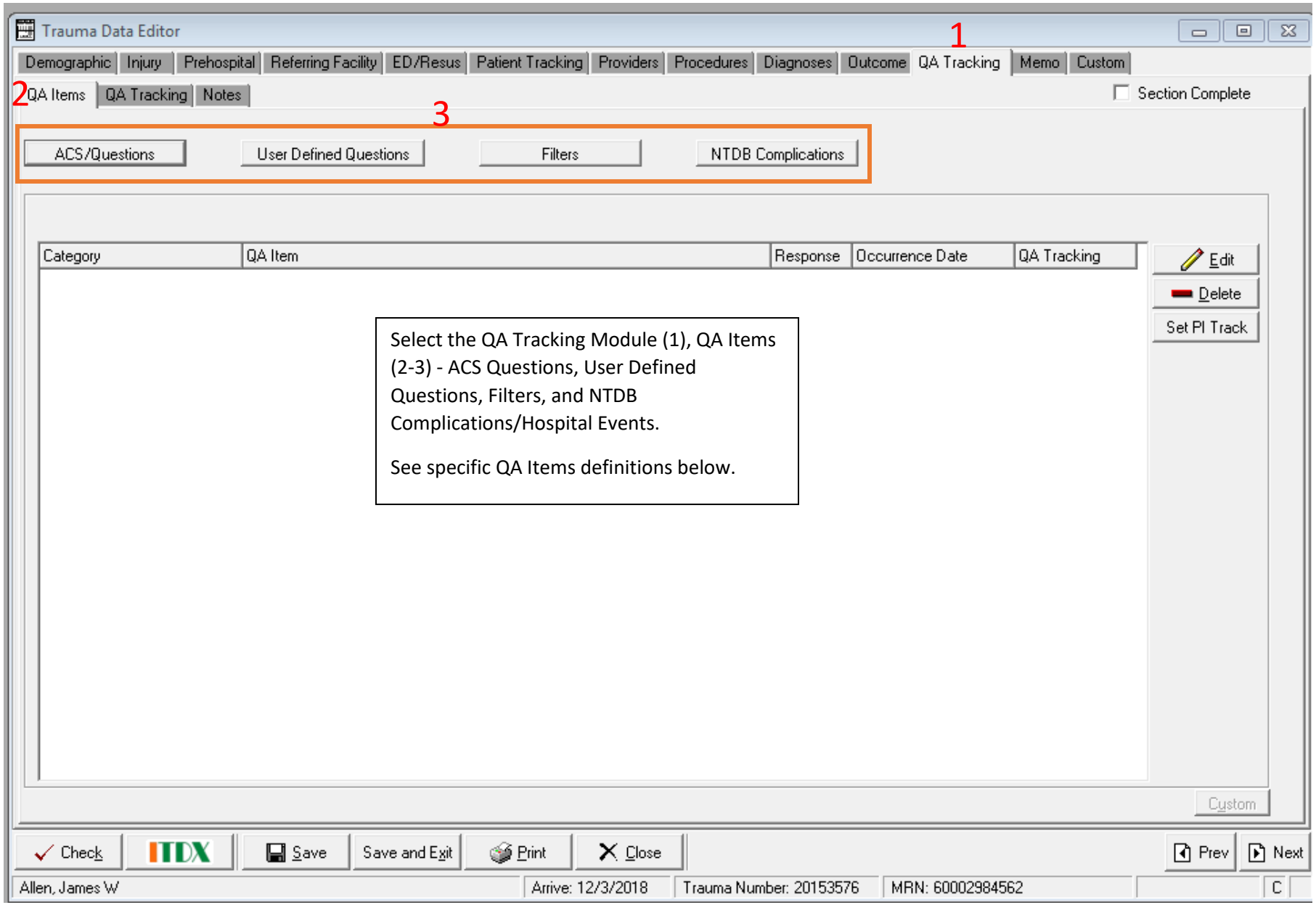
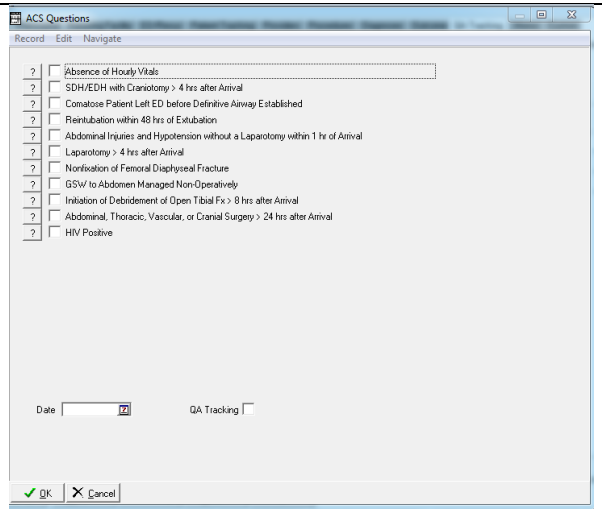
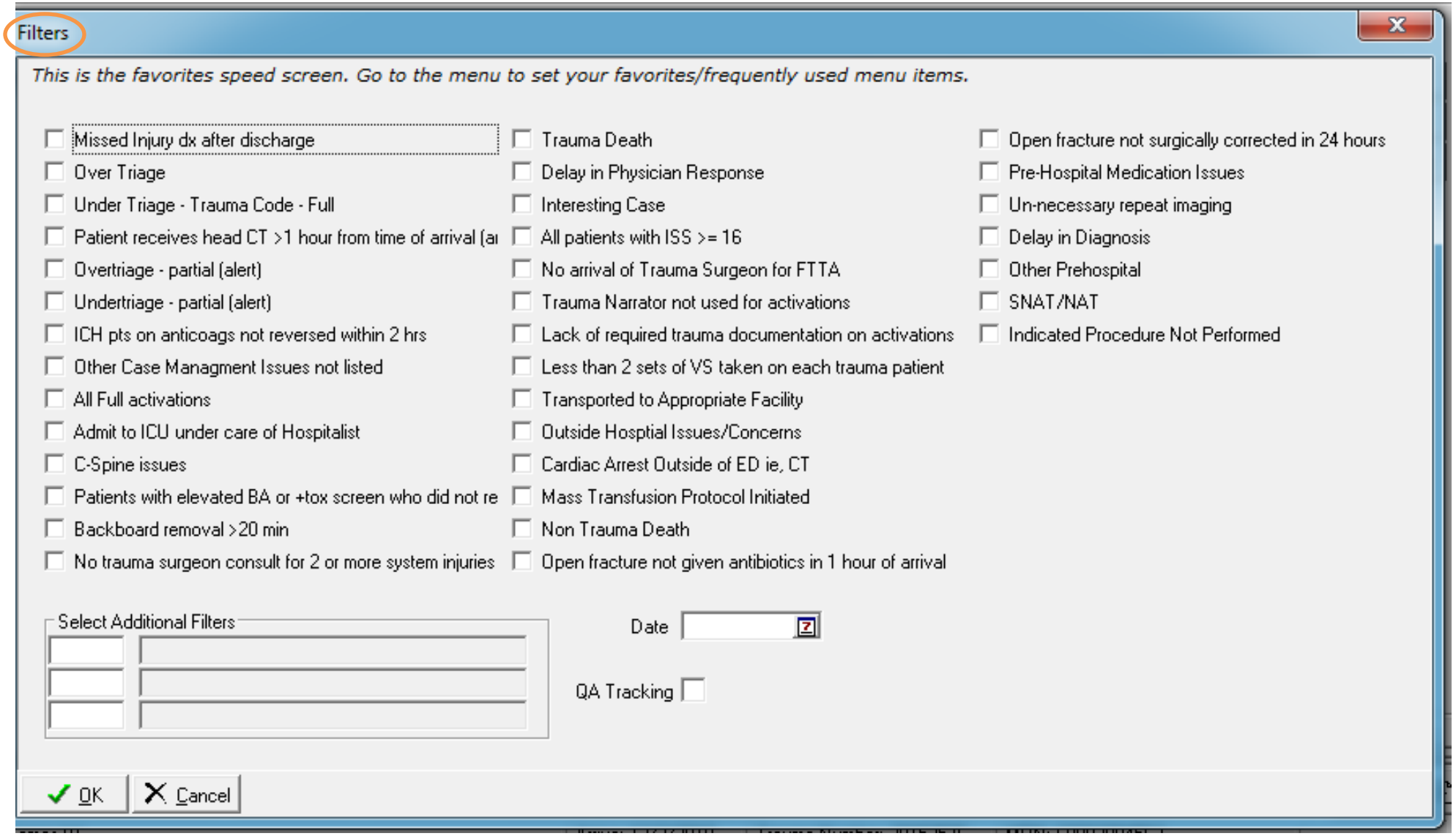
Appendix I
Collector V5 QA Tracking Instructions



