



**M·TQIP**

**Individual Site Summary Report**

**November 1, 2017 through January 31, 2020**

**Issue May 13, 2020**

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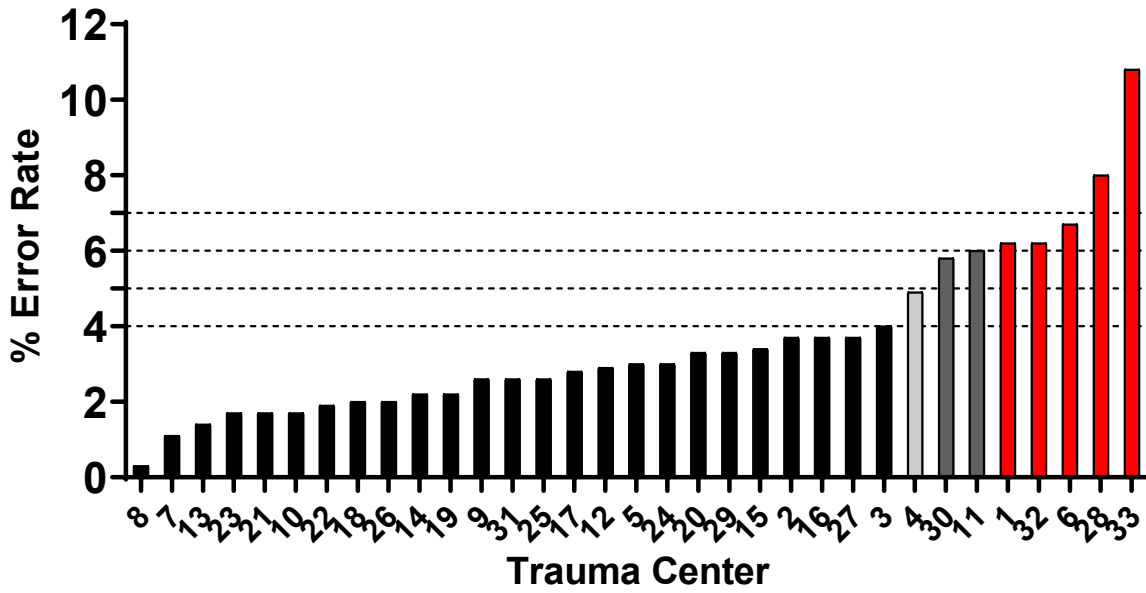
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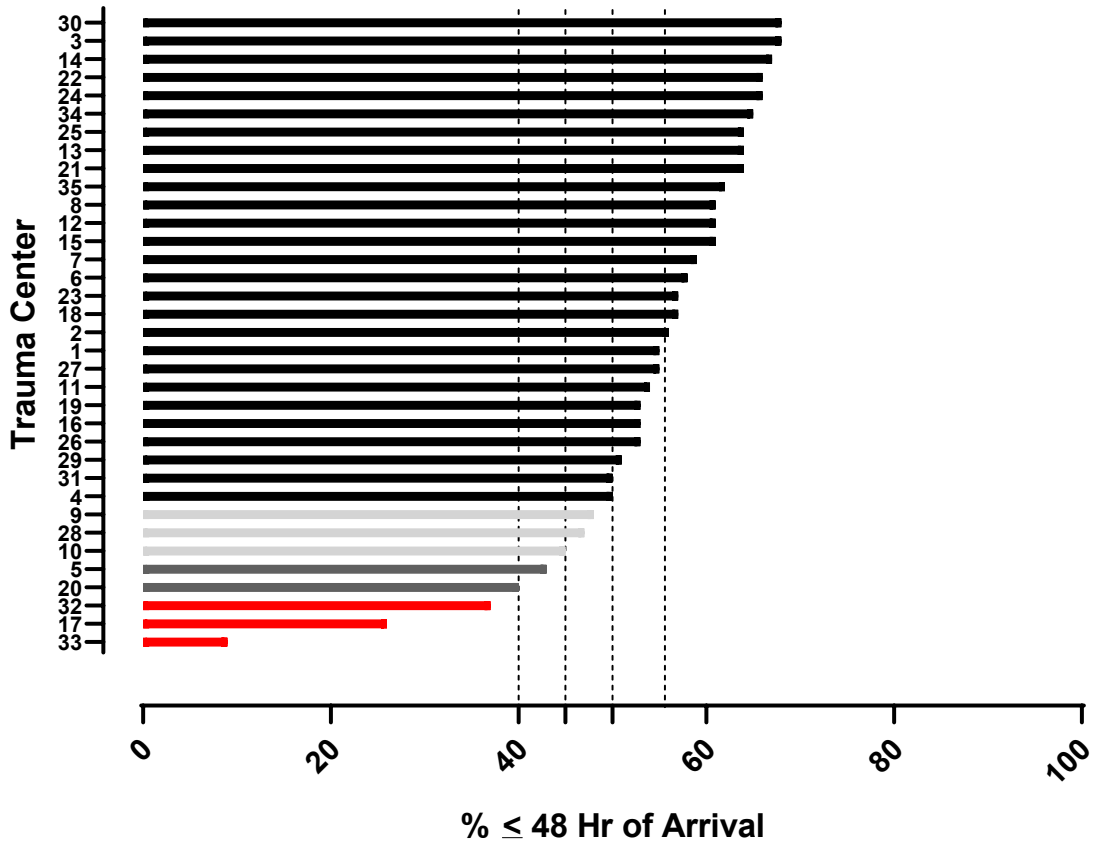
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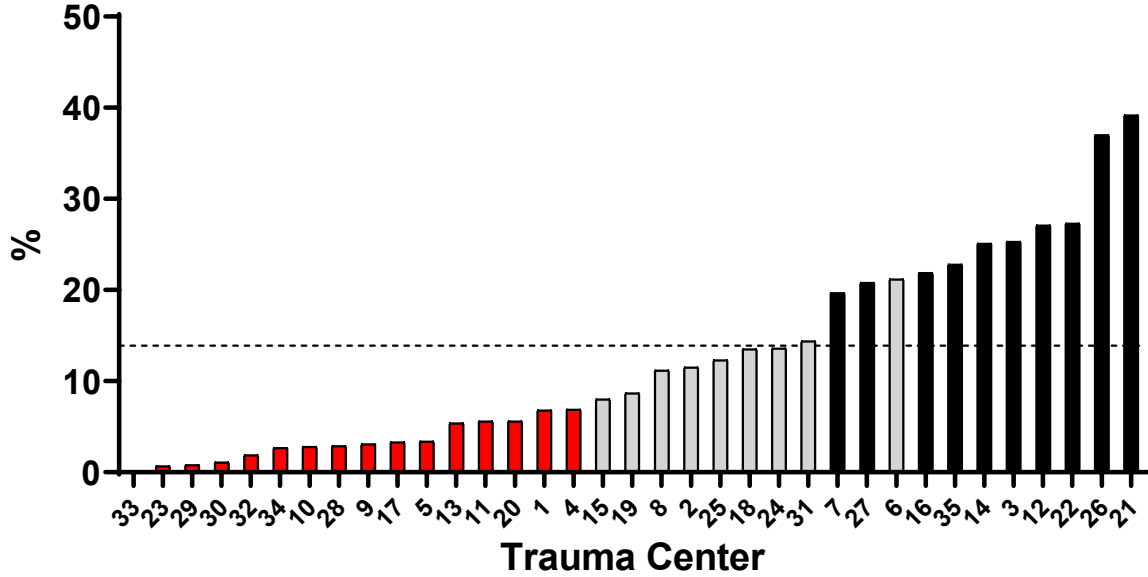
### Metric #3 - Data Validation Accuracy Last Processed Report



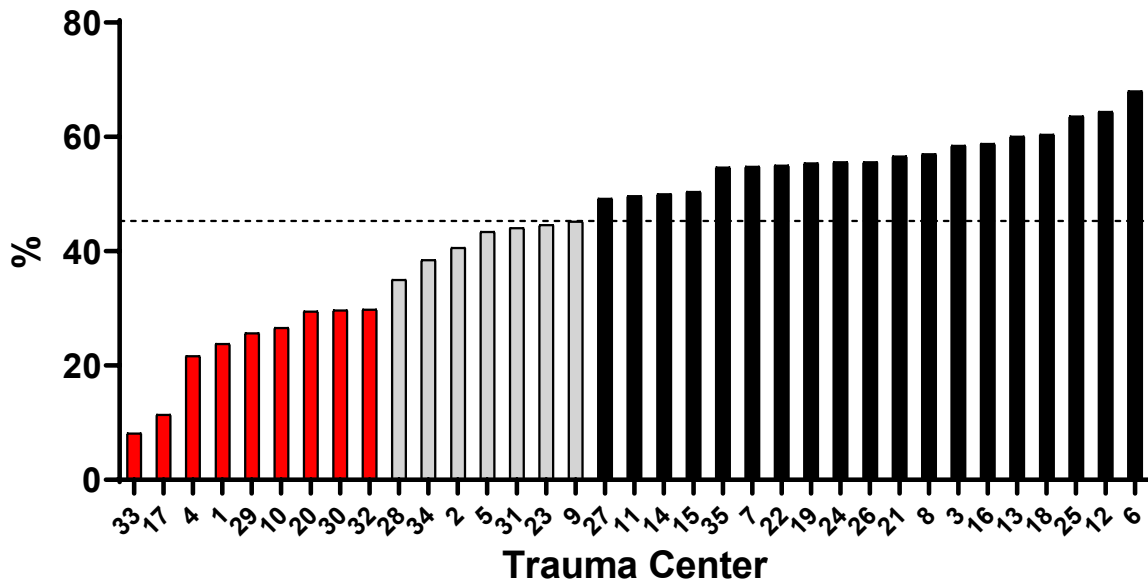
**Metric #4 - VTE Prophylaxis LMWH Timeliness**  
**Cohort 2 - Admit to Trauma**  
**1/1/19 - 1/31/20**



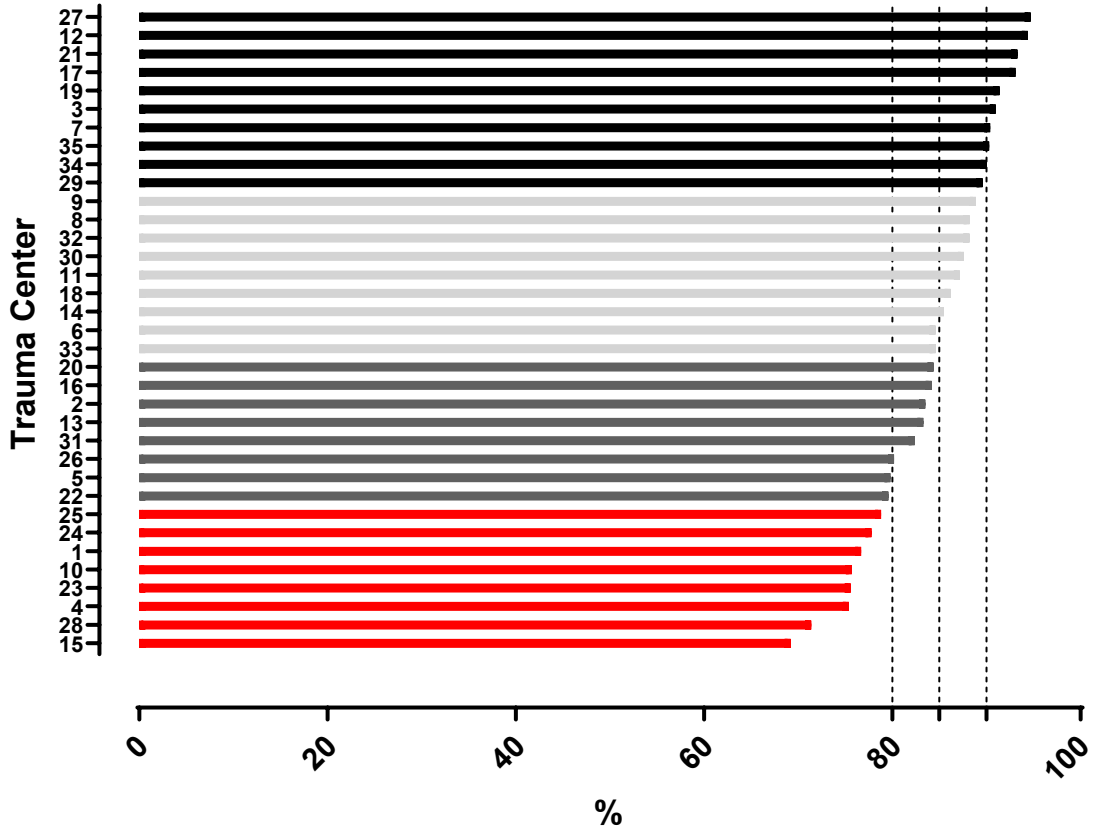
**VTE LMWH  $\leq$  48 hours  
Cohort - TBI**



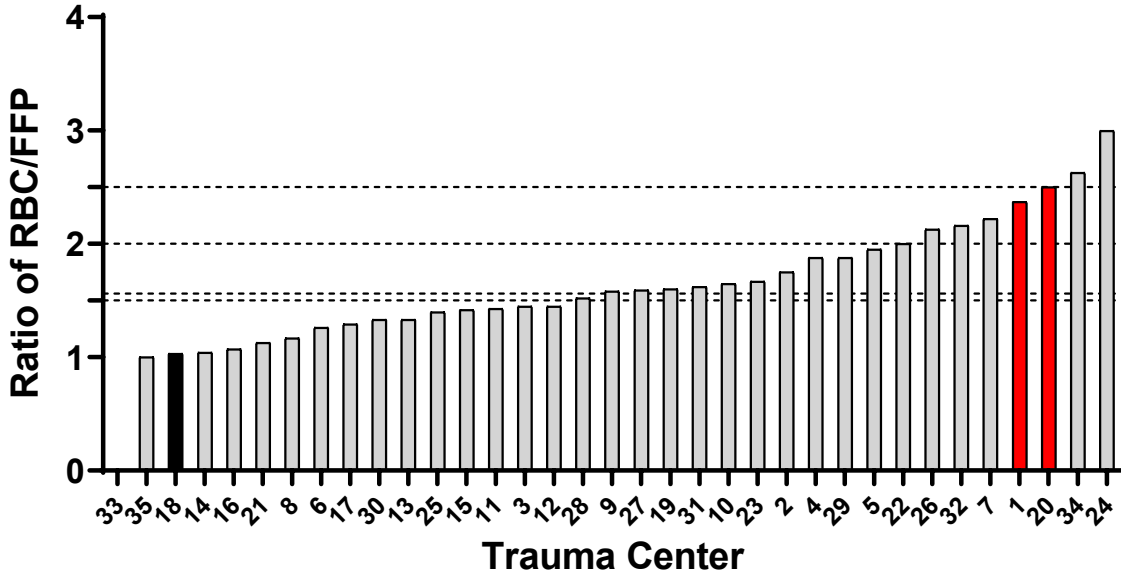
**VTE LMWH  $\leq$  48 hours  
Cohort - Spine Injury**



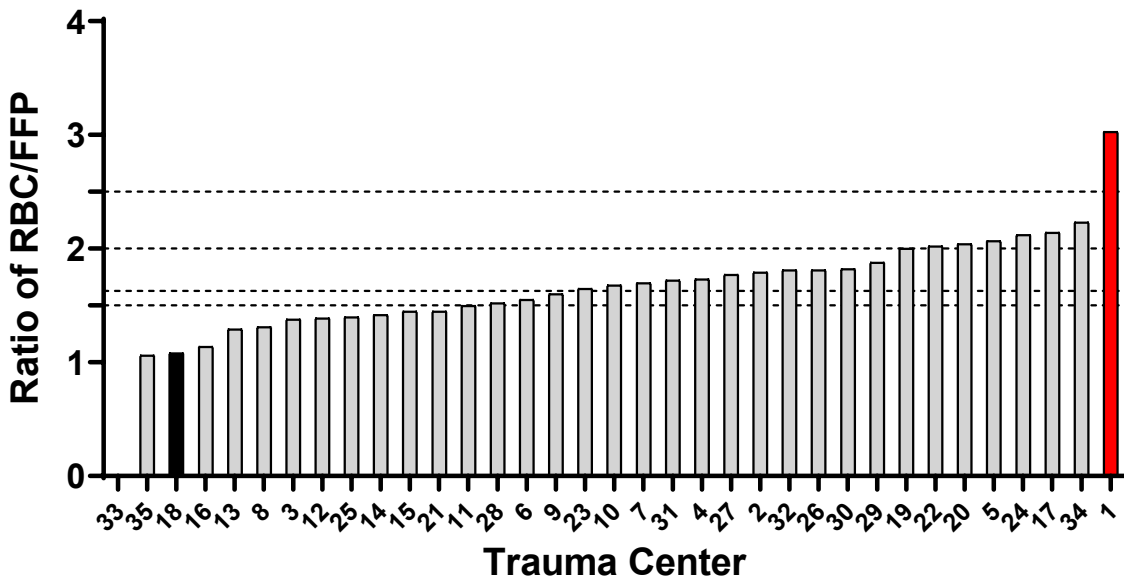
**Metric #5 - Timely Surgical Hip Repair  $\geq$  65 years**  
**Cohort 8 - Isolated Hip Fracture**  
**7/1/19 - 1/31/20**



