



PI for Inter-Facility Transfers: Intra-Network & Out-of-Network





Why PIPS in trauma?

- Evaluate patient care outcomes
- Evaluate providers response
- Evaluate hospital system
- Improves patient care at bedside level
- Fosters competent and accountable providers



Why PIPS in trauma?

- Classifies events which focus OFI's
- Assists trauma center development and maturation
- Evaluates cost of care
- Enhances the fiscal aspect of a trauma program



Trauma PIPS

- Dynamic yet Prescriptive
- Multidisciplinary and system oriented
- Integrated into the hospital PIPS system
- Individualized to your program
- Outlined in your PIPS Plan
- Facilitated by Trauma Medical Director and the Trauma Program Manager
- Everything you do is performance improvement and patient safety



TPC Roles

- Directs implementation of PIPS plan
- Identifies, monitors trends, tracks, analyzes, PIPS data
- Coordinates various PIPS committee meetings
- Participates in peer review discussions & meeting
- Responsible for the meeting minutes
- PI through the Trauma Continuum



TPC Roles

- Ensures validation of registry data
- Participates in implementing CMG's
- Facilitates Resolution/Loop Closure
- Represents trauma program on hospital and system committees
- Manages follow-up on PIPS system issues & peer review issues



Levels of Review

- Primary
- Secondary
- Tertiary
- Quaternary

Achievement of loop closure may occur at any level depending on the issue



Primary Review

- Validation and confirmation of the issue
- Consider urgency of need to address event
- Determination if the opportunity needs further review
- Some events are resolved during primary review
- If event closed at primary review need to assure documentation in the PIPS record



Secondary Review

- Simple action plan is developed
- Direct provider communication occurs
- Included the involvement of the TPMD
- TPC validates the clinical facts, identifies opportunities for improvement, and provides feedback, education, or counseling should it be required
- This venue is also where we determine if a case needs to be referred to another level of review.



Tertiary Review

- Tertiary Review - structured review by group
 - Review at a formal committee
 - Trauma Multidisciplinary Peer Review Committee
 - Trauma Operational Process Performance Committee
 - Trauma M & M Conference
 - Hospital PIPS Committee
 - Regional and Systems PIPS Meetings
 - Prehospital Trauma PIPS

