

Performance Improvement Committee

Statewide Trauma Advisory Council
Wednesday, December 4, 2024

Acronyms

- ACS: American College of Surgeons
- EMR: Electronic medical record
- FAST: Focused assessment with sonography in trauma
- OFI: Opportunity for improvement
- PDSA: Plan, Do, Study, Act
- PI: Performance improvement
- TC: Trauma Coordinator
- TMD: Trauma Medical Director

Agenda

- Call to order and introductions
- Review and approve September 2024 meeting minutes
- Regional performance improvement process guideline review
- OFIs vs. Growth Potential

Agenda

- System PI
- Regional report out
 - ◆ Region One
 - ◆ Region Four
- Public comment related to the Wisconsin Trauma Care System

Committee Members

- **Chair:** Thomas Bergmann, Aurora BayCare Hospital, Region 3, Level II
- **Vice Chair:** Kristin Braun, Children's Wisconsin, Region 7, Level I

Committee Members

- Committee Members:
 - ◆ **Ali Heiman**, Aurora Oshkosh, Region 6, Level III
 - ◆ **Tracy Schaetzl**, UnityPoint Health Meriter, Region 5, Level IV
 - ◆ **Thomas Ellison**, UW Health, Region 5, Level I
 - ◆ **Gina Brandl**, Marshfield Medical Center, Region 2, Level II
 - ◆ **Michelle Hackett**, ProHealth, Region 7, Level III

Approval of Minutes

Regional Performance Improvement Process Guideline review

Review

- Guideline for RTACs to perform regional performance improvement.
- Each RTAC should take what serves them, their area, and population.
- STAC to vote on the guideline today.

OFIs vs. Growth Potential

New Final Report

- OFI = tied to DHS 118 criteria
- Growth Potential = tied to best practice

DEPARTMENT OF HEALTH SERVICES Division of Public Health F-00602 (10/2024)		STATE OF WISCONSIN	
TRAUMA CARE FACILITY FINAL REPORT			
Facility Name	Facility Address	Requested Level	Date of Review
█	█	Select One	█
Strengths █			
Opportunities for Improvement (each area of opportunity should be tied to a DHS 118 criteria and supported with a recommendation) █			
Growth Potential (each area of growth potential should be tied to best practice and supported with a recommendation) █			
Potential Criterion Deficiencies Number of Type 1: █ Number of Type 2: █ (Cite each potential criterion deficiency below and support with findings and/or data. Each CD must be listed with a recommendation for meeting the criteria) █			
Comments from Reviewed Facility █			

Examples

Opportunities for Improvement (each area of opportunity should be tied to a DHS 118 criteria and supported with a recommendation)

15(b): “The TCF’s loop closure including problem resolution, outcome improvements and assurance of safety must be readily identifiable through methods of monitoring, re-evaluation, benchmarking and documentation.”

- Loop closure documents evident, however, could be strengthen through use of registry data and documented plan for re-evaluation.

2(p): “The TCF’s trauma PIPS program must have audit filters to review and improve pediatric and adult patient care.”

- Facility has minimal pediatric audit filters, consider expanding audit filters for this patient population to strengthen PIPS process.

Growth Potential (each area of growth potential should be tied to best practice and supported with a recommendation)

Consider evaluating hospital process for billing for trauma team activations.
Continue to work on and explore the integration of FAST exams into EMR

Potential Criterion Deficiencies

Number of Type 1: 0

Number of Type 2: 0

(Cite each potential criterion deficiency below and support with findings and/or data. Each CD must be listed with a recommendation for meeting the criteria)

Next Steps

- Review OFIs and growth potentials at your multidisciplinary committee meeting and discuss feasibility. Document in meeting minutes at a minimum.
- Consider developing a tracker to ensure you can speak to addressed items at your next site visit.
 - ◆ Consider utilizing your PRQ as a living document.
 - ◆ Consider utilizing PDSA or gap analysis format.
 - ◆ Consider prioritizing as high priority and low priority for your facility.

Example One

Opportunities for Improvement (each area of opportunity should be tied to a DHS 118 criteria and supported with a recommendation)

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Consider evaluating hospital process for billing for trauma team activations.
Continue to work on and explore the integration of FAST exams into EMR

Potential Criterion Deficiencies

Number of Type 1: 0

Number of Type 2: 0

(Cite each potential criterion deficiency below and support with findings and/or data. Each CD must be listed with a recommendation for meeting the criteria)

First Multidisciplinary Meeting Minutes

- i. Call to Order
12/4/2024 - 11:00am – via Zoom
- ii. Attendance
- iii. Site Review and Wis. Admin. Code DHS 118 Criteria Check In
No CDs were found.

