Mastering the 3 R's of Trauma PI

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Objectives

1. Identify processes to conduct Performance Improvement more efficiently
2. Identify steps to facilitate Clinical Liaison review
3. Describe how registry data can be utilized to effectively demonstrate loop closure

- No financial disclosures

Thank you

- Nebraska for the invitation to present

Level 3 →2 center
Suburban community
Underserved population
550→1000 admissions

This presentation was developed with TMD: Jerry Rubano MD and PI Coordinator: Deborah Iorio RN
Presented at Trauma System News symposium

Trauma Center Levels I-V

I	Comprehensive regional resource. Tertiary care facility. Provides total care for every aspect of injury. Research center. Academic training center. Leadership in injury prevention, public policy and outreach.
II	Comprehensive clinical care for most injured patients. Providing prevention and continuing education.
III	Prompt assessment, resuscitation, intervention and post operative care for trauma patients.
IV	Prompt assessment and resuscitation of trauma patients.
V	Prompt evaluation and stabilization prior to transfer

The PI requirements are identical for L1, L2, and L3
Resources for Optimal Care of the Injured Patient. ACS. 2022 Standards. December 2023.
And 4's and 5's (from what is on state websites)

PIPS

- **Performance Improvement & Patient Safety** (PIPS) is the most frequently cited reason for a verification or reverification 'failure'.
  - 64% of community and rural centers said that PI was challenging (Trauma System News Survey May 2024)

- Resources for Optimal Care: pg. 75 (Level 1-2-3) at least 0.5 FTE dedicated PI personnel when the annual volume of registry patients exceeds 500 patients.

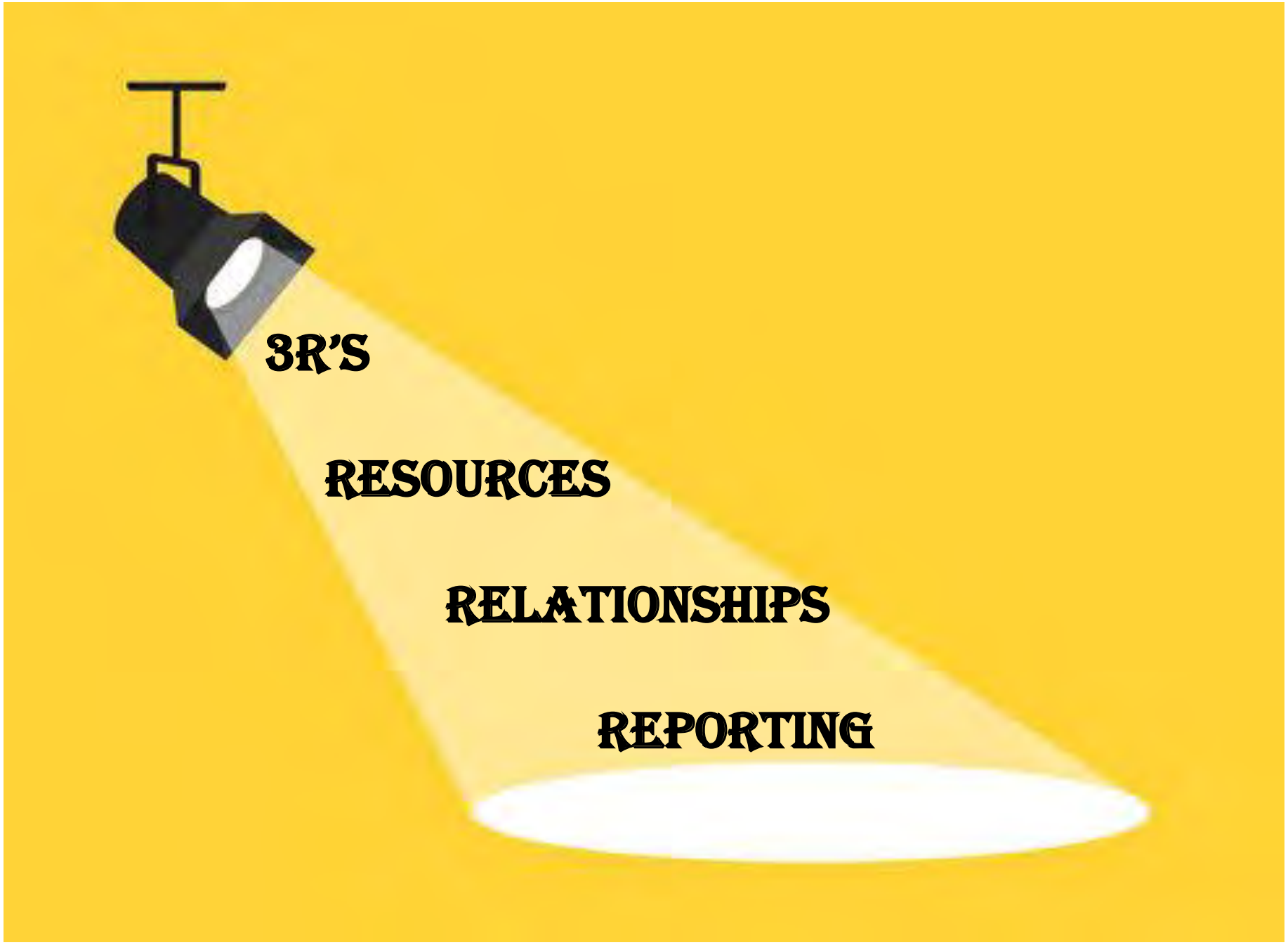
11 Essential Principles for Effective PIPS

