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NYU LANGONE MEDICAL CENTER

You Expect Me to Do What?: The ACS-COT Trauma Center Verification Process

S. Rob Todd, MD, FACS

Innovations in Translating Injury Research into Effective Prevention

May 24, 2013

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Nothing to Disclose

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Disclaimer: This is solely my interpretation of the ACS-COT Trauma Center Verification Process.

S. Rob Todd, MD, FACS

Innovations in Translating Injury Research into Effective Prevention

May 24, 2013

American College of Surgeons (ACS)
Committee on Trauma (COT)

American College of Surgeons (ACS)

- Founded in 1913

American College of Surgeons (ACS)
Committee on Trauma (COT)

American College of Surgeons (ACS)

- Founded in 1913

AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

American College of Surgeons (ACS)
Committee on Trauma (COT)

American College of Surgeons (ACS)

- Founded in 1913

Committee on Trauma (COT)

- Oldest standing committee of the ACS (1922)

American College of Surgeons (ACS)
Committee on Trauma (COT)

American College of Surgeons (ACS)

- Founded in 1913

Committee on Trauma (COT)

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American College of Surgeons (ACS)
Committee on Trauma (COT)

American College of Surgeons (ACS)

- Founded in 1913

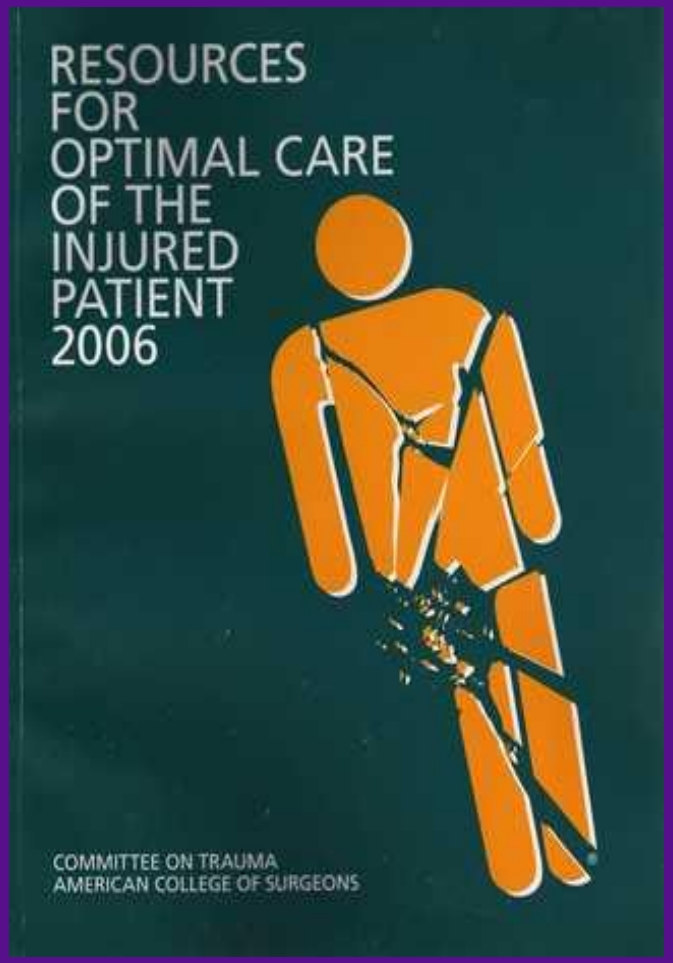
Committee on Trauma (COT)

- Oldest standing committee of the ACS (1922)

Optimal Hospital Resources for Care of the Injured Patient

- First published in 1976
- *Resources for Optimal Care of the Injured Patient*

ACS-COT Consultation/Verification Program



ACS-COT
Consultation/Verification Program

Established in 1987

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Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT
Consultation/Verification Program

Established in 1987

Administered by the Verification Review Committee (VRC)

VRC VERIFICATION REVIEW CONSULTATION

for excellence in trauma centers

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT
Consultation/Verification Program

Established in 1987

Administered by the Verification Review Committee (VRC)

Validates the resources for trauma care at trauma centers

Provides an objective, external review of institutional capability and performance

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT
Consultation/Verification Program

Level I, II, III, or IV

Consultation visit

Verification visit

- Certificate valid for 3 years

Trauma Center designation

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Criteria Deficiencies

American College of Surgeons

Consultation/Verification Program

Reference Guide of Suggested Classification

Level I	Chapter	CD	Requirement by Chapter	
http://www.facs.org/trauma/verifivisitoutcomes.html				
·	1	1- 1	1-1 All trauma centers must participate in the state and/or regional trauma system planning, development, or operation.	TYPE II
·	2	2- 1	2-1 Surgical commitment is essential for a properly functioning trauma center.	TYPE I
·	2	2- 2	2-2 Trauma centers must be able to provide on their campus the necessary human and physical resources to properly administer acute care consistent with their level of verification.	TYPE II
·	2	2- 3	2-3 A Level I trauma center must meet admission volume performance requirements (one of the following): **a)** Admit at least 1200 trauma patients yearly, **b)** 240 admissions with an Injury Severity Score (ISS) of more than 15, **c)** An average of 35 patients with an ISS of more than 15 for the trauma panel surgeons (general surgeons who take trauma all).	TYPE I
·	2	2- 4	2-4 The trauma director must have responsibility and authority for determining each general surgeon's ability to participate on the trauma panel based on an annual review.	TYPE II

