



East Texas Gulf Coast Regional Trauma Advisory Council

REGIONAL PERFORMANCE IMPROVEMENT PROCESS

FEBRUARY 12, 2018

EAST TEXAS GULF COAST REGIONAL ADVISORY COUNCIL, SYSTEM PERFORMANCE IMPROVEMENT PLAN

I. INTRODUCTION

Participating organizations in RAC-R concur that ongoing monitoring and evaluation of the Trauma Care System through a well-defined System Performance Improvement (PI) Program is the primary way to improve trauma / acute patient care thus, ultimately improving survival and reducing morbidity from injury and disease. This is especially important in the predominately rural and frontier areas of TSA-R. Clear communication and rapid transport are crucial in a region with such a large land mass area.

All member organizations agree that both organization based and system based PI are essential. Neither an individual entity's nor provider's information will be collected for any internal PI actions including disciplinary actions. Sentinel Events as defined by a certifying/accrediting body will be addressed by the individual entities. While organization based PI focuses primarily on the care rendered to individual patients, system based PI focuses on the overall functioning of the system components and their interactions from prehospital care thru rehabilitation.

By participating in RAC-R, all of the organizations accept the guiding principles for System PI as outlined by the Texas Department of State Health Services. EMS, Hospital, and System PI programs will be developed in close cooperation to monitor and improve the trauma / acute / neonatal and maternal care in TSA-R. Data will be reviewed for trends and identified issues will be reported to the Executive Committee and Board of Directors. The identification of major injury types will be utilized in the development of appropriate Injury Prevention Programs for the region. Data from the trending of predominate disease processes in the region will be utilized in the development of appropriate public education on disease prevention and warning signs.

II. GUIDING PRINCIPLES

- A. Establishment of a PI plan to systematically monitor and evaluate trauma / acute care / perinatal care from a system perspective.
- B. Mandatory participation in the PI process by all participating organizations, both EMS and hospitals (designated and non-designated facilities.)
- C. Performance Improvement process will follow the guidelines as detailed in Section 161.031 – 161.032 and Section 773.092(e) of the Texas Health and Safety Code, which detail the confidentiality afforded activities of this type.

Confidential: This report is prepared pursuant to but not limited to Section 160-007 of the Occupations Code; 161.031 of the Health and Safety Code and Texas Medical Practice Act, Article 447d and Article 4459b SS 5.06 et sq., 1987, all proceedings and records of medical peer review are privileged and confidential. This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena.

Prior to submission all documents utilized for RAC-R Performance Improvement will be stamped **CONFIDENTIAL** and blinded, with all specific patient identifiers removed.

III. THE PI COMMITTEE

- A. PI Committee will be composed of participants from all disciplines (i.e. EMS/air medical providers; hospital representatives; nurses; and physicians.) within RAC-R.
- B. PI committee members are responsible for
 - 1. maintaining professionalism and confidentiality
 - 2. defining areas where there is a potential for “conflict of interest”.
- C. Members may attend the committee meetings in person or via conference call. A quorum is established when at least one member is in attendance from each invited discipline with expertise in the issue to be addressed, i.e. Pre-hospital and Hospital: Trauma/Stroke/ STEMI/Perinatal. Members will:
 - 1. objectively review issues submitted to the committee from agencies within or outside of TSA-R.
 - 2. assist in the development of appropriate topics for ongoing study within TSA-R.
 - 3. perform an annual review of the PI Plan and forms and make revisions as needed.
 - 4. develop, revise and update goals.
- D. PI Committee will be chaired by a physician who actively participates in the care of trauma and acute care patients within RAC-R.
 - 1. As issues are brought to the committee chair, he/she will set meeting dates and times and notify committee members.
 - 2. The chair will provide written feedback to the entity/person submitting the concern.
 - 3. Provide feedback to the RAC board when opportunities are identified to improve the system within the region.

IV. Peer Review

- A. When an entity identifies a system issue, all efforts must be taken to address the issue within their own internal review process. In the event the issue remains unresolved, the provider can request further review through the RAC PI process.
- B. The **Regional Performance Improvement Request for Case Review** Document, found on the RAC website, will be completed by an EMS provider or Hospital that has identified a **system problem they wish to report to the RAC-R PI Committee that they have been unable to resolve through their internal PI**

process. The **Regional Performance Improvement Request for Case Review** document outlines the steps to be followed to submit requests for review.

1. The person completing the form must sign the confidentiality agreement at the bottom of page 1.
2. Send the completed document along with the signed confidentiality agreement to RACRPI@manvelems.org. If you are unable to send an encrypted email message, fax the completed documents with a cover sheet to 409-747-0152.
3. Incomplete forms will be returned to the sender with request for further information.
4. Once your request has been received, you will receive confirmation within one business day from the PI Chair or his/her designee.
5. The PI Chair will make the determination if the case warrants presentation at the PI Committee. The PI Chair may decide the issue is not appropriate for system discussion and recommend that the issue be managed internally.
6. PI Chair or designee will compile any associated documents and/or recordings necessary if the case is to be reviewed.
7. Physicians, EMS providers, Air Medical Providers, Nursing Coordinators with specific expertise will be accessed as needed for the review of individual cases.
8. All parties involved will be notified when the case is up for review and invited to the meeting.
9. A written summary of the findings and recommendations will be sent back to the submitting entity for their PI loop closure file.