What’s in it for Me?

One Trauma Network’s Journey to Successful Mentorship

October 20, 2020

Stephanie Noll, MSN, RN, CNL – Trauma Program Coordinator, St. Luke’s Lehighton Campus
Peter Thomas, DO - Trauma Program Medical Director, St. Luke’s University Hospital
Rebecca Wilde-Onia, MSN, RN, CCRN – Trauma Program Manager
Disclosures

- Nothing to disclose
Objectives

- Discuss a successful mentor/mentee relationship between a higher level and a lower level center
- Outline the PI Development Process
- Review the PI Integration Process
- Describe the process of the clinical management guideline development
- Review the mutually agreed upon goals of the mentor/mentee relationship
Mentoring

- Motivation
- Advice
- Training
- Success
- Direction
- Support
- Coaching

MENTORING

- Goal
STANDARD 1
Commitment

7. Any care that is provided to trauma patients which exceeds the Level IV standards is required to comply with the Standards of Accreditation applicable to the service and is eligible for review during site survey.
   A. Appendix A: Interfacility Transfer and Consultation Requirements for Level III and IV Trauma Centers
   B. Appendix C: Admission Guidelines for Level IV Trauma Centers

8. It is the responsibility of the TPMD in collaboration with the TPM and in association with the designated subspecialty liaisons to direct the trauma PIPS program and to integrate it into the institutions overall PIPS program.
   A. See PIPS Standard for additional details.

9. The Department of Nursing or designated representative of Nursing Leadership for the institution will maintain a formal relationship with the trauma program.

10. The Trauma Program must be actively involved in regional outreach, education and injury prevention.

11. The Trauma Center must show evidence of on-going mentoring, collaboration and education with a Level I or II Trauma Center(s).
SLUHN Overview

- 12 Hospitals
- 320+ Outpatient Facilities
- 225+ Physician Offices
- 18 Urgent Care Centers
- 50 Physical Therapy Sites
SLUHN Trauma Program Overview

- Adult Level I Trauma Center - **MENTOR**
  - St. Luke’s University Campus
SLUHN Trauma Program Overview

- **Adult Level I Trauma Center - MENTOR**
  - St. Luke’s University Campus

- **Accredited Level IV Trauma Centers**
  - St. Luke’s Miners Campus - 2013
  - St. Luke’s Upper Bucks Campus - 2016
  - St. Luke’s Monroe Campus - 2019
SLUHN Trauma Program Overview

- Adult Level I Trauma Center
  - St. Luke’s University Campus

- Accredited Level IV Trauma Centers
  - St. Luke’s Miners Campus - 2013
  - St. Luke’s Upper Bucks Campus - 2016
  - St. Luke’s Monroe Campus - 2019

- Pursuing Trauma Centers
  - St. Luke’s Lehighton Campus (Level IV)
  - Geisinger St. Luke’s Campus (Level IV)
  - St. Luke’s Anderson Campus (Level II)
Reverse Mentoring
Trauma Program Coordinator
Stephanie Noll

Executive Administrator, Trauma
Wendy Lazo

SLUH Trauma Program Director
Rebecca Wilde-Onia

VP, Patient Care Services
David Gibson

Chief Operations Officer
Joseph Pinto

Network Dir. Trauma Dev.
Peter Thomas, DO

Trauma Registry Supervisor
Holly Weber

Trauma Program Coordinator
Stephanie Noll

Trauma Program Medical Director
Adam Colombo, DO

VP, Patient Care Services
David Gibson

Chief Operations Officer
Joseph Pinto

Network Dir. Trauma Dev.
Peter Thomas, DO

Trauma Program Coordinator
Stephanie Noll

Trauma Program Medical Director
Adam Colombo, DO
Mentoring Agreement

Level I Trauma Center Mentoring Agreement

This Level I Trauma Center Mentoring Agreement (“Agreement”) is made by and between Saint Luke’s Hospital of Bethlehem, Pennsylvania d/b/a St. Luke’s University Hospital (“SLH”) and St. Luke’s Hospital – Lehighton Campus (“SLL”) as of May 3, 2020.

Whereas, SLH is an Adult Level I Trauma Center accredited by the Pennsylvania Trauma Systems Foundation (“PTSF”).

Whereas, SLL is an Adult Level IV Trauma Center accredited by PTSF.

