Identifying and Improving "Ditch-to-Door" Times in the Transfer Population

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Background

Transferred patients comprise about 20% of our state's total trauma registry volume. Time to definitive care for transferred patients was identified as an opportunity for our trauma system. Collaboration occurred between our state trauma office and trauma quality collaborative to review our "ditch to door" timeline for our transferred patients. Our data capture to assess this time accurately was often incomplete, with only 38% of the data available.

Process

- Identify barriers to data completeness
- Require collection of referring hospital registry data points
- Collaborate with registry and performance improvement committees to improve data capture and identify reasons for transfer delays
- Create and distribute standard registry reports for transfers in and transfers out
- Review of reports for data completeness rates and long ED LOS

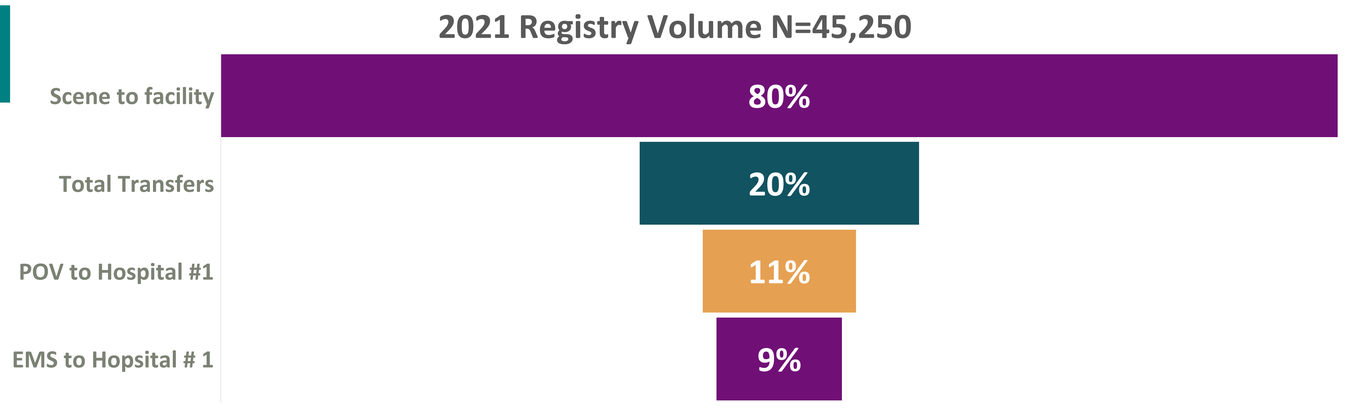

