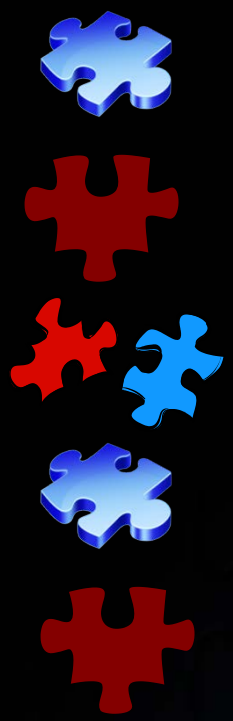
Making QI work for you

Maryann Fields RN, BSN, CNOR
Upstate Medical University
Syracuse, NY

Agenda

Everything we learned in TOPICS & more



Basic QI Process & Forms

QI Process & Groups

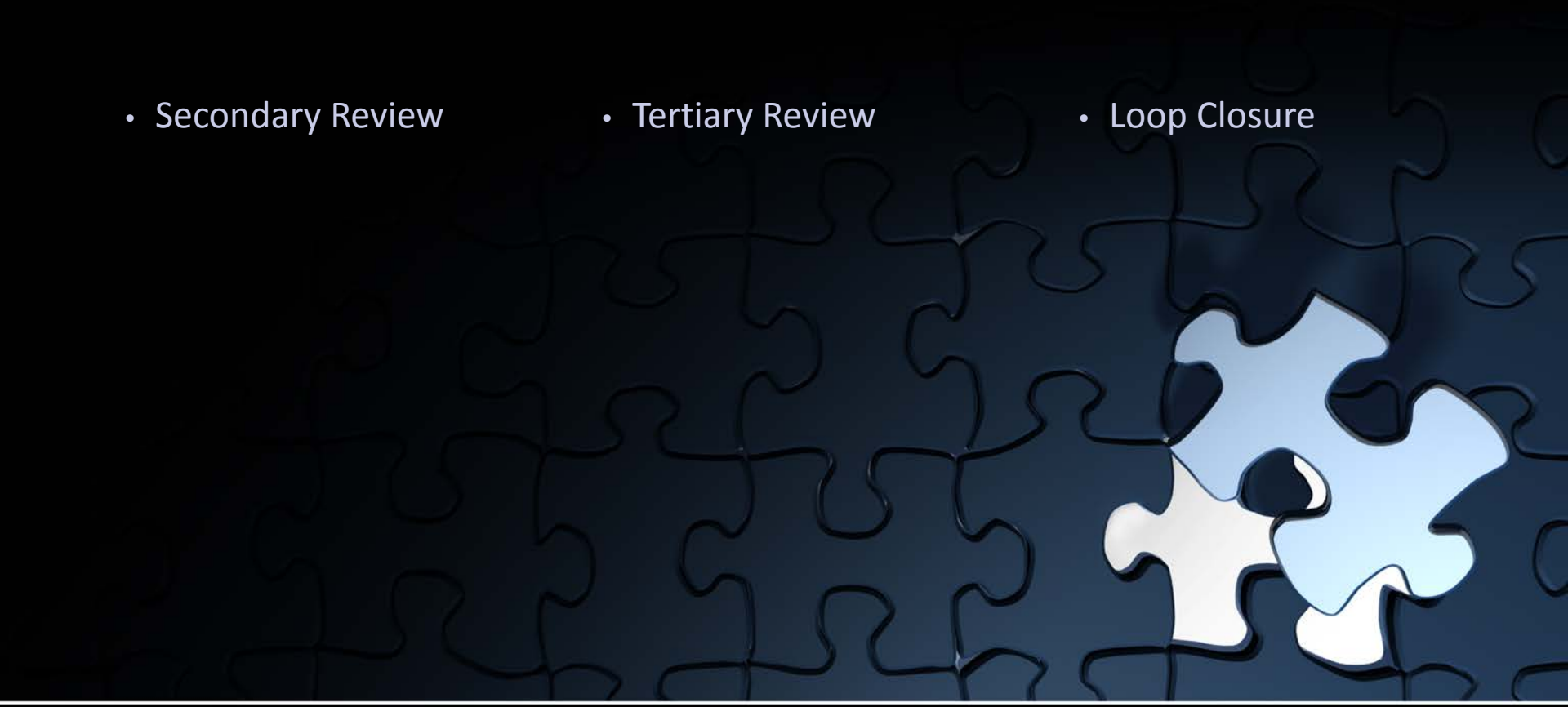
Keep the Filters Flowing

Show your work & Be Proud

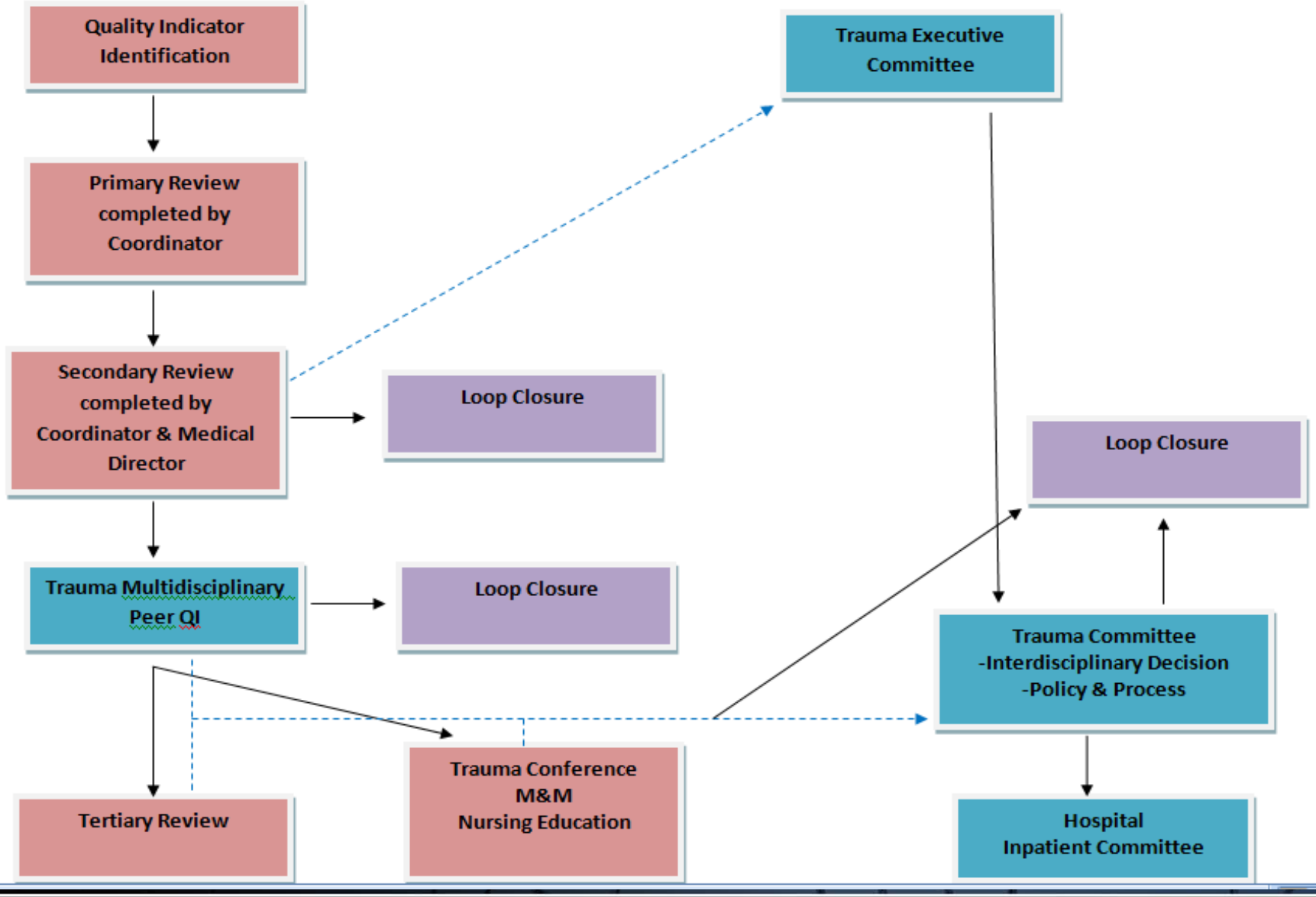
How to Continuously Review

Back to the Basics

- KEY - Identify & have a written Process to your QI
- Identification of QI Indicator
- Primary Review
- Secondary Review
- Tertiary Review
- Loop Closure



Trauma Operational Diagram



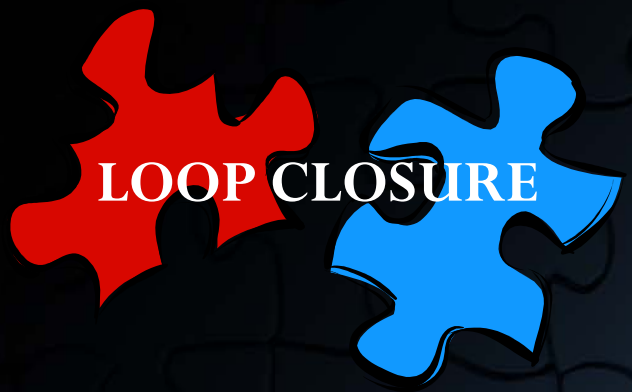
Identification of Quality Indicator

- Identify How your Institution Identifies Quality Indicators
- Program plan should have the process identified

- Registry capture
- Rounds
- Email/Word of mouth
- Coordinator/Medical Director/ Trauma Surgeon
- And So on…

Primary Review