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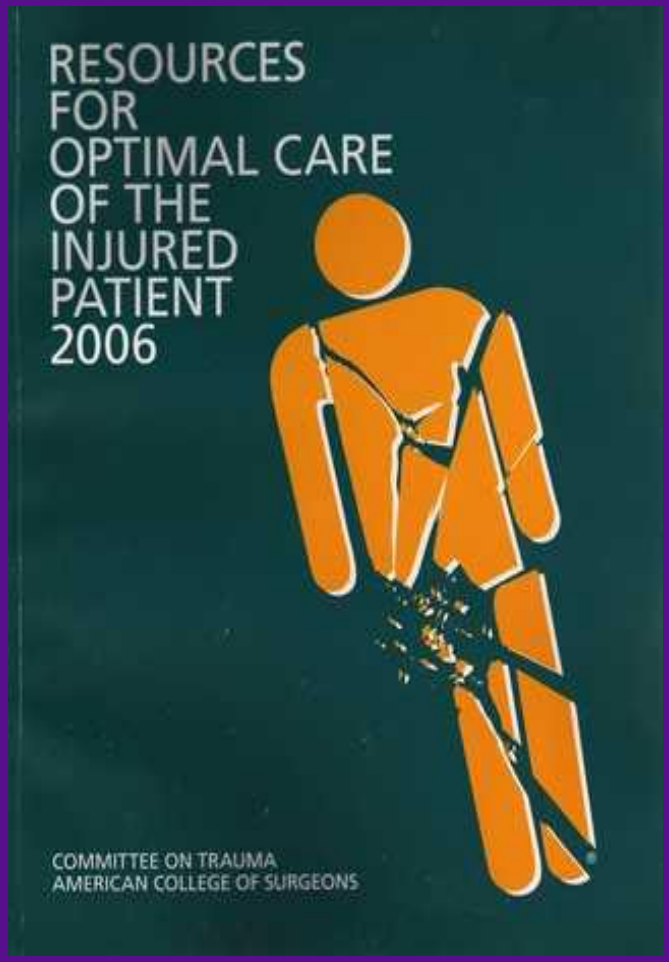
Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Type I Criteria Deficiencies

61 in total

Required at the time of the site visit

Zero allowed



Resources for Optimal Care of the Injured Patient. 2006.

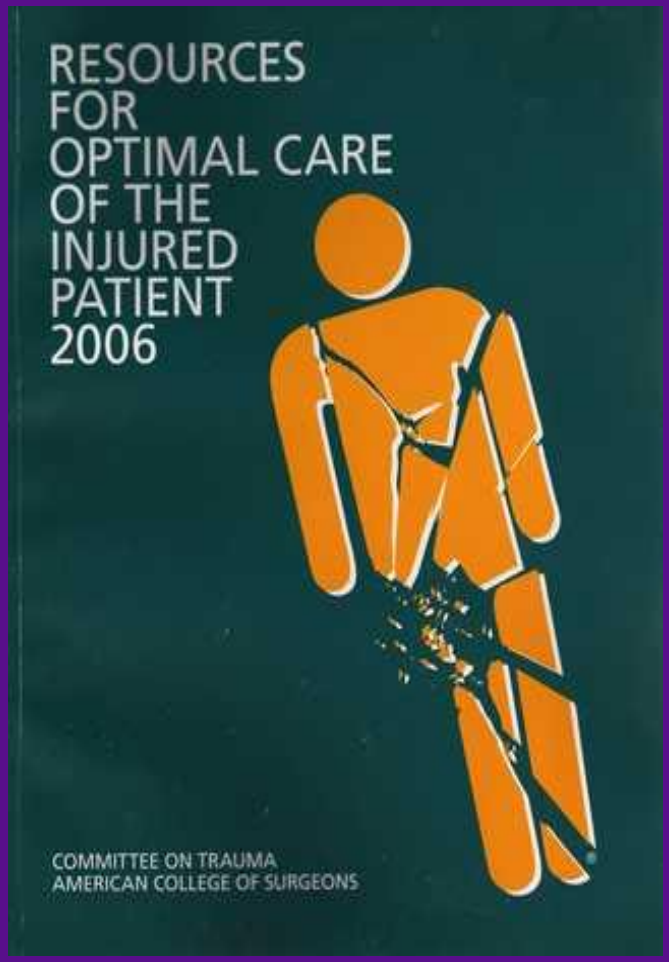
ACS-COT Consultation/Verification Program
Type II Criteria Deficiencies

157 in total

Required at the time of the site visit, yet are less urgent criteria

Zero allowed

If three or less are identified, 1 year certificate of verification is issued



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Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program

Why Pursue ACS-COT Verification?

Preparation and Achievement of American College of Surgeons Level I Trauma Verification Raises Hospital Performance and Improves Patient Outcome

Stephen DiRusso, MD, PhD, Cheryl Holly, RN, PHD, Ranishanker Kamath, MD, Sara Cuff, RN, Thomas Sullivan, BS, Helga Scharf, Ted Tully, BA, Peter Nealon, BA, and John A. Savino, MD

J Trauma. 2001;51:294-300

ACS-COT Consultation/Verification Program
Why Pursue ACS-COT Verification?

Decreased overall mortality

Decreased Emergency Center mortality

Decreased mortality in the severely injured Injury Severity Score (ISS) > 30

Decreased hospital length of stay

A trend toward decreased intensive care unit (ICU) length of stay

DiRusso S. *J Trauma*. 2001;51:294-300.

ACS-COT Consultation/Verification Program
Why Pursue ACS-COT Verification?

Commitment to COT Verification Improves Patient Outcomes and Financial Performance

Paul M. Maggio, MD, MBA, Susan I. Brundage, MD, MPH, Tina Hernandez-Boussard, PhD, and David A. Spain, MD

J Trauma. 2009;67:190-5

ACS-COT Consultation/Verification Program
Why Pursue ACS-COT Verification?

Increased admissions

Increased inter-facility transfers

Increased patient acuity

Decreased mortality

A trend toward decreased ICU length of stay

Increased contribution to margin, net profit, and revenues

Maggio PM. *J Trauma*. 2009;67:190-5.

New York State Trauma Centers
Why Pursue ACS-COT Verification?

The 1990 New York State trauma center regulations are old and out-of-date

The New York State Department of Health has decided to adopt the ACS-COT standards and verification process for the state's trauma system

New York State Trauma Centers
Why Pursue ACS-COT Verification?

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 26, 2013
DAL #13-12

Dear Administrator:

As you are aware, the Department has decided to adopt the American College of Surgeon's Committee on Trauma (ACS-COT) standards and verification process for the State's trauma system. The ACS-COT standards allow for four levels of trauma center. Level three and four trauma centers are community hospitals which dedicate their resources to receiving and stabilizing severely injured patients and then transfer those patients to level one and two centers while continuing to care for less severely injured patients. Level three and four trauma centers provide necessary resuscitation and initial care in rural areas where, because of geography, patients cannot be immediately transported to level one or two centers.

