

Trauma Program Manager Webinar

JULY 22, 2022 – PERFORMANCE IMPROVEMENT IN IMAGETREND



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Trauma Nurse Coordinator

Bureau of Emergency Medical and Trauma Services

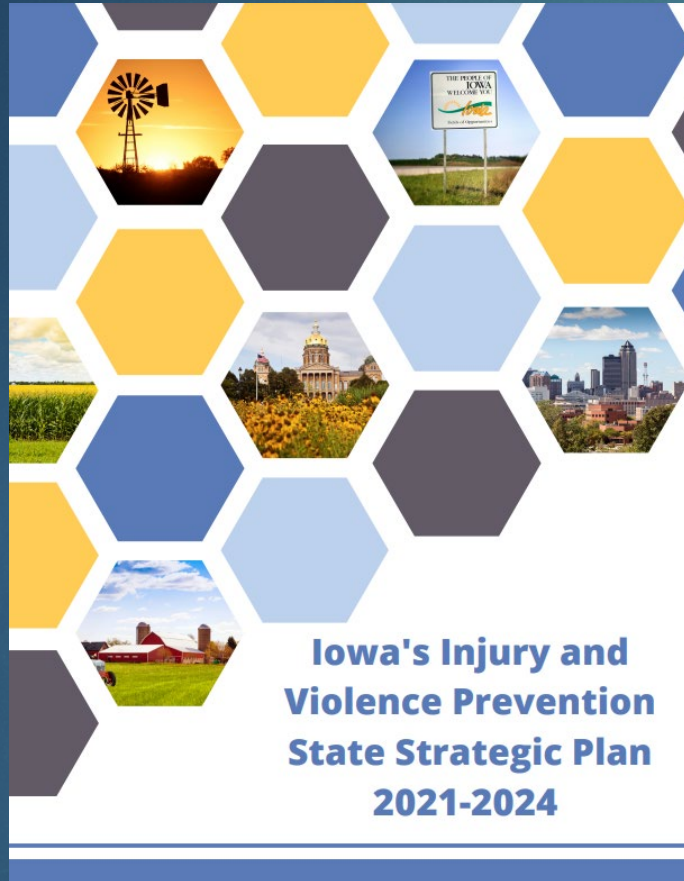


Housekeeping



- ▶ Alignment at the State level
 - ▶ IDPH + DHS = **Department of Health & Human Services** (as of July 1, 2022)
 - ▶ ~~Bureau of Emergency & Trauma Services~~
 - ▶ Bureau of Emergency Medical & Trauma Services
 - ▶ Bureau of Emergency Preparedness & Response

TSAC Updates from 7/19



- ▶ IDPH Office of Disability, Injury & Violence Prevention
- ▶ Roadmap for collaboration to strengthen the state's capacity to implement effective interventions
- ▶ <https://idph.iowa.gov/disability-injury-violence-prevention>



TSAC Updates from 7/19



- ▶ **Early** stages of exploring the interoperability with ImageTrend and the Health Information Network
 - ▶ Project #1: ImageTrend Elite connection that would provide the hospital with the EMS run reports automatically in the EMR
 - ▶ Project #2: Automatic creation of a trauma incident in the trauma registry through a trigger in the hospital EMR

