# Michigan Trauma Quality Improvement Program (MTQIP) 2017 Performance Index January 1, 2017 to December 31, 2017

		2017 Pertori	mance Index January 1, 2017 to	-		_		
Measure	Weight		Measure Description		Points			
#1	10	Data Submission (Partial/Incomplete Submissions No Points)						
		On time and complete 3 of 3 times			10			
		On time and comple			5 0			
		On time and complete 1 of 3 times						
#2	10	Meeting Participation All Disciplines *Surgeon represents 1 hospital only						
		Surgeon, and (TPM or MCR) Participate in 3 of 3 Collaborative meetings (9 pts) Surgeon, and (TPM or MCR) Participate in 2 of 3 Collaborative meetings (6 pts)						
		Surgeon, and (TPM or MCR) Participate in 1 of 3 Collaborative meetings (3 pts)						
		Surgeon, and (TPM or MCR) Participate in 0 of 3 Collaborative meetings (0 pts)						
		Registrar, and/or MCR Participate in the Data Abstractor Meeting (1 pt)				_		
#3	10	Data Accuracy	1st Validation Visit-Error Rate	>2 Validation Visits-Error Rate				
		5 Star Validation	0-4.5%	0-4.0%	10			
		4 Star Validation	4.6-5.5%	4.1-5.0%	8			
		3 Star Validation	5.6-8.0%	5.1-6.0%	5			
		2 Star Validation	8.1-9.0%	6.1-7.0%	3			
		1 Star Validation	>9.0%	>7.0%	0	1		
#4	10			ted Within 48 Hours of Arrival in				
			mits with ≥ 2 Day Length of Stay	(18 Mo's: 1/1/16-6/30/17)				
		≥ 50%			10			
		≥ 40%			5			
		< 40%			0	_		
#5	10		ight Heparin (LMWH) Venous Th					
			Trauma Service Admits (18 Mo's	: 1/1/16-6/30/17)				
		≥ 50%			10			
		21-49%			7			
		5-20%			5			
		< 5%			0	_		
#6	10	Red Blood Cell to Plasma Ratio (Weighted Mean Points) of Patients Transfused >5 Units in 1st 4 Hours (18 Mo's: 1/1/16-6/30/17)						
		10 pts: Tier 1: ≤ 1.5			0-10			
		10 pts: Tier 2: 1.6-2						
		5 pts: Tier 3: 2.1-2	.5					
	10	0 pts: Tier 4: >2.5		In		_		
#7	10	I = -	on Rate-Trauma Service Admits (	3 years: //1/14-6/30/1/)	10			
		Z-score: < -1 (major			10			
			erious complications low-outlier		7			
	10		of serious complications increased		5	_		
#8	10	<u> </u>	uma Service Admits (3 years: 7/1	1/14-6/30/1/)	10			
		Z-score: < -1 (major			10			
			nortality low-outlier (average or b	petter rate)	7			
	10		of mortality increased)		5	4		
#9	10		Filter Use (All Admits) (Collabora	ative Wide) (//1/16-6/30/1/)	10			
		≤ 1.2			10			
"40	10	> 1.2			0	4		
#10	10		y Improvement Project (Jan-Dec	: ZU1/)	40			
			met or exceeded target		10			
			ved improvement, but did not me	eet target	7			
		Implemented, but s	showed no improvement		0	Ļ		
				Total (Max Points) =	100			

# **Additional Information**

#### Measure 6: Red Blood Cell to Plasma Ratio

Average of tier points assigned to patients transfused >5 units PRBC's in 1st 4 Hours.

Ratio PRBC to Plasma for	Tier	Points
each patient		
≤ 1.5	1	10
1.6 – 2.0	2	10
2.1 – 2.5	3	5
> 2.5	4	0

# Example:

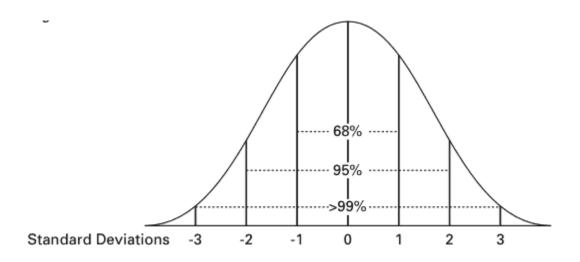
Patient	PRBC	FFP	PRBC/FFP	Tier	Points
1	10	10	1.0	1	10
2	5	4	1.3	1	10
3	7	4	1.8	2	10
4	8	5	1.6	2	10
5	5	2	2.5	3	5
6	7	3	2.3	3	5
7	9	2	4.5	4	0
8	5	1	5.0	4	0
9	11	0		4	0
10	6	0		4	0
					50

$$\frac{\text{Total Points}}{\text{Total Patients}} = \text{Metric Points}$$

$$\frac{50}{10} = 5$$

# **Z-Score Explanation**

The z-score is a measure a hospital's trend in [serious complications, mortality] over the three-year time period. For each hospital, we fit a linear regression model with [serious complications, mortality] as the outcome, and time period and patient characteristics as the explanatory variables. The z-score is an estimate of the slope of a hospital's own linear trend line over time, standardized by the error estimate. This z-score is used to test whether the hospital's trend is flat or trending upwards/downwards. If the z-score is one standard deviation away (either >1 or <-1), there is more evidence that the hospital's performance has a linear trend in one of these directions (as opposed to being flat).



# **Measure 7: Serious Complication Rate**

Serious complications are any complication with a severity grade of 2 or 3 as defined below:

Complication severity grade 2

- a. Definition: Potentially life-threatening complications
- b. Complications: abdominal compartment syndrome, decubitus ulcer, DVT, enterocutaneous fistula, extremity compartment syndrome, pneumonia, pulmonary embolism, unplanned intubation, unplanned return to OR

Complication severity grade 3

- a. Definition: Life-threatening complications with residual or lasting disability or mortality
- b. Complications: acute lung injury/ARDS, acute kidney injury, cardiac arrest with CPR, myocardial infarction, severe sepsis, stroke/CVA

**Total: Maximum points is 100** 

<u>Filters</u> #4: VTE Prophylaxis Metric Heparin, LMWH <= 48 hours Cohort = Cohort 2 (Admit to trauma service) No Signs of Life = Exclude DOAs Transfers Out = Exclude Transfers Out Default Period = Custom (1/1/16 to 6/30/17)**#5: VTE Prophylaxis Types** LMWH (Type) Cohort = Cohort 2 (Admit to trauma service) No Signs of Life = Exclude DOAs Transfers Out = Exclude Transfers Out Default Period = Custom (1/1/16 to 6/30/17)#6: Red Blood Cell to Plasma Ratio Hemorrhage Cohort = Cohort 1 (All) No Signs of Life = Include DOAs Transfers Out = Include Transfers Out Default Period = Custom (1/1/16 to 6/30/17)**#7: Serious Complication** Cohort 2, 7/1/14 to 6/30/17 Exclude patients with No Signs of Life Exclude transfers out #8: Mortality Cohort 2, 7/1/14 to 6/30/17

Exclude patients with No Signs of Life
Exclude transfers out
#8: Mortality
Cohort 2, 7/1/14 to 6/30/17
Exclude patients with No Signs of Life
Exclude transfers out
#9: IVC Summary
IVC Filter Use (Unadj)

Cohort = Cohort 1 (All)

No Signs of Life = Exclude DOAs

Transfers Out = Exclude Transfers Out

Default Period = Custom (7/1/16 to 6/30/17)