



Crossing Quality Silos in Pediatric Trauma

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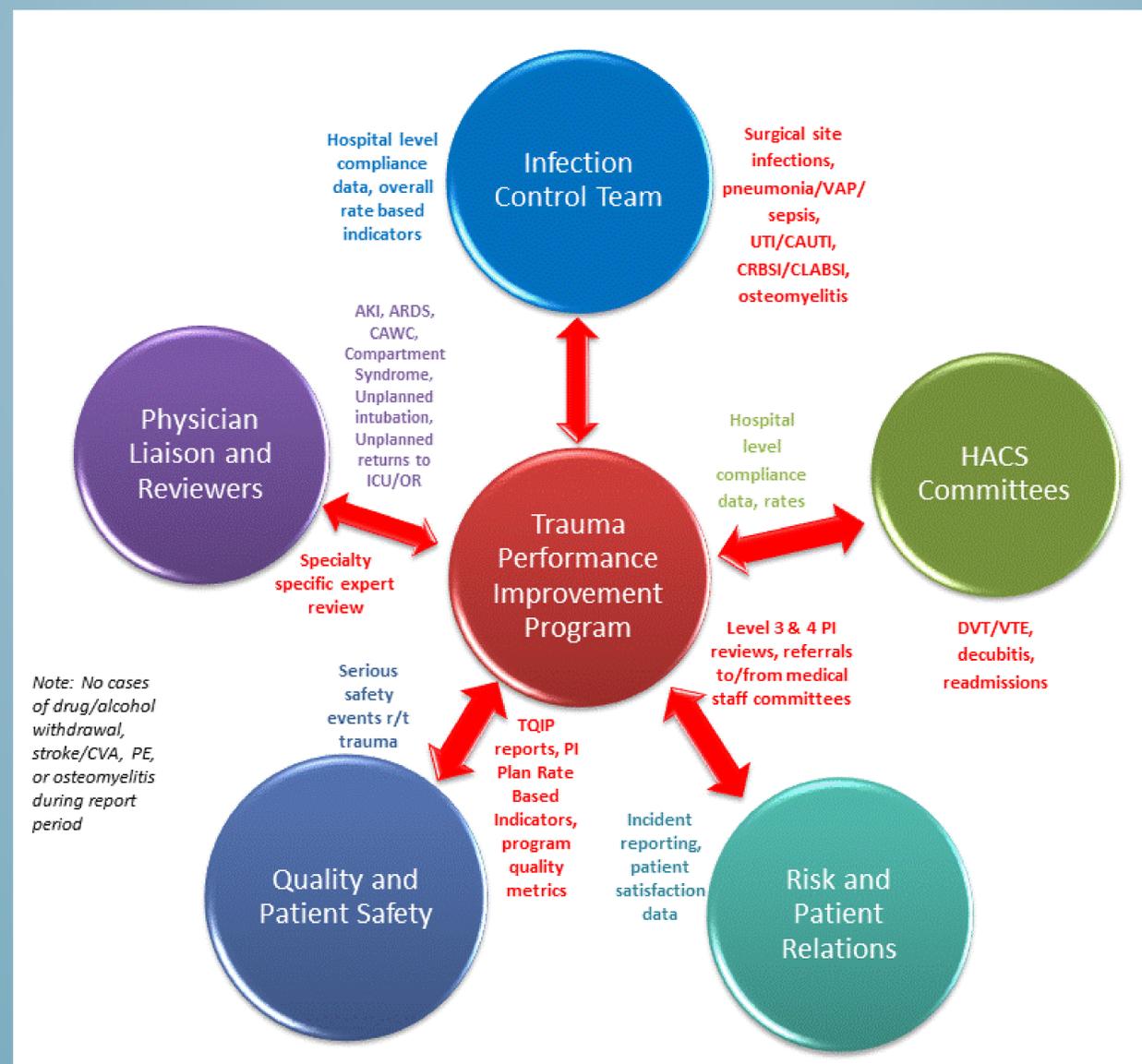
INTRODUCTION

The registry and performance improvement team at this Level 1 Pediatric Trauma Center conducted an analysis of the Fall 2016 Trauma Quality Improvement Benchmarking report received in the spring of 2017. In this report, the center was identified as an outlier for significant complications. In an effort to address these issues, the program designed a process to validate these complications, review causative factors, and implement practice guidelines to reduce their incidence. The program implemented a validation model that integrates hospital quality structures and processes already in place for such reviews to report data related to complications consistently throughout the hospital.

INTERVENTION

In this quality improvement project, cases within the Fall 2016 TQIP report cohort were included for review. Cases for which a significant complication was reported were reviewed by the Trauma Performance Improvement Coordinator and the Trauma Program Manager with the help of the registry team. During the initial review, the definitions of each reported complication was validated against the patient issue to confirm that the reported complication met NTDB definitions. Then, complications of an infectious nature were validated with the Infection Control and Prevention (IPC) team. Complications related to hospital acquired conditions (HACs) were reviewed with respective HAC teams. The remaining process-oriented complications were determined by the trauma performance improvement team. Any cases in which a complication failed the validation process resulted in resubmission at the next TQIP submission date.

RESULTS



EVALUATION

In the Fall 2016 TQIP report, there were 2089 pediatric patients included. Of these patients, 38 had at least one "major complication" as defined in the TQIP report, for a total of 56 major complications. Following validation of complications, 9 patients with reported major complications were removed and 17 reported complications were removed. Prospectively, in the following TQIP cohort, 49 patients had at least one "major complication" for a total of 64 reported major complications. Applying the validation process resulted in 11 complications being corrected and reduced the number of patients with a major complication to 42.

RESULTS

The pediatric trauma program has used this validation exercise to develop a performance improvement process that facilitates concurrent review of complications. In addition, relationships between these quality departments and the trauma program has strengthened, allowing greater integration of hospital quality review processes and reducing operational silos between them.

ACKNOWLEDGEMENTS

We would like to thank our colleagues at Phoenix Children's Hospital in the above referenced departments.