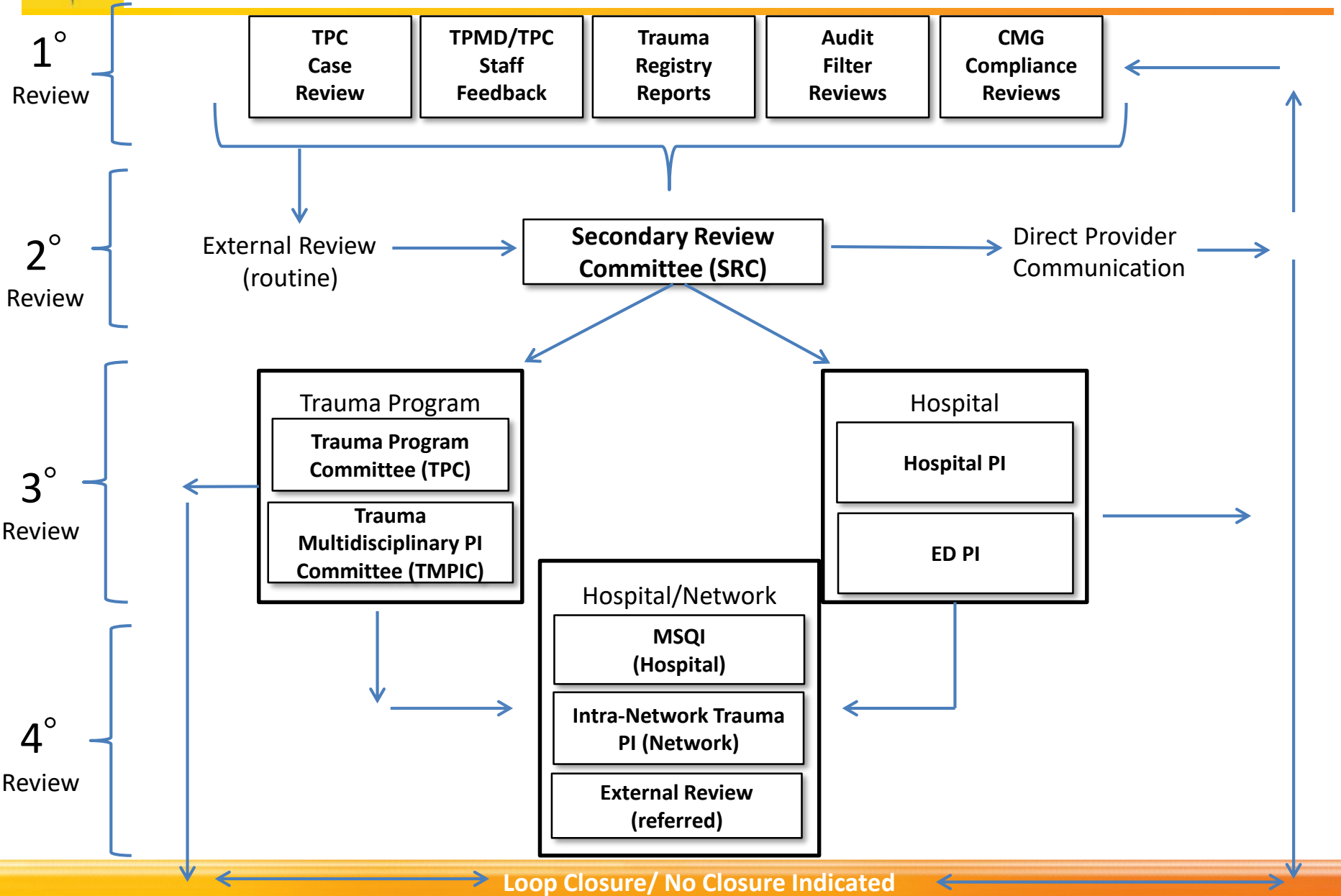


Quaternary Review

- Quaternary/Level IV
 - Examine extraordinary care
 - External Review
 - Forums
 - Hospital Quality
 - External peer review
 - Regional
 - State
 - Expert

