauma patients o Addition of trauma nursing CEs o Addition of hospitalist and intensivist trauma CME o Policies for transfer of trauma patient to level I trauma center <p>2. Draft policies to be submitted to CDPHE upon completion.</p>	<p>TNC: Melissa Migliero</p> <p>TMD: Matthew McDevitt</p> <p>CNO: Lynne Wagner</p> <p>ICU RN Director: Monica Wininger</p> <p>ICU Medical Director: Elaine Schwartz</p>	<p>12/2014</p> <p>07/2014</p>	

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<p>Interfacility Consultation and Transfer Adult- Injuries as described in 6 CCR 10105-4, Chapter 2, 202.C.3.a-f. Mandatory timely (but within 6 hours after recognition of conditions) transfer. The primary attending physician at the level IV trauma center shall consult with the attending trauma surgeon at the key resource facility prior to transfer to determine the most appropriate destination for such patients.</p>	<p>Not Met</p>	<ol style="list-style-type: none"> 1. The TNC will continue to identify any fall out criteria pertaining to lack of the mandatory phone call made to a trauma surgeon. 2. Disciplinary action if needed will be determined by senior management staff. 3. Enforcement action to ensure adherence to trauma guidelines and policies to be determined by senior management staff. 4. Fallout statistics to be reported to CDPHE. 	<p>TNC: Melissa Migliero TMD: Matthew McDevitt ED Medical Director: Donald Lefkowits TMD: Matthew McDevitt / Adam Barkin CMO: Andrew Ziller</p>	<p>05/15/14</p>	

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