

Tina Sheppard, RN, BSN
Trauma Program Director

LEVELS OF REVIEW

Processes!!! Plans, Preparation

- ◎ Fire Drill

Objectives

- Describes the process of the identified PI issue for review
- Select levels of review and criteria for each level
- Methods of integration through the Trauma PIPS plan

Ok now what??

- You have indentified an issue



**KEEP
CALM**

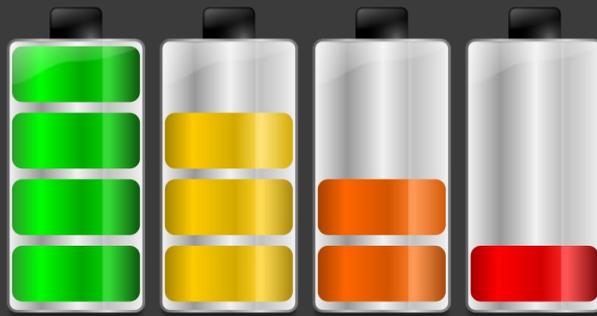
AND

**TELL HOUSTON
WE HAVE A PROBLEM**

What you need to manage this

- ① Use your tools, keep track and develop a process
 - Develop criteria for some issues to be auto placed in levels
 - Develop forms to describe the issue and it's needs
- ① Develop-
 - Standardize reports
 - Accessible protocols
 - A referral system for others to assist in the review of issues related to their areas