- Trauma Coordinator/Program Manager
- Chart Review
- Identification of Times
- Reports
- ISS/TRISS
- ICD-9/ Diagnosis
- Comorbidities/Complications



Trauma Service Performance Improvement

Client Name_____ **Medical Record#**_____

Date of Admission_____ **Date of Discharge**_____

Admit Service/ Attending_____

Discharge Service/ Attending_____

History of Injury:_____

_____

_____

_____

_____

INDICATORS:

_____ **(NS)** Non Surgeon admission
_____ **(MI)** Missed Injury
_____ **(IT)** Inter-hospital transfer complication
_____ **(NSG)** nursing documentation
_____ **(DEA)** All deaths
_____ **(TC)** Trauma code not called
_____ **(MI)** Injury diagnosed 24 hours after admission
_____ **(OTH)** Other
_____ **(TCL)** Level 1 trauma code called after ED arrival
_____ **(TCC)** Transfer center complication
_____ **(TA)** Trauma Attending not available and/or late to trauma code
_____ **(SR)** Senior resident late to trauma code
_____ **(SP)** Standards and Protocols not followed
_____ **(OR)** Operating room/ Anesthesia staffing availability
_____ **(MTP)** Massive Transfusion Protocol

Review date:_____

Recommendations:

_____

_____

_____

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Secondary Review

- Coordinator & Medical Director
- Review charts
- Identify Loop Closure Cases
  - Cases that fit within an identified policy
  - Cases that need to be trended
  - Cases within department that can be closed by medical Director
- Identify Cases to go to Multidisciplinary Group

- Weekly for Higher Volume
- Know what your institutions volume & Need is

- Multidisciplinary Group
  - Orthopedics
  - Neurosurgery
  - Anesthesia
  - Emergency medicine
  - Nursing, Radiology, Ad hoc
- Smaller group of cases
- Identify Corrective Actions
  - Education
  - Policy & Protocol
  - Counseling

