

7.1 Trauma PIPS Program—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the trauma PIPS program must be independent of the hospital or departmental PI program, but it must report to the hospital or departmental PI program.

Additional Information

The PIPS program must be empowered to identify opportunities for improvement and develop actions to reduce the risk of patient harm, irrespective of the department, service, or provider. The expected frequency and level of review require the PIPS program to function independently from the hospital/departmental PI program. However, the PIPS program must have a means to report events and actions to a departmental/hospital PI program so that events are aggregated across the organization.

The hospital or departmental quality program must provide feedback and loop closure to the trauma program.

Trauma care typically involves many providers across several disciplines and departments. The PIPS program is most effective when it brings the providers together to review and implement opportunities for improvement.

Measures of Compliance

Hospital organization chart reflecting the relationship of the PIPS program to the organizational PI program and demonstrating bidirectional flow of information

REMEMBER

2.9 TMD Responsibility & Authority

In all trauma centers, the TMD must be responsible for and have the authority to:

- Develop and enforce policies and procedures relevant to care of the injured patient
- Ensure providers meet all requirements and adhere to institutional standards of practice
- Work across departments and/or other administrative units to address deficiencies in care
- Determine (with their liaisons) provider participation in trauma care, which might be guided by findings from the PIPS process or an Ongoing Professional Practice Evaluation (OPPE)
- Oversee the structure and process of the trauma PIPS program

2.11 TPM Responsibility & Authority

In all trauma centers, the TPM must have a reporting structure that includes the TMD and they are to assume at minimum, the following leadership responsibilities in conjunction with the TMD and/or hospital administration

- Oversight of the trauma program
- Assist with the budgetary process for the trauma program
- Develop and implement clinical protocols and practice management guidelines
- Provide educational opportunities for staff development
- Monitor performance improvement activities in conjunction with a PI coordinator (where applicable)
- Service as a liaison to administration and represent the trauma program on hospital and regional committees to enhance trauma care
- Have oversight of the trauma registry

4.33 Trauma Registry Courses (page 73)

In all trauma centers, all staff members who have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting, or data validation for the trauma registry must fulfill all of the following requirements:

- Participate in and pass the AAAM's Abbreviated Injury Scale (AIS) course for the version used at your center

- Participate in a trauma registry course that includes all of the following content:
 - Abstraction
 - Data management
 - Reports/report analysis
 - Data validation
 - HIPAA
- Participate in an ICD-10 course or an ICD-10 refresher course every five years

7.2 PIPS Plan—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must have a written PIPS plan that:

- ★ Outlines the organizational structure of the trauma PIPS process, with a clearly defined relationship to the hospital PI program
- ★ Specifies the processes for event identification. As an example, these events may be brought forth by a variety of sources, including but not limited to: individual personnel reporting, morning report or daily sign-outs, case abstraction, registry surveillance, use of clinical guideline variances, patient relations, or risk management. The scope for event review must extend from prehospital care to hospital discharge.
- ★ Includes a list of audit filters, event review, and report review that must include, at minimum, those listed in the Resources section
- ★ Defines levels of review (primary, secondary, tertiary, and/or quaternary), with a listing for each level that clarifies:
 - Which cases are to be reviewed
 - Who performs the review
 - When cases can be closed or must be advanced to the next level
- ★ Specifies the members and responsibilities of the trauma multidisciplinary PIPS committee
- ★ Outlines an annual process for identification of priority areas for PI, based on audit filters, event reviews, and benchmarking reports

Additional Information

None

Measures of Compliance

PIPS plan that meets criteria outlined in this standard

Resources

Audit filters, event or report reviews:

- Surgeon arrival time for the highest level of activation
- Delay in response for urgent assessment by the neurosurgery and orthopaedic specialists
- Delayed recognition of or missed injuries
- Compliance with prehospital triage criteria, as dictated by regional protocols
- Delays or adverse events associated with prehospital trauma care
- Compliance of trauma team activation, as dictated by program protocols
- Accuracy of trauma team activation protocols
- Delays in care due to the unavailability of emergency department physician (Level III)
- Unanticipated return to the OR
- Unanticipated transfer to the ICU or intermediate care
- Transfers out of the facility for appropriateness and safety
- All nonsurgical admissions (refer to Standard 7.8)
- Radiology interpretation errors or discrepancies between the preliminary and final reports
- Delays in access to time-sensitive diagnostic or therapeutic interventions
- Compliance with policies related to timely access to the OR for urgent surgical intervention
- Delays in response to the ICU for patients with critical needs
- Lack of availability of essential equipment for resuscitation or monitoring
- MTP activations
- Significant complications and adverse events
- Transfers to hospice
- All deaths: inpatient, died in emergency department (DIED), DOA
- Inadequate or delayed blood product availability
- Patient referral and organ procurement rates
- Screening of patients for psychological sequelae (LI/LII/PTCI/PTCII)
- Delays in providing rehab services
- Screening and intervention for alcohol misuse
- Pediatric admissions to nonpediatric trauma centers
- Neurotrauma care at Level III trauma centers
- Trauma and neurotrauma diversion
- Benchmarking reports