Select the QA Tracking Module (1), QA Items (2-3) - ACS Questions, User Defined Questions, Filters, and NTDB Complications/Hospital Events.

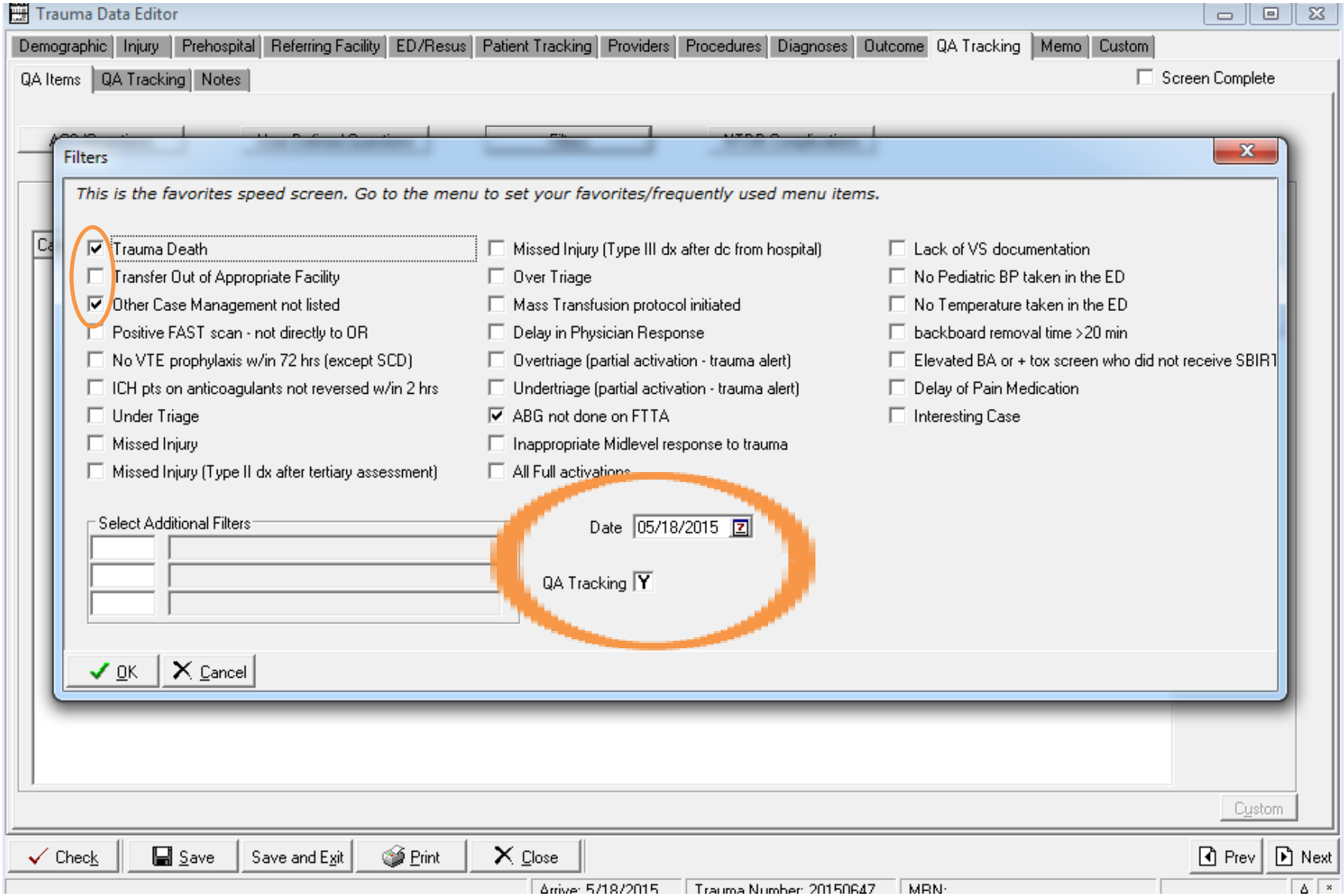
See specific QA Items definitions below.

