

# Performance Improvement Workshop: Role of Level I/II in Mentoring Process



# men·tor

/'men,tôr, 'men,tər/ 

*verb*

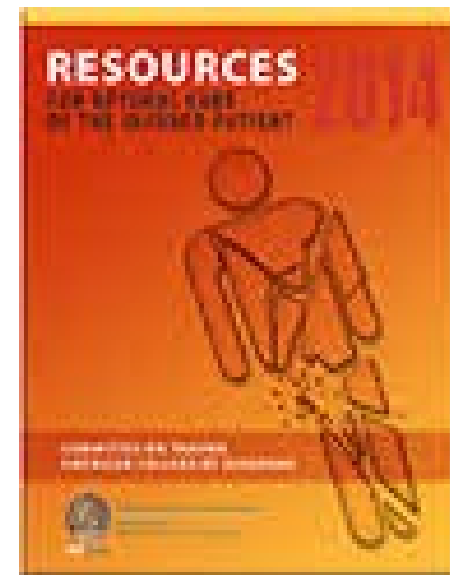
gerund or present participle: **mentoring**

advise or train

# ADVISE

# Many Parts of a Trauma Program

- Injury Prevention
- Education
- Registry
- EMS Outreach
- Performance Improvement Program



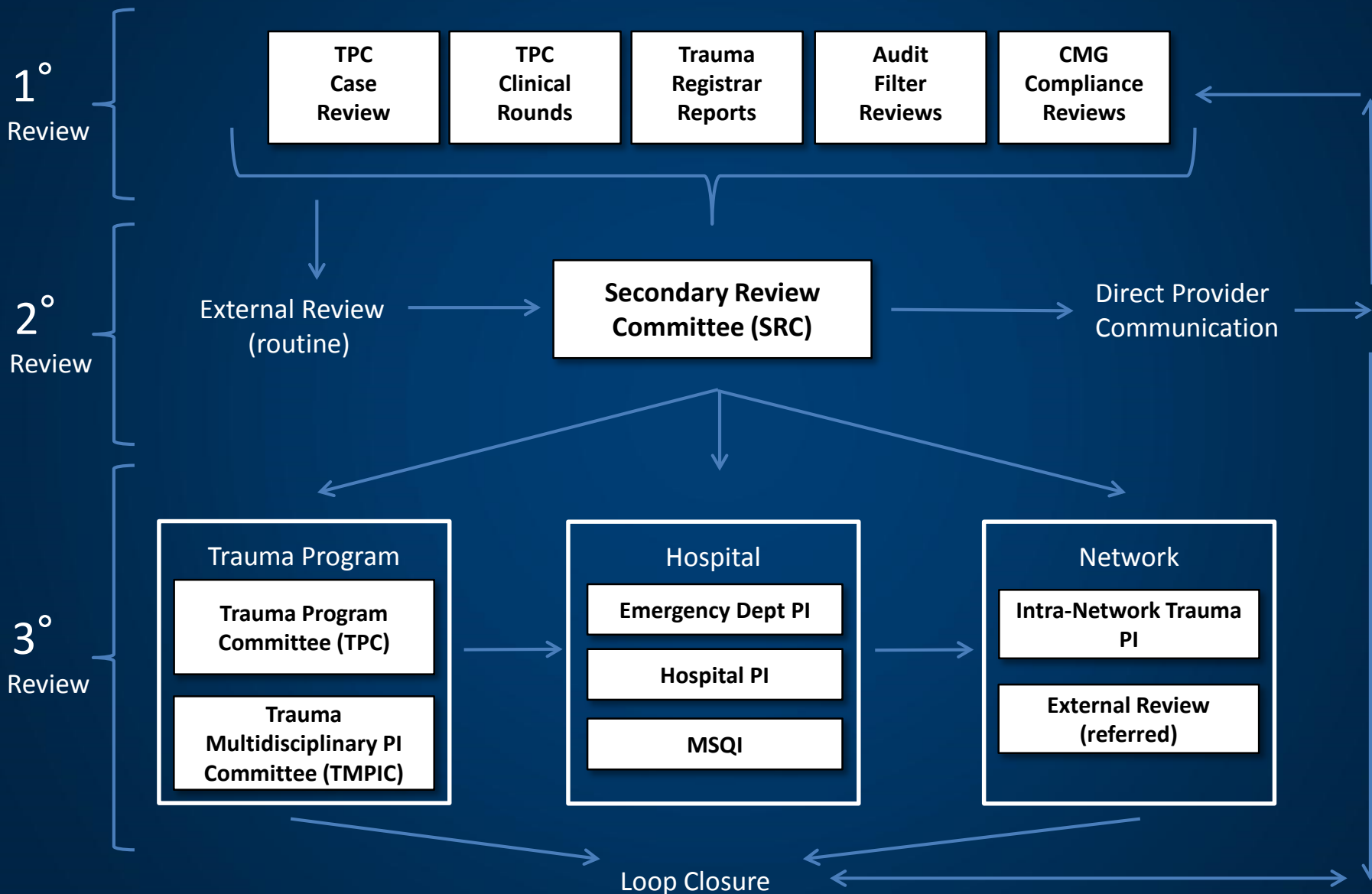
- Mentoring overall is not just about Performance Improvement, however....
- Development of a Performance Improvement Program will be the emphasis of this presentation

