

Manual: Administrative Policies and Procedures Manual

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TRAUMA PROGRAM PERFORMANCE IMPROVEMENT PLAN

I. PURPOSE

The Trauma Program Performance Improvement (PI) Plan is designed to ensure efficient, cost effective, high quality patient care that is facilitated by continuous, systematic and objective data analysis and multidisciplinary peer review to identify opportunities to improve patient safety through all phases of trauma care. The ultimate goal is to reduce mortality and morbidity in the Trauma patient population. The plan is to provide specialized, effective care to all injured patients presenting to this facility.

II. AUTHORITY/SCOPE OF TRAUMA PERFORMANCE IMPROVEMENT

- A. Support for the hospital's participation in the statewide trauma system is demonstrated by both the Board of Trustees and the Medical Staff resolve to provide the resources necessary to attain and sustain designation.
- B. The hospital's trauma program is integrated into the hospital's organizational structure with sufficient authority to effect change across several departments.
- C. The Trauma Program has a formal internal performance improvement process that allows for a multidisciplinary approach to problem identification, data driven analysis and resolution of issues.
 1. The process of care will be monitored continuously by utilizing the indicators as defined by the regional trauma system, American College of Surgeons Committee on Trauma, and the Trauma Performance Improvement Committee.
 2. All cases or systems issues identified will be reviewed by the Trauma Coordinator and brought forth to the Trauma Medical Director, Trauma Director and Trauma Facilitator, within the Trauma Department meeting.

Levels of Review:

First Level of Review: The Trauma Coordinator will do the initial case review. If the 1st level review is completed, affirming that clinical care is appropriate and no provider or systems issues are identified, the case does not require 2nd level review. However, after review of all pertinent information the trauma coordinator may determine that the issue should be addressed by the Trauma Medical Director. These issues will come to the Trauma Department meeting (Trauma Medical Director, Trauma Director, Trauma Coordinator and Trauma Facilitator) which may begin further investigation, implement action without formal referral to a peer review or services committee, or decide to send it to the PI Committee/Trauma Services committee or to the trauma peer review committee and ask for follow up.

Second Level of Review: A Second level review is required when there are issues in clinical care, or when provider or systems issues are evident and the Trauma Medical Director's expertise and judgement determines the issues need to go to the Trauma Services Committee for 2nd level review and discussion. The Trauma Services Committee

will include physicians on a quarterly basis (Specialist involved in the care of the trauma patient such as Surgical, CRNA's, Emergency Medicine, Radiology, Pathology and/or Hospitalist and will discuss individual case issues. These issues are formally reviewed. The practitioners involved in the patient care will be invited to attend for additional information and input. Determination of judgement for 2nd level review will be made by the Trauma Services Committee using the following criteria.

Third Level Review: Determination of Final Standard of Care:

The Trauma Medical Director will discuss all Standard of Care Level 3's during the Executive Session of Medical Executive Committee (as the Trauma Peer Review Committee).

D. Documentation of Identified Trauma Issues through Analysis and Evaluation

The Trauma PI issues will be tracked on the "Trauma Chart Review worksheet" if not already documented in the trauma registry. These methods track all aspects of the case review including a summary of the clinical care, identified issues, reference to discussion/ meeting minutes from the Trauma Services Committee(s) judgement, recommendations, actions and loop closure.

E. Referral Process for Investigation or Review

The cases determined to require further investigation by the 1st and/or 2nd level of review and by Trauma Services Committee may be referred to the appropriate hospital department head and/or Medical Director or service committee for review. The Trauma Services Committee and/or Trauma Medical Director/Trauma Staff will then review the response of the referral for follow-up planning.

III. TRAUMA SERVICES COMMITTEE

- A. A multidisciplinary medical peer review committee functioning under the auspices of the Medical Executive Committee.
- B. The purpose of the committee is to evaluate the care of the trauma patient from a clinical and systems perspective and to perform interdisciplinary implementation of improvement strategies. Recommendations and action plans with associated re-evaluation will be made when areas needing improvement are determined.
- C. The Trauma Medical Director will submit a quarterly summary report to the Medical Executive Committee and Medical Staff meeting.

IV. OPERATIONAL STAFF RESPONSIBLE FOR THE TRAUMA PROGRAM

- A. Trauma Performance Improvement is a hospital-wide effort. All departments, employees, services, committees, medical staff, all levels of management, and the Board of Trustees are involved.
 - 1. The Trauma Medical Director along with the Trauma Director, Trauma Coordinator and Trauma Facilitator will maintain the Trauma PI process with data support from the trauma registry. Representatives from other departments and Performance Improvement will participate when needed. This ensures multidisciplinary collaboration and compliance with the hospital PI program.
 - 2. The Trauma Medical Director is responsible for chairing the quarterly Trauma Services Committee and for the initial review of all physician related issues including deaths and identified complications.
 - 3. The Trauma Coordinator is responsible for identification of issues and their initial validation, the maintenance of the trauma PI data, facilitating data trends and analysis, and for coordinating surveillance of protocols and guidelines to assure standard of care is being met.
 - 4. The Trauma Director and Risk Manager along with the Trauma Medical Director and

Coordinator are responsible for developing/facilitating trauma protocols and guidelines, maintenance of the trauma files and protection of their confidentiality.

