

REGIONAL PERFORMANCE IMPROVEMENT PROCESS GUIDELINES

For

Wisconsin's Regional Trauma Advisory Councils (RTACs)

From

The Performance Improvement Committee of the Statewide Trauma Advisory Council (STAC)

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DEFINITION

The American College of Surgeons (ACS) describes performance improvement (PI) as a “continuous process of monitoring, assessment, and management directed at improving care.” [Wis. Stat. §256.25\(1g\)](#) defines “performance improvement” as a method of evaluating and improving processes of trauma patient care that emphasizes a multidisciplinary approach to problem solving.

PURPOSE

The purpose of this document is to serve as guide for Wisconsin RTACs when developing regional PI 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.

This document is grounded in [Wisconsin Admin Code § DHS 118.10\(1\)](#) which defines “Each RTAC shall use the trauma registry data collected under s. DHS 118.09 to improve trauma care, reduce death and disability and correct local and regional injury problems.”

As determined in [Wisconsin Admin Code § DHS 118.10\(2\)](#), meetings are to be conducted in a manner that ensures confidentiality provisions of the HIPAA, and promotes honest and transparent appraisal of medical care.

INTENT

The intent is also to satisfy the recommendation from the American College of Surgeons Committee on Trauma, Trauma System Consultation of Wisconsin in June 2011, where it was recommended that “STAC must develop regular strategic, well defined performance improvement goals and initiatives for the trauma program.”

GUIDELINES FOR THE PI PROCESS

- 1) Each Regional Trauma Advisory Council (RTAC) should have a multidisciplinary PI committee.
 - a) Consider participation from surgeons involved in trauma care, an emergency department physician, an EMS representative, an EMS medical director, a person who coordinates the trauma program or the performance improvement process in a trauma facility, and other trauma care and prevention professionals the RTAC determines appropriate.
 - b) Consider representation from urban and rural hospitals and EMS.

- c) All hospitals in Wisconsin may participate in the regional PI process, regardless of classification status and level.
- 2) Process of performance improvement shall include all the following for both pediatrics and adults:
 - a) Data Collection and analysis (Wisconsin Admin. Code § DHS 118.10(3)(a))
 - i) Trauma registry data
 - ii) 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
 - (5) Report/complaint from trauma care provider, patient, or family
 - (6) Autopsy Reports
 - (7) Other databases such as WISH, WARDS, CDC, or others
 - b) Adult and pediatric-specific quality indicators for evaluating the trauma system and its components (Wisconsin Admin. Code § DHS 118.10(3)(b))
 - i) Maintain a list of quality indicators for periodic standards of trauma care as defined by the ACS. Indicators are statements of best practice or an ideal expectation.
 - ii) 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 2(a)(i).
 - c) A system for regional case referral (Wisconsin Admin. Code § DHS 118.10(3)(c))
 - i) Within each RTAC a system should be established 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 executive board within that RTAC may decide to have an open discussion or a closed discussion. It will be up to the executive board at the RTAC level to bring forward to the state PI sub- committee for further evaluation.
 - ii) Potential process is outline in Addendum B.
 - d) A process for indicator review and audit (Wisconsin Admin. Code § DHS 118.10(3)(d))
 - i) Review regional reports and the RTAC coordinator should assist in presenting the data.
 - ii) Action plan follow ups should be based on recommendations made after data is presented. These recommendations may include:
 - (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 recommendation to facility/agency.
 - (5) Recommend a specific educational program.
 - (6) Suggest further action be referred to STAC.
 - (7) Trend future cases.
 - iii) A mechanism to capture the resolution of an event. When an event is not resolved, there is process to capture the cycle of monitoring, findings, actions, and re-monitoring until an event is resolved.

- e) Review Determination:
 - i) No opportunity for improvement
 - ii) Opportunity for improvement (OFI)
 - iii) Undetermined opportunity for improvement

- f) Appropriate actions will be initiated to identify the root cause(s) of the problem, corrective actions, and loop closure for OFIs. Establish an action plan and implement through
 - i) Guidelines or protocols
 - ii) Educational component
 - iii) Case review presentations
 - iv) Provider education
 - v) Nursing education

- g) Loop closure and measure the desired outcome of the corrective action plan (Wisconsin Admin. Code § DHS 118.10(3)(e))
 - i) Action plan needs to be measurable, benchmarked, tracked, and analyzed for improvement and sustainability
 - ii) 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 assessment from the region.

