Northcentral Regional Trauma Advisory Council
Performance Improvement Report

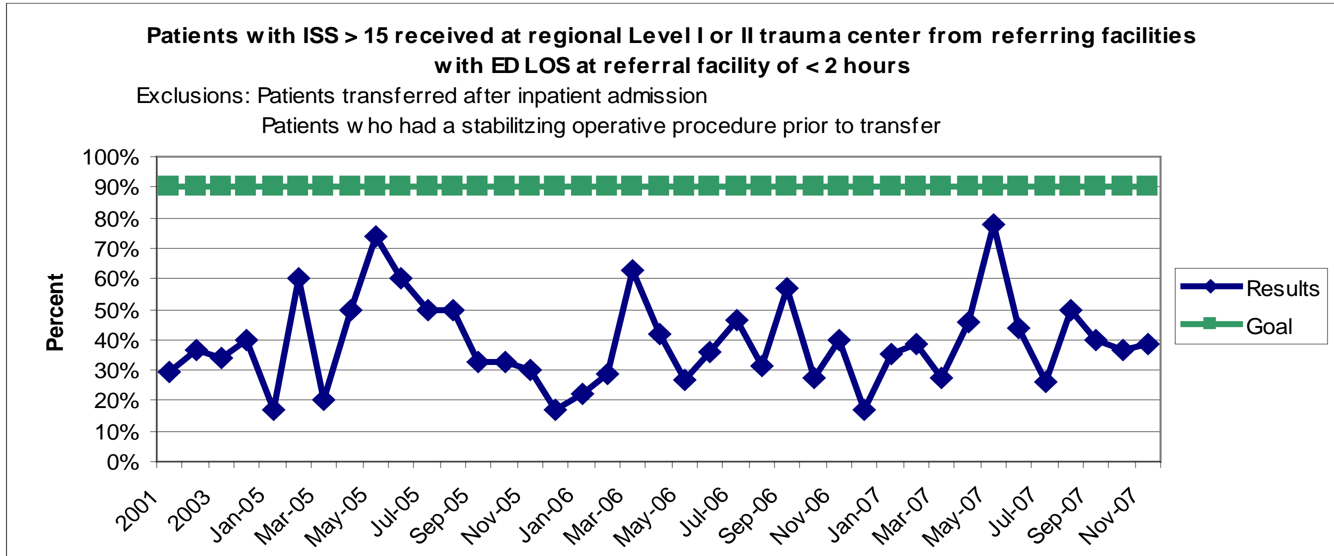
Name of Initiative: Referrals to definitive care
What are we trying to accomplish? Optimize management of major trauma patients by expediting transfer to definitive care.
How will we know that a change is an improvement? (What can we measure?)

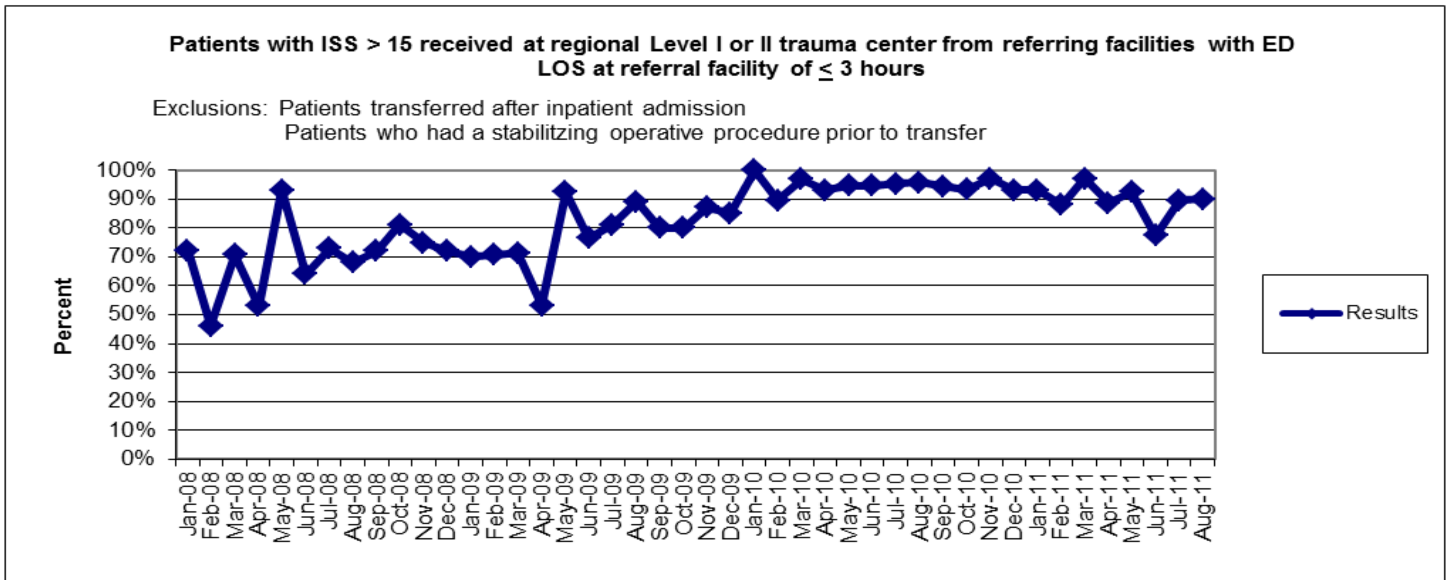
Performance Indicator(s)	*Goals and Indicator methodology*
1. Emergency Department Length of Stay	Goal: 90% of patients received at regional Level I or II trauma centers from referring facilities will have ED LOS at referral facility of $\leq$ 3 hours. Denominator: Patients transferred to regional Level I or Level II trauma centers from referring facilities with an ISS >15. Exclusions: Patients transferred after inpatient admission. Patients who had a stabilizing operative procedure prior to transfer. Numerator: Patients in the denominator with an ED length of stay at the referring facility of < 3 hours.
2. Inpatient transfers	Goal: Prompt identification of patients who may benefit from the services of a regional Level I or II trauma center. Patients with an ISS of > 15 who are received at a regional Level I or II trauma center from a referring facility after admission at the referring facility will be eligible for discussion at regional peer review (once protections have been established).
3. Multiple transfers	Goal: Prompt identification of patients who may benefit from the services of a regional Level I or II trauma center. Patients who are seen at more than one facility prior to transfer to a regional Level I or II trauma center will be eligible for discussion at regional peer review (once protections have been established).

