Nebraska State Trauma Symposium

TMD: Roles and Responsibilities

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Disclosures

- None

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- None
- I'm not a current TMD

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- None
- I'm not a current TMD
  - Past TMD at Level IV/III center
  - Past interim TMD at Level I center
  - 20+ year trauma verification surveyor

Disclosures

- None
- I'm not a current TMD
- I'm not going to talk about money

Who's Who?

What is the Trauma Medical Director?

## TMD = Program Authority & Accountability

What is the Trauma Medical Director?

State requirement!

003.05   DUTY TO PROVIDE CURRENT INFORMATION. Any designated center as a comprehensive, advanced, general, basic, or specialty level trauma center must provide written notice to the Department of any change in the designated centers trauma medical director or trauma coordinator or manager. Such notice must be provided no later than 15 days after the change is made. If the accreditation or certification of a designated center has been sanctioned, modified, terminated, or withdrawn, the licensee must notify the Department within 15 days of receipt of notification of the action.
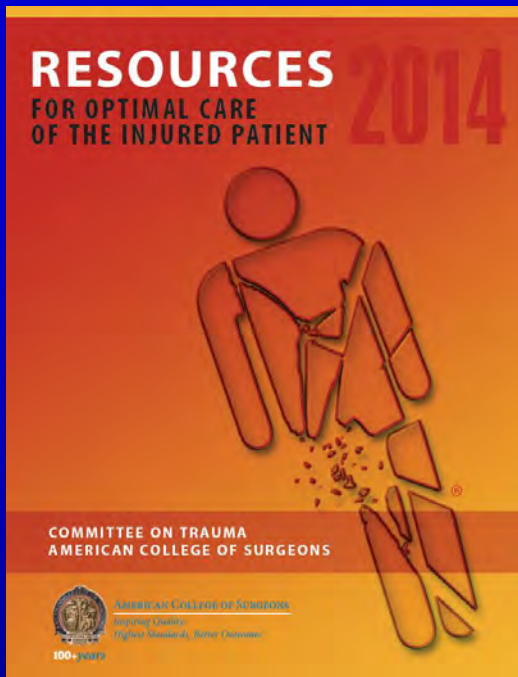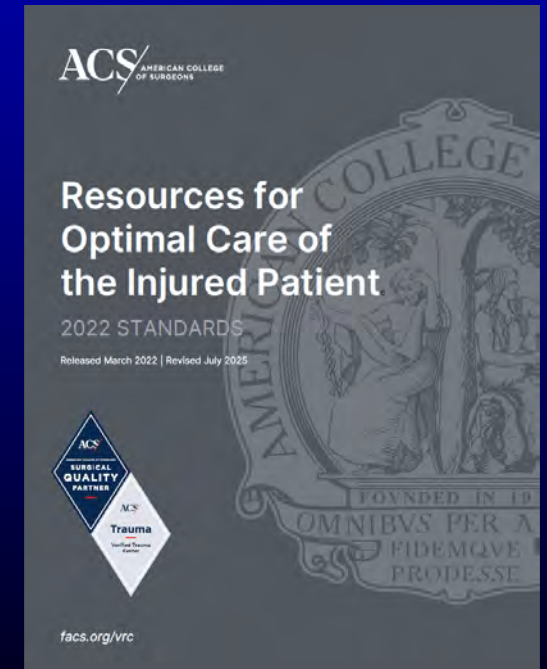
… leads the multidisciplinary activities of the program
- Authority to manage all aspects of trauma care (5-9)
- Chair/attend trauma program meetings (5-10)
- Authorizes privileges of call panel; corrects deficiencies (5-11)
- Works with nursing administration
- Develops treatment protocols
- Coordinates PI & peer review process
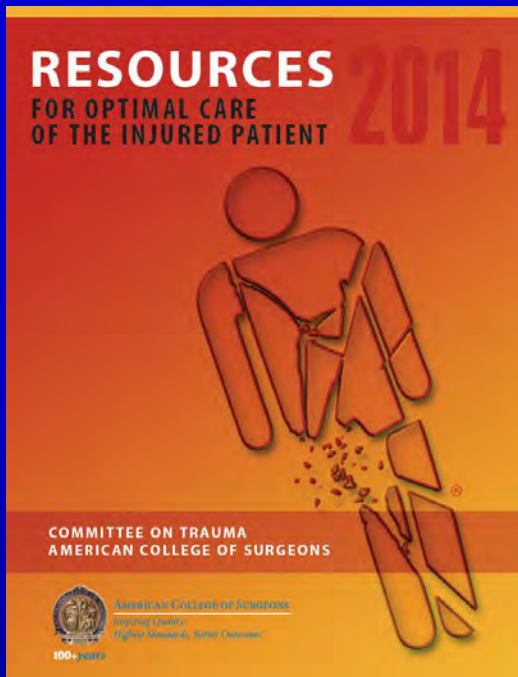
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… must be responsible for and have the authority to (2.9)
- Develop and enforce policies and procedures
- Ensure providers meet all requirements
- Work across departments to address deficiencies in care
- Determine provider participation in trauma care (OPPE)
- Oversee the trauma PIPS program

