

Performance Improvement Committee

Statewide Trauma Advisory Council
Wednesday, December 3, 2025



Acronyms

- ISS: Injury severity score
- LOS: Length of stay
- PIPS: Performance improvement and patient safety
- TCF: Trauma care facility
- TQIP: Trauma Quality Improvement Program

Agenda

- Call to Order and Introductions
- Review and approve September 2025 meeting minutes
- Over- and under – triage
- TQIP conference roundtable
- 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:
 - ◆ **Ali Heiman**, Aurora Oshkosh, Region 6, Level III
 - ◆ **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

Over- and Under – Triage



Relevant Criteria

Level	Reference	Description of Criteria	Type
III	3(c)	TCFs must evaluate over and under triage rates on a quarterly basis and perform rigorous multidisciplinary performance improvement to attain a goal of less than five percent under triage. If a TCF is not meeting this goal, the TCF must explain the variance and demonstrate that they are doing performance improvement work to reach this goal	2
III/IV	2(p)	The TCF's trauma PIPS program must have audit filters to review and improve pediatric and adult patient care.	2
III/IV	2(r)	If an adult TCF annually admits fewer than 100 injured patients younger than 15 years old, the TCF must review the care of injured children as part of the trauma PIPS program. This review must include pediatric admissions and transfers.	2
III/IV	4(d)	The TCF must review all trauma patients who are transferred out during the acute care phase and all trauma patients transferred to a higher level of care within or outside of the TCF to review the rationale for transfer, appropriateness of care, adverse outcomes and opportunities for improvement. This case review should include evaluation of transport activities and follow-up from the TCF to which the patient was transferred.	2

Over- and Under- Triage

- Multiple options of how to accomplish, the hospital can decide what works for them.
- Internal process for determining over- and under-triage is needed.
- Must be followed consistently and evident through chart review.

Options for Evaluation

- LOS >180 minutes and ISS>15
- Need for trauma intervention (NFTI)
- Internal benchmarks

uhealth Trauma Transfer-out Tool

TRANSFERRING FACILITY	A: EMERGENT Deterioration of previously stable adult or pediatric patient; Hemodynamically unstable VS: SBP<90, GCS<9, need for MTP; Emergent/urgent need for Neurosurgical intervention not available: EDH, shift	B: URGENT High Risk Trauma: Head injury requiring neuro intervention; High grade solid organ injury with stable VS; Vascular injury with stable VS; Burn >15%, burn w/inhalation injury	C: SEMI-URGENT Surgical consults; Stable VS; Resource not available; Stable ortho injury; Burns to face or hands
Patient arrival/deterioration to Decision to transfer (as documented on DocLine)	Goal: 30 minutes (once identified as the above)	Goal: 90 minutes	Goal: 3 hours
DocLine paged out to MD/MD communication	Goal: 5 minutes	Goal: 5 minutes	Goal: 5 minutes
DocLine "decision to transfer" to EMS arrival at facility (air or ground)	Goal: 15 minutes	Goal: 45 minutes	Goal: 45 minutes
Patient arrival to discharge (ED LOS)	Goal: 1 hour	Goal: 2 hours	Goal: 4 hours

TQIP Conference Roundtable

Public Comment Related to the Wisconsin Trauma Care System