- Monthly

Secondary Review Form

TRAUMA PERFORMANCE IMPROVEMENT TRACKING FORM

TRAUMA CENTER
UNIVERSITY HOSPITAL

Audit Criteria:
Mortality ☐

ISS score_____

Demographics:
Date of review _____
Medical Record #: _____
Name: _____
Service: _____ _____
Admit Date: _____

Complication, occurrence, problem or complaint:
☐ **See Quality Indicator Form**

(DEA)

Determination:
☐ System – related
☐ *Delay*
☐ Disease - related
☐ *expected Death*
☐ Provider - related
☐ *Error in Dx or treatment*
☐ cannot be determined

Preventability:
Unanticipated Mortality with Opportunity for Improvement
Anticipated Mortality with Opportunity for Improvement
Mortality without Opportunity for Improvement

Corrective Actions:
☐ unnecessary ☐ peer review prevention
☐ trend ☐ process improvement team
☐ guideline/protocol ☐ privilege/credentialing
☐ counseling ☐ education
☐ resource enhancement

Further Explanation/Committee Review

See Attached
Sent to REMAC CQI
Sent to ED QI
Sent to Hospital CQI
Sent to RTAC
Sent to Ortho QI
Sent to Neurosurgery QI

Signature _____ Date _____

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Preventability:
☐ non preventable
☐ potentially preventable
☐ preventable
☐ unknown

tment

Actions:
☐ unnecessary ☐ peer review prevention
☐ trend ☐ process improvement team
☐ guideline/protocol ☐ privilege/credentialing
☐ counseling ☐ education
☐ **Consult by surgical service** ☐ resource enhancement
Due to same height fall
Drowning, poisoning, hanging
ISS less than or equal to 4 and are not the above

- No issues

Determination
☐ System – related
☐ *Delay*
☐ Disease - related
☐ *expected Death*
☐ Provider - related
☐ resource enhancement
☐ *Error in Dx or treatment*
☐ cannot be determined

Preventability:
☐ non preventable
☐ potentially preventable
☐ preventable
☐ unknown

Corrective Actions:
☐ unnecessary ☐ peer review prevention
☐ trend ☐ process improvement team
☐ guideline/protocol ☐ privilege/credentialing
☐ counseling ☐ education

Unknown for all indicators - No issues

Further Explanation:
See Attached
Sent to REMAC CQI
Sent to ED QI
Sent to Hospital CQI
Sent to RTAC
Sent to Ortho QI
Sent to Neurosurgery QI

Nomenclature & Registry

- Deaths

  Unanticipated Mortality with Opportunity for Improvement

  ↑Anticipated Mortality with Opportunity for

  Mortality without Opportunity for Improvement
- Non surgeon Admit
  - Low Falls
  - ISS <=4
  - Surgical Consult
- Autopsy Reports
- Documentation into registry & ability to pull reports
- Filing
- Documentation of minutes/agenda

QI Process

- Your Process has to be written
- &
- Have to follow it, and show that you follow it

- Indicators
- Primary Review
- Secondary Review
- Tertiary Review

- Corrective Actions
  - Proof

Tertiary Review

- Identification of Tertiary Review

- Form Letter of Request
- Give a deadline
- Follow up with it

- Form Response
- Determination
- Preventability
- Corrective Action

- Need more information
- Can not determine corrective Action
- Not Documented

UPSTATE
MEDICAL UNIVERSITY

To: **Kathi Heaney**, Associate Director of Nursing
Sue Rainbow, PSS
Star Rumbanac, Manager

From: Maryann Fields RN
Trauma Program Manager
Upstate Medical University

Date: **January 18, 2013**

The New York State Department of Health designated University Hospital as a Regional Level 1 Trauma Facility in January of 1995. In an effort to maintain the verification and designation, we must comply with the standards outlined in the *Optimal Care Resources Document*, written by the American College of Surgeons Committee on Trauma. All Trauma Management issues are reviewed at the monthly Friday, Trauma Multidisciplinary Peer QI. The below case was discussed in the review process. We would appreciate your review of the case with your service and return a reply with the attached form within 14 days.