QA ITEMS	**ACS Questions**	These are default questions in the system.		Use as needed. Select the date and QA Tracking box at the bottom of the page to include the responses to any of these question in the records QA Tacking page.
	User Defined Questions	Custom QI related questions can be created here.		Consult with the DOH Trauma Registry Coordinator for instructions.
	Filters	This lists all class I, II and trending audit filters. Custom audit filters can be created here. Defaults to the speed screen.	Click on filter tab - select the filter(s) **– *occurrence date*** in the DATE section and mark a Y in the QA Tracking – choose all the filters that pertain to the patient – If there is a filter that needs more description – double click on the filter and use the NOTES for more description – click OK – when all done with the filters select OK.	When you click on the filter – you will see the image below, which typically list ALL class I filters as favorites. Select additional filters – this is where you add other filters that are on your filter list. Date – the occurrence date the filter occurred. **QA tracking should always be marked yes (Y).**
	NTDB Complications	List of all NTDB complications.	Use these FIRST, do not choose the same one in the filters tab.	**See the data dictionary for a complete list along with their definitions. Referred to as Hospital Complications.**

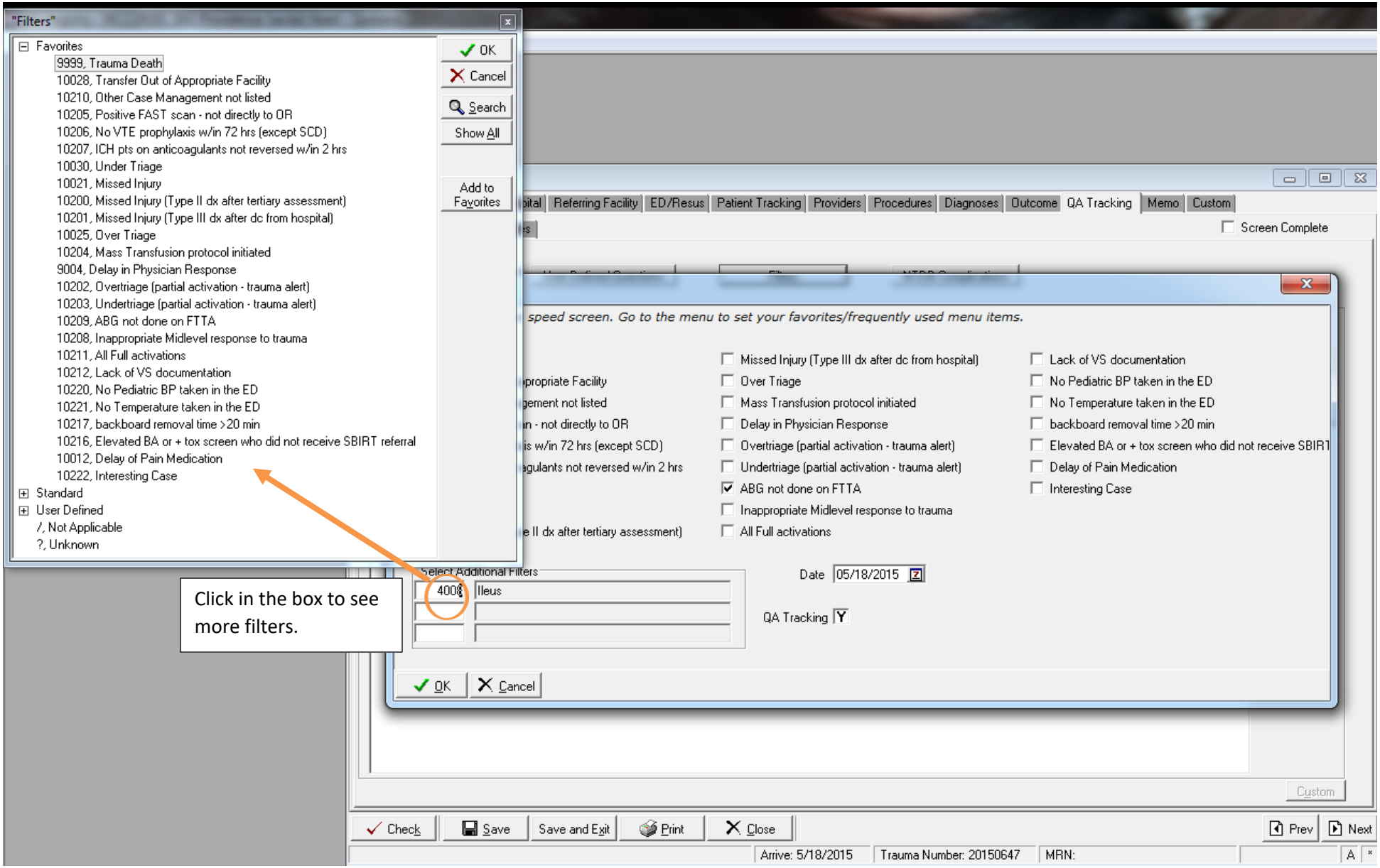

Filters
This is the favorites speed screen. Go to the menu to set your favorites/frequently used menu items.
Missed Injury dx after discharge
Over Triage
Under Triage - Trauma Code - Full
Patient receives head CT >1 hour from time of arrival (ar
Overtriage - partial (alert)
Undertriage - partial (alert)
ICH pts on anticoags not reversed within 2 hrs
Other Case Managment Issues not listed
All Full activations
Admit to ICU under care of Hospitalist
C-Spine issues
Patients with elevated BA or +tox screen who did not re
Backboard removal >20 min
No trauma surgeon consult for 2 or more system injuries
Trauma Death
Delay in Physician Response
Interesting Case
All patients with ISS >= 16
No arrival of Trauma Surgeon for FTTA
Trauma Narrator not used for activations
Lack of required trauma documentation on activations
Less than 2 sets of VS taken on each trauma patient
Transported to Appropriate Facility
Outside Hosptial Issues/Concerns
Cardiac Arrest Outside of ED ie, CT
Mass Transfusion Protocol Initiated
Non Trauma Death
Open fracture not given antibiotics in 1 hour of arrival
Open fracture not surgically corrected in 24 hours
Pre-Hospital Medication Issues
Un-necessary repeat imaging
Delay in Diagnosis
Other Prehospital
SNAT/NAT
Indicated Procedure Not Performed
Select Additional Filters
Date
QA Tracking
OK
Cancel

SELECT FILTERS – Incude Occurrence Date and QA Tracking Yes (Y)

