



CoPEC

Committee on Pediatric Emergency Care

Standards Minutes: November 7, 2018

Mission - To ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.

Vision - To be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.

MEETING CONFERENCE CALL

Time: <u>Central Time Zone</u> - - Call to Order	PLACE: WILLAIMSON COUNTY PUBLIC SAFTEY CENTER
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MINUTES OF PREVIOUS MEETING: Previous Meeting Date Minutes: Approved Not Approved Distributed prior to Meeting Not Submitted – Not Completed

PRESENT:

Standards Voting: Kara Adams, Trey Eubanks, Marisa Moyers, Lee Blair, Katherine Hall, Chris Clarke, Alicia Duck, Brittany Stover, Yvette DeVaughn, Kevin Brinkmann, Marisa Moyers, Seth Brown
Non-Voting: Kate Copeland, Deena Kail, Anissa Revels, Tammie Alexander, Kevin Hammeran, Amber Greeno, Amanda Yarber, Cristina Estrada, Mollie Triplett, Kevin Hammeran

Guests:

Staff: Rhonda Phillippi

State Liaisons: Kyonzte Hughes-Toombs, Ann Reed, Rob Seesholtz, Donna Tidwell

Overall Lead/ Time Allotted	Topic	Summary / Decisions
Kevin Brinkmann, MD	Welcome and Establish quorum	Quorum established
Approval of August 10 th minutes		See attachment
Revision to rules and regulations		See attachment.



Committee on
Pediatric Emergency Care

CoPEC

Established next meeting	January 8, 2018 Williamson County EOC
ADJOURNMENT: <input type="checkbox"/> 1AM <input checked="" type="checkbox"/> 1PM RECORDED BY: RPhillippi APPROVED BY: 1.8.2019	

PECF Proposed Trauma Rules:

The following rules in the sections listed below would be reorganized into the new section 1200-08-30-.03-(2)-(d) ADMINISTRATION:

1200-08-30.03-(2)-(a)-7-(v) ADMINISTRATION and it's subsection – delete and add into below – “ **(v)** Each CRPC shall submit Trauma Registry data electronically to the state trauma registry on all closed patient files at least quarterly for CoPEC and/or the Board to analyze. **(v)-(l)** Data shall be transmitted to the state trauma registry in accordance with the state trauma rules. Failure to submit data may result in the delinquent facility's necessity to appear before the Board for any disciplinary action it deems appropriate.”

1200-08-30-.03-(2)-(c) ADMINISTRATION – delete and add into below – “Have an organized trauma training program by and for staff physicians, nurses, allied health personnel, community physicians and pre-hospital providers;”

1200-08-30-.03-(2)-(c) ADMINISTRATION – delete and add into below – “Establish within its organization a defined pediatric trauma program for the injured child. The pediatric trauma director shall be a pediatric surgeon, board certified/board eligible in pediatric surgery, with demonstrated competence in care of the injured child. The director shall have full responsibility and authority for the pediatric trauma program.”

1200-08-30-.03-(2)-(f)-8. ADMINISTRATION – delete and add into below – “the pediatric trauma committee chaired by the director of the pediatric trauma program with representation from pediatric surgery, pediatric emergency medicine, pediatric critical care, neurosurgery, anesthesia, radiology, orthopedics, pathology, respiratory therapy, nursing and rehabilitation therapy. This committee shall assure participation in a pediatric trauma process improvement. There must be documentation of the subject matter discussed and attendance at all committee meetings. Periodic review should include mortality and morbidity, mechanism of injury, review of the EMS system locally and regionally, specific care review, trauma system review, and identification and solution of specific problems including organ procurement and donation;”

1200-08-30-.03-(2)-(f)-9. ADMINISTRATION – delete and add into below – “a full-time equivalent trauma registrar for each 500-750 trauma patients per year is required to assure high-quality data collection;”

1200-08-30-.05-(4)-(c) ESSENTIAL FUNCTIONS– delete and add into below – “A Comprehensive Regional Pediatric Center shall be qualified and competent as a pediatric trauma program and satisfy the requirements in Table 1. A CRPC may fulfill this requirement by having written agreements with another CRPC that meets the State's criteria for level I trauma or an Adult Level I trauma center within the same region.”

