Taking the Pulse of Washington's EMS and Trauma Care Regions

Implementation of Washington's Regional Quality Assurance/Improvement Programs

Washington State Department of Health

History of Clinical QA/QI in Trauma Care

- In 1976, an American College of Surgeons (ACS) task force on trauma delineated the resources, facilities and personnel that should be available for the treatment of seriously injured patients.
- The 1985 National Academy of Sciences (NAS) report, “injury in America: A Continuing Public Health Problem,” determined personnel, training, and environmental causes that lead to deviations from standard trauma care.
- In 1987, a subcommittee of the American College of Emergency Physicians (ACEP) developed guidelines for trauma care systems.
- In 1989, for the first time the American College of Surgeons (ACS) published a set of trauma care guidelines. Since then, several updates came out.

History of Clinical QA/QI in Washington's EMS and Trauma Care System

- The EMS/TC Act of 1990 mandated that QA/QI be an integral component of the system.
- In Oct 1994, the DOH released a guidance report for "Quality Management in Regional EMS and Trauma Systems.
- During 1995-1997, regional EMS and trauma QA/QI forums are established and adopted their first QA/QI plans.
- The QA/QI committees are autonomous entities lead by the highest level hospital in the region, separate from the regional EMS and Trauma Councils.

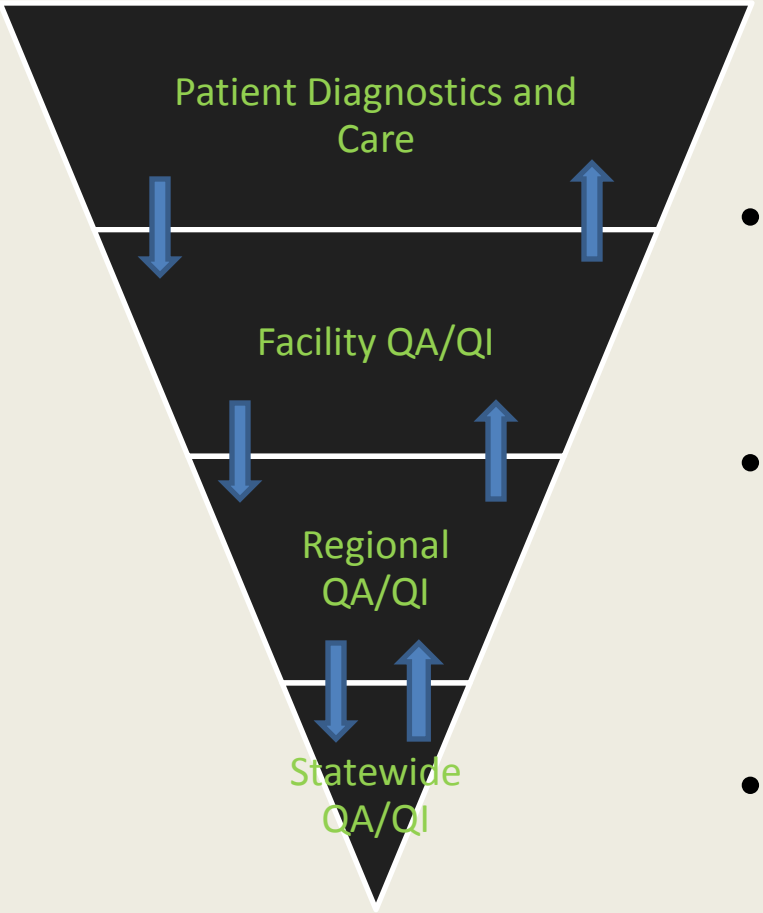
The regional QA/QI committees are NOT a sub-committee under the Regional Council; They are independent forums.

