Peas and Carrots: A process for collaboration amongst health system trauma centers

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INTRODUCTION

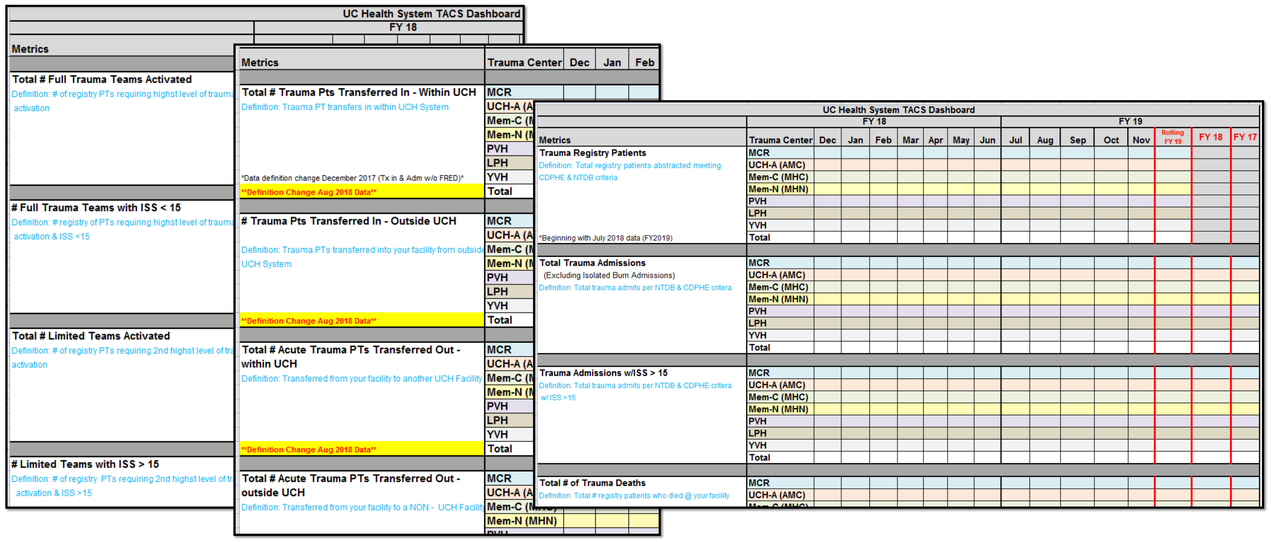
- Trauma centers increasingly find themselves caught up in evaluating their "system-ness".
- At one health system in Colorado, this process of mergers and acquisitions brought three level II and two level III trauma centers together.
- System growth dictated the need for strong trauma representation in all of the facilities.
- The multi-region Trauma Service Line Committee helped to ensure that collective trauma programs had a unified voice. Additional benefits include:
  - A system wide dashboard to track growth and identify opportunities for improvement.
  - Reviewing TQIP benchmark reports.
  - Sharing best practices.
  - Validation of the registry data.
  - Two of the level II trauma centers increased trauma designations to level I centers with zero deficiencies.

OBJECTIVES

- Describe the benefits a Trauma Service Line committee to an individual trauma program and to a hospital system.
- Describe how to identify key stakeholders. Identifying how a service line can promote best practice and validate data.

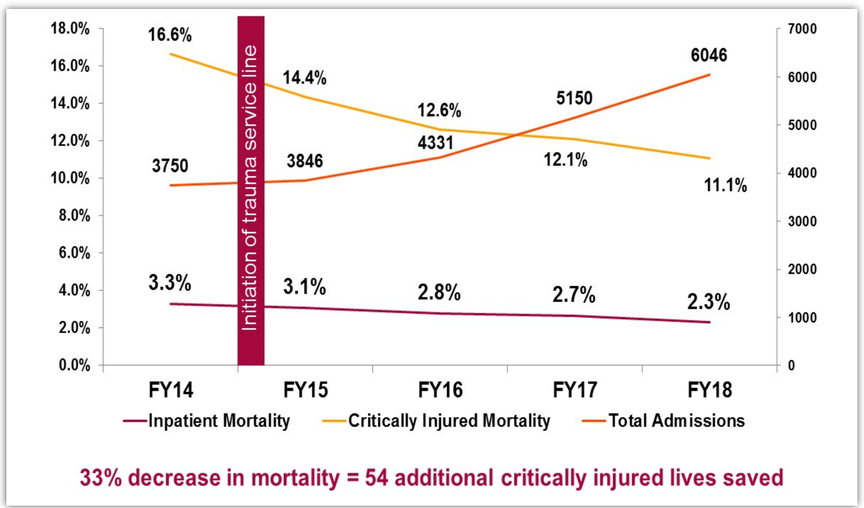
CASE PRESENTATION

- Trauma medical directors and trauma program managers at each facility agreed to system collaboration with meetings that were scheduled monthly beginning in early 2015. Original objectives centered on the standards of practice amongst the trauma programs and benchmarking. This was to ensure consistency and continuity of care within the system.
- A service line dashboard was created looking at measureable outcomes such as: trauma volumes, over and under triage, and transfer patterns. Centers were able to see how they compared to similar trauma centers within the system. Best practices are highlighted through benchmarking.
- This process also ensures:
  - Data is reviewed and validated from the registry each month.
  - Assists the trauma surgeons and senior leadership understand the importance of injury severity coding and justifies FTE required for abstraction.
  - Leadership is able to concentrate outreach efforts and evaluate effectiveness through review of transfer patterns.
  - Publication of a system-wide annual report highlighting trauma system efforts such as at mortality reduction.



DISCUSSION

Having a system level committee dedicated to the trauma service line helps ensure growth throughout the system. Patients are able to stay within the system, ensuring continuity of care and consistency of best practices. Additionally, as the system acquires new community hospitals, they can seamlessly be incorporated into the trauma service line model and have additional resources available to them. Future steps include implementation of a TQIP collaborative amongst the trauma centers; shared clinical and operational excellence strategies; and common business modeling with a focus on horizontal care throughout the continuum as well as across the trauma system.



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