TSAC Updates from 7/19



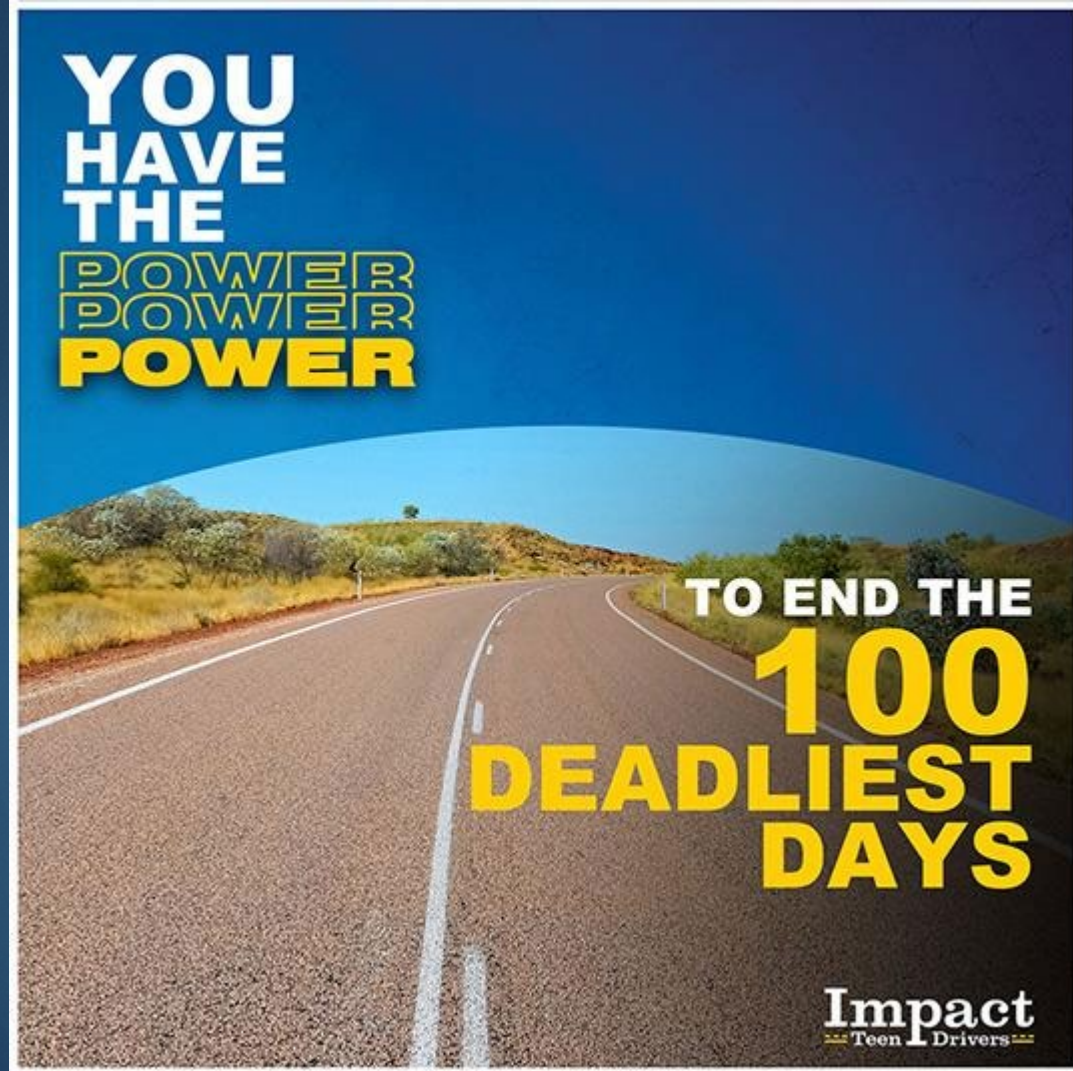
- ▶ The EMS data dictionary will be updated with minor changes
- ▶ National EMS Clinical Guidelines version 3.0 will be adopted
- ▶ Law enforcement AED program is moving along – 70% law enforcement agencies are participating; 215 activations so far
- ▶ New version of ATLS coming in 2023
- ▶ Governor Reynolds declared May as Stop the Bleed month in Iowa
- ▶ New Iowa pediatric hospital recognition program for pediatric medical and trauma readiness – pilot in late summer

TSAC Updates from 7/19



- ▶ Trauma data dictionary will be updated within the next year – subcommittee will begin work in the near future
- ▶ Iowa Trauma Registry Report 2021 – coming soon this Fall
- ▶ Trauma Verification Subcommittee: August 2nd & 4th workshops for the *Resources for Optimal Care of the Injured Patient 2022 Standards*
- ▶ Trauma Triage & Transfer subcommittee will be working through the new National guidelines
- ▶ Iowa Trauma System Development Plan – draft approved by TSAC
- ▶ Next meeting: October 25th (tentative date change)

Upcoming events



- ▶ **Impact Teen Drivers social media campaign**
 - ▶ 100 Deadliest Days: between Memorial Day & Labor Day
 - ▶ <https://www.speakup4safety.org/100deadliestdays/>