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You are the strength & support to maintain verification/designation.

…
- Develop and enforce policies and procedures
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Objectives

1. Lead the PIPS program
2. Ongoing evaluation of team members (OPPE)
3. Clinical practice guidelines
4. Relationships

Performance Improvement and Patient Safety (PIPS)

PIPS

PIPS is not

- Superficial review of care

- Punitive PEER review

- Poorly documented

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PIPS is

- Systematic review of <u>all</u> trauma patients
- Dynamic process designed to:
  - Identify opportunities for improvement, which
  - Lead to specific interventions, that
  - Result in alterations in conditions, so that
  - Overall care improves

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- Systematic review of all trauma patients
- Dynamic process designed to:
    - Identify opportunities for improvement, which
    - Lead to specific interventions, that
    - Result in alterations in conditions, so that
    - Overall care improves

- The most frequently cited deficiency

M.I.S.T.

(Most Important Slide of the Talk)

PIPS Pearl

Did we do something wrong?

~~Did we do something wrong?~~

How can we do that better?

PIPS – Weak Example

34-year-old Female

- Fall from trampoline, syncopal events
- Presented by private vehicle
- Triage: 89/62   P 120
- Seen by APP
- CT Scan at 3.5 hours; spleen injury
- 2 u PRBC   2000 ml NS   Toradol
- Surgical consultation & admission
- Successful non-operative management

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PIPS Review

- Primary Review – no opportunities for improvement; case closed

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PIPS Review – RAS Thoughts

- No trauma team activation?
- Why seen by APP with no ATLS?
- Toradol while bleeding? 2000 ml NS?
- 3.5 hours to get CT scan?

This is a great case for discussion at PIPS meeting!

PIPS – Good Example

24-year-old Male

- Fall while intoxicated
- Agitated – Geodon, Ativan
- Blood alcohol 333
- No injuries found
- Put in behavioral room with sitter
- At 30 minutes - snoring
- At 60 minutes – "sleeping"
- At 90 minutes – apneic, pulseless

PIPS – Good Example

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PIPS Review – Trauma took this on!

1. Worked with EMS re: report
2. Modified activation criteria
3. New guideline for observation of intoxicated patients, including new equipment
4. New guideline for monitoring after medications
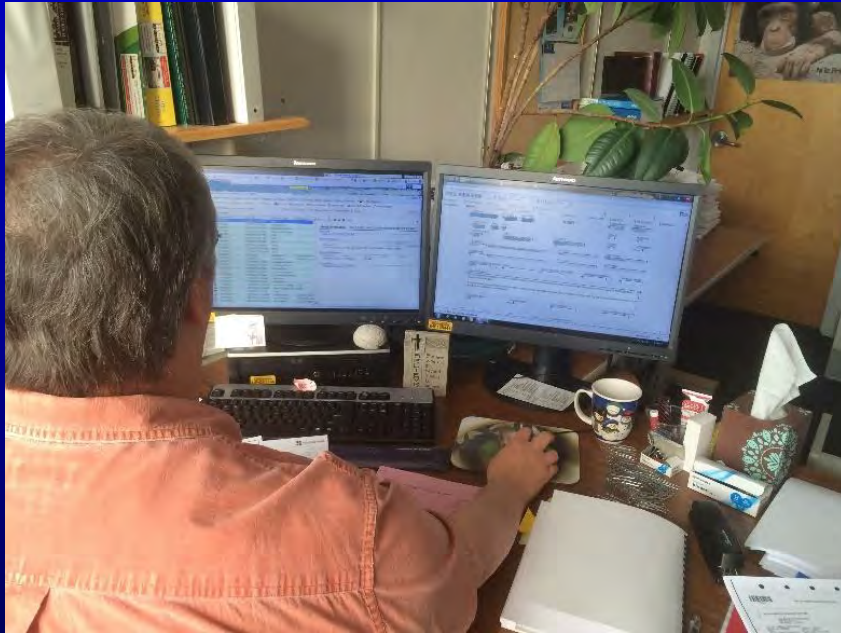5. New "sitter" education & training
6. Peer remediation

