



Clarifying the path to trauma center reverification

Philips partners with large medical center to help improve trauma center performance

Who / where

A large non-profit medical center in the western United States .

Challenge

To understand the root causes related to identified deficiencies following a failed ACS trauma center verification survey, and put corrective actions into place to remediate them.

Solution

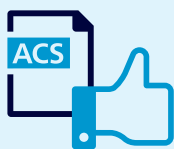
Philips Healthcare Transformation Services led a trauma center consulting engagement providing strategic guidance and hands-on support in an effort to help the trauma center achieve clinical excellence and operational efficiency.

A non-profit faith-based hospital in the western United States is the region's largest medical center serving the area.

The hospital has been home to a Level II Trauma Center since the early 1990s. However, in past several years the center struggled to maintain its American College of Surgeons (ACS) verification. Following a provisional status designation, the hospital engaged Philips to conduct a current program assessment and provide subsequent performance improvement recommendations to achieve ACS compliance and Level II reverification.

Upon completion of the 13-week consulting effort, the Trauma Center demonstrated a commitment to continued improvement, which subsequently resulted in a successful Level II ACS reverification.

Results*



Passed ACS verification
survey with no PI deficiencies



Achieved

Trauma Level II reverification

The challenge

Ongoing performance improvement activities are at the heart of any trauma program. The trauma center staff had been struggling to maintain and adequately document performance improvement activities that properly mapped against internal metrics and industry standards. Difficulty in prioritization, follow-through, and adherence to new processes, put them at a disadvantage when it came time for their ACS verification survey.

Assessing the situation

Philips engaged in a 13-week performance improvement process to bring order and insight, and guide the trauma team toward a successful ACS verification survey. A Philips trauma center performance improvement consultant was assigned to lead the effort and worked onsite for the engagement.

The initial job was to assess the current situation and determine the shortfalls. First, the hospital's TQIP Benchmark Report was reviewed to determine where the trauma center compared to other Level II trauma centers in categories under Risk-Adjusted Mortality by Cohort and Risk-Adjusted Major Complications by Cohort. The results indicated a significant opportunity for improvement.

Some of the key areas where they fell short included:

- **Severe TBI** – where the Trauma Center performed 42x worse than cohorts
- **Isolated hip fractures** (elderly patients) – where mortality rates at the Trauma Center were 37x worse than cohorts
- **Shock** – where the Trauma Center realized 50% mortality compared to 27.2% benchmark
- **Surgery** – where the median time to surgery for hemorrhage control was 3.77 hours when the benchmark is 30 minutes

In a review of the Trauma Center's people, places, processes, and operations, limitations to optimal quality and patient outcomes were identified. This was accomplished through interviews with staff, department leaders, and administration, in addition to onsite observations of departmental processes, meetings, communication, and trauma team activations.

The performance improvement consultant also recognized many notable strengths, which would help the Trauma Center in their effort to meet their goals.

- Administrative commitment to the trauma program
- Associate trauma medical director, trauma program manager and staff engagement
- Almost 30 years serving the community as a Level II trauma center
- Dedicated OR process for immediate access for trauma patients
- Multidisciplinary collaborative efforts to care for the trauma patient

 People and culture	 Place and space	 Process and operation
<ul style="list-style-type: none">• Connection to purpose and pace of change are not effectively used for staff and provider buy-in• Limited sense of urgency to meet patient demand; no pride of ownership• Learned helplessness related to improving patient care; lack of synergy between departments	<ul style="list-style-type: none">• Existing space allows for temperature control; not implemented or monitored• Leading practice implementations to manage personal protective equipment issues have not been effectively executed; ongoing optimization is lacking	<ul style="list-style-type: none">• Lack of adherence to standard work; processes and flow largely dependent on individuals working• Methods of monitoring, re-evaluation and benchmarking care is not optimized• Daily metrics are not used routinely to inform decision making and drive performance

