Appendix N
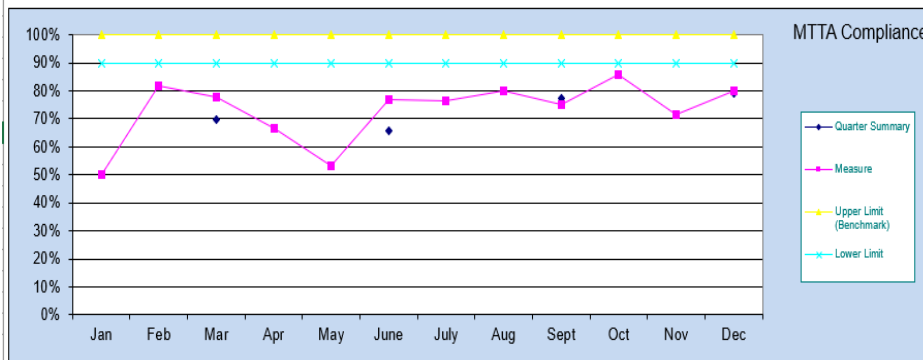# QI Case Summary Example

Issue Identification: Provide a brief summary of the issue. If applicable, you can include information from the patient record or the patient summary sheet from report writer. Please remove all patient identifiers. You can also include information such as which audit filter was triggered, when applicable.

Modified Trauma Team Activation Undertriage Rate Quality Measure 73% compliance (goal: 100%)
Modified Trauma Team Activation Undertriage Rate 27% in 2019 (goal: 5-10%).
High undertriage rate identified during the 2019 trauma re-designation site review.

2019 Undertraige Rate Quality Measure Results

Department: Trauma Services

Measure	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Modified Trauma Team Activation Compliance (TTA)	50%	82%	78%	67%	53%	77%	76%	80%	75%	86%	71%	80%	73%
Upper Limit (Benchmark)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lower Limit	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
# of times MTTA was activated appropriately	5	9	7	8	8	10	13	12	9	6	5	4	96
Total Number of Modified Activations	10	11	9	12	15	13	17	15	12	7	7	5	133
Quarter Summary			70%			66%			77%			79%	
			Qtr 1			Qtr 2			Qtr 3			Qtr 4	

Discussion and Conclusion(s): What levels of review were performed? Include where the issue was discussed (provide any pertinent details of QI Committee, Peer Review, tertiary review, etc.), by whom, as well as any conclusions that were made

MTQIC meeting on January 4, 2020: The Modified Trauma Team Activation Undertriage rate 27% was discussed. Several ED committee members noted the modified activations are frequently forgotten because trauma team members are already present in the ED, there is no additional staff called in, no additional measures taken initially. The ED nurse manager noted staff concerns and confusion on when to activate the modified trauma team, who is called, where and how it should be documented in the new EMR.

Primary Level of Review Results: The TPM conducted reviews of all undertriage modified activations over a six-month period from July 1, 2019 – December 31, 2019. All patients identified as undertriaged received a full chart review. Lack of knowledge and clear understanding of the trauma team activation criteria was felt to be the partial cause in the primary level of review.
40% met inclusion criteria based on age >65, (fall, anticoagulation history, trauma MOI)
30% met inclusion criteria for severe MOI
20% met inclusion criteria for altered LOC, GCS < 13
10% met inclusion criteria for remaining components

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The primary level of review also noted in the new EMR trauma flowsheet it does not include a place to document the level of activation. When the level of activation was documented, it was inconsistent in location (nurses notes, VS flowsheet, trauma flowsheet notes, etc.).

MTQIC reviewed the trauma team activation policy and criteria components. It was felt the components were current based on published research, ACS recommendations, and state clinical practice guideline. Committee agreed not to change the criteria and recommended the following action plan items.

Action Plan(s): what action plans were developed from the discussion? What is going to be done? Who is responsible? When is this to be done by? How will you know if you achieve your desired results (i.e. what goals have you set)? Include all pertinent details on the implementation of your action plans.

The MTQIC recommended the following action plan items. The action plan items and their progress will be presented at each meeting until complete.