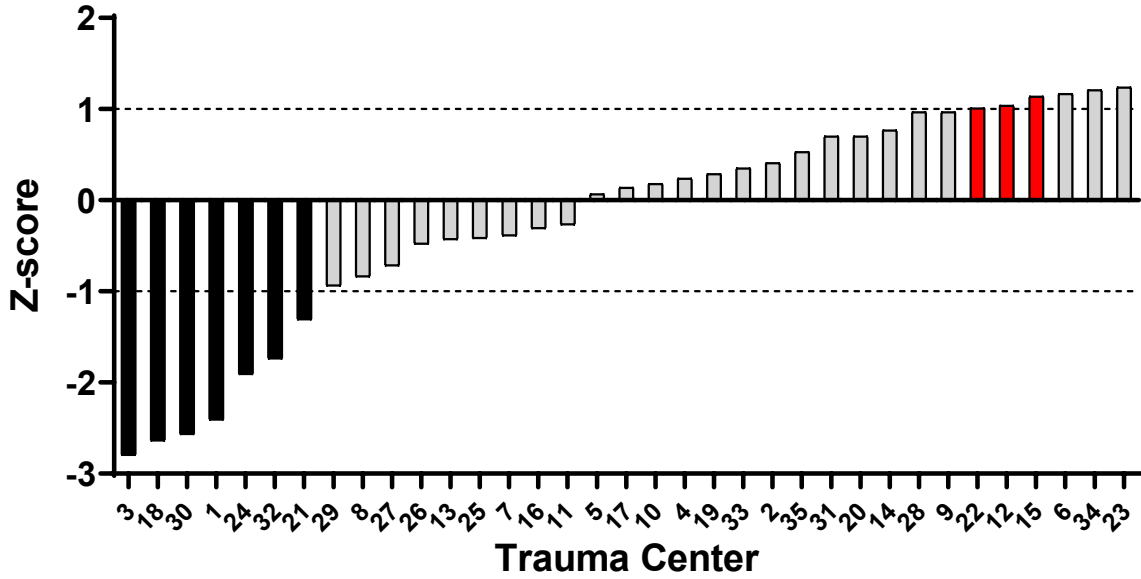
**Metric #6 - RBC to FFP Ratio - Mean  
Cohort 1 - MTQIP All  
1/1/19 - 1/31/20**



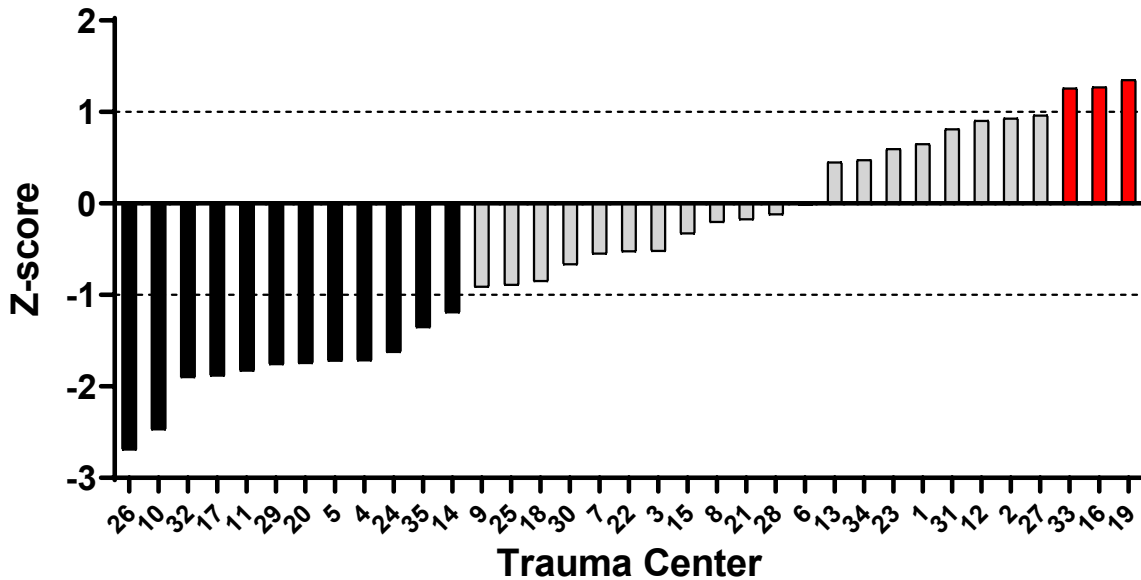
**RBC to FFP Ratio - Mean  
Cohort 1 - MTQIP All  
11/1/17 - 1/31/20**



**Metric #7 - Z-score - Serious Complication Rate  
Cohort 2 - Admit to Trauma  
7/1/17 - 1/31/20**

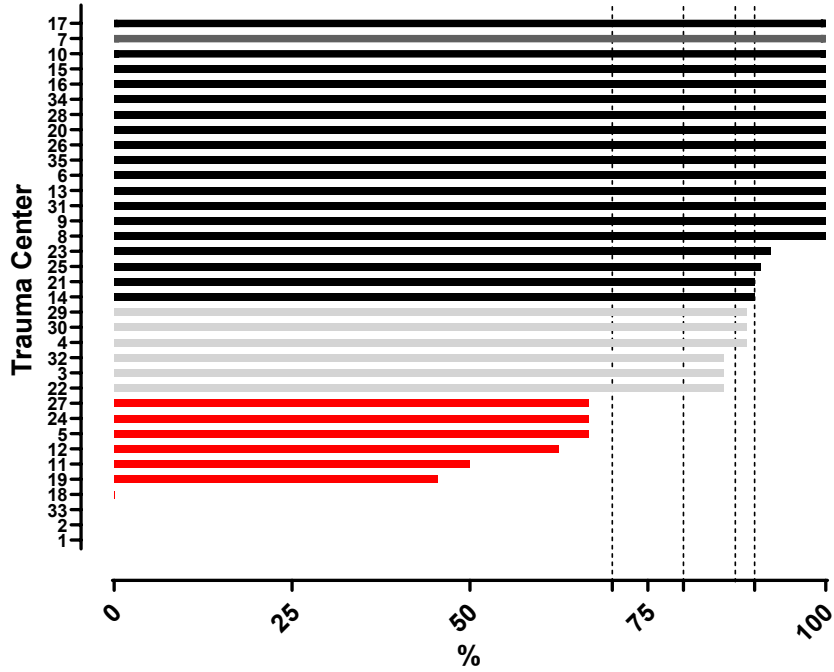


**Metric #8 - Z-score - Mortality Rate  
Cohort 2 - Admit to Trauma  
7/1/17 - 1/31/20**

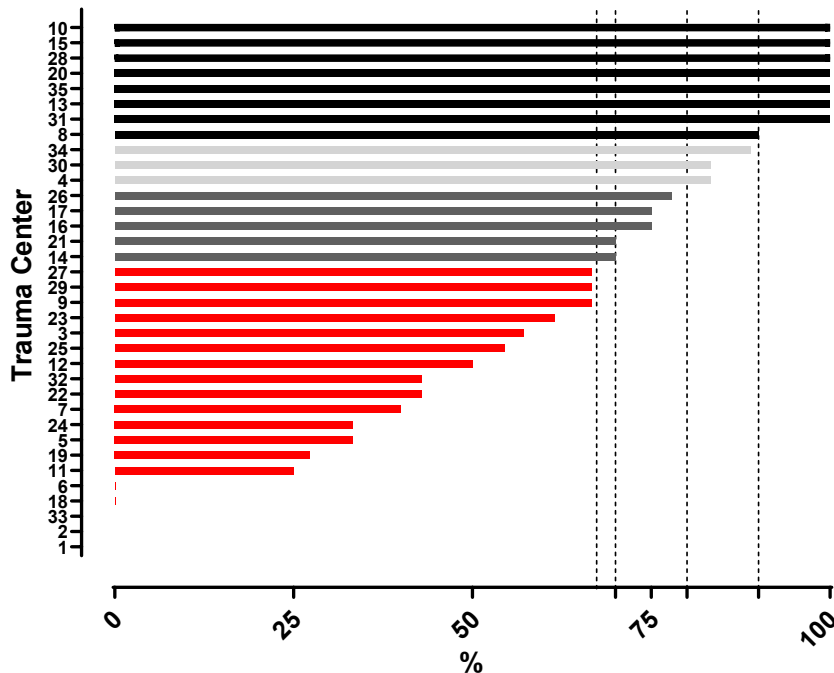




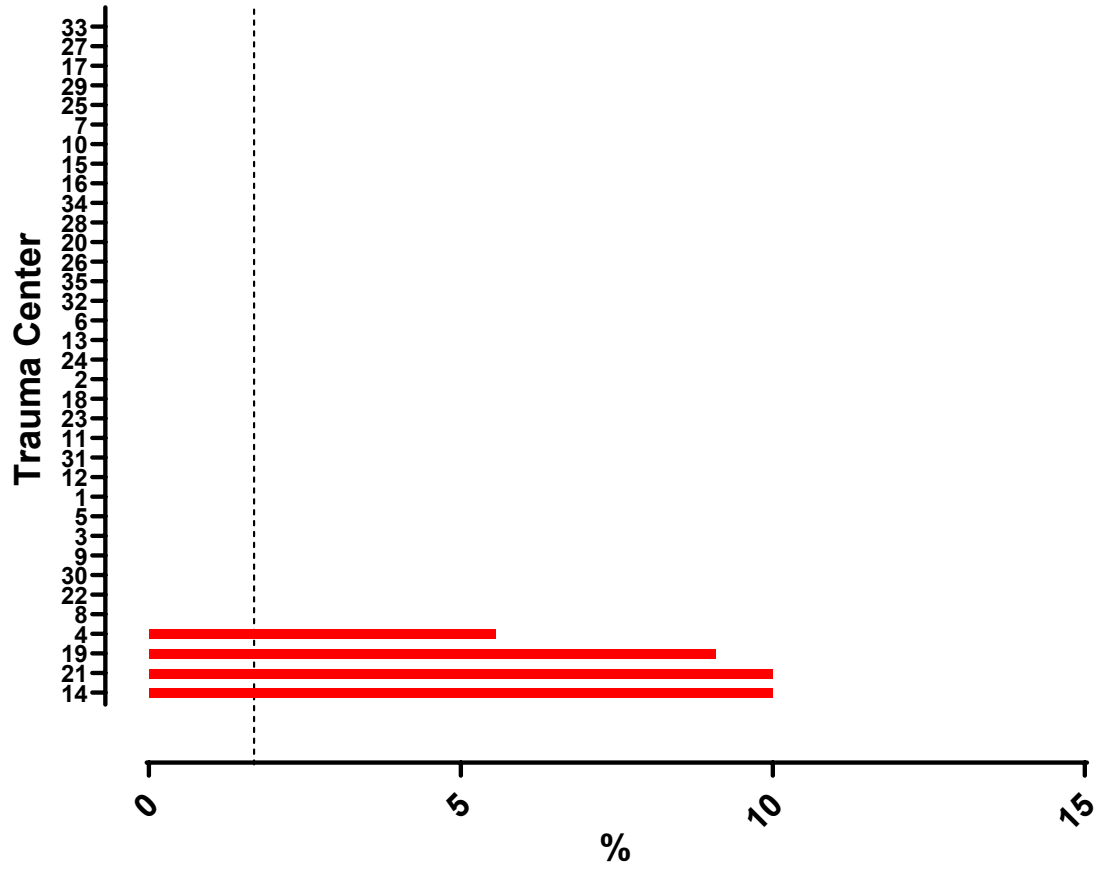
**Metric #9 - ED Head CT  $\leq$  120 min**  
**Cohort 1 - MTQIP All, TBI on Anticoagulant (Excluding ASA)**  
**7/1/19 - 1/31/20**



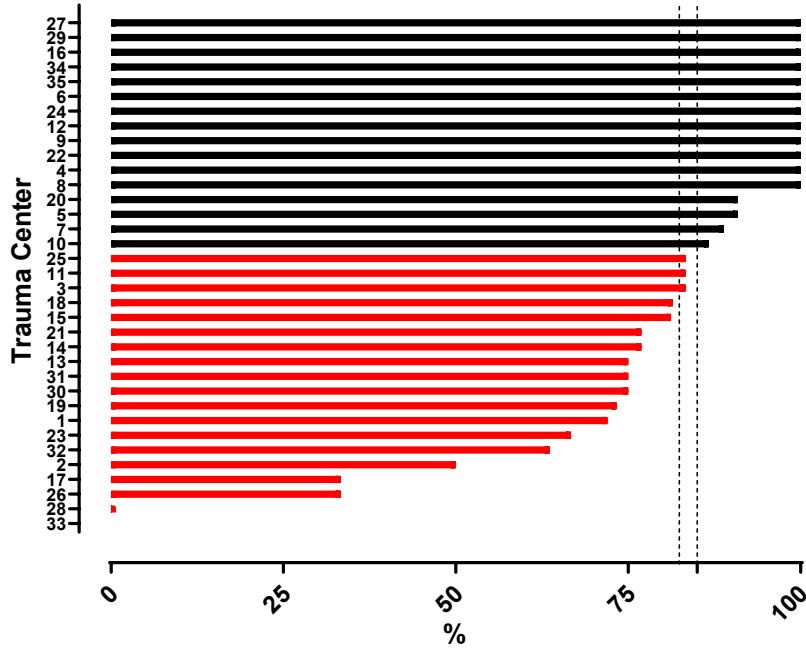
**ED Head CT  $\leq$  60 min**  
**Cohort 1 - MTQIP All, TBI on Anticoagulant (Excluding ASA)**  
**7/1/19 - 1/31/20**



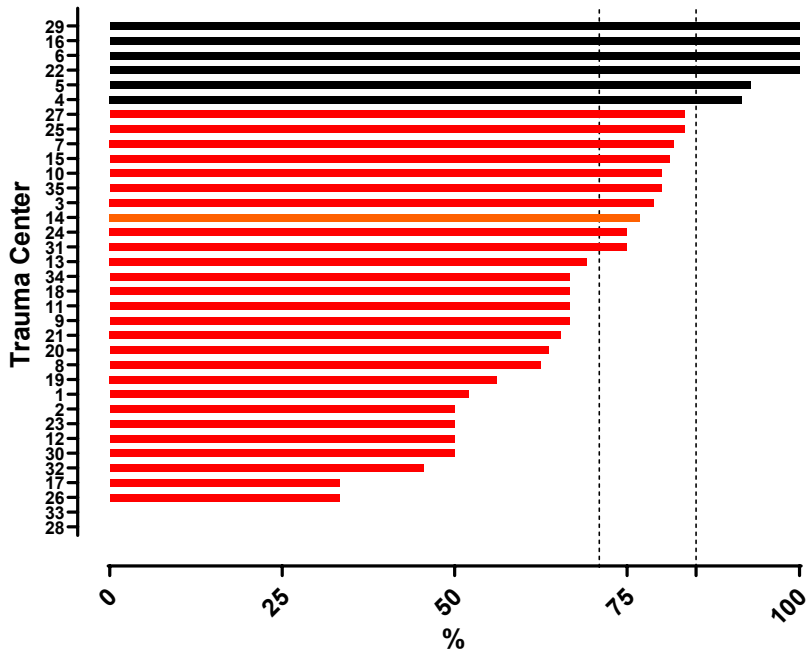
**ED Head CT Missing - Code, Date or Time  
 Cohort 1 - MTQIP All, TBI on Anticoagulant (Excluding ASA)  
 7/1/19 - 1/31/20**



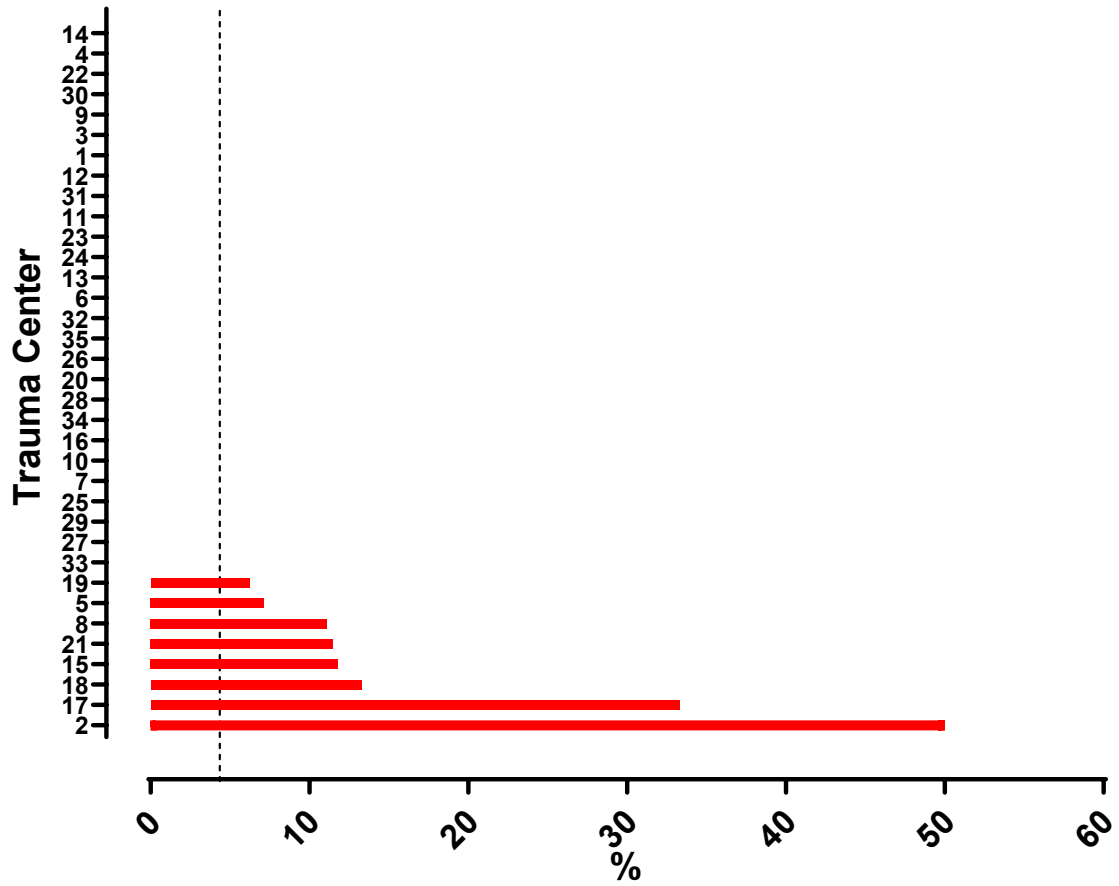
**Metric #10 - Open Fracture - Time to Abx  $\leq$  120 min**  
**Cohort 1 - MTQIP All**  
**7/1/19 - 1/31/20**



