

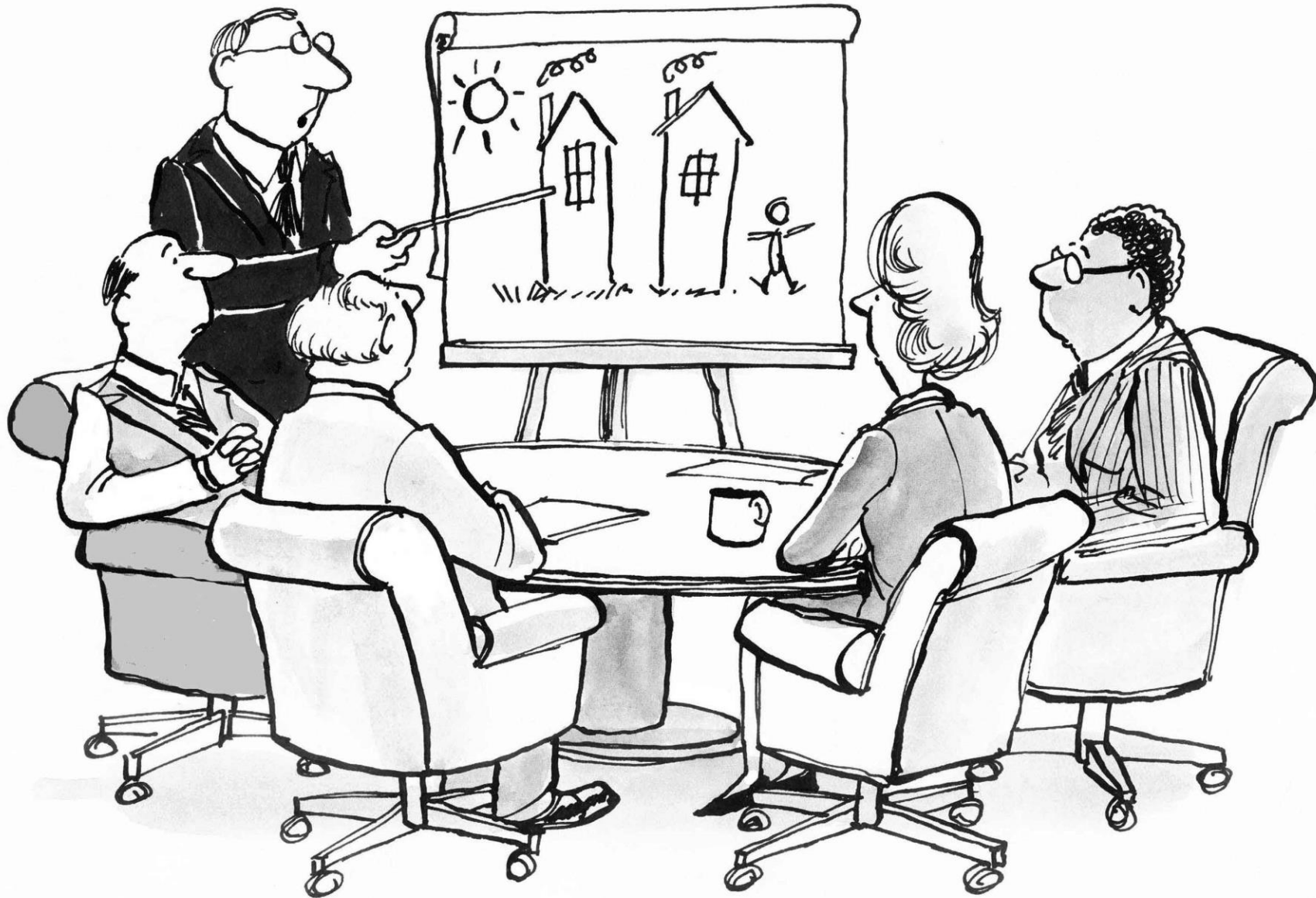


# **Collaboration to Improve Performance**

Bureau of Emergency and Trauma Services  
(BETS)

# Objectives

- o Understand the EMS and Trauma Continuous Quality Improvement Project.
- o Identify other examples of collaborative quality improvement projects.
- o Identify ways participants could implement collaborative quality improvement projects.



“Phase One is fairly basic.”

# Getting Started

- o Don't re-invent the wheel. Use established:
  - o Performance Improvement/Quality Committees
  - o Peer Review Committees
  - o Health care Coalitions
  - o County EMS groups
  - o City and county law enforcement committees
  - o PSAP/Dispatch committees
- o Find the way that works in your unique system.