You have expressed an interest in becoming a newly designated trauma center. If you intend to pursue designation as a level one, two or three trauma center, please contact Linda Tripoli, Trauma Program Manager, Bureau of Emergency Medical Services, at (518)402-0996, Ext. 2 or at lmt01@health.state.ny.us by **May 10, 2013** so that we can include you in the overall State trauma plan. Once you express your intent, you should begin attending your regions Trauma Advisory Committee meetings (if you do not already do so) and the State Trauma Advisory Committee meetings (the dates of which are posted to the trauma web page). You should also subscribe to the group trauma e-mail list by contacting Ms. Tripoli.

ACS-COT Consultation/Verification Program
Pre-Hospital Trauma Care

3 Criteria Deficiencies (CD)

- Bypass protocol development (CD 3-1, CD 3-2)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Pre-Hospital Trauma Care

3 Criteria Deficiencies (CD)

- Bypass protocol development (CD 3-1, CD 3-2)

"Trauma Diversion

1. *May be requested for Facility issues (i.e. power failure, computed tomography [CT] scanners non-functional, operating rooms non-functional, etc.).*
2. *May be requested when the Trauma Team is unable to care for additional critical patients.*
3. *The trauma surgeon must be involved in the decision regarding Trauma Diversion."*

ACS-COT Consultation/Verification Program
Pre-Hospital Trauma Care

3 Criteria Deficiencies (CD)

- Bypass protocol development (CD 3-1, CD 3-2)
- Pre-hospital care protocols and patient safety programs (CD 3-3)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Performance Improvement and Patient Safety (PIPS)

"Although there is no precise prescription for performance improvement and patient safety (PIPS), the American College of Surgeons Committee on Trauma (ACS-COT) requires a structured effort by a trauma program to demonstrate a continuous process for improving care for injured patients."

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Performance Improvement and Patient Safety (PIPS)

26 Criteria Deficiencies

- A highly functional PIPS process
- Two standing committees:
  - Trauma Peer Review Committee
  - Trauma Program Operational Process Performance Committee
- Trauma Program authority to rectify issues
- Loop closure

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Performance Improvement and Patient Safety (PIPS)

Trauma Peer Review Committee

- Multidisciplinary committee to improve the overall care of injured patients (CD 16-19)
- A minimum of 50% attendance by required personnel (CD 16-20)
- Dissemination of information with documentation (CD 16-22, CD 16-23)

Resources for Optimal Care of the Injured Patient. 2006.

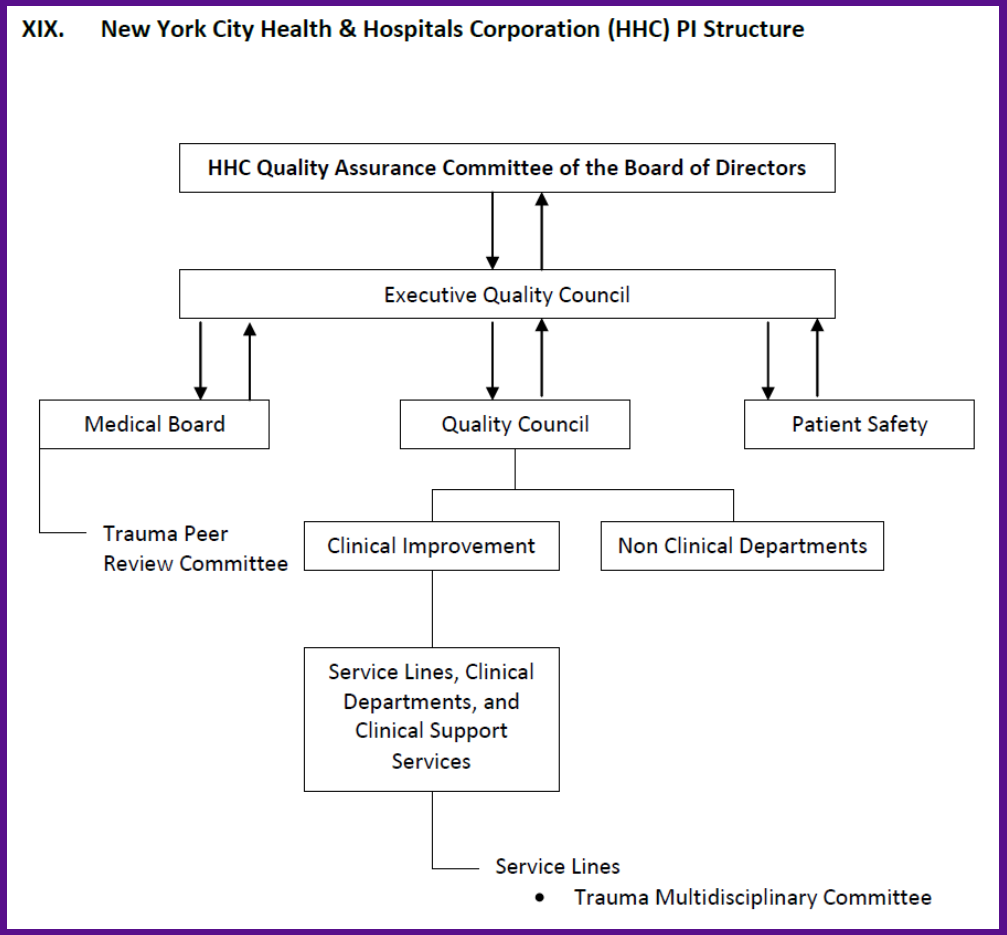
ACS-COT Consultation/Verification Program
Performance Improvement and Patient Safety (PIPS)

Trauma Program Operational Process Performance Committee

- A process to address trauma program operational issues (CD 16-15)
- Review of operational issues with appropriate corrective actions (CD 16-16, CD 16-17, CD 16-18)

Resources for Optimal Care of the Injured Patient. 2006.