.....stay tuned for upcoming Webinar

- Discuss helpful resources to provide to a Level IV in pursuit
- Discuss important steps to take when building a strong foundation for an effective PIPS Program
- Review some training suggestions

- Standards of Accreditation
- Sample P/Ps
- Sample CMGs
- Sample PI Plan
- Sample PI Projects
- Site Survey Guide
- Job Descriptions
- “TO-DO List”

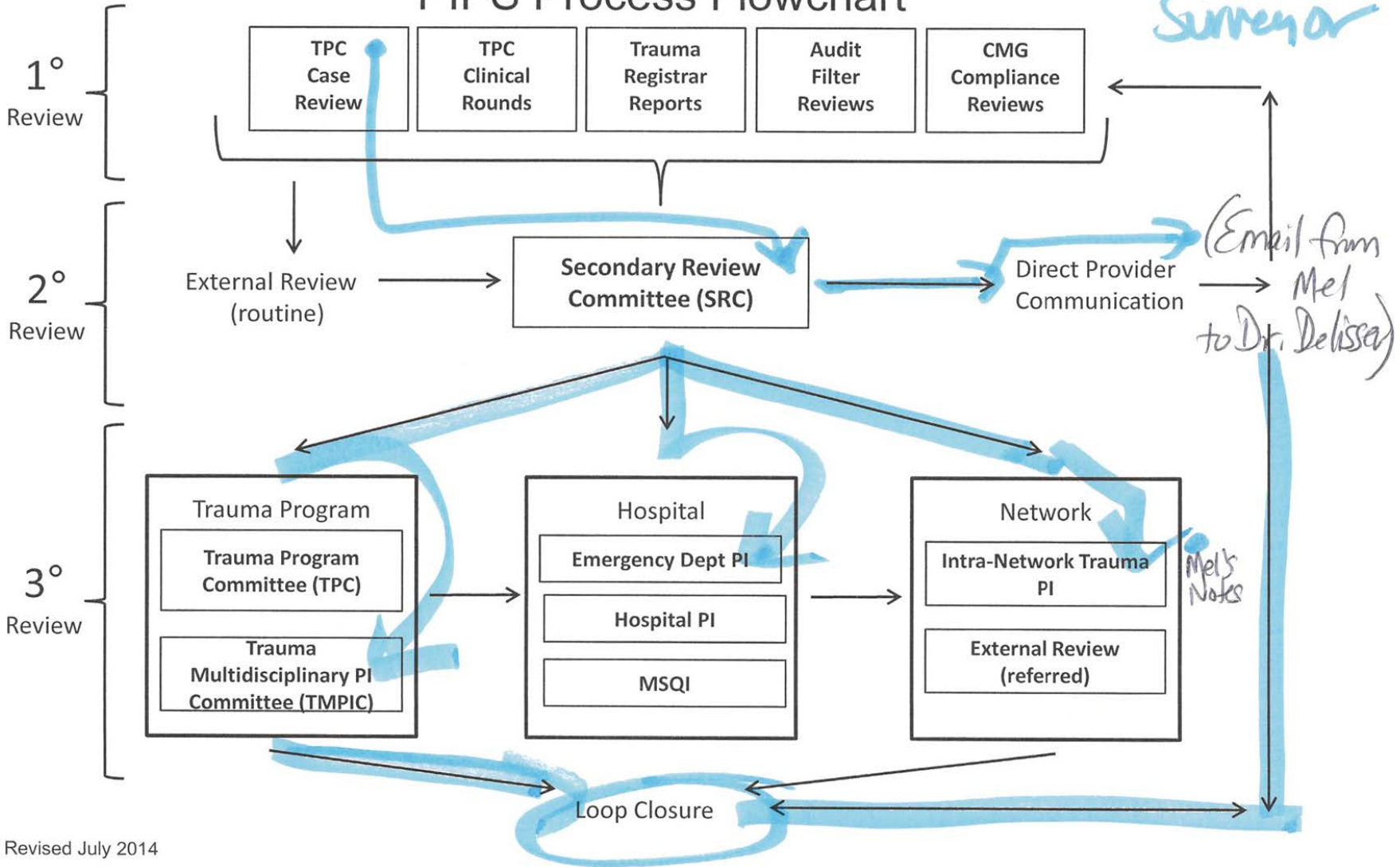
# St. Luke's Miners – Level IV Trauma Center PIPS Process Flowchart