If you have any specific questions regarding the discussion or audit review that precipitated the need for the review, please do not hesitate to contact us.

Re: Quality Improvement Review
Patient Name:
Medical Record:
Admission Date: 12/5/12
Service: Trauma

Trauma Performance Improvement Review
History of Injury

Maryann Fields, RN
Performance Improvement Documentation: Review Requested _X_ FYI ___

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Referral Record of Review – Trauma Performance Improvement Process

MRN:_____ ____ **Date Received:** _____

Reason for Referral: _____

Standard of Practice
- ☐ Practice Guidelines followed
- ☐ Appropriate deviation form practice guidelines
- ☐ Practice guidelines not followed, minor deviation
- ☐ Practice guidelines not followed or questionable, significant deviation
- ☐ Minor error in diagnosis
- ☐ Minor delay in diagnosis
- ☐ Minor error in judgment/interpretation
- ☐ Minor error in technique
- ☐ Significant error in diagnosis
- ☐ Significant error in judgment/interpretation
- ☐ Significant error in technique
- ☐ Standard of practice not defined

Contributing Factors
- ☐ System inadequacy (failure or insufficiency of trauma systems to deliver appropriate and timely care)
- ☐ Patient disease or condition (complication unavoidable due to progression of underlying disease or sequela of injury)
- ☐ Patient Cooperation
- ☐ Language Barrier
- ☐ Provider ☐ Other: _____ ☐ Unable to define

Mortality Judgment
- ☐ Non-preventable
- ☐ Potentially preventable
- ☐ Preventable

Summary

Plan – (This is Area is for the Trauma Peer QI)
1. ☐ No action necessary
2. ☐ Discussion with care providers
   Who: _____
   When: _____
3. ☐ Trend
4. ☐ Education
5. ☐ Policy Review
6. ☐ Counseling
   Who: _____
   When: _____
7. ☐ Peer Review Presentation
8. ☐ PI Work Group
   Group Leader: _____
   Target Date: _____
9. ☐ Trauma Care Committee
   Date: _____
10. ☐ Other_____