OFIs:

15(b): "The TCF's loop closure including problem resolution, outcome improvements and assurance of safety must be readily identifiable through methods of monitoring, re-evaluation, benchmarking and documentation." -Priority level: High

- Loop closure documents evident, however, could be strengthen through use of registry data and documented plan for re-evaluation.

Next Steps: TC and TR will meet to explore the PI section of the registry. Will connect with Katie Prather for demo. Will also connect through RTAC for examples of other forms with more clear loop closure documentation.

2(p): "The TCF's trauma PIPS program must have audit filters to review and improve pediatric and adult patient care." -Priority level: High

- Facility has minimal pediatric audit filter, consider expanding audit filters for this patient population to strengthen PIPS process.

Next Steps: TC and TMD to meeting and review pediatric audit filters and recommended audit filters from TOPIC and the Society of Trauma Nurses. They will discuss how implementing these will work with our pediatric population. Then, they will bring a proposal to the next multidisciplinary meeting.

Growth Potentials:

Consider evaluating hospital process for billing for trauma team activations. -Priority level: Medium

Next Steps: Administrator will discuss with CFO and billing department on how to approach project and feasibility.

Continue to work on and explore the integration of FAST exams into EMR. -Priority level: Low

Next Steps: TC will connect with IT and EMR representative.

Gap Analysis from TC and TMD

Objective: Review and update pediatric audit filters.

Purpose: Identified OFI from site review on 10/10/2024.

Current State	Research:	Gap Analysis	Next Steps
<p>Review all pediatric cases for appropriateness of care. Pediatric Audit Filters:</p> <ul style="list-style-type: none"> Weight documented within first 30 minutes. GCS documented on arrival. 	<p>Best practice from Society of Trauma Nurses and TOPIC.</p> <ul style="list-style-type: none"> Weight documented (weight-based dosing color) on arrival. GCS documented on arrival and at least Q1 with head injury. Child abuse screen for all injured children with suspicious injury/history. Solid organ injury management. Appropriate IV/IO access with appropriate fluid resuscitation including maintenance IV fluids. Unexpected admission to the ICU. Over/Under triage. >30 minute to CT scan. Delay in trauma surgeon arrival. Emergent operative intervention required for any non-operative care. Pain management. 	<ul style="list-style-type: none"> Weight documented <i>in kilograms</i> and weight-based dosing color on arrival. GCS documented on arrival and at least Q1 with head injury. Child abuse screen for all injured children with suspicious injury/history. Solid organ injury management. Appropriate IV/IO access with appropriate fluid resuscitation including maintenance IV fluids. Unexpected admission to the ICU. Over/Under triage. >30 minute to CT scan. Adherence to pediatric imaging guideline. Delay in trauma surgeon arrival. Emergent operative intervention required for any non-operative care. Pain management. 	<p>Presentation at next multidisciplinary meeting for acceptance into PIPS plan.</p> <p>Utilize new audit filters for a one-year period, due to typical pediatric volumes, then reevaluate audit filters.</p>

Second Multidisciplinary Meeting Minutes

- i. Call to Order
1/4/2024 - 11:00am – via Zoom
- ii. Attendance
- iii. Site Review and Wis. Admin. Code DHS 118 Criteria Check In OFIs:
2(p): "The TCF's trauma PIPS program must have audit filters to review and improve pediatric and adult patient care." -Priority level: High
 - Facility has minimal pediatric audit filters, consider expanding audit filters for this patient population to strengthen PIPS process.

Report: TC and TMD reviewed current state, current research, and conducted a gap analysis.

Objective: Review and update pediatric audit filters.

Purpose: Identified OFI from site review on 10/10/2024.