**Open Fracture - Time to Abx  $\leq$  60 min**  
**Cohort 1 - MTQIP All**  
**7/1/19 - 1/31/20**

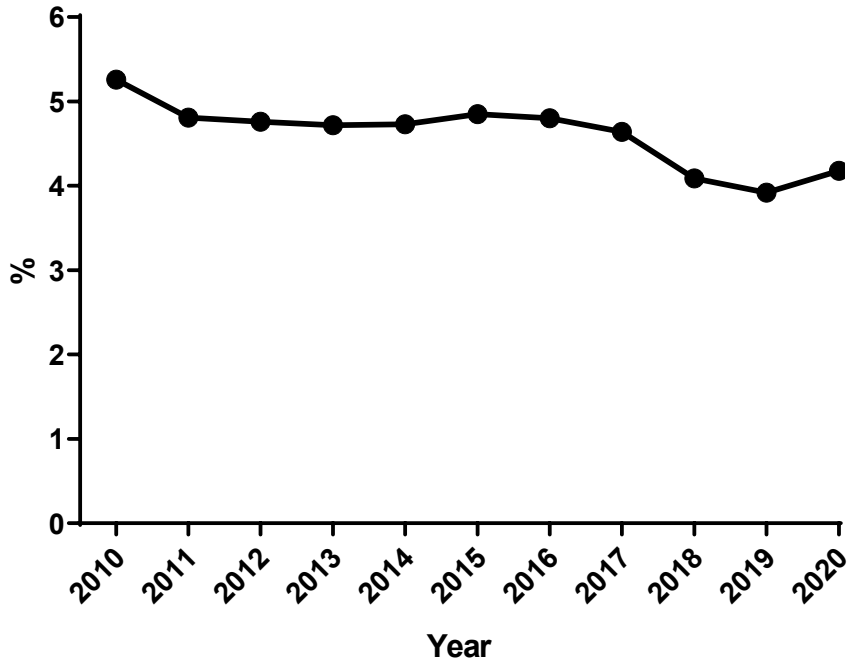


**Open Fracture - Missing Type, Date or Time  
Cohort 1 - MTQIP All  
7/1/19 - 1/31/20**

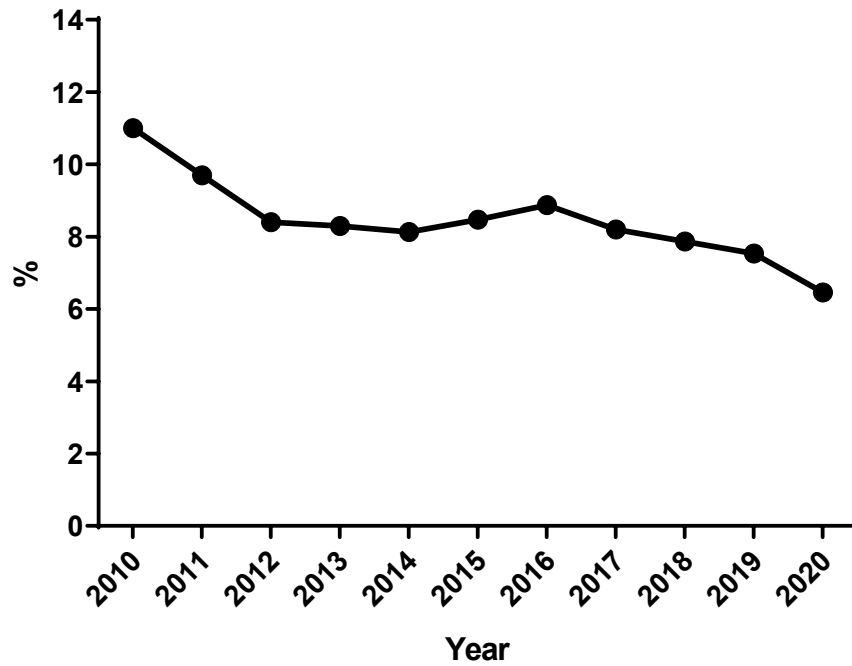


Trends

**Collaborative Outcome Overview - Mortality  
Cohort 2 - Admit to Trauma**

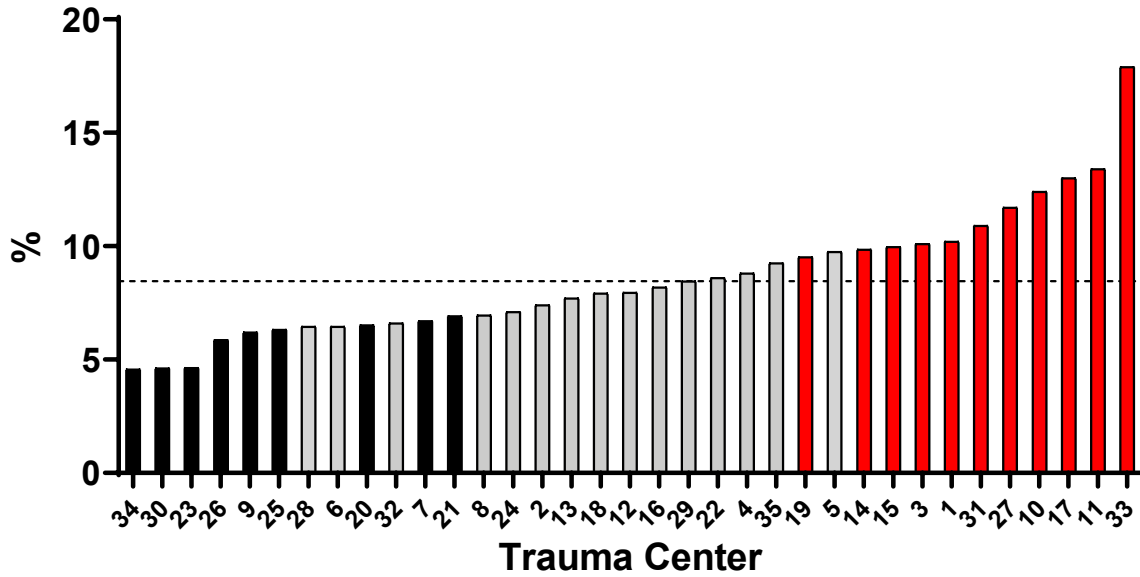


**Collaborative Outcome Overview - Serious Cx  
Cohort 2 - Admit to Trauma**

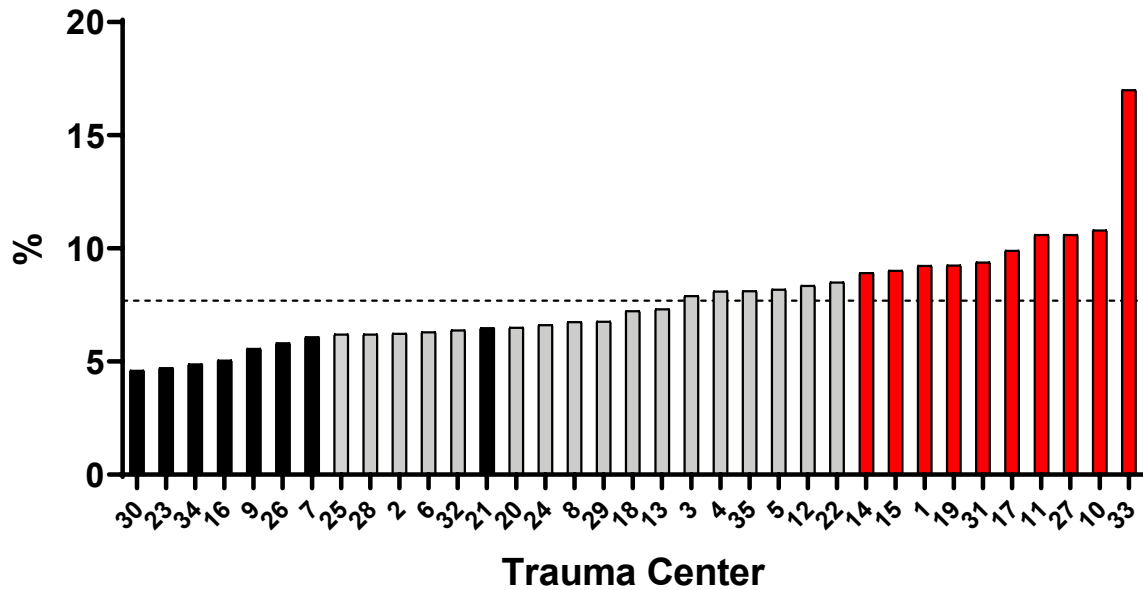


Outcomes

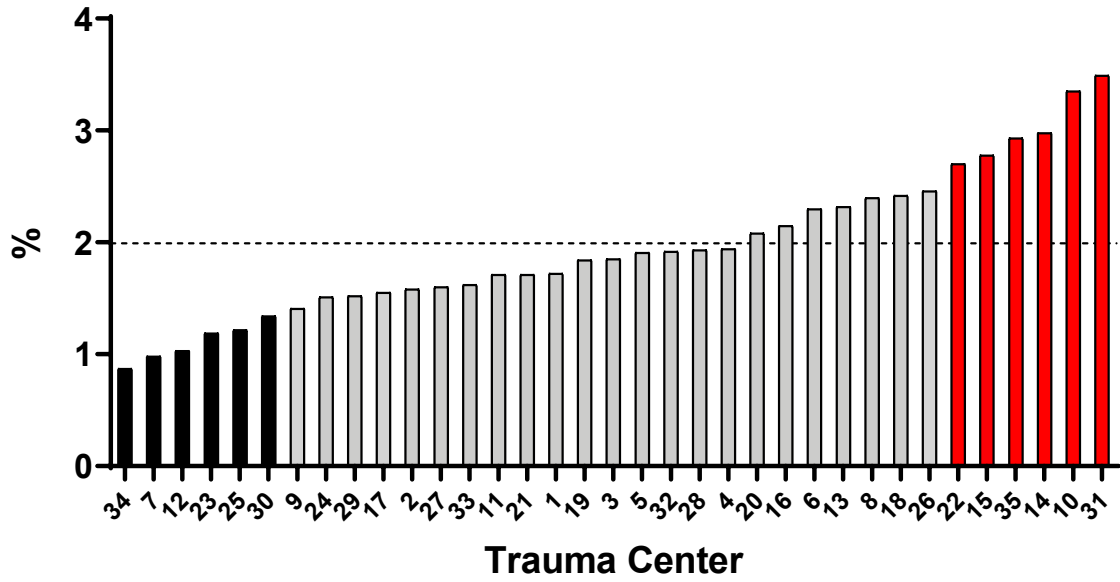
### Complications - Any Cohort 2 - Admit to Trauma



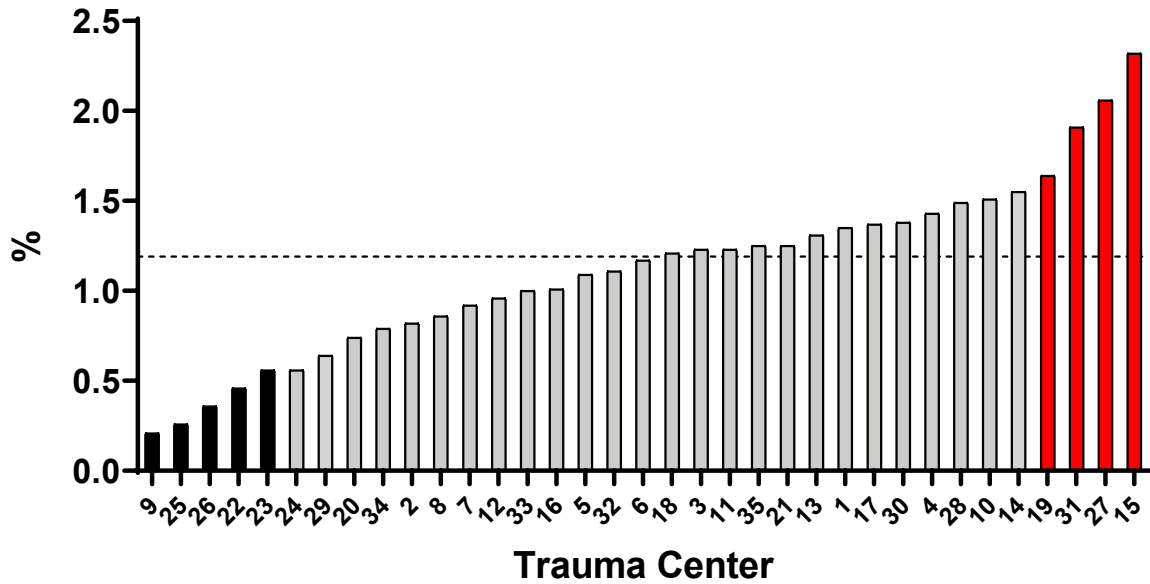
### Complications - Serious Cohort 2 - Admit to Trauma



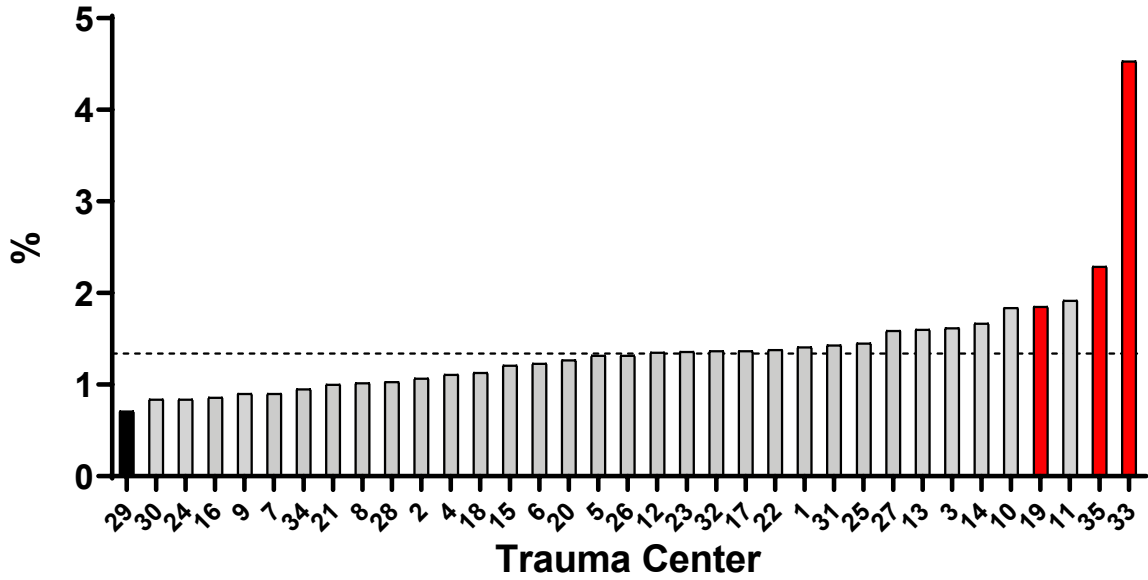
### Cardiac/Stroke Cohort 2 - Admit to Trauma



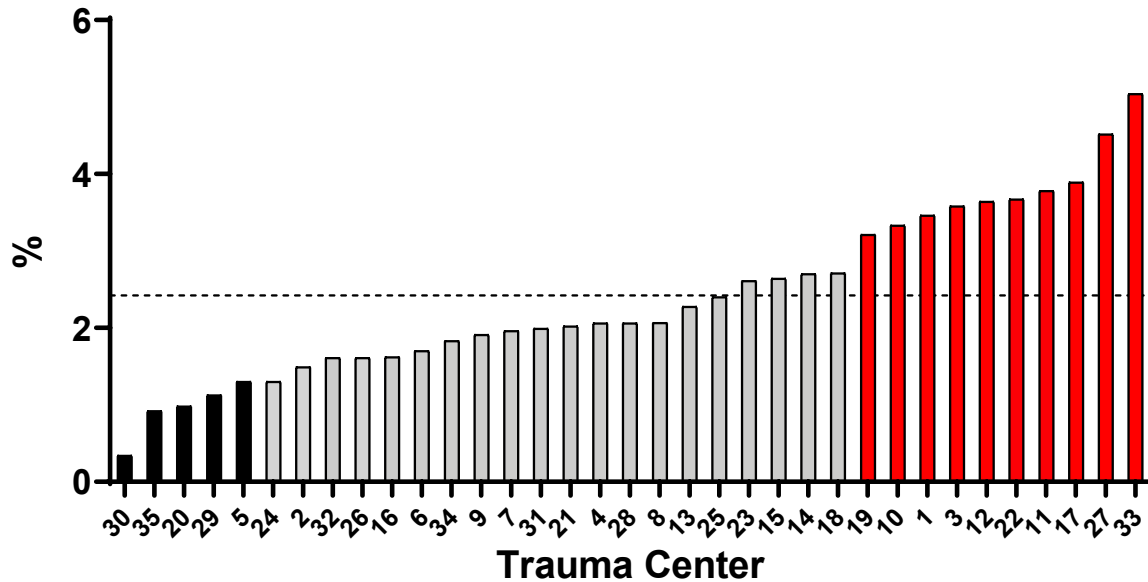
### DVT/Pulmonary Embolus Cohort 2 - Admit to Trauma



