

Performance Improvement Process

1. First Level of Review

The Trauma Program Manager or designee will do the initial case review of all trauma patients. Appropriate clinical care without provider or system issues identified will need no further review.

2. Second Level of Review

Opportunities for improvement in the system or provider and sentinel events are referred to the **Trauma Medical Director (TMD)**. The Trauma Medical Director and the Trauma Program Manager will perform the second level of review. Further analysis of the case and issue(s) identified will occur. Those cases in which a simple action plan, such as trending of the issue, targeted education, provider counseling or discussion is the only corrective action identified need not proceed to the next level of review. Deaths, significant adverse events and cases involving more than one service or provider with opportunities for improvement should be elevated to the Third Level of Review.

Trauma PI issues will be documented on the Trauma Medical Director PI Trauma Review form (attached). This form tracks all patient care issues, serves as a reference for all PI activity, and assures proper documentation and loop closure by tracking all aspects of the case review to include:

- Clinical summary,
- Trauma Medical Director review,
- Judgment of committee,
- Corrective actions,
- Re-evaluation and loop closure date.
- Referral to Trauma Committee for further review and PI.

3. Third Level of Review

Tertiary Review will occur at the committee level. Cases for tertiary review may be referred to the *Trauma Peer Review Committee, Trauma Operational Committee, &/ or Hospital Quality Committee.*

4. Purpose of the Meetings

- a) Process Improvement-issues identified in the review that deal with the system of care in the facility are appropriate to discuss in this venue. These include issues such as:
 - i. Creation of Trauma Activation Criteria
 - ii. Creation of pathways and protocols
 - iii. Process for utilizing a call team for OR cases

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- iv. Determination of additional requirements for service on the trauma call panel
- v. Review of call volume / referral / transfer volume

These issues deal more with the system of care and not an individual provider. It is important to have representation from all hospital and pre-hospital stakeholders (representatives) at this meeting

- b) Provider Peer Review-issues identified in the review that deal with specific cases and provider issues that arise. These include issues such as :
 - i. Timeliness of response to a high level activation
 - ii. Appropriateness of evaluation and treatment
 - iii. Appropriateness of admission or transfer
 - iv. Trauma Death
- c) A judgment will be rendered by the committee with regards to the appropriateness of the issue referred for further review and on all mortality being reviewed according to the following metrics:
 - Survival with Opportunity for Improvement(OFI) in the care
 - Unanticipated Mortality with Opportunity for Improvement (OFI)
 - Anticipated Mortality with Opportunity for Improvement (OFI)
 - Mortality without Opportunity for Improvement (OFI)

Further recommendations for performance improvement based on tertiary review will be made to the relevant hospital committees who, with the trauma program, are responsible for loop closure.

5. Performance Improvement Action Plan

All corrective action planning and implementation will be overseen by the Trauma Medical Director and Trauma Program Manager. Possible corrective actions may include:

- Education
- Trending of Issue
- Policy or Guideline Development/Revision
- Counseling
- Referral (TRAC, Quality etc.)
- Peer Review
- Focused Audit
- Resource Enhancement
- Privilege Action
- Referral to TRAC for further review and PI with feedback to hospital by TRAC within defined time limits

6. Loop Closure and Re-Evaluation

An essential component in Performance Improvement is demonstrating that a corrective action has the desired effect. The outcome of any action plan will be monitored for expected change and re-evaluated accordingly so that the PI loop can be closed. No

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issue will be considered as “closed” until the re-evaluation process has been complete and it demonstrates a measure of performance that has been deemed acceptable. This evaluation usually occurs within three to six months of the corrective action.

Documentation should include the following aspects of follow-up and re-evaluation:

- Time Frame for Re-evaluation
- Documentation of Findings
- Results of Re-monitoring

7. Integration into the Hospital Performance Improvement

Trauma Performance Improvement issue reports are prepared in summary format of problem identification and resolution. These reports are then integrated into the Hospital Quality Department through reporting of committee meeting minutes.

Performance Improvement (PI) Action Plan

1. Xxx number Performance Improvement (PI) Indicators have been identified. The Trauma Coordinator will track the following on a monthly basis which included:
(For example :)
 1. EMS run sheet not in ED chart or Incomplete
 2. Discharge vitals within 30 minutes
 3. Trauma transfer out delays
 4. GCS not documented for patients with TBI

These PI Indicators will be tracked using a newly implemented excel spreadsheet (attached) and any newly identified PI Indicators will be added as identified.

2. The Trauma Coordinator will forward issues for secondary review to the Trauma Medical Director on the Trauma Medical Director PI Trauma Review form (attached).
3. The Trauma Coordinator will submit a RN PI Trauma Review form (attached) to provide feedback to RN when PI issues are identified. This form will be signed by the RN and returned to the Trauma Coordinator with recommendations on further action to provide loop closure.
4. The Trauma Coordinator will submit a EMS Feedback form (attached) to the EMS Medical Director to provide feedback to EMS when PI issues are identified. This form will be signed by the EMS Medical Director and returned to the Trauma Coordinator with recommendations on further action to provide loop closure.
5. The Trauma Coordinator will be a standing agenda item at the monthly *Emergency Department Team Meeting*. Topics to include; Performance Indicators, education, and case review. Meeting minutes will be provided to document loop closure.
6. The Trauma Coordinator will be a standing agenda item at the monthly *Trauma Committee Meeting*. Topics to include; Performance Indicators, education, and case review. Meeting minutes will be provided to document loop closure
7. All Performance Improvement documents will be kept secure in a binder within the Trauma Coordinators Office.