Effective Performance Improvement Execution

Avera St. Luke’s Trauma Program
ACS Verified Level III Trauma Center
What is Performance Improvement

- According to the “Orange Book” (American College of Surgeons Bible for Trauma), PI is the concept of monitoring, evaluating, and improving the performance of a trauma program.
- The ACS-COT calls for each trauma program to demonstrate a continuous process of monitoring, assessment, and management directed at improving care.
How do Trauma Programs make this happen?

- Establish authority for your program
- Establish team members and their roles
- Recognition
- Assessment
- Correction
Authority

- Authority
  - Trauma Medical Director
  - Trauma Program Manager-Facilitator
  - Hospital PI keeps the lines of communication open

- Scope
  - TMD/TPM-authority to manage process
  - TMD/TPM-authority for defining actions plans/prevention
  - TMD/TPM-authority for defining loop closure/event resolution
  - TMD-authority for medical staff peer review
5 Strategies for identifying Trauma PI events

1. Customize your trauma registry audit filters
2. Follow up on anecdotal reports
3. Perform random chart audits
4. Appoint someone to perform concurrent PI Rounding if possible
5. Thoroughly review all deaths
Primary Review

- Performed by the Trauma Coordinator
- Identify any concerns with process or clinical care.
- Identify if case needs to be referred onto TMD or Trauma Committee
- Educate staff with any concerns on clinical care or documentation.
Secondary Review

- Performed after Primary Review
- Required if Trauma Coordinator identifies issues with clinical care or when provider or systems issues are evident and the TMD’s expertise and judgement determines the issues need to go to the Trauma Committee Meeting.
Tertiary Review

- The TPM and TMD have determined this case needed to be discussed.
- The Trauma Program should have predetermined criteria for cases that must go to a Tertiary Review
  - ISS >20
  - Peds
  - Transfers
  - Mortality with and without opportunity for improvement
Peer Review Tips

- Be concise
- Know who should be sitting at the table
- Confidential
- Organized
- Timely
- Thorough
- Non threatening environment

- Opportunities for improvement vs criticism
- Consistent
- Good Loop Closure
- Complete Documentation
- Review cases with your ED staff both with and without opportunities for improvement
Loop Closure Tips

- Follow through
- Track your progress on your Trauma Committee Agenda
- Be specific with dates and times
- Always document the communication you have with the individual involved or the changes made to your process as there needs to be a paper trail to properly close a loop.

- Just because a concern is fixed for the moment does not mean its fixed forever
- Research
- Don’t re-invent the wheel
- Benchmarking
- Perform periodic Audits
Audit filters

- Specific to your hospital
  - Scene time
  - Missing EMS reports
  - Death
  - Antibiotic administration on open fractures
  - ED to OR times
  - Unexpected return to ICU
  - LOS in the ED
  - ETOH screens
  - Infection rates
  - Complications
  - DVT’s

- Audit filters can change they do not have to be the same ones.
- If you notice a trend in care create an audit filter
Anecdotal Reports

- If you hear grumblings of something that happened with a particular trauma get the facts before you make any decisions.
- Look beyond the immediate issue as there may be a bigger problem or conflict that you are not seeing.
- Review the chart thoroughly
Random Chart Audits

- Allows you to look for quality variances that did not trip your audit filter
- A method could be as simple as auditing every trauma medical record that end in “3”. That would give you a 10% Audit of your charts.
- For low volume hospitals you will want to audit all of your charts to get the practice to maintain your skills.
- For level IV centers you may want to audit every chart that ends with a “3” and a “7” in order to get an accurate audit.
- It’s good to point out the successful charts as well as the charts that need staff education.
Trauma Rounding

- Concurrent rounding appeals to the highest level of learning and is a very effective strategy for identifying PI events.
- Talk to the patients and get their perspective.
- Add Palliative Care to their Care team.
- This can be done by the charge nurse, the trauma PA, the TPM or ED director.
- Trauma rounding may not apply to every hospital but if you keep the patient be sure you are rounding on them.
Trauma Deaths

- Identify opportunities for improvement
- Refer them for peer review or systems review
- Tough cases
- Review with ED staff during staff meetings
Performance Improvement is a must for a successful program

- Consistency is the key to any PI Program.
- Confidentiality of all involved is a must, be it the patient, staff or provider.
- Loop Closure will ensure your issues are resolved.
- Trend and tracking techniques also ensure a successful trauma PI Program.
- Finally, DOCUMENT, DOCUMENT, DOCUMENT & DOCUMENT
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Photo credit to Aaron Marker