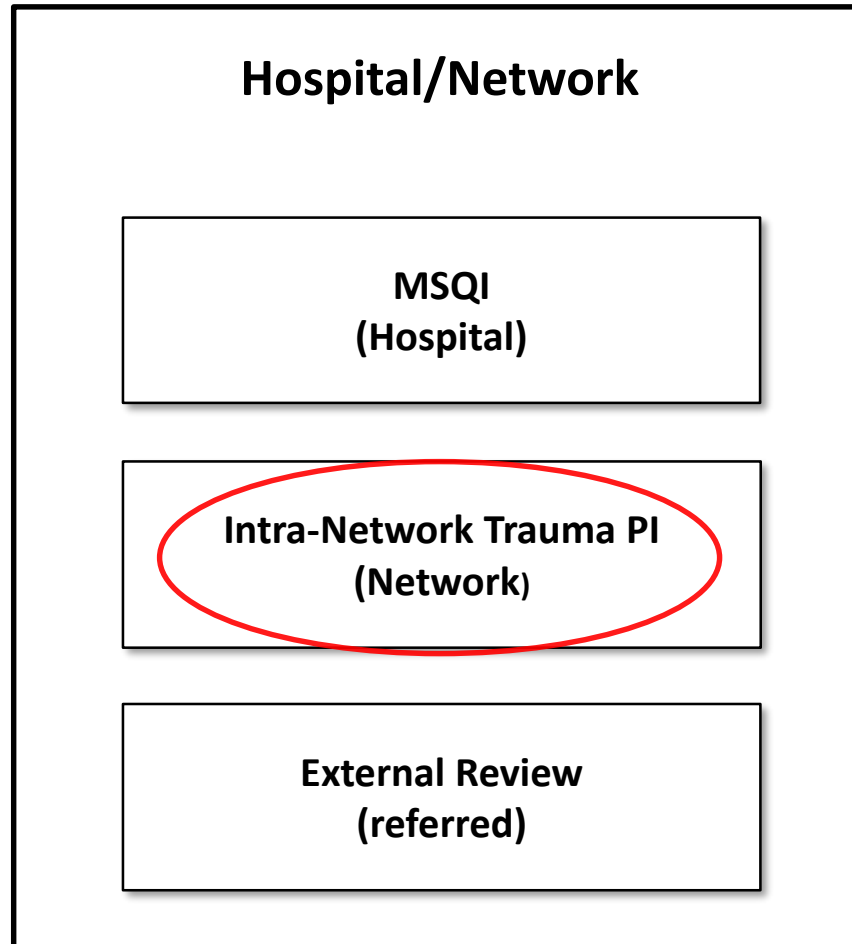


St. Luke's Miner's – Level IV Trauma Center PIPS Process Flowchart





Quaternary Review



Loop Closure/ No Closure Indicated



Intra-network PI

- Intra-network PI is unique committee, cases are reviewed throughout our health network
- Committee meets quarterly, to discuss trauma cases transferred to our level one affiliate and mentor
- All 7 network entities, which include 3 Trauma Centers, 4 Non-trauma centers, and EMS liaison are able to attend using live meeting technology



Members

- Network trauma staff
- ED Managers
- ED Directors
- Pre-hospital staff
- Patient access center

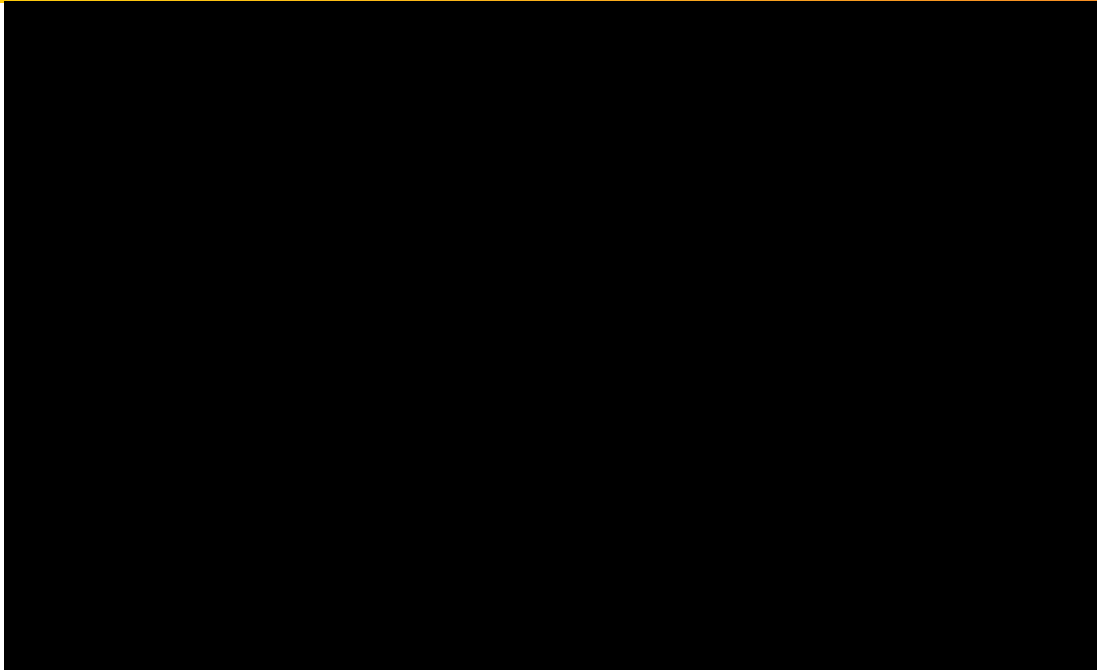


Intra-network PI

Campus	Case	Admission Date	Mechanism	Issue(s) for Review
Allentown	AB	4/5/2018	Fall	ED LOS 1 hr. 53mins
Allentown	CD	5/11/2018	Fall	Timeliness of Transfer
Anderson (review received)	EF	5/17/2018	Fall	Transferred by POV, discharged from the ED. Initial injury missed on CT scan on 5/13
Anderson (review received)	HI	5/9/2018	AMS	ED LOS 5hrs 51mins, ISS 25, ? Delay to CT Scan
Miners (review received)	JK	6/26/2018	ATV	ED LOS 1hr 30mins
Miners (review received)	LM	6/25/2018	MVC	Appropriateness of Transfer
Monroe (review forms received)	NO	6/27/2018	Fall	? Delay to CT Scan
Monroe (review forms received)	PQ	3/26/2018	MVC	ED LOS 4 hrs 45mins; ISS 25, ? Delay to CT Scan
Quakertown	RS	5/5/2018	MCC	Fracture/Dislocation Management
Quakertown	TU	4/4/2018	Fall	ED LOS 3 hrs 17,ins; ISS 19, ? Delay to CT Scan
Warren (review received)	VW	6/26/2018	Fall	Appropriate of Transfer
Warren	XY	6/29/2018	MCC	Trauma Code
SLETS	ZZ			Review Transfer Protocols