Figure 1. GQIP Trauma Registry Central Site Volume Source

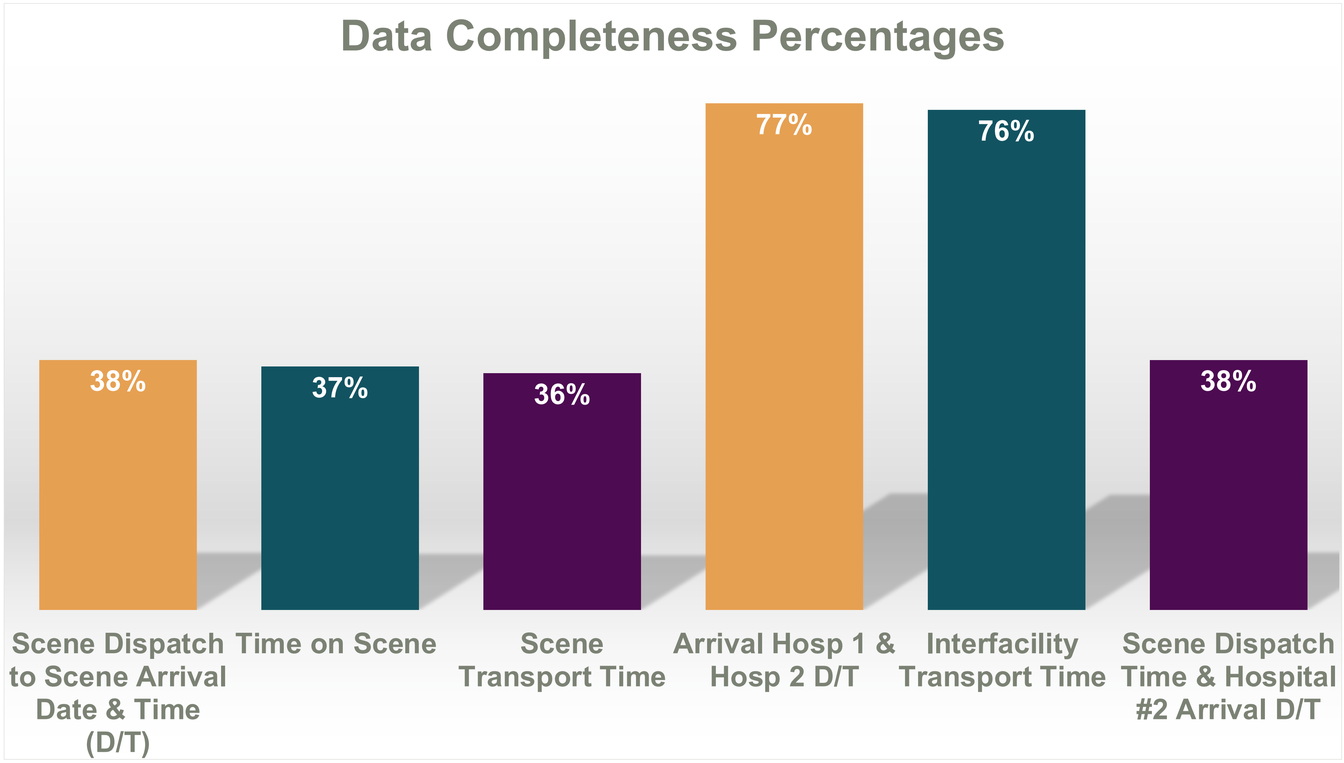

Figure 2. GQIP Trauma Registry Central Site Data Completeness Source

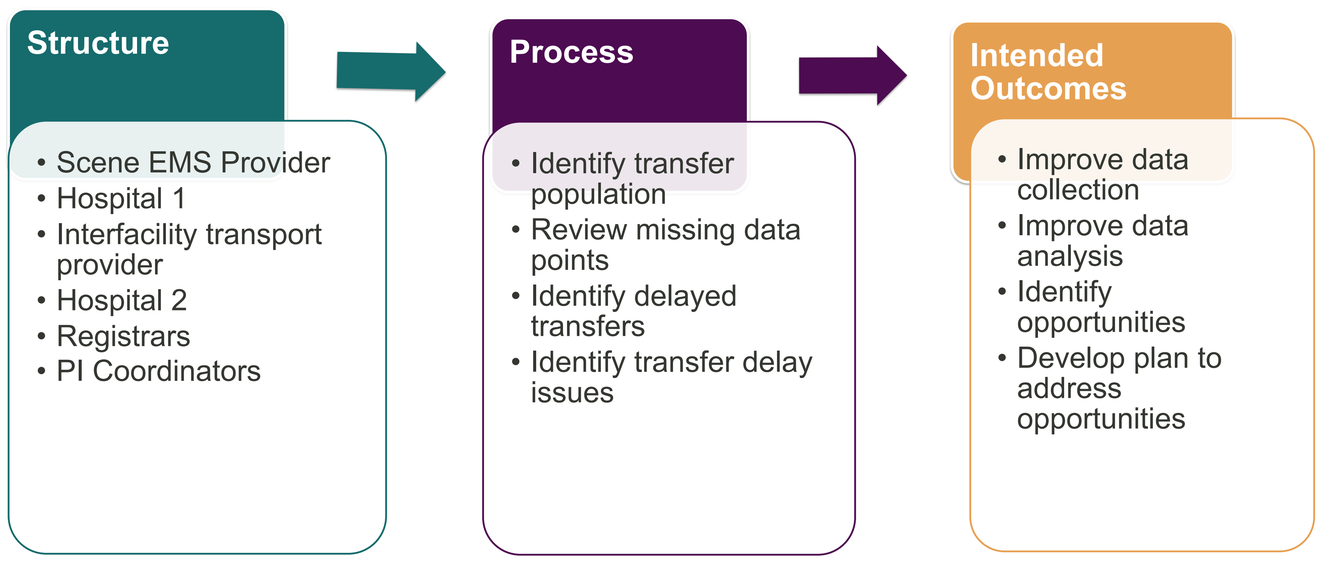

Figure 3. Project Structure & Process

Results

Preliminary CY22 data has shown a small improvement in capture of data from referring hospitals. Scene EMS data capture at hospital # 2 continues to be a problem.

Future

- Identify ways to assure EMS data from the scene is available to hospital #2.
- Develop adjunct data collection tools to assist with identifying issues impacting transfer delays
- Work with transferring centers to mitigate issues that cause transfer delays

Conclusions

While this project is in its infancy, our goal is to provide robust data validation and PI review to the transfer population to accurately define "ditch to door" time in our trauma system, identify system issues leading to prolonged transfer times, and create action plans to address problems causing delays.

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