

# Performance Improvement Benchmarking Project



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# In the Beginning...



- November Steering Committee meeting started a discussion of 4 proposed audit filters for collection and analysis.
- Survey would be created to gauge interest and participation.
- Voluntary for states to participate. No information would be released.
- Mission is to collect a small data set that most/all collect to evaluate the similarities/differences to encourage standardization across states.

# Questions



- Initial survey would surround questions to states regarding specific data elements that are collected...or not.
  - Do you collect data from all facilities in your state?
  - Do you collect data from Trauma Centers only?
  - Last full calendar year of complete data (2015?)
  - Would your state be willing to submit an de-identified data set to Trauma Managers PI Subcommittee for analysis?

# Suggested Audit Filters



- Analysis hinges on interest and of states having the ability to collect this data:
  - ED length of stay prior to transfer to higher level of care (benchmark of <2 hours?)
  - ED length of stay for patients with ISS>14 (benchmark of 4 or less hours)
  - Patients with high probability of survival, or ISS<8 and died in ED
  - Patients with probability of survival, or ISS<8 and died after admission

# Interested??



- Of the 4 unsolicited surveys completed, the interest in analysis of the four audit filters on a scale of 1 to 5 (1 being least interested, 5 being most interested):
  - ED length of stay prior to transfer to higher level of care (benchmark of <2 hours?) = 4
  - ED length of stay for patients with ISS>14 (benchmark of 4 or less hours) = 4
  - Patients with high probability of survival, or ISS<8 and died in ED = 4
  - Patients with probability of survival, or ISS<8 and died after admission = 3

# Challenges with Benchmarking



- Participation or the lack thereof unless rules mandate participation
- Crappy data
- Comparing apples to apples
- Dirty laundry
- Time and the resources to abstract data
- Skill set involved in the analysis and benchmarking of data

# Questions?



- Should we be doing this?
- What data is best to demonstrate system benefits?
  - “Effectiveness of State Trauma Systems in Reducing Injury-Related Mortality: A National Evaluation”
    - ✦ Injury mortality rates lower in states with trauma systems as reported by Journal of Trauma paper (2000)
- Beginning with the end in mind!
  - i.e. what is the over arching goal?
  - Looking for a consensus standard outside of the ACS TQIP model?