Bellevue Hospital Center Trauma Program
Performance Improvement and Patient Safety (PIPS)



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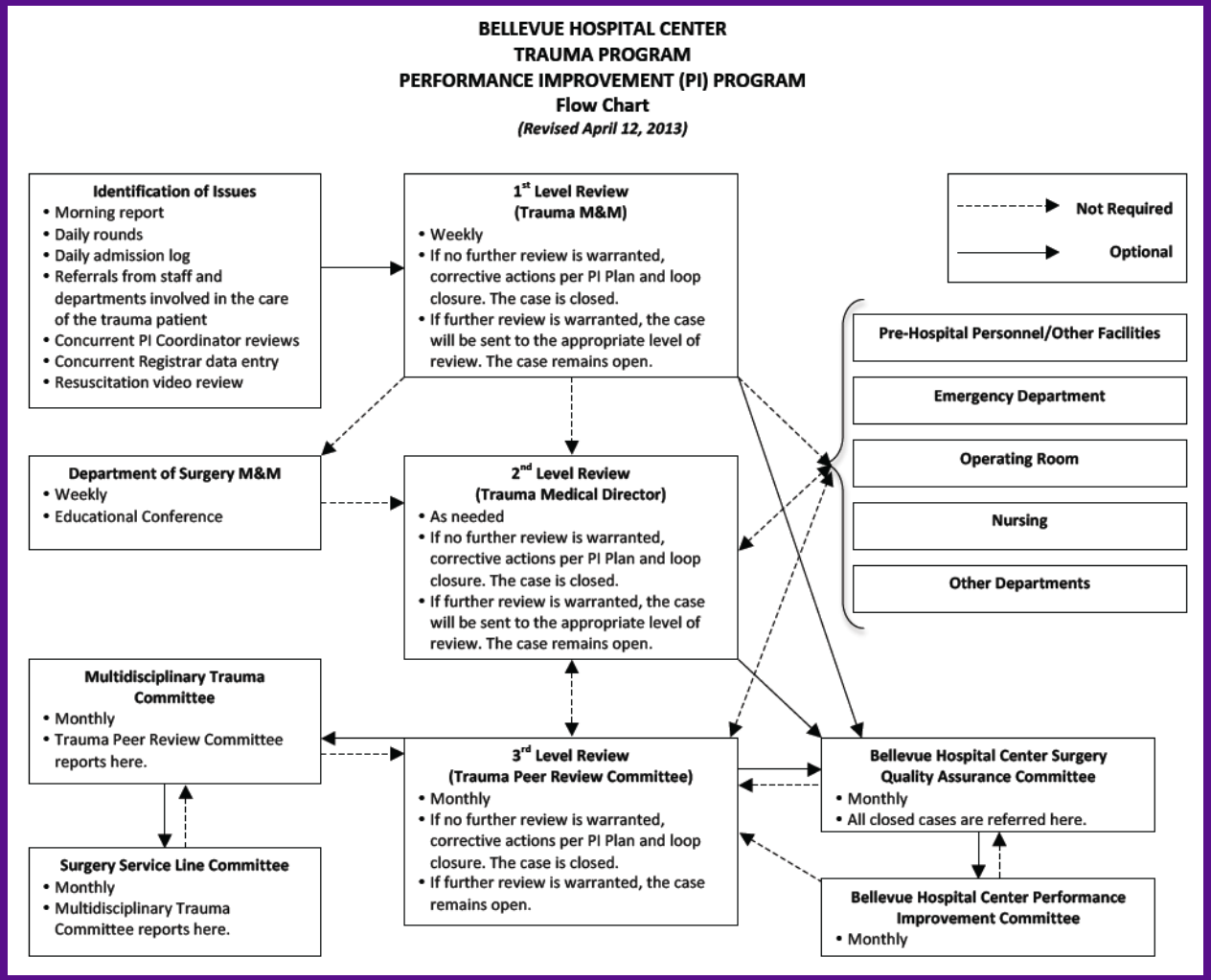
Bellevue Hospital Center Trauma Program
Performance Improvement and Patient Safety (PIPS)



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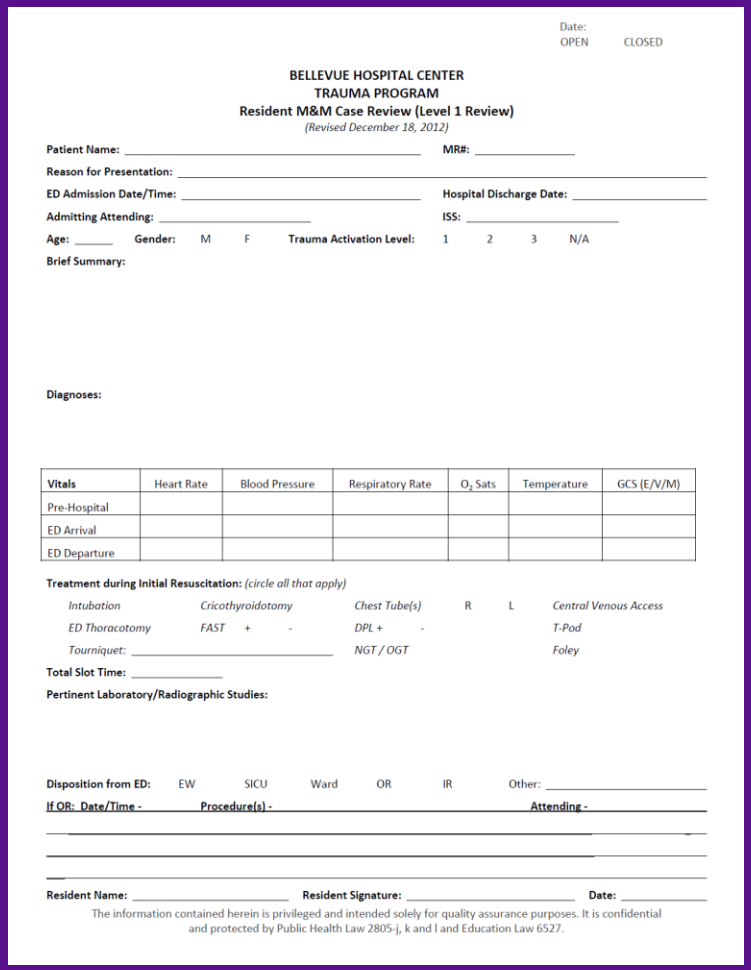
Bellevue Hospital Center Trauma Program
Performance Improvement and Patient Safety (PIPS)



Date:
OPEN CLOSED

BELLEVUE HOSPITAL CENTER
TRAUMA PROGRAM
Resident M&M Case Review (Level 1 Review)
(Revised December 18, 2012)