Whereas, the PTSF Standards of Accreditation for an Adult Level IV Trauma Center require that there be ongoing mentoring, collaboration and education with a Level I or II Trauma Center (“Mentoring Standard of Accreditation”).

Whereas, SLL desires that SLH provide assistance necessary to achieve the Mentoring Standard of Accreditation and SLL desires to provide such assistance, subject to the terms of this Agreement.

Now, therefore, the parties, intending to be legally bound, agree to the terms set forth below.

Mentoring

During the Term (as defined below), SLH shall provide the following mentoring to SLL, and SLL shall participate, consistent with the Mentoring Standard of Accreditation:

- Regular meetings with leaders and managers of the SLH trauma department
- Regular conference calls including participation of administration and trauma program leadership of each entity
- Regular meetings with SLH trauma program manager and trauma program coordinator
- Participate in collaborative trauma performance activities with affiliates of SLH and SLL, including without limitation, quarterly performance improvement meetings and EMS outreach to local township officials for education and case reviews
- Conduct routine and referred external trauma case reviews, based on registry criteria
- Provide registry support, education, and inter-entity reliability reports and progress

Collaboration

During the Term, SLH and SLL shall collaborate on the following efforts consistent with the Mentoring Standard of Accreditation:

- EMS operations
- Provide educational opportunities to local EMS providers
- Provide injury prevention programming including without limitation presenting educational needs programming based on the injured population of each entity

Education

During the Term, SLH shall provide the following education opportunities, to SLL, and other entities and individuals, on the following topics: Acute Care, and SLMO shall participate, consistent with the Mentoring Standard of Accreditation:

- Rural Trauma Team Development Course (RTTDC)
- Trauma Nurse Course (TNC)
- Advanced Trauma Life Support (ATLS)
- Trauma Nursing Core Course (TNCC)
- Advanced Trauma Certified Nurse Course (ATCN)
- Emergency Nursing Pediatric Course (ENPC)
- My E-Learning Annual Trauma Nursing Education
- Advanced Trauma Life Support (ATLS)
- Annual Contemporary Issues in Trauma Conference

Insurance Coverage

Each of SLH and SLL shall maintain at its expense during the Term policies of medical/professional liability insurance and commercial general liability insurance, relating to the obligations hereunder, in such forms and amounts as are required by law.

Independent Contractors

SLH shall be an independent contractor of SLL. As an “independent contractor,” SLH and its employees shall not be agents or employees of SLL in connection with the obligations hereunder and no employee of SLH shall be entitled to any salary, benefits or other compensation from SLL in connection with the obligations hereunder.

Notwithstanding the foregoing, from time to time employees of SLH may provide services to SLL in connection with its trauma program, and SLH shall be reimbursed by SLL, for the fair market value of such services provided, as mutually agreed upon by the parties.

Term and Termination

This letter agreement shall be effective as of May 3, 2020 and shall continue until terminated as set forth herein by either party (the “Term”). Either party may terminate this Agreement: (1) for cause in the event of a breach of any material term, condition, warranty or representation of this Agreement that remains uncured within fifteen (15) days after written notice of such breach to the non-breaching party by the breaching party, (2) for cause in the event any term or condition of this Agreement is violated pursuant to any provision of applicable statutes, rules or regulations or would otherwise cause a party to be in violation of the law and the parties are unable to amend the terms of this Agreement in a mutually agreeable manner, or (3) without cause by providing the other party thirty (30) days prior written notice.

No Referrals

SLH and SLL understand and agree that nothing contained in this letter agreement shall in any way require or suggest that either party shall be required to refer patients to each other or any affiliate of any other party at any time whatsoever. SLH and SLL shall each be free to refer patients to any hospital, health care facility, or provider, and nothing contained herein is intended to require and nothing herein shall be construed to require any party to make or influence referrals to, or otherwise generate business for any other party or any affiliate of any other party.

HIPAA

The parties agree to comply with all applicable federal and state laws governing the confidentiality of patient
Mentoring Agreement

This Level I Trauma Center Mentoring Agreement ("Agreement") between St. Luke's University Hospital, d/b/a St. Luke's University Hospital -- Lehigh Campus ("SLUH") as of May 7, 2020.