- h) A mechanism for feedback to the RTAC Executive Council (Wisconsin Admin. Code § DHS 118.10(3)(f))
 - i) Communicate results.
 - ii) Issues that do not meet deadlines or remain open should be referred to STAC except cases left open to trend.

- i) An evaluation for system performance (Wisconsin Admin. Code § DHS 118.10(3)(g))
 - i) 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).
 - ii) Regional PI focuses on system components and overall system effectiveness. Look at the structure (resources), process (care) provided, and results (outcomes).

- j) A procedure for ensuring confidentiality throughout the performance improvement process (Wisconsin Admin. Code § DHS 118.10(3)(h))
 - i) The PI process is protected under 2005 ACT 315.
 - ii) All information should be de-identifiable as possible.
 - iii) 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 C for a copy of a Confidential agreement that maybe used.
 - iv) See State Statue 146.84 et.al. for further information on breach of confidentiality.
 - v) See Wis. Stat. § [256.25\(3\)](#) for trauma PI specific language.

SUGGESTIONS FOR RTAC PI SUBCOMMITTEE MEETINGS

- 1) PI initiatives require close cooperation of all partners involved in patient care.

- 2) PI meetings should be held quarterly at a minimum and attendance at these meetings should be up to each RTAC.
- 3) The RTAC Chair should 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 should be elevated to STAC through the State Trauma Coordinator.

Addendum A: The following indicators have been selected by the State Trauma Advisory Council (STAC) as suggested indicators for each RTAC.

Proposed Indicators:

Proposed indicator	Intent	Consideration RTAC for process**
Total time to transfer > 3 hours with ISS > 15*	<p>Monitoring of this indicator is intended to ensure that critically injured patients are being transferred to a tertiary care center within a timely manner.</p> <p>For monitoring of special populations, consider adding <18 or >65 years old.</p>	<p>Investigation questions:</p> <ul style="list-style-type: none"> • Are critical patients getting transferred within a timely manner? • What is the cause for transfer delay? Is there anything within our span of control? <p>Possible actions:</p> <ul style="list-style-type: none"> • If finding an accepting facility is the issue, hospital to hospital discussion of how to get critical patient out should occur. • If EMS is an issue, discussion of EMS partnership, transfer agreements, and education may be useful.
Over- and under-triage*	Monitoring of over- and under- triage is necessary for quality of patient care. Under-triage should have a goal of	Hospital data reports utilize the Cribari method. Consider investigating further utilizing NFTI.

	<5%. Over-triage should have a goal of <35%, per ACS.	<p>Under- triage investigation questions:</p> <ul style="list-style-type: none"> • What is the root cause of the under triage? • What can be changed to improve? Is it a facility, system, or regional issue? • What information sharing or education can be done at the RTAC level to assist? <p>Over- triage investigation questions:</p> <ul style="list-style-type: none"> • Is there a strain on our system and staff? If so, what is within our span of control?
Mortality*		Consider your region demographics and MOIs while investigating mortality rates. Consider engaging injury prevention committee with this data.
Percent timely data submission*	Monitoring timely submission is in compliance with DHS 118. The goal is to have 80% of cases closed within 60 days of discharge.	<p>Investigation questions:</p> <ul style="list-style-type: none"> • What is causes the delay to getting cases entered? <p>Is there a staff education need?</p>
Mechanism of Injury	Awareness of injury patterns within your region are important, especially with age demographics and regional season.	Tracking top MOI for the region is useful. It is up to the region to determine what would be considered a trigger for the region to take action.
Time to CT >65 for highest level activation	Intent is to monitor timely CT for elderly population.	<ul style="list-style-type: none"> • Is the scanning appropriate? • Is the scanning delaying transfer?
Pediatric chest CT for ED patients who are discharged and not transferred.	Ensuring compliance with pediatric imaging guideline and appropriate scanning.	<ul style="list-style-type: none"> • Is the scanning appropriate? • Is the scanning in line with pediatric imaging guideline? • Is scanning delaying transfer?