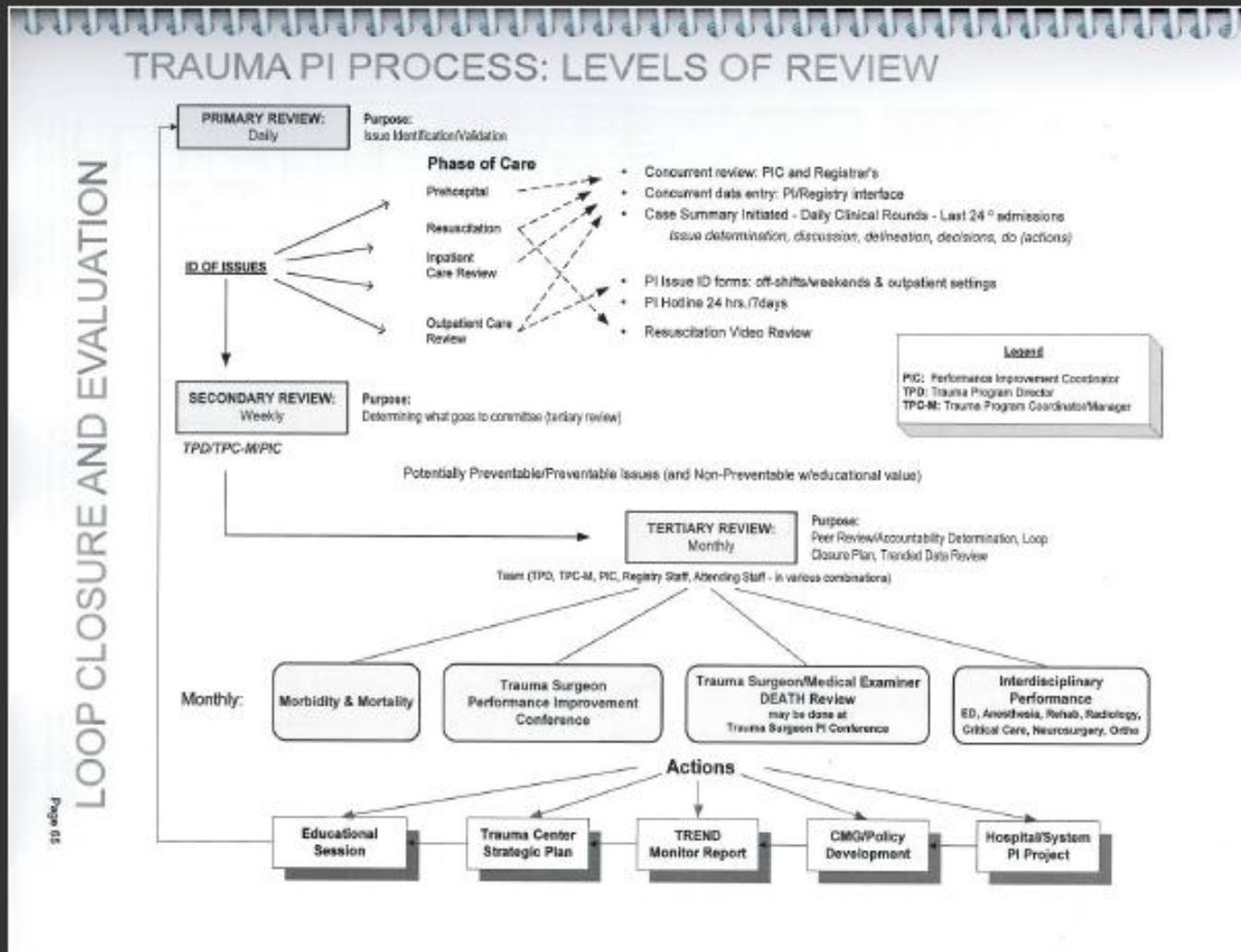
Levels



- ⦿ Define your review levels to resolve issues and provide loop closure
 - Primary/Level I
 - Secondary/Level II
 - Tertiary/Level III
- ⦿ Loop closure can be done at any level