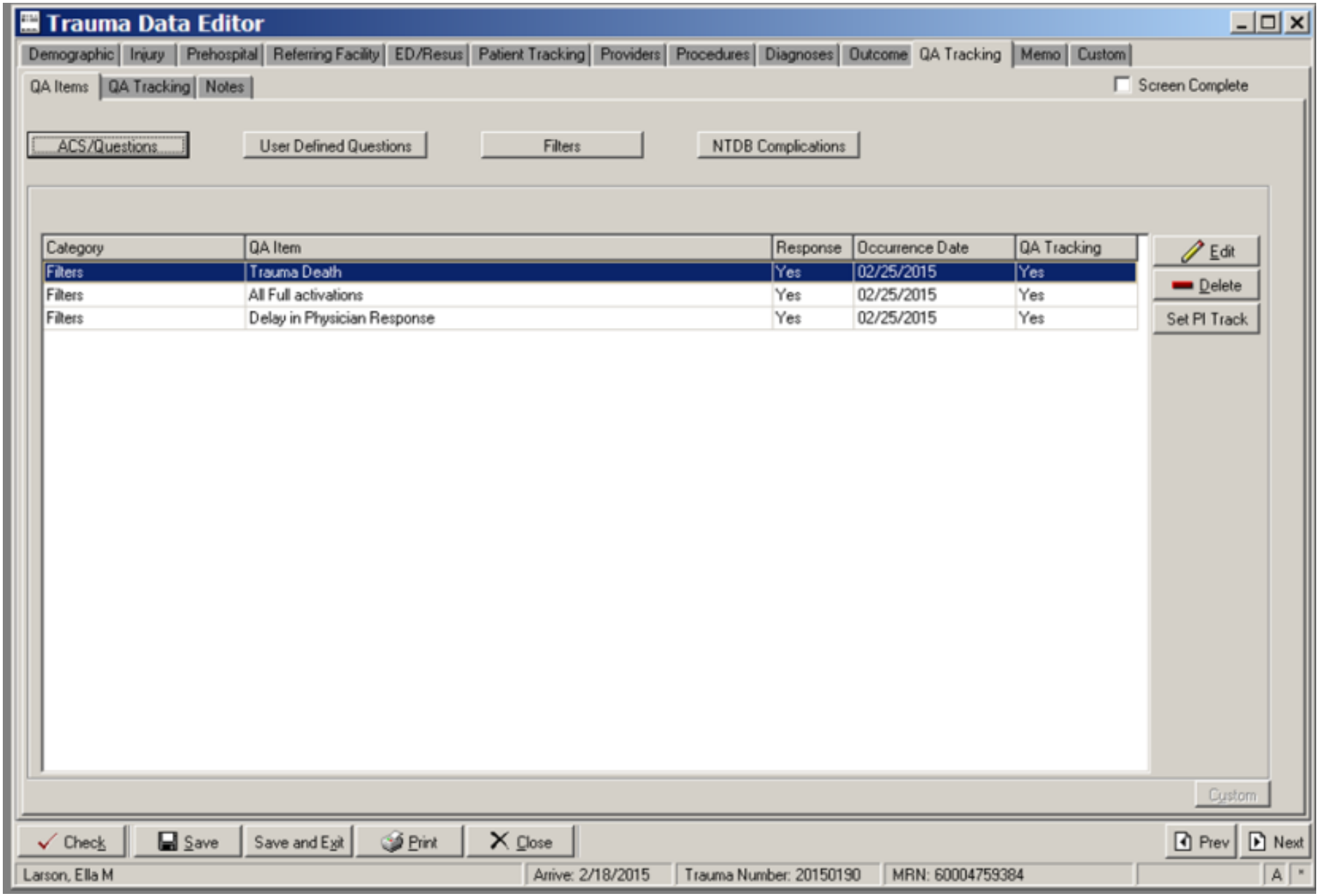
(The ones that pop up first are the facility favorites – Class I and II Filters)



Additional filters box that are not in favorites.