Society of Trauma Nurses

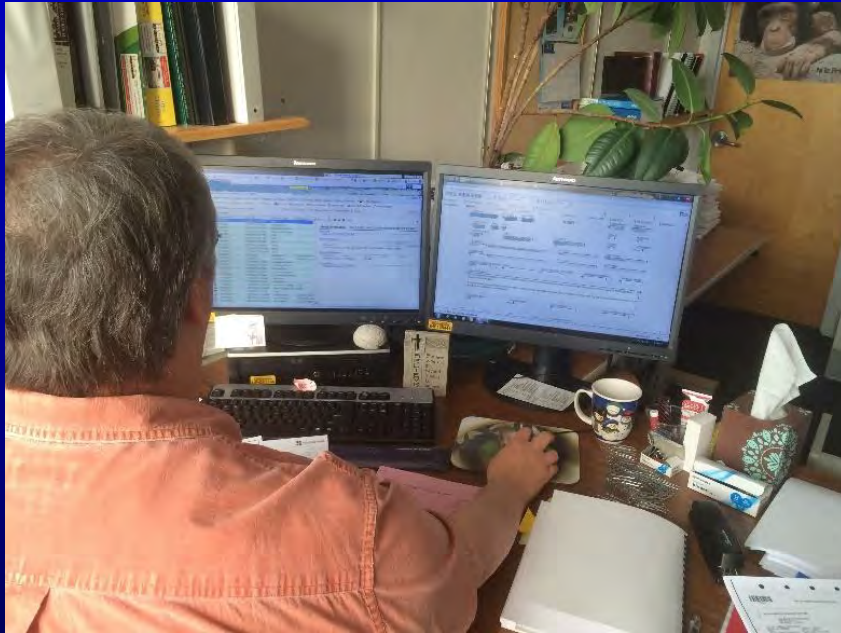Trauma Outcomes & Performance Improvement Course
- "Rural" = Level III/IV specific
- Online
- 6.0 CME hours
- $300 ($150 for STN members)

Data Registry

- Not just a reporting tool
- Not just a task to get done

Data Registry

- Not just a reporting tool
- Not just a task to get done

Provides data for PI

- Over/under triage
- Transfer times
- Rates of UTI

Important to have RURAL data!

Everything Else!

Everything Else the TMD Does!

- OPPE

At least annually – evaluate a provider's performance

- May be part of credentialing
- Must be trauma-specific

Everything Else the TMD Does!

- OPPE

Trauma Program
2023 Trauma Panel Credential Form

I have personally reviewed the records concerning _____, a current trauma panel provider in Trauma Services.

Indicator	Reviewed
Peer Review Activity	✓
Clinical Outcomes	✓
Continuing Medical Education	✓
Clinical Documentation	✓
PI Meeting Attendance	✓
Timely Response to Activations/Consultations	✓

Based on my review and by my signature below, I recommend:

- ☑ Reappointment without recommendations
- ☐ Reappointment with recommendations
    - ☐ FPPE _____
   - ☐ ☐ Complete _____ number of trauma CME hours
- ☐ ☐No Reappointment

—
B.