Signature: _____ _____/ Date review Completed: _____

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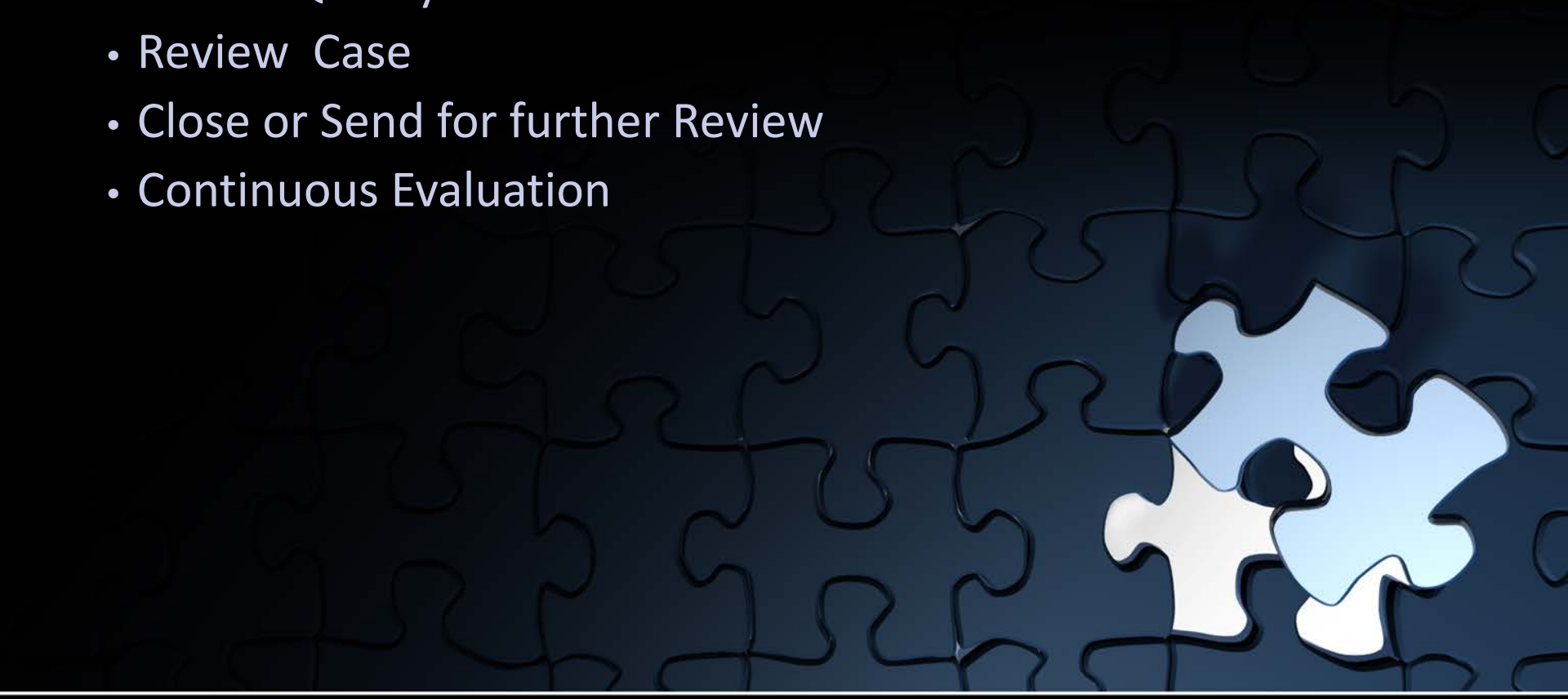
TOPICs

Trauma Outcomes Performance Improvement course

- 4 Step Process
- Identify Quality Indicators
- Assess Quality Indicator
- Review Case
- Close or Send for further Review
- Continuous Evaluation



Committees

- Trauma Governing Committee
- Trauma Peer QI
- Multidisciplinary
  - Trauma
  - Orthopedic
  - Neurosurgery
  - Anesthesia
  - Radiology
  - Nursing

What must you have?

Attendance!!!!!

Attendance

Documented Attendance of all Representatives

- Documentation of all Representatives
  - In Minutes of each Meeting
  - Minutes must be printed for survey
  - What percentage of meeting attendance is your **Goal!!**

- Compliance of Attendance
  - How do you review your compliance
  - Who Reviews
  - Where is it Reviewed
  - How often is it reviewed

In Review

- Trauma Indicator is triggered
  - Review of Chart is done by Trauma Coordinator
  - Trauma coor. Reviews chart with Medical Director
  - Determines the need for Peer Review

- Trauma Peer QI
- Case Review by committee
- Determination
- Preventability
- Corrective Action

- Further Review & Determination Approved
- Education
- Policy/Procedure Change

Phew!!! Your QI is done, RIGHT?

Ready for The ACS

There's More! Continuous Evaluation!

- HMMMM!
- I already continuously Evaluate?

  Don't I?

I have Loop closure

I did everything the taught me, Right?

