Trauma Distinction
Information Package
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Overview

The Accreditation Canada Trauma Distinction program was released in September 2014 to offer a rigorous and highly specialized process above and beyond the requirements of Qmentum. The comprehensive Trauma Distinction program was developed in partnership with the Trauma Association of Canada (TAC) and incorporates standards of excellence, and trauma-specific performance indicators and protocols. An on-site visit is conducted by expert evaluators with extensive practical experience in trauma.

Following the successful completion of the Trauma Distinction process, the organization receives a Trauma Distinction Award that is valid for four years. At the end of the four years, the organization begins a new Distinction cycle.

An organization with "Not Accredited" status in the Qmentum program cannot participate in Trauma Distinction.

Accreditation Canada evaluates the following items to determine whether Trauma Distinction will be awarded:

- The degree of compliance with the standards
- The achievement of performance indicator thresholds
- The implementation of trauma protocols or clinical practice guidelines
- Commitment to excellence and innovation
Standards of excellence

The Trauma Distinction program includes two sets of standards for trauma services, developed in collaboration with the TAC: Trauma System Standards and Trauma Centre Standards.

Trauma System Standards

These standards highlight the key components of an effective trauma system. They are evaluated at the system level, and focus on how pre-hospital, inter-facility transport, and rehabilitation services are integrated within the trauma system to maximize the recovery of trauma patients.

The Trauma Distinction program promotes a coordinated strategy for rehabilitation services at the system level in which rehabilitation should start early within the trauma centre and continue once the trauma patient is transferred to a rehabilitation centre/unit or discharged home.

Trauma Centre Standards

These standards are evaluated at the site level and cover the roles and responsibilities of trauma centres within an integrated trauma system. Depending on the jurisdiction, the requirements in the standards may need to be evaluated at the provincial and regional levels.
Performance indicators

Throughout the Trauma Distinction process, organizations are required to submit data for core and optional indicators, and meet performance thresholds as outlined below:

- All seven core performance indicators are collected and submitted.
- Results from at least three of the four core indicators with required thresholds achieve the minimum thresholds set by Accreditation Canada.
- Two of a possible nine optional indicators are collected and submitted.

Where performance indicator thresholds are not met, an action plan with performance targets is developed to guide improvement. Furthermore, indicator data must be regularly submitted between on-site visits.

A list of Trauma Distinction indicators is available in Appendix A.
Protocols

The Trauma Distinction standards include criteria that need to be in place to ensure safe, quality services across the trauma care continuum. Some of these criteria require having protocols in place such as clinical practice guidelines, algorithms, or checklists. During on-site visits, evaluators rate the criteria.

Below is a table of criteria from the Accreditation Canada Trauma System Standards and the Trauma Centre Standards. Protocols (e.g., guidelines, algorithms, checklists) used to achieve these criteria must be:

- Based on current nationally or internationally recognized guidelines (e.g., American College of Surgeons Trauma Programs)
- Used by appropriate interdisciplinary team members (e.g., Emergency Department)
- Included in the patient health record, as appropriate
- Shared with emergency services providers and other trauma centers, as appropriate

A list of Trauma Distinction protocols is available in Appendix B.
Excellence and Innovation

Excellence and innovation make up one of four components of the Trauma Distinction program that highlights outstanding achievements in trauma systems and centres. Client organizations participating in Trauma Distinction must submit at least one excellence and innovation project or initiative that has enhanced the quality of their trauma services. Projects or initiatives are evaluated against the following criteria during the on-site visit to determine whether they demonstrate excellence and innovation:

- The project is evidence based (e.g., aligned with the American College of Surgeons Trauma Programs, Canadian Nurses Association, Canadian Prehospital Evidence Based Practice, National Association of EMS Physicians, and Eastern Association for the Surgery of Trauma).

- It adds to the overall quality of care within the trauma system.

- It includes a completed evaluation and measures the project’s/initiative’s sustainability.

- The client organization communicates the project and its results inside and outside the trauma system (e.g., conference presentations, journal publications).

- The project is notable for what it contributes to the delivery of trauma care.
Next steps

For additional information or to apply, contact our Business Development team.
Email: LearnMore@accreditation.ca
Phone: 1 (800) 814-7769 ext. 317
## Appendix A