Current State	Research:	Gap Analysis	Next Steps
Review all pediatric cases for appropriateness of care. Pediatric Audit Filters: <ul style="list-style-type: none"> • Weight documented within first 30 minutes. • GCS documented on arrival. 	Best practice from Society of Trauma Nurses and TOPIC. <ul style="list-style-type: none"> • Weight documented (weight-based dosing color) on arrival. • GCS documented on arrival and at least Q1 with head injury. • Child abuse screen for all injured children with suspicious injury/history. • Solid organ injury management. • Appropriate IV/IO access with appropriate fluid resuscitation including maintenance IV fluids. • Unexpected admission to the ICU. • Over/Under triage. • >30 minute to CT scan. • Delay in trauma surgeon arrival. • Emergent operative intervention required for any non-operative care. • Pain management. 	<ul style="list-style-type: none"> • Weight documented in kilograms and weight-based dosing color on arrival. • GCS documented on arrival and at least Q1 with head injury. • Child abuse screen for all injured children with suspicious injury/history. • Solid organ injury management. • Appropriate IV/IO access with appropriate fluid resuscitation including maintenance IV fluids. • Unexpected admission to the ICU. • Over/Under triage. • >30 minute to CT scan. • Adherence to pediatric imaging guideline. • Delay in trauma surgeon arrival. • Emergent operative intervention required for any non-operative care. • Pain management. 	Presentation at next multidisciplinary meeting for acceptance into PIPS plan. Utilize new audit filters for a one-year period, due to typical pediatric volumes, then reevaluate audit filters.

Discussion: ICU and things related to trauma surgery were removed due to capabilities at our facility.

Proposal:

Change current pediatric audit filters to the following:

- Weight documented in kilograms and Broselow color on arrival.
- GCS documented on arrival and at least Q1 with head injury.
- Child abuse screen for all injured children with suspicious injury/history.
- Solid organ injury management.
- Appropriate IV/IO access with appropriate fluid resuscitation including maintenance IV fluids.
- Over/Under triage.
- Adherence to pediatric imaging guideline.
- Pain management.

Vote: Passes Unanimously with plan to reevaluate in one-year.

Integration into PRQ

- After pediatric audit filters were updated, this can be noted on your working PRQ to allow for timely preparation for next site visit.

Type of Review:	<input type="checkbox"/> New Classification	<input checked="" type="checkbox"/> Reclassification
Reporting time frame:	From (month/ year) <u>May 1, 2026</u>	To (month/ year) <u>April 30, 2027</u>
Previous Site Review	Date of review: <u>10/10/2024</u>	
A. Please list the criteria deficiencies identified by the reviewers and how these were resolved.		
<u>No CDs noted</u>		
B. Please list the opportunities for improvement identified by the reviewers, and how you addressed each of them.		
<u>15(b): The registry is now being utilized for PL.</u>		
<u>2(p): A gap analysis was performed and additional audit filters were added to plan. These are reviewed by the multidisciplinary committee on an annual basis.</u>		
Billing: <u>With administrative team.</u>		
FAST into EMR: <u>It was determined that our current technology and programs are not able to do this.</u>		
HOSPITAL INFORMATION - DEMOGRAPHICS		

Presentation at Site Review

- Present the changes in your PowerPoint, as indicated.
- If utilizing as a PI project example, ensure you have your meeting minutes and gap analysis pulled and in a designated folder.
 - Improvements implemented from previous site visit
 - Explain the action(s) that were taken to correct criterion deficiencies and opportunities for improvements from your previous site visit.
 - If this is your first visit, please note recent areas of changes that you feel help you better meet the criteria.

Example Two

Opportunities for Improvement (each area of opportunity should be tied to a DHS 118 criteria and supported with a recommendation)

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Next Steps: Administrator will discuss with CFO and billing department on how to approach project and feasibility.

Continue to work on and explore the integration of FAST exams into EMR. -Priority level: Low

Next Steps: TC will connect with IT and EMR representative.

Follow Through

- TC connected with technology department and found their current equipment cannot integrate into their EMR.
- TC reported out to the multidisciplinary committee and considered this growth potential closed.
- TC noted on their working PRQ.

Type of Review:	<input type="checkbox"/> New Classification	<input checked="" type="checkbox"/> Reclassification
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FAST into EMR: It was determined that our current technology and programs are not able to do this.		
HOSPITAL INFORMATION - DEMOGRAPHICS		

Other Considerations

- Not all suggestions are feasible for your facility.
- Not every OFI or growth potential needs to be “accomplished.”
- Prioritize based on your facilities needs, capability, and capacity.
- Ensure continuous reevaluation of previous final report.

System PI

Current State

- Adult and pediatric dashboards reviewed annually
- Annual trauma report

State Trauma Program Recommendation

- Formalize the dashboards and data elements into a system PI plan.
- Review of dashboards and annual report.
- Choose 1-3 data elements around which to consider a PI project.

Regional Report Out

Region 1 Northwest RTAC

Regional Report Out

Region 4 Southwest RTAC

Public Comment Related to the Wisconsin Trauma Care System