Upcoming events



▶ National Highway Traffic Safety Administration (NHTSA)

- ▶ 2022 Speed Prevention Campaign
- ▶ July 20 – August 14, 2022
- ▶ In 2020, there were 11,258 people killed in speeding-related crashes (29% of all fatal crashes) in the U.S.
- ▶ Campaign materials:
<https://www.trafficsafetymarketing.gov/get-materials/speed-prevention/speeding-wrecks-lives>



<https://www.nhtsa.gov/>





THU SEP 08 **FRI** SEP 09

IOWA 2022 TRAUMA & PREPAREDNESS CONFERENCE

The Meadows Events & Conference Center at Prairie Meadows, Altoona, IA

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<https://www.regcytes.extension.iastate.edu/trauma/>

Next up: Guest Speaker

- ▶ **Erica Albaugh**, Trauma Abstractor
UnityPoint Health St. Luke's Cedar Rapids



IMAGE TREND AND PI

Erica Albaugh
Kerri Nowell

State of Iowa

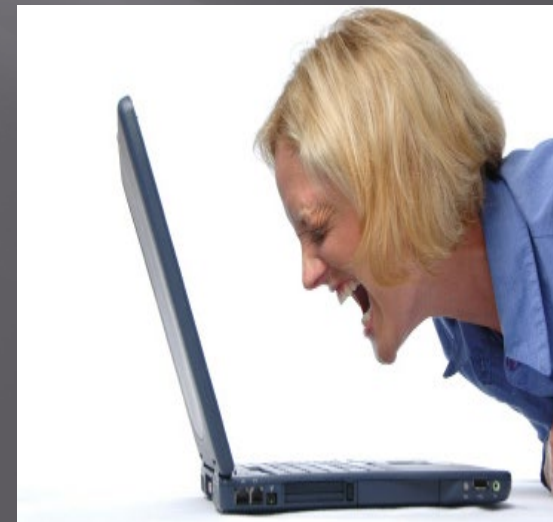
- ▣ ImageTrend is the software vendor for the collection of Iowa's trauma data.
- ▣ Level III facilities in Iowa are required to submit their data to the National Trauma Data Bank (NTDB)
- ▣ Performance Improvement: the ACS-COT (2014) "calls for each trauma program to demonstrate a continuous process of monitoring, assessment, and management directed at improving care"
- ▣ The data is already there.....use it!!!

Performance Improvement

- ▣ A solid Performance Improvement program is essential to every trauma system.
- ▣ Each program has the opportunity for improvement within the program itself.
- ▣ Your team (TMD, TNC, abstractor) is the foundation to a solid trauma PI program
- ▣ The outcome of your trauma program relies on the ability to quickly and easily collect, review and submit trauma cases.

Getting Started

1. TMD, TNC and abstractor must function as a team.
2. Have clear goals and expectations.





My Dashboard

Admits to Review

Validity Date	Medical Record Number	Registry #	Patient	Type	Status
None					

Sticky Note



Clock

Monday
August 12th, 2019
10:52:22 PM

Notifications

Date	Name
Free Monthly Education Session - August 2019	Analytical Reporting 101
Get an introduction to how to use the optional Analytics add-on fo... (more...)	
Quick Features Video: Status Button & Drop Down	Watch a quick video and learn about the Status options on incidents in Patent Registry, what each o... (more...)

Support Contacts

ImageTrend Inc.
Phone: (888) 730-3235
Email: Support@imageTrend.com

PI Audits Open

Occurrences	Type
26	Admit by Nonurgeon (ACSAP)
7	Pediatric Trauma Case
3	Hospital Specific PI - Level one trauma alerts activated
2	Hospital Specific PI - Service unavailable hand
1	Unplanned Readmission or Upgrade to ICU (State)
1	Deaths (Hospital)
1	Hospital Specific PI - service discretion ENT
1	Hospital Specific PI - Service discretion ortho

Quick Links

	Link
Facility Messaging	
Add Incident	
No Custom Links Added	
	Add Link

Dashboard

Facilities Data Exchange Report Writer More

Welcome, ImageTrend Admin Administration Logout 0

ImageTrend
PATIENT REGISTR

Dashboard Incidents Staff Users Setup

ImageTrend Hospital

You are logged in. Welcome, ImageTrend Admin

My Dashboard [Display Preferences](#)