Mentee:

Name: Carol Kuplen
Title: President, SLUH

Mentor:

By: Thomas P. Lichtenwalner
Title: Senior Vice President, Finance

This Agreement is the entire agreement and understanding among the parties and supersedes any prior agreement or understanding, written or oral, relating to the subject matter of this Agreement.

Miscellaneous

By: [Signature]
Name: [Name]
Title: [Title]

By: [Signature]
Name: [Name]
Title: [Title]

SLUH and other entities and with the Mentoring Standard

Collaboration

During the Term, SLUH and
St. Luke’s University Health Network

By: [Signature]
Name: [Name]
Title: [Title]

By: [Signature]
Name: [Name]
Title: [Title]

SLUH understand and agree that nothing contained in this letter agreement shall in any way require or suggest that either party shall be required to refer patients to each other or any affiliate of any other party at any time whatsoever. SLUH and SLUH shall each be free to refer patients to any hospital, health care facility, or provider, and nothing contained herein is intended to require and nothing herein shall be construed to require any party to make or influence referrals to, or otherwise generate business for any other party or any affiliate of any other party.

HIPAA

The parties agree to comply with all applicable federal and state laws governing the confidentiality of patient
Regularly Scheduled Meetings

- **SLB Manager & Coordinator Meetings**
  - Monthly or bi-weekly
  - Formal in-person scheduled meetings
  - TEAMS calls
    - Accessible on a daily basis
Regularly Scheduled Meetings

- **SLB Manager & Coordinator Meetings**
  - Monthly or bi-weekly
  - Formal in-person scheduled meetings
  - TEAMS calls
    - Accessible on a daily basis

- **Network Trauma Meetings**
  - TPCs & TPMD
Regularly Scheduled Meetings

- **SLB Manager & Coordinator Meetings**
  - Monthly or bi-weekly
  - Formal in-person scheduled meetings
  - TEAMS calls
    - Accessible on a daily basis

- **Network Trauma Meetings**
  - TPCs & TPMD

- **Level IV Coordinator Meetings**
  - Monthly
  - Agenda
Network Level IV Trauma Meeting Agenda Items
October 16, 2020 0830-1630

- **0900-1100** Impact Teen Driver Training
- **Policy and CMG Review**
  - STAT scan
    - 20 vs. 30 minutes
    - EMS vs. everyone
  - Activation Criteria
    - Rib fracture admission guidelines/ CMG
- **ATLS Compliance**
  - Tracking grid
    - Trauma H&P
    - Chest and/or pelvis XR/ eFAST/ Documentation
      - How strict do we need to be with pelvis XR?
    - What can be considered compliant?
    - How are we following up?
      - Add to Resuscitation CMG
- **Trauma Bay Equipment Checklist**
  - All equipment the same
    - Mandatory list from standards
    - Follow up with Mike Malone for ordering, etc.
  - Checklist completed at regular intervals- minimum every 24 hours?
- **Arriving trauma patients anonymously discussion**
- **TNC**
  - Updates
  - Upcoming classes
  - 2021 schedule
    - Coordinate with Nicole Lohrman
    - Network based with 1-2 classes at each smaller campus/year
- **Network Trauma EMS ConED**
- **Stop the Bleed- staff training**
  - Updates from Andrea/Becky about bags for each campus
- **Out of Network Transfers out Update**
  - Any issues with timeliness to transfer out r/t transport issues?
  - SLETS vs. External
- **Site Survey Prep-Miners/Lehighton/ eventually GSL**
  - AFS/Binders
  - Calendar invites- site survey and mock survey
  - Conference rooms booked, any additional rooms needed?
- **Birthday Treats**
Education

- Physician & Advanced Practitioner
  - ATLS
  - Simulation
Education

- Physician & Advanced Practitioner
  - ATLS
  - Simulation

- Nurses
  - PaTNC
  - TNCC
  - ATCN
  - Ongoing education
    - Rib Fracture Guideline, SBIRT, FIM
Education

- Physician & Advanced Practitioner
  - ATLS
  - Simulation

- Nurses
  - PaTNC
  - TNCC
  - ATCN
  - Ongoing education
    - Rib Fracture Guideline, SBIRT, FIM

- Ancillary Staff
  - Skills Day
    - C-Collars, T-Pods, CMG & Policy Education
Education

