Southeast Regional Trauma Advisory Council (SERTAC)		
Title: Trauma Program Inpatient Performance Improvement (PI) Indicators		**Document Number:**
Document Type: ☐ Policy ☐ Procedure ☒ Guideline ☐ Other		**Last Review/Revision Date: 8/26/2020**
Content Applies to Patient Care: (Select all that apply) **☒ Adults** **☒ Pediatrics (Under 18)**	**Content Applies to: (Select One)** **☐ Clinical** **☒ Administrative**	**Next Review Date: 12/15/2020** **Effective Date:12/15/2020**
Scope: ☐ Site Only (Location Name): **☐ Department Only (Department Name):**		

I. PURPOSE

The purpose of this document is to establish minimum criteria for trauma program coordinators as indicators for performance improvement in the care of their inpatient injured patients.

II. SCOPE

This document applies to hospital sites which participate in Southeast Regional Trauma Advisory Council (SERTAC) to improve all inpatient injured patient care in Southeastern Wisconsin. This is not required for sites who have trauma recognition through either the American College of Surgeons (ACS) or through Wisconsin Department of Health Services (DHS) 118, rather an option to adopt this guideline.

III. DEFINITIONS/ABBREVIATIONS

American College of Surgeons (ACS): accreditation obtained through this organizations for trauma center level I and II throughout the state of Wisconsin. Recommendations on trauma care and performance improvement are through their book, *Resources for Optimal Care of the Injured Patient* (2014) as practice and administrative guidelines.

Performance Improvement (PI): concept of monitoring, evaluating, and improving the performance of a trauma program (ACS, 2014, p.114)

Southeast Regional Trauma Advisory Council: abbreviation is SERTAC

IV. GUIDELINE

A. Evaluation of care across the continuum of the injured patient for PI opportunities is a requirement of the trauma program by ACS and DHS

118. This is usually done through the trauma program coordinator (manager) or appropriate as established at each individual hospital site. Much focus has been in the care of the patient in the resuscitation phase, usually in the emergency department (ED), but post-resuscitation care also needs to be evaluated for PI opportunities.

1. When a need is identified for PI, the trauma program develops an action plan for improvement in the measure that is timely and measurable.

V. PROCEDURE

A. The following are inpatient PI indicators that should be, but not limited to, monitored by the trauma program through the injured patient's inpatient stay:

1. Delayed admission, long length of stay inpatient
2. Unanticipated admission to ICU or required transfer to higher level of care
3. Unplanned visit to Operating Room
4. Surgeon- consult or admitting provider
5. Venous Thromboembolism (VTE) prophylaxis
6. PT/OT consult
7. Social worker involvement as needed
8. Blood products given
9. Unplanned intubation
10. Hospital acquired infection (HAI)
11. Delayed presentation of injuries/ missed injuries
12. Vaccine status for splenectomy patients
13. Antibiotic administration for surgical patients
14. Palliative/Hospice consults as needed
15. Complications
16. Indwelling catheter inserted
17. Hospital re-admissions within 30 days of discharge
18. Mortality

VI. RESOURCES AND REFERENCES

ACS. (2014). *Resources for Optimal Care of the Injured Patient*. Chicago: American College of Surgeons
Wisconsin Department of Health Services (DHS) 118