

FACILITY PI PROCESS

The mission of the performance improvement (PI) process is to continuously improve trauma care outcomes. Each facility can perform PI in a manner that best fits with the structure and resources at their facility. The system must be designed to monitor and review trauma patient care and system issues and assist with providing feedback and education to the trauma team members.

PI within the trauma system assures that the right patient gets the right care in the right amount of time through the use of evidenced based practices and appropriate transfers whatever the injury may be.

PI is about knowing how good your trauma center is and exactly why and how you can make the claim that your care is optimal. It involves three key components, identification (indicators), measurement and dissemination. Identification is the process of identifying what is important. It relies upon predefined indicators or goals to review trauma care. Measurement is the actual measuring that occurs, the audits, the comparison to prior time periods, benchmarks or facilities. Dissemination is the actual informing or educating of others about the results. The dissemination is what brings about change and improvement.

INDICATORS

- An indicator helps you to identify areas of concern
- An indicator is something that you can measure
- An indicator is the goal you are working towards

Indicators should be specific to the facility and the situation.

Indicator lists should not include every possible goal but focus on 5-10 well-defined goals for both hospital and pre-hospital aspects of trauma patient care.

A list of possible PI indicators can be found on the DoH trauma website. This list is not intended to be used in its entirety but gives some ideas of both pre-hospital and hospital indicators which can be used or edited to fit a facility's needs.

AUDITS

Once the performance indicators are selected for your facility, there are many tools that can be utilized to perform the actual chart audits.

Keep the audit tool simple and incorporate yes/no questions.

Ideally all of the questions should be worded to achieve either all "yes" or all "no" responses.

This is preferable to a form that allows some questions to elicit a yes response for the first question and a no response for the second question. The form should allow a determination to be made quickly as to which indicators are not met.

The number of charts audited is facility specific. **Due to the limited number of trauma cases that present to most of the Level IV and V designated trauma centers most facilities audit every trauma code activation or case that meets registry inclusion criteria.**

If the facility has a large number of trauma code activations annually or large numbers of cases

that meet registry inclusion criteria, then a percentage of the trauma code activation cases should be reviewed. For facilities that audit a percentage of their trauma cases, any cases that have a critique that falls out as not being met (see trauma registry for list of current critiques) should be audited through the facilities PI process if not already done so.

See Trauma Resources for examples of audit tools:

<https://www.health.nd.gov/epr/emergency-medical-systems/trauma-system/hospital-trauma-designation/>

The audit should give you information on how well you are doing.

The audit should create concrete numbers so you know what you need to improve.

FOLLOW-THROUGH

Any trauma cases that are audited and are noted to have indicators that are not met need to be followed up on. The follow-up needs to occur in a timely manner to prevent further compromise in patient care.

There are many ways in which to assure appropriate follow-up has occurred and is documented and will often be dependent upon the indicator that fell out.

Investigate the issue

- Regardless of the indicator that falls out - it is imperative to learn the facts
- This involves talking to those involved with the situation or patient care
- Investigating does not blame or point fingers
- Investigating seeks to truly understand the issue – why was the standard not met?
- Investigation can be formal or informal
 - **Formal investigation** involves using tools such as cause and effect or fishbone diagrams
 - **Informal investigation** involves talking to those involved and documenting the findings

Identify issues

- Investigation should identify the issues that may be impacting performance
- There may be more than one issue or cause identified

Take action

- It is imperative that issues identified are followed-up on
- This can be formal or informal
- Formal action can involve using a “Plan, Do, Study Act” format
- Informal action can involve simply talking and educating the individuals involved in the issue
- It is essential to have documentation to show that action actually occurred

Occurrence resolution

- Occurrence resolution involves closing the loop
- It involves going back and auditing or measuring performance again to assure

that the action that was taken has resolved the issue

- It is a way to track improvement and trend for patterns
- Documentation continues to be critical
- If performance is not improved, once again investigate, identify other possible issues or causes and take appropriate action

PI is a continuous process that involves identifying the indicators that are important to the quality care your facility provides, measuring those indicators and reporting on them. The documentation of this process is an important component regardless of how insignificant the issue appears, it shows commitment to improvement and change.