TOPIC PIPS Levels of Review

2014 Edition of Trauma Outcomes & Performance Improvement Course



Primary Review: with daily trauma rounds

Purpose: Issue identification/validation

ID of Issues

- Prehospital
- Resuscitation
- Inpatient
- Outpatient

Concurrent review, case summary, daily clinical rounds, last 24 hr admissions

PI issue identification

Video review

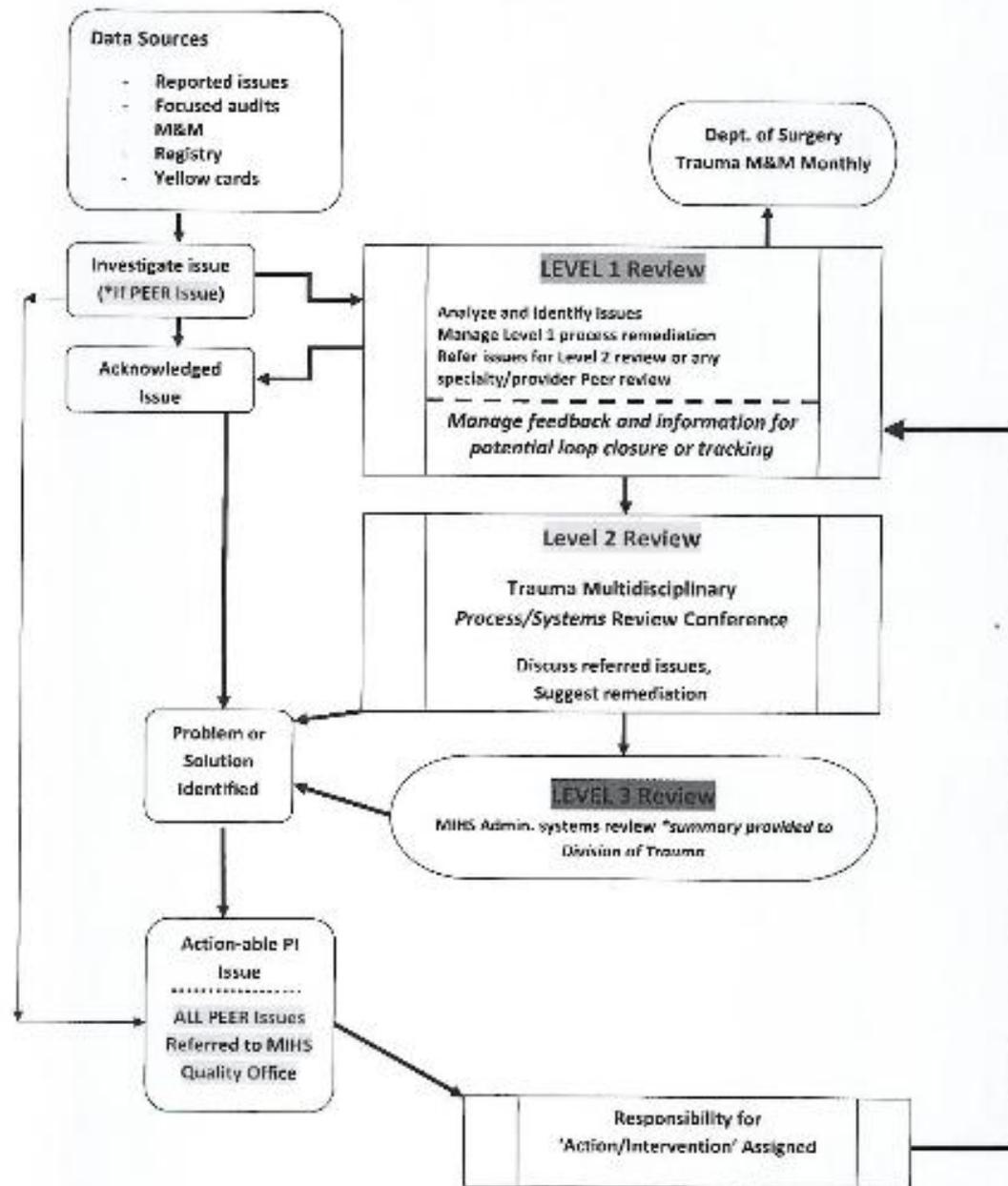
Secondary review: weekly with TPM

Purpose: discuss pt. care, identify issues and determine what goes to PI committee

PI Committee: monthly

Purpose: discuss identified issues, Plans, and actions

Adult Trauma Performance Improvement Map



Levels of Review

- ◎ Primary Review- finding the events
 - Event identification
 - Confirmation of the event
 - Immediate resolution and feedback
 - Events may be closed at this level and trended
 - Use of tracking system to prove event reviewed, action taken and loop closure

Example

- ⦿ PI Issue identified: Lack of Activation
- ⦿ Primary Review:
 - Review pt. EMR
 - Review MOI
 - Activation Criteria
 - ED MD involved
- ⦿ Identified opportunity of improvement
- ⦿ Emailed ED MD involved with PI audit filter and Activation Criteria
- ⦿ Action taken, loop closed
- ⦿ Trend Lack of Activation

Levels of Review

◎ Secondary Review-

- Reviewed by TMD and/or TPM
- Investigate the issue in more detail
- Issue may be closed at this level
- Use tracking system & tools to prove issue has been reviewed, action taken and loop closure
 - OR
- Push to the next level of Review

Trauma Program 2nd Level PI Review

Patient Label

Patient Name _____ MRN# _____
 Admit Date _____ DC Date/Time _____

Age/Gender _____ / _____ MOI: _____

Trauma PI for 2nd Level Review:

- Death w/ MSOF, sepsis, ICU issues?, etc.
- Transfers Out for Management of Acute Injury
- Adverse Events w/ complications - MSOF, sepsis, self-extubation, PE, resp. failure, re-intubation, RAPID response called
- Hemorrhagic Shock that required MTP
- Trauma Patient Admitted to Non-surgical Services – Inappropriate Admission
- Unplanned Re-admissions

Epidural/Subdural Hematoma GCS \leq 8 GCS 9-15 with OR intervention

Thoracic/Cardiac Injuries

- Cardiac Injury
- Thoracic Aorta Injury
- Need for Thoracotomy
- Severe Pulmonary Contusions that require ventilation
- Multiple Rib Fractures (rib plating, flail, resp. failure, retained HTX)

Pelvic/Femur Fractures Unstable pelvic/femur fractures w/ Hypotension Embolization

Spleen/Liver (\geq G3) Completed Guideline/algorithm sheet Splenectomy Embolization

Other Great SAVES Penetrating Abdominal Trauma Vascular Injuries

Comments: _____

Chart Reviewed Date: _____ By: _____

Referred to: TMD Date: _____ TPM Date: _____

TMD/TPM Comments: _____

Close No issues

Refer to: Trauma Surgery Committee Multidisciplinary Committee Trauma Operations

TMD/TPM _____ Date/Time _____

Example

- ⦿ Audit filter for 2nd level review:
Penetrating abdominal trauma
 - Chart reviewed with summary of care
 - PI review with TMD & TPD weekly
 - TMD reviews chart for any care related concerns
 - Pushed to Trauma M&M if concerns identified or interesting case
 - Closed as reviewed if no concerns

Levels of Review

⦿ Tertiary Review-

- Presented at a formal committee
- Determined if system vs. provider related
- Requires corrective recommendations/actions
- Requires closed loop and documentation of actions and re-evaluation

Formal Committees

- Trauma Multidisciplinary Peer Review Committee
- Trauma Operational Committee
- Trauma M&M
- Interdisciplinary Quality Forum
- Departmental Heads
- Pre-hospital/transfer facility

Example

- ◎ PI audit filter: IV site infection
 - Discussed in 2nd Level Review
 - Pushed to Trauma M&M and Trauma Committee (system related issue)
 - Pushed to Quality
 - Trended the root cause analysis
 - Team pulled together for review of current protocol
 - Policy/protocol changed, hospital educated
 - Action taken, loop closed, trend issue

Education

- ◎ The office staying alive

FOLLOW UP!!!!

