Disclosures

- No financial ties to any organization discussed
- No off label or investigational use
- Reviewer for the ACS
- Opinions expressed are mine alone

Objectives

- Recognize the importance of PI to Trauma Center function and verification
- Design a working PI program structure for your trauma program
- Review the ACS TQIP program
- Understand how to deal with common PI program problems

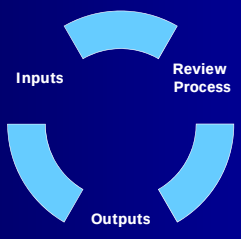
Importance of PI Program

- Important to verifying agencies
  - Typical site survey
    - 1 hour facility inspection
    - 5hrs + of PI review
- Important to you
  - Documents the quality of the trauma care that you provide
  - Most common reason for verification visit deficiencies

Performance Improvement Program

- What it is
  - Continuous monitoring of processes and outcomes
  - Time and data intensive
  - Vitally important to the existence of your center
- What it is not
  - Easy
  - Cheap
  - A guarantee of passing your verification visit

PI Components



PI Inputs

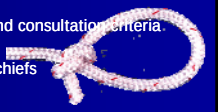
PI Review Process

PI Outputs

- System problems – Massive Transfusion Protocol
  - Guidelines & protocols
  - Education
  - Enhanced resources ($)
- Peer review problems
  - Education
  - Counseling
  - Change in privileges
- Documentation
  - Trauma program
  - Hospital

"Closing The Loop"

- Identification
  - Finding patterns of problems
    - Dramatic increase in number of admits to non-surgical services
- Correction
  - Providing remediation
    - Reviewing trauma activation and consultation criteria with ED physicians
    - Educating nonsurgical service chiefs



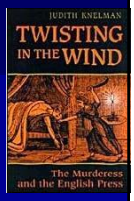
"Closing The Loop"

- Monitoring
  - Repeat data collection
    - Monitor non-surgical admits for another quarter
- Documentation
  - Maintain an easily followed audit trail of entire process
    - Open items log

ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

- Provides risk-adjusted benchmarking to track patient outcomes and improve patient care
  - Utilizes NTDB data
  - Registrar training and conferences
  - External data audits
  - Risk adjusted using other similar trauma centers
  - Shares best practices
  - Annual fee of $9000

Specific Pointers



- Work closely with your TPM
  - Don't abandon them!
- Make sure all possible routes into the hospital are covered
  - How to deal with admits to nonsurgical services

Specific Pointers

- Keep up on required meeting attendance
- Attend to all PI in a timely manner
- Maintained detailed documentation of all discussions, in writing
  - Direct
  - Minutes
  - Email?

Specific Pointers

- Organize, organize, organize
  - Use your trauma registry or other software
    - Patient folders
    - System issue folders
    - Open item list
  - Keep a list of your successes

Specific Pointers

- Organize your PI well for your site visit
  - Patient folders
  - System issue folders
  - Flag key areas of your medical records
  - Assign one EMR expert to each reviewer
  - Test everything that is not made of paper
  - **Don't even try to cheat!**

Final Pointers

- Design a solid PI program foundation
- Take the initiative to make the process meaningful
- Pay as much attention to PI as you do to your clinical responsibilities
- Find creative solutions to tough problems and document them well
- Document everything, and document it in an easy to follow format.

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Case 1

- You are the director of a trauma hospital that is 4 months away from its first Level II verification visit. For the past two months, you and your nurse coordinator have been feverishly crafting your new PI process. You are both very happy with the result.

  Should you go forward with the site visit, or delay for several more months while the PI program "matures?"

Case 2

- Your reverification visit is 6 months away. In preparing your application, you notice that the attendance of several of your liaisons is just under the 50% threshold, and that your neurosurgeon has not attended at all.

  Can this be fixed for the site visit, and if so, how?

Case 3

- You use a multi-tiered trauma activation system. You note that 40% of your second level activations are discharged home from the ED

  How can you investigate and remedy this?

Case 4

- During Trauma M&M, one surgeon comments that the DVT/PE rate seems to have increased dramatically. You direct your registrar to compile data for the past several years, and it appears that your incidence of DVT and PE's has doubled in the past year.

  What do you do now?

Case 5

- Your TPM has noted an increasing number of trauma activation patients who remain in the ED for an extended period of time. The EMR trauma flow sheet is very difficult to reconstruct the resuscitation process from.
- How can you investigate and correct this problem?

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