## Unplanned Intubation Cohort 2 - Admit to Trauma

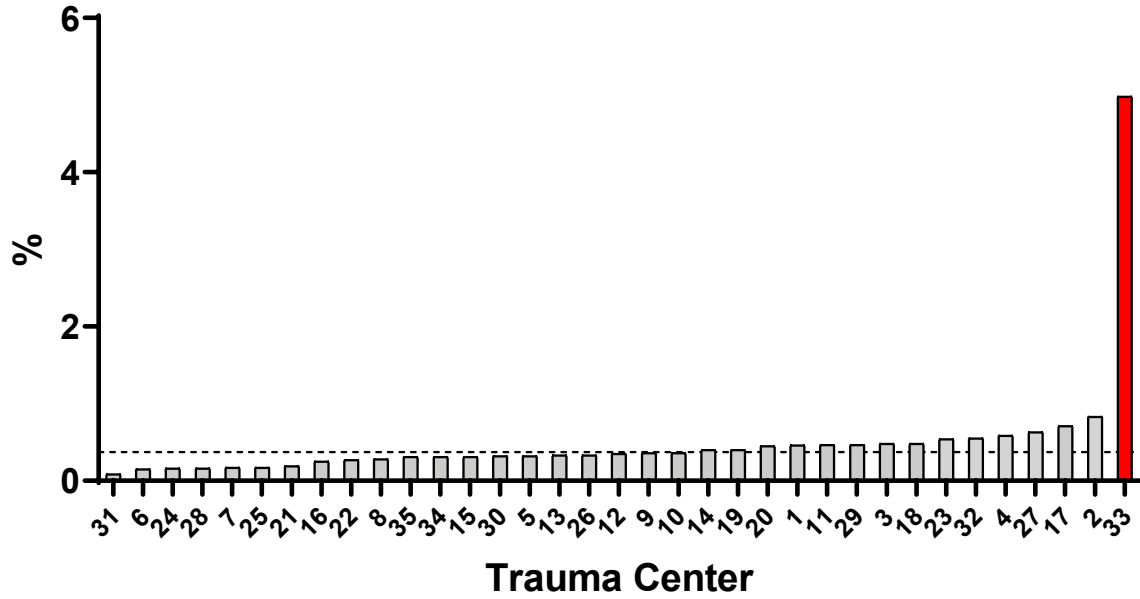


## Pneumonia Cohort 2 - Admit to Trauma

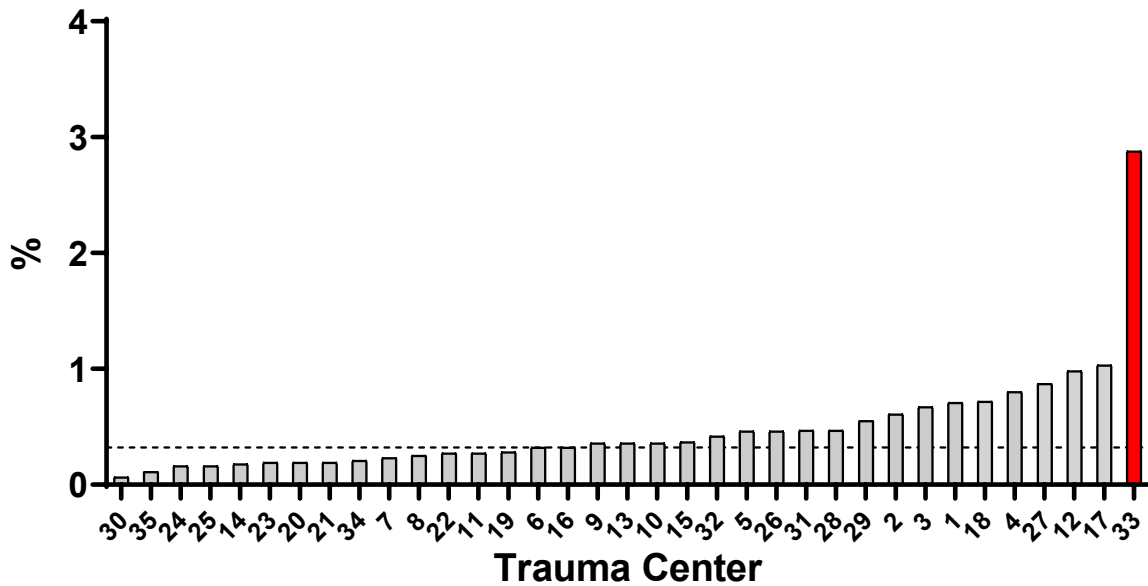




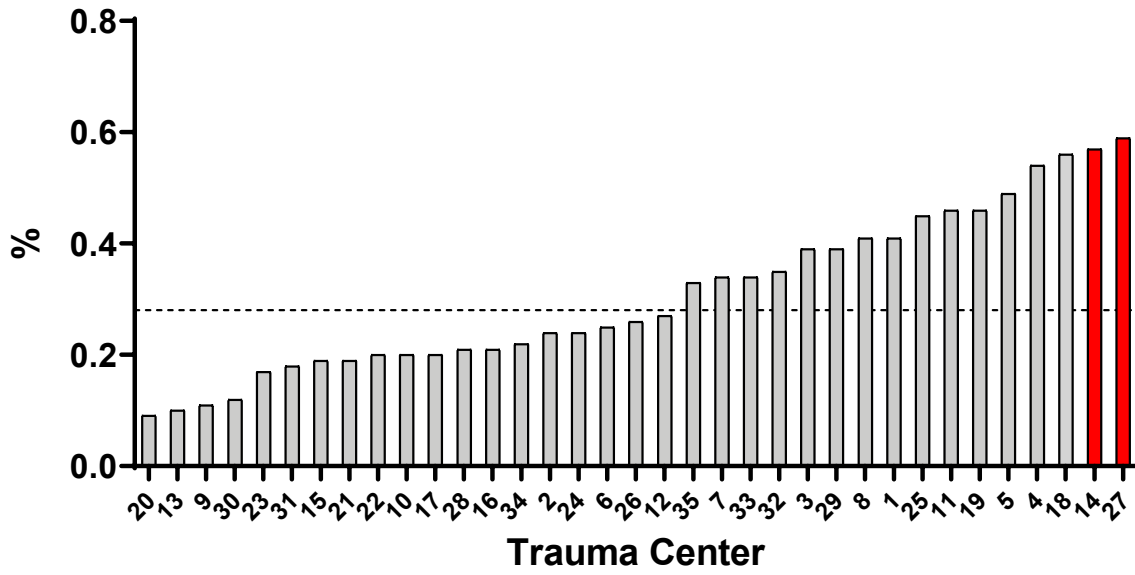
## Acute Kidney Injury Cohort 2 - Admit to Trauma



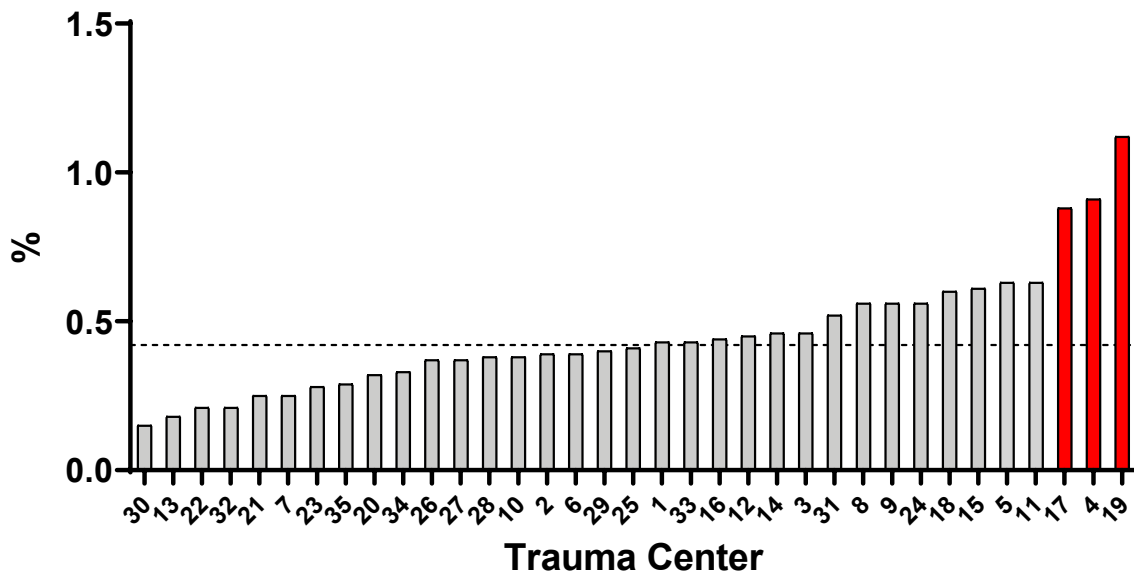
## CAUTI Cohort 2 - Admit to Trauma



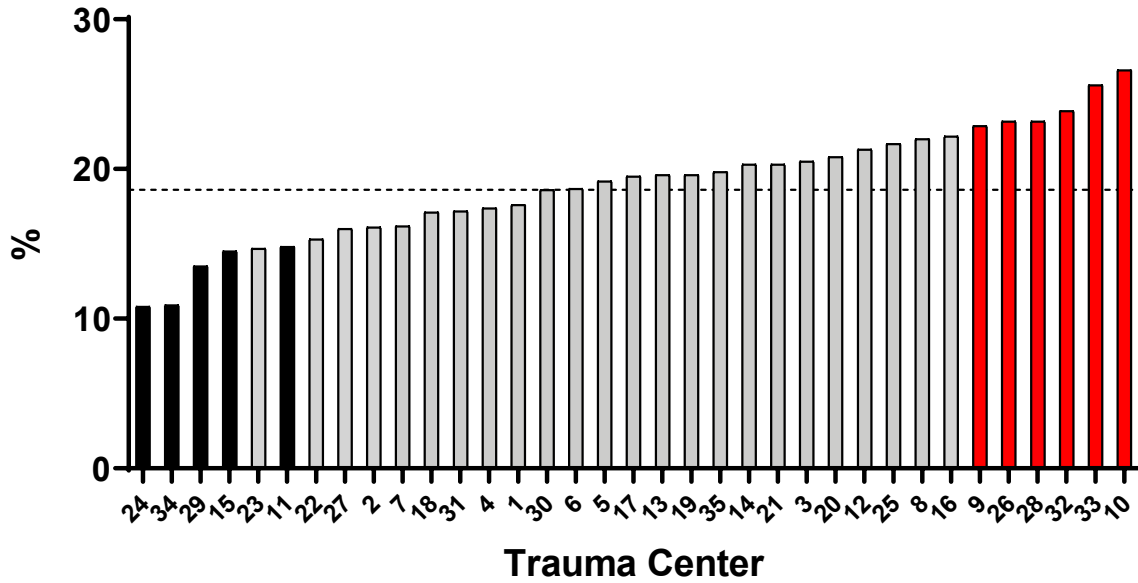
### C. Difficile Colitis Cohort 2 - Admit to Trauma



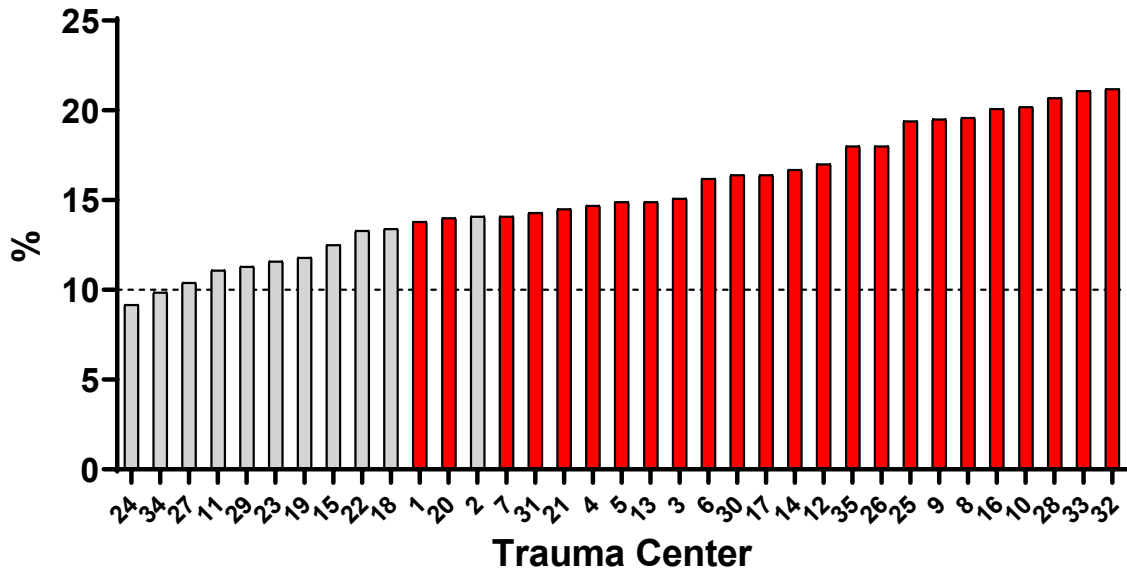
### Sepsis Cohort 2 - Admit to Trauma



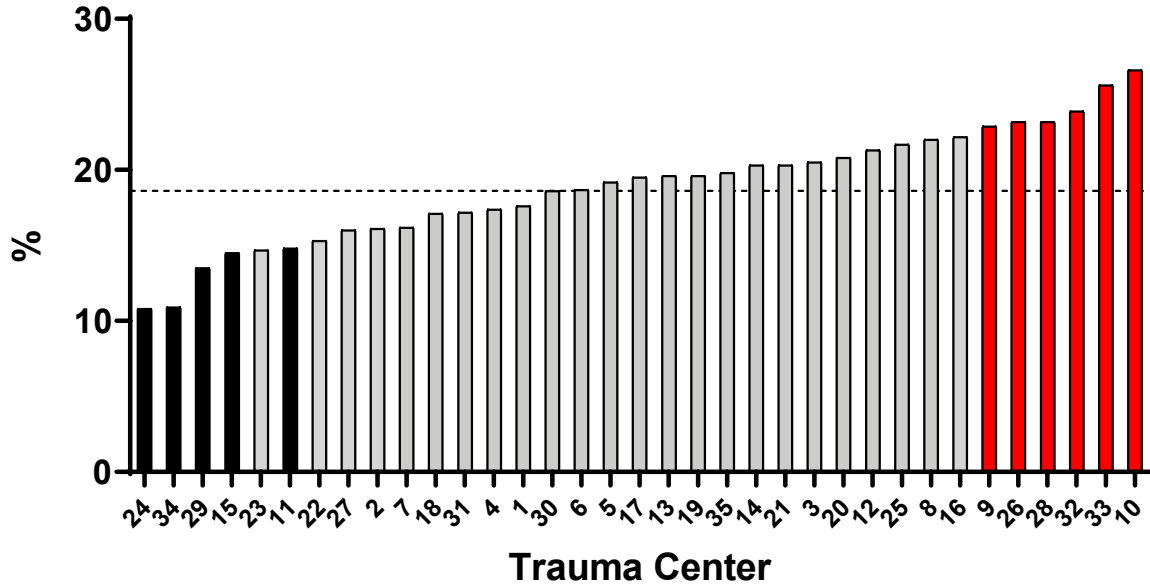
### Failure to Rescue Cohort 2 - Admit to Trauma



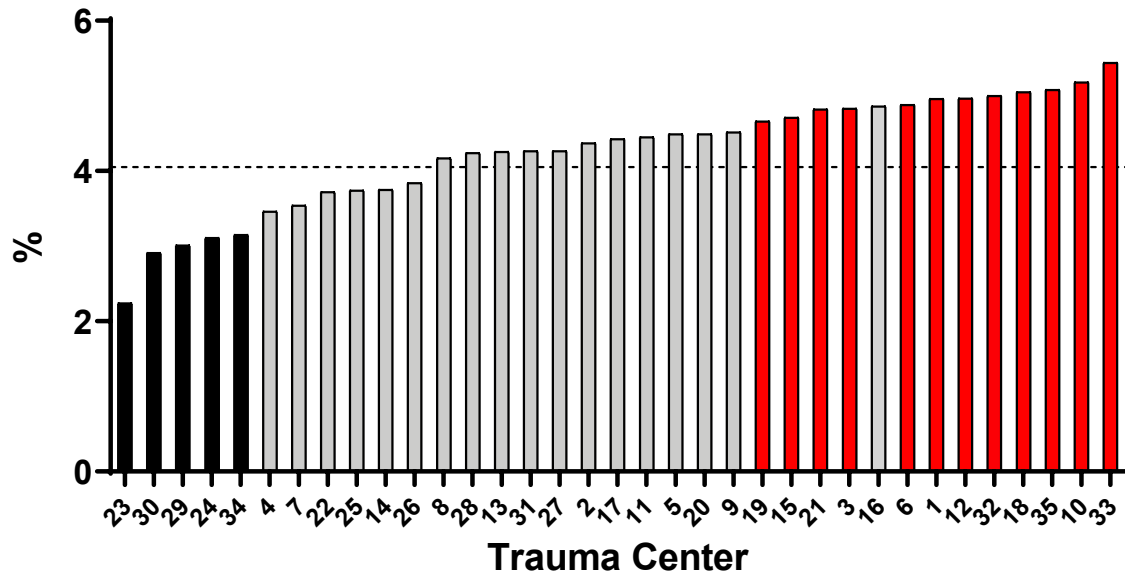
### Failure to Rescue Excluding Withdrawal of Care Cohort 2 - Admit to Trauma



