



Title: Examining the role of IRR in trauma performance improvement as a new best practice.

Presenting Author: Kristen Chreiman, MSN

Additional Authors:

JoAnn Miller, MSN
Anthony Martin, BSN
Tawnya Vernon, BA
Kristen DiFiore, BSN
Melissa Mathias, MSN
Virginia Miller, BSN
Eric Bradburn, DO
Forrest Fernandez, MD
Brian Smith, MD

Design: A standardized RedCAP data abstraction tool was developed and an IRB was obtained. This tool specifically focused on the performance improvement coordinator's daily process of evaluating clinical care, identifying issues, assigning appropriate providers, classifying errors and articulating action oriented loop closure.

Setting: Multicenter retrospective quality improvement study.

Sample: Sample included PTOS eligible adults (>17), Injury Severity Score (ISS) > 15, ICU LOS >4 days, HLOS > 9 days, any mechanisms of injury with a minimum of 4 events that were referred for tertiary review. The study period ranged from 1/1/16 to 7/1/18.

Method/Procedure: Existing PICs from 3 PA accredited trauma centers within a trauma network met in a centralized location. Select EMR and POPIMS records from each center were examined in a round-robin fashion via remote access, such that no center was reviewing their own records. De-identified data was collected via RedCAP survey. The findings of each review were shared at the end of the meeting for the purpose of knowledge transfer and peer review.

Results: Eleven surveys examined 8 individual records. 94% of the cases had sufficient supporting documentation. 76% agreed with the factor assigned and 86% with categorization. 9% disagreed with the decision of preventability. In 17% of the cases, PICs would have assigned a different team member to the issue. Issues identified had: 68% acceptable action-oriented resolution, 17% absent follow up, 8% had no identified loop closure, 3% missed issues in the EMR. Of the loop closure identified, counseling occurred in 40% of the cases followed by other (33%), education (14%), process changes, trending or blank (5%).

Discussion: Instituting IRR for performance improvement is a novel concept. Reviewing other centers' PI records exposed trends which if unaddressed, could potentially leave a trauma center vulnerable during a site survey accreditation review. The development of a standardized data collection tool focusing on high priority areas within the POPIMS record (factors, preventability, taxonomy, loop closure clarity and timeliness) is essential to standardizing PI abstraction practices. Ensuring a just culture and the transparency of findings allows the PIC and TPM to focus on and embed practice changes. Implementing an IRR process for trauma performance improvement should be considered as a new best practice and considered for use nationally.