

# Memo

**To:** Accredited level 1, 2 & 3 trauma centers

**From:** Juliet Altenburg, Executive Director

**cc:** PTSF Board of Directors

**Date:** March 27, 2017

**Subject:** PA-TQIP Collaborative Staff & Board Involvement

---

PTSF legal counsel input was requested in order to review concerns raised by trauma centers related to PTSF staff and board member involvement in Pennsylvania TQIP Collaborative meetings. Those concerns included:

- The potential for board members involved in the PA-TQIP Collaborative to use information shared during the Collaborative meetings as part of accreditation deliberations for a hospital under review which may lead to an adverse accreditation decision.
- The potential for PTSF staff members involved in the PA-TQIP Collaborative to share information from the Collaborative meetings with both trauma site surveyors and board members which may lead to adverse accreditation decisions.

The issues raised were discussed in several forums and the board agreed on the following measures related to both PTSF staff member and board member participation:

- Terry Snavely, PTSF Performance Improvement Specialist and Lyndsey Diehl, Trauma Data Quality Specialist will continue to support the work of the PA-TQIP Collaborative, but will *not* be present during site surveys or accreditation deliberations. Terry will continue to provide primary committee support, while Lyndsey will serve as a data resource and run data queries as needed. No other PTSF staff members will be involved in the PA-TQIP Collaborative meetings unless requested by the committee.
- PTSF staff will *not* have access to TQIP databases containing Pennsylvania trauma center hospital identifiers unless permission is granted by the hospital as required by the American College of Surgeons.
- Board Members will continue to actively participate in the PA-TQIP Collaborative based on the continued blindness of the accreditation deliberation process. During accreditation deliberations, hospital identifiers are *not* contained in the deliberation packet. A strict conflict of interest policy is also employed whereby hospitals under review and board

members are given the opportunity to cite conflicts requiring removal of board members from the accreditation deliberation process. These potential conflicts are blinded and then reviewed in detail by the Conflict of Interest (COI) Committee. PTSF staff assures that any board members who are deemed as conflicts are not present during deliberation discussions. Furthermore, conflicts approved by the COI Committee are communicated to each hospital under review *prior to* deliberations, allowing the hospital to give additional input into the decision.

It is hoped that the above decisions will ease the concerns raised by trauma centers participating in the PA-TQIP Collaborative regarding staff and board member involvement. We hope these decisions will serve to facilitate committee member sharing to the highest degree possible for the purpose of optimizing trauma patient outcomes in all Pennsylvania trauma centers.

Thank you for your attention, and please do not hesitate to contact me with any questions or concerns.

*Note: This memo supplements a previous TQIP memo dated December 13, 2016 titled "PTSF Involvement in Trauma Quality Improvement Program (TQIP)." A copy of that memo is attached with this communication.*

# Memo

**To:** Trauma Program Managers of Accredited Trauma Centers  
**From:** Juliet Altenburg, Executive Director  
**cc:** PTSF Board of Directors  
**Date:** December 13, 2016  
**Re:** PTSF Involvement in Trauma Quality Improvement Program (TQIP)

---

This memo serves to clarify the position of the PTSF Board of Directors regarding use of TQIP reports as part of the accreditation process. It also addresses the role of PTSF staff members supporting TQIP activities with PA trauma centers.

Effective January 1, 2017, the PTSF Board of Directors approved all Level I, II, and III trauma centers must participate in TQIP. Additionally all eligible TQIP centers must permit their data to be used as part of the PA TQIP Collaborative aggregate report. Currently PTSF is paying the ACS \$20,000 per year to develop and support Collaborative activities which includes offering a 10% TQIP annual fee discount to each TQIP center together with TQIP support from ACS staff for reports and education. The role of the PTSF staff in the Collaborative includes:

- Meeting support such as scheduling, agendas, and minutes;
- Acting as a resource related to running PTOS Collector data reports and advancing further statewide PI efforts as recommended by the Collaborative;
- Acting as a liaison assuring all appropriate PTSF committees, and the trauma center community is updated on the work of the Collaborative;
- Advancing recommended actions such as statewide education on best practices based on statewide performance;
- Serving as a statewide and national champion in showcasing the work of the Collaborative in advancing statewide care of injured patients.

In consideration for financially supporting the Collaborative, PTSF staff have access to TQIP collaborative reports that benchmark PA risk adjusted outcome data against other states. These reports are blinded and have no hospital identifiers. During the 2017 survey cycle, trauma centers will be expected to provide evidence that the hospital is taking part in TQIP and describe how risk adjusted reports (TQIP or another risk adjusted tool) are used as part of the trauma center's overall Trauma Performance Improvement Program. (This question is contained in the Application for Survey.) If the trauma center elects to share their TQIP reports, the Board will review any relevant comments by the surveyor during the accreditation deliberation process. The Board has no intention at this time of utilizing TQIP reports for accreditation determinations but as in the past will merely applaud the efforts of trauma centers using TQIP or another risk

adjusted process as part of demonstrating efforts at continuously improving performance. The kinds of risk adjusted reports presented within the Application for Survey and on the day of the site survey is solely at the discretion of the trauma program. Furthermore the process for medical record pulls for site survey will remain unchanged. A trauma center's risk adjusted reports will not serve as a basis for the selection of any medical records. PTSF fully intends to follow the traditional process for medical record selection outlined in the 2017 site survey guidebook.

As we move forward, all hospitals will be kept fully informed on plans to use TQIP as part of the accreditation process. Any decisions will be thoroughly vetted through both the PTSF Outcomes and Standards Committees with the opportunity for input from all trauma centers prior to any action by the Board of Directors. Timing of any proposed changes will also be thoroughly discussed so sufficient advance notice of proposed changes will have the least impact on hospital operations.

The goal of implementing TQIP throughout Pennsylvania is to optimize patient care through the use of a risk adjusted tool that not only gives a picture of performance to an individual trauma center but showcases high performers throughout the state and country in order to share best practices. TQIP in addition to POPIMS (PTSF PI Software) are just two of many tools that PTSF is committed to providing to its trauma centers to support a hospital's Trauma Performance Improvement Program and the best care possible for injured patients.

Questions? Please do not hesitate to contact me or Terry Snively, PI Specialist for more information.