



Transforming a Trauma PI Program at a Level II Pediatric Trauma Center

Who/where

Mary Bridge Children's Hospital, Tacoma, Washington.

Challenge

Improve performance and maintain Washington State designation status at a Level II Pediatric Trauma Center.

Solution

Philips led an interim leadership and performance improvement consulting engagement to develop a comprehensive corrective action plan that improved performance to meet state trauma designation standards.

The trauma performance improvement and patient safety (PIPS) program is an essential element of every trauma program. Each trauma center is required to demonstrate the continuous process of monitoring, assessment, and management directed at improving care by reducing unnecessary variation in care. Hospitals in today's value-based care environment are focused on delivering the highest quality of care to patients while prioritizing healthcare services within finite resources.

The designation of trauma centers is a regulatory process performed by state government agencies. The designation process is accomplished by an on-site review of the hospital by a peer review team experienced in trauma care. The team assesses hospital commitment, readiness, resources, policies, patient care, performance improvement, and other requirements of the program. Preparation for the survey begins eighteen months prior, culminating in a two-day on-site review by seasoned trauma leaders. If the hospital is successful in meeting the rule-based criteria to operate as a trauma center, they receive a certificate of designation, typically valid for 3 years. Eighteen months before the designation expires, the preparation process begins again.

If the site review team notes deficiencies, the hospital is not designated as a trauma center or may be placed in a provisional status. The hospital must undergo a focused review within 6 to 12 months from the date of the initial visit, depending on the state's rules for designation. Once correction of deficiencies is demonstrated through corrective action plans, the hospital can achieve designation. However, this does not extend the 3-year cycle and is a significant added cost to the hospital. Trauma center designation takes a substantial amount of time and money, which is why it is imperative to get it right the first time.

Mary Bridge story

Mary Bridge Children's Hospital, part of MultiCare Health System, is a 82-bed pediatric hospital located in Tacoma, Washington. It is the region's only children's hospital and state-designated Level II Pediatric Trauma Center for Western Washington.

Following a regularly scheduled trauma site survey in early 2019, the survey team identified critical deficiencies in Mary Bridge's trauma program performance improvement (PI) processes, including failure to perform adequate primary and secondary case review as well as missed opportunities for adequate loop closure and feedback to providers, leading to failure to improve care for the benefit of future patients.

The trauma program manager resigned, leaving a vacancy in a key position. In order for Mary Bridge Children's Hospital to achieve and maintain sustainable results, the organization requested interim trauma program leadership assistance. The hospital needed a strong interim trauma program leader who could help lead and develop a positive culture focused on maintaining trauma center standards, achieving optimal patient outcomes, and ensuring financial stability.

Utilizing the Plan-Do-Study-Act (PDSA) methodology to implement and test change, the goal of the project was to resolve the identified deficiencies in the trauma PI process by the fall of 2019 and satisfy Washington State trauma requirements to retain Level II Pediatric Trauma Center status. The implementation team consisted of the trauma program medical director, trauma registrars, senior hospital leadership, and key department stakeholders.

The team identified the necessary improvements needed to make the changes that would positively affect the PI process, thereby improving patient outcomes. Interventions included development of a corrective action plan for the identified deficiencies, creation of a dashboard of key performance indicators (KPIs), implementation of a PI database for documentation of activities and loop closure, and participation in a national quality-benchmarking database.

A Gantt chart was created to show the project plan and its progress over time. The change process began with observation and assessment of current processes to understand the areas of opportunity. This was followed by implementation of the PI database to document activities and loop closure. In order to stay on track, KPIs were identified. KPIs are the critical indicators of progress toward an intended result, and provide focus for strategic and operational improvement, create an analytical basis for decision making, and help direct attention on what matters most.

Lessons learned in the process of improving the PI program at the Children's Hospital included early identification and involvement of key stakeholders (buy-in), assessing readiness for change, education on the new state standards, and continuous feedback and communication with everyone involved in the change process.

Results*

By utilizing effective project management techniques and engaging the key stakeholders, the team was able to submit the corrective action results ahead of the deadline. More importantly, the state trauma surveyors accepted the hospital's report showing resolution of the identified deficiencies and satisfying the state's requirements for Level II Pediatric Trauma Center designation.

Performance improvement requires a method to sustain performance, so the program implemented a continuous PI monitoring and documentation of activities including loop closure. Additional action items included resolution of the site surveyor's identified weaknesses and ongoing work towards compliance center standards. This sustainability plan will ensure the trauma center is demonstrating a continuous process of monitoring, assessment, and management directed at improving and reducing unnecessary variation in care, leading to improved care for the benefit of future patients.



Validated
retaining Level II
Pediatric Trauma
Center designation



Implemented
PI monitoring and
documentation
plan



Resolved
site survey
deficiencies



Maintained
compliance with
trauma center
standards

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