Average Hours in ED - Angular Gauge Male Trauma with ETOH Average Hospital LOS - Days

Average Hours in ED Count Of Incidents Average Hospital Length Of

- Data Exchange: used for submission to NTDB.
- Access to Image Trend University

Image Trend University

- ▣ Tool for new user:
 - 1. Simple overview
 - 2. Adding new incidents
 - 3. Adding/deleting hospital staff
 - 4. Adding new users
 - 5. Creating Favorites




Image Trend University

- ▣ 5. Creating your favorites in many sections including:
 - A. Locations, Facilities and Services
 - B. Inpatient floors you have at your facility
 - C. PI audits you are currently working on
 - D. Facility defined questions



Dashboard



ImageTrend
PATIENT REGISTRY

[Dashboard](#) | [Incidents](#) | [Staff](#) | [Users](#) | [Setup](#)

My Dashboard

Clock

Wednesday
August 22nd, 2018
1:08:43 PM

Quick Links




Link	Actions
Facility Messaging	
Add Incident	
No Custom Links Added	
Add Link	

Weather

CONDITIONS FOR CEDAR RAPIDS

75 °F

clear sky
humidity: 41%
wind: 8 mph NNE
H 77 • L 73
Last Updated: Wed 8/22/18 13:08

 55/79 °F WED
 50/76 °F THU
 67/83 °F FRI

[Change Location](#)

PI Audits Open

Occurrences	Type
19	Admit By Nonsurgeon (ACSAF9)
4	Hospital Specific PI - service unavailable neuro
1	Pediatric Trauma Case
1	Deaths (Hospital)
1	Hospital Specific PI - service discretion maxial facial
1	Hospital Specific PI - Service discretion neuro
1	Hospital Specific PI - Service discretion ortho
1	Hospital Specific PI - Service unavailable hand

Notifications

Date	Name
None	

Sticky Note

Add URL orange book to add link.

Support Contacts

ImageTrend Inc.
Phone: (888) 730-3255
Email: Support@imagetrend.com

Recently Viewed Incidents

Validity	Date	Medical Record Number
95 %	Aug 22 12:54	92338065
100 %	Aug 21 12:06	90568128
99 %	Aug 21 11:20	91011897
100 %	Aug 15 16:05	93184468
100 %	Aug 14 16:15	92363885

Incident Collection

- 1. EPIC: trauma narrator
- Transfer logs
- Admission logs



Transfer Log						
Date	Patient/Acct.	Transferred to	ISS	Injuries	Physicians involved	Reason
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion
	Acct#					Service unavailable Service discretion

4/2013
x:\shared\ed management\trauma\trauma committee 2010\log, transfers, alerts pi forms\transfer log.doc

Trauma Alert Log						
Date	Patient/Acct.	Trauma Alert	ISS	Injuries	Surgeons involved	Reason
	Acct# DOB	Level I Level II			Surgeon: Called: Responded:	SBP <90 at any time or age specific hypotension Respiratory compromise/intubation/obstruction Transfer from another facility receiving blood EDP discretion, Level I alert is appropriate Penetrating injury to head, neck, abdomen or chest GCS-8 with mechanism attributed to trauma
	Acct# DOB	Level I Level II			Surgeon: Called: Responded:	SBP <90 at any time or age specific hypotension Respiratory compromise/intubation/obstruction Transfer from another facility receiving blood EDP discretion, Level I alert is appropriate Penetrating injury to head, neck, abdomen or chest GCS-8 with mechanism attributed to trauma
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	Acct# DOB	Level I Level II			Surgeon: Called: Responded:	SBP <90 at any time or age specific hypotension Respiratory compromise/intubation/obstruction Transfer from another facility receiving blood EDP discretion, Level I alert is appropriate Penetrating injury to head, neck, abdomen or chest GCS-8 with mechanism attributed to trauma

Incident Tab

- ▣ Demographics
- ▣ Injury
- ▣ Pre-Hospital
- ▣ ED Record
- ▣ Procedures
- ▣ Burn
- ▣ NTDB Pre-existing / Hospital Events
- ▣ **Complications / PI**
- ▣ Hospital outcome

Complication / PI

- ▣ Interface between Image Trend and PI
- ▣ Advantages
 - THE INFORMATION IS ALREADY THERE
 - Secure site
 - Web based
 - Consistent format
 - Ability to communicate directly between TMD, TNC and abstractor
 - Generate pertinent reports

Complication / PI

- Decide what needs to be reviewed, tracked, monitored, trended.