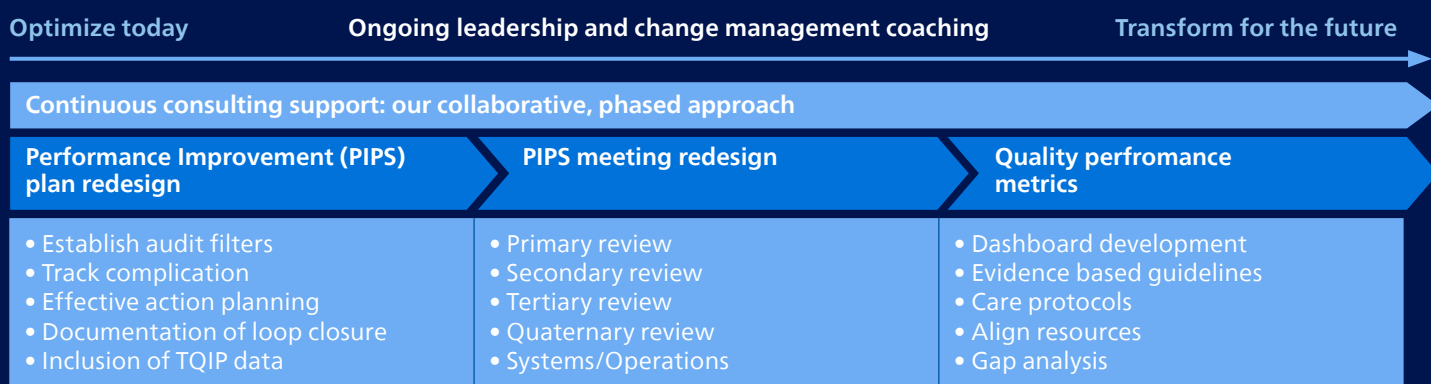
Performance Improvement and Patient Safety Plan (PIPS) approach

The Philips Trauma Center Performance Improvement Plan set in place focused on three areas of consultative support – defining a pathway to future success.

At the core of this approach is a '360° view' of trauma center operations. It began with a look back at the trauma center's 2018 action plan (derived from the failed ACS verification survey). The plan described the areas of deficiency, and actions necessary for improvement. By comparing the goals of that action plan with the current situation, a gap analysis was conducted to create a future state and the set of metrics toward which the Trauma Center must work to succeed.

It was a look at historic performance compared to current performance compared to future performance.

Assessment discoveries were used as the basis against which performance improvement recommendations were developed. The Philips consultant worked closely with the trauma team to implement recommendations and set metrics in place to help assure compliance.



Recommendations

Once initial hesitancy was overcome, trauma center staff was ready to move forward. Performance improvement recommendations were reviewed and the change process begun.

The Philips consultant was tasked with holding the trauma team accountable to performance metrics and standards and remained onsite to drive the process. Part of that process

was the creation of weekly executive updates to keep stakeholders apprised of the progress against established key performance indicators (KPIs). In fact, multiple documents were created to keep track of what each team member was doing. The intent was to show them how to properly organize the amount of work to be done and how to accomplish it successfully.

Performance improvement recommendations for the Trauma Center:

- Implement daily trauma center rounds
- Develop ED trauma standards, including:
 - EM Physicians and Advanced Practical Providers (APP) response to trauma team activations
- Optimized use of trauma bays
- Additional Trauma Medical Director (TMD) responsibilities, including:
 - Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) process
 - Attend Trauma Center Director course
- Continue to develop care guidelines
- Add TQIP high outliers to non-discretionary peer review for improved oversight
- Improve trauma center action planning for loop closure during peer and system review meetings
- Focus on historical performance
 - 2018 action plan
 - TQIP
- Focus on current state
 - Via active dashboard
- Focus on future state
 - Based on gap analysis



Overall impact

Upon completion of the Philips engagement, the trauma center team continued to work diligently. As a result, the Trauma Center was able to pass the next ACS verification survey with no deficiencies in PI and achieve their Level II Trauma Center reverification.

Results*

By exposing limitations to optimal quality and patient outcomes and conducting a reevaluation of trauma center clinical processes, **Philips and the trauma team were able to spark significant performance improvement.**

Ongoing improvement by all involved demonstrated a commitment to success, which in turn has **resulted in a positive ACS survey.** The hospital now reaffirms its position as the area's preeminent Level II Trauma Center.

Learn more

Philips Healthcare Transformation Services provide end-to-end, patient-centric solutions across the care continuum. Our customized consulting and education services are designed to improve clinical care and operational effectiveness while contributing to the financial stability of your enterprise.

For more information, please visit www.philips.com/healthcareconsulting.