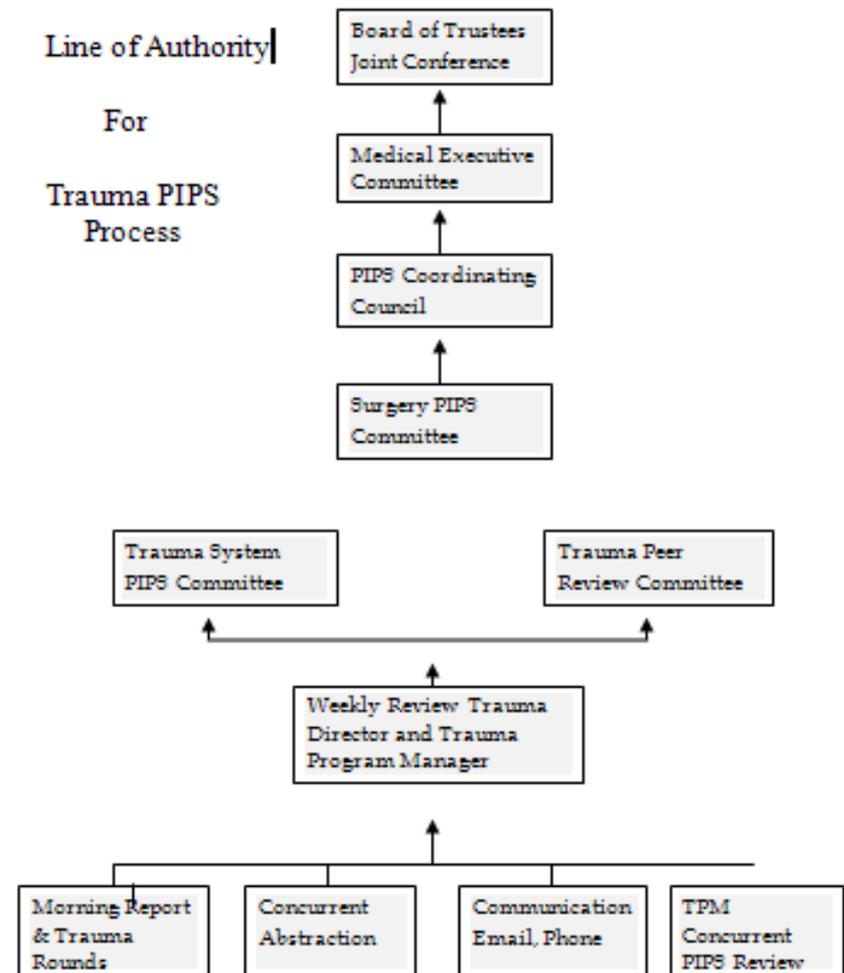
- ① Always trend and follow up
- ① Determine a time period to trend any changes
- ① Run a report or document review of trends
- ① Complete loop closure

Pushing cases forward

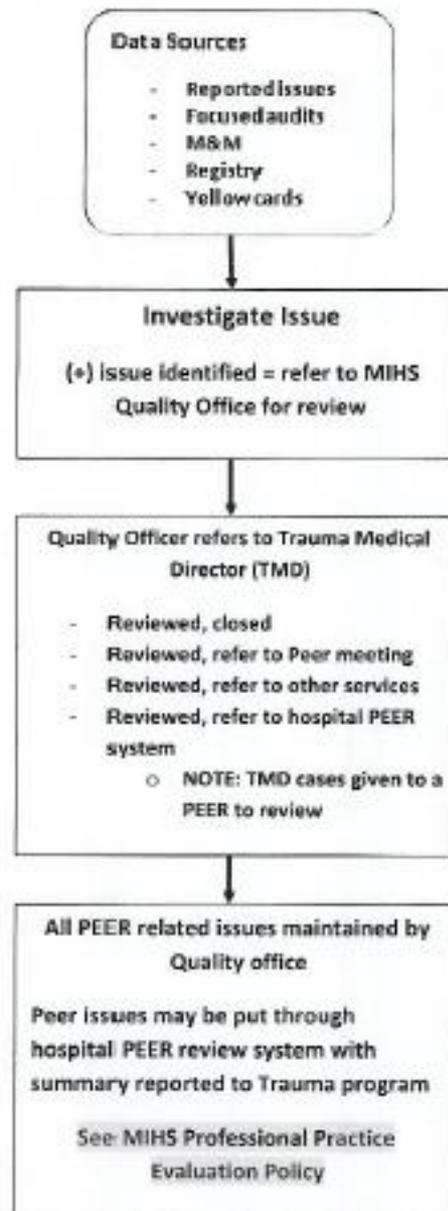
- ⦿ Indicator fallout
 - Select based on clinical significance
- ⦿ All indicators?
- ⦿ All complications?
- ⦿ All Deaths?
- ⦿ System Issues?
- ⦿ Sentinel Events?
- ⦿ Policy/protocol non-compliance
- ⦿ Special Populations
 - Pediatrics
 - Geriatrics
 - Pregnant
 - Burns
 - Spinal Cord Injuries
 - Morbidly Obese