1. Appropriate team
2. Clearly defined goals
3. Clearly defined process
4. Clearly defined parameters
5. Structured communication, common language, and shared understanding
6. Power/Authority
7. Champions
8. Shared norms and accountability
9. Skilled facilitation
10. Understanding of systems theory
11. Self-evaluation

See the TOPIC Manual Appendix for more information

Berg et all. Trauma Performance Improvement and Patient Safety Committee: Fostering an Effective Team. *Journal of Trauma Nursing*. 18(4):213-220, October/December 2011.

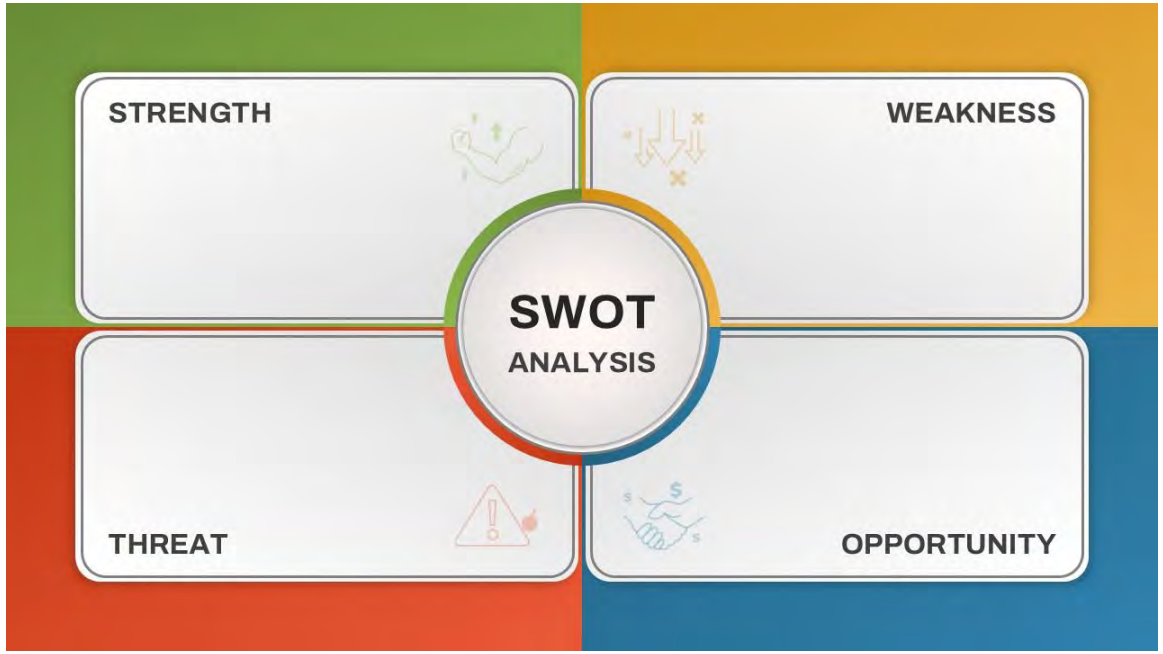
TOPIC


3R'S
RESOURCES
RELATIONSHIPS
REPORTING


RESOURCES

What does you center have?

- What do we need?
- What is holding us back?
- How can we utilize what we have?
- What are **my** strengths?