# Getting Started...Who

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



# Getting Started...What

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



# Getting Started...Where

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



# Getting Started...When



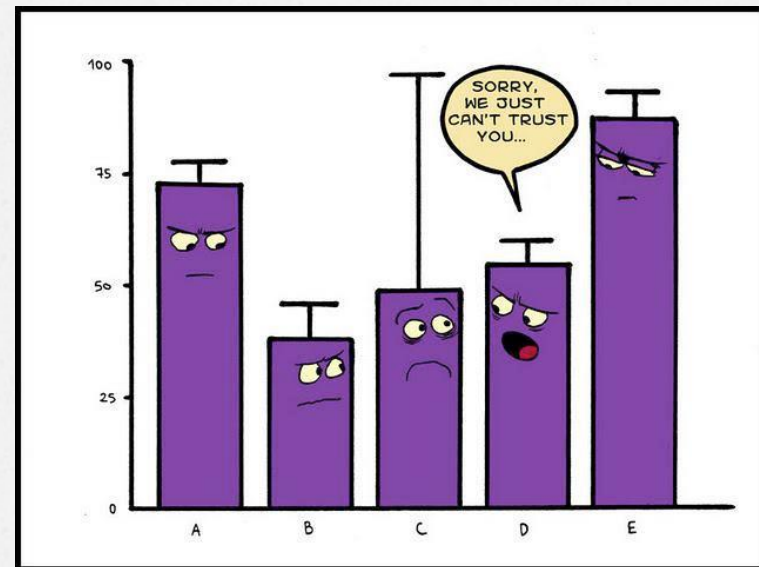
**Now, start now!**

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

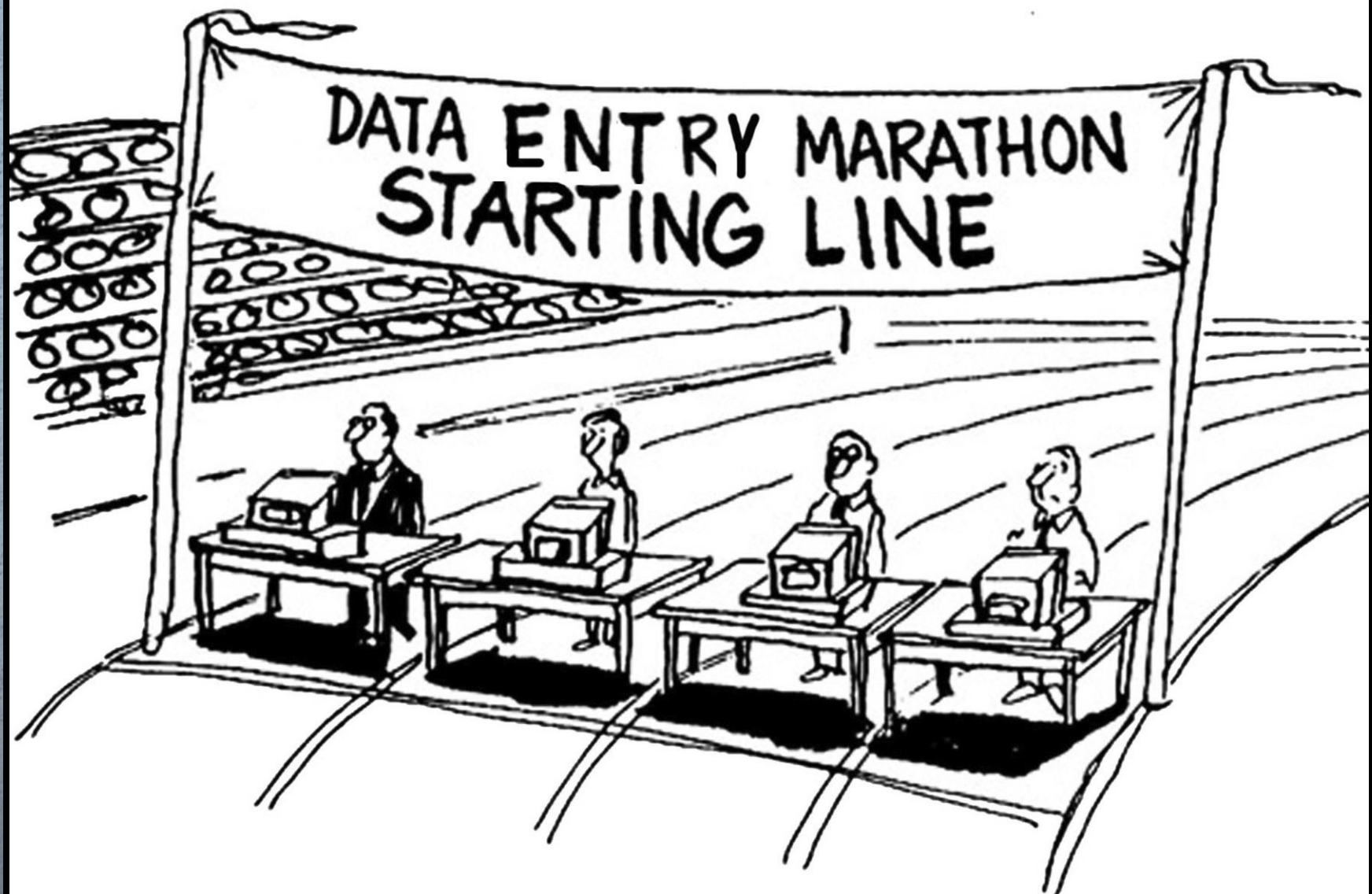


# Getting Started...How

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



# DATA ENTRY MARATHON STARTING LINE



# Collaborate with Partners

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

# TOTAL QUALITY MANAGEMENT

LEADERSHIP

CONTINUOUS IMPROVEMENT

STRATEGY

TOTAL PARTICIPATION

**CUSTOMERS**

PROCESS PLANNING

PROCESS IMPROVEMENT

OPERATIONS



# CQI Project

- o 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

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

- o Year 1 continued:
  - o Conduct a minimum of four CQI system meetings to accomplish the following goals:
    - o Develop partnerships and identify leadership;
    - o 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

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

# CQI Process

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

# CQI Process

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

# CQI Project

## o Meetings:

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

# CQI Data

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

# CQI Best Practice Examples

<https://www.youtube.com/watch?v=mIfIOnrJxVc>

Aric:

<https://www.youtube.com/watch?v=lqaQbb7NKCO>

<http://youtu.be/mKKw-Q1M80o>

# CQI Project

Type of trauma training provided to hospital staff members.