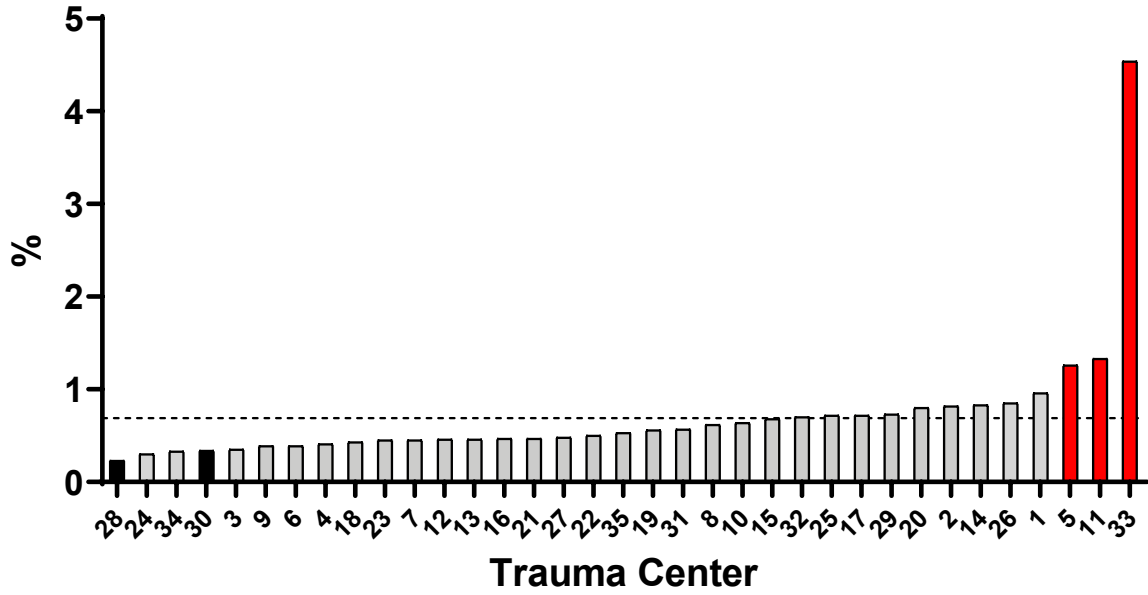
### Failure to Rescue Cohort 2 - Admit to Trauma



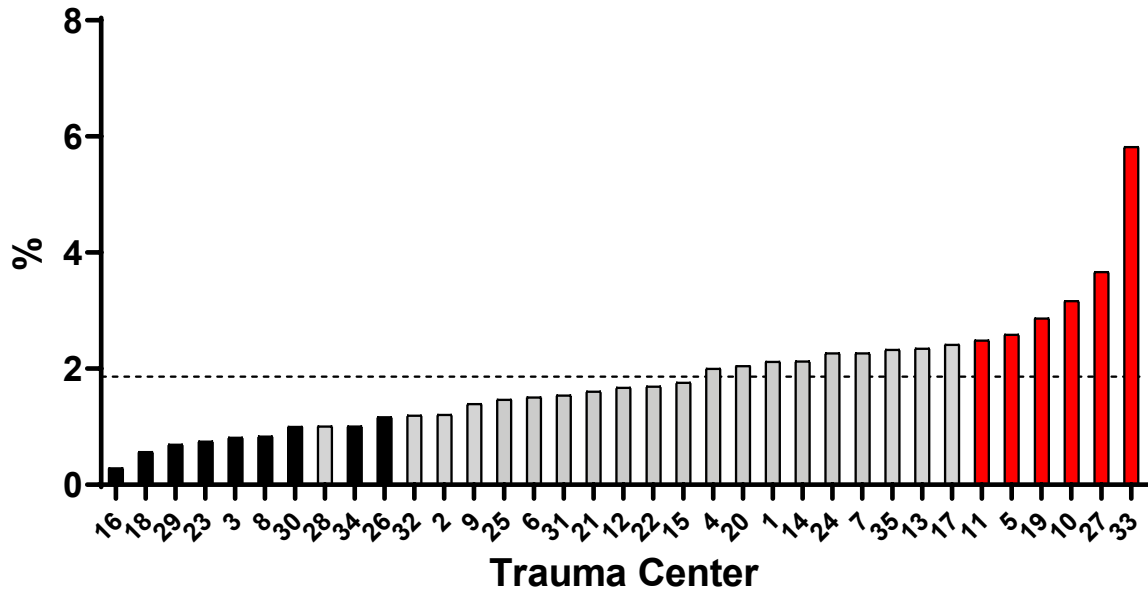
### Mortality w/o DOA Cohort 2 - Admit to Trauma



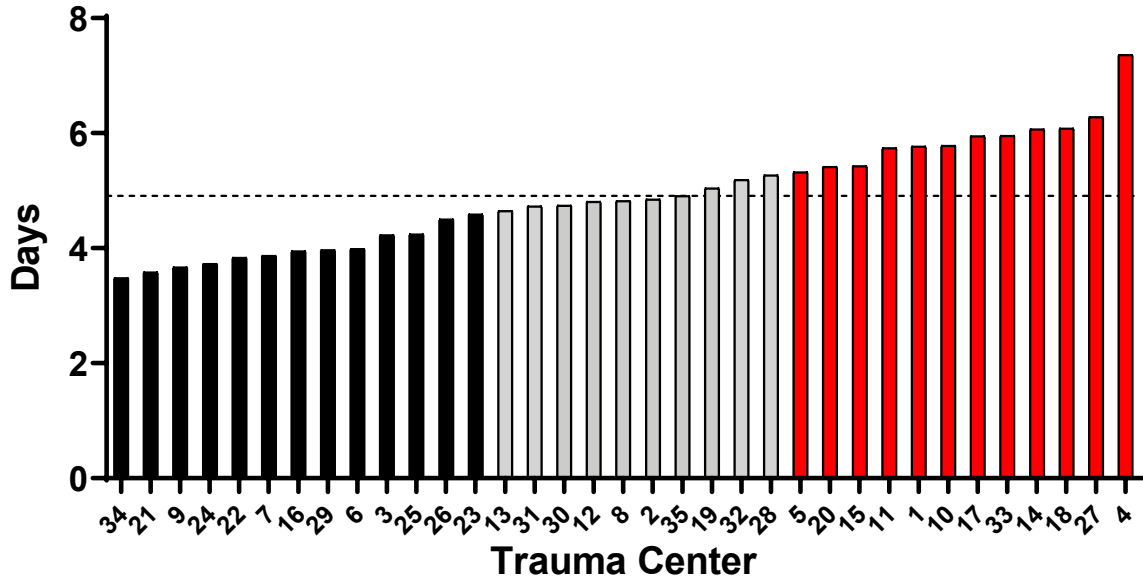
### Unplanned Return to OR Cohort 2 - Admit to Trauma



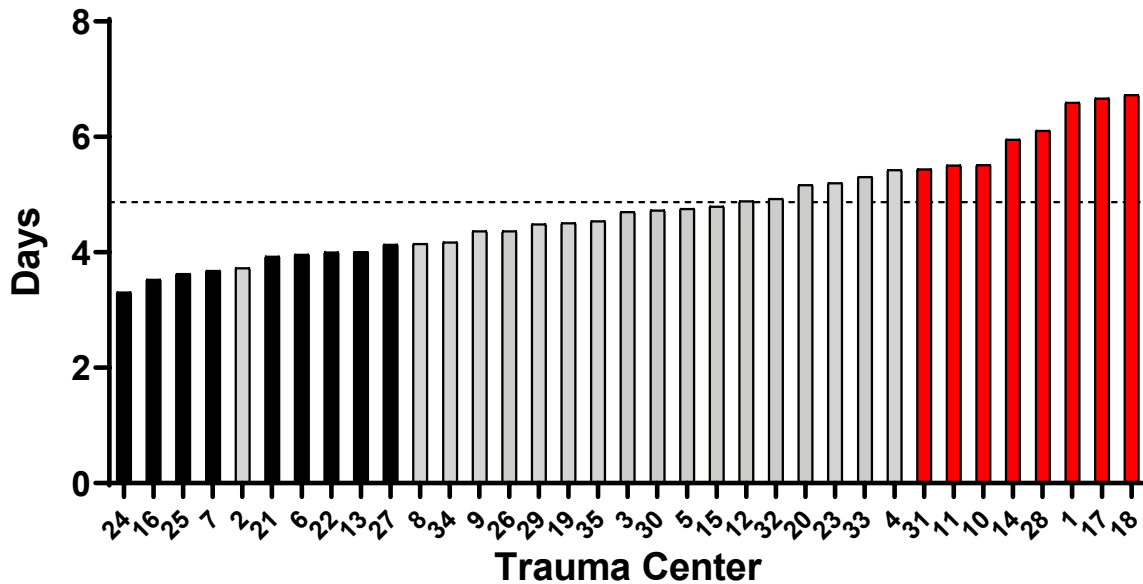
### Unplanned Admit to ICU Cohort 2 - Admit to Trauma



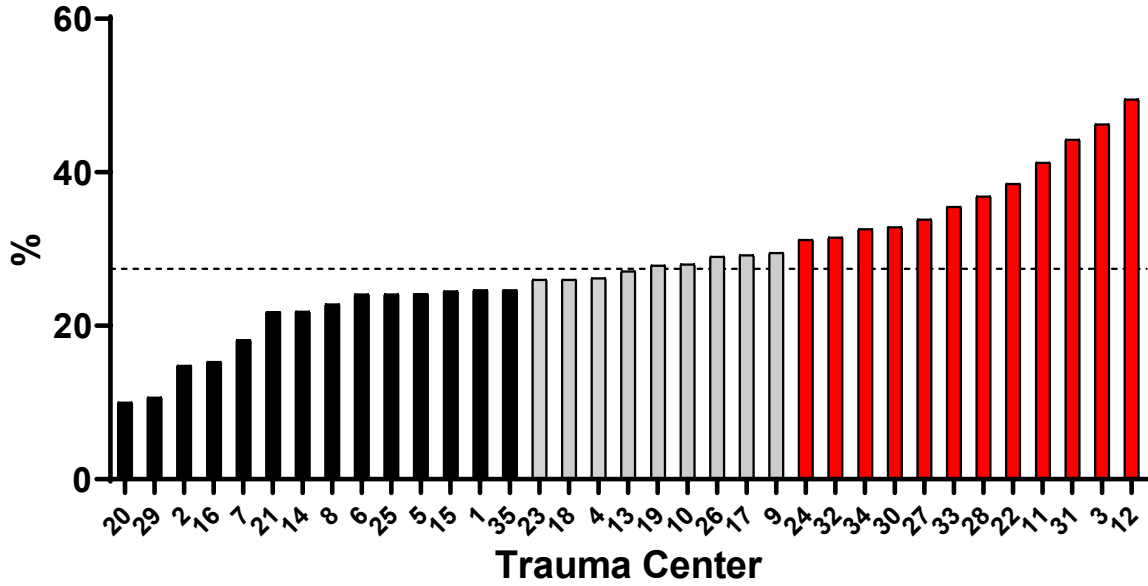
### Adjusted Hospital LOS Cohort 2 - Admit to Trauma



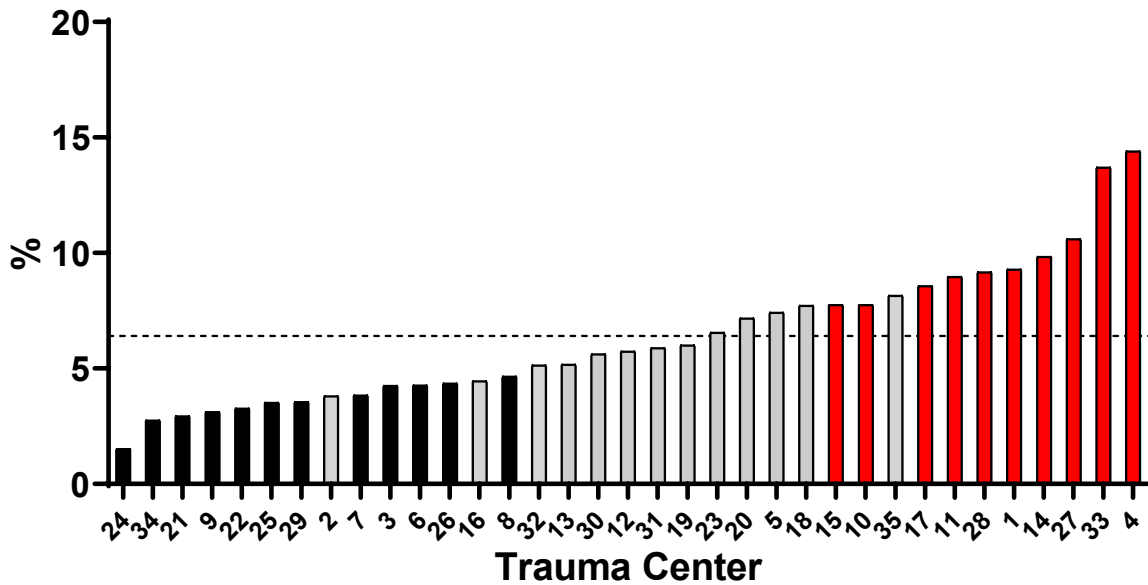
### Adjusted ICU LOS Cohort 2 - Admit to Trauma



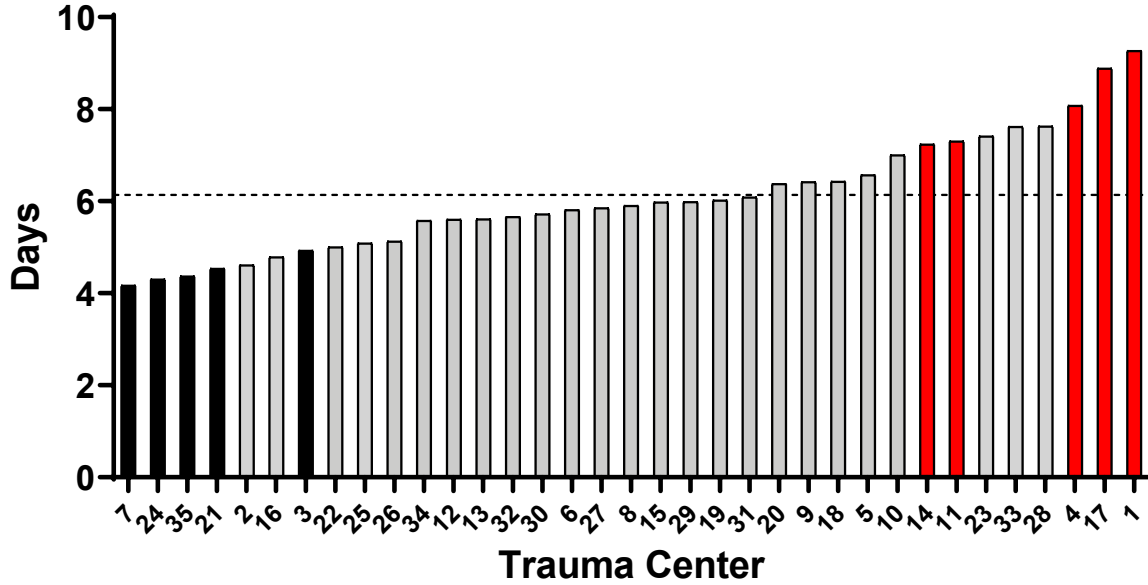
### Patients Admitted to ICU Cohort 1 - MTQIP All



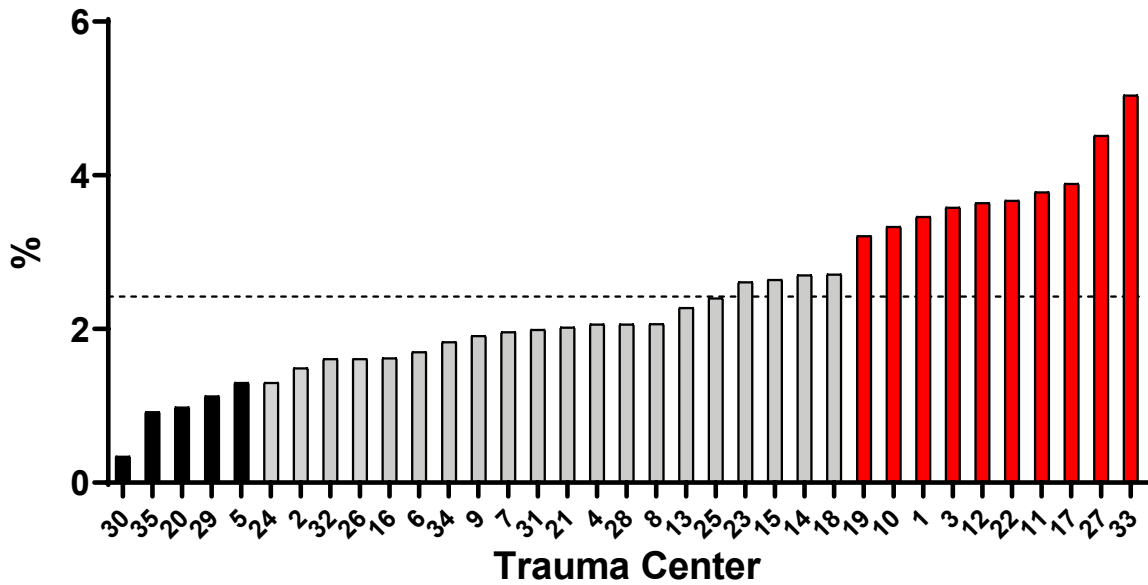
### Extended LOS Cohort 2 - Admit to Trauma



