

Orthopedic Scope of Care

Statewide Trauma Advisory Committee
April 9, 2014

Where are we now?

How did we get here?

- **Legislation in 1995**
- **Rule development 1997-1999**
 - **Chapter One – Trauma Registry**
 - **Chapter Two – Mandatory Transfer/Consult**
 - **Chapter Three – Trauma Designation Rules**

Where are we now?

The trauma system was developed to include Level I-V in addition to Regional Pediatric Trauma Centers.

Where are we now?

- **No major overhaul of Level III-V rules in 10+ years**
 - **Have things changed over 10 years?**

Where are we now?

- **Colorado Rules Regarding Orthopedic Care**
 - **Level I/II**
 - **Level III**
 - **Level IV**

What do we have to measure compliance?

Onsite Triennial Reviews for Trauma Centers Data Sources

- **Colorado Trauma Registry:**
 - Only level I, II and III trauma centers
 - Trauma deaths, transfers in and out, admitted patients, observed >12 hours
- **Hospital discharge data:**
 - Colorado Hospital Association
 - All acute care and critical access member hospitals
 - Patients admitted (not death or transfer from ED)
 - Administrative data (no ISS)



Where are we now?

Data Presentation

Where are we now?

Data Sources

- What do we have access to?
- What is important?
- What is actually useful and helps inform decision making?

Where are we going?

Goal: Sensible regulation

Where are we going?

Options

- Waiver process
- Additional rules
 - Mandatory consult and transfer rules
 - Mandatory requirements for orthopedic care at a Level III/IV
- A la carte
- Watchful maintenance
- Other options?

Where are we going?

- Here's what we want to know...
- Here's what we do know...

- How do we fill the gap?

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	Level I/II	Level III	Level IV
Injuries/conditions			
Pelvic fractures with unrelenting hemorrhage	Level II requires consult with level I	Mandatory consultation is required with a Level I trauma surgeon for consideration of transfer.	Mandatory transfer (within 6 hours after recognition of condition) is required.
Bilateral femur fx or post. pelvic fx complicated by chest and/or abdominal injuries as defined	No consult required	Mandatory consultation (within 12 hours after recognition of condition) is required with a Level I trauma surgeon for consideration of transfer.	Mandatory transfer (within 6 hours after recognition of condition) is required.
Physician credentials/other requirements	Board certified or board qualified orthopedic surgeon working toward certification	Board certified or board qualified orthopedic surgeon working toward certification	No mention of orthopedic surgery
	Promptly available	Response time 30 min	None
	48 hours trauma related CME/3 years or compliance with hospital policy	30 hours trauma related CME/3 years	None
	Plastics, hand, spine specialty avail.		
Anesthesia	Board certified or board qualified or CRNA with attending in OR dept.	Board certified or board qualified or CRNA	No mention of anesthesiology
	Promptly available	Response time 30 min	None
Equipment	Necessary resources including instruments, equipment and personnel for current trauma care	<i>(no specific ortho equipment is listed on the required equip. list)</i>	<i>(no specific ortho equipment is listed on the required equip. list)</i>
Ancillary Services	Team always available	OR required (30 min)	OR optional
	ICU co-directed by surgeon with equipment, trained nursing staff, etc.	ICU required	ICU optional
	Onsite rehab including physical, occupational, speech, social services plus inpatient rehab unit or xfer to rehab hospital	Rehabilitation - need to provide it or have transfer guidelines to access rehab. services	Optional
Trauma Designation Review Team	2 general surgeons, emergency physician, trauma nurse manager	General surgeon, emergency physician, trauma nurse coordinator	Emergency physician(or surgeon) and trauma nurse coordinator
Quality Improvement	Must participate in PI process, multi disciplinary and peer review	Implied participation in PI process	No mention

Orthopedic Trauma Worksheet (Stolen directly from the State of Minnesota)

Indicate which orthopedic conditions may be managed at your hospital.

- **Chest**
 - Flail chest
 - Multiple rib fractures
 - Scapular fracture
 - Clavicular fracture
 - Sterno-clavicular dislocation
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 - **Spine**
 - Cervical spine fracture/dislocation
 - T/L spinal fracture/dislocation w/ neuro impairment
 - Vertebral body fracture
 - Vertebral burst
 - Spinal process fracture
 - Compression fracture
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 - **Pelvis**
 - Open pelvic fracture
 - Stable pelvic ring disruption
 - Unstable pelvic ring disruption
 - Acetabular fracture
 - Pelvic fracture w/ shock
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 - **Extremities**
 - Open long bone fracture
 - Two or more long bone fractures
 - Fracture or dislocation w/ loss of distal pulses
 - Extremity ischemia
 - Fracture w/ abnormal neuro exam
 - Compartmental syndromes
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 - **Shoulder dislocation**
 - **Acromioclavicular fracture/dislocation**
 - **Proximal humerus fracture**
 - **Distal humerus fracture**
 - **Elbow fracture/dislocation**
 - **Forearm fracture**
 - **Distal radius fracture**
 - **Hand/wrist comminuted fracture w/nerve involvement**
 - **Carpal dislocation**
 - **Metacarpal fracture**
 - **Hand amputation**
 - **Finger amputation**
 - **Fingertip amputation involving phalange**
 - **Phalanx fracture**
 -
 - **Hip fracture**
 -
 - **Femur fracture**
 - **Knee dislocation**
 - **Proximal tibia fracture**
 - **Distal tibia fracture**
 - **Pilon fracture**
 - **Ankle fracture**
 - **Talus fracture**
 - **Calcaneus fracture**
 - **Midfoot dislocation**
 - **Subtalar dislocation**
 - **Metatarsal fracture**
 - **Phalanx fracture**
- Our hospital routinely transfers all of these orthopedic conditions.