Patient Name: _____ **MR#:** _____
Reason for Presentation: _____
ED Admission Date/Time: _____ **Hospital Discharge Date:** _____
Admitting Attending: _____ **ISS:** _____
Age: _____ **Gender:** M F **Trauma Activation Level:** 1 2 3 N/A
Brief Summary:

Diagnoses:

Vitals	Heart Rate	Blood Pressure	Respiratory Rate	O_2 Sats	Temperature	GCS (E/V/M)
Pre-Hospital						
ED Arrival						
ED Departure						

Treatment during Initial Resuscitation: *(circle all that apply)*

Intubation *Cricothyroidotomy* *Chest Tube(s)* R L *Central Venous Access*
ED Thoracotomy *FAST* + - *DPL* + - *T-Pod*
Tourniquet: _____ *NGT / OGT* *Foley*

Total Slot Time: _____
Pertinent Laboratory/Radiographic Studies:

Disposition from ED: EW SICU Ward OR IR Other: _____
If OR: Date/Time - **Procedure(s) -** **Attending -**
_____
_____
_____

Resident Name: _____ **Resident Signature:** _____ **Date:** _____

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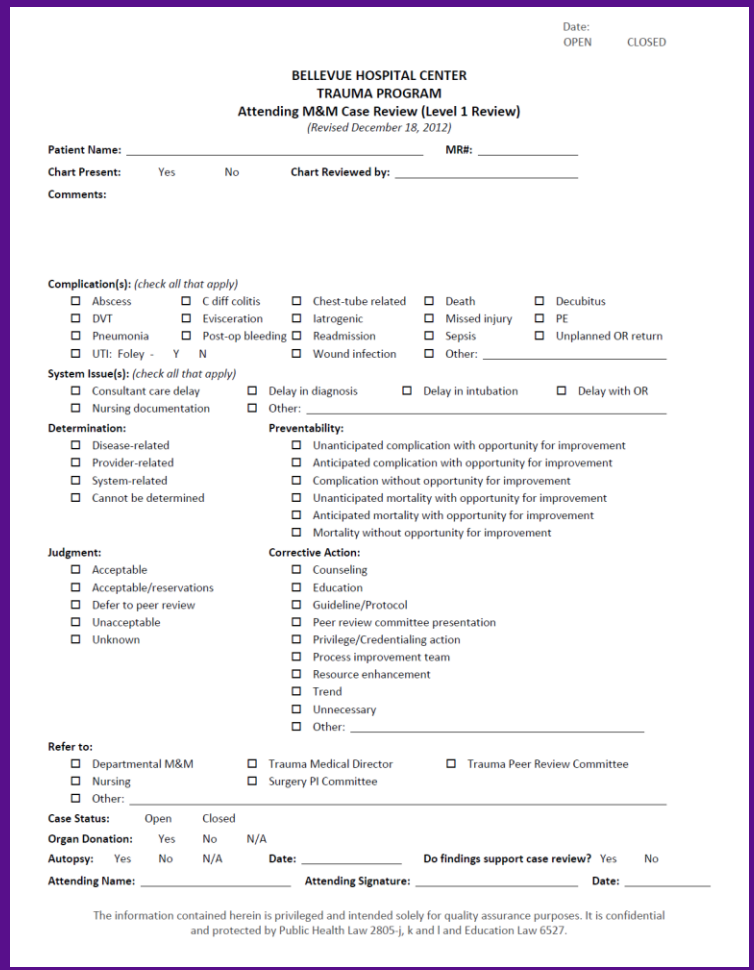

Date:
OPEN CLOSED

BELLEVUE HOSPITAL CENTER
TRAUMA PROGRAM
Attending M&M Case Review (Level 1 Review)
(Revised December 18, 2012)

Patient Name: _____ **MR#:** _____
Chart Present: Yes No **Chart Reviewed by:** _____
Comments:

Complication(s): *(check all that apply)*
- ☐ Abscess ☐ C diff colitis ☐ Chest-tube related ☐ Death ☐ Decubitus
- ☐ DVT ☐ Evisceration ☐ Iatrogenic ☐ Missed injury ☐ PE
- ☐ Pneumonia ☐ Post-op bleeding ☐ Readmission ☐ Sepsis ☐ Unplanned OR return
- ☐ UTI: Foley - Y N ☐ Wound infection ☐ Other: _____

System Issue(s): *(check all that apply)*
- ☐ Consultant care delay ☐ Delay in diagnosis ☐ Delay in intubation ☐ Delay with OR
- ☐ Nursing documentation ☐ Other: _____

Determination:
- ☐ Disease-related
- ☐ Provider-related
- ☐ System-related
- ☐ Cannot be determined

Preventability:
- ☐ Unanticipated complication with opportunity for improvement
- ☐ Anticipated complication with opportunity for improvement
- ☐ Complication without opportunity for improvement
- ☐ Unanticipated mortality with opportunity for improvement
- ☐ Anticipated mortality with opportunity for improvement
- ☐ Mortality without opportunity for improvement

Judgment:
- ☐ Acceptable
- ☐ Acceptable/reservations
- ☐ Defer to peer review
- ☐ Unacceptable
- ☐ Unknown

Corrective Action:
- ☐ Counseling
- ☐ Education
- ☐ Guideline/Protocol
- ☐ Peer review committee presentation
- ☐ Privilege/Credentialing action
- ☐ Process improvement team
- ☐ Resource enhancement
- ☐ Trend
- ☐ Unnecessary
- ☐ Other: _____

Refer to:
- ☐ Departmental M&M ☐ Trauma Medical Director ☐ Trauma Peer Review Committee
- ☐ Nursing ☐ Surgery PI Committee
- ☐ Other: _____

Case Status: Open Closed
Organ Donation: Yes No N/A
Autopsy: Yes No N/A **Date:** _____ **Do findings support case review?** Yes No
Attending Name: _____ **Attending Signature:** _____ **Date:** _____

