

Recommendations for Trauma System Improvement

Comments and Edits from the Statewide Trauma Advisory Committee to the SEMTAC

October 3, 2012

The Rapid Planning Event Team, made up of members of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC), made recommendations to improve the trauma system across Colorado. Some of the recommendations target the designation process for trauma centers; one targets quality improvement and data; and the others are aimed at better support of rural facilities and agencies. These recommendations are being made in an effort to maintain statewide collaboration that provides the best patient care possible for the entire state.

The Statewide Trauma Advisory Committee solicited public comment on the draft recommendations within this report and have made suggestions about changes and edits to the RPE recommendations for the consideration of SEMTAC at its October 4, 2012, meeting. The goal is for SEMTAC to finalize the report by October 2012 and submit it to the executive director, Dr. Chris Urbina.

Rapid Planning Event Team:

SEMTAC members, including:

- **Walter Biffl**, surgeon, Denver Health
- **David Dreitlein**, emergency physician, Montrose Memorial Hospital
- **Eugene Eby**, emergency physician, Littleton Adventist Hospital
- **Lew Gaiter**, county commissioner, Larimer County
- **Ed Lopez**, surgeon, Colorado Plains Medical Center, Ft. Morgan
- **John Nichols**, neurosurgeon, St. Anthony Hospital, Lakewood
- **Dan Noonan**, chief, Durango Fire and Rescue Authority, Chair, SEMTAC, process owner for RPE
- **Travis Polk**, trauma nurse coordinator, North Colorado Medical Center, Greeley
- **Dale Quimby**, Director Critical Care, Acute Care Surgical and Trauma Services, Memorial Health Systems, Colorado Springs
- **Joel Schaefer**, surgeon, St. Mary's Hospital, Grand Junction

Facilitator: Nancy McDonald, Director, Health Facilities and EMS Division

Team Leader: Randy Kuykendall, Deputy Director, Health Facilities and EMS Division

Statewide Trauma Advisory Committee Members Include:

Jeff Beckman MD - Exempla Lutheran

Walt Biffl MD - Denver Health

Kyle Dahm RN - Airlife Denver – HealthOne

Robert Hadley RN - Limon Ambulance Service

Kristine Hansen RN - Children's Hospital Colorado

Steve Hilley RN - Yampa Valley

Randy Leshar EMT-P - Thompson Valley EMS
Charlie Mains MD - Centura
Roger Nagy MD - Penrose Hospital
Maura Proser MPH - Tri-County Health Department
Dennis Vollmer MD - Swedish Hospital

Critical Care Ground Transport

Recommendations

- *Recommend that SEMTAC appoint a task force to EMPAC review the need for implementing and recognizing an official Critical Care Paramedic (CCP) certification program in the state of Colorado and how to assist in making this program available statewide.*
- *Recommend that, with a change in scope, CDPHE consider adopting a new minimum equipment requirement for ambulances maintaining critical care capabilities.*

Interfacility Transport

Recommendations

- *CDPHE should undertake a project to analyze available data to see if inter-facility air medical transport dispatch consistently utilizes the closest appropriate aircraft (both fixed wing as well as rotor).*
- *CDPHE should consider if the designation process for Level I and Level II centers should include guidelines for the manner in which "one call" centers are operated and have a process to assure such centers are acting in a manner which is in the best interest of the public. This will assure confidence in the integrity of these "one call" services for those who rely on them to facilitate patient transfer.*

Medical Records and Imaging Transfer between Facilities

Recommendations

- *Recommend that CDPHE collaborate with the State Internet Portal Authority (SIPA) and other interested groups to create or facilitate ongoing efforts at the state and local level to share medical records and images. ~~the means to transfer radiological images between designated facilities in Colorado~~*
- ~~Monitor and encourage the ongoing efforts within the state to allow electronic sharing of medical records~~

Outreach/Education from Level I/II Facilities to Rural Facilities and Required Education at Rural Trauma Facilities

Recommendation:

- ~~Mandate that Level I and II trauma facilities provide outreach to other trauma facilities as a requirement of their designation process.~~

Recommendations

- ~~Each designated facility should provide a minimum and required amount of trauma education to nurses and physicians.~~
- Recommend that CDPHE investigate whether there are gaps in the availability of continuing education for lower level and non-designated facilities.

Telemedicine Consultation— It is recommended that these recommendations be deleted.

Recommendations

- ~~Encourage every rural facility to have robotic telemedicine capabilities and encourage purchase of supporting equipment~~
- ~~Require designated facilities that participate in telemedicine to allow the end user the ability to utilize equipment without restriction to communicate with any other facility or person within the state.~~
- ~~Explore the medicolegal implications of telemedicine consultations.~~

Data Performance and Improvement Subcommittee

Recommendations

- ~~Develop a statewide COI committee under the CDPHE to effectively perform trauma COI.~~
- ~~Future steps to implementation include but are not limited to:~~
- The department should develop a task force to work on a proposal for what a statewide COI process would look like to send for review by the Attorney General.

Trauma Center Designation

Recommendations

- Recommend that CDPHE assign a group to carefully define the scope of care at all trauma center levels (upper and lower thresholds). Define changes that constitute a significant change in scope of practice and define a process for the review and designation of facilities. Any changes need to be timely reported to CDPHE.
- ~~Refine the parameters of the waiver process if an expanded scope of care is requested.~~
- ~~Change the Pre-Review Questionnaire (PRO) to match the defined scope of care at all levels~~

Designation Criteria for Level I & II Trauma Centers

Recommendations

- Recommend that the department assign a work group of appropriate stakeholders to recommend a volume criteria for a minimum volume requirement remains necessary and be maintained at similar Level I centers. This will ensure a concentration of higher level patients at higher level centers.
- ~~Minimum volume criteria should be set for Level II trauma centers. However, recognizing that some Level II centers are geographically isolated and/or serve as a critical resource to population centers in the state, other criteria options are appropriate. Recommend that Level II trauma centers be required to meet one of the following criteria;~~
- Recommend that the department assign a work group of appropriate stakeholders to consider and recommend a volume criteria for Level II centers.
- ~~Recommend the expected scope of practice for Levels I, II, III and IV trauma centers be established in rule and requests from facilities wishing to admit patients beyond the identified scope of practice be authorized as appropriate under the department's existing trauma waiver system.~~