### Trauma Distinction Indicator Summary

#### Core Indicators

<table>
<thead>
<tr>
<th>Standards</th>
<th>Indicator</th>
<th>Definition</th>
<th>Threshold</th>
</tr>
</thead>
</table>
| Trauma System | Field Triage                  | **Numerator:** The number of all patients within the regional trauma system diagnosed with major anatomic injuries and those admitted to a Level I or II (or equivalent) trauma centre.  
**Denominator:** All patients within the regional trauma system diagnosed with major anatomic injuries and admitted to any hospital within the trauma system (i.e., Level I-V, and P-I-II). | ≥ 90%     |
| Trauma System | Wait Time for Rehabilitation  | **Numerator:** Total number of days from the day the trauma patient is ready for inpatient rehabilitation to the day when the patient has received rehabilitation  
**Denominator:** Total number of trauma patients admitted to inpatient rehabilitation. | ≤ 8 days  |
<table>
<thead>
<tr>
<th>Standards</th>
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<th>Definition</th>
<th>Threshold</th>
</tr>
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</table>
| Trauma Team Activation (TTA) | **Numerator:** All trauma patients with a primary injury diagnosis admitted to the ED who satisfy local TTA protocols and for whom there is a TTA.  
**Denominator:** All trauma patients with a primary injury diagnosis admitted to the ED who satisfy local TTA protocols. | ≥ 90% |
| Emergency Department Length of Stay | **Numerator:** Total number of trauma patients with a primary diagnosis of an injury with an ISS>12 discharged from ED within four hours.  
**Denominator:** Total number of trauma patients admitted to ED with a primary diagnosis of an injury with an ISS>12. | ≥ 90% |
| Trauma Centre (Level I, II, P-I and P-II) | Length of Stay in Acute Care | **Numerator:** Total number of acute care hospital days for all trauma patients with a primary diagnosis of an injury with an ISS>12 admitted to an acute care setting and discharged alive.  
**Denominator:** Total number of trauma patients discharged alive from an acute care hospital. | None* |
| Complications during Hospital Stay | **Numerator:** All trauma patients admitted to the hospital with a primary diagnosis of a major anatomic injury and at least one secondary diagnosis included in the complication list.  
**Denominator:** All trauma patients admitted to the hospital with a primary diagnosis of a major anatomic injury. | None* |
| | Trauma Mortality | **Numerator:** All trauma patients admitted to the hospital with a primary diagnosis of an injury with an ISS>12 who die within 30 days.  
**Denominator:** All trauma patients admitted to the hospital with a primary diagnosis of an injury with an ISS>12. | None* |

*Accreditation Canada did not set a threshold for this core indicator at this time. Trauma systems are asked to submit data on this essential indicator for quality improvement purposes. A threshold will be eventually set for this indicator in collaboration with the Trauma Association of Canada.
## Optional Indicators

<table>
<thead>
<tr>
<th>Standards</th>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
</table>
| Trauma System | Presence of Ambulance Report on Medical Record                           | **Numerator:** All trauma patients transported from the injury scene by Emergency Medical Services (EMS) to the emergency department (ED) with a primary diagnosis of an injury with an ISS>12 who have an accompanying ambulance report in the medical record.  
  **Denominator:** All trauma patients with a primary diagnosis of an injury with an ISS>12 who were transported directly from the injury scene by EMS to the ED. |
|             | Time to Definitive Trauma Centre                                            | **Numerator:** Sum for all included patients; the time that EMS arrived at the definitive trauma centre with a trauma patient who has a primary diagnosis of an injury and ISS>12 minus (–) the time when EMS arrived at the injury scene.  
  **Denominator:** All trauma patients with a primary diagnosis of injury and ISS>12, transported by EMS to the definitive trauma centre. |
| Trauma Centre (Level I, II, P-I and P-II) | VTE Prophylaxis Administered within 24 Hours of Hospital Admission           | **Numerator:** All patients age 18 years and older admitted to hospital with an injury diagnosis of any of the following: i) long bone fracture ii) pelvic fracture iii) thoracoabdominal trauma without a concurrent diagnosis of head injury or spine injury, who have VTE prophylaxis (pharmacological) initiated within 24 hours of hospital admission.  
  **Denominator:** All patients age 18 years and older admitted to hospital with an injury diagnosis of any of the following (and without a concurrent diagnosis of head injury or spine injury): i) long bone fracture ii) pelvic fracture iii) thoracoabdominal trauma. |
|             | Trauma Patients with Life-Threatening Cerebral Hematomas Not Receiving Immediate Surgery | **Numerator:** Number of trauma patients with an acute epidural or subdural brain hematoma that do not receive immediate craniotomy at the definitive care hospital.  
  **Denominator:** All trauma patients with an acute epidural or subdural brain hematoma receiving craniotomy (for whom operative management was the planned intervention). |
<table>
<thead>
<tr>
<th>Standards</th>
<th>Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tracheal Intubation</strong></td>
<td><strong>Numerator</strong>: All patients with a primary diagnosis of an injury and with a documented decreased level of consciousness (GCS &lt; 9) in the ED and who had a successful insertion of endotracheal tube in the ED.</td>
<td><strong>Denominator</strong>: Injured patients with a decreased level of consciousness (GCS &lt; 9) in the ED.</td>
</tr>
<tr>
<td><strong>Unplanned Intensive Care Unit Admission</strong></td>
<td><strong>Numerator</strong>: All patients with a primary diagnosis of an injury admitted to ICU from the ward.</td>
<td><strong>Denominator</strong>: All patients with a primary diagnosis of an injury admitted to a hospital ward.</td>
</tr>
<tr>
<td><strong>Unplanned Hospital Readmission within 30 Days of Hospital Discharge</strong></td>
<td><strong>Numerator</strong>: All trauma patients with a primary diagnosis of an injury who are non-electively readmitted with injury, after passing through the ED, to any acute care hospital in the trauma system, within 30 days of a previous discharge.</td>
<td><strong>Denominator</strong>: All trauma patients with a primary diagnosis of an injury admitted to an acute care hospital in the trauma system.</td>
</tr>
<tr>
<td><strong>Screening: Alcohol Abuse and Alcohol Dependency</strong></td>
<td><strong>Numerator</strong>: All trauma patients who are 12-years-old and older, who are admitted to a hospital or the ED with a primary diagnosis of injury and who are screened for (1) alcohol abuse and (2) alcohol dependency using a validated tool or who have blood alcohol consumption greater than the legal limit.</td>
<td><strong>Denominator</strong>: All patients age &gt; 12 years admitted to the ED or hospital with a primary diagnosis of injury.</td>
</tr>
<tr>
<td><strong>Referral and Treatment: Alcohol Abuse and Alcohol Dependency</strong></td>
<td><strong>Numerator</strong>: All trauma patients ≥ 12 years admitted to a hospital or the ED with a primary diagnosis of injury and who are screened positive for (1) alcohol abuse or (2) alcohol dependency, who are referred for brief intervention (alcohol abuse group) or to treatment (alcohol-dependent group).</td>
<td><strong>Denominator</strong>: All patients age &gt; 12 years admitted to the ED or hospital with a primary diagnosis of injury and who screened positive for alcohol abuse or dependency.</td>
</tr>
</tbody>
</table>
### Appendix B: Trauma Distinction Protocols

