State Trauma Systems PIPS subcommittee

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Disclosures

› Nothing to disclose

STATE TRAUMA SYSTEM PERFORMANCE IMPROVEMENT & PATIENT SAFETY SUBCOMMITTEE

› The State Trauma System PIPS Subcommittee reports to the State Trauma Advisory Committee (STAC).

› The Trauma PIPS Subcommittee manages the Trauma PIPS Program through the implementation of the Trauma PIPS Plan.

› Include (but not limited to) risk-adjusted outcomes measurement, benchmarking, identification of best practices, and the development / analysis of core measures with State Trauma System implications.

STATE TRAUMA SYSTEM PERFORMANCE IMPROVEMENT & PATIENT SAFETY SUBCOMMITTEE: Mission and Vision

› Mission is to provide an accountable, equitable, and quality state trauma system of care that is driven by evidence based practice and performance improvement reviews which are facilitated by data analysis.

› Vision is that through our State Trauma System, all the people of California have reduced incidence of injury, the best chance for survival, and maximal potential for recovery.

STATE TRAUMA SYSTEM PERFORMANCE IMPROVEMENT & PATIENT SAFETY SUBCOMMITTEE

Purpose

› To define, measure, evaluate, and improve the process, accountability, efficiency, effectiveness and reliability of the State Trauma System of care.

› The State Trauma System PIPS Plan establishes lines of communication, authority and accountability for monitoring aspects of care and defines guidelines to measure the quality and outcome of care.

› The goal of the State Trauma System PIPS Plan is to assure that trauma care is of high quality and variations in the standard of care are minimal.
STAC PIPS PROCESS MEASURES

- **Pre hospital efficiency**
  - Does patient go to a trauma center?
  - Does patient get there within an hour?
- **Efficient transfer**
  - Is need for transfer recognized quickly?
  - Does transfer occur quickly?
- **Trauma center outcomes**
  - Do all patients in all trauma centers have equally good outcomes?
  - Do transferred patients have equally good outcomes?

STAC PIPS Deliverables

- Provide risk adjusted outcomes comparisons
  - Pre hospital care
  - Trauma center care
  - LEMSAs
  - Urban and rural
  - Retriage and transfer
- Identify barriers to good outcomes
- Develop consortiums to improve processes and outcomes

What do we need to do this?

- Accurate verified data
  - Prehospital providers
  - Trauma centers
  - Follow up
- Statistical evaluation of the data
- Feedback to all stakeholders
- Consortiums to identify problem areas to fix and best practices to disseminate
- Follow up reports to confirm progress

Los Angeles County Quality Improvement

- Trauma hospital Advisory Committee (THAC)
- Trauma directors and program managers
- Representatives from Pre hospital, hospital administration, and EMS
- Quality Assurance Subcommittee
- 3 regional meetings of 3-4 trauma centers each every quarter
  - Each trauma center presents deaths and fall outs
- Quarterly meeting of representatives from each region
  - Action plans to reduce variability in care and outcomes
  - Selection of quality indicators

LA County TBI Consortium

- Established 2013
- Members
  - Trauma directors and program managers from all 14 County-designated trauma centers
  - Administrators from LA County EMS
  - Neurosurgeons, neurologists, critical care specialists
  - Health services researchers
- Goal: cooperative, multi-institutional quality improvement

LA County Trauma Consortium Meeting

October 2014
Need for Risk Adjusted Data Analysis

- Proposal for all LA Trauma Centers to join TQIP
- Alternative was to partner with academic center to have them run statistical reports on a regular basis as we did for TBI
- Initially there was push back because of cost and extra effort
- As we began moving through the TBI project it became clear that we needed regular risk adjusted reports to be able to accomplish anything
- We need these reports in all areas of care not just TBI
- We are now all in agreement that we need to join TQIP as a system

L.A. County Trauma Consortium

- Shared vision for trauma care in L.A. County
- Reduce the variability in care through shared practices and adoption of guidelines
- Pool data from all centers to better characterize outcomes and to determine effective practices
- Provide partnered evaluation and continual feedback to improve system-wide trauma care

Where does TQIP fit?