Trauma Medical Director

At least annually – evaluate a provider's performance

- ATLS
- CME
- Meeting attendance
- Metrics (transfer time)
- Number of procedures
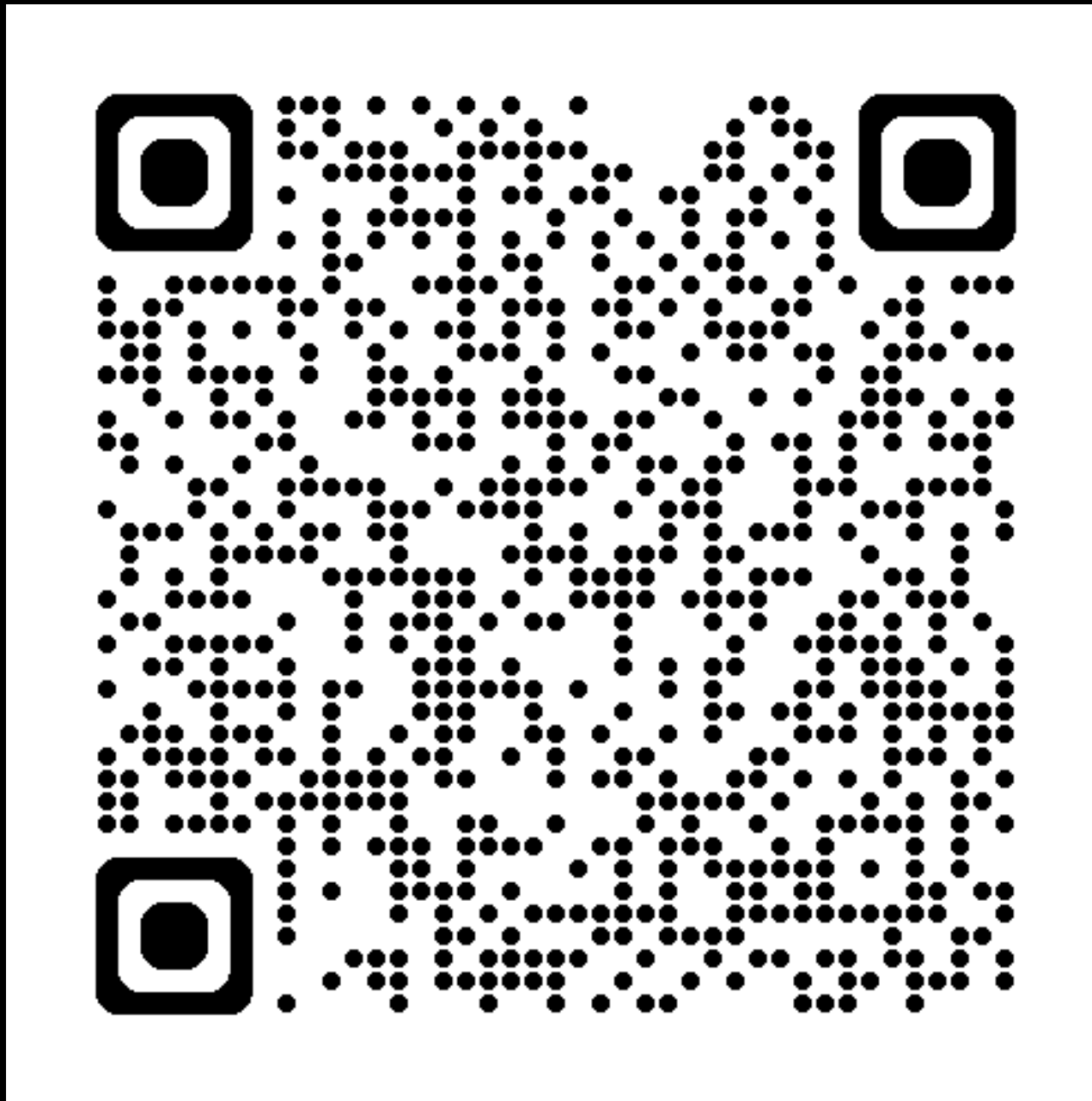- Quality concerns?

Everything Else the TMD Does!