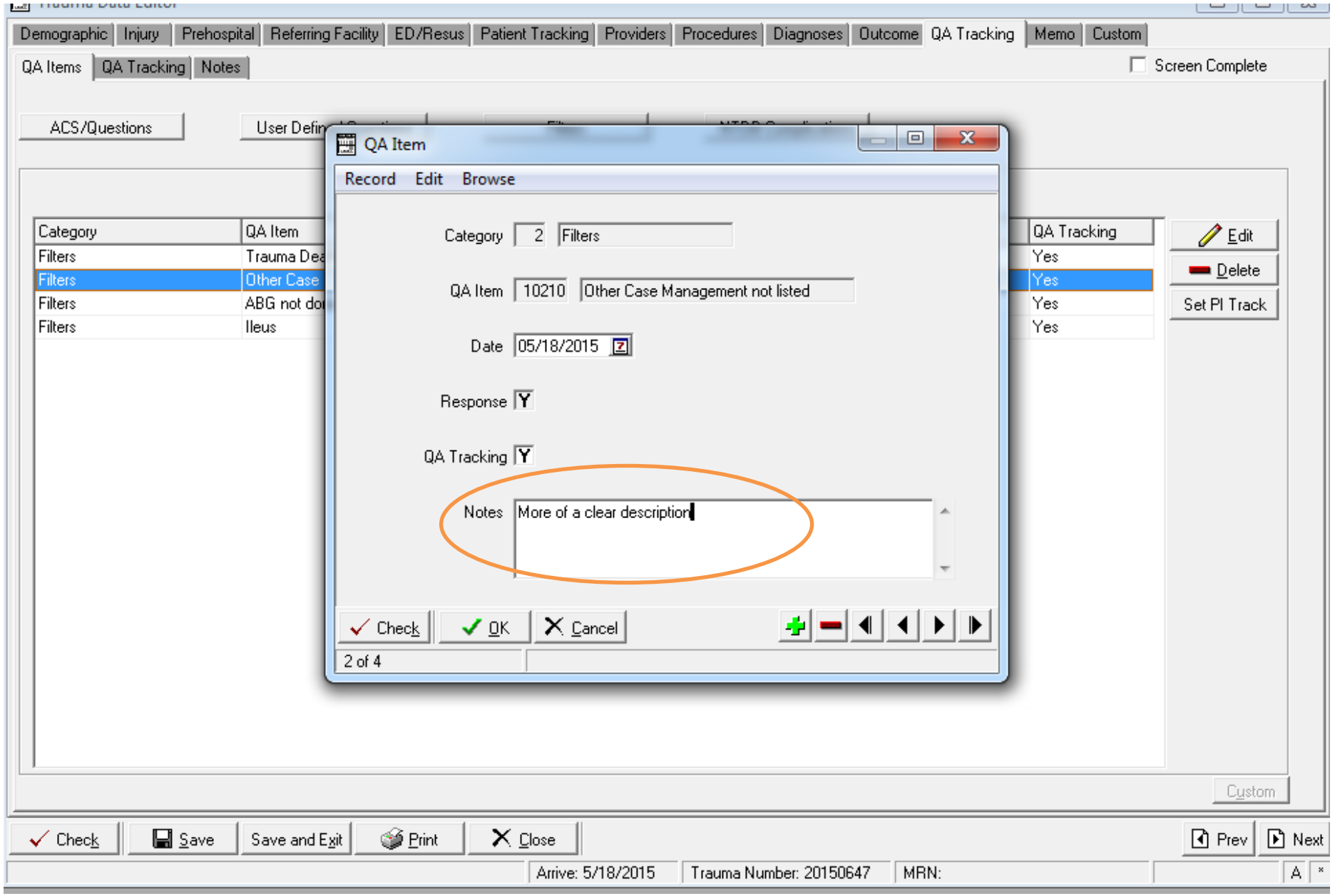


All Filters Selected

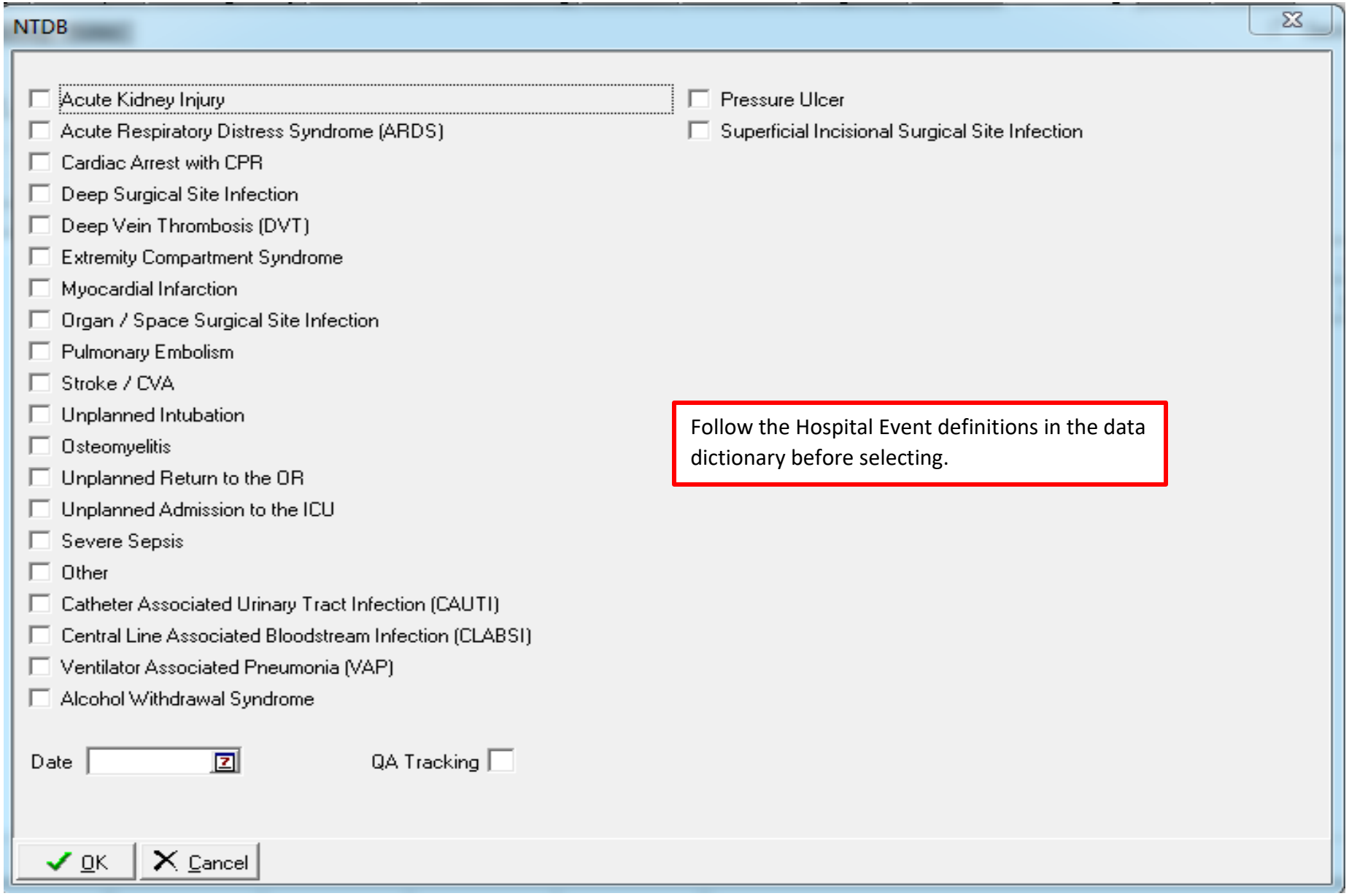


NEED MORE INFORMATION IN A SPECIFIC FILTER – add information to NOTES

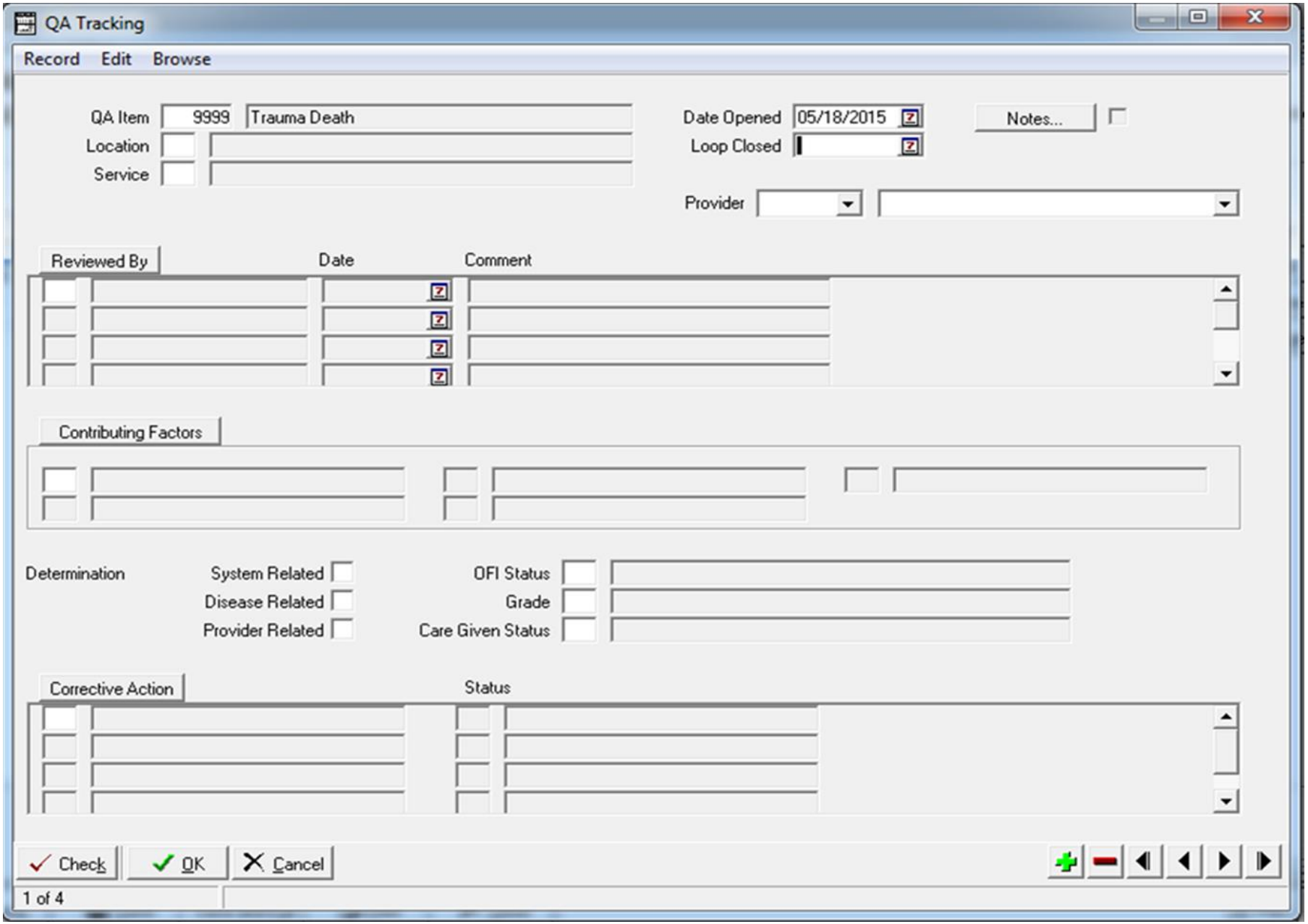
If it is not clear why the filter was chosen, please provide more information (double click on the filter to provide more information)