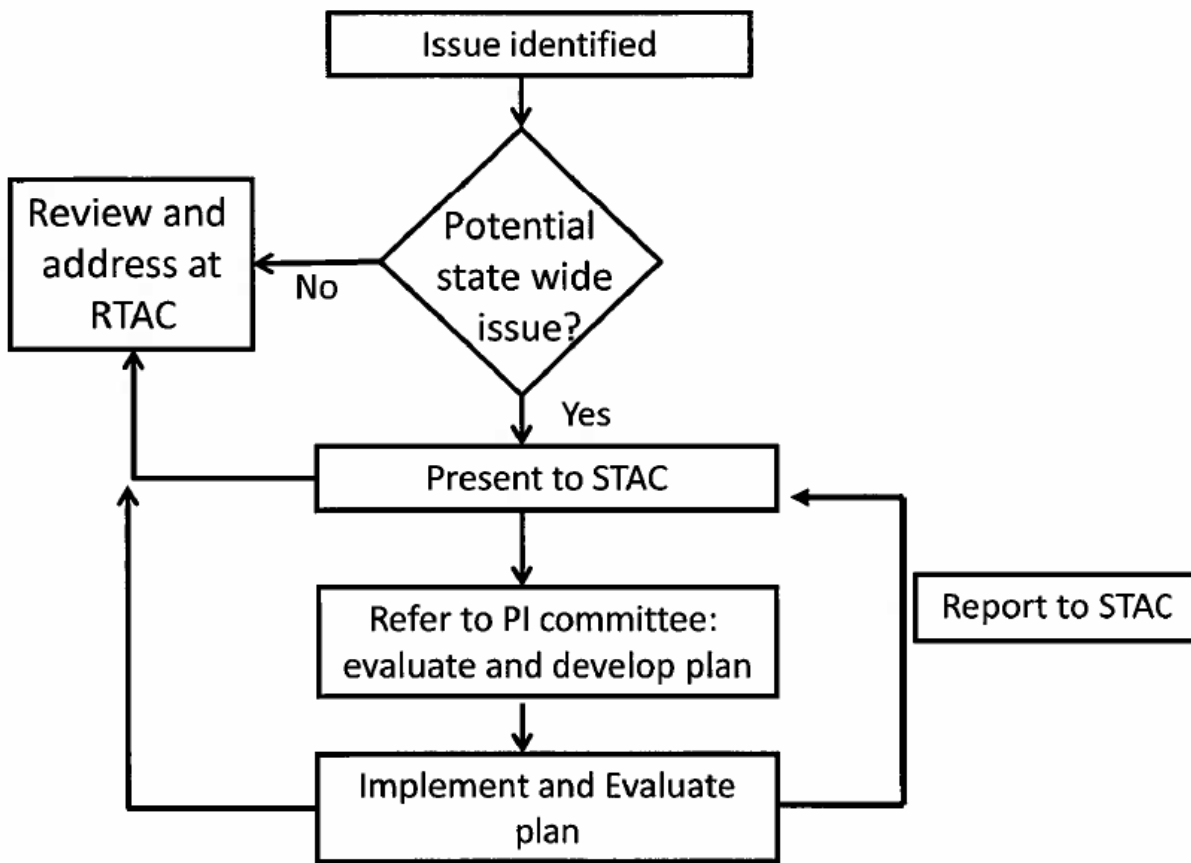
Pediatric weight obtained on arrival and documented in kilograms (kg)	Pediatric weight for medication dosing is essential. Ensuring weight is obtained and documented on arrival in kilograms is a best practice.	Potential limitation, the registry and many EHRs automatically calculate kg to lbs. RTAC should consider how to monitor for best practice compliance.
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*These indicators are provided to the hospitals on a quarterly basis by the department on the hospital data reports.

** All indicators should be considered a starting point for further investigation by the region and individual hospitals.

Addendum B: PI Process Flow Diagram

Proposed Wisconsin State Trauma PI Process



Addendum C: Sample of a Confidentiality Agreement

CONFIDENTIALITY AND NON-DISCLOSURE ACKNOWLEDGEMENT
NAME OF COMMITTEE COMMITTEE

As a member of the Department of Health Services of Wisconsin **NAME OF COMMITTEE**, I understand that I have been or may be exposed to certain confidential and/or proprietary information, materials, or data related to the Committee.

Therefore, as a condition and in consideration of serving on the Committee, I agree to the following:

I will not disclose or cause to be disclosed to anyone or any entity outside of the Committee any confidential and/or proprietary information, materials or data related to the Committee's work, where such information, materials or data has been previously identified in writing or marked by the Committee as "Confidential" (hereafter referred to as "Confidential Information"). I will not re-disclose any confidential information discussed in this Committee. This restriction shall apply at any time and in any circumstance unless directed by the Committee Chair.

Upon expiration of my term on the Committee, I will promptly return all Confidential Information that I may have received or acquired relating to the Committee or destroy the material.

Each year, all members of the Committee shall complete and sign a Confidentiality Agreement. As condition of my commitment, I sign this Agreement to confirm that I carefully read and understand that I accept the conditions with respect to any Confidential Information as restricted by the Committee, Department policies and procedures, and any applicable local, state or federal laws.