- OPPE
- Clinical Practice Guidelines

  - Antibiotics for open fractures
  - Imaging for children
  - Reversal of anticoagulants
  - Management of solid organ injuries

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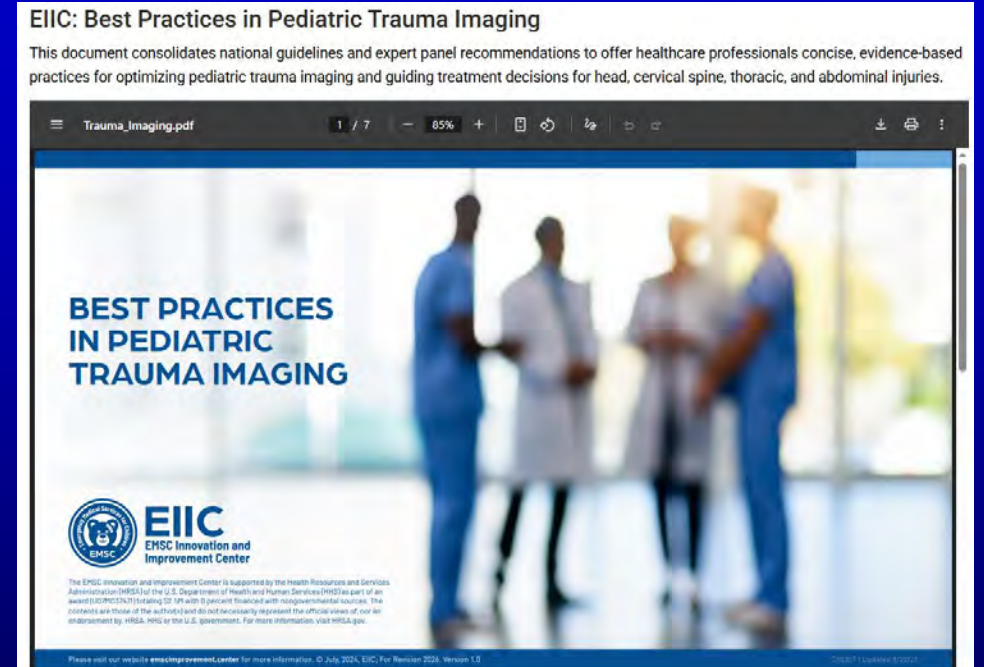
GOOGLE: "EIIC Trauma Imaging"

EIIC: Best Practices in Pediatric Trauma Imaging • EIIC

Everything Else the TMD Does!

- OPPE
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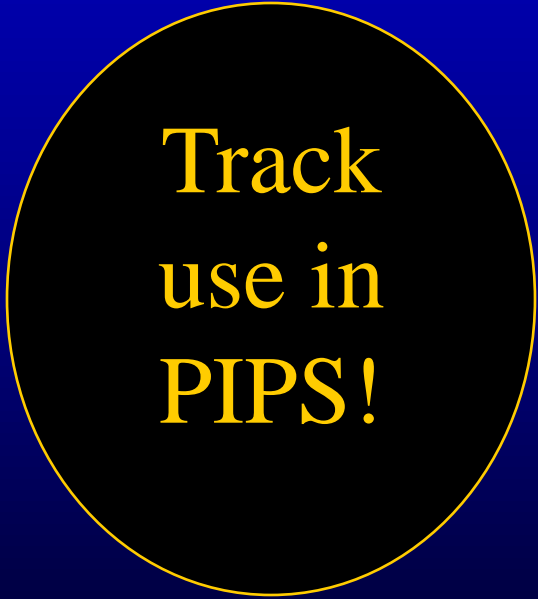 - Reversal of anticoagulants
  - Management of solid organ injuries

Track use in PIPS!

Everything Else the TMD Does!

- OPPE
- Clinical Practice Guidelines
- EMS Relationship

Case reviews are golden!

Everything Else the TMD Does!

- OPPE
- Clinical Practice Guidelines
- EMS Relationship
- System Relationships

Everything Else the TMD Does!

- OPPE
- Clinical Practice Guidelines
- EMS Relationship
- System Relationships
- Community Relationship

Your TPM/TNC will do most of this stuff – but they need your support!

TMD Pitfalls

- Not engaged
- Don't know the rules
- Not meeting with TPM/TNC
- Not present for verification visit

Take Home Messages

- The TMD provides oversight to entire trauma program
- The PI process drives everything – TOPIC!
- Make time for your TPM/TNC

The TMD – your oversight, questions, presence - makes the trauma program real

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