#### Trauma System Standards

<table>
<thead>
<tr>
<th>Area of focus</th>
<th>Criterion (Number)</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Management</strong></td>
<td>The pre-hospital system has EMS protocols for assessing, resuscitating, and stabilizing trauma patients at the incident scene and during transport. (6.8)</td>
<td>American College of Surgeons Trauma Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canadian Pre-hospital Evidence Based Practice</td>
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<tr>
<td></td>
<td></td>
<td>Eastern Association for the Surgery of Trauma</td>
</tr>
<tr>
<td><strong>Patient Triage</strong></td>
<td>The pre-hospital system has EMS protocols to appropriately identify trauma patients at the incident scene and determine if they need to be transported to a trauma centre. (6.5)</td>
<td>International Classification of Function Disability and Health (ICF)</td>
</tr>
<tr>
<td><strong>Direct Patient Transport</strong></td>
<td>The pre-hospital system has EMS protocols that allow for the direct transport of trauma patients to trauma centres within geographic limits. (6.7)</td>
<td>Rick Hansen Institute Guidelines</td>
</tr>
<tr>
<td><strong>Patient Transfer</strong></td>
<td>The trauma system has protocols for the immediate treatment and transfer of patients in need of alternate levels of care including quaternary trauma services. (4.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>The trauma system has rehabilitation protocols based on current research and best practice information. (9.5)</td>
<td></td>
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</table>
## Trauma Centre Standards

<table>
<thead>
<tr>
<th>Protocol</th>
<th>Criterion Text (Number)</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>Trauma Response Team Activation</td>
<td>The ED activates the institutional trauma response team protocol (9.1)</td>
<td>American College of Surgeons Trauma Programs</td>
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<tr>
<td></td>
<td><strong>Level</strong>: I, II, III, P-I and P-II</td>
<td>Eastern Association for the Surgery of Trauma</td>
</tr>
<tr>
<td>Massive Transfusions</td>
<td>The trauma centre has a massive transfusion protocol (10.2)</td>
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<tr>
<td></td>
<td><strong>Level</strong>: I, II, P-I and P-II</td>
<td></td>
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<tr>
<td>Radiology</td>
<td>The trauma centre has radiology protocols for adult, pregnant and pediatric trauma patients (11.1)</td>
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<tr>
<td></td>
<td><strong>Level</strong>: I, II, III, IV, P-I, P-II</td>
<td></td>
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<tr>
<td>Surgical Critical Care</td>
<td>The trauma centre has surgical critical care protocols for trauma patients. (13.5).</td>
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<tr>
<td></td>
<td><strong>Level</strong>: I, II, III, P-I and P-II</td>
<td></td>
</tr>
<tr>
<td>Organ and Tissue Donation</td>
<td>The trauma centre follows existing protocols for organ and tissue donation (17.3)</td>
<td>Organ and Tissue Donation and Transplantation in Canada</td>
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<tr>
<td></td>
<td><strong>Level</strong>: All</td>
<td></td>
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