## Adjusted Ventilator Days Cohort 2 - Admit to Trauma

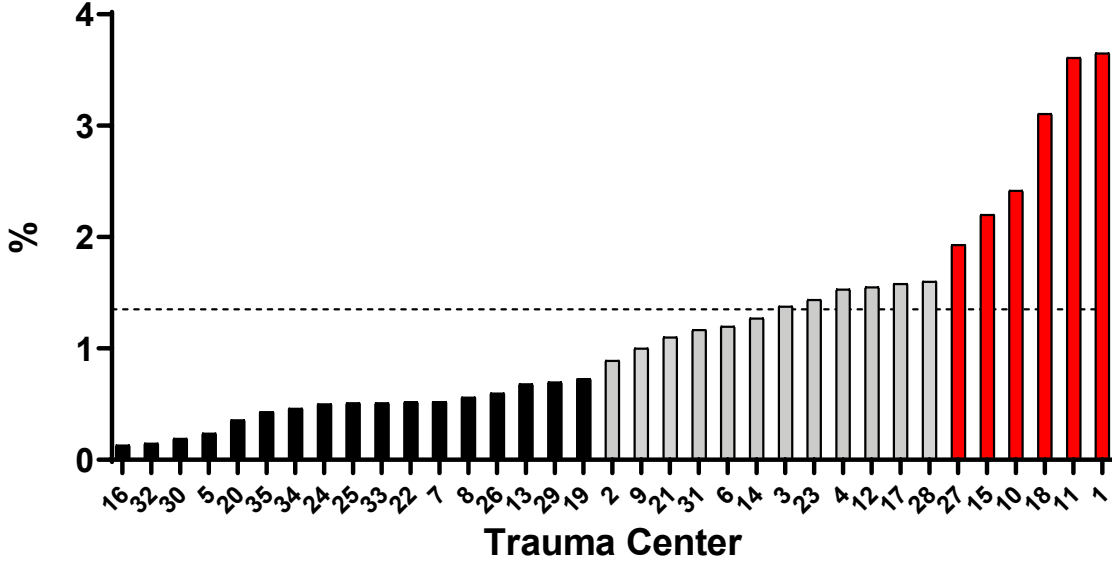


## Pneumonia Cohort 2 - Admit to Trauma

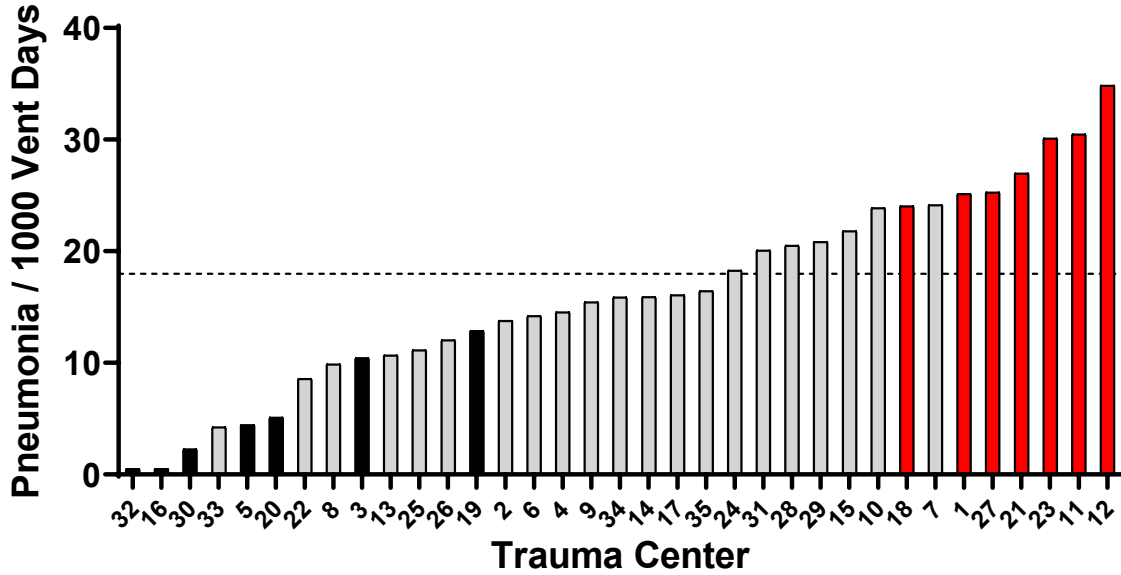




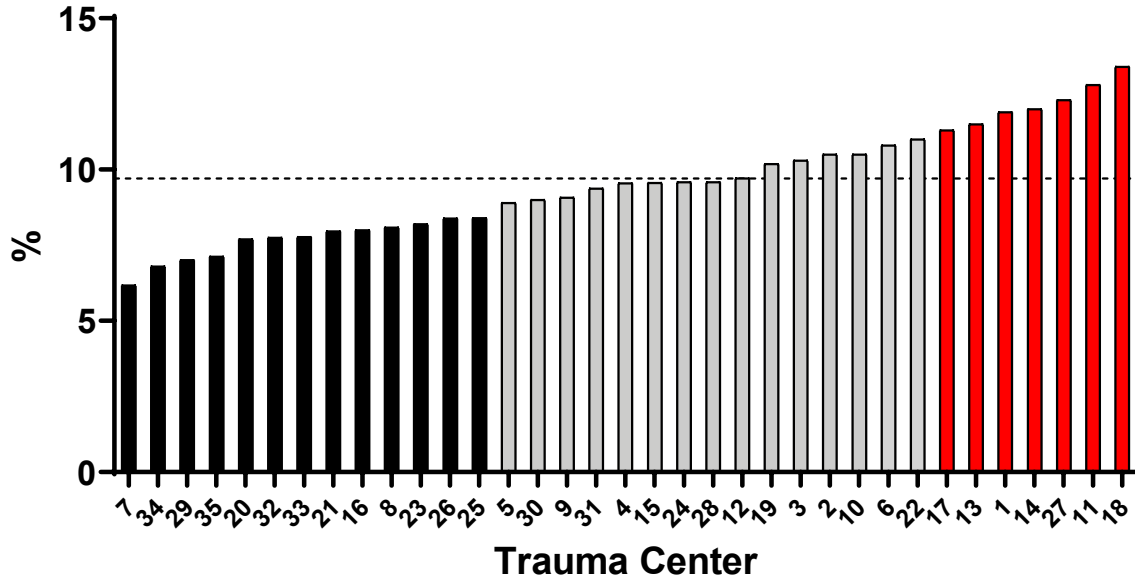
## VAP Cohort 2 - Admit to Trauma



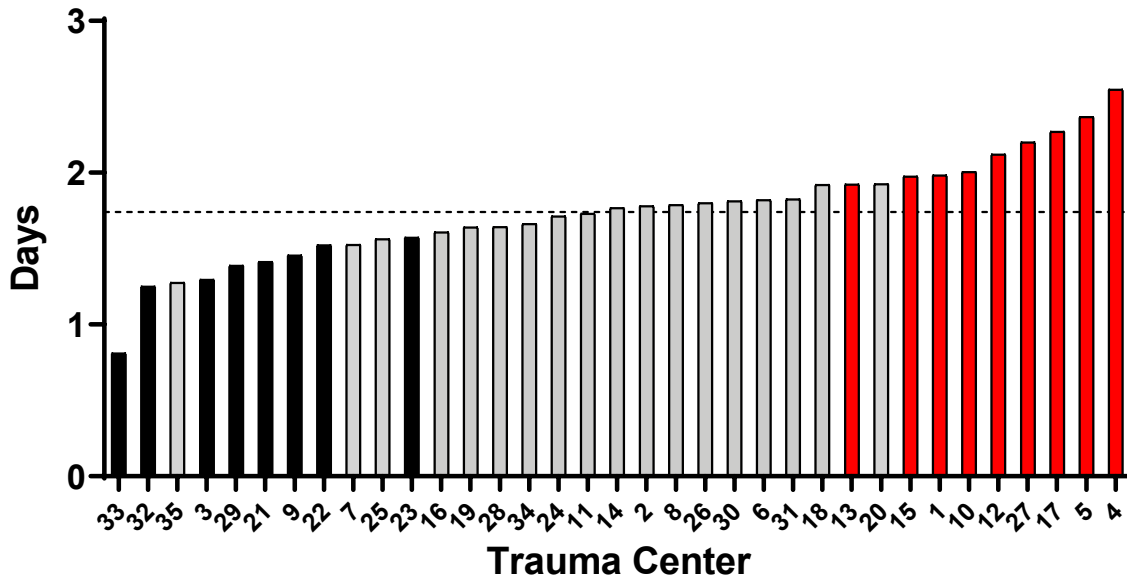
## VAP - Ventilator Days > 0 Cohort 2 - Admit to Trauma



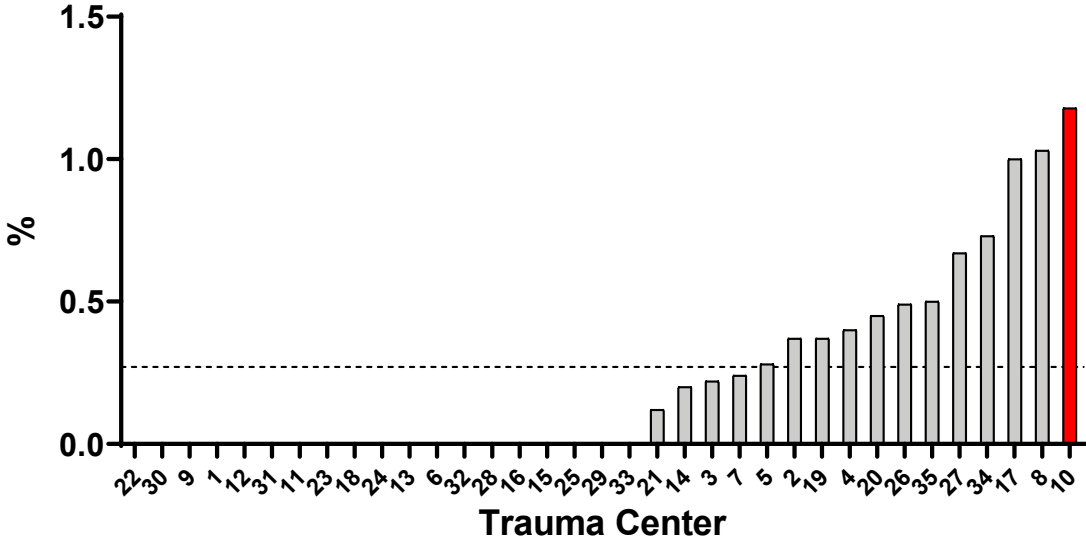
### Patients on Ventilator Cohort 1 - MTQIP All



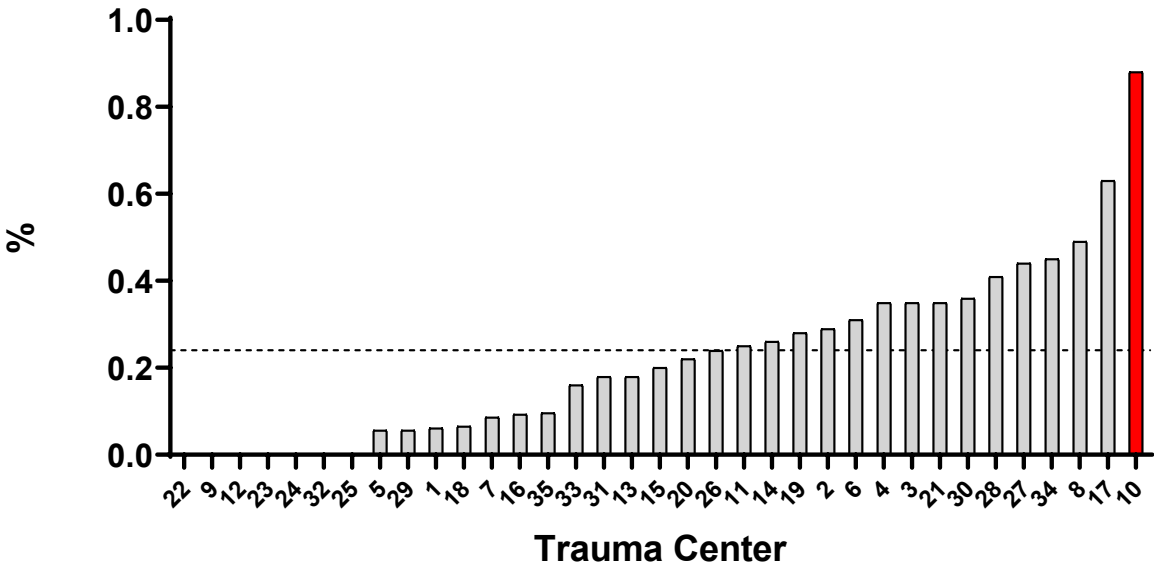
### Adjusted Antibiotic Days Cohort 1 - MTQIP All



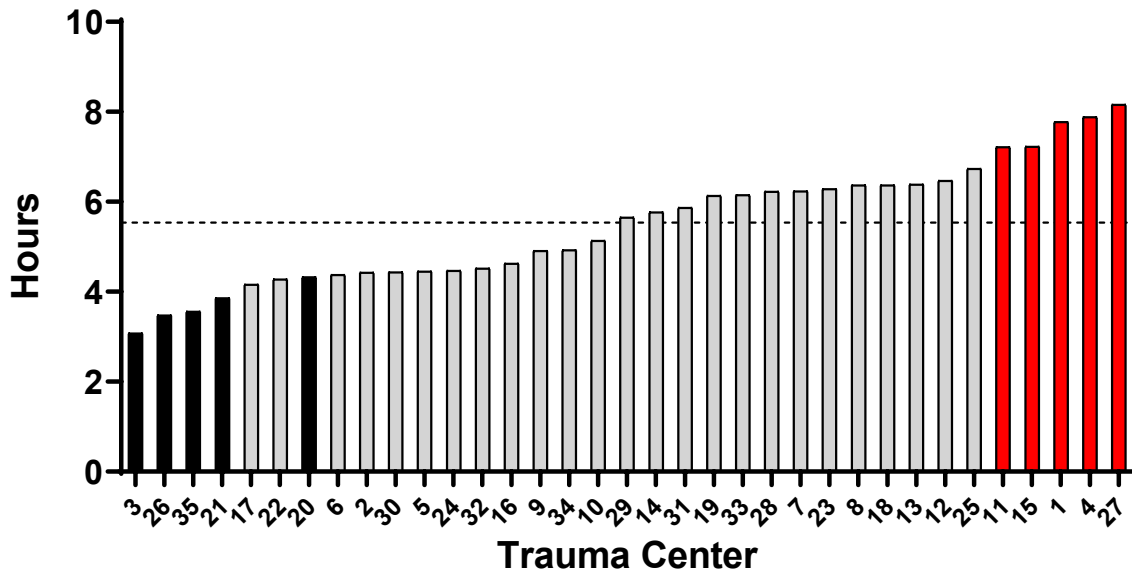
**Unadjusted IVC Filter Use  
Cohort 1 - MTQIP All  
7/1/19 - 1/31/20**



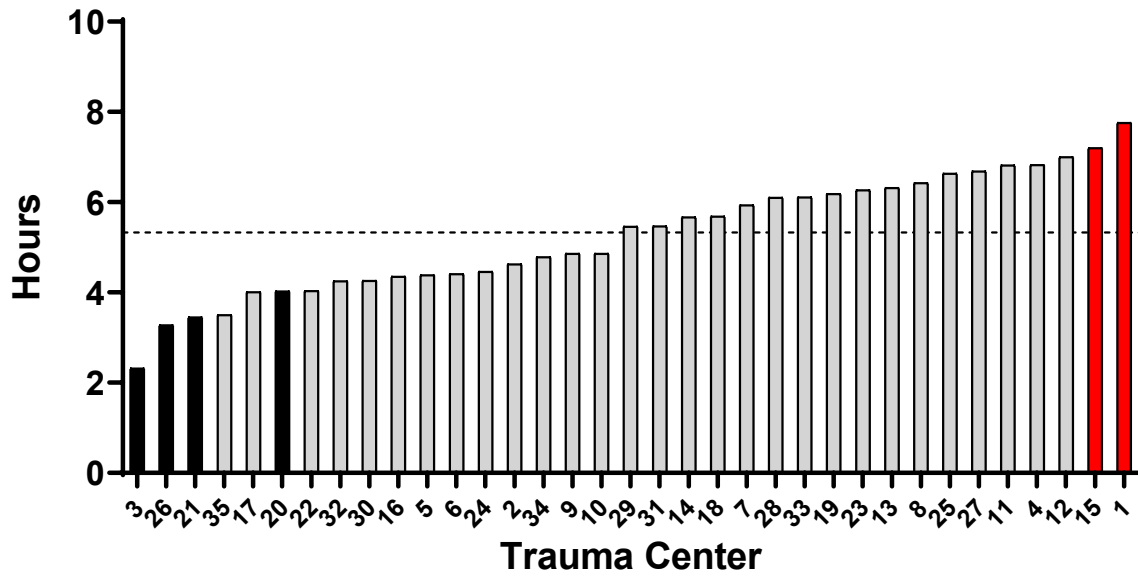
**Unadjusted IVC Filter Use  
Cohort 1 - MTQIP All  
11/1/17 - 1/31/20**



