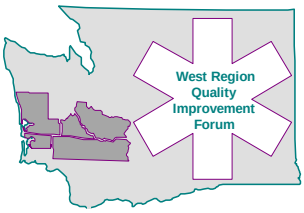

WEST REGION
QUALITY IMPROVEMENT PLAN

Mission Statement

Continuously strive to optimize
Trauma/EMS patient care and outcome through the continuum of care.

Revised March 21, 2013

Administrative Support Provided by
West Region Emergency Medical Services & Trauma Care Council, Inc.
Proudly Serving Grays Harbor, Lewis, N. Pacific, Pierce and Thurston Counties
2646 RW Johnson Blvd, Suite 112, Tumwater, WA 98512
360-705-9019 • 1-800-546-5416 • FAX: 360-705-9676 • www.wrems.com

Mission Statement

Continuously strive to optimize Trauma/EMS patient care and outcome through the continuum of care.

GOAL: EVALUATE & IMPROVE PATIENT CARE THROUGH THE USE OF COMPREHENSIVE, DATA-DRIVEN QUALITY IMPROVEMENT PROCESSES.

1. Collect Accurate, Timely Data

Accurate, timely data is an essential prerequisite to effective quality improvement.

1.a. Patient Care Analysis

QI reviews should include all aspects of patient care from prevention, pre-hospital, hospital and through rehabilitation

2. Analyze Patterns and Trends of Regional Trauma and EMS

Compare similarities and differences between West Region and other regional, state and national models.

2.a Assess Patient Flow Patterns

A special concern of West Region is trauma patient flow patterns as well as inter-facility transfers and methods of transport. Ongoing monitoring will be required to provide data for consideration of additional (or fewer) designated trauma centers or when verified cardiac/stroke facilities are available.

2.b Compare Similar Hospital/Agency Outcomes

Case review requires objective comparisons with similar institutions within the region, state or nationally. In addition, a benchmark is used when available to which comparisons can be made.

2.c Analyze Individual Cases of Trauma and EMS

Highlighting the trends and patterns with individual case review. This will provide a specific focus for improvements and changes, as well as affording the opportunity to discuss individual cases.

3. Action Plan/Loop Closure

3.a Washington State Department of Health

Provide communication on patterns and trends of regional trauma, EMS & Cardiac/Stroke care through the West Region QIF or appropriate agency.

3.b Opportunities for Improvement

Recommend opportunities for improvement to the training or prevention committee of the West Region Council to disseminate among West Region agencies/facilities.

3.c Loop Closure

Cases sent to the QIF for review and recommendation require follow-up with action taken at the next meeting. Based upon information learned, key teaching points from each forum may be disseminated.

PRINCIPLES

- **Trauma Center Leadership**
  As described in WAC 246-976-910 (2) and RCW 70.168.090 (2): Levels II, and III trauma care facilities shall establish and participate in regional EMS/TC systems quality improvement programs. West Region QIF encourages full participation from all West Region hospitals.

- **System Analysis**
  This is intended to be a process for continuous quality improvement of the regional system of trauma care throughout the age continuum. It is not intended to duplicate or supplant quality improvement programs of prehospital agencies, individual hospitals or rehabilitation units involved in regional trauma care. The state Trauma Registry will provide accurate data to assess regional performance as well as individual provider/agency performance.

- **Confidential Case Review & Education**
  Effective identification, analysis and correction of problems require objective review by qualified, appropriate members of trauma care programs, protected by a process which ensures confidentiality. The approach used by the QIF will be standard case review profiling and issue for education and/or process improvement.

PROCESS

TRAUMA QIF MEMBERSHIP

The West Region QIF membership includes the following voting & non-voting members and is consistent with WAC 246-976-910(3) & (4)

Voting Members:

Trauma Medical Director from each designated trauma and trauma rehabilitation center
Trauma Program Managers from each designated trauma and trauma rehabilitation center
Medical Program Director (MPD) from each county - total 4
Emergency Department Representative from each designated trauma center (director or designee)
EMS representative (field provider preferred) - 3 from each county
CQI Representative – 1 prehospital and 1 hospital from each county
Regional EMS Council Chair
Regional Injury Prevention Representative: 1 pediatric and 1 adult
Regional Aero Medical Provider

**Any of the above members may be replaced by an official designee from the represented facility or agency.*

Non-voting Members:

State Department of Health Staff
Appropriate medical specialists as needed and determined by QIF voting members
Non-designated facility representatives
EMS Coordinator/Director from each county
Regional Council staff member

Quorum: A quorum shall consist of a minimum of 10 voting members at the beginning of the meeting and will continue as long as 6 or more voting members remain.

- **Confidentiality**
  Actions of the QIF are confidential as provided in WAC 246-976-910 (5)(e)(f)(g)(h) and protected by RCW 43.70.510 and chapters 18.71, 18.73, and 70.168. *See Attachment A.* A written plan for confidentiality is required. *See Attachment B.* Notification in writing of the confidentiality of each meeting is required. Information identifying individual patients cannot be publicly disclosed without patient consent.

- **Regional QA meetings**
  - Frequency: 4 meetings per year
  - Chairperson and 2 Vice Chairs: 3 year position elected by the majority of voting members (preferred structure: Chair = MD)
  - 3 hours in length

- **Components to meeting:**
  - Review of regional data and trends
  - Performance Improvement (PI) Project Presentation or Mortality Review
  - Focused case(s) review with directed discussion
  - Next QIF meeting goals and targets
    - Yearly process/injury focus will be identified at the last QIF meeting of the year.

