PTSF Town Hall Web Chat Transcript
April 21, 2016

Note: This transcript is not identical to the one viewed on the webchat. Answers have been elaborated on to give the most accurate information possible.

- ***Education***
  - ***Will there be AIS coding education as a pre-conference session at the PTSF conference?***
    - **Answer:** We hope to have a AAAM course as a pre-conference session at the PTSF fall conference. We will keep you posted.
  - ***Would PTSF be willing to negotiate a discount on DI webinars for PTSF trauma centers?***
    - **Answer:** Yes! We are in the midst of reviewing our contract with DI and will make this a discussion point.
- ***TQIP***
  - ***Will there be TQIP education at the Fall Conference and if so will there be an extra cost?***
    - **Answer:** PTSF has already consulted with the ACS about this question and although it is not finalized it appears that they will probably be able to accommodate TQIP education at the Fall Conference. This education would come at no additional cost to the participants.
  - ***Suggestion: TQIP education should involve case studies and the use of webinars.***
    - **Answer:** Great idea. We will communicate this to the ACS.
- ***PTSF Policies***
  - ***The new PTSF policy on effective dates of accreditation moves the effective date to an earlier one than in the past. (It is now the first day of the 2nd month following board deliberations.) Are there any implications related to EMS?***
    - **Answer:** PTSF consulted with PEHSC prior to determining the ideal window between when the board of directors approved accreditation for a trauma centers and when accreditation would become effective. PEHSC consulted with several EMS regional directors and they recommended at least 2 weeks. The new PTSF policy gives an even longer window of time.
- ***Standards***
  - ***Nursing:***
    - ***Is TCRN being considered by the standards committee for inclusion in the nursing standards and if so for what units?***
      - **Answer:** TCRN is already a certification option and can be found in Standard 13, #7, A. Nursing in the ED, ICU and Intermediate Care/Step-Down unit more than 3 years must have and maintain advance certifications following 2 years of accreditation.
  - ***Physicians:***
    - ***What is meant by Subspecialist Liaison Criteria in Standard 6, PIPS indicators, physician profile. It is a required core measure.***
      - **Answer:** This refers to the subspecialist requirements such as meeting attendance and CME. These requirements can be found in Standard 10:

Physicians, #4. The response of a subspecialist to a consult is a different core measure that is listed under "Timeliness of Care".

Performance Improvement

- ***What are the key elements of Taxonomy that are expected for all Deaths? Degree of Harm/Impact seems most appropriate, as well as Factors. What about Phase of Care and Type?***
    - **Answer:** This is currently being reviewed by the newly formed PIPS Committee work group called POPIMS Central Site Standardization. There will be very basic preliminary steps, waiting further definitions and clarifications from the ACS PIPS Taxonomy Committee for input. The minimum will be:
        - Degree of Harm/Impact/factors/Phase of Care and type as applicable. Many trauma program staff have found that the impact and factors sections most likely aren't applicable. This is true especially with a mortality without OFI. Impact and factors assume something was done negatively so many are placing "N/A" in those areas. , Impact and factors when used with identified OFI's has made more sense.
    - The committee acknowledges that this is a transitional time with a learning curve but the Committee preferred to move forward and start somewhere with taxonomy.
    - Further clarifications will be posted to the PTSF website as the committee approves them. All recommendations and findings are welcome.
- ***Is there a benchmark and/or an expectation for 'dwell' time in the ED for 1) Highest or Second highest activation 2) Consult patients***
    - **Answer:** As some of you veteran trauma program staff may remember, in the early days of PTSF trauma centers were cited in their survey accreditation reports for prolonged ED patient length of stay. The number used at that time was greater than 2 hrs. A work group was developed and a small study revealed there was no direct correlation between ED length of stay and patient outcome. Based on these findings, we educated our surveyors and board that even if length of stay was prolonged in some instances, patient outcomes needed to be considered. With that said, timeliness is still an important process measure for trauma programs to review particularly for the most seriously ill patients requiring transfer to an ICU or OR. During the survey process, surveyors evaluate the medical record and assess for timeliness of diagnostic studies and treatment including time to OR and ICU and whether delays in availability of staff or beds hinder patient flow particularly for the most acute patients. Other ways the survey team evaluate patient flow and timeliness of care includes review of policies within the application for survey including "trauma patient priority" for areas such as laboratory and imaging. The annual board review of the hospital's ED/Trauma Diversion report also can be reflective of patient flow issues and the capacity of an institution. As far as establishing a

time metric we do not have a metric currently (nor does the ACS) but we can make that an agenda item for the Outcomes and PIPS Committees in the future.