



CALIFORNIA TRAUMA CENTER EVALUATIONS

Does One Size Fit All?

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As Is

- LEMSA's independence leads to inconsistencies
 - paper review only
 - Site survey
 - No survey
 - Require ACS verification
- Causes of inconsistencies
 - Resources available
 - Politics
 - Vague regulatory requirement
 - "periodic performance evaluation of the trauma *system*" at least every two years
 - Competition



Purpose of Site Surveys

- Evaluate care
 - Evaluate compliance with state regulations (Title 22)
 - Evaluate compliance with local requirements/policies and procedures
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Site Survey—Is It Valuable?

Literature Search:

- 7 articles reviewed
- All articles are related to the American College of Surgeons Verification process
- The same lessons learned can apply to:
 - ACS Verification
 - State (continued) designation

ACS Verification--Is It Valuable?

- Studies comparing outcome data on patients from verified centers:
 - Conclusions:
 - Level 1 verification does not necessarily imply similar outcomes in all subgroups
 - Arch Surg. 2008 Feb;143(2):115-9
 - Am Surg. 2011 Oct;77(10):1334-6
 - The use of outcome measurements might be needed when determining trauma center status
 - Arch Surg. 2008 Feb;143(2):115-9
 - Federal oversight might be necessary to ensure uniformity of care
 - Am Surg. 2011 Oct;77(10):1334-6

ACS Verification--Is It Valuable?

(cont.)

- Transforming from a Level II to Level 1 Verification
 - Overall decrease in mortality for major torso vascular injury.
 - the commitment of hospital resources that are required to achieve Level 1 ACS verification improves survival
 - Am Surg. 2011 jan;77(1):32-71
- After a failed ACS visit, one hospital initiated process improvement strategies and then studied them for long term effects
 - Conclusion: A major, sustained reduction in mortality and decreased ICU LOS
 - J Trauma 2009 Jul;67(1): 190-4

ACS Verification--Is It Valuable?

(cont.)

- Studies evaluating how the verification process affects patient care
 - Statistically significant changes in patient care indicators
 - J Am Coll Surg. 2005 Feb;200(2):166-72
 - Decreased LOS, mortality and cost
 - J Trauma 2003 Jun;54(6):1041-6
 - Maintaining these improvements requires constant monitoring levels
 - J Am Coll Surg. 2005 Feb;200(2):166-72

Lessons Learned From Aviation

- Analogy between healthcare and flying
 - Like pilots and crews, physicians and healthcare staff are:
 - highly trained professionals
 - work in a complex, technically demanding situations
 - split-second decisions have life and death consequences
 - Many hospitals have implemented strategies learned from the aviation industry
 - Create checklist to assist with conducting routine procedures at a time when medicine has become more complex
 - Standardized procedures
 - **Decreasing variability decreases error and increases quality**

Should ACS Verification Be Required?

- Gold standard for trauma care
- Mission Statement:
 - “To create national **guidelines** for the purpose of optimizing trauma care in the United States”
- Goals of ACS Verification:
 - “To assist in improving the care of the injured patient by on-site consultation and verification of trauma center performance according to *Resources for Optimal Care of the Injured Patient*”
 - “To assist in the **ongoing assessment** of the criteria in *Resources for Optimal Care of the Injured Patient* for appropriateness, timeliness, and practicality”

Should ACS Verification Be Required?

- “NOTE: THE AMERICAN COLLEGE OF SURGEONS DOES NOT WARRANT OR MAKE ANY GUARANTEES OR ASSURANCES RELATED TO OUTCOMES OF TREATMENT PROVIDED BY INSTITUTIONS WHICH UTILIZE THE CONSULTATION/VERIFICATION PROGRAM” (ACS website)
- Policy for requiring ACS verification must be carefully written
 - FAILED SURVEY=FAILED VERIFICATION
 - Does that mean FAILED DESIGNATION?

SUMMARY

- Research Suggests:
 - The process of going through a survey decreases mortality, decreases LOS, and improves patient care
 - Maintaining improvements requires constant monitoring
 - The use of outcome measurement should be implemented
 - Government oversight might be necessary for uniformity of care
- Lessons learned from aviation and other industries:
 - By decreasing variability you increase quality
 - Therefore can you conclude that uniformity and standardization of the designation process should improve the quality of trauma care provided at trauma centers?



Future Needs To Assure Quality Trauma Care In California

- There still needs to be a way to assess trauma care at non-trauma centers
- We need a standardized process for designation/redesignation
 - Quality Indicators
 - Outcome measurements
 - Would require revision of regulations

QUESTION STILL NEEDING ANSWERED

- Trauma Centers and LEMSA's already are partners in assessing the trauma care provided in their area
 - **Should the State EMSA and the RTCC's have a bigger role??**