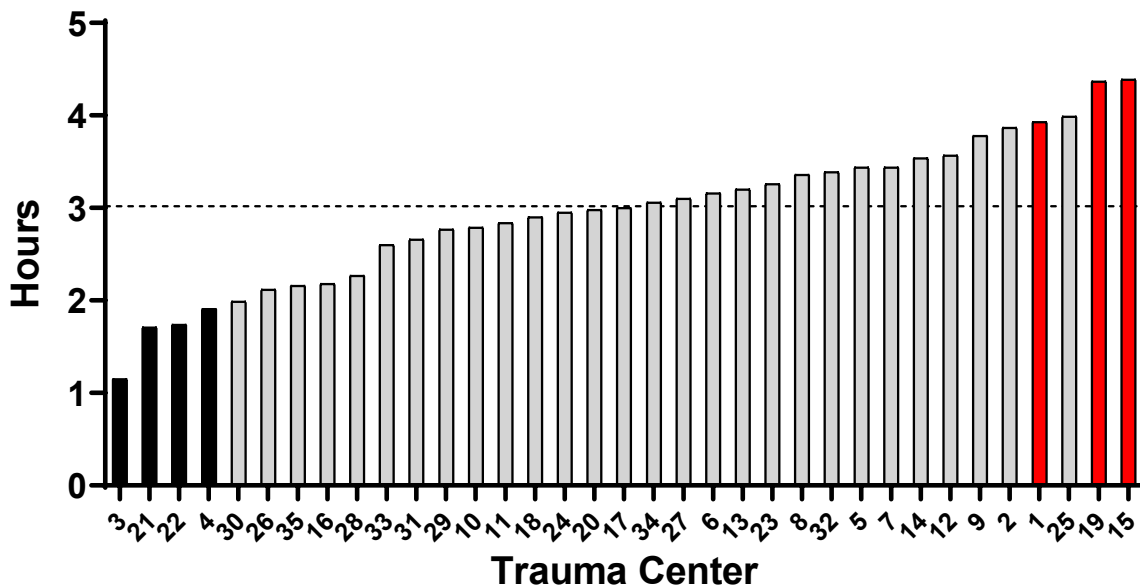
### Mean ED LOS Cohort 1 - MTQIP All



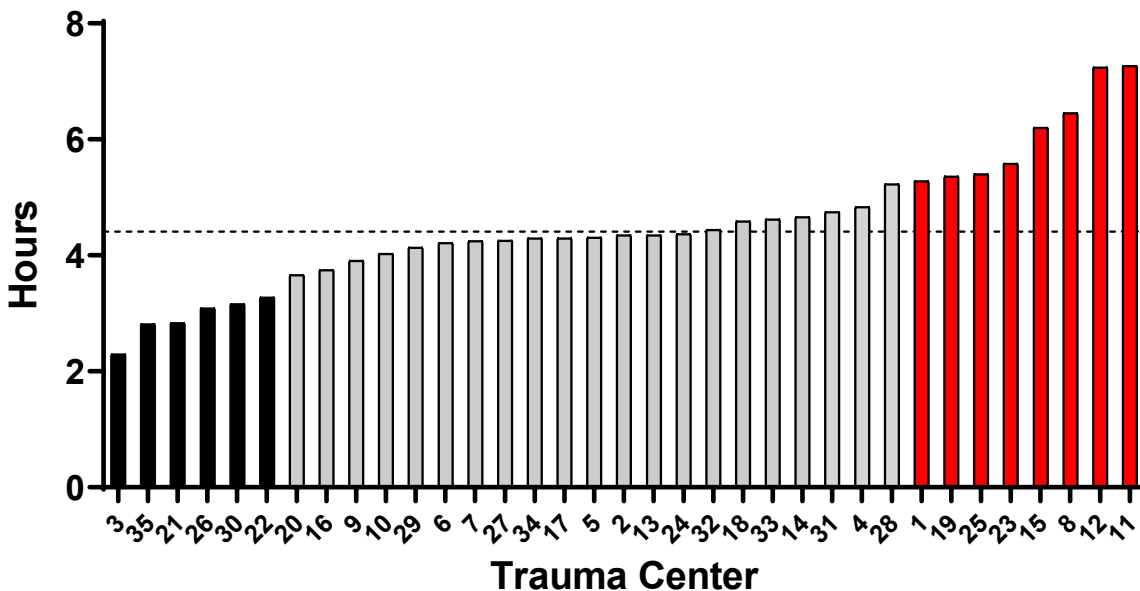
### Mean ED LOS Cohort 2 - Admit to Trauma



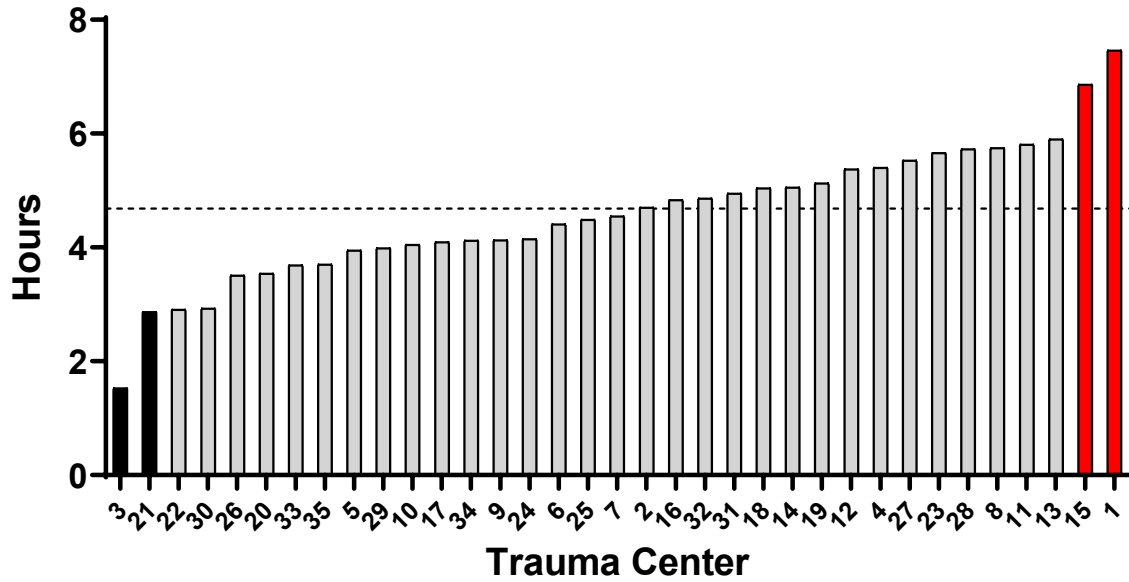
### Mean ED LOS - Full Activations Cohort 2 - Admit to Trauma



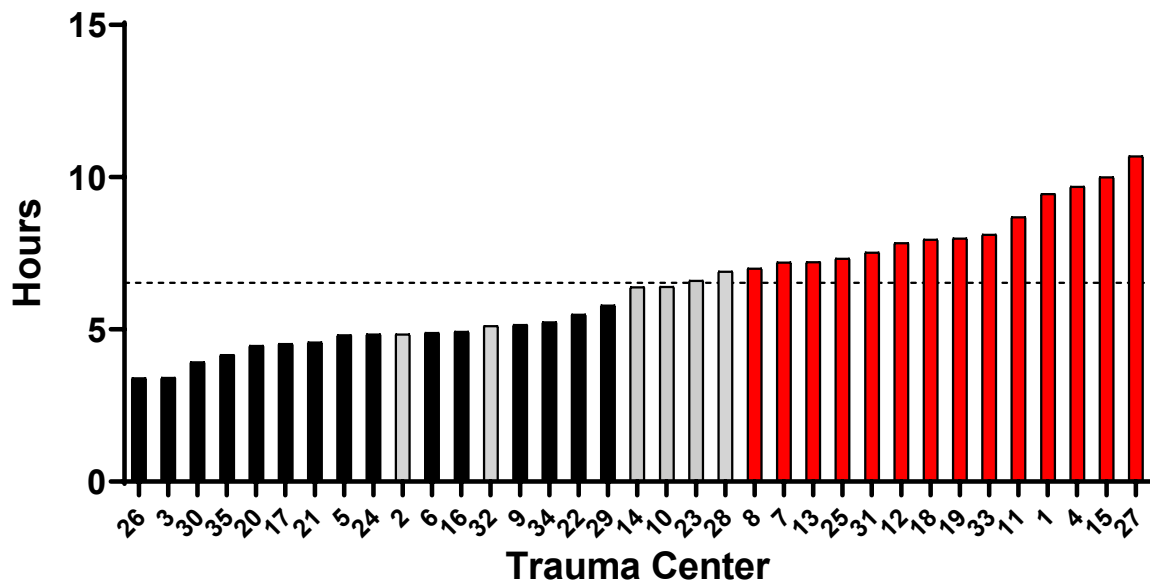
### Mean ED LOS - Disposition to ICU Cohort 2 - Admit to Trauma



### Mean ED LOS - Partial Activations Cohort 2 - Admit to Trauma

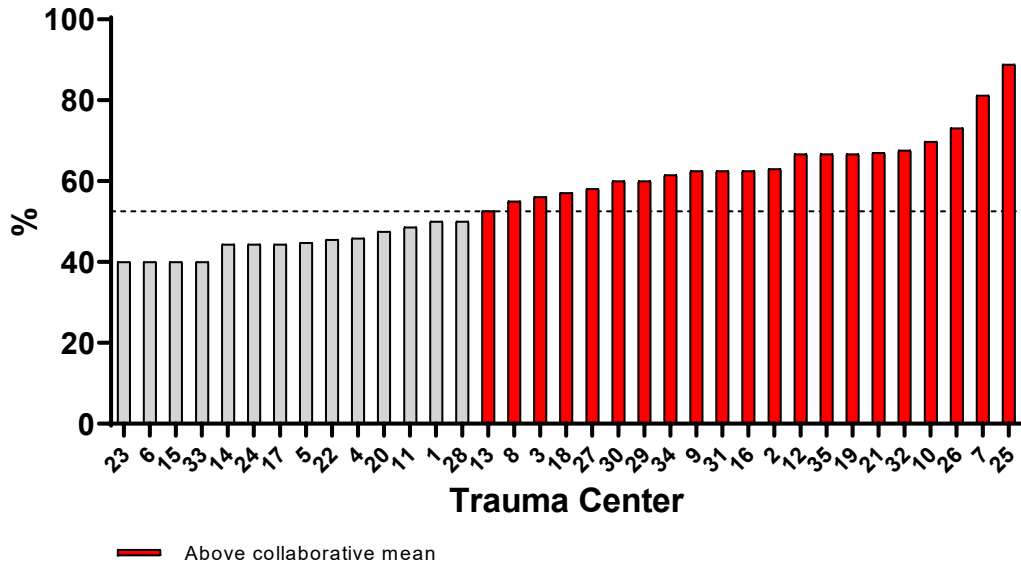


### Mean ED LOS - Consult Cohort 2 - Admit to Trauma

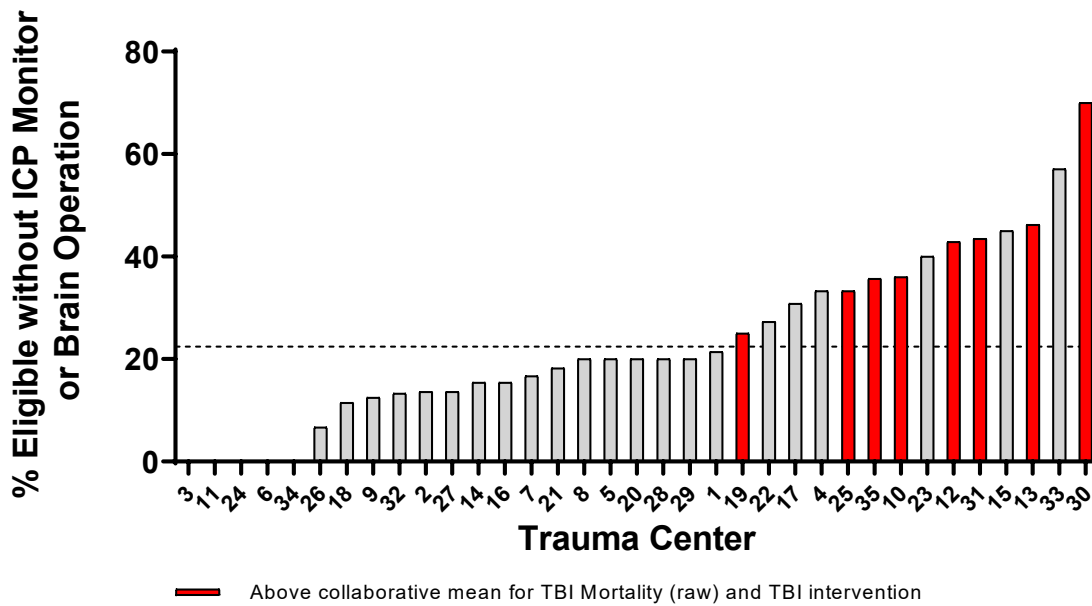


Process Measures

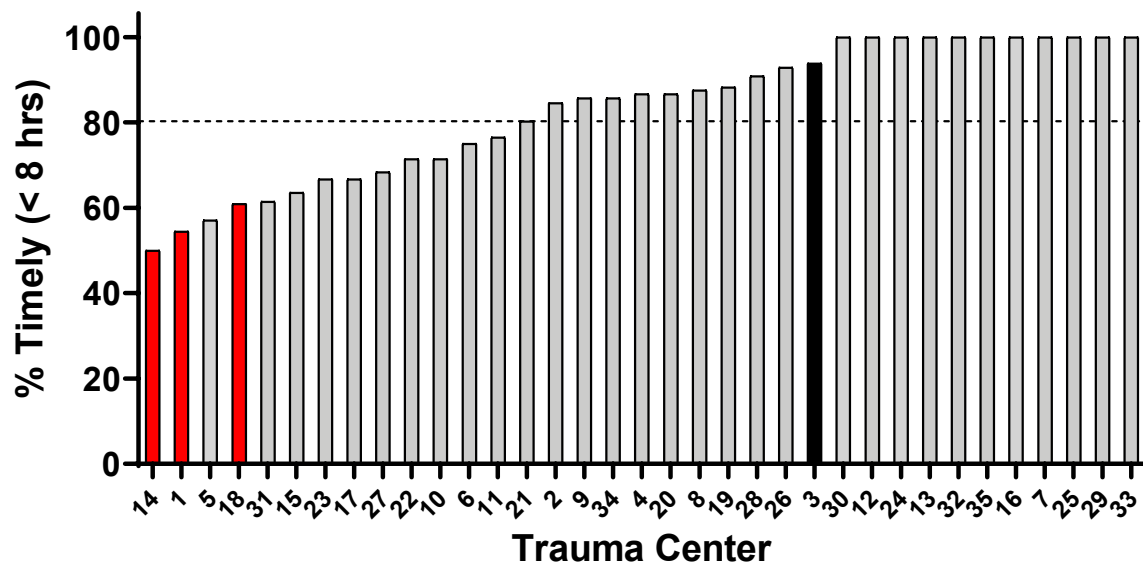
### TBI Mortality (Raw) Cohort 1 - MTQIP All



### TBI Intervention Cohort 1 - MTQIP All



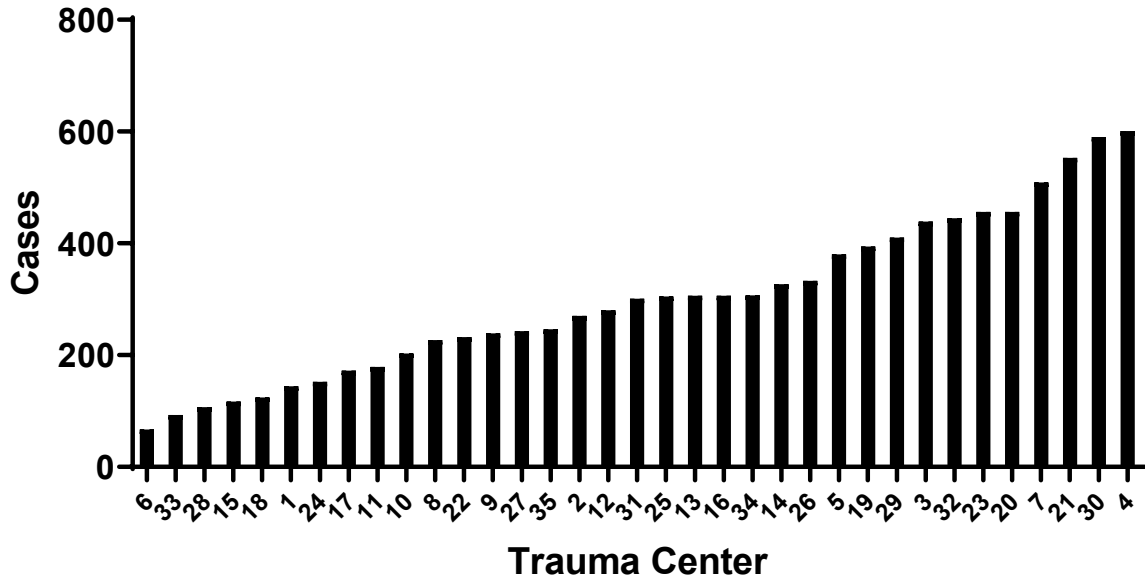
### TBI Intervention Timing Cohort 1 - MTQIP All