- **Summary Conclusions and Reporting**
  The Chairperson is responsible for providing summary conclusions of discussions. Provisions must be provided for feedback to the Department of Health and the West Region EMS & Trauma Care Council on identified EMS and trauma care issues and concerns.

DETAILS

Component 1: Review of regional data and trends

- The state Department of Health Trauma Registry shall provide a focused report on issues/filters as requested.

Component 2: Performance Improvement Project Presentation

Presentation will include following points:

- Problem identification
- Process changes
- Implementation process
- Evaluation
    - Lessons learned

Component 3: Mortality Review

Component : Focused cases reviews:

Designated agencies present injury or process specific case reviews as assigned by the committee. Cases will be not exceed 60 minutes and include:

- Continuum of care from dispatch through rehabilitation
- Major players involved be present or available for questions and discussion
- Audio-visual aids
- Topics from case for discussions
- Lessons learned

Component 5: Identification of next quarter's meeting goals and targets

ATTACHMENT A

WEST REGION QUALITY IMPROVEMENT FORUM

QI FORUM MEMBERS AND GUESTS
CONFIDENTIALITY AGREEMENT
in accordance with RCW 70.168.090(3) and (4)

The undersigned attendees of the QI Forum meeting held __(date)__, agree to hold in strict confidence all information, data, documentation, and discussions resulting from this meeting, and subsequently documented in meeting minutes. No information will be disclosed to parties outside this QI Forum, except as agreed to by the attendees for the purposes of follow-up, resolution or systems design changes. Failure to observe this agreement will result in dismissal from the Forum and possible personal liability.

First Name	Last Name	Title	Job Title	Agency	Signature

ATTACHMENT B

West Region Quality Improvement Plan
Confidentiality and Exemption from Discoverability
Policy and Procedures
January 2009 (revised March 2013)

Policy
It is the intention of the West Region Quality Improvement Forum (QIF) to use the information gathered to support clinical research and improve patient care through measuring and improving systems performance. It is necessary that providers have protection from discoverability and possible liability to reach that end.

Pledge of Confidentiality
All attendees of the QIF will sign a pledge of confidentiality which will also act as a record of attendance. At each meeting the pledge of confidentiality will be read into the minutes. (See Att A).

Documentation
Patient records will be identified by the unique Trauma Registry identifier. Patient information cannot be publicly disclosed without written permission of the patient or guardian. All QIF handouts shall be labeled "Confidential QI Document/Privilege Information/Not Authorized for Distribution." All confidential documents will be collected at the end of the meeting, and all copies will be destroyed following the meeting. One permanent copy will be kept in a locked cabinet.

Minutes
Minutes from QIF meetings will be prepared by the West Region EMS staff. Minutes will be reviewed and approved by the members. One copy of the minutes will be kept for the purpose of record by the West Region EMS, and its staff will be responsible for collecting and destroying all documents following the meeting. Retention schedule for minutes will be 4 years. The one permanent copy will be kept in a locked cabinet. Any case specific information presented during QIF meetings will be held in strict confidence among those attending the meeting. All identifying references to specific cases will be omitted from meeting minutes.

Reports
A report will be generated to summarize significant findings of the materials reviewed in the QIF meeting. The summary report will be modified to scrub information that might identify individuals or agencies involved in the QI review. Names, dates, times and situations may be modified to prevent loss of confidentiality while communicating intent of the finding(s). The QIF will approve the summary report (redacted meeting minutes) before it is released external to the QIF.

Educational Learning Points
Key learning points will be generated from a review of QI Forum reports and case presentations. To close the loop between quality improvement and training, this information will be distributed to EMS and hospital providers to assist with education and training. All information will be carefully scrubbed to eliminate individual or agency identifiers.

Access to Information
All members of the QIF, and those who have been invited to attend by members of the forum, have access to view or discuss patient, provider, and systems information when the patient and the provider's identifying information has been obscured. It is the obligation of the attendees to keep all information confidential and to protect it against unauthorized intrusion, corruption, and damage.

Attachment B

West Region Quality Improvement Plan

TEMPLATE FOR CASE REVIEWS

December, 2002

I. WRQIF Case Review

- *Name of presenter*
- *Name of agencies represented*
- *Date*

II. Topic

- *Question or issue to be addressed with this case review*

III. Scene/Background Information

IV. EMS Findings/Interventions

- *Description of Pt*
- *Vital Signs*
- *Interventions*

V. ED Interventions/Findings

- *Vital Signs*
- *Interventions*
- *Findings*
- *Injury List*
- *Consults*
- *Pt Disposition*

VI. Hospital Course

- *Length of Stay*
- *Surgeries*
- *Other Injuries/Procedures Done*
- *Cost*

VII. Rehab ***(if appropriate)***

VIII. Outcome

- *Discharge Status*
- *Current Update on Pt Outcome*

Attachment C

West Region QIF Mortality Review Template

March, 2013

Hospital:
Patient ID: Collector: ED Arrival:
Mechanism:
Injury Note:

PREHOSPITAL INFORMATION
- EMS Incident Report Available:
- Scene Transport:
- Procedures:
- Pulse: Respiratory Rate: Systolic BP:
- Triage Criteria Used

ED INFORMATION
- Trauma Team Activated: (yes/no)
- Procedures:
- ED Disposition:
- Operations:
- Diagnosis:
- ICU Admit? Days in ICU:
- Hours from ED arrival to Death:
- Autopsy:
- Toxicology:
- Pre-Existing Conditions:
- Complications:

ED Memo:

TRAUMA SCORES
- RTS = GCS = ISS = TRISS = HARM =

- Maximum AIS Head/Neck: Face:
  Thorax: Abdominal/Pelvic Contents:
  Extremities/Pelvic Girdle: External Structures: