

Transforming the Trauma Performance Improvement Program at a Level II Pediatric Trauma Center

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Purpose: Following a regularly scheduled trauma site survey in early 2019, the survey team identified critical deficiencies in the performance improvement (PI) processes at a Level II pediatric trauma program. Failure to perform adequate primary and secondary case review, as well as missed opportunities for loop closure and feedback to providers, led to a failure to demonstrate improvement of care for the benefit of future patients.

Resources: The Plan-Do-Study-Act (PDSA) methodology was utilized to implement and test change. The implementation team consisted of the trauma program medical director, interim trauma program manager, trauma registrars, senior hospital leadership, and key department stakeholders.

Description: Following a regularly scheduled trauma site survey in February 2019, the survey team identified critical deficiencies in the program's performance improvement (PI) processes, including failure to perform adequate primary and secondary case review as well as missed opportunities for adequate loop closure and feedback to providers leading to failure to improve care for the benefit of future patients.

The pediatric trauma services at a Level II trauma center was given six months to complete a corrective action plan to maintain trauma designation.

A comprehensive corrective action plan was developed and implemented to retain Level II pediatric trauma center designation and included: performance improvement monitoring and documentation, joining ACS TQIP® for national quality benchmarking, resolving site survey deficiencies, and maintaining compliance with trauma center standards.

Effectiveness: The corrective action plan was submitted to the state ahead of schedule and accepted. Events/issues are identified concurrently to ensure timely primary case review. Regularly scheduled meetings with the trauma medical director ensures timely secondary case review. Concurrent review ensures timely loop closure. Examples of resolution of loop closure deficiencies include: 1. Delay in care; updated the trauma team activation criteria to include major burns and updated the burn guideline to include major burns. Audit showed 100% compliance following implementation. 2. Delay in neurosurgical response; feedback to neurosurgeon of record and neurosurgery response times added to trauma scorecard. Audit showed 100% compliance with thirty minute response since feedback. 3. Error in ED documentation for surgeon response. Documentation improved on documenting trauma called from 67% to 100% and trauma arrival from 60% to 100% over the course of a year.

Lessons Learned:

- Early identification and involvement of key stakeholders
- Assessing readiness for change
- Education on new Washington trauma center standards
- Continuous feedback and communication

Conclusions: By utilizing effective project management techniques and engaging the key stakeholders, the team was able to submit the corrective action results ahead of the deadline. More importantly, the state trauma surveyors accepted the hospital's report showing resolution of the identified deficiencies and satisfying the state's requirements for Level II Pediatric Trauma Center designation.