Course	Total # possible to train	Total Trained	# of nurses trained	# of physicians or mid-levels trained	# of other personnel trained	Is this policy required training (yes/no)
TNCC						
ATLS						
PALS						
ATCN						
RTTDC						
Hospital specific trauma protocols/polices						
Other (specify)						



# CQI Project

## Hospital Specific Performance/Outcome Measurements

Destination Determination	Number
Hospital of Choice (Patient)	
Specialty Resource Center	
Not Known/Not Recorded	
Total Number	

Trauma Alerts Called	Number
Full Trauma Alert	
Partial Trauma Alert	
Total number of Trauma Alerts	

Cause of Delay	Number
EMS Issue	
Receiving Hospital Issue	
Referring Physician Decision Making	
Referring Hospital Issue-Radiology/Testing	
Weather or Natural Causes	
Other	
Not Known/Not Recorded	
Total number of delays	

- Time from decision to transfer to transfer
- Trauma team members notification/arrival times
- In the transfer of trauma patient to tertiary care



# CQI Project

## EMS Specific Performance/Outcomes Measurements

Transport Mechanism	Number
Private Vehicle	
ALS Ground	
ALS Helicopter	
BLS Ground	
Fixed-wing Ambulance	
Police	
Other	
Not Known/Not Recorded	
Total	

Destination Determination	Number
Closest Facility	
Hospital of Choice (Patient)	
Specialty Resource Center	
Diversion	
On-line Medical Direction	
Not Transported (tiered response)	
Other	
Not Known/Not Recorded	
Total Number	

# CQI Project

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



**EXCELLENCE**  
Just Ahead

# Need Help: Contact

- o Michelle Fischer-Short
  - o [Michelle.Fischer@idph.iowa.gov](mailto:Michelle.Fischer@idph.iowa.gov) or 515-443-9428
- o Merrill Meese
  - o [Merrill.Meese@idph.iowa.gov](mailto:Merrill.Meese@idph.iowa.gov) or 515-344-2793
- o Diane Williams
  - o [Diane.Williams@idph.iowa.gov](mailto:Diane.Williams@idph.iowa.gov) or 515-822-8879

# Questions