-Select Hospital Specific Audit Type-
Level one not activated for pt meeting criteria
Service discretion ortho
Service discretion neuro
service unavailable neuro
Service unavailable ortho
Service unavailable burn
Service unavailable hand
Level one trauma alerts activated
non surgical admits for TSMD
service discretion ENT
service discretion maxial facial
TSMD review general appropriatness
Discretion Hand
Discretion Trauma Surgeon

Support Contacts

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PI Audits Open

Occurrences	Type
26	Admit By Nonsurgeon (ACSAF9)
7	Pediatric Trauma Case
3	Hospital Specific PI - Level one trauma alerts activated
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1	Unplanned Readmission or Upgrade to ICU (State)
1	Deaths (Hospital)
1	Hospital Specific PI - service discretion ENT
1	Hospital Specific PI - Service discretion ortho

Determination: **Select** | **Findings:** **Select**

Further Explanation/Action: She is not taking good sleep tablets and has had several episodes of transient hypoxia with saturation in the mid 80s here. She is doing much better on 2 L nasal cannula. Pain is somewhat improved after 4 mg of IV morphine. **Copy this...**

Location Of Occurrence: **ICU**

Admit Staff Involved: Miller, Christopher L, MD
Wright, Thomas

Impact: **Type:** **Incident:** **Cause:** **Prevention:**

Admit: **Admit By:** **Stevens (ACMPT)** | **Prior Review Date:**

Status: **Open** **Closed** | **Actions:** **Select**
Unnecessary
Find
Education

Occurrence Date: | **Determination:** **Select**
 System Related
 Structure Related
 Not Known/Not Focused...

Location Of Occurrence: | **Further Explanation/Action:** She is not taking good sleep tablets and has had several episodes of transient hypoxia with saturation in the mid 80s here. She is doing much better on 2 L nasal cannula. Pain is somewhat improved after 4 mg of IV morphine.

Admit Staff Involved: **Message:** **Date:** **OK**
Miller, Christopher L, MD
Wright, Thomas
OK **Cancel** **Print**

Permissibility: **Select** | **Findings:** **Select**

Patient Safety Summary

Impact: **Type** **Outside** **Cause** **Prevention**

Incident or Effect or Issue:

Physical	Psychological	Legal	Substantive
<input type="checkbox"/> Inaccurate or incomplete information <input type="checkbox"/> Fall harm <input type="checkbox"/> Potential for harm <input type="checkbox"/> Minimal temporary harm <input type="checkbox"/> Minimal permanent harm <input type="checkbox"/> Moderate temporary harm <input type="checkbox"/> Moderate permanent harm <input type="checkbox"/> Severe temporary harm <input type="checkbox"/> Severe permanent harm <input type="checkbox"/> Death	<input type="checkbox"/> No harm <input type="checkbox"/> Minimal temporary harm <input type="checkbox"/> Minimal permanent harm <input type="checkbox"/> Moderate temporary harm <input type="checkbox"/> Moderate permanent harm <input type="checkbox"/> Severe temporary harm <input type="checkbox"/> Severe permanent harm <input type="checkbox"/> Profound mental harm	<input type="checkbox"/> Legal department contacted <input type="checkbox"/> Complaint registered w/ Patient Affairs <input type="checkbox"/> Potential legal risk	<input type="checkbox"/> Defused escalation <input type="checkbox"/> Unnecessary hospital admission <input type="checkbox"/> Unnecessary EMS/air transport <input type="checkbox"/> Unnecessary procedure <input type="checkbox"/> Unnecessary treatment <input type="checkbox"/> Behavioral issue

Additional Notes:

Note	Source	Type	Group	Staff

0 Comments

Complication / PI

- ▣ Audit type
- ▣ Status: open or closed
- ▣ Occurrence Date
- ▣ Location of Occurrence
- ▣ Audit Staff Involved
- ▣ Peer Review Date
- ▣ Actions
- ▣ Findings
- ▣ Add Note

Audit Type

-Select Hospital Specific Audit Type-
Level one not activated for pt meeting criteria
Service discretion ortho
Service discretion neuro
service unavailable neuro
Service unavailable ortho
Service unavailable burn
Service unavailable hand
Level one trauma alerts activated
non surgical admits for TSMD
service discretion ENT
service discretion maxial facial
TSMD review general appropriatness
Discretion Hand
Discretion Trauma Surgeon

Actions

- Unnecessary
- Trend
- Education
- Guideline/protocol
- Peer Review
- Presentation
- Privilege/Credential
- Not known

The screenshot displays a medical software interface for a patient's chart. The patient's name is 'Admit By Nonoperator (ACSAF)'. The chart includes a 'Further Explanation/Action' section with a yellow background, containing text about the patient's respiratory status. Below this, there are fields for 'Status' (Open/Close), 'Occurrence Date' (03/22/13), and 'Location Of Occurrence'. A dropdown menu for 'Actions' is open, showing options: 'Unnecessary', 'Trend', and 'Education'. A red arrow points to the 'Education' option. Other fields include 'Peer Review Date', 'Definitiveness' (with checkboxes for Select, System Related, Provider Related, and Not Known/Not Record...), 'Preventability' (Select), and 'Feedback' (Select). At the bottom, there is a 'Patient Safety Teaming' section with tabs for 'Type', 'Details', 'Cases', and 'Prevention'. This section contains a grid of checkboxes for various safety concerns, categorized into Physical, Psychological, Legal, and Substandard. The 'Physical' category includes items like 'Inaccuracy or incomplete information', 'No team', 'Hazardous for team', 'Hazardous temporary harm', 'Hazardous permanent harm', 'Hazardous temporary harm', 'Hazardous permanent harm', 'Severe temporary harm', 'Severe permanent harm', and 'Death'. The 'Psychological' category includes 'No team', 'Hazardous temporary harm', 'Hazardous permanent harm', 'Hazardous temporary harm', 'Hazardous permanent harm', 'Severe temporary harm', 'Severe permanent harm', and 'Hazardous mental harm'. The 'Legal' category includes 'Legal department contacted', 'Complaint registered of Patient Affairs', and 'Potential legal risk'. The 'Substandard' category includes 'Default Specialist', 'Unnecessary hospital admission', 'Unnecessary IM/ICU transport', 'Unnecessary procedure', 'Unnecessary treatment', and 'Behavioral issue'. An 'Additional Notes' section is at the bottom with columns for 'Media', 'Source', 'Type', 'Group', and 'Staff'.

Findings

- ▣ Acceptable
- ▣ Acceptable with reservations
- ▣ Unacceptable
- ▣ Not known/not recorded

The screenshot shows a web-based interface for reporting patient safety incidents. The 'Findings' dropdown menu is highlighted with a red arrow, indicating the selection of 'Acceptable'. The interface includes several sections:

- Further Explanation/Action:** A text area containing the following text: "She is not taking good deep breaths and has had several episodes of treatment failure with sets in the mid 8th floor. She is doing much better on 2 L nasal cannula. Pain is somewhat improved after 4 mg of IV morphine. CX fluid is negative. Culture due..."
- Permanability:** A dropdown menu set to 'Select'.
- Findings:** A dropdown menu set to 'Acceptable', highlighted by a red arrow.
- Patient Safety Taxonomy:** A table with columns for Physical, Psychological, Legal, and Systemic. The Physical column includes checkboxes for 'No harm', 'Minimal temporary harm', 'Minimal permanent harm', 'Moderate temporary harm', 'Moderate permanent harm', 'Severe temporary harm', 'Severe permanent harm', and 'Death'. The Psychological column includes checkboxes for 'No harm', 'Minimal temporary harm', 'Minimal permanent harm', 'Moderate temporary harm', 'Moderate permanent harm', 'Severe temporary harm', 'Severe permanent harm', and 'Moderate mental harm'. The Legal column includes checkboxes for 'Legal department contacted', 'Complaint registered in Patient Affairs', and 'Potential legal risk'. The Systemic column includes checkboxes for 'Defused situation', 'Unnecessary hospital admission', 'Unnecessary EMS/air transport', 'Unnecessary procedure', 'Unnecessary treatment', and 'Behavioral issue'.