Continuous Evaluation

How do you continuously Evaluate

- Trauma Surgeon Activation Response Times
- Non Surgeon Admit Rate
- Under/Over Triage Rate
- Attendance to meetings
- CME/IEP
- Number of Admissions per Surgeon correlated with their ISS (for lower volume centers)
- Any Ongoing Frequent Indicators in your facility

Continuous Evaluation

- Medicine & Nursing – do this for everything else
  - Washing Hands
  - Audits of Policy & Procedures
- Take your already existing data and bring it back to your Secondary Review Team
- Compliance Tool or audit tool

- Governance Committee
- Hospital Committee

- Leaving no surprises

Report Card

Adult Trauma Physician Report Card - Cumulative Jan-Dec 2012 — **Ages 15 or greater**

Trauma MD	A	B	C	D	E	F	G	H	I	J	K
Total Admissions to Trauma Surgery											
Blunt											
ISS <15	77	79	121	26	41	56	19	2	16	22	775
ISS ≥ 15	70	50	71	18	27	36	14	0	6	17	155
Penetrating											
ISS <15	16	17	16	5	4	12	5	1	3	9	103
ISS ≥ 15	8	13	5	1	3	6	1	0	1	1	10
Major Resuscitation* Level 1											
0 - 15 minutes (Goal 100%)	42	52	43	8	12	29	10	0	3	12	116
Not Present within 15 minutes	5	3	7	1	2	10	5	0	0	1	11
N/A due to MD/RN documentation	0	0	0	0	0	0	0	0	0	0	1
Level 2 Attending with PGY3 or lower	0	1	0%	0	0	0	0	0	0	0	0
ED Disposition											
ED to OR	21	26	21	2	9	8	3	0	3	4	76
ED to ICU	41	34	40	11	15	26	12	0	3	8	89
ED to Floor	92	88	139	35	49	66	24	3	17	29	691
ED to Stepdown	16	12	13	3	4	11	1	0	3	9	52
CME's											
Hours completed to date											
Attendance at Meetings											
Trauma Peer QI (Goal 75%)	69%	92%	54%	100%	62%						
Trauma Committee (Goal 75%)	89%	89%	56%	50%	67%						
Trauma Conference (Goal 75%)	22%	22%	22%	0%	11%						
RTAC	100%										
Length of Stay - all providers											
All patients-All Services	5.839										
LOS in ICU	5.197										

Non Surgical admits 238	Total
Surgical Consult	151
Due to same height fall	50
ISS<=4	20
Total percentage	7.14%

Cribari	ISS 0-15	ISS 16-75	Total
Full Trauma Activation	210	179	389
Limited or No Activation	1207	323	1530
Undertriage Rate	21.10%	Ideally ≤ 5%	
Overtriage Rate	54.00%	Ideally ≤ 50%	

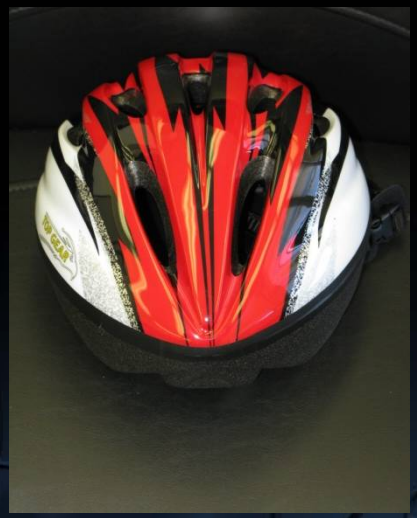
Committee Attendance by Service	QI	Committee
EM - Adult	85%	89%
Neuro - Adult	62%	56%
Ortho - Adult	15%	25%
Anesthesia - Adult	31%	67%

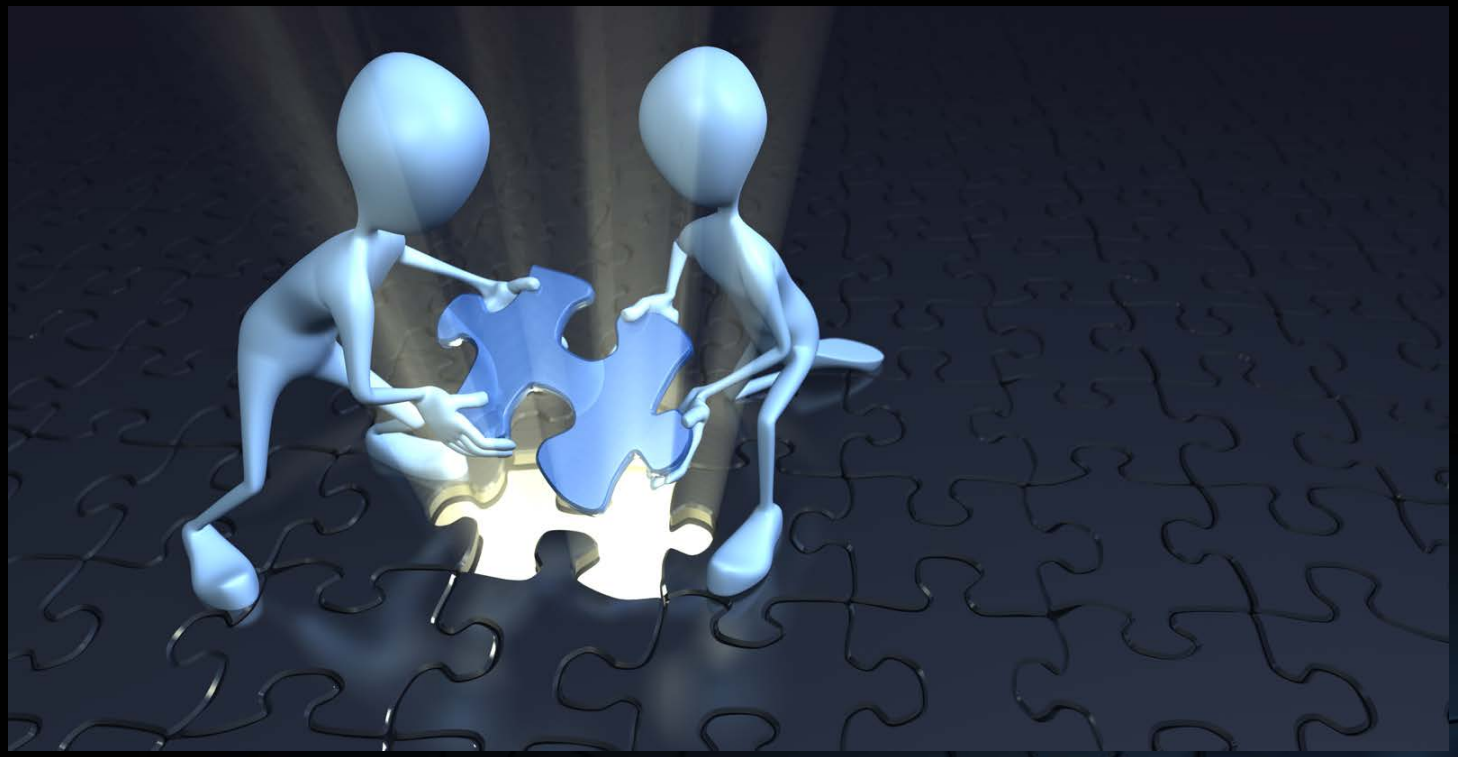
Continuous Evaluation

- Evaluated at the Secondary Review Level and Move Forward
  - TMD & Coordinator
  - Multidisciplinary QI
  - Evaluate the information from the reports and Discuss and Corrective Action Needed
- Trauma Governance Committee
  - Is there an issue & is the Corrective Action Appropriate
  - Representatives speak to their own numbers & PI
- Hospital Committee
  - Awareness, Approval & Action

QI Drives The Whole Program

- Injury Prevention
- Education
  - ATLS
  - Nursing Education
  - Ex. MTP
- Outreach
    - What hospitals
    - MD or RN or both
    - EMS
- QI
- Research





Questions