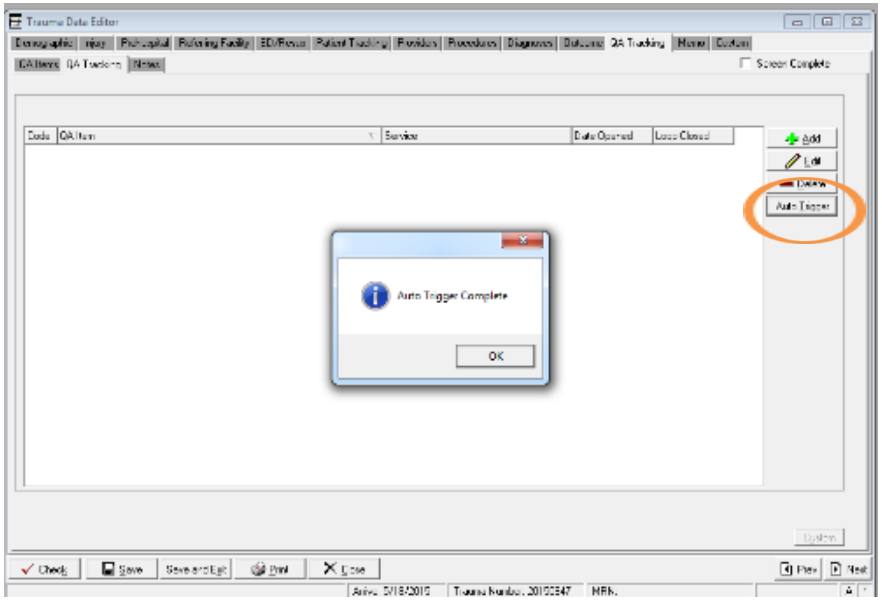
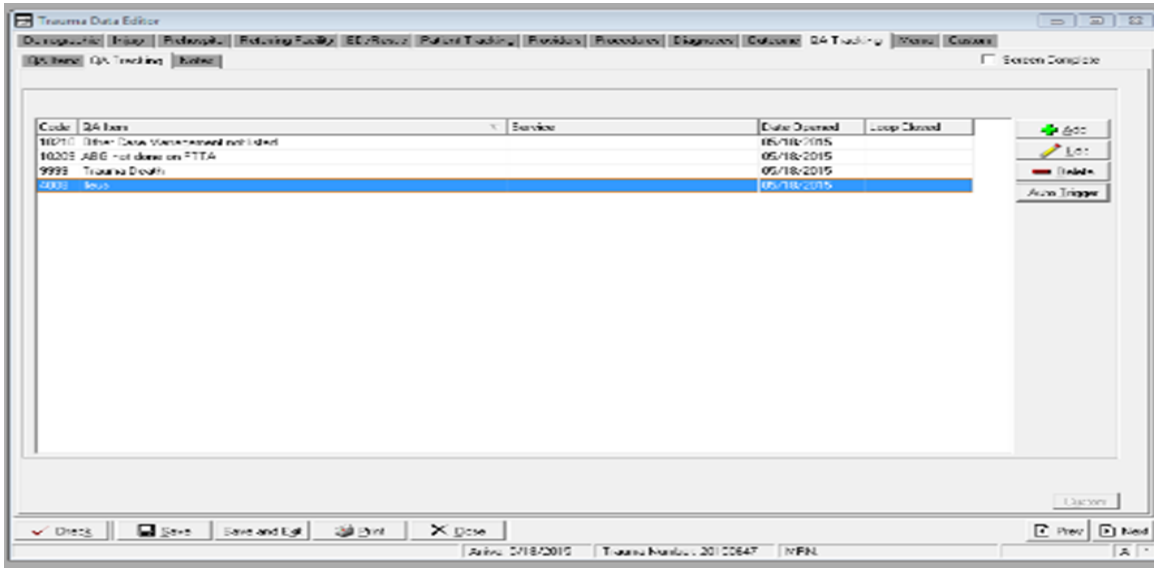


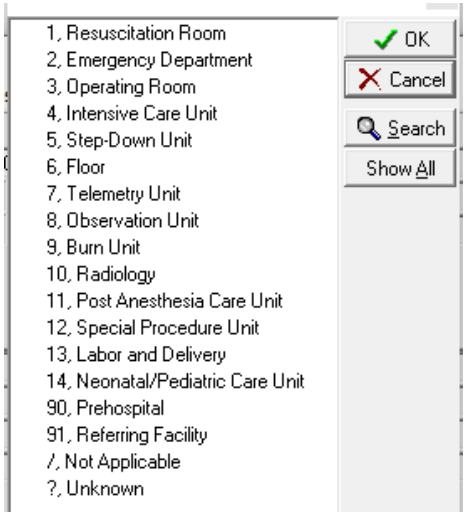
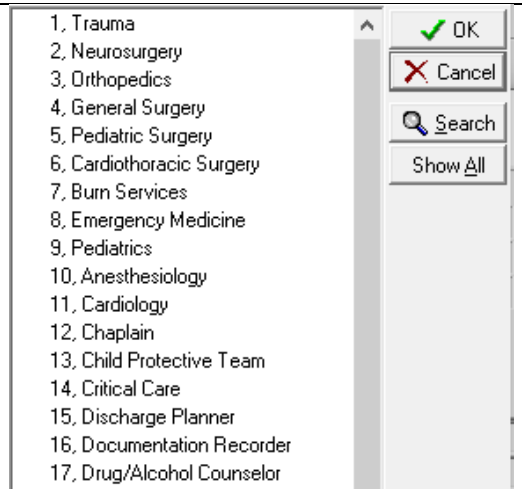
List of NTDB Hospital Events/Complications – WA State Required Data Elements

