

2014

NEW MEXICO TRAUMA PROCESS IMPROVEMENT PLAN

TRAUMA PERFORMANCE
IMPROVEMENT COMMITTEE

This manual contains a descriptive overview of the PI model and emphasizes a continuous multidisciplinary effort to assess, measure, monitor and improve both the process and outcome of trauma care, regardless of the hospital, service, or region.



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I. MISSION STATEMENT

The mission of the trauma performance improvement committee (TPIC) is to optimize care delivered to injured patients of New Mexico and to focus on regional and system issues.

II. INTRODUCTION

In June 2002, the New Mexico Department of Health revised the rule, as part of the Emergency Medical Services Rule, Title 7 Health, Chapter 27, Emergency Medical Systems, Part 7, Trauma Care System [NMAC 7.27.7.1] hereafter referred to as the “NM Trauma Rules”. The rule provides for the establishment of a trauma system, including a process improvement (PI) process for care provided to injured persons in New Mexico.

Performance improvement (PI) in an organized trauma care system consists of internal and external monitoring and evaluation of the clinical care provided by pre-hospital, health care providers, nursing, and ancillary personnel.

Additionally, a PI program should address fiscal viability and internal and external customer satisfaction. Monitoring is ongoing, systematic and must be flexible to allow for system variability. It also must provide measurement and evaluation tools and standards. Opportunities to reduce inappropriate variation in care are sought, and corrective action strategies are planned and implemented. The effectiveness of the corrective action is measured through progressive cycles of performance review.

This manual contains a descriptive overview of the PI model and emphasizes a continuous multidisciplinary effort to assess, measure, monitor and improve both the process and outcome of trauma care, regardless of the hospital, service, or region. The clinical management of injured patients must be measured by analysis of mortality, morbidity, and functional status. Measures that encompass prehospital, hospital, and rehabilitative care must be tracked over time and periodically reviewed. This review shall include comparison and

benchmarking of services, hospitals, regions and the State with statewide or national data.

This manual is for the application and use by individuals within the various components of the New Mexico Trauma System. It can be used to monitor and evaluate the quality of trauma care delivered at the system level and compliance with the NM Trauma Rules.

New Mexico consists of diverse environment and geography, from urban areas to frontier-wilderness terrain which can create unique and varying challenges in caring for the injured patient. The Emergency Medical Systems (EMS) Bureau recognizes the scope of care provided to the injured related to environment that exists within New Mexico including, but not limited to, response and transport times.

Variability of patient care in the New Mexico Trauma System exists due to environmental factors, financial support, staff availability, level of training and extent of community outreach projects. It is expected that participants in the New Mexico trauma care system shall meet the standards of care contained in this PI model based on availability of resources.

The EMS Bureau recognizes the variability of financial support with the expectation that each provider or agency will provide care to the fullest extent of available resources.

The level of prehospital care in New Mexico ranges from first responder and emergency medical dispatcher capability to fully staffed paramedic units in both paid and volunteer services. Staffing of air ambulances may include registered nurses, paramedics, respiratory therapists and other health care providers.

Accessing educational and training opportunities may require travel and incurring of personal expense. Individuals who care for trauma patients shall accept responsibility for ongoing training in the care of the injured patient. The

Regional Trauma Advisory Committee (ReTrAC) may assist with coordinating training and education for all caregivers within a trauma system.

Each component of the New Mexico Trauma System shall initiate or participate in community outreach projects based on the assessment of community needs as per NMAC 7.27.7. These projects may include but are not limited to prevention activities, health promotion and providing public information. Participation may be through community outreach projects of the regional trauma councils. The EMS Bureau shall facilitate and, when necessary, develop and maintain public information, education and prevention programs as an integral part of the trauma system.

III. CONFIDENTIALITY

Pursuant to the rule governing the New Mexico Trauma Care System, (NMAC 7.27.7) the EMS Bureau has the authority to develop and implement a Trauma System Process Improvement Plan. This plan includes a safeguard that will oversee the quality and confidentiality of all data used by the Trauma Performance Improvement Committee (TPIC) from other agencies.

Each body conducting PI activities in accordance with this manual is deemed a member of the Department of Health workforce, and shall conduct performance improvement activities in a manner consistent with the Department of Health's HIPAA Privacy and HIPAA Security policies. Each body conducting PI activities shall conduct those activities in a confidential manner following procedures that include:

- Use of a locked file cabinet for any patient identified information
- Provision of a confidentiality statement/agreement for all participants involved in PI activities
- Shredding of all patient identified data once PI review has been completed

- Numbering and collection of all patient documents at PI meetings
- Use of appropriate security procedures when mailing PI documents
- Addressing correspondence to a designated individual rather than to an agency
- Clearly making all letters confidential
- Removing all patient and provider identifiers, dates and locations of scenes from information when used for education

The following language shall be included in all documents used in the PI process:

Materials created by bodies conducting performance improvement activities pursuant to this manual are peer review materials deemed confidential pursuant to the Review Organization Immunity Act, NMSA 41-9-5, and shall be treated as such.