New section 1200-08-30-.03-(2)-(d) ADMINISTRATION

1. A Comprehensive Regional Pediatric Center shall be qualified and competent in providing pediatric trauma care.
2. A CRPC and a state designated pediatric trauma center shall have a pediatric trauma program with the following requirements:
 - a. A pediatric trauma medical director who shall be a pediatric surgeon, board certified/board eligible in pediatric surgery, with demonstrated competence in care of the injured child. The director shall have full responsibility and authority for the pediatric trauma program and shall meet the following requirements:
 - i. 36 hours of category I external trauma/critical care CME every 3 years or 12 hours each year, and attend one national meeting whose focus is pediatric trauma or critical care;
 - ii. Participates in call;

- iii. Has the authority to manage all aspects of trauma care;
 - iv. Authorizes trauma service privileges of the on-call providers;
 - v. Works in cooperation with nursing administration to support the nursing needs of trauma patients;
 - vi. Develops treatment protocols along with the trauma team;
 - vii. Coordinates performance improvement and peer review processes;
 - viii. With the assistance of the hospital administration and the trauma program coordinator, be involved in coordinating the budgetary process for the trauma program;
 - ix. Trauma Medical Director or designated pediatric trauma surgeon that participates in the Committee on Pediatric Emergency Care and the Trauma Care Advisory Council;
 - x. Participates in regional and national trauma organizations; and
 - xi. Retains a current ATLS certification and participates in the provision of trauma-related instruction to other health care personnel.
- b. Current Board certified/board eligible pediatric surgeons on the trauma service who shall have current ATLS certification.
 - c. Shall be involved in local/regional EMS agencies/hospitals and/or personnel and assist in trauma education, performance improvement, and feedback regarding care.
 - d. A Trauma Program Leader who shall:
 - i. Have experience in Pediatric Emergency and/or Critical Care Nursing;
 - ii. Have a defined job description and organizational chart delineating roles and responsibilities;
 - iii. Be provided the administrative and budgetary support to complete educational, clinical, administrative and outreach activities for the trauma program; and
 - iv. Show evidence of educational preparation with a minimum of 12 hours internal or external of trauma related continuing education per year. This shall include attending one national meeting within a 3-year trauma program designated cycle.
 - e. Shall submit Trauma Registry data electronically to the state trauma registry on all closed patient files at least quarterly for CoPEC and/or the Board to analyze.
 - i. Data shall be transmitted to the state trauma registry in accordance with the state trauma rules. Failure to submit data may result in the delinquent facility's necessity to appear before the Board for any disciplinary action it deems appropriate.
 - ii. A CRPC shall have a full-time equivalent trauma registrar for each 500-750 trauma patients per year to assure high-quality data collection.
 - f. The pediatric trauma program must annually admit 200 or more pediatric trauma patients younger than 15 years of age. These admissions may include inpatient or 23-hour observations, but should exclude patients admitted for drowning, poisoning, foreign bodies, asphyxiation or suffocation without presence of injury, patients who are dead on arrival to the facility or other pediatric patients excluded as per the most recent version of the *Resources for Optimal Care of the Injured Patient* by the American College of Surgeons Committee on Trauma.
 - g. Shall have a pediatric trauma committee chaired by the pediatric trauma medical director with designated representation from pediatric general surgery and liaisons to the trauma program from pediatric emergency medicine, pediatric critical care, neurosurgery, pediatric anesthesia, pediatric radiology, pediatric orthopedics, and pediatric trauma program leader. The pediatric trauma committee shall meet at least quarterly. Members or designees shall attend at least 50% of meetings.
 - i. This committee shall assure participation in a pediatric trauma process improvement program with the following requirements / responsibilities:

1. Administration shall provide resources to support the trauma process improvement program;
 2. A performance improvement coordinator shall be designated with dedicated time for this responsibility;
 3. The trauma registry is essential to the performance improvement and patient safety program (PIPS) and shall be used to support the PIPS process;
 4. Identify process and outcome measures;
 5. Shall have a morbidity and mortality review of trauma patients;
 6. Maintain a Trauma Bypass/Diversion log:
 - a. Trauma bypass/diversion shall not exceed 5%.
 - b. Pediatric surgery on-call shall be involved in bypass/diversion decisions.
 - c. All bypass/diversions shall be reviewed.
 7. Document and review response/consult times for pediatric surgeons, neurosurgeons, pediatric anesthesia, and pediatric orthopedists, all of whom must demonstrate 80% compliance with facility determined timed guidelines;
 8. Monitor team notification times. For highest level of activation trauma, the pediatric attending surgeon must be present within 15 minutes of patient arrival 80% of the time;
 9. Review pre-hospital trauma care to include patients dead on arrival;
 10. Review times reasons and appropriateness of care for transfer of injured patients;
 11. Demonstrate that action taken as a result of issues identified in the Process Improvement Program created a measurable improvement. Documentation shall include where appropriate: (1) problem identification, (2) analysis, (3) preventability, (4) action plan, (5) implementation and (6) reevaluation;
 12. Evaluation of Operational Process Improvement (evaluation of systems issues) shall occur to address, assess, and correct global trauma program and system issues, correct overall program deficiencies to continue to optimize patient care.
- h. Shall have clearly defined graded activation criteria.
- i. Criteria for the highest level of activation shall be clearly defined and evaluated by the pediatric trauma committee.
 - ii. For the highest level of activation, the trauma team (trauma Chief resident (post-graduate year training 3/4/5) or Pediatric Emergency Physician shall be immediately available and the pediatric trauma attending available within 15 minutes of patient arrival 80% of the time.
- i. Shall have an injury prevention program which:
- i. Shall have an organized and effective approach to injury prevention and must prioritize those efforts based on trauma registry and epidemiologic data,
 - ii. Shall have a full-time injury prevention coordinator dedicated to the trauma program to ensure community and regional injury prevention activities are implemented and evaluated for effectiveness,
 - iii. Shall implement at least two programs that address one of the major causes of injury in the community, and
 - iv. Shall screen for alcohol and drug abuse in admitted patients.
3. State Pediatric Trauma Center Designation
- a. The Board shall implement the designation process.

