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Deaconess REGIONAL TRAUMA CENTER

Trauma Communication Plan

General Information

1. File titles will include “Peer Protected”.
2. All files/data within the main files will include a peer protection statement.
3. Emails will not be used to communicate regarding patient care issues.
4. Midas may be used for appropriate follow up across all modalities.

Providers

1. All chart reviews/Trauma Mortality and Morbidity Committee (“Peer Meeting”) information will be placed in a designated peer protected electronic folder for review.
2. Provider reviewers will access this information in one of two ways:
    a. Information will be placed in the electronic folder and the provider will comment directly within the document.
        i. Provider will be given a link specifically for his/her folder.
        ii. Provider will only have access to the required folder pertaining to his/her information.
    b. The information may be printed and given directly to the provider. The provider may:
        i. Review the information and return document directly to Trauma Service Department; or
        ii. Call the Trauma Services staff with the pertinent information.
        iii. In either instance, the original document will be shredded as per Hospital policy.
3. If information is added to the electronic folder, Trauma Services personnel will send an email to the provider which advises that a new file is available for review.
4. Trauma Services will manage the file and transfer appropriate information to the trauma registry software.
5. Completed reviews will be archived in the Peer protected electronic folder.

Hospital/Nursing Units

1. Communication regarding patient care issues should be conducted via telephone or Secure Chat within the EPIC system.
2. Operational Committee data can be sent to the appropriate department manager via email.
    a. “Confidential” must be placed in the subject line.

b. The following statement must be at the top of the email:
"Confidential Peer Review Communication in accordance with IC 34-30-15, KRS 311.377 and contains PSWP in accordance 42 U.S.C. § 299b-21 et seq. and its implementing regulations at 42 C.F.R. Part 3. Do not forward or otherwise share this information."
c. The email must be encrypted as Deaconess Hospital, Inc. – Confidential

3. Operational Committee opportunities for improvement will not be sent via email. These opportunities may be discussed at the Operational Committee meeting or via telephone call with appropriate leadership.
4. Trauma Services will manage the file and transfer appropriate information to the trauma registry software.
5. Completed audits will be archived in the Peer electronic folder.

Trauma Outreach Medical Director

1. Refer to "Providers" section.
2. A generic follow-up letter will be sent to the referring facility with the specific statement on the document:
   a. "CONFIDENTIAL: This communication may contain privileged, confidential, and protected material, including protected health information (PHI) and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the person responsible for delivering to the intended recipient, be advised that you have received this document in error and that any use, dissemination, forwarding, printing or copying of this document is strictly prohibited. If you have received this document in error, please immediately contact DHS Risk Management at 812-450-2274."
3. Opportunities for improvement will be discussed in person or via telephone.
4. Referring facility performance improvement spreadsheets and related documentation will be printed and directly handed to the appropriate facility representative.
6. Trauma Services will manage the electronic file and transfer appropriate information to the trauma registry software.