

A FOCUSED EFFORT TO IMPROVE TRAUMA CARE BY UTILIZING A STATEWIDE COLLABORATIVE MODEL

Elizabeth V. Atkins, BSN, RN., Regina S. Medeiros, DNP, RN., Colville H.B. Ferdinand, MD, FACS.
Christopher J. Dente, MD, FACS, and Members of the Georgia Research Institute for Trauma

Grady Memorial Hospital

Background: Faced with disparities in access to trauma care, lack of sustainable funding and a fragmented network of trauma care, leaders in the state of Georgia sought to create a framework for statewide collaboration. Led by the Georgia Committee on Trauma, Georgia embarked on a journey to create transparency and collaboration related to performance improvement (PI) and data quality. A major milestone in the maturation of the Georgia Trauma System was the implementation of a statewide Trauma Quality Improvement Program (TQIP) collaborative.

Methods: Many of the resources for this project already existed in our statewide infrastructure. A significant strength for this effort was the Georgia Committee for Trauma Excellence, which consists of Trauma Program Directors, Managers, Coordinators and Trauma Registrars in addition to other program and support staff. The collaborative developed a mutually beneficial relationship with national leaders in trauma benchmarking, including the Michigan TQIP collaborative and the ACS-TQIP Committee of the American College of Surgeon's Committee on Trauma. Meaningful participation requires ongoing time commitments from the state's trauma program managers and medical directors.

As the foundation for any project of this scope, we recognized the importance of data integrity and homogeneity. We worked to develop tools in conjunction with ACS-TQIP and utilized audit filters and drill down tools in a unified way to establish both data homogeneity and improved data quality. Ongoing meetings of the collaborative on a semi-annual basis allowed momentum to build slowly and the data integrity project was pivotal to move to the next phase of collaborative development.

Results: Through an organized system of data quality monitoring, we demonstrated improvements in our data quality in a relatively short period of time. Managing deliverables to make goals both attainable and meaningful are critical to success. At the start one should expect varying levels of resistance, reticence and an excess of concerns. Center-specific PI activities are time consuming enough and statewide PI activities add an additional layer of complexity for which the benefits may not be immediately recognizable. The Georgia TQIP monthly meetings via conference calls keep the group engaged and on task when distance between centers precludes face-to-face meetings. A significant benefit was funding provided by the Georgia Trauma Commission enabling designated level I and II trauma centers to participate in TQIP.

Conclusions: Statewide PI improves care by evaluating system performance. It validates the business aspect of care and helps develop the necessary processes to become/maintain ACS verification or state designation. As trauma performance improvement continues to mature, more interest in regional and national PI projects will occur. This framework has been successful in Georgia and can easily be adapted in other states.

Collaborative models have likely existed for a quite some time but have now coined a name through the TQIP initiative to develop this approach. Through use of existing infrastructure, which may look different in each state or each region, building a collaborative is possible. The goal is to steadily develop standardized care and build local relationships in a community.