Build the Program

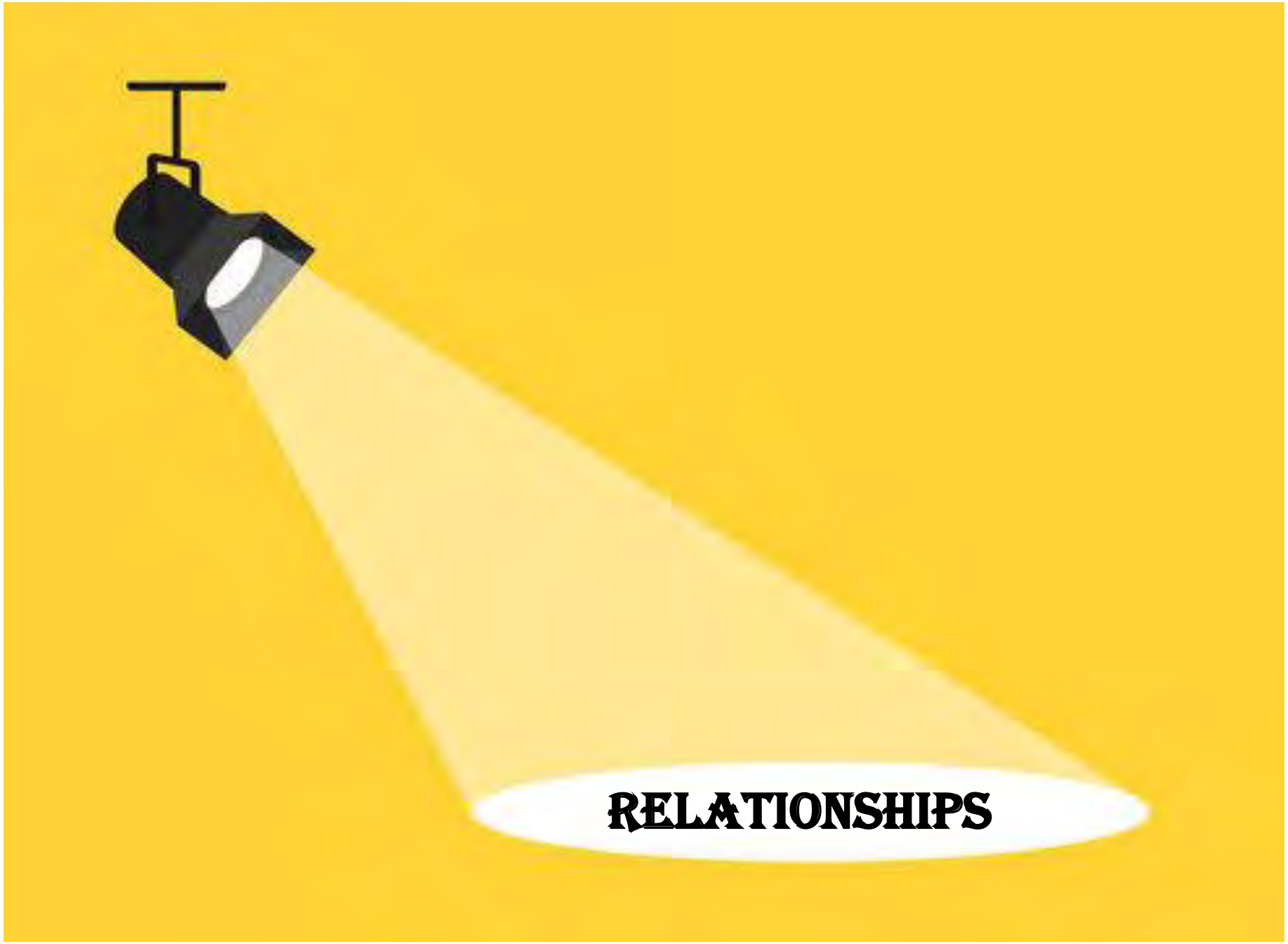
- Start simply
  - Expand as you go
  - Focus on key events
- Don’t over promise
  - Do a few things well and completely
- Don’t compare
  - Level IV ≠ Level I
- Don’t be afraid to think outside of the box

Write (and follow) a Realistic PI Plan

- Define the Levels of Review
  - Primary
  - Secondary
  - Tertiary
- Identify the Events to review
  - High risk
  - High frequency
  - Outliers
- Don’t over-reach
  - Do 5 things really well, not 10 things poorly

