

## 7 Performance Improvement and Patient Safety (PIPS)

### 7.1 - Trauma PIPS Program (Type II)

#### Applicable Levels

LI, LII, LIII, PTCI, PTCII

#### PRQ Question Text *[Field Type]*

\*1. Upload hospital organizational chart reflecting the relationship of the PIPS program to the organizational PI program. *[Attachment]*

## 7.2 - PIPS Plan (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

\*1. Upload your center's PIPS plan. *[Attachment]*

\*2. Highlight any aspects of your center's PI plan that you would like to call to the reviewers' attention. If you have challenges with specific aspects of the program, please describe them. *[Text box]*

## 7.3 - Documented Effectiveness of the PIPS Program (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

#### PRQ Question Text *[Field Type]*

- \*1. Describe three initiatives that showcase the effectiveness of your center's PI program. *[Text]*
- \*2. Describe clinical practice guidelines that your center has developed over the last three years in response to identified opportunities for improvement and indicate how these new practices are monitored to ensure that results are sustained. *[Text box]*
- \*3. Upload any clinical practice guidelines that address quality concerns during the verification cycle. *[Attachment]*
- \*4. Provide a completed OPPE form. *[Attachment]*
- \*5. Upload minutes from PIPS committees during the reporting period, including operations/systems and multidisciplinary peer review meetings. *[Attachment]*

## 7.4 - Participation in Risk-Adjusted Benchmarking Programs (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

#### PRQ Question Text *[Field Type]*

- \*1. Does your trauma center participate in TQIP? *[Radio button]*
2. If no, upload copies of the **two** most recent risk-adjusted benchmark reports from the alternative risk-adjusted benchmarking program, with at least one received during your center's Reporting Period. *[Attachment]*
- \*3. Briefly describe opportunities for improvement and actions taken to improve patient care identified during evaluation of the risk-adjusted benchmarking report. Any relevant issues and opportunities for improvement related to data quality should be entered in the PRQ for Standard 6.1 (Data Quality Plan). *[Text box]*

## 7.5 - Physician Participation in Prehospital Performance Improvement (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

#### PRQ Question Text *[Field Type]*

- \*1. List the dates on which the emergency department physician or trauma surgeon attended prehospital PI meetings over the course of the Reporting Period. *[Text box]*
- \*2. Upload a list of your center's prehospital care protocols that are specific to the care of trauma patients. *[Attachment]*
- \*3. Provide an example of an identified opportunity for improvement and how the trauma center worked with EMS to address it. *[Text box]*

## 7.6 - Trauma Multidisciplinary PIPS Committee Attendance (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

- \*1. Upload attendance records (including meeting dates) demonstrating multidisciplinary participation in PIPS committee meetings over the course of the Reporting Period. *[Attachment]*
- \*2. Upload the completed “Trauma Multidisciplinary PIPS Committee Attendance” template. *[Attachment]*

## 7.7 - Trauma Mortality Review (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

\*1. Complete the table below for all cases of trauma-related mortality and transfer to hospice during the Reporting Period:

<b>Results of Mortality Review</b>	<b>Number</b>
Mortality with opportunity for improvement	
Mortality without opportunity for improvement	
Transfer to hospice with opportunity for improvement	
Transfer to hospice without opportunity for improvement	
Total	

## 7.8 - Nonsurgical Trauma Admissions Review (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

\*1. How many total NSAs did your trauma center have over the course of the Reporting Period? *[Number]*

\*2. Complete the table below describing NSAs over the course of the Reporting Period:

Nonsurgical Admissions	ISS			
	0-9	10-15	16-24	25+
Number of patients admitted to a nonsurgical service				
Total NSAs w/trauma consult				
Total NSAs w/any surgical consult (including trauma)				
Total NSAs secondary to fall from own height				
Total deaths				

\*3. Briefly describe how NSAs are reviewed by the trauma program and what opportunities for improvement, if any, have come from these reviews. *[Text box]*



## 7.9 - Trauma Diversions Review (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

- \*1. Upload the completed "Trauma Diversions Review" template. *[Attachment]*
- \*2. Upload minutes/documentation from trauma operations committee reviews in which trauma diversions were discussed. *[Attachment]*

## 7.10 - Prehospital Care Feedback (Type II)

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### PRQ Question Text *[Field Type]*

\*1. Describe the process for reviewing and providing feedback to EMS agencies, related to accuracy of triage and provision of care. *[Text box]*

\*2. Describe the process for reviewing and providing feedback to referring providers, related to the care and outcomes of their patients and any potential opportunities for improvement in initial care. *[Text box]*