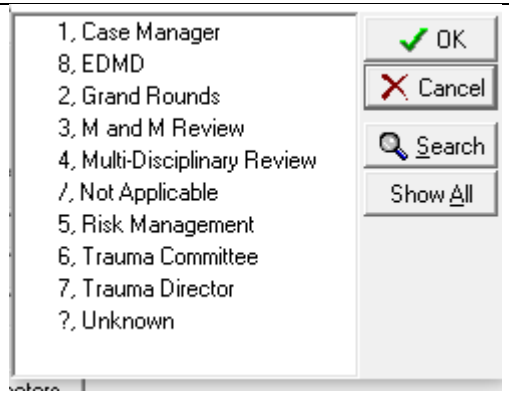
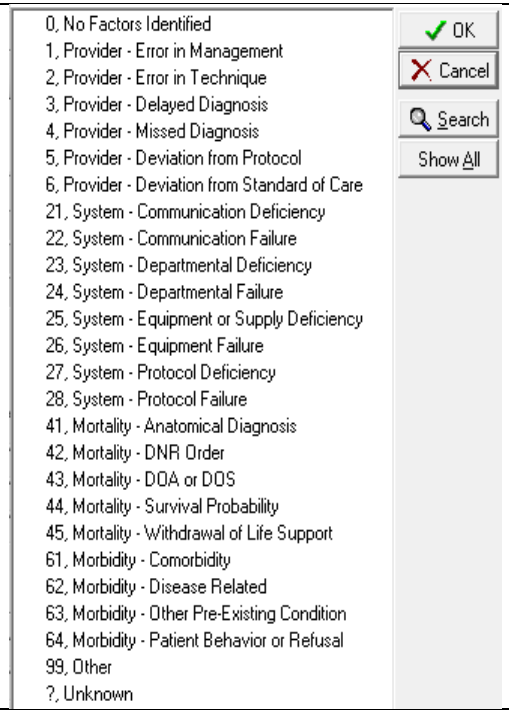


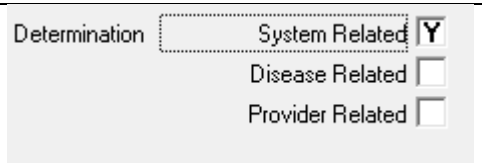
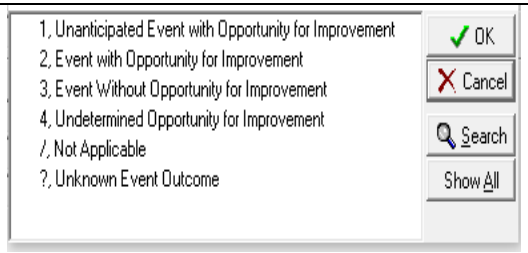
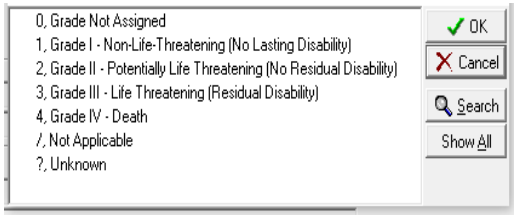
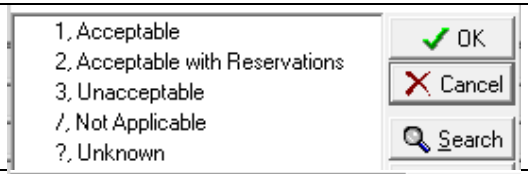
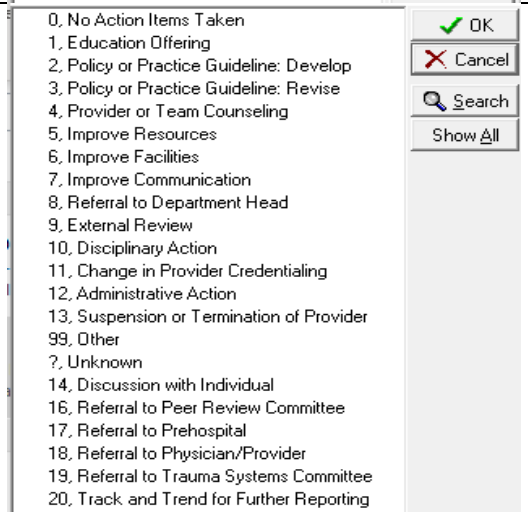
QA Tracking Form – Use to document the QI process (see instructions below).