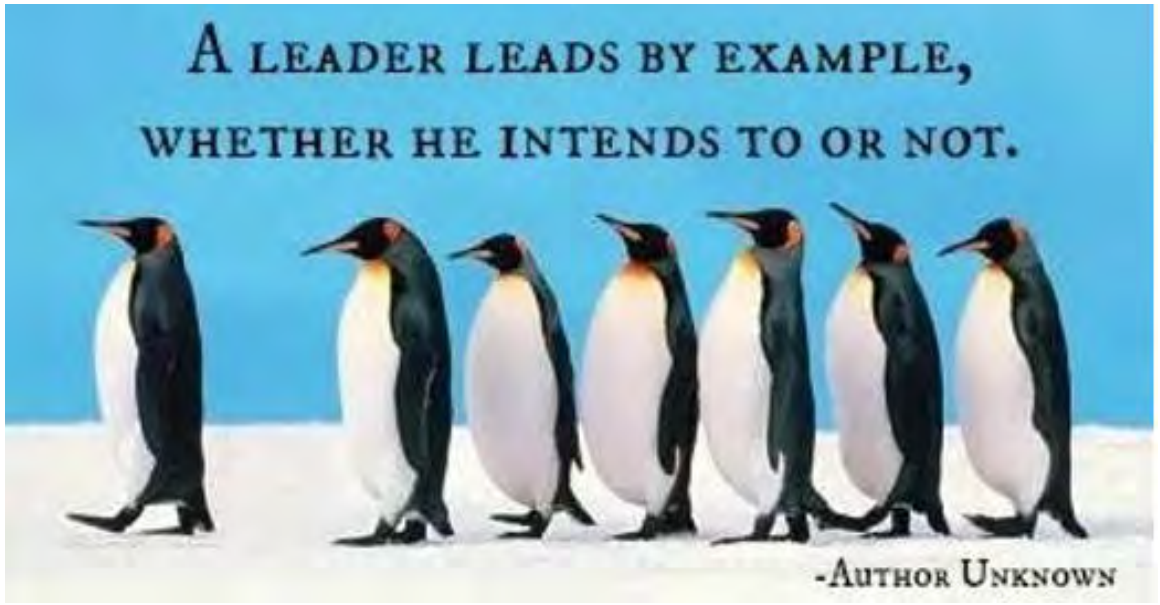
Less can be More

- Fewer ‘hoops’ to jump
  - Quicker turn around time
- Still hoops
  - Anticipate them
  - Sincere apology if we jump them
- Honesty
  - We do not have what we do not have
- Keep leadership informed
- Clear, concise requests for more


RELATIONSHIPS

It starts with us

- Trauma Medical Director
- Trauma Program Manager
- **Partnership**
  - Share a common goal
  - Helps if we like each other
  - Necessary that we trust each other



It takes a village

- Crosses Departmental boundaries
- Multidiscipline
- Multiple Departments
- Multiple Divisions
- Multiple players

- **Likely a more thorough, consistent performance review that anyone is accustomed to**

Specialty Liaisons

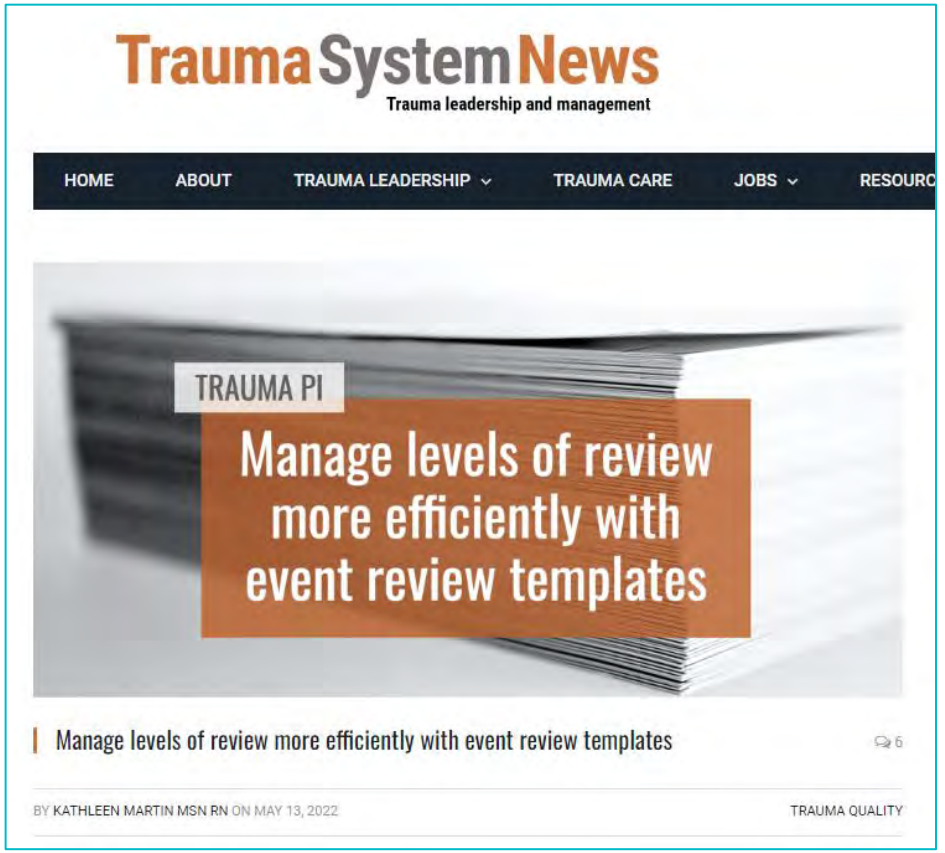
- Designated liaisons:
  - Emergency Medicine, orthopaedic surgeon, anesthesiologist, neurosurgeon, radiologist, ICU physician, geriatric specialist
- Form the Peer Review Committee
  - 50% attendance requirement
- Serve as the "Champion" for trauma in their department
- Select carefully

