**REGIONAL PERFORMANCE IMPROVEMENT PROCESS GUIDELINES**

For

Wisconsin’s Regional Trauma Advisory Councils (RTACs)

 March 2021

DEFINITION

The American College of Surgeons (ACS) describes performance improvement (PI) as a “continuous process of monitoring, assessment, and management directed at improving care.

PURPOSE

The purpose of this document is to guide Wisconsin’s regional trauma advisory councils to develop regional performance improvement projects to measure, evaluate and improve systems of trauma care and injury prevention throughout the region as well as improve trauma care provided by specific components of the system.

The performance improvement set forth must follow in accordance to the Trauma Care System Administrative Rules Chapter 118. This includes meetings to be conducted in a manner that ensures confidentiality, and promotes honest and transparent appraisal of medical care.

GUIDELINES FOR THE PI PROCESS

1. Each Regional Trauma Advisory Council (RTAC) will have a multidisciplinary PI committee.
2. Insure members are from a variety of backgrounds and agencies within the RTAC including rural and urban facilities as well as rural/volunteer/paid-on-call and full-time EMS providers.
3. All hospitals in Wisconsin may participate in the regional PI process, regardless of designation (Unclassified, Level I-IV).
4. Process of performance improvement shall include all of the following for both pediatrics and adults:
5. Data Collection and analysis:
	1. Trauma registry data for data collection and analysis”.
	2. Other potential data sources include, but are not limited to:
		1. Pre-hospital patient care record,
		2. Trauma Care Facility (TCF) medical record,
		3. 911 Dispatch record,
		4. Inter-facility transfer record, and,
		5. Report/complaint from trauma care provider, patient or family.
		6. Autopsy Reports
		7. Other databases such as (WISH, WARDS, CDC)
6. Adult and pediatric-specific quality indicators for evaluating the trauma system and its components:
	1. Maintain a list of quality indicators for periodic standards of trauma care as defined by the ACS. Indicators are statements of an ideal expectation.
	2. The indicators within Addendum A have been selected by the State Trauma Advisory Council (STAC) to initiate the PI process in each RTAC). RTACs can add additional indicators based upon regional analysis outlined in B1.
7. A system for regional case referral:
	1. Within each RTAC a system should be established of where concerns may be brought forth to be reviewed within the region. This review may/or may not include case review. If a discussion were to occur then the board within that RTAC may decide to have an open discussion or a closed discussion. It will be up to the board at the RTAC level to bring forward to the state PI sub- committee for further evaluation.
8. A process for indicator review and audit:
	1. Review regional reports and the RTAC coordinator should assist in presenting the data.

b . Based on outcome from the data presentation recommendations for action plan are:

* + 1. No further comment or action indicated,
		2. Additional information is required for a subsequent meeting to allow for further discussion,
		3. Request a follow-up report from facility/agency,
		4. Make a recommendations to facility/agency,
		5. Recommend a specific educational program,
		6. Suggest further action be referred to STAC, and/or
		7. Trend future cases.

 A mechanism for event closure, the cycle of assessing, diagnosing, planning, implementing and evaluating

* 1. Establish an action plan and implement through:
		1. Guidelines or protocols, and/or,
		2. Educational component, and/or,
		3. Case review presentations.
		4. Provider education
		5. Nursing education
	2. Measure the desired outcome of the corrective action plan:
		1. Must be measurable, benchmarked, tracked, and analyzed.
		2. Action plan needs to be measurable, benchmarked, tracked, and analyzed for improvement and sustainability
		3. On an annual basis each RTAC must select and review specific indicators that are specific to their region. Indicators may be removed or added based off of assessment from the region.
1. A mechanism for feedback to the RTAC Executive Council:
	1. Communicate results,
	2. Issues that do not meet deadlines or remain open should be referred to STAC except cases left open to trend.
2. An evaluation for system performance:
	1. System-based PI is essential to the ongoing development and improvement of the overall effectiveness of the system. Facility-based PI is essential to the ongoing development and improvement within the Trauma Care Facility (TCF).
	2. Regional PI focuses on system components and overall system effectiveness. Look at the structure (resources), process (care) provided, and results (outcomes).
3. A procedure for ensuring confidentiality throughout the performance improvement process:
	1. The PI process is protected under 2005 ACT 315,
	2. All information should be de-identifiable as possible.
	3. If specific case reviews are going to be conducted there must be a confidentially agreement signed by all. The attendance can be restricted at the meeting. The RTAC coordinator is to keep all signed confidentially agreements. (see Addendum: B for a copy of a Confidential agreement that maybe used).
	4. See State Statue 146.84 et.al. for further information on breach of confidentiality.

Suggestions for PI Sub-MEETINGS

1. PI initiatives require close cooperation of all partners involved in patient care.
2. PI meetings must be held quarterly at a minimum and attendance at these meetings should be up to each RTAC for the form is should occur.
3. The Chair must be familiar with the PI process.
4. Discussions and conclusions should be documented in meeting minutes that remain confidential.
5. Issues that are not able to be resolved in the RTAC through the Executive Council must come back to STAC through the State Trauma Care System Coordinator.

Addendum A: The following indicators have been selected by the State Trauma Advisory Council (STAC) to initiate the PI process in each RTAC.

Proposed New Indicators:

Over/under triage

Mortality

Time to transfer ISS> 15 and 3 hours

Mechanism of Injury

Trauma Team Activation level and ISS

Addendum B: Sample of a Confidential Agreement

