

Grove City Medical Center Level IV Trauma

Cheryl Pebbles RN
Trauma Coordinator

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MEDICAL CENTER
LEVEL IV TRAUMA







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Trauma PI Process: Levels of Review

**Level I
Primary Review:
Occurs Daily**

Purpose: Issue
Identification/Validation

Phase of Care

Pre-hospital

Resuscitation

Inpatient Care Review

- ☞ Concurrent Review: Trauma Coordinator & Registrar
- ☞ Concurrent Data Entry: PI/Registry Interface
- ☞ Occurrence ID- Daily rounds- Last 24 hr admissions
Issue determination, discussion, delineation, decisions, do
- ☞ PI Issues- E-mails

● Identification of Issues

**Level II
Secondary Review:
Occurs Weekly**

Purpose: Determining what goes
to committee (tertiary review)

☞ Weekly review of PI: TMPD & TPC

**Level III
Tertiary Review:
Occurs Monthly**

Purpose: Peer review/Accountability, Loop Closure Plan,
Trended Data Review

☞ Team: TMPD, TPC, R, ED-DIR, Attending Staff

● Tertiary Review

Morbidity & Mortality as Identified

Orthopedic surgeon PI as Identified
Med Exec Review

Death Review as Identified

Monthly Hospital wide Interdisciplinary PI Meeting

**Level III
Tertiary Review:
Quarterly**

Subspecialty Quarterly Case Review:
TPMD, TCC,R,ED-DIR,
Ortho & Radiology

● Actions

Educational Session

Trauma Center Strategic Plan

Trend Monitor Report

Trauma Policy Development

Hospital/System PI Project

Legend
 TMPD- Trauma Program Medical Director
 TPC- Trauma Program Coordinator
 R- Registrar
 ED-DIR- Director of Emergency Dept

2012
Audit Filter:
Transfer Times

Reviews:
Retrospective
from charts
Tracking
>180 min LOS
Reporting #'s
Only

May 2013
Streamlined EMS
call process:
potential delays
in arranging
transport

July 2013
Began data
collection to
identify areas
for potential
delay

Possible
Issues?
1. Door to
Room
2. Nurse to
Assess
3. Dr. to Room

No
significant
care
delays
identified

Jan 2014
Identified delays
due to transport
availability
increased LOS
>180 min

Began Reviews:
1. Availability of ALS
crew to transport
2. Delays when
loading handing
off the patient to
ALS crew
3. Situational Delays

**Mar-Apr
2014**
Collaborated to
expand paramedic
capability to
transport critical
patients

June 2015
Critical
Care
Protocols
Approved

July 2014
Accreditation visit
inquiry as to
whether
prolonged CT read
times add delays

Retrospective
review of 2014
found only 1 delay
in CT read time

Began concurrent
review with
Medical Imaging

June 2015
Critical
Care
Protocols
Approved



Case Study: PI Process for Tourniquets

11/2014 a patient that had ongoing arterial bleeding from a dialysis shunt that was active and uncontrolled with pressure arrived to the ED. Two tourniquets had been applied in the field which were removed after arrival. Bleeding was severe. Pressure bandages and blood cuffs inflated were used to control the bleeding while transport was arranged to Level I. Bleeding continued moderately en route to Level I. Upon immediate arrival to the Level I, quick clot/impregnated gauze and tourniquet was applied and the patient had a revision to the shunt and 2 units of O neg blood.



PI Process for Tourniquets

- Identified educational needs
- Trauma Surgeon delivered education for Medical staff
- RNs attended EMS symposium
- Rough draft of Clinical Management Guidelines
- Still did not have approval for use of tourniquets



Case Study: PI Process for Tourniquets

March 2015 Pedestrian on the side of a busy highway changing tire struck by a semi amputating both lower extremities. Bystander stopped and took his belt and applied pressure over both wounds. Once arrived to Level IV, pressure bandages and blood pressure cuffs used to maintain pressure until transport arranged to Level I. Had to utilize RN's because weather did not permit air transport. Patient had to be transported by ground >40 minutes away.



PI Process for Tourniquets

- Identified need through 1st patient
- Steps taken to educate, develop guidelines and develop medical staff practices
- Resistance to approval for guidelines due to perception of low need for use of tourniquets
- Second case in 4 months showed critical stabilization device needed
- Final resolution-Approved guidelines





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