Regional Council	Regional QI
RCW 70.168.100	RCW 70.168.090
Operational Evaluation: • Identify current services and resources • Monitor need for services and resources (min/max numbers) • Monitor regional operation procedures (PCP's) • Establish and monitor regional standards (may be higher than state standards) such as response times • Focus injury prevention efforts	***Clinical*** Evaluation: Clinical Care • Death review • Case presentations • Focused clinical review (ex. spleen injuries) Clinical Process Review • Patient flow (appropriateness of transfers) • Trauma team activation • ED LOS • Pre-hospital times, etc. Clinical Education Clinical Collaboration

Why do Clinical Quality Improvement/Assurance?

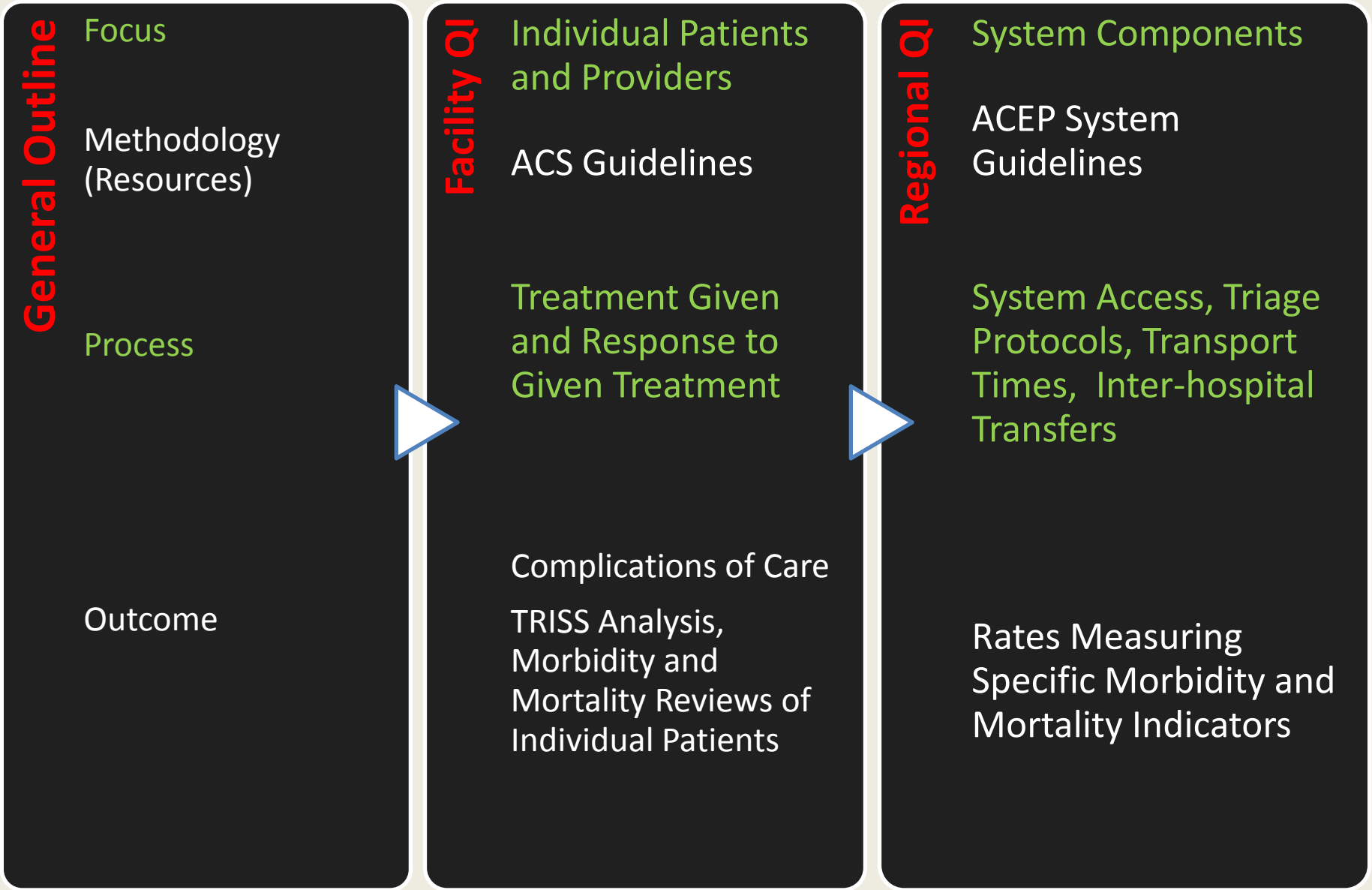
- To improve clinical care and lower trauma mortality and morbidity by:
  - Identifying the problems that are arising due to correctable factors.
  - Assuring that corrective action is taken to remedy these problems.
  - Assessing whether they have been successful in correcting the problem (Loop Closure).

