



Regional Trauma Performance Improvement

Performance Improvement, “PI” is a term recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to describe continuous evaluation of care and outcomes through structured review.

Trauma Performance Improvement can be described in its simplest form as a method by which the delivery of trauma care and the system that supports its delivery remain continually monitored, evaluated and improved. This process ensures that the various elements of the trauma system are in fact, operating in an organized and coordinated fashion, optimizing and improving overall outcomes from traumatic injury. The MTAC prioritizes and strives to achieve standard of care delivery through regional performance improvement activities involving routine collaboration, dialogue and information sharing with its member facilities and EMS agencies. (Regional PI form)

The MTAC Performance Improvement measures are aimed at reducing the morbidity & mortality of injury and is accomplished through continuous development and monitoring of the following performance improvement strategies

- *Reduction in variations of care through standardization of processes (Trauma Stabilization & Transfer Criteria)*
- *Improvement in efficacy, access and timeliness of transfer to definitive care*
- *Ensuring competent & current providers*
- *Ensuring effective and appropriate utilization of trauma systems and associated resources*
- *Identifying consistent mechanisms for identifying and reporting issues (case review)*
- *Identifying areas of improvement and effective process management*

The following describes a list of discretionary audit filters by which all MTAC regional facility and EMS systems are encouraged to monitor internally

Community Hospital Audit Filers	Monitored Purpose
100% of Traumatic Deaths	Care Appropriateness
ED Length of Stay >90 minutes before transfer	Care Appropriateness
Non Trauma Center ICU admission	Triage Appropriateness
Blood Product Administration	Resuscitation Appropriateness per ATLS Guideline
CT Imaging prior to transfer	Indication

EMS Audit Filers	Monitored Purpose
100% of Traumatic Deaths	Care Appropriateness
Air Medical Utilization	Utilization Appropriateness per AMT Protocol
Drug Assisted Intubation	Care Appropriateness per DAI Audit Tool
Blood Product Administration	Resuscitation Appropriateness per ATLS Guideline
100% Trauma cases	Triage Appropriateness

