
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Trauma Program Manager Webinar

Open Floor / Audit Filters

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Today's Agenda

■ BEMTS Newsletter

- Delivered via GovDelivery list serve
 - Please let us know if you need added to this distribution list
 - Primary source for information, including this webinar series

■ Open Forum

- What topics for this webinar series would you like to see?
- What registry help, if any, would you like?
- What other resources/educational topics do you need to help you?

■ Let's talk Audit Filters (if time allows)

“Survey Says?”

Audit Filters vs Core Measures

■ Audit filters

- Data points or tools that assist with monitoring the process of care

- Ex: How many times did the trauma surgeon respond greater than 15 minutes to the highest level of activation?

■ Core Measures

- Based on data/scientific evidence about processes and treatments that are known to get the best results

- Clinical Practice Guidelines
- Eastern Association for the Surgery of Trauma (EAST) Guidelines

- Ex: How many times did the surgeon deviate from the facility's adopted practice guidelines?

Audit Filters

- Triggering an audit filter does not equal bad care
 - Audit filters are actually in place to improve care
 - Surveillance of care – “keeps your finger on the pulse”
 - Forces continuous monitoring

- Audit Filters prompt a review – Flag it!
 - Not all events that arise need to have a deep review
 - An event may be closed at the primary TPM level
 - Make sure to document. The issue may return or become a bigger issue
 - Temperature documentation

- Incorporate them into your Trauma PIPS written plan and review them at least annually
 - Make them meaningful to *your* trauma program

Audit Filters

- Need to be clearly defined
- Need to be measurable
- Need to be based on standards of practice/care
- Need to evolve
 - changes in local structure, trends, patient populations, new staff
- Required...
 - Criterion 16-5 in *Resources for Optimal Care of the Injured Patient 2014 Standards*, (“Orange Book”) (7.2 in 2022 Standards “Grey Book”) really all of Chapter 16 – event identification, PIPS plan annual review, etc.
 - “All process and outcome measures must be documented within the trauma PIPS program’s written plan and reviewed and updated at least annually (CD 16 – 5)”.

Intermixing of Core Measures and Audit Filters

- Mortality Rates
- Trauma Surgeon/ED physician response times
- Over/under triage
- Trauma team activation compliance
- Admissions to non-surgical service
- Transfer timelines
- Diversion



Intermixing of Core Measures and Audit Filters

- Delays in obtain vascular access in pediatric populations
- Record weight in kilograms in pediatric patients
- Temperatures documented
- Over imaging
- Absence of pre-hospital or referring hospital records
- Compliance to EMS timeout
- Backboard greater than 60 minutes
- Telemedicine appropriately utilized
- Timeliness of transfer acceptance
- GCS documented
- Alcohol/drugs/abuse/neglect screening

Example

- EMS is called to a private residence for an 80 year old female patient that fell. Upon arrival to the house at 10:00 a.m., the patient is found inside her garage where she fell down 2 steps onto concrete on the way to her car.
- Vital signs reported to the hospital: BP=152/94, HR=68, SpO2=96% RA, RR=14, GCS= 11 (3/3/5). The patient is confused to events, but does say the word “Coumadin”. The fall is unwitnessed. Life Alert notified 911.
- EMS Interventions: LBB, C-collar, 18G IV to RAC SL, pressure dressing to a deformed, open R ankle.
- Ultimately, the patient is accepted to a higher level trauma center within an hour of presentation to your emergency department.

Medical record #:

Complete for any case involving a trauma team activation, admit, transfer or death.

PI Filter	Yes	No	N/A
Under-triaged/trauma team not activated when criteria met	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Over-triaged/trauma team activated unnecessarily	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trauma team response times incomplete/missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma care provided by non-ATLS provider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transfer to level I trauma center > 60 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transfer to non-designated trauma center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GCS not recorded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GCS \leq 8 and no endotracheal tube or surgical airway within 15 minutes of arrival	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No chest tube placed for pneumothorax or hemothorax before transfer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complete initial vital signs not recorded (HR, BP, RR, temp, GCS, SaO ₂)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs no recorded every 15 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spinal immobilization indicated and arrived via EMS without spinal immobilization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMS report not in patient chart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMS times incomplete/missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMS on scene time >15 minutes without documented extrication efforts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blunt chest or abdominal, multi system or high-energy trauma admitted with no general surgeon evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Open fracture – no antibiotics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma surgeon response time incomplete/missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volume of infused fluids not documented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unstable vitals/hemodynamic compromise and no blood products ordered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Missed injury/injury diagnosed >24H after initial traumatic event	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No alcohol screening done	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDS – Safety Equipment Documented (helmet, seatbelt)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PEDS – Appropriate C-spine immobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PEDS – Weights recorded in EPIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Any chart that generated a “Yes” must be reviewed by trauma PI team.

 No improvement opportunities identified

Comments:

Let's break it down -

This is how you incorporate Audit Filters into your PIPS plan

Triggered Audit Filter

1. Trauma team response times incomplete/missing
2. GCS not recorded
3. Complete initial vital signs not recorded (HR, BP, RR, temp, GCS, SpO2)

GATHER YOUR FACTS FIRST

What did I do about it? (document it)

1. The trauma alert was activated, personnel arrived on time, "forgot to write down when the ED doc was in the room, but she was here when the pt arrived." TPM Review: provided one-on-one counseling, monitor for re-occurrence
2. "the pt crumpled right away, so the GCS was less than 8" TPM Review: provided one-on-one counseling, monitor for re-occurrence
3. "like I said, there was no time" TPM Review: provided one-on-one counseling, monitor for re-occurrence. Followed "Incomplete Documentation Policy"

Let's break it down -

This is how you incorporate Audit Filters into your PIPS plan

Triggered Audit Filter

4. Open fracture - no antibiotics

What did I do about it? (document it)

4. Orthopedic management practice guideline (PG) state antibiotics will be administered within the first hour for open fractures - TPM Review (primary) and TMD review (secondary). TMD conducts one-on-one counseling. A Focused Professional Practice Evaluation (FPPE) is signed and filed for PG deviation. Education provided (see attached huddle notes) to ED staff

Let's break it down –

This is how you incorporate Audit Filters into your PIPS plan

Triggered Audit Filter

5. Trauma surgeon response time incomplete/missing

What did I do about it? (document it)

5. "The ED doc didn't tell me when she called the Trauma Surgeon, they were just there" TPM Review:

[Redacted]

6. No alcohol screening done

6. "The patient declined rapidly, what was I suppose to do, ask an unconscious 80 year old?" TPM Review:

[Redacted]

Questions

References:

- Society of Trauma Nurses. *Rural Trauma Outcomes & Performance Improvement Course Manual* (2022 edition).
- The American College of Surgeons – Committee on Trauma. *Resources for the Optimal Care of the Injured Patient* (2014 edition).