Collaboration to Improve Performance

Bureau of Emergency and Trauma Services (BETS)
Objectives

- Understand the EMS and Trauma Continuous Quality Improvement Project.
- Identify other examples of collaborative quality improvement projects.
- Identify ways participants could implement collaborative quality improvement projects.
“Phase One is fairly basic.”
Don’t re-invent the wheel. Use established:

- Performance Improvement/Quality Committees
- Peer Review Committees
- Healthcare Coalitions
- County EMS groups
- City and county law enforcement committees
- PSAP/Dispatch committees

Find the way that works in your unique system.
Getting Started...Who

- Determine who impacts the care of trauma patients.
  - Law Enforcement
  - EMS
  - ED, medical surgical unit, ICU/CCU
  - Radiology
  - Lab
  - Other hospitals
  - Rehabilitation
  - Others?
Getting Started...What

- Identify common goals, issues, and concerns
  - Review patient care in all aspects
  - Resource availability and management
  - HIPPA compliant information sharing
  - Administration or policy limitations that impact care
- Identify links in the system
  - Mechanisms to ensure linkages are strong.
Getting Started…Where

- Meetings can happen anywhere.
- Make the opportunity to see where and how your partners work.
- Understand resources, capabilities, and limitations.
Getting Started...When

Now, start now!

Your patients are expecting a well coordinated system. Are you delivering? Can you prove it?
Getting Started...How

- Data, Data, Data
  - Look for outliers and investigate
  - Identify areas of consistency (good and bad)
- Start with a small set of data and work up from there!
Collaborate with Partners

- Explore the common threads to identify areas of improvement.
- Identify mechanisms to measure for improvement.
- Develop a plan to implement improvements.
- Measure improvements over time.
- Review and continue to improve.
TOTAL QUALITY MANAGEMENT

- Leadership
- Continuous Improvement
- Strategy
- Total Participation
- Process Planning
- Operations
- Customers
The continuous quality improvement (CQI) system will collect and analyze data from the Iowa EMS data registry, Iowa trauma registry, and other data sources to identify mechanisms to improve trauma care across the CQI system. Interventions will be focused on measured in the following categories: prevention, training, and performance/outcome measurement.
CQI Project

- Engaging members of EMS, Critical Access Hospital staff, Public Health and Law Enforcement with collaborative prevention initiatives, data collection and evaluation, ongoing protocol development and training, continuous quality improvement and performance improvement programs that allow for evidence based changes in performance to decrease morbidity and mortality from trauma within the system.
CQI Project

- IDPH conducted an RFB in late 2015.
- Two rural counties were awarded to do the following over a three year period:
  - Collect and analyze data from the Iowa EMS data registry, Iowa trauma registry, and other data sources,
  - Identify mechanisms to improve trauma care across the CQI system,
  - Evaluate system gaps/needs and develop courses of action to address those concerns.
  - Measure progress and identify best practices.
CQI Process

O Year 1:
  O Develop partnerships and identify leadership within the CQI system.
  O Complete the CQI assessment tool using data from January 1, 2015-December 31, 2015. (baseline)
CQI Process

- Year 1 continued:
  - Conduct a minimum of four CQI system meetings to accomplish the following goals:
  - Develop partnerships and identify leadership;
  - Develop strategy for collecting and analyzing data to identify gaps/areas of improvement related to improving trauma care and outcomes provided by the CQI system;
CQI Process

- Year 1 continued:
  - Develop plan to implement and track improvements made in the CQI process; and
  - Review and share system protocols/policies/procedures related to the treatment of trauma patients throughout the CQI system.
CQI Process

- Year 1 continued:
  - CQI engagement in an IDPH sponsored webinar to provide a brief presentation to IDPH and other successful applicants related to the following:
  - Gaps or areas of concern identified by the CQI system;
  - Identified plans for addressing these gaps/concerns; and
  - Best practices identified during the budget year.
CQI Process

- Year 2 & 3
  - Continue to meet regularly
  - Continue to identify gaps and implements plans to address gaps.
  - Continue to measure progress.
  - Provide information on best practices.
CQI Project

- Meetings:
  - Bi-monthly and monthly meetings (if desired) of those engaged in the CQI Project
  - Review of data
  - Review of planned prevention and outreach programs
  - Review of upcoming training
  - Review of PI and QA from each engaged member
  - EMS and Trauma team participation in chart auditing process of trauma patients
CQI Data

- The CQI systems are capturing the data related to the following areas:
  - Prevention
  - Hospital Specific Training
  - EMS Specific Training
  - Hospital Performance/Outcome Measures
  - EMS Performance/Outcome Measures
  - Mortality
  - Chart Auditing
CQI Best Practice Examples

https://www.youtube.com/watch?v=mlfIOnrJxVc

Aric:
https://www.youtube.com/watch?v=lqaQbb7NKC0

http://youtu.be/mKKw-Q1M80o
CQI Project

Type of trauma training provided to hospital staff members.

<table>
<thead>
<tr>
<th>Course</th>
<th>Total # possible to train</th>
<th>Total Trained</th>
<th># of nurses trained</th>
<th># of physicians or mid-levels trained</th>
<th># of other personnel trained</th>
<th>Is this policy required training (yes/no)</th>
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<tbody>
<tr>
<td>TNCC</td>
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<td>ATLS</td>
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<td>PALS</td>
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<td>ATCN</td>
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<td>RTTDC</td>
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<tr>
<td>Hospital specific trauma protocols/policies</td>
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<tr>
<td>Other (specify)</td>
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</table>
CQI Project

Hospital Specific Performance/Outcome Measurements

### Destination Determination

<table>
<thead>
<tr>
<th>Destination Determination</th>
<th>Number</th>
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<tbody>
<tr>
<td>Hospital of Choice (Patient)</td>
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<tr>
<td>Specialty Resource Center</td>
<td></td>
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<tr>
<td>Not Known/Not Recorded</td>
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<tr>
<td><strong>Total Number</strong></td>
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### Trauma Alerts Called

<table>
<thead>
<tr>
<th>Trauma Alerts Called</th>
<th>Number</th>
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<tbody>
<tr>
<td>Full Trauma Alert</td>
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<tr>
<td>Partial Trauma Alert</td>
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<tr>
<td><strong>Total number of Trauma Alerts</strong></td>
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### Cause of Delay

<table>
<thead>
<tr>
<th>Cause of Delay</th>
<th>Number</th>
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<tbody>
<tr>
<td>EMS Issue</td>
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<tr>
<td>Receiving Hospital Issue</td>
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<tr>
<td>Referring Physician Decision Making</td>
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<tr>
<td>Referring Hospital Issue-Radiology/Testing</td>
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<tr>
<td>Weather or Natural Causes</td>
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<tr>
<td>Other</td>
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<tr>
<td>Not Known/Not Recorded</td>
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<tr>
<td><strong>Total number of delays</strong></td>
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- Time from decision to transfer to transfer
- Trauma team members notification/arrival times
- In the transfer of trauma patient to tertiary care
CQI Project

Type of trauma training provided to EMS staff members.

<table>
<thead>
<tr>
<th>Course</th>
<th>Total # possible to train</th>
<th>Total # trained</th>
<th>EMR</th>
<th>EMT</th>
<th>EMT-I</th>
<th>A-EMT</th>
<th>EMT-P</th>
<th>Paramedic</th>
<th>CCP</th>
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<tbody>
<tr>
<td>PHTLS</td>
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<td>BTLS</td>
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<td>PALS</td>
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<tr>
<td>Trauma specific protocols/policies</td>
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## CQI Project

### EMS Specific Performance/Outcomes Measurements

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<tr>
<th>Transport Mechanism</th>
<th>Number</th>
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<th>Destination Determination</th>
<th>Number</th>
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<tbody>
<tr>
<td>Private Vehicle</td>
<td></td>
<td></td>
<td>Closest Facility</td>
<td></td>
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<tr>
<td>ALS Ground</td>
<td></td>
<td></td>
<td>Hospital of Choice (Patient)</td>
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<tr>
<td>ALS Helicopter</td>
<td></td>
<td></td>
<td>Specialty Resource Center</td>
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<tr>
<td>BLS Ground</td>
<td></td>
<td></td>
<td>Diversion</td>
<td></td>
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<tr>
<td>Fixed-wing Ambulance</td>
<td></td>
<td></td>
<td>On-line Medical Direction</td>
<td></td>
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<tr>
<td>Police</td>
<td></td>
<td></td>
<td>Not Transported (tiered response)</td>
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<tr>
<td>Other</td>
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<td>Other</td>
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CQI Project

- Continued evaluation of data related to specific performance/outcome measurements
- Continued development of additional performance/outcome measurements
  - Providing additional education to staff
  - Development of new policies
  - Changes to existing policies
  - Enhanced community outreach/prevention projects
- Collaborative efforts to enhance quality continuum of care of the trauma patient
EXCELLENCE
Just Ahead
Need Help: Contact

- Michelle Fischer-Short
  - Michelle.Fischer@idph.iowa.gov or 515-443-9428

- Merrill Meese
  - Merrill.Meese@idph.iowa.gov or 515-344-2793

- Diane Williams
  - Diane.Williams@idph.iowa.gov or 515-822-8879
Questions