- b. The preliminary designation process for facilities aspiring for designation as a Pediatric Trauma Center shall consist of the following:
 - i. Each facility desiring designation shall submit an application to the Board;
 - ii. A Department site visit team ("team") shall review each submitted application and shall act in an advisory capacity to the Board;
 - iii. The team shall communicate deemed application deficiencies to the facility in writing;
 - iv. The facility shall have thirty (30) days to submit required information; and
 - v. Arrangements shall be made for a provisional site visit for those facilities meeting application requirements.
- c. The site visit team shall consist of the following for Pediatric Trauma Centers:
 - i. A pediatric trauma surgeon medical director or a pediatric trauma surgeon who has previously been a medical director from an out-of-state pediatric trauma center who shall serve as team leader.
 - ii. A pediatric trauma surgeon from an in-state pediatric trauma center.
 - iii. An in-state pediatric trauma leader from a pediatric trauma center.
 - iv. The state trauma program manager and/or EMS director.
- d. The team shall be appointed as follows:
 - i. The State Committee on Trauma of the American College of Surgeons and Children's Emergency Care Alliance may assist in identifying the out-of-state surgeon; and
 - ii. The state trauma program manager and/or Director of EMS, in consultation with the chairman and vice chairpersons of the Tennessee Committee on Trauma of the American College of Surgeons and Children's Emergency Care Alliance, shall select the in-state members of the site visit team.
- e. The team shall conduct a provisional visit to ensure compliance with all criteria required for designation as a Pediatric Trauma Center. During the provisional visit, the applicant shall demonstrate that the required mechanisms to meet the criteria for the desired designation level are in place.
- f. The team shall identify deficiencies and areas for improvement it deems necessary for designation.
- g. If the team does not cite any deficiencies and concludes that the facility is otherwise in compliance with all applicable standards it shall approve the applicant to function with provisional status for a period of one (1) year.
- h. If, during the provisional visit, the team cites deficiencies, it shall not approve provisional status for the applicant to function as a Pediatric Trauma Center. Centers with deficiencies shall have fifteen (15) days from receipt of the deficiency report to provide documentation demonstrating compliance. If the facility is unable to correct the deficiencies within fifteen (15) days, the application shall be denied, and the applicant may not resubmit an application for trauma center designation for at least one (1) year from the date of denial.
- i. Facilities granted provisional status as a Pediatric Trauma Center shall adhere to the following:
 - i. The facility shall be prepared to provide:
 - 1. A description of changes made after the grant of provisional status;
 - 2. A description of areas of improvement cited during the provisional visit; and
 - 3. A summary of the hospital's trauma service based on the trauma registry report.
 - ii. The team shall conduct a site visit at the termination of the applicant's one (1) year provisional designation as a Pediatric Trauma Center.