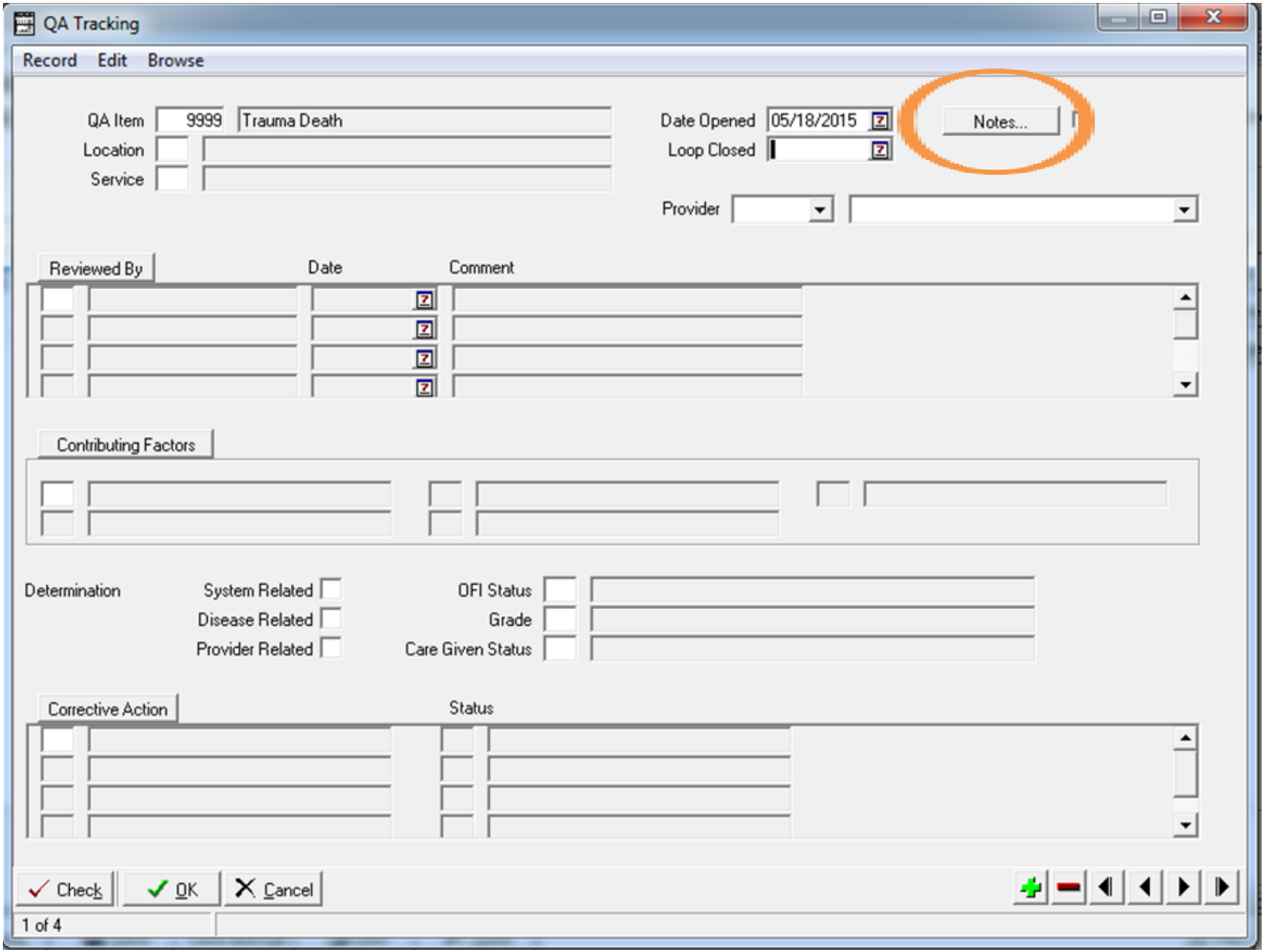
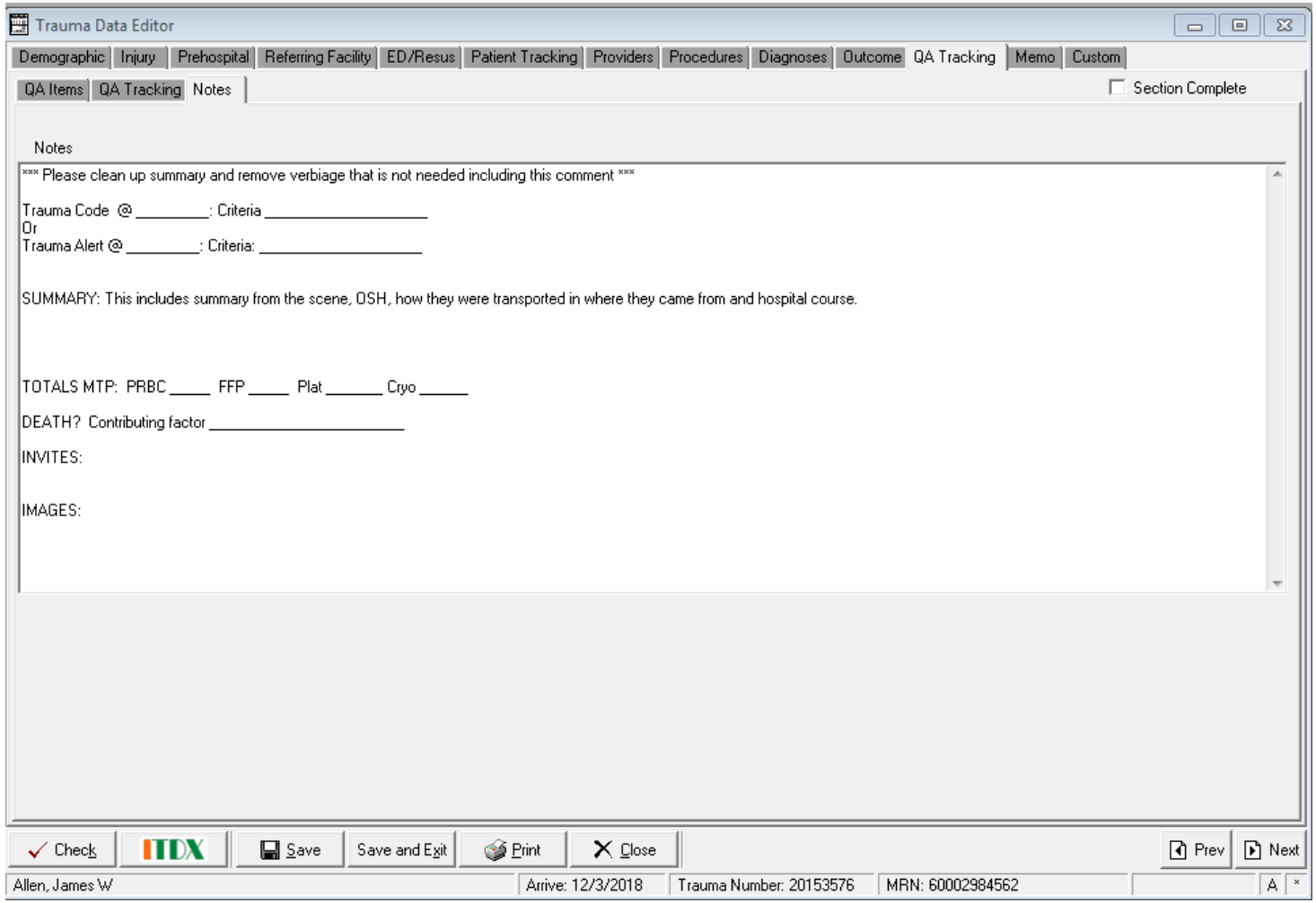


QA TRACKING	**Auto Trigger**	Click auto trigger – this will bring over all the QI items you selected in the previous tab		
				
	Each QA Filter	Click on each individual Filter to open the QA Tracking Form. Fill out all pertinent information.	Use the QA Tracking Form to document the QI process.	

	QA item	Defaulted from filter		
	Date Opened	Date of filter event		
	NOTES	Include all QI related notes.		
	Location	Choose location where specific filter occurred.		
	Loop Closed	Date this filter was closed – if it is a trending filter Class II the date will be the discharge date.	Loop closure is the last step in the QI process.	
	Service	What service is responsible for the filter.		There are 66 service options to choose from. Not all are listed.

	Provider	Select the provider involved specifically with the fall out filter, if unknown leave blank.		
	Reviewed by	Choose the reviewer and date reviewed. Add any pertinent comments. **Select ALL who have reviewed the patient record in regards to this filter.** **The "Reviewed by" field is customizable.**		20-27 are recommended custom additions: 1. Case Manager 2. Grand Rounds 3. M and M Review 4. Multi-disciplinary Review 5. Risk Management 6. Trauma Committee 7. Trauma Director /, Not applicable ?, Unknown 20. Trauma Nurse Manager 21. Trauma Coordinator 22. Trauma QI/PI Coordinator 23. Designee 25. Neurosurgeon 26. Orthopedic Surgeon 27. EMS Representative
	Contributing Factors	Choose all factors that have contributed to the specific filter.		

	Determination	Choose whether it was system, disease or provider related (may be 1,2 or all 3)		Yes – Y No – N / - Not Applicable ? – Unknown
	OFI Status	Opportunity for Improvement (OFI), choose the correct response. Usually determined by the TPM, TMD, or MTQIC.		
	Grade	What disability grade has occurred due to injury.		This may be determined by Medical Director at some facilities.
	Acceptability / Care Given Status	Choose correct response for Acceptability of care given.		Was the care given acceptable?
	Corrective Action& Status	Choose type of corrective action and then choose type of status.		Status:


QA Tracking
Record
Edit
Browse
QA Item
9999
Trauma Death
Location
Service
Date Opened
05/18/2015
Loop Closed
Notes...
Provider
Reviewed By
Date
Comment
Contributing Factors
Determination
System Related
Disease Related
Provider Related
OFI Status
Grade
Care Given Status
Corrective Action
Status
Check
OK
Cancel
1 of 4

NOTES				
	Notes Section	For Class I filters – provide detailed hospital summary, List invites and imaging.	Provide as much information as possible.	**Consider using a template such as the one below which can be copied into each note.**