Scottsdale Healthcare Osborn Medical Center – ACS Verified Level I Trauma Center
Corrective Action: Tools for Success

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Frank (Tres) L. Mitchell, III, MD, MHA
Medical Director, Trauma & Surgical Critical Care
Scottsdale Healthcare Osborn Medical Center – ACS Level I Trauma Center
Performance Improvement and Patient Safety (PIPS)

- Patient care
- PIPS
- Challenging
Performance Improvement and Patient Safety (PIPS)

• Problems
• Deaths
• Adverse events
• Trauma Registry
History of Committee on Trauma Verification/Consultation Program

• 1986 – Approval of Verification Program
• American College of Surgeons

• Verification Review Committee
COT Chairmen – Development of Verification/Consultation Program

1978-1982

1982-1986

1986-1990
The First Verification Review Committee 1986

Mitchell, Jr

Trunkey

Cleveland

Root

Wolferth
Verification/Consultation Committee – 1986

- Frank L. Mitchell, Jr., Chairman
- Henry C. Cleveland
- Harlan D. Root
- Donald D. Trunkey
- Charles C. Wolferth
Resources for Optimal Care of the Injured Patient

ACS-COT Requirements for Trauma Centers
Continue to Raise the Bar
• Trauma Nurses
ACS Verification Visits 1987-2009
(Including consults and on-site focus visits)

Year 2009

2009
Total – 176
TC – 142
PTC (indep) – 20
Combined - 14

Number of Visits


ACS Verification Visits 1987-2009
(Including consults and on-site focus visits)

Total Number of Visits
Adult Visits
Pediatric Visits

Number of Visits


Year 2009
Raising the Bar

- **Requirements** to be a Verified Trauma Center
- **Accountability** – verify that these requirements are in place
- **Outcomes are Improved** – publications and from site visits
Performance Improvement and Patient Safety Program - Concepts

1. Trauma Center – should provide **safe**, efficient, and effective care to the injured patient

2. Requires – the **authority and accountability** to continuously measure, evaluate, and improve care (performance improvement)

3. This effort – should routinely **reduce unnecessary variation** in care and **prevent adverse events** (patient safety)
Performance Improvement and Patient Safety Program - Concepts

1. Trauma Center – should provide safe, efficient, and effective care to the injured patient

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Figure 1. The Continuous Process of Performance Improvement

- Instruction
- Data Collection
- Collation
- Modification
- Analysis

- Correction
- Recognition
- Assessment
Opportunities for Improvement

• Not an accusatory environment
• Constructive
• Educational

• Goal – improve patient care
Resources for Optimal Care of the Injured Patient

ACS-COT Requirements for Trauma Centers
Corrective Action

• (CD 16-18) When an opportunity for improvement is identified, appropriate corrective actions to mitigate or prevent similar future adverse events must be developed, implemented, and clearly documented by the trauma PIPS program.
Levels of Review

1. Primary Review (first level) – Trauma Program Manager or designee

2. Secondary Review – further evaluation with the Trauma Medical Director

3. Tertiary Review (Multidisciplinary Review)
Tertiary Review
(Multidisciplinary Review)

1. Prehospital Trauma PIPS Committee
2. Mortality and Morbidity Review
3. Multidisciplinary Trauma Systems/Operations Committee
4. Multidisciplinary Peer Review
(CD 16-10)

• Sufficient mechanisms must be available to identify events for review by the trauma PIPS program.

• Events identified – Concurrently and Retrospectively.

• Mechanisms – Individual personnel reporting, morning report (sign-outs), case abstraction, registry surveillance, pathway and protocol variances, and patient-relationships (or risk management).
(CD 16-11)

• Once an event is identified, the trauma PIPS program must be able to verify and validate that event.

• Level of Review – **Primary Review**
There must be a process to address trauma program operational events.

Multidisciplinary Trauma Systems/Operations Committee

(CD 16-13) – Documentation (minutes) reflects the review of operational events and, when appropriate, the analysis and proposed corrective actions.
• Mortality data, adverse events and problem trends, and selected cases involving multiple specialties must undergo multidisciplinary trauma peer review.
• **Determination**

• The *multidisciplinary trauma peer review committee* must systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement.
Corrective Action

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Examples of Corrective Actions

1. Guideline, protocol, or pathway development or revision
2. Targeted education (rounds, conferences, or journal clubs)
3. Additional and/or enhanced resources
4. Counseling
5. Peer review presentation
6. External review or consultation
7. Ongoing professional practice evaluation
8. Change in provider privileges
Closing the Loop

• “Effective performance improvement demonstrates that a corrective action has had the desired effect as determined by continuous monitoring and evaluation.”

• (CD 16-19) An effective performance improvement program demonstrates through clear documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur.
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Clinical Practice Guidelines, Protocols, and Algorithms

1. Use of Massive Transfusion Protocols
2. Assessment & clearance of C-spine
3. Severe Traumatic Brain Injury
4. Reversal of oral anticoagulants
5. Open Fractures – timing of antibiotics and time to OR
6. Venous thromboembolism prophylaxis

• Monitor Compliance
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2. **Targeted education (rounds, conferences, or journal clubs)**
3. Additional and/or enhanced resources
4. Counseling
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Education

• Rounds
• Conferences
• Hospital departments
• Journal Club
• One-on-One
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Tertiary Review
(Multidisciplinary Review)

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Questions???