



Performance Improvement Checklist Tool Level IV

Performance Improvement Process

A trauma facility should provide safe, efficient and effective care to the injured patient. Continuous performance improvement (PI) is required to achieve measureable improvements in efficiency, effectiveness, and performance, accountability and patient outcomes. Use the following checklist to ensure the facility has addressed performance improvement.

- Facility's trauma performance improvement plan
- Any training/education of prehospital providers (if PI identified need)
- Trauma Team Activation (TTA) Criteria:

Highest Level of Activation must include the following:

	Confirmed blood pressure less than 90 mm Hg at any time in adults and age-specific hypotension in children.
	Gunshot wounds to the neck, chest, or abdomen or extremities proximal to the elbow/knee.
	Glasgow Coma Scale score less than 9 with mechanism attributed to trauma.
	Transfer patients from other hospitals receiving blood to maintain vital signs.
	Intubated patients transferred from the scene. - OR - Patients who have respiratory compromise or are in need of an emergent airway. Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint).
	Emergency physician's discretion.

- Documentation that demonstrates:
 - o Identified opportunity for improvement
 - o Corrective action plans
 - o Methods of monitoring
 - o Reevaluation
- Processes for:
 - o Identification of trauma program operational events.
 - o Ensuring that members of the Peer Review Committee receive information from the meetings when they are unable to attend
 - o Identification of the injured patient for data abstraction
 - o Demonstrating communication (feedback, letters, memos, education) to other hospitals in the region and to prehospital staff
 - o Demonstrating the PI program is supported with data collection that can identify opportunities for improvement



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Audit Filters

Fundamental to the performance improvement process is monitoring and measuring the outcome of specific processes or procedures. Another name for process and outcome measures is audit filters. Audit filters require defined criteria and metrics. The following section contains audit filters that level III facilities are required to monitor. **As a site reviewer, you do not need to check every audit filter, but must be able to recognize them during chart and performance improvement process review.**

Emergency Department:

- Trauma team activations (TTA) and all TTA criteria (CD 2-8, 5-15)
- General surgeon response times to trauma activations (CD 2-8)
 - o ***Only applies to Level IV trauma facilities that have surgeons on the trauma team.***
- Bypass and diversion events (CD 3-7)

Transfers:

- Any issues regarding all trauma transfers (CD 4-3)
- Transfer to a level of higher care within the hospital (CD 16-8)

Miscellaneous:

- Trauma deaths in house or emergency department (CD 16-6)
- Timely and appropriate ICU care and coverage (CD 11-60)
- Any system and process issues. (CD 16-10)
- Any clinical care issues, including identification and treatment of immediate life threatening injuries (CD 16-10)