- iii. During the follow-up visit, the team shall identify the presence of deficiencies and areas of improvement.
 - j. Upon completion of the follow-up visit, the team shall submit its findings and designation recommendation to the Board.
 - i. If the team cites deficiencies found during its follow-up visit, they shall be included in its report to the Board.
 - ii. At the time that the team's report is presented to the Board, the facility requesting Pediatric Trauma Center designation shall be allowed to present evidence to the Board demonstrating action taken to correct the cited deficiencies.
 - k. The final decision regarding Pediatric Trauma Center designation shall be rendered by the Board. If granted, the designation is in effect for a period of three (3) years.
 - l. If the Board denies the application, the facility may not reapply for at least one (1) year. If provisional status was granted, such status will be revoked.
 - m. The facility applying for Pediatric Trauma Center designation shall bear all costs of the application process; including the costs of a site visit.
 - n. A facility seeking consultation/verification site visit through the American College of Surgeons shall coordinate with the state trauma program manager and/or EMS Director to ensure his/her attendance at the ACS site visit. If the state trauma manager and/or EMS Director is unable to attend the site visit, the finalized report from the site visit shall be shared with the state trauma manager and/or EMS Director for presentation to the Board. A facility that has obtained ACS verification as a Pediatric Trauma Center is deemed to meet the state requirements for a Pediatric Trauma Center and may be so designated with an official written request to the Board accompanied with proof of ACS verification.
4. Verification
- a. Following designation as a trauma center, a verification site visit shall be conducted at the facility every three (3) years. A facility that has obtained and maintains ACS verification as a Pediatric Level I Trauma Center is deemed to meet the state requirements for a Pediatric Trauma Center. Consequently, a state verification site visit is not needed for such a facility.
 - b. The team shall advise the center of an upcoming verification visit at least sixty (60) days prior to the visit. After the facility receives notice of the upcoming verification site visit, it shall prepare all materials the team requests for submission.
 - c. The team shall conduct an exit interview with the facility at the conclusion of the verification visit.
 - d. During the exit interview the team shall communicate the following:
 - i. The presence of deficiencies;
 - ii. The facility's strengths and weaknesses; and
 - iii. Recommendations for improvements and correction of deficiencies.
 - e. The team shall submit a site visit report within sixty (60) days of completion of the site visit. It shall submit a copy of the report to the Board, the Chief Executive Officer of the hospital, the Trauma Medical Director and the Trauma Program Manager (TPM).
 - f. If the team does not cite deficiencies and the center is in compliance with all applicable standards, it shall recommend that the facility maintain its designation as a Pediatric Trauma Center for a period of three (3) additional years.
 - g. If during the site visit the team identifies deficiencies, the center shall have a period not to exceed sixty (60) days to correct deficiencies.
 - h. If the team ascertains that deficiencies have not been corrected within sixty (60) days, whether through desk review or an on-site visit, the center must present an explanation to the Board at its next scheduled meeting.
 - i. The facility shall bear all costs of the verification process, including the costs of a site visit.

- j. If a Pediatric Trauma Center already designated by the board elects to undergo an American College of Surgeons trauma center consultation/verification site visit, the facility shall coordinate with the state trauma program manager and/or EMS Director to ensure his/her attendance at the review. If the state trauma manager and/or EMS Director is unable to attend the site visit, the finalized report from the site visit shall be shared with the state trauma manager and/or EMS Director for presentation to the Board if the facility seeks a reciprocal state designation. A facility that has obtained ACS verification as a Pediatric Level I Trauma Center is deemed to meet the state requirements for a Pediatric Trauma Center and may be so designated with an official written request to the Board accompanied with proof of ACS verification.
5. Disciplinary Action
- a. The Board may, in accordance with the Uniform Administrative Procedures Act, revoke, suspend, place on probation, or otherwise discipline, a facility's trauma center designation.
 - b. The Board may revoke, suspend, place on probation, or otherwise discipline, the designation or provisional status of a center when an owner, officer, director, manager, employee or independent contractor:
 - i. Fails or refuses to comply with the provisions of these rules;
 - ii. Makes a false statement of material fact about the center's capabilities or other pertinent circumstances in any record or matter under investigation for any purposes connected with these rules;
 - iii. Prevents, interferes with, or attempts to impede in any way, the work of a representative of the Board;
 - iv. Falsely advertises, or in any way misrepresents the facility's ability to care for patients based on its designation status;
 - v. Is substantially out of compliance with these rules and has not rectified such noncompliance;
 - vi. Fails to provide reports required by the trauma registry or the Department in a timely and complete fashion;
 - vii. Fails to comply with or complete a plan of correction in the time or manner specified;
 - viii. Has engaged in a deliberate and willful violation of these rules; or
 - ix. Acts in a manner that endangers the public's health, safety, or welfare.
 - c. Denial of Provisional or Full Designation, When the Board denies provisional or full designation, it must provide the center with a written notification of the action and the basis for the action. The notice will inform the center of the right to appeal and the procedure to appeal the action under the provisions of the Uniform Administrative Procedures Act.
6. Prohibitions
- a. It shall be a violation of these regulations for any health care facility to hold out, advertise or otherwise represent itself to be a "trauma center" as licensed by the Board unless it has complied with the regulations set out herein and the Board has so designated it.
 - b. Any facility the Board designates as a trauma center, at any level, shall comply with the requirements of EMTALA. The medical needs of a patient and the available medical resources of the facility, rather than the financial resources of a patient, shall be the determining factors concerning the scope of service provided.
 - c. The term "trauma center" refers to a main hospital campus that has met all requirements to satisfy trauma center rule designation. Off campus sites are excluded in this designation.