

## Key Milestones for Level IV Trauma Center Development February 2011

Task	Year 1 Pre-Survey	Year 2 Pre-Survey(Consultative)	Year 3 Survey Year	Year 4 Post-Survey
<b>Communications</b>  <b>(PTSF Policy AC-130)</b>	<ol style="list-style-type: none"> <li>1. Approve pursuit through board of directors, medical staff and sr. management.</li> <li>2. Submit Letter of Intent to PTSF regarding intent to pursue trauma center accreditation.</li> <li>3. Inform employees of decision to pursue trauma center accreditation</li> <li>4. Enlist support of Level I/II trauma center to assist in development activities</li> <li>5. Network with Level III/IV TPM/TPMDs.</li> <li>6. Educate EMS Region regarding intent to pursue accreditation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Involve EMS in any internal trauma education.</li> <li>2. Submit letter of intent and ½ site survey fee the year prior to the scheduled survey.</li> <li>3. Continue year 1 activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue year 2 activities</li> </ol>	
<b>Staffing</b> <ul style="list-style-type: none"> <li>• <b>TPMD</b></li> <li>• <b>TPM</b></li> <li>• <b>Registry</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Develop job descriptions including educational requirements of positions as noted in PTSF standards.</li> <li>2. Hire staff into these positions.</li> <li>3. Target trauma program manager educational opportunities that focus on trauma program infrastructure</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue staffing TPMD, TPM and Registry positions</li> <li>2. TPMD, TPM: Identify community injury prevention initiatives for involvement</li> <li>3. Target trauma registry educational opportunities that focus on data quality and using data for PI.</li> </ol>	<ol style="list-style-type: none"> <li>1. See Standards V, VIII, and XV for ongoing requirements</li> </ol>	
<b>Physician Education (Standard VI)</b>	<ol style="list-style-type: none"> <li>1. ATLS education for TPMD, Emergency Medicine physicians and general surgeons (if</li> </ol>	<ol style="list-style-type: none"> <li>1. Same as year 1 if not completed.</li> <li>2. (ED Physicians: 8</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide education to all staff to prepare for trauma survey.</li> </ol>	See Standard VI for ongoing requirements.

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<b>Physician Education (Standard VI)</b>	<ul style="list-style-type: none"> <li>applicable) who take trauma call.</li> <li>2. ATLS education for advanced practitioners (if applicable)</li> <li>3. Schedule RTTDC class with neighboring Level I or II trauma center.</li> <li>4. PALS for non-boarded EM physicians.</li> </ul>	<ul style="list-style-type: none"> <li>hours/year trauma-related CME or participation in internal educational program.</li> <li>3. General Surgeons, Orthopedic Surgeons involved in trauma care – 8 hours/year trauma-related CME or participation in internal educational program)</li> </ul>		
<b>Nursing Education (Standard X)</b>	<ul style="list-style-type: none"> <li>1. Plan method of delivery of trauma nurse course/ nursing in-services.</li> <li>2. Involve hospital education department</li> <li>3. Schedule RTTDC class with neighboring Level I or II trauma center.</li> </ul>	<ul style="list-style-type: none"> <li>1. Same as year 1.</li> <li>2. TPM should attend statewide trauma meetings.</li> <li>3. Develop trauma educational plan for nurses involved in trauma care (ED, OR, PACU, ICU, Stepdown, Med/Surg as applicable).</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education to all staff to prepare for trauma survey.</li> <li>2. Nursing staff in units caring for trauma must have 4 hours trauma education/yr.</li> </ul>	See Standard X for ongoing requirements.
<b>Advanced Practitioner Education (Standard VII)</b>	<ul style="list-style-type: none"> <li>1. Develop trauma program orientation program for advanced practitioners involved in trauma care.</li> <li>2. Revise job descriptions to include educational requirements as noted in PTSF standards of Accreditation (Standard VII)</li> <li>3. Completion of ATLS prior to survey year and every 4 years thereafter.</li> </ul>	<ul style="list-style-type: none"> <li>1. Same as year 1.</li> <li>2. 6 hours trauma-related CE per year or participation in internal educational program</li> </ul>	<ul style="list-style-type: none"> <li>1. Provide education to all staff to prepare for trauma survey.</li> </ul>	See Standard VII for ongoing requirements.
<b>Policy Development</b>	<ul style="list-style-type: none"> <li>1. Develop internal policy for trauma activation criteria, trauma</li> </ul>	<ul style="list-style-type: none"> <li>1. Same as year 1</li> <li>2. Refine internal policies as</li> </ul>	<ul style="list-style-type: none"> <li>1. Institute on-call schedule for</li> </ul>	