# St. Luke's Miner's – Level IV Trauma Center PIPS Process Flowchart

*\* Also Reviewed by Mock Surveyor*



- PI Projects
  - Timeliness projects are easy and simple
    - Time to CT
    - Time to transfer out
  - EMS projects are aimed at the core of what a level IV is about and is a good way to engage your local providers
  - Nursing documentation is a frequent issue with opportunity to improve
  - Triage

- Must obtain “buy – in” of:
  - medical staff
  - nursing staff
  - administration



- Guide the design of a PI Plan that works for the center
- Create a PI flowchart
- Guide the development of P/Ps and CMG's (keep it simple)
- Identify and implement two PI Projects early (keep it simple)

- Mentoring leadership team should
  - Attend all current hospital PI meetings that may be used as part of PI program at least once
  - Take time to learn the culture, understand the flow, meet the staff, and attend some alerts
  - Spend time with the leaders (EM Chief/Medical Director, TPMD)
  - Offer to meet with President and CNO regularly

- Registry
  - Critical to the success of any trauma program
  - TPC should “be” a registrar for at least the first few months
  - Consider a “registry pool” concept
  - Learn how to run reports
  - Encourage additional and continued training (PTSF and DI offer plenty of training)

- Help set expectations
  - Time commitment for TPMD
    - PI Mtgs + 2° Review + time for indiv. TPMD reviews + outreach + teaching
    - Communicate this commitment to senior leadership for a consistent message
  - TPC Role
    - Educator, EMS liaison, Inj Prev Coord, PI Coord, TPC

- Facilitate the Mock Survey
  - Assist with choosing mock surveyors (no PTSF board members)
  - Make it as real as possible
  - Early enough to utilize feedback
  - Mentoring hospital should defer all questions about hospital or PI program to Level IV staff (at Mock and Real)



**TRAIN**

- Rural Trauma Team Development Course
- 1:1 Training for TPC, TPMD, PIC
  - Issue Identification
  - Secondary Review
  - Tertiary Review
- PTSF Training
- TOPIC Course
- Registry Training



“Loop Closed!”

“I heard back from the doc....Loop Closed!”

“I identified all of the issues on this case. Loop Closed!”

What is Loop Closure?

# THANK YOU