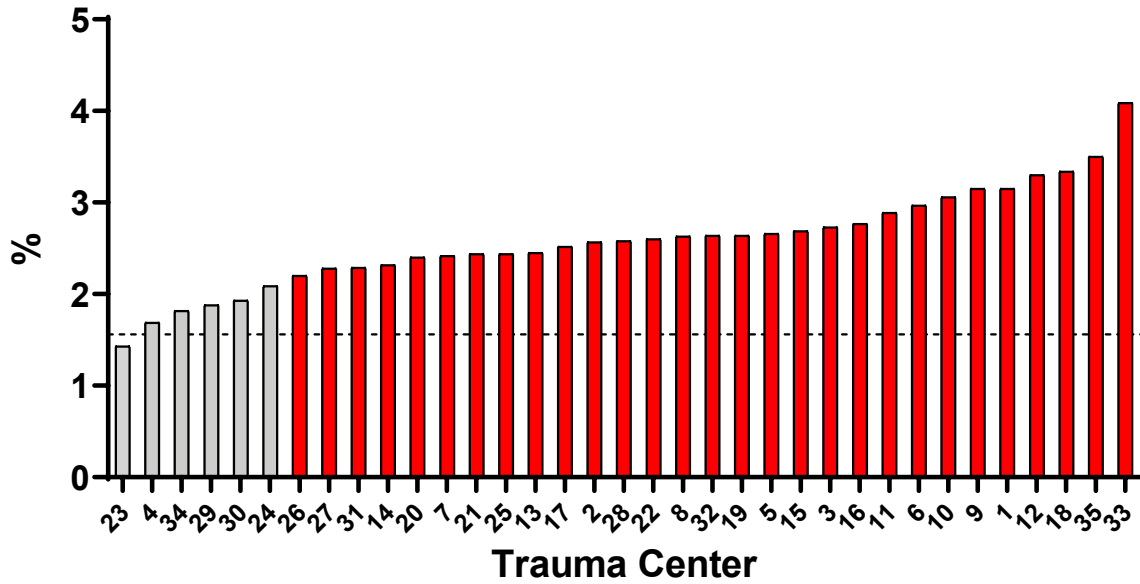


Isolated Hip Fracture

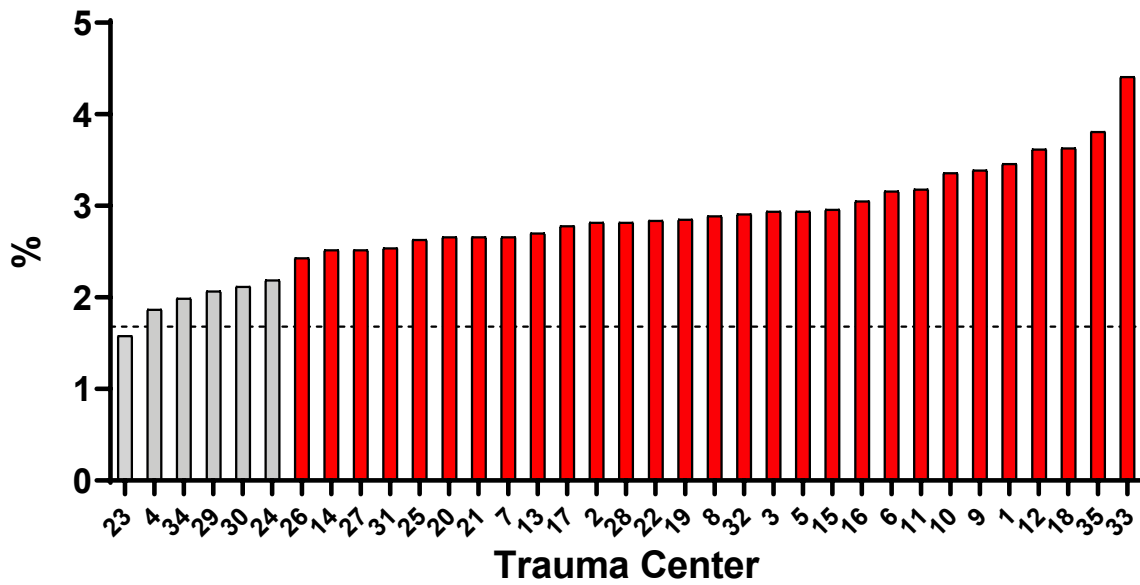
**Case Volume  
Cohort 8 - Isolated Hip Fracture**



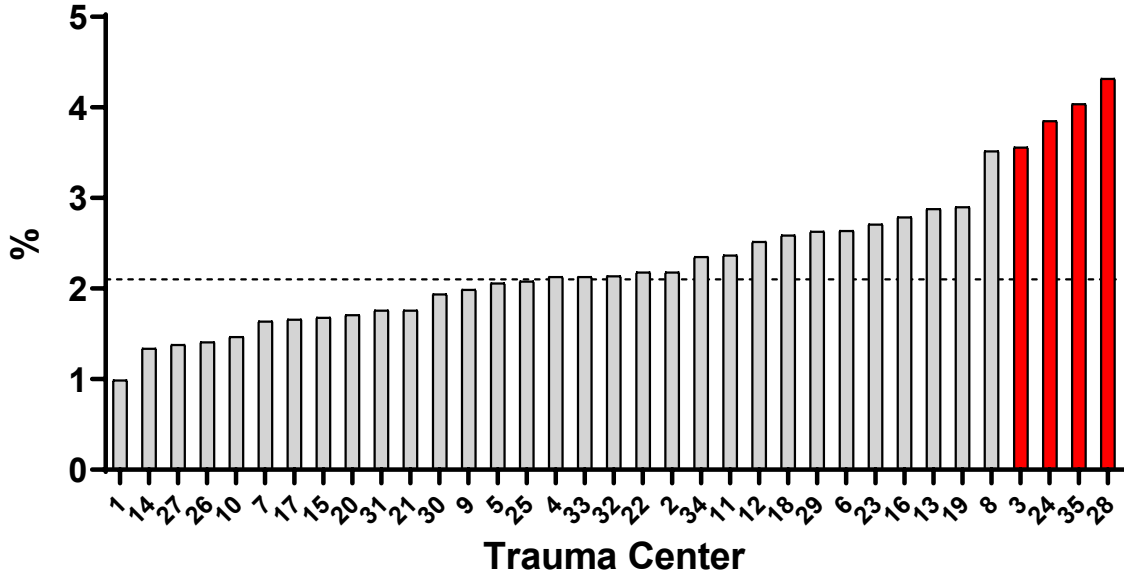
### Mortality w/o DOA Cohort 8 - Isolated Hip Fracture



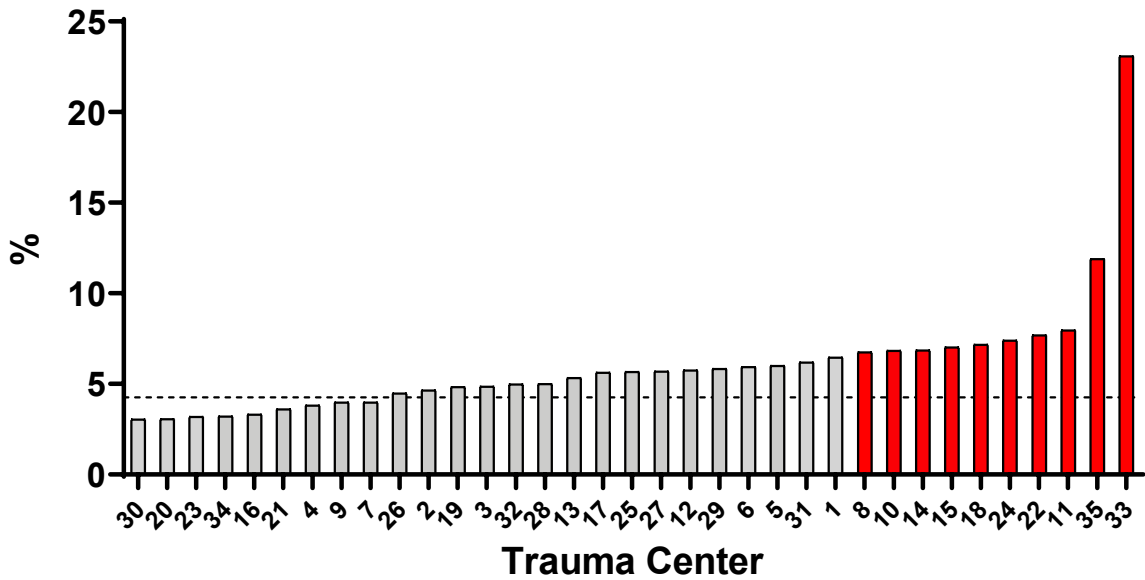
### Mortality w/o DOA, Age ≥ 65 Cohort 8 - Isolated Hip Fracture



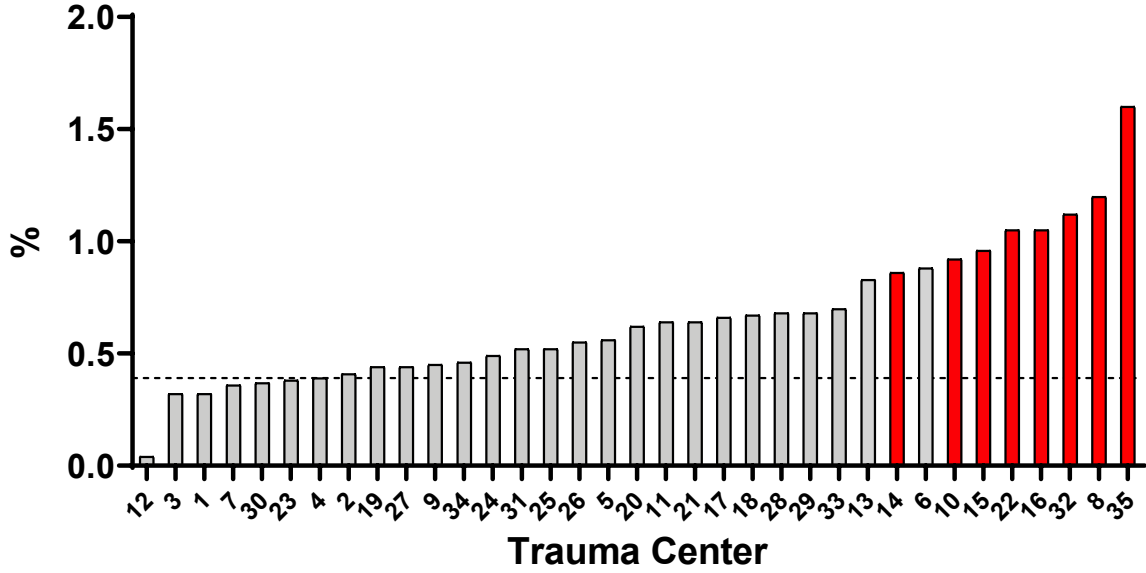
### Mortality or Hospice w/o DOA Cohort 8 - Isolated Hip Fracture



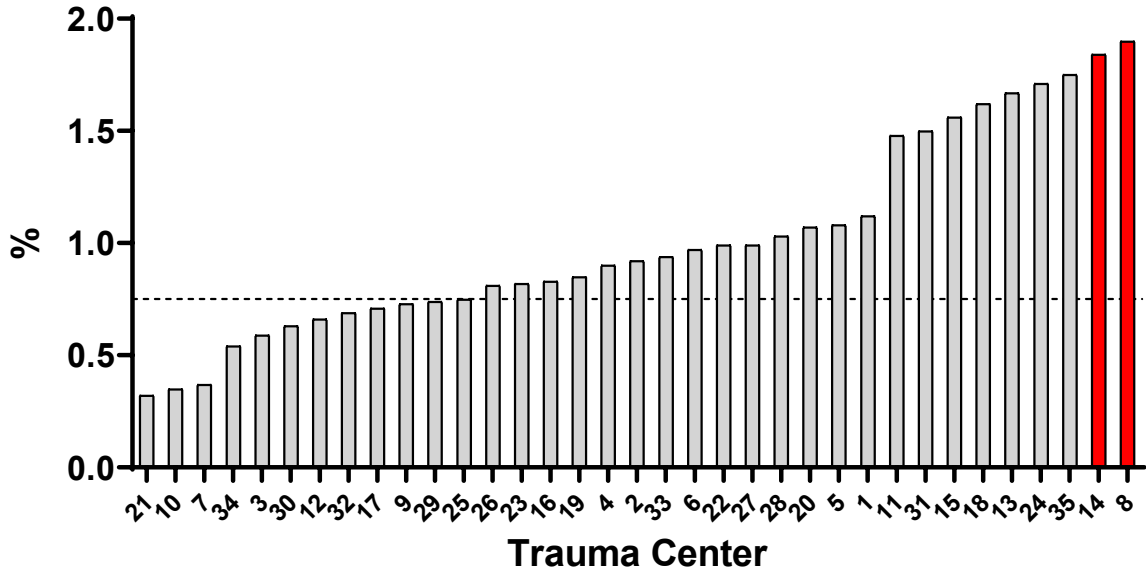
### Serious Complications Cohort 8 - Isolated Hip Fracture



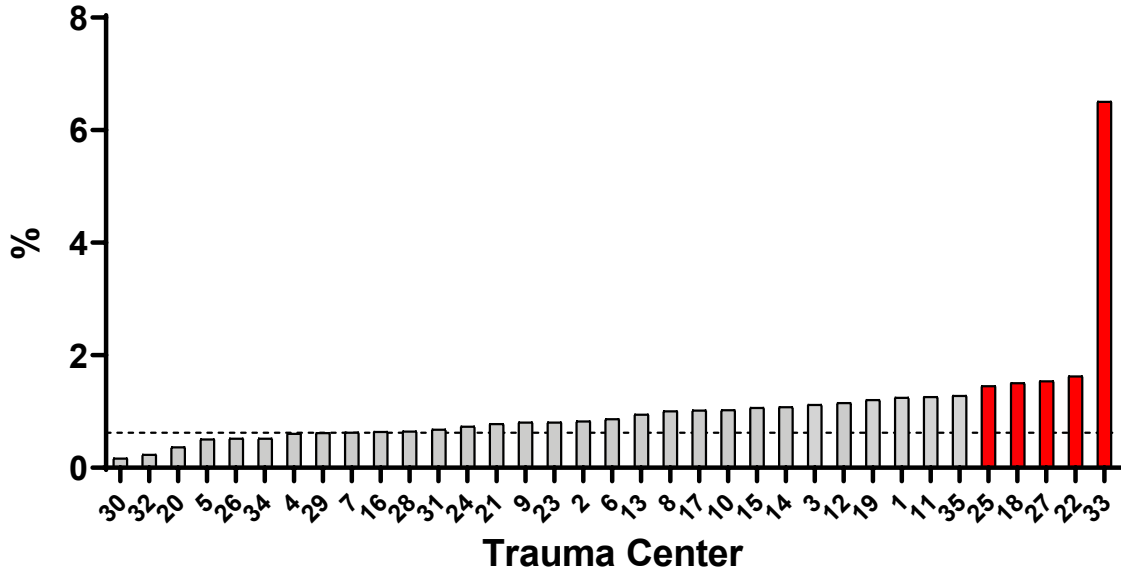
### Cardiac Arrest with CPR Cohort 8 - Isolated Hip Fracture



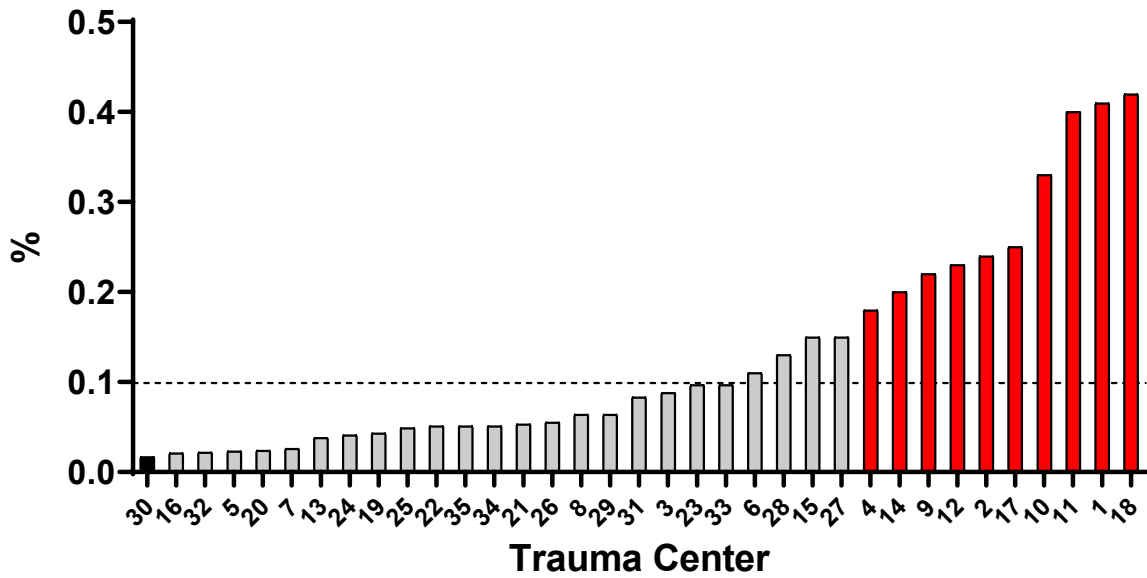
### Myocardial Infarction Cohort 8 - Isolated Hip Fracture