Structure | Process | Outcome
---|---|---
Mortality | Rates of PE | TQIP
Rates of unplanned return to ICU

Building Collaboratives: Engaging State Health Authority

Georgia Trauma Commission

GEORGIA TRAUMA CARE NETWORK COMMISSION

"Right patient, Right hospital, Right time, Right means"

Dennis W. Ashley, MD., FACS, FCCM
Chair, Georgia Trauma Care Network Commission
Director Trauma Services and Critical Care
Medical Center of Central Georgia
Professor of Surgery
Mercer University School of Medicine

Our Reality

State Trauma Services Study Committee 2006 Findings:

- Georgia trauma death rate is 20 percent worse than the national average
- Only 30 percent of trauma injuries are treated at designated trauma centers
- Traumatic death rates in rural Georgia are much higher than in the urban areas of Georgia
- Annually, Georgia’s trauma care providers (hospitals, surgeons and EMS) deliver $250 million in uncompensated trauma care

Legislation

SB 60
- Passed in 2007
- Established a nine member commission, Georgia Trauma Care Network Commission (GTCNC)
SB 60 provided the Commission AUTHORITY to:

- “Establish, maintain, and administer a statewide trauma care network (trauma system)”; 
- “Coordinate the best use of existing trauma facilities”; 
- “Direct patients to the best available facility for treatment of traumatic injury”; and 
- Oversee Fund dispersal into the entire Georgia trauma system, fairly and effectively;

**Program components**
- Risk adjusted inter hospital comparisons
- Education and training
- Enhanced data quality
- Sharing best practices

**State participation**
- Michigan
- Georgia
- Florida
- Arkansas
- Texas
- Others…

**ACS TQIP**
- Validate, Reliable, Standardized Data
- Monitor Performance
- Risk-Adjusted Performance Measurement
- Pass on Structures and Processes of High Performers
- Confidential Feedback to Trauma Centers
- Explore variability to identify best practices

**TQIP participation**

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- California TQIP Collaborative
NTDB and TQIP Participation

- 55 California centers are currently submitting data to NTDB
- 37 hospitals are either in TQIP or in the process of joining
  - Includes adult and pediatric centers

What can TQIP offer states/systems?

- System level reports
- Online tools for aggregate and patient drill down
- Local training tailored to Collaborative
- Collaboration on data validation
- Variety of analytic approaches

TQIP Collaborative Reporting

Collaboratives Receive:

- A report that aggregates data from all participating state hospitals as though they were one entity. This compares collective state performance to the performance of all other TQIP participating trauma centers.

- A report that highlights individual participating hospitals within the state Collaborative to indicate individual hospital performance.

- TQIP can also provide additional custom reporting to meet individual state needs for an additional fee.

New drill down tools

- Patient record manager
  - Lists by cohort
- Patient summary
  - View of specific patient
- Patient explorer
  - Exportable list
What can TQIP offer California?

- TQIP can enhance your system level PI
- Regionally
- Comparisons with other similar entities
- TQIP can provide a benchmark against national trauma care.
  - You may know how trauma care is improving in your own system, but how do you compare across your state and nationally?
- Educational offerings tailored to your needs across trauma levels

State/system level TQIP

Reports can be specified for optimal use at state level.

- Level I and II outcomes:
  - Mortality
  - LOS
  - Complications
- Level III outcomes:
  - Mortality
  - Transfer status
  - Time to transfer/ED LOS

Example: California

Cost

- $15,000 base fee for state Collaboratives
- Additional reports at negotiated fee based on report parameters
- Free Level III Pilot project now for centers contributing to NTDB
Next steps...

- Define system participation
- Establish collaborative participation
- Begin working with collaboratives on contractual agreements

Risk adjusted mortality