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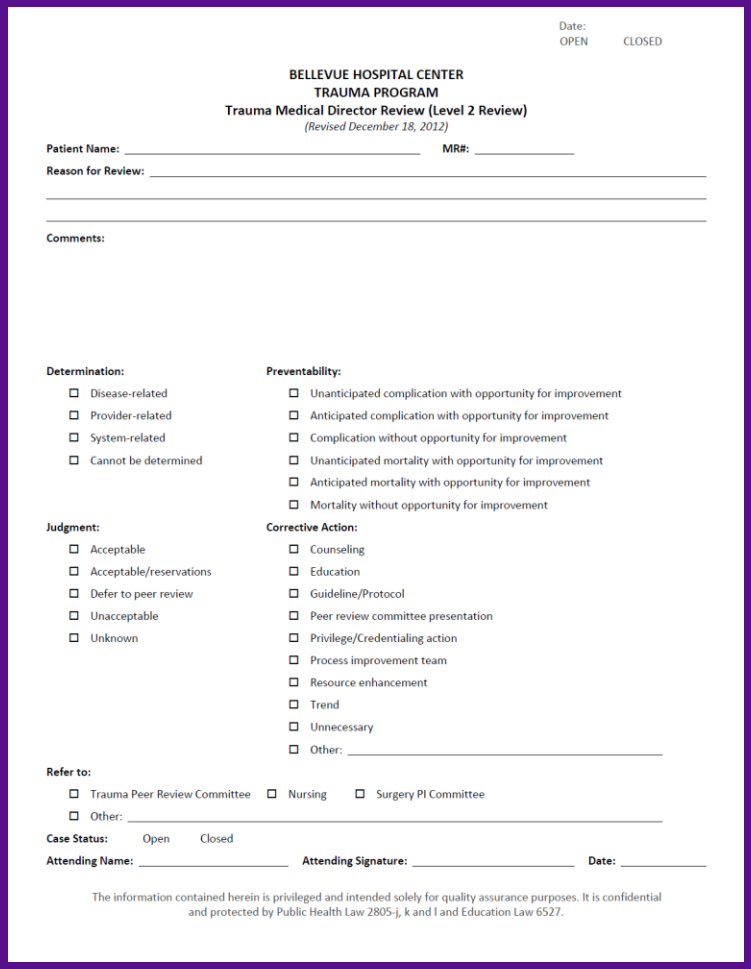
Bellevue Hospital Center Trauma Program
Performance Improvement and Patient Safety (PIPS)



Date:
OPEN CLOSED

BELLEVUE HOSPITAL CENTER
TRAUMA PROGRAM
Trauma Medical Director Review (Level 2 Review)
(Revised December 18, 2012)

Patient Name: _____ **MR#:** _____

Reason for Review: _____

_____

_____

Comments:

Determination:
- ☐ Disease-related
- ☐ Provider-related
- ☐ System-related
- ☐ Cannot be determined

Preventability:
- ☐ Unanticipated complication with opportunity for improvement
- ☐ Anticipated complication with opportunity for improvement
- ☐ Complication without opportunity for improvement
- ☐ Unanticipated mortality with opportunity for improvement
- ☐ Anticipated mortality with opportunity for improvement
- ☐ Mortality without opportunity for improvement

Judgment:
- ☐ Acceptable
- ☐ Acceptable/reservations
- ☐ Defer to peer review
- ☐ Unacceptable
- ☐ Unknown

Corrective Action:
- ☐ Counseling
- ☐ Education
- ☐ Guideline/Protocol
- ☐ Peer review committee presentation
- ☐ Privilege/Credentialing action
- ☐ Process improvement team
- ☐ Resource enhancement
- ☐ Trend
- ☐ Unnecessary
- ☐ Other: _____

Refer to:
- ☐ Trauma Peer Review Committee ☐ Nursing ☐ Surgery PI Committee
- ☐ Other: _____

Case Status: Open Closed

Attending Name: _____ **Attending Signature:** _____ **Date:** _____

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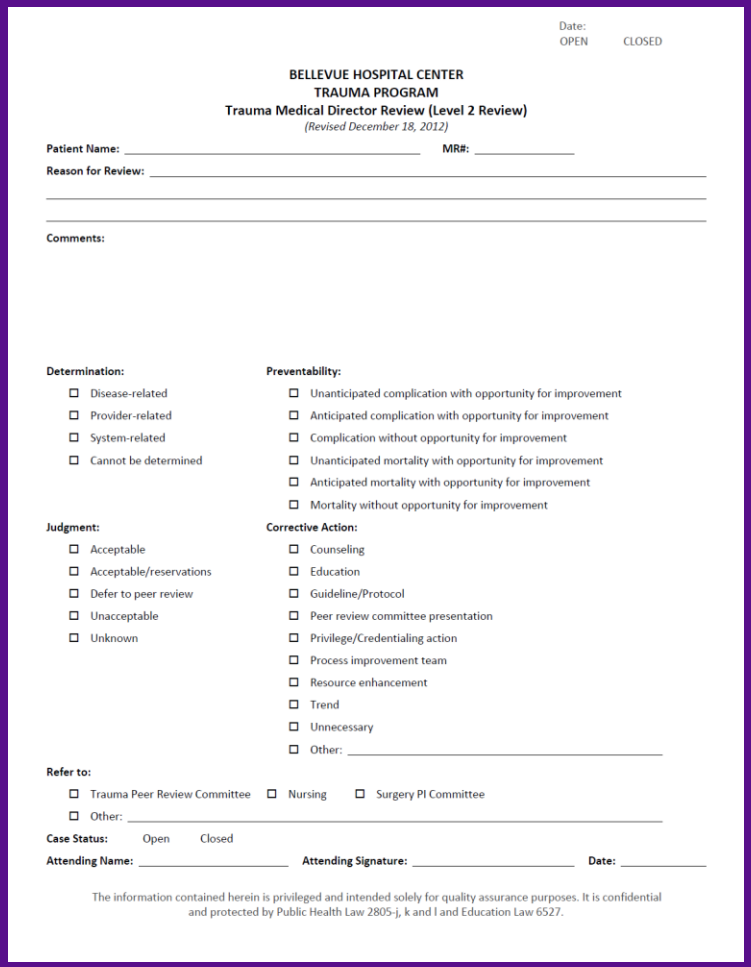
Bellevue Hospital Center Trauma Program
Performance Improvement and Patient Safety (PIPS)



Date:
OPEN CLOSED

BELLEVUE HOSPITAL CENTER
TRAUMA PROGRAM
Trauma Medical Director Review (Level 2 Review)
(Revised December 18, 2012)

Patient Name: _____ **MR#:** _____

Reason for Review: _____

_____

_____

Comments:

Determination:
- ☐ Disease-related
- ☐ Provider-related
- ☐ System-related
- ☐ Cannot be determined

Judgment:
- ☐ Acceptable
- ☐ Acceptable/reservations
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- ☐ Guideline/Protocol
- ☐ Peer review committee presentation
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- ☐ Process improvement team
- ☐ Resource enhancement
- ☐ Trend
- ☐ Unnecessary
- ☐ Other: _____

Refer to:
- ☐ Trauma Peer Review Committee ☐ Nursing ☐ Surgery PI Committee
- ☐ Other: _____

Case Status: Open Closed

Attending Name: _____ **Attending Signature:** _____ **Date:** _____

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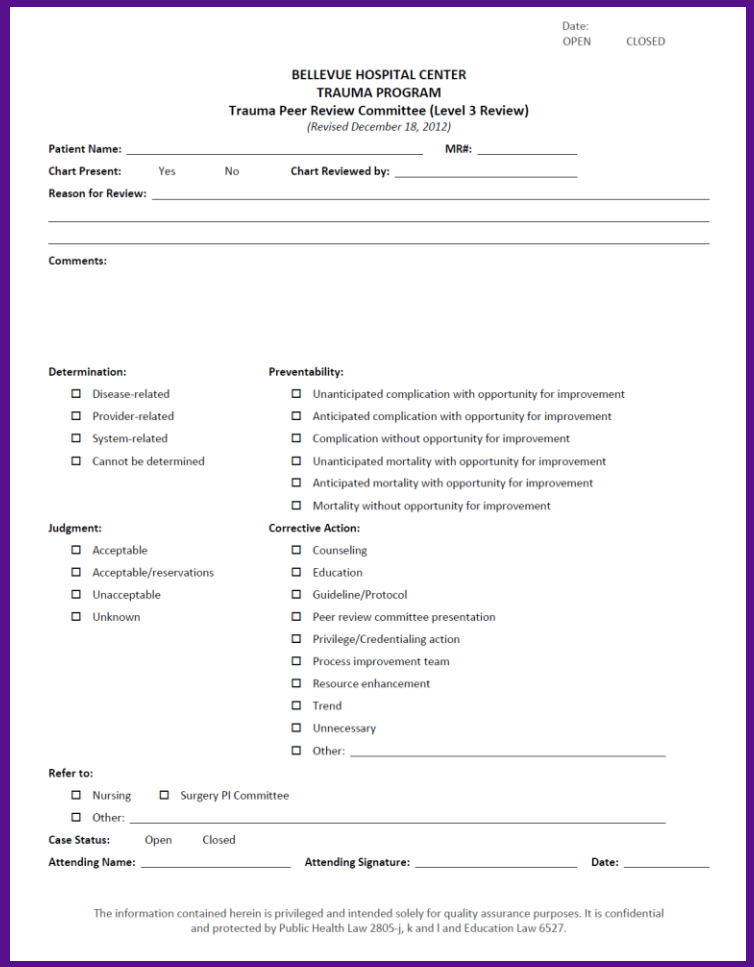

Date:
OPEN CLOSED

BELLEVUE HOSPITAL CENTER
TRAUMA PROGRAM
Trauma Peer Review Committee (Level 3 Review)
(Revised December 18, 2012)

Patient Name: _____ **MR#:** _____

Chart Present: Yes No **Chart Reviewed by:** _____

Reason for Review: _____

_____

_____

Comments:

Determination:
- ☐ Disease-related
- ☐ Provider-related
- ☐ System-related
- ☐ Cannot be determined

Judgment:
- ☐ Acceptable
- ☐ Acceptable/reservations
- ☐ Unacceptable
- ☐ Unknown

Preventability:
- ☐ Unanticipated complication with opportunity for improvement
- ☐ Anticipated complication with opportunity for improvement
- ☐ Complication without opportunity for improvement
- ☐ Unanticipated mortality with opportunity for improvement
- ☐ Anticipated mortality with opportunity for improvement
- ☐ Mortality without opportunity for improvement

Corrective Action:
- ☐ Counseling
- ☐ Education
- ☐ Guideline/Protocol
- ☐ Peer review committee presentation
- ☐ Privilege/Credentialing action
- ☐ Process improvement team
- ☐ Resource enhancement
- ☐ Trend
- ☐ Unnecessary
- ☐ Other: _____

Refer to:
- ☐ Nursing ☐ Surgery PI Committee
- ☐ Other: _____

Case Status: Open Closed

Attending Name: _____ **Attending Signature:** _____ **Date:** _____

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ACS-COT Consultation/Verification Program
Trauma Research and Scholarship

Trauma research and scholarly activity are some of the capabilities that distinguish a Level I Trauma Center from other trauma centers

These endeavors should be balanced and reflect the diverse aspects of trauma care

There are two methods to fulfill the research and scholarship criteria for Level I verification

6 Criteria Deficiencies

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Trauma Research and Scholarship

Method One:

- A minimum of 20 peer-reviewed articles in a three-year period (CD 19-1)
- Must result from work at the trauma center (CD 19-2)
- Of the 20 articles, at least one must be authored or coauthored by the general surgery trauma team, and at least one each from three of the following: neurosurgery, emergency medicine, orthopedics, radiology, anesthesia, and rehabilitation (CD 19-3, CD 19-4)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Trauma Research and Scholarship

Method Two:

- A minimum of 10 peer-reviewed articles in a three-year period (CD 19-1)
- Must result from work at the trauma center (CD 19-2)
- Of the 20 articles, at least one must be authored or coauthored by the general surgery trauma team, and at least one each from three of the following: neurosurgery, emergency medicine, orthopedics, radiology, anesthesia, and rehabilitation (CD 19-3, CD 19-4)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Trauma Research and Scholarship

Method Two:

- Of the seven following trauma-related scholarly activities, four must be met:
  - Leadership in major trauma organizations
  - Peer-reviewed funding for trauma research
  - Evidence of dissemination of knowledge
  - Display of scholarly application of knowledge
  - Visiting professorships or invited lectures
  - Support of resident-participation in such activities
  - Mentorship of residents and fellows

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program

Trauma Research and Scholarship

American College of Surgeons Committee on Trauma
Verification/Consultation Program

Summary Form for Research Articles
Submitted for Site Visit

Please complete this "Summary Form for Research Articles" for each peer-reviewed article your trauma program would like considered for the trauma research requirement for your Level I trauma center site review. Attach the completed form to the corresponding article, and have those articles (with research forms attached) available at the time of the site visit in order for the site reviewers to complete this portion of the review.