Is Regional QA/QI Different from Facility (Hospital) QA/QI?



- **Patient Diagnostics** evaluates baseline injuries and illnesses of patients undergoing care.
- **Facility QA/QI** evaluates patient outcomes and care components provided by different providers.
- **Regional QA/QI** evaluates how the regional system functions to determine continuing effectiveness in the management of patients.
- **Statewide QA/QI** evaluates overall patient outcomes and system performance in the state.

How do Facility and Regional QA /QI Activities Relate to Each Other?



Regional EMS and Trauma QA/QI Process in Washington State

- The EMS/TC Act of 1990 mandated that:
  - Within each region, level I, II, and III hospitals are responsible for establishing and participating in regional QA/QI programs.
  - All designated trauma services in the state shall deposit their trauma data in the state registry.

Components of Regional Care Systems

- Prevention
- Pre-hospital/EMS Care
- Hospital-Based Emergency Care
- Hospital Care
- Post-Discharge Care

Who Attends Regional QA/QI Meetings

- At least one member from each designated trauma service.
- An EMS provider and a member of the regional council.
- A member from outside of the region when there is joint designation.
- MPDs and all other providers and facilities providing trauma care must be invited.

The EMS/TC Act of 1990 is Clear About the Confidentiality Requirements for the Regional QI/QA Activities

- The information collected, used, or shared for the regional QI/QA activities is strictly confidential for open and frank discussion of data.
- The information is not discoverable by subpoena.
- The statue requires attendees to sign confidentiality agreements at each meeting.

Underlying Principles, Processes, and Operations Guiding Regional QA/QI Processes

- Independent forums are separate from the Regional Councils.
    - The regional QA/QI committees are NOT a sub-committee under the Regional Council.
- The statue is deliberately vague about internal operations of the regional QA/QI programs:
    - To empower regions to establish their own programs.
    - To address specific QA/QI needs in each region.
    - The template on the next slide is a summary of a variety of QI activities as observed in several regions with strong QA/QI programs.

A Typical Regional QA/QI Process at Work

- Provide brief reports of QI activities from EMS and each participating hospital
- Provide a brief report of regional and statewide QI activities
- Focused review of items of major concern/impact including system analysis using WTR and reviews of selected cases
- Develop consensus on regional QA/QI concerns
- Develop an action plan for the next steps
- Evaluate effectiveness of action plan results

Document, Document, and Document

- Document all activities including recommendations for change or specific actions taken in:
  - Meeting agendas
  - Minutes
  - Regional QA/QI plans
  - Tracking tools to capture specific activities

Specific Regional QA/QI Activities Done During The Last Year

General Outline	Specific QI Activities Done
Focus	Reviews of WTR Data and Patient Charts to Identify Issues of Major Concern
Methodology (Resources)	Calculations of Risk-Adjusted Rates, Process Control Charts, and Case Reviews
Process	Presentations on Trauma Care Process; Patient Flows; Pre-hospital, Hospital, Pediatric and Geriatric Care
Outcome	Risk- Adjusted Mortality Comparisons

Identifying QA/QI Issues of Major Concern

- Emerging trends or care issues (e.g., Elderly falls and geriatric trauma care)
- Patient care process issues (control charts using audit filters for patient care and transfer patterns)
- System outcomes (e.g., Risk-adjusted hospital mortality comparisons)

Experiences of Regional QA/QI Chairs: Panel Forum

- What regional QA/QI issues were identified
- How they tackled these problems
- Achievements and challenges