Intra-Network PI



- Video Conferencing with 360° Camera
- Entire Network on the line (7 Campuses)
 - 3 Trauma Centers
 - 4 Non-trauma centers
- Average attendees = 20 + from 10 more locations
 - Trauma, EM and EMS



Intra-facility PI

- Communication with transferring/receiving facility
- Identifying OFI's
- Follow-up letters



Intra-facility PI



Trauma Program Development Office
1240 S. Cedar Crest Blvd. Suite 308
Allentown, PA 18103
610-402-CARE

September 28, 2018

Kristie Leshko, MSN, RN
Trauma Program Coordinator
St. Luke's Hospital – Miners Campus
360 West Ruddle Street
Coaldale, PA 18218

Dear Ms. Leshko,

I am writing to provide follow up on Sadie, a 7 yr old female transferred from St. Luke's Miners to Lehigh Valley Children's Hospital on 8/2/2018 for evaluation by our trauma team. Sadie was diagnosed with a displaced supracondylar fracture on imaging at your facility prior to transfer. Sadie was evaluated by the trauma team on admission and admitted to the pediatric unit for pain control and a consult to orthopedics was placed. Sadie went to the OR in the afternoon of 8/3/2018 for a closed reduction and percutaneous pinning of a grade 3 supracondylar humerus fracture. She did well post op and was discharged to home the next morning.

ISS: 4

Injuries: Displaced supracondylar fracture left humerus

Thank you for the referral of this patient. As part of our Trauma Performance Improvement and Patient Safety Program, we review the charts of all trauma patients. In particular for a transfer, we review for timeliness of transfer. This patient met the criteria for transfer out less than 3 hours.

Please feel free to contact me at 610-402-1245 if you require additional information regarding this patient's care. Thank you for providing care and transferring the patient to the Lehigh Valley Children's Hospital.



Case Study

- LZ, 67 year old female
- Pedestrian struck by motor vehicle
- Level IV Trauma Center
- Multiple injuries
- Cardiac history



Case Study LZ

- x base of dens
- fx C2 lateral mass and transverse foramen
- fx C7 posterior superior endplate
- fx 1 L posterior rib (9)
- fx transverse T9 vertebral body
- fx R inferior pubic ramus
- fx B/L superior pubic rami
- fx R sacrum
- paraspinal emphysema
- hematoma frontal scalp
- hematoma thoracic region
- R shoulder abrasion
- L elbow abrasion
- L hip abrasion



Case study LZ

Patient was about to be transferred to SLB and stated "I'm having trouble breathing. Dr [REDACTED] in room.

Intubated at this time by Dr. [REDACTED]

Dr [REDACTED] stabilized neck during intubation.

Intubated on first attempt with positive CO₂ change. Patient's oxygen saturation at 100%. Patient medicated with versed and Etomidate.

Patient became sinus bradycardic at this time. Blood pressure hypotensive.



Case study LZ

Dopamine 10mcg/kg/min started at this time
16 F Foley placed; Central line also inserted
Ⓛ Femoral with first attempt by Dr A
Atropine 1mg given for low heart rate.
Chest tube placed Ⓡ side with blood
suctioned. ~~the~~ Completed on first attempt
by Dr. Small amount of blood
suctioned.

Dopamine Drip increased to 15mcg/kg/min .
Ambulance to transfer with
Dr. Core transferred at this time



Intra-facility PI

- Email to trauma program administrator
- F/U from attending physician
- Feedback, care appropriate
- Cause of death not related to the injuries, patient had extensive cardiac history



St. Luke's Miner's – Level IV Trauma Center PIPS Process Flowchart