- Physician & Advanced Practitioner Education
  - ATLS
  - Simulation

- Nurses
  - PaTNC
  - TNCC
  - ATCN
  - Ongoing education
    - Rib Fracture Guideline, SBIRT, FIM

- Ancillary Staff
  - Skills Day
    - C-Collars, T-Pods, CMG & Policy Education

- Annual Education
  - MEL Modules
Performance Improvement Program
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- PI Plan
PI Plan Development

St. Luke's Lehighton Campus – Level IV Trauma Center
PIPS Process Flowchart

1° Review
- TPC Case Review
- TPMD/TPC Staff Feedback
- Trauma Registry Reports
- Audit Filter Reviews
- CMG Compliance Reviews

2° Review
- External Review (routine)
- Secondary Review Committee (SRC)
- Direct Provider Communication

3° Review
- Trauma Program Committee/Trauma Multidisciplinary PI Committee (TOMPIC)
- Hospital
- Hospital PI

4° Review
- Intra-Network Trauma PI (Network)
- MSQI (Hospital)
- External Review (referred)

Loop Closure/ No Closure Indicated
PI Plan Development

St. Luke’s Lehighton Campus – Level IV Trauma Center
PIPS Process Flowchart

1° Review
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- TPMD/TPC Staff Feedback
- Trauma Registry Reports
- Audit Filter Reviews
- CMG Compliance Reviews

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- Trauma Program
  - Trauma Program Committee/Trauma Multidisciplinary PI Committee (TOMPIC)
- Hospital
  - Hospital PI

4° Review
- Intra-Network Trauma PI (Network)
- MSQI (Hospital)
- External Review (referred)

Loop Closure/ No Closure Indicated
PI Plan Development

St. Luke’s Lehighton Campus – Level IV Trauma Center
PIPS Process Flowchart

1° Review
TPC Case Review
TPMD/TPC Staff Feedback
Trauma Registry Reports
Audit Filter Reviews
CMG Compliance Reviews

2° Review
External Review (routine)
Secondary Review Committee (SRC)
Direct Provider Communication

3° Review
Trauma Program
Trauma Program Committee/Trauma Multidisciplinary PI Committee (TOMPIC)

4° Review
Intra-Network Trauma PI (Network)
MSQI (Hospital)
External Review (referred)

Loop Closure/ No Closure Indicated

St. Luke’s University Health Network
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- PI Plan

- Trauma Policy
  - Standards
  - Hospital / Network Policies
Policy Development

- Meets PTSF Standards
Policy Development

- Meets PTSF Standards
- Needed
Policy Development

- Meets PTSF Standards
- Needed
- Useful
Policy Development

- Meets PTSF Standards
- Needed
- Useful
- Meaningful
Policy Development

- Meets PTSF Standards
- Needed
- Useful
- Meaningful
- Financially responsible
Policy Development

- Meets PTSF Standards
- Needed
- Useful
- Meaningful
- Financially responsible

Achievable outcomes for both mentor and mentee
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- PI Plan

- Trauma Policy
  - Standards
  - Hospital / Network Policies

- Clinical Management Guidelines
  - Standards
  - Best Practice
Clinical Management Guideline Development

- CMG and Policy standards are the same for Level I/II and Level IVs
Clinical Management Guideline Development

- CMG and Policy standards are the same for Level I/II and Level IVs
- Is your Mentor from the same system?
Clinical Management Guideline Development

- CMG and Policy standards are the same for Level I/II and Level IVs
- Is your Mentor from the same system?
- What are you starting with?
  - Are the Mentor's CMG/Policies up to date?
  - When were they last updated?
  - What are the resources at the Level IV compared to the Level I
Anti-Coagulation reversal
– Timeliness of PCC
Clinical Management Guideline Development

- Anti-Coagulation reversal
  - Timeliness of PCC

- Massive Transfusion
  - # pRBC
  - # FFP, amount of Thawed FFP
  - # Platelets and Cryoprecipitate
  - PCC
  - TXA
Clinical Management Guideline Development

- Anti-Coagulation reversal
  - Timeliness of PCC

- Massive Transfusion
  - # pRBC
  - # FFP, amount of Thawed FFP
  - # Platelets and Cryoprecipitate
  - PCC
  - TXA

- Timeliness of Response
  - Neurosurgery, Interventional Radiology, Surgery, Orthopedics
Clinical Management Guideline Development