A. HIPAA

The Health Insurance Portability and Accountability Act of 1996 specifically allows the use and disclosure of protected health information for the purpose of conducting healthcare operations.

Pursuant to the rule at 45 CFR 164.501, healthcare operations include, but are not limited to:

- (1) Conducting quality assessment and improvement activities;
- (2) Reviewing the competence or qualifications of health care professionals;
- (3) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.

The Department of Health's HIPAA Privacy and HIPAA Security policies include information regarding the handling and release of protected health information in accordance with HIPAA.

B. Department of Health Confidentiality

Data used for administrative, research, and analysis purposes may be available to other agencies and the public at the discretion of and subject to conditions set by the Department of Health, EMS Bureau Chief and the State Trauma Program Manager in accordance with applicable law.

The release of confidential information shall be governed by the provisions of the Inspection of Public Records Act, NMSA 1978, Section 14-2-1.A & C, and the Public Health Act, NMSA 1978, Section 24-1-20.

All requests for health statistics information are subject to conditions set by the EMS Bureau Chief and the State Trauma Program Manager of the Department of Health in accordance with applicable law.

Requestors shall be responsible for all reasonable costs associated with the reproduction of copies.

All requests for Trauma Registry information shall meet the requirements of Department regulation 7.27.7.10(D) NMAC (“Access and Release of Systems Trauma Registry Information”), which provides (as of the date of publication of this manual):

- (1) data elements related to the identification of individual patient’s, provider’s, and hospital/healthcare facility’s outcomes shall be confidential.
- (2) persons with access to information collected under these regulations shall use the information for only those purposes stipulated.
- (3) the Bureau may approve requests for data and other information from the Trauma Registry for special studies and analyses, consistent with requirements for confidentiality of patient and quality management records. The Bureau may require requestors to pay any or all of the reasonable costs associated with special preparation of such requests, which may be approved. In accordance with those provisions, confidential information shall not be disclosed, except:

(a) on request, to an approved regional process improvement program which is bound by the same confidentiality guidelines as the Bureau;

(b) on request, to a scientific research professional associated with a scientific research organization, providing:

(i) the research professional's written research proposal has been reviewed and approved by the Bureau with respect to the scientific merit and confidentiality safeguards;

(ii) the Bureau has given administrative approval for the proposal; and,

(c) data does not provide specific hospital/healthcare facility or patient identification.

IV. RESPONSIBILITIES

The EMS Bureau is designated as the lead agency to provide oversight of the New Mexico Trauma Care System pursuant to the EMS Act, Chapter 24, Article 10B 24-10B4-G. The EMS Bureau may periodically conduct special studies regarding the trauma system to determine system coverage, quality and extent of care and financial effects of system components.

A PI program requires a change in focus from meeting thresholds to continued improvement.

The EMS Bureau follows the definition of the American College of Surgeons (ACS) of an effective program as one that contains the following elements:

- Focused goals with measurable outcomes,
- Appropriate and explicitly defined standards of care,
- A process of peer review, and
- Method of evaluation and feedback process

V. STRUCTURE

The trauma system PI process consists of internal and external monitoring and evaluation of care by trauma care providers, regional and/or the state trauma PI committees and the EMS Bureau. Monitoring is ongoing and systematic, problems are identified and evaluated, and corrective strategies are planned, implemented and documented.

TRAUMA SYSTEMS

A mechanism for ongoing quality review must exist for each level of care if the full benefit of PI is to be realized.

- **Pre-Hospital**

A review is to be conducted by the Emergency Medical Dispatch, (EMD)/ and Emergency Medical Services (EMS) Services, including 1st responders.

- **Trauma Centers and Participating Facilities**

Trauma centers and participating facilities shall have system-wide trauma services provided by a network of designated trauma centers and participating acute care facilities. Due to the rural/frontier nature and limited resources of the majority of the state, New Mexico partners with Texas, Arizona, Utah, and Colorado in the care of injured patients.

- **Regional Trauma Advisory Committee (ReTrAC)**

ReTrAC's were established in 1997 revision of the Trauma System Regulations.

- **Trauma Advisory and System Stakeholder Committee (TASSC)**

A subcommittee of the statewide EMS Advisory Committee.

- **Trauma Performance Improvement Committee (TPIC)**

A subcommittee of TASSC

The performance improvement activities conducted at each level shall complement those performed by others and will include evaluation of infrastructure, process, outcomes, and all complaints.

Each of these is monitored through a PI process and identification of outliers that consist of:

- Evaluation of clinical care
- Referral of outliers to committees
- Corrective actions
- Re-evaluation and loop closure
- Referral to other committees for further review and PI with feedback to hospital within stated time limits.

Responsibility for communication of performance issues must be assigned within each level of the trauma system. Procedures to ensure confidentiality of the review findings must be in place and be strictly applied. The following summarizes the scope of responsibility for each review level.

