

State Trauma Systems PIPS subcommittee

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Disclosures

- ▶ Nothing to disclose

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STATE TRAUMA SYSTEM PERFORMANCE IMPROVEMENT & PATIENT SAFETY SUBCOMMITTEE

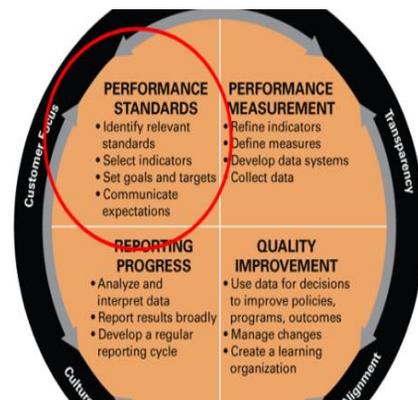
- ▶ The State Trauma System PIPS Subcommittee reports to the State Trauma Advisory Committee (STAC).
- ▶ The Trauma PIPS Subcommittee manages the Trauma PIPS Program through the implementation of the Trauma PIPS Plan
- ▶ Include (but not limited to) risk-adjusted outcomes measurement, benchmarking, identification of best practices, and the development / analysis of core measures with State Trauma System implications.

STATE TRAUMA SYSTEM PERFORMANCE IMPROVEMENT & PATIENT SAFETY SUBCOMMITTEE 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.

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.



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?

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STAC PIPS Deliverables

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

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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

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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

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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

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LA County Trauma Consortium Meeting

October 2014



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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

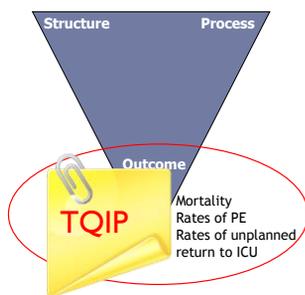
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L.A. County Trauma Consortium

- ▶ 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

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Where does TQIP fit?



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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

Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION
"Right patient, Right hospital, Right time, Right means"

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

Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION
"Right patient, Right hospital, Right time, Right means"

SB 60

- ▶ Passed in 2007
- ▶ Established a nine member commission, Georgia Trauma Care Network Commission (GTCNC)



Authority

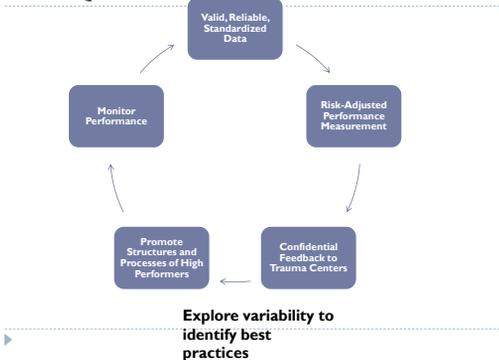
Georgia Trauma Commission
GEORGIA TRAUMA CARE NETWORK COMMISSION
"Right patient, Right hospital, Right time, Right means"

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;



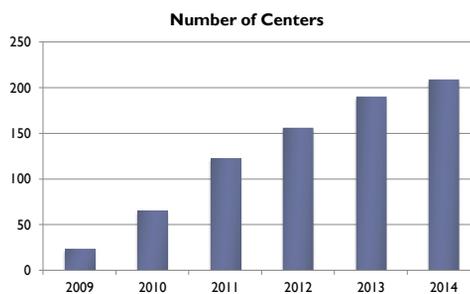
ACS TQIP



Program components

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

TQIP participation



State participation

- ▶ Michigan
- ▶ Georgia
- ▶ Florida
- ▶ Arkansas
- ▶ Texas
- ▶ Others...

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?

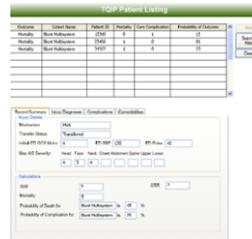
- System level reports
- Online tools for aggregate and patient drill down
- Local training tailored to Collaborative
- Collaboration on data validation
- Variety of analytic approaches

TQIP Collaborative Reporting

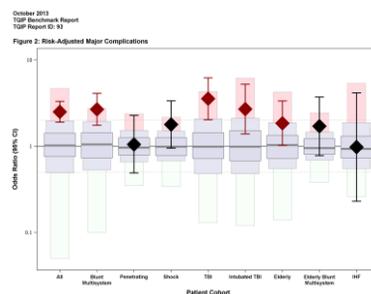
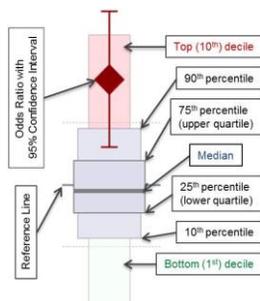
Collaboratives Receive:

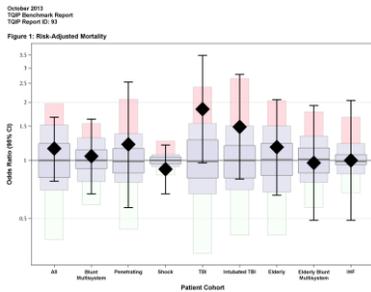
- ▶ A report that aggregates data from all participating state hospitals as though they were one entity. This compares collective state performance to the performance of all other TQIP participating trauma centers.
- ▶ A report that highlights individual participating hospitals within the state Collaborative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

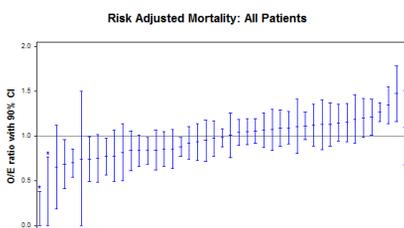
Reports can be specified for optimal use at state level.

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

State/system level TQIP

- ▶ The advantages:
 - ▶ Evaluation of system performance
 - ▶ EMS outcomes via linkage between EMS and trauma center data
 - ▶ With substantial participation, states can compare themselves to other similar jurisdictions

Example: California

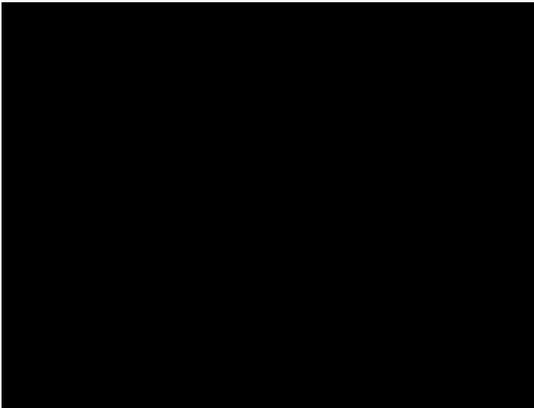


Cost

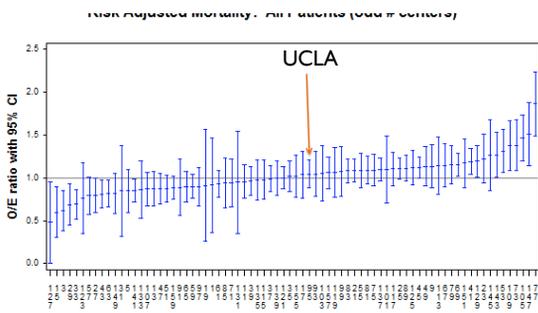
- ▶ \$15,000 base fee for state Collaboratives
- ▶ Additional reports at negotiated fee based on report parameters
- ▶ Free Level III Pilot project now for centers contributing to NTDB

Next steps...

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



Risk adjusted mortality



All Patients, Odd # hospitals, recentering