- **Anti-Coagulation reversal**
  - Timeliness of PCC

- **Massive Transfusion**
  - # pRBC
  - # FFP, amount of Thawed FFP
  - # Platelets and Cryoprecipitate
  - PCC
  - TXA

- **Timeliness of Response**
  - Neurosurgery, Interventional Radiology, Surgery, Orthopedics

- **Traumatic Brain Injury**
  - Neurosurgery
Admission Protocol

- Age > 14
- Oxygen Saturation > 93% on Room Air
- Minimal hemothorax
- Pneumothorax (isolated injury and asymptomatic)
- Development of a Rib Fracture CMG
3 or more rib fractures
Bilateral rib fractures
Rib Fracture Clinical Management Guideline

- 3 or more rib fractures
- Bilateral rib fractures
- Age 55 or older with any number of rib fractures
Rib Fracture Clinical Management Guideline

- 3 or more rib fractures
- Bilateral rib fractures
- Age 55 or older with any number of rib fractures
- Any patient with at least 1 rib fracture and any of the following:
  - Minimal hemothorax and/or an occult pneumothorax
  - Sternal fracture or manubrial fracture
  - Scapular fracture
Rib Fracture Order Set
  – Respiratory Consultation
    • Vital Capacity within 2 hours of admission
Rib Fracture Clinical Management Guideline

- Rib Fracture Order Set
  - Respiratory Consultation
    - Vital Capacity within 2 hours of admission
  - Nursing Interventions
    - Incentive Spirometry and pulmonary hygiene
    - Early mobilization in all patients unless contraindicated
    - Out of bed within 12 hours of admission
    - Out of bed for all meals
Rib Fracture Clinical Management Guideline

- Rib Fracture Order Set
  - Respiratory Consultation
    - Vital Capacity within 2 hours of admission
  - Nursing Interventions
    - Incentive Spirometry and pulmonary hygiene
    - Early mobilization in all patients unless contraindicated
    - Out of bed within 12 hours of admission
    - Out of bed for all meals
  - PT/OT within 24 hours of admission
Rib Fracture Clinical Management Guideline

- Rib Fracture Order Set
  - Respiratory Consultation
    - Vital Capacity within 2 hours of admission
  - Nursing Interventions
    - Incentive Spirometry and pulmonary hygiene
    - Early mobilization in all patients unless contraindicated
    - Patients out of bed within 12 hours of admission
    - Out of bed for all meals
  - PT/OT within 24 hours of admission
- Continuous pulse ox
Rib Fracture Clinical Management Guideline

- Rib Fracture Order Set
  - Anesthesia/Pain Service Consultation
    - Consideration of epidural catheter
Rib Fracture Order Set
  – Anesthesia/Pain Service Consultation
    • Consideration of epidural catheter
  – Multimodal Pain regimen
    • Narcotics
    • Anti-inflammatories
    • Muscle relaxants
    • Tylenol
    • Lidocaine Patch
Rib Fracture Clinical Management Guideline

- Rib Fracture Order Set
  - Anesthesia/Pain Service Consultation
    - Consideration of epidural catheter
  - Multimodal Pain regimen
    - Narcotics
    - Anti-inflammatories
    - Muscle relaxants
    - Tylenol
    - Lidocaine Patch
  - Chemical and DVT prophylaxis
    - SQH if considering epidural, otherwise Lovenox
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- PI Plan

- Trauma Policy
  - Standards
  - Hospital / Network Policies

- Clinical Management Guidelines
  - Standards
  - Best Practice

- Chart Reviews
Chart Reviews

- Standardized Registry Abstraction
  - Monthly Network Registry Workgroups
    - Registrars
    - Trauma Program Coordinators
Chart Reviews

- **Standardized Registry Abstraction**
  - Monthly Network Registry Workgroups
    - Registrars
    - Trauma Program Coordinators

- **PTOS Manual**
Chart Reviews

- Standardized Registry Abstraction
- PTOS Manual
- Electronic Health Record Navigation
Chart Reviews

- Standardized Registry Abstraction
- PTOS Manual
- Electronic Health Record Navigation

**Monthly Reviews**

- **2 Charts for PI**
  - Site Survey Ready
  - Reviewed by TPM
- **2 Charts for Routine External Review**
  - Reviewed by Level I Physician
Performance Improvement Program