Line of Authority for Trauma

PIPS Process 2014 Edition of Trauma Outcomes & Performance Improvement Course



Adult Trauma PEER Review Map





Use Tools to Stay
ORGANIZED



Trauma Process Improvement Work Sheet

Patient Name _____

Admit Date ___/___/___

Discharge Date ___/___/___

MRN# _____

Mechanism of Injury _____

Diagnosis _____

Issues

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Date	Audit Filter	Level 1	Level 2	Level 3	Accountability
___/___/___					
___/___/___					
___/___/___					
___/___/___					
___/___/___					
___/___/___					

Key

ST = Standard Met	EJ = Error in Judgement	DM = Delay in MD
NP = Non Preventable	ET = Error in Technical Procedure	DC = Delay in Consult
PP = Potentially Preventable	ED = Error in Diagnosis	DI = Delay in Intervention/Care
PD = Preventable Death	NR = Not Reviewed / Needed	DD = Delay in Diagnosis
UC = Unavoidable Complication	NR = Naming Related	DP = Delay in Presentation

Action Taken / Follow Up

<input type="checkbox"/> No Action Needed <input type="checkbox"/> Continue to Trend & Review Variations <input type="checkbox"/> Professional Resolution with Involved Providers <input type="checkbox"/> Letter to Physician Involved / Chief of Service <input type="checkbox"/> System Resolution <input type="checkbox"/> Change in Policy or Procedure <input type="checkbox"/> Focus Audit <input type="checkbox"/> Physician Reply (Letter)	Via: <input type="checkbox"/> Individual Discussion <input type="checkbox"/> Meeting Discussion with Minutes <input type="checkbox"/> Written Letter <input type="checkbox"/> Peer Review Form ?? <input type="checkbox"/> Education <input type="checkbox"/> Policy / Procedure <input type="checkbox"/> Other: _____
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Trauma Registry

Determination:	___ System Related	___ Disease Related	___ Provider Related	___ Cannot Determine
Preventability:	___ Nonpreventable	___ Potentially Preventable	___ Preventable	___ Cannot Determine
Care:	___ Care Appropriate	___ Care Controversial	___ Care Inappropriate	

Documentation Attached

Summary
 Level 1 Review
 Level 2 Review
 Level 3 Review

Date Process Closed

Attributing MD #1 _____
 Attributing MD #2 _____
 Trauma Program Manager _____
 Trauma Medical Director _____

Patient Label

Indicator	Source	Patient affected Y/N	Action performed in Secondary review	Requested response date	Details	Referred M/M, PI, Opts	Closed Date	Signature

Complications

Acute renal failure
 Acute respiratory distress syndrome (ARDS)
 Cardiac arrest with CPR
 Decubitus ulcer
 Deep surgical site infection
 Drug or alcohol withdrawal syndrome
 Deep vein thrombosis (DVT) / thrombophlebitis
 Extremity compartment syndrome
 Graft/prosthesis/flap failure
 Myocardial infarction

Organ/ space surgical site infection
 Pneumonia
 Pulmonary embolism
 Stroke/ CVA
 Superficial surgical site infection
 Unplanned intubation
 Catheter related blood stream infection
~~Other complications~~
 Sepsis/sepsis
 Unplanned return to OR.

Unplanned return to ICU
 Urinary tract infection
~~Other complication- not on this list~~
 No listed medical conditions occurred

Complications entered in Trauma One Yes No

Pursuant to A.R.S. 36-445.01

Things to take away

- Many options to perform this process use the one that works for you
- Tracking system and tools are your best friends
- Systematic approach to audit filters will help in process improvement
- Have standards/parameters/thresholds for review decision levels
- **Be consistent to get results**

References

- The Office: NBC
- TOPIC, Trauma Outcomes & Performance Improvement Course; 2014 Edition, Society Of Trauma Nurses (STN)
- Dr. Vail, Scottsdale Osborn Medical Center, shared some tools and process algorithms