Education:
1. Jim (TPM) will conduct trauma team activation policy and criteria training at the Feb 15, 2020 ED nurse staff meeting.
2. By Feb 15, 2020 Jim will record the trauma team activation training and have it available to all ED nurses who missed the staff meeting or to use during nurse orientation.
3. Jim will conduct specialized training for all ED charge nurses regarding the trauma team activation policy and criteria along with additional training on trauma team activation documentation and chart reviews by Mar 1, 2020.
4. Dr. Smith (TMD) will conduct trauma team activation training to all ED physicians and on-call surgeons during the quarterly providers meeting (Zoom call) on Mar 2, 2020. The meeting will be recorded for later viewing.
5. A trauma team activation criteria quick reference guide will be developed by Jim (TPM) and made available in the ED at the charge nurse desk, trauma bay documentation table, and EMS phone station by March 15, 2020.

IT/EMR
6. Jim (TPM) will meet with IT/EMR section to discuss revising the trauma flowsheet to include an area on the trauma flow sheet to document the level of activation.
7. The trauma flowsheet will be updated by Mar 15, 2020.

Measure
8. The undertriage measure will be presented at all MTQIC meeting until the goal of 5% is met.
9. The TPM will provide an update to the MTQIC at each meeting until the goal of 5% is met.

Evaluation and measurement of results: Did you achieve your goal(s)? How did you measure this result? If you did not achieve your desired result, what are you doing to correct this (re-evaluation). Re-evaluation may result in new action plans, goals, benchmarks, etc. Provide these details of any re-evaluation efforts.

1. All ED nurses will be educated on the trauma team activation policy and criteria by Feb 15, 2020.
2. All ED charge nurses will receive trauma team activation policy and criteria training along with activation responsibility training by Mar 1, 2020.

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3. All ED physicians will receive trauma team activation training by the TMD by Mar 2, 2020.
4. The TPM will add the EMR trauma activation field by Mar 15, 2020.
5. A trauma team activation criteria quick reference guide will be developed and made available in the ED at the charge nurse desk, trauma bay documentation table, and EMS phone station by March 15, 2020.
6. The modified activation undertriage rate will be 5% by Jul 1, 2020.

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Issue Resolution: Did you achieve your goal and is the results you have achieved sustained? If your results are not sustained (the loop isn't closed) provide details of your next steps (this goes back to re-evaluation, so narrate what steps will be taken).

1. All ED nurses will be educated on the trauma team activation policy and criteria by Feb 15, 2020. **Complete**
2. All ED charge nurses will receive trauma team activation policy and criteria training along with activation responsibility training by Mar 1, 2020. **Complete**
3. All ED physicians will receive trauma team activation training by the TMD by Mar 2, 2020. **Complete**
4. The TPM will add the EMR trauma activation field by Mar 15, 2020. **Complete**
5. The trauma team activation criteria quick reference guide was developed and made available in the ED at the charge nurse desk, trauma bay documentation table, and EMS phone station by March 15, 2020. **Complete**
6. The modified activation undertriage rate will be 5% by Jul 1, 2020 (April 10%, May 5%, June 0%). **Complete**

Loop Closure: If loop closure was achieved, provide the details of loop closure below. Typically 6-12 months of monitoring will determine whether your results are sustained and if the action plan(s) implemented created permanent change.

Loop closure: Jan 15, 2021

2020 Post Action Plan (Apr – Dec) Undertraige Rate Quality Measure Results

Department: Trauma Services

Measure	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Modified Trauma Team Activation Compliance (TTA)	73%	69%	54%	85%	92%	100%	95%	100%	100%	92%	100%	100%	88%
Upper Limit (Benchmark)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Lower Limit	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
# of times MTTA was activated appropriately	8	9	7	11	11	13	18	12	10	11	7	5	122
Total Number of Modified Activations	11	13	13	13	12	13	19	12	10	12	7	5	140

Quarter Summary			65%			92%			98%			97%	
			Qtr 1			Qtr 2			Qtr 3			Qtr 4	

MTTA Compliance

Legend: Quarter Summary, Measure, Upper Limit (Benchmark), Lower Limit