- Guidelines
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- PI Plan

- Trauma Policy
  - Standards
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  - Standards
  - Best Practice

- Chart Reviews

- Data
  - Collector Report Writer
  - V5 Report Writer
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
Data Review / Report Writing – Monthly

- **Trauma Volumes**
  - Activations
    - Alerts & Evals

- **Admissions vs Transfers**
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
- Vital Signs & Neuro Check Compliance
Data Review / Report Writing – Monthly

Vital Sign Compliance

May: 17%
Jun: 25%
Jul: 41%
Aug: 41%
Sep: 52%

90% Goal
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
- Vital Signs & Neuro Check Compliance
- CMG Reviews
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
- Vital Signs & Neuro Check Compliance
- CMG Reviews
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals

- Admissions vs Transfers

- > 3 Hour Transfer Analysis

- Vital Signs & Neuro Check Compliance

- CMG Reviews

- Triage Rates
  - Drill downs on the under-triage – using V5 report
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
- Vital Signs & Neuro Check Compliance
- CMG Reviews
- Triage Rates
  - Drill downs on the under-triage – using V5 report
- PI Completeness
  - Issues report
Data Review / Report Writing – Monthly

- Trauma Volumes
  - Activations
    - Alerts & Evals
- Admissions vs Transfers
- > 3 Hour Transfer Analysis
- Vital Signs & Neuro Check Compliance
- CMG Reviews
- Triage Rates
  - Drill downs on the under-triage – using V5 report
- PI Completeness
  - Issues report
Data Review / Report Writing – Monthly

- **Trauma Volumes**
  - Activations
    - Alerts & Evals

- **Admissions vs Transfers**

- **> 3 Hour Transfer Analysis**

- **Vital Signs & Neuro Check Compliance**

- **CMG Reviews**

- **Triage Rates**
  - Drill downs on the under-triage – using V5 report

- **PI Completeness**
  - Issues report
Performance Improvement Program

- **Guidelines**
  - PTSF Standards of Accreditation
  - Trauma Operations Performance Improvement Course (TOPIC)

- **PI Plan**

- **Trauma Policy**
  - Standards
  - Hospital / Network Policies

- **Clinical Management Guidelines**
  - Standards
  - Best Practice

- **Chart Reviews**

- **Data**
  - Collector Report Writer
  - V5 Report Writer
STRATEGIES FOR APPROPRIATE TRAUMA TRANSFERS
Can We Keep It --- Should We?

- Admission vs Transfer Decision
  - PTSF Mandatory Transfer Out Criteria
  - Hospital Specific Admission Policy
  - Resources
Can We Keep It --- Should We?

- Admission vs Transfer Decision
  - PTSF Mandatory Transfer Out Criteria
  - Hospital Specific Admission Policy
  - Resources

- Transfer agreement
  - Receiving physician communication
  - Priority transfer process
Can We Keep It --- Should We?

- Admission vs Transfer Decision
  - PTSF Mandatory Transfer Out Criteria
  - Hospital Specific Admission Policy
  - Resources

- Transfer agreement
  - Receiving physician communication
  - Priority transfer process

- Transfer follow-up in real time
  - Direct Feedback to TPC from Accepting Hospital
Why did we do all of these things?  
What's the purpose?  
What's in it for me?
ARE YOU PREPARED?
PTSF Site Survey Visit
Site Survey Preparations

- To Do Lists
Site Survey Preparations

- To Do Lists
- Policy Review
Site Survey Preparations

- To Do Lists
- Policy Review
- Clinical Management Guideline Review
Site Survey Preparations

- To Do Lists
- Policy Review
- Clinical Management Guideline Review
- Chart Reviews = PI Files
Site Survey Preparations

- To Do Lists
- Policy Review
- Clinical Management Guideline Review
- Chart Reviews = PI Files
- Data Analysis
Site Survey Preparations

- To Do Lists
- Policy Review
- Clinical Management Guideline Review
- Chart Reviews = PI Files
- Data Analysis
- Mock Survey
Site Survey Preparations

- To Do Lists
- Policy Review
- Clinical Management Guideline Review
- Chart Reviews = PI Files
- Data Analysis
- Mock Survey

THE BIG DAY – PTSF SITE VISIT
YOU DID IT!