A. Pre –hospital PI Program

The pre-hospital provider is responsible for conducting internal performance improvement. These activities are necessary to meet state regulatory and statutory standards as per the NM Trauma Regulation. Ongoing performance improvement activities will allow the provider to identify and address patient care issues. Including:

- Participating in local and regional trauma system development implementation of system-wide protocols;
- Participating in prehospital data collection system and process improvement activities;
- Coordinating injury prevention activities in collaboration with their ReTrAC

B. Trauma Center PI Program

As defined in NMAC 7.27.7.9.D.4

C. Regional Trauma Advisory Councils (ReTrACs)

Membership of an approved regional trauma council (ReTrAC) shall include at least one (1) member from each hospital/healthcare facility in the described region. Each member is encouraged to participate in resolution of identified regional issues and concerns as well as a medical review process. In the absence of a ReTrAC, each hospital/healthcare facility may develop a regional PI plan to review trauma care. The regional PI plan shall be developed with assistance from the EMS Bureau as outlined in the NM Trauma Rule.

The ReTrAC shall:

- (1) have established guidelines and mission statement in accordance with NMAC 7.27.7, and identify needs of their regional areas;
- (2) incorporate injury prevention;
- (3) review data from at least three areas:
 1. The ReTrAC will receive concerns and issues referred by the trauma centers or other trauma providers in its region and shall review and make recommendations for quality improvement and patient safety. Issues referred to the ReTrAC shall be handled in the same general fashion as described in the regulations.
 2. The ReTrAC shall also review, on an annual basis, the summary reports provided by the New Mexico Trauma Registry from each trauma center in its region in order to identify PI issues, solutions or common trends.
 3. Review Flyovers/Bypass/Diversions by EMS providers

Leadership of each ReTrAC will review these concerns, issues, and data and then direct them to the appropriate sub-committees of the ReTrAC. Cases for ReTrAC review may be referred to the ReTrAC Peer Review Committee for provider-related quality improvement, or the TPIC committee for systems-based quality improvement.

Once the respective ReTrAC sub-committees have reviewed, discussed, and arrived at quality improvement recommendations, a summary of those discussions and recommendations will be sent to the full ReTrAC for discussion and approval

Issues that cross the boundaries of a given ReTrAC, shall be referred to those respective ReTrAC's or agencies. Communication and problem resolution between various ReTrACs and other agencies is encouraged and expected.

A case summary form shall be utilized for the purpose of reviewing a performance improvement issues [see appendix A] and shall capture the essence of each case reviewed by the ReTrAC, along with relevant findings, recommendations, or referrals, and will be used to record those essential facts.

Reporting

The ReTrAC Summary Form (Appendix A) will be forwarded on a regular basis, to the Trauma Performance Improvement Committee for review and inclusion in the state-wide trauma QI data. Data (contained in Appendix A) from the respective trauma centers in the ReTrAC will also be reported.

State-wide and ReTrAC specific data will also be sent at regular intervals from TPIC to each ReTrAC for comparison purposes and performance improvement identification. New audit filters will be sent down to the

respective ReTrAC as new concerns and issues are identified to be added to each ReTrAC and trauma center's ongoing trauma review.

D. Trauma Performance Improvement Committee (TPIC)

The role of the TPIC is to monitor regional and state PI data, study the results for patterns and trends, and to recommend actions to appropriate entities and ReTrAC's. TPIC shall establish the indicators for monitoring PI on a statewide basis.

The TPIC shall represent the various levels of caregivers, subject to approval of voting members of TASSC. Members shall be appointed for their expertise and other professional qualities. The TPIC shall guide the EMS Trauma Program in disseminating a summary of PI results to pre-hospital providers, hospitals and ReTrACs in a timely, informative and confidential manner.

The TPIC shall receive concerns and issues referred by the various ReTrAC's, trauma centers, or other trauma providers in the state and shall review and make recommendations for quality improvement and patient safety. Issues referred to the TPIC will be handled in the same general fashion as at the ReTrAC level.

VI. LOOP CLOSURE

An essential component in any PI program is demonstrating that a corrective action has the desired effect. The outcome of any action plan will be monitored for expected change and re-evaluated accordingly so that the PI loop can be closed. No issue will be considered as "closed" until the re-evaluation process has been complete and it demonstrates a measure of performance that has been deemed acceptable. This evaluation usually occurs within three to six months

of the corrective action. Documentation shall include the following aspects of follow-up and re-evaluation:

- Time frame for re-evaluation
- Documentation of findings
- Results of re-monitoring

VII. REPORTING MECHANISM/FEEDBACK

The EMS Bureau shall monitor the functioning of the New Mexico Trauma System through the maintenance and management of the Trauma Registry and Prehospital Data Collection System as well as through review of documents and on-site visits to designated trauma centers.

The Bureau shall provide an aggregate annual report of all patient data entered into the trauma registry including trends, patient care outcome(s) and other relevant data for each EMS region and the State for the purpose of regional evaluation as provided for in the Trauma System Process Improvement plan.

Periodic reports shall be provided by the EMS Bureau to all entities submitting data to the trauma registry including provider specific raw data.

Aggregate regional data may be submitted semiannually to the appropriate regional trauma council with the exclusion of any confidential or identifying data.

Hospitals, public or private, agencies and other interested parties may request aggregate data for the purpose of prevention activities, epidemiologic/demographic studies, education and/or research projects.