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

St Luke's
MINERS CAMPUS
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

- 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

1° Review
TPC Case Review
TPMD/TPC Staff Feedback
Trauma Registry Reports
Audit Filter Reviews
CMG Compliance Reviews

2° Review
External Review (routine)
Secondary Review Committee (SRC)
Direct Provider Communication

3° Review
Trauma Program
Trauma Program Committee (TPC)
Trauma Multidisciplinary PI Committee (TMPIC)

4° Review
Determinations
Hospital PI
ED PI

Hospital/Network
MSQI (Hospital)
Intra-Network Trauma PI (Network)
External Review (referred)

Loop Closure/ No Closure Indicated
Quaternary Review

Hospital/Network

MSQI (Hospital)

Intra-Network Trauma PI (Network)

External Review (referred)

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

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

Lehigh Valley Health Network

1240 S. Cedar Crest Blvd. Suite 308
Allentown, PA 18103
510-402-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 year 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 [Name] in room.

Intubated at this time by Dr [Name].

Dr [Name] stabilized neck during intubation.

Intubated on first attempt with positive cap change. Patient’s oxygen saturation at 100%. Patient medicated with veced and Exidrate.

Patient became sinus bradycardic at this time. Blood pressure hypotensive.
Case study LZ

Dopamine (10 mcg/kg/min) started at this time. F. Foley placed; Central line also inserted through femoral with first attempt by Dr. A. Atropine 1mg given for low heart rate. Chest tube placed on R side with blood suctioned. Completed on first attempt by Dr. B. Satisfied.

Dopamine drip increased to 15 mcg/kg/min. Ambulance to transfer with 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
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