1. Three Year Time Period for Research Articles: The trauma program must choose one of the two following options as the 3-year time period during which all articles must have been published. Please pick one of the two options, and complete the time period:
   a. _____ 36 months, ending the last day of the "reporting year" for this review
   b. _____ 36 months, ending the first day of the site visit
   Time Period for Research: _____ (month & year) to _____ (month & year)

2. Name of Article: _____

3. Date of Publication: _____

4. Is the article from a peer-reviewed journal (circle yes or no) - **YES** **NO**
   If "NO" – please explain: _____

5. Is the article primarily an "Adult" or "Pediatric" trauma article (circle one):
   Adult **Pediatric**

6. Is this article from work related to your trauma center (circle one):
   YES **NO** If, "YES" – please explain: _____
   _____

7. The author/co-author(s) is from which discipline(s):
   _____ General Surgery (Trauma Surgeon)
   _____ Emergency Medicine
   _____ Neurosurgeon
   _____ Orthopaedic Surgeon
   _____ Radiologist
   _____ Anesthesiologist
   _____ Rehabilitation

8. If the author/co-author is not from one of the disciplines above, are they from:
   ____ Nursing
   ____ Surgical Subspecialist _____
   ____ Other _____

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ACS-COT Consultation/Verification Program
Disaster Planning and Management

The ACS believes the surgical community has an obligation to actively participate in this process

4 Criteria Deficiencies

- Must satisfy The Joint Commission requirements (CD 20-1)
- A surgeon from the trauma panel must sit on the committee (CD 20-2)
- Hospital drills at least every six months (CD 20-3)
- A hospital disaster plan (CD 20-4)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Organ Procurement Activities

4 Criteria Deficiencies

- An established relationship with a recognized organ procurement organization (OPO) (CD 21-1)
- A written policy for triggering OPO notification (CD 21-2)
- The organ donation rate must be reviewed by the PIPS process (CD 21-3)

Resources for Optimal Care of the Injured Patient. 2006.

Bellevue Hospital Center Trauma Program
Organ Procurement Activities

New York Organ Donor Network

Organ Donation Activity and Performance
2012

Referral Rate	Consent Rate	Conversion Rate	OTF
100 %	50 %	45 %	3.6

Bellevue Hospital Center

Month	Total Referred	MSRs	Total Donors	BD Donors	DCD Donors	Total CNRs	DCD CNRs	Family Decline	ME Decline	Missed BD	Missed DCD	Referral Rate	Consent Rate	Conversion Rate	Timely	Timely Rate	DSA	DSA Rate	Organ Tx
2012-January	2	2	0	0	0	0	0	2	0	0	0	100 %	0 %	0 %	1	50 %	2	100 %	0
2012-February	4	0	0	0	0	1	0	0	0	0	0	NaN	100 %	NaN	1	100 %	1	100 %	0
2012-March	5	4	1	1	0	0	0	3	0	0	0	100 %	25 %	25 %	4	80 %	4	100 %	2
2012-April	4	3	1	1	0	0	0	2	0	0	0	100 %	33 %	33 %	3	100 %	3	100 %	3
2012-May	5	3	2	2	0	0	0	1	0	0	0	100 %	67 %	67 %	2	67 %	3	100 %	8
2012-June	2	1	0	0	0	1	0	1	0	0	0	100 %	50 %	0 %	2	100 %	2	100 %	0
2012-July	3	1	1	1	0	0	0	0	0	0	0	100 %	100 %	100 %	1	100 %	1	100 %	1
2012-August	7	4	3	3	0	0	0	1	0	0	0	100 %	75 %	75 %	4	80 %	3	75 %	14
2012-September	4	2	1	1	0	0	0	1	0	0	0	100 %	50 %	50 %	1	50 %	2	100 %	5
2012-October	2	0	0	0	0	0	0	0	0	0	0	NaN	NaN	NaN	0	0 %	0	NaN	0
Year																			
	38	20	9	9	0	2	0	11	0	0	0	100 %	50 %	45 %	19	76 %	21	95 %	33

**All numbers are subject to change upon reconiciliation and medical record review.*

Field	Definition
ME	Medical Examiner
BD	Brain Dead
Medically Suitable Referrals (MSRs)	All Donors + Family Decline + ME Decline
Total Donors	(BD Donors+DCD Donors) or (Eligible Donors+non-eligible Donors)
Referral Rate	(Donor+Family Decline+ME Decline) / (Donor+Family Decline+ME Decline+BD Missed Referral)
DCD	Donation after Cardiac Death: Recovery of organs and or tissues from a donor whose heart has irreversibly stopped beating, previously referred to as non-heart-beating or asystolic donation.
Consent Rate	(All Donors + All CNR) / (All Donors + All CNR + Family Decline + ME Decline)
Conversion Rate	(All Donors / (All Donors + Family Decline + ME Decline + Missed BD)
OTPD	Organs transplanted per donor
CNR	Consent not recovered
NaN	Not Applicable / Undefined / No Data
Timely	based on referrals made prior to the 1st brain death note.
Timely Rate	Timely referrals / All referrals with at least 1 brain death note
DSA	meets the definition of the Donation Service Area of an Effective Request Process
DSA Rate	DSA / All approaches for organ donation

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ACS-COT Consultation/Verification Program
Organ Procurement Activities

4 Criteria Deficiencies

- An established relationship with a recognized organ procurement organization (OPO) (CD 21-1)
- A written policy for triggering OPO notification (CD 21-2)
- The organ donation rate must be reviewed by the PIPS process (CD 21-3)
- An established brain death criteria… (CD 21-4)

Resources for Optimal Care of the Injured Patient. 2006.

ACS-COT Consultation/Verification Program
Conclusion

For the betterment of our injured patients

Many Criteria Deficiencies

Be resourceful and creative, yet don’t reinvent the wheel

A team effort

ACS-COT Consultation/Verification Program

http://www.facs.org/trauma/verificationhosp.html

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