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	<p>activation, and trauma response for each level. Revise medical staff bylaws to include trauma response requirements.</p> <ol style="list-style-type: none"> <li>2. Develop priority admission policy for adult and pediatric trauma patients insuring prompt access to all services. (ie radiology, lab, blood bank.) (Standards I and XXVII)</li> <li>3. Develop transfer agreements and protocols with higher level trauma centers. (Standard I)</li> <li>4. Develop agreements with EMS agencies to assure continuous availability of interfacility transport of trauma patients. (Standard II)</li> <li>5. Develop policy that outlines transfer out criteria for adult and pediatric trauma patients.(Standard II)</li> <li>6. Develop organizational chart depicting relationship between trauma and other hospital services. (Standard V)</li> <li>7. Develop trauma admitting/consulting staff privileges for medical staff. (Standard VI.)</li> <li>8. If not already done, create a nursing policy for mobilization of nursing resources. (Standard IX)</li> <li>9. Develop/revise clinical</li> </ol>	<p>necessary utilizing trauma registry data when applicable.</p> <ol style="list-style-type: none"> <li>3. Identify community and regional injury prevention activities and target for present/future involvement/integration with the trauma program</li> <li>4. Develop additional policies/patient management guidelines (i.e. massive transfusion guideline, c-spine clearance policy, diversion policy) and patient management guidelines specific to patient population (pediatric, elderly)</li> </ol>	<p>physicians involved in trauma care starting January 1. (i.e. – EM, Radiology, Orthopedics...)</p> <p>assuring 24 hr availability.</p>	

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	management guidelines related to resuscitative care of trauma patient. 10. Develop ED trauma flowsheet. Assure that all pertinent trauma registry data elements are documented in record.			
<b>Registry Abstraction</b>	<ol style="list-style-type: none"> <li>1. Purchase Collector Software from DI by 7/1 of this year or year 2.</li> <li>2. Schedule on-site visit with PTSF staff for Collector Education</li> <li>3. Visit higher level trauma center for education.</li> </ol>	<ol style="list-style-type: none"> <li>1. Submit PTOS data to PTSF starting August 1 within 42 days of patient discharge.</li> <li>2. Run PTOS reports to assist trauma PI program.</li> <li>3. Schedule ½ day PTSF on-site Trauma Registry session.</li> </ol>	<ol style="list-style-type: none"> <li>1. Schedule full day PTSF on-site Trauma Registry session.</li> </ol>	
<b>Performance Improvement</b>	<ol style="list-style-type: none"> <li>1. Develop chart review tools</li> <li>2. Name specialty liaisons for trauma PI.</li> <li>3. Revise institutional PI policy to include trauma.</li> <li>4. Develop policy on trauma performance improvement</li> <li>5. Enlist support of higher level trauma center to support efforts including external review.</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiate trauma performance improvement activities of all trauma patients and integrate into hospital wide PI meetings.</li> <li>2. Enlist support of higher level trauma center to support efforts including external review.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assure that PI minutes and individual trauma patient medical record reviews are being recorded January 1 forward prior to site survey.</li> </ol>	See Standard XXXIII for ongoing requirements.
<b>PTSF Education</b>	<ol style="list-style-type: none"> <li>1. On-site Accreditation Visit</li> <li>2. On-site Registry Visit</li> <li>3. Participate in PTSF state education and meetings. (TPM, TPMD, Registrar)</li> </ol>	<ol style="list-style-type: none"> <li>1. On-site Registry Visit.</li> <li>2. PTSF webinar education re: site survey preparations.</li> <li>3. Participation in state-wide meetings.</li> </ol>		
<b>MISCELL-ANEOUS</b>	<ol style="list-style-type: none"> <li>1. Optional activity: Schedule PTSF consultative visit for year two.</li> <li>2. Conduct Financial Analysis to</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct optional consultative visit from PTSF and/or enlist support</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete application for survey.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete application for survey.</li> </ol>

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	measure potential financial impact of accreditation	of higher level trauma center to perform mock survey. 2. Complete application for survey. 3. Investigate trauma activation charges	2. Ready billing system for Trauma Activation Fees following successful trauma survey.	