What changes can we make that will result in improvement?

Actions/Interventions	*Start Date*	*Analysis*
1. Implementation of statewide trauma care system	1. January 2005	Feb 2006: Hospital break-out participants flowcharted the ideal process from traumatic incident through time a patient leaves a transferring facility for a higher level of care. Potential barriers to ED LOS < 2 hours identified. See Visio flowchart (attached). March 2006: Hospital break-out participants brainstormed a list of possible barriers to the ideal process and lower lengths of stay. April 2006: Hospital break-out participants analyzed which barriers were within the scope of the RTAC and how to address those barriers. Decided that this was best carried out at the local level by hospital contacts armed with the tools from this process improvement effort.
2. Distribution of poster delineating patients who may benefit from services of Level I or II trauma care distributed to all regional facilities by St Joseph's.	2. March 2005	
3. Customized referral reports sent to each facility by St Jo's.	3. Annually	
4. RTAC hospitals encouraged to adopt the three measures from this initiative for their hospital-specific trauma performance improvement.	4. June 2005	
5. Riverview, Neillsville, Medford, Flambeau, Aspirus, Langlade, Merrill, Stanley and Tomahawk have all adopted these measures for hospital-specific performance improvement initiatives.	5. Fall –Winter 2005/Spring 2006	
6. Saint Joseph's changed internal processes so that referring facilities will be put directly in touch with the accepting trauma surgeon instead of ED MDs and/or subspecialists	6. Spring 2006	
7. Letter identifying the top four opportunities to improve ED LOS drafted by hospital break-out members and provided to all regional hospital contacts for distribution to the trauma care providers in their local areas. The documents produced by the process improvement exercise also distributed to hospital contacts for use in their local PI efforts for this issue.	7. May 2006	
8. Langlade Memorial Hospital implemented two documents for use in their ED to address this issue: "Trauma Transfers" and Critical Care Transport Resources (see attached)	8. May 2006	
9. Aspirus Wausau Hospital approved a "Guideline for the Acceptance and Transfer of Trauma Patients"	9. June 2006	
10. Length of Stay target was changed from 2 hours to 3 hours to match the State.	10. January 2008	
11. Aspirus Wausau Hospital is now providing data.	11. April 2008	

RESULTS





	Inpatient Transfers	Multiple transfers
Aug-05	4	0
Sep-05	0	0
Oct-05	0	0
Nov-05	0	0
Dec-05	0	0
Jan-06	0	0
Feb-06	0	0
Mar-06	1	2
Apr-06	0	0
May-06	0	1
Jun-06	1	0
Jul-06	0	0
Aug-06	0	0
Sep-06	0	0
Oct-06	1	0
Nov-06	0	1
Dec-06	1	0
Jan-07	0	0
Feb-07	1	0
Mar-07	0	0
Apr-07	0	0
May-07	0	0
Jun-07	3	0
Jul-07	1	0
Aug-07	0	0
Sep-07	0	0
Oct-07	0	0
Nov-07	1	1
Dec-07	0	0
Jan-08	0	0
Feb-08	0	1
Mar-08	1	3
Apr-08	1	0
May-08	1	0
Jun-08	1	0
Jul-08	1	0
Aug-08	1	2
Sep-08	1	0
Oct-08	0	0
Nov-08	0	0
Dec-08	0	0
Jan-09	0	0
Feb-09	0	0
Mar-09	1	1
Apr-09	1	1
May-09	1	1
Jun-09	0	1