5. The Trauma Registrar will assist the Trauma Coordinator in the activities, using registry indicators and compilation of reports to support the PI program.
6. The Trauma Facilitator will support the functions described above and will lead the Injury Prevention portion of the PI program and the collaboration with EMS for trauma improvement.

V. **ROLES AND RESPONSIBILITY**

- A. Board of Trustees – is responsible for oversight of hospital trauma quality. Specifically, the Board of Trustees is accountable to: promote trauma performance improvement at all levels, provide for collaboration of leaders in addressing trauma process improvement, and, on an ongoing basis, receive and review a summary of the hospital’s trauma performance improvement activities.
- B. Trauma Medical Director– will participate in the hospital Trauma Performance Improvement and will complete the following:
 1. Completion of 16 hours of trauma or critical care related CE during the previous year (Must accrue 48 hours over the 36 month prior to state verification visit.
 2. Current ATLS provider certification
 3. Annual attendance at the Trauma Services Committee of 80% or more.
 4. Development of protocols, policies and trauma orders.
- C. Corrective Action Planning
 1. Utilize the methods described in this plan to continuously measure, assess and improve trauma services provided.
 2. The Trauma Medical Director oversees all corrective action planning along with the Trauma Director, Trauma Coordinator and Trauma Facilitator.
 3. Structured plans may be created by any of the Trauma Services Committee members in an effort to improve suboptimal performance identified through the PI process. The goal is to create forward momentum to effect outcome change leading to subsequent loop closure. Examples of potential corrective actions:
 - a. Organization of PI Teams
 - b. Education
 - c. Referral to peer review
 - d. Trending
 - e. Focused monitoring
 - f. Protocols/Practice Guidelines
 - g. Counseling
 - h. External Review
 - i. Enhancement of resources or methods of communication

VI. **CONFIDENTIALITY PROTECTION**

- A. Some data related to quality improvement and risk management activities, such as patient information must be maintained in a confidential manner. Data and patient information utilized to reduce mortality and morbidity shall not be subject to discovery, subpoena or other means of legal compulsion for release to any person or entity.
- B. All trauma performance improvement related documents will be considered confidential and protected as specified in KSA 65-4915 and 65-4923 policies and HIPAA.
- C. All trauma performance improvement will be clearly labeled “Confidential for Peer Review Only.” The report is a review function and as such is confidential and shall be

used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena.

- D. Whenever feasible, generic identifiers for patients and care providers shall be utilized. No performance improvement information will be part of the medical record. All paper PI documents and electronic information will be kept in a secure location with limited, controlled access. All copies distributed at meetings will be counted and collected at the close of each meeting.

VII. LOOP CLOSURE AND RE-EVALUATION

Any identified issues will be subject to a Level 1, 2 or 3 review which may result in the formation of an action plan. In order to “close the Trauma PI loop,” the outcome of the corrective action plan will be monitored for the expected change and a re-evaluation process will demonstrate a measure of performance or change at an acceptable level. “Acceptable level” may be determined by frequency tracking, benchmarking, and variance analysis as decided by the Trauma Medical Director, Trauma staff and/or Trauma Services Committee. Loop closure will be reported to the Trauma Services Committee and a determination made regarding periodic or continued monitoring.

IX. INTEGRATION INTO HOSPITAL PERFORMANCE IMPROVEMENT PROCESS

- A. The Trauma PI Program practices a multidisciplinary and multi-departmental approach to reviewing the quality of patient care across all departments and divisions. The Trauma Committees are integrated and collaborate with the appropriate service/performance improvement committees.
- B. The Trauma PI Program will report through the Medical Executive Committee and Risk Management Committee as well as the Performance Improvement Committee.

X. REVIEW PROCESS

- A. Medical Staff: The Trauma Registrar will enter data into the Statewide Trauma Registry. The Trauma Medical Director and Trauma Coordinator will review charts against established criteria. Those charts determined to need a 2nd level review will be taken to the Trauma Services Committee. Evaluation of care, processes and systems will be made. Risk Management Classifications will be given to each case per peer review requirements.
- B. Hospital Staff or System Issues: Trauma issues identified that involve nursing and ancillary department staff will be taken to the Trauma Interdisciplinary Committee. Timely feedback will be given to staff and physicians involved. Areas for improvement and education will be identified. Changes will be made and monitored for improvement.

Approved:

Chief Executive Officer

Date

Medical Staff, Chief

Date

Board of Trustees, Chairman

Date

Trauma Medical Director

Date

Reviewed by:

Dr. Dale Dalenburg, Trauma Medical Director, Dorothy Rice, Trauma Director, Performance Improvement & Risk Management Director, Tammy Newberry, Trauma Coordinator, Angie Welch, Trauma Facilitator, Stacy Steiner, Chief Nursing Officer, Matt Heyn, Chief Executive Officer, Medical Executive Committee and Board of Trustees

References:

Resources for Optimal Care of the Injured Patient
Committee on Trauma American College of Surgeons 2014

Kansas Department of Health and Environment
Kansas Trauma Plan