Make it Easy

- Use their preferred mode of contact
  - Email, text, call, administrative assistant
- Set meeting dates and times for the year
  - Do not cancel or change
  - Consider frequency based on case volume
- Prompt minutes and follow-up on action items
- Purpose of Peer: to make determination and identify OFI

Case Reviews

- Clear request
- Instead of “Can you look at this case for PI?”
- → “Case is referred because of a delayed diagnosis of a scapula fracture (noted on CT scan on Hospital day 3). Please review for appropriateness of imaging studies, and interpretation of imaging results.”
- Due date
- Provide case summary
- Provide template



Play Nice

- Assume good intent
  - They really may not know
- Recognize the sensitive nature of this process
  - Reviewing a peer, or a mentor
  - Stating that things did not go well
- Non punitive environment
- Encourage ownership of issues
  - Antibiotic timing in open fractures→ ED (Physician and Nursing)
  - OR weekend availability → PeriOp Services (Anesthesia, OR Nursing, PACU)


REPORTING

Reporting

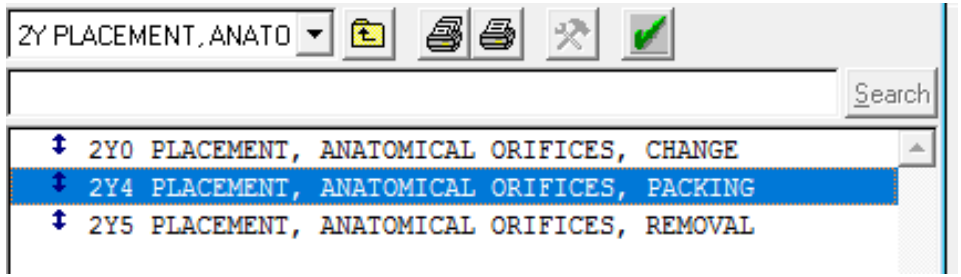
- **Internal**
  - Case volume determines frequency
  - Loop closure data should come from registry when possible
- **External** (State or National)
  - Data validation processes in place
  - PI must be done prior to submission
- **Outside Reviewers**
  - Projects — What have you done? And what are you doing?
  - Cases — Is your procedure being followed? Issue identification and level of review
  - Benchmarking — What are you doing with these?

Simplify Reporting

- Statistics that make sense
  - Mean, median or mode, not all 3
    - What does your center use in other Departments?
- Careful review of denominator
  - Alcohol misuse screening rate for admitted patients with GCS >12 (not **all** patients)
  - VTE rates for patients with HLOS ≥ 2 days
- Statistics that look positive (rather than negative)
  - % of cases with response time meeting goal (vs. the % not meeting goal)

Reporting for Loop Closure

Case	Corrective Action	Loop Closure Report
Premature removal of nasal packing led to hemorrhage	Education and training	Registry report for placement and removal of nasal packing, confirming removal after 24 hours. (2Y41X5Z)



Reporting

- Label graphs and charts well
- Set goal and show progress towards them
- Reporting is our opportunity to keep the C Suite informed of areas of concern
  - Don’t hide weaknesses

Summary: 3 R's of PIPS

PIPS is complex and labor intensive.

when **R**esources are limited it is important to use them well, maximize **R**elationships and **R**eport progress towards the goal

Thank you

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