Add Note

- ▣ This can be used to communicate between TMD, TNC and abstractor.
- ▣ Typically used for every incident reviewed.

The screenshot displays a web-based interface for reviewing medical incidents. At the top, the patient's name 'Mafan' and the occurrence date '2/22/2013' are visible. A large yellow text area contains the 'Further Explanation/Action' section, which describes the patient's condition and treatment. Below this, there are several dropdown menus and checkboxes for 'Peer Review Date', 'Action', 'Information', and 'Patient Safety Teamwork'. At the bottom right, a red arrow points to an 'Add Note' button, indicating where users can add additional comments or notes to the incident record.

Communication

- ▣ Abstractor enters incidents
- ▣ TNC/abstractor adds Complication/PI when indicated
- ▣ TMD performs audits needed
- ▣ TNC/abstractor reviews audits done by TMD and acts accordingly

Reports from ImageTrend

- ▣ Choose reports that are pertinent to your facility and trauma program
- ▣ Unity Point – St. Luke's Hospital:
 - ▣ Level 1 activation response time
 - ▣ Trauma surgeon response time
 - ▣ Monthly admissions
 - ▣ C-collar report by EMS
 - ▣ Disposition with PI audit for transfers



Dispositions with Performance Improvement Audit for transfer pt with follow up

ED/Acute Care Discharge Date	ED/Acute Care Disposition	Performance Improvement Audit Type	Performance Improvement Hospital Specific Audit Type	Performance Improvement Judgment	Performance Improvement Corrective Action	Performance Improvement Correspondence Note	ISS Calculated (TR21.8)
07/05/2018	Transferred to another hospital	Hospital Specific PI	Service discretion ortho	Acceptable	Trend	I switched the staff to Dr. Hill who requested the transfer. This was appropriate given the age of only 1. He was also found to have a skull fx on skeletal survey at UIHC.	4
07/05/2018	Transferred to another hospital	Pediatric Trauma Case		Acceptable	Unnecessary		4
07/19/2018	Floor bed (general admission, non specialty unit bed)	Admit By Nonsurgeon (ACSAF9)		Acceptable	Unnecessary	60 yo morbidly obese female s/p fall with no injuries but some ankle pain with weightbearing. Had some a fib and needed admission for further workup. All care appropriate.	2
07/12/2018	Floor bed (general admission, non specialty unit bed)	Admit By Nonsurgeon (ACSAF9)		Acceptable w/ Reservations	Guideline / Protocol	56 yo female s/p crush injury with iliac bone fx. No ortho involvement. Although it is unlikely to change management, ortho should have been contacted to review films and give recommendations and follow up. I will need to expedite our "best practice guidelines" regarding pelvic fx.	5
07/17/2018	Floor bed (general admission, non specialty unit bed)	Admit By Nonsurgeon (ACSAF9)		Acceptable	Unnecessary	80 yo male s/p fall with L1 fx. Admitted to hospitalist for pain control with Dr. Ghodsi on board for NSURG. All care appropriate.	5
07/28/2018	Floor bed (general admission, non specialty unit bed)	Admit By Nonsurgeon (ACSAF9)		Acceptable	Unnecessary	16 yo male with subcutaneous hematoma admitted just for observation. No surgical issues. Discharged the following day.	1
07/28/2018	Floor bed (general admission, non specialty unit bed)	Pediatric Trauma Case		Acceptable	Unnecessary		1

Unity Point – St. Luke's Hospital

- ▣ Total number of incidents : 1502
- ▣ Incidents with at least 1 PI: 771
 - 51.3%

Questions ?

Thank you!

- ▶ Next TPM webinar:
 - ▶ Friday, August 26, 2022 @ 10:00am
 - ▶ Topic: TBD
- ▶ **Jill Wheeler**
 - ▶ jill.wheeler@idph.iowa.gov
 - ▶ (515) 201-4735

