

# The ACS Adventure

Maryann Fields RN &  
Maureen Sheridan RN

# The First Mission.....

---

Applying

# The Decision to Apply

---

- ◎ To Apply or not to Apply
  - Adult
  - Pediatrics
  - Adult and Pediatrics
- ◎ Once your Trauma Committee has approval..... (Inpatient Operations)
  - Gap analysis
- ◎ Just Apply
- ◎ Pick a date in advance on the application

# The Second Mission...

---

## The Dreaded PRQ

# PRQ

---

- ⦿ Due One Month prior to your visit date
- ⦿ Pick one year of data
- ⦿ Run reports .....Well in advance
  - Even if you complete QI on your data
  - You will have to clean your data
- ⦿ Divide the PRQ up amongst Committee members .....and

---

Give a two week **DEAD LINE**  
& stick to it

**Remember.....**

---

**Your in an encounter &  
you're the one leading your  
Trauma Troops**

**Keep them on track!**

**If you believe, they will  
believe**

---

# QI -Charts

---

- ◉ Once you have your year of data
- ◉ Identify your QI from the end of the year
  - Deaths
  - Spleen/Liver
  - Non-surgeon Admissions
  - ISS >25 w/survival
  - Pediatric patient <15 yrs of age
  - Thoracic/cardiac injuries
  - Pelvis/femur fractures
  - Transfer out for the management of acute injury
  - Adverse event in the PICU/SICU

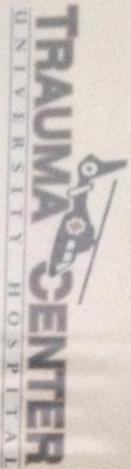
# Binders, Binders, & more Binders

---

- ◉ Professional Education (Regional)
- ◉ Injury Prevention/Community Outreach
- ◉ Credentialing
- ◉ CME
  - Intramural
  - Extramural
- ◉ Minutes for QI & Committee/Governance
- ◉ Call book
- ◉ Transfer Agreements
- ◉ HIPPA Binder - available
- ◉ Research
  - Research Forms



Trauma Peer QI  
& RTAC



REMAC  
(Regional Emergency Medicine Advisory Committee)



Research



Trauma Committee



CME Lists for Departments



Trauma Staff

TRAUMA OUTREACH

Trauma  
Center

UPSTATE  
UNIVERSITY HOSPITAL

Syracuse, NY

# PRO

---

- ◉ Do NOT wait or procrastinate
- ◉ An intensive application
- ◉ Multiple pages

## ○ Incredible amount data from different sources

- CME
- Graduation years
- Certifications
  - ATLS
  - ACLS
  - PALS
  - Professional certificates
  - ENPC, TNCC, ATCN

EM  
Neuro  
Ortho  
Trauma

All Above &  
ED Nursing  
ICU  
PACU

# PROQ

---

- ◎ Nursing – Minimum Qualifications to be hired and to work on unit
  
- ◎ Surgeons –
  - CV
  - CME
  - ATLS info – date last taken
  - Coverage plans for all with Back up Schedules
  - OR Procedures
  
- ◎ Trauma Reps
  - Actual Certificates of CME
  - Copies of Current ATLS, ACLS, PALS cards
  - Credentialing

- ◎ Detailed info on QI
  - Reports done at meetings
  - “Report Card”
    - ISS > 15 or < 15 per surgeon
    - Blunt / Penetrating
    - Timeliness of Trauma codes
    - Complication rates
  - Attendance to meetings
  - Deaths
  - Non-surgeon admission
  - Radiology QI
  - Detailed PI plan
  - Registry

## ◎ Hospital information

- Beds – Divided up
- Budget
  - Call contracts
  - Education
  - Trauma Department
  - Payor Mix

## ◎ Detailed info - Trauma Medical Director

## ◎ Detailed info – Trauma Program Manager

## ◎ Geriatric Section

## ◎ Pediatric Section

## ◎ Coverage in ICU & Trauma

- ◉ Blood Bank
- ◉ Rehabilitation
- ◉ Burn
- ◉ Organ Procurement
- ◉ Social Services
- ◉ SBIRT
- ◉ Disaster

# PRQ

---

- ⦿ Deadline is 30 days prior to your visit  
Recommend going over in your Trauma  
Committee or Governance
- ⦿ A lot.....
- ⦿ Make sure that all noted potential  
deficiencies are in the minutes
  
- ⦿ Once submitted, it is submitted

# Preparation

---

- ◎ Rooms
- ◎ Food
- ◎ Invite lists for Pre-Review Dinner Meeting
- ◎ Invite lists for any meetings
- ◎ Computers – one for each reviewer
- ◎ Reserve rooms
  - Review
  - Dinner
  - Exit Interview

# Preparation



# Preparation

---

- ◉ Nursing Staff
- ◉ Physicians
- ◉ Administration
- ◉ Schedules
- ◉ Talk to every group
- ◉ Get everyone comfortable

# Setting up for the encounter



ACS Adult Pelvic/Femur  
Fractures CHARTS

ACS 10 CHARTS  
Adult Pelvic/Femur Fx

	Patient MRN	Admit Date	M/F Age	Pos	Comments	PI Date	PI Indicator
1.	603487	10/19/11	F 22	31	MVC, multiple fractures	None	
2.	876543	10/14/11	F 15, 14	29	Hit by car so always included multiple pelvic fractures	None	
3.	1347574	10/16/11	F 16, 12	29	MVC, multiple fractures on both pelvis	None	
4.	1084879	10/17/11	M 20, 99	9	over left hip	None	
5.	751587	10/31/11	F 22, 78	4	Hit by car, pelvic fracture	None	
6.	1339501	07/29/11	M 64, 77	25	MVC, multiple fractures	None	

ACS Death CHARTS  
Box 2

27.	398103	11/09/11	M	31	Found in a clear with blood on his face. TBI	11/09/11	Death
28.	1351470	11/22/11	M	24	MV involved dump truck - traffic injury	01/06/12	Death
29.	640008	11/26/11	M	25	Found in street with facial trauma. TBI	01/06/12	Death
30.	1351908	11/28/11	M	35	Struck by car. TBI, transfer in	01/06/12	Death
				18.25			

25	Full, femur FX, atoxic brain edema, cardiopulmonary arrest	07/23/11 07/16/11	Death	Not documented			
	GSW to the head	09/15/11 09/09/11	Death	RN documentation			
	MVC, TBI	02/05/12 09/02/11	Death	MED	Trauma code late		
	GSWs to the chest and abdomen	12/02/11	Death				
	Full femur FX, on hospice for	12/05/11	Death				



  
**TRAUMA CENTER**  
UNIVERSITY HOSPITAL

# The Consultative Visit

---

- ◎ The Reviewers were pleasant and are there to Teach & Guide All
- ◎ Plan on your Trauma staff and Medical Directors to be with them the entire time
- ◎ They will ask to speak to different people throughout both days.
- ◎ Be prepared to have staff on site.... Until they are gone
- ◎ You will not know the plan for the second day until they are there and usually after the dinner meeting

# In The End

---

- ◎ You will know most if not all your deficiencies, strengths, weaknesses, and recommendations during the exit interview.
- ◎ Best Learning Experience of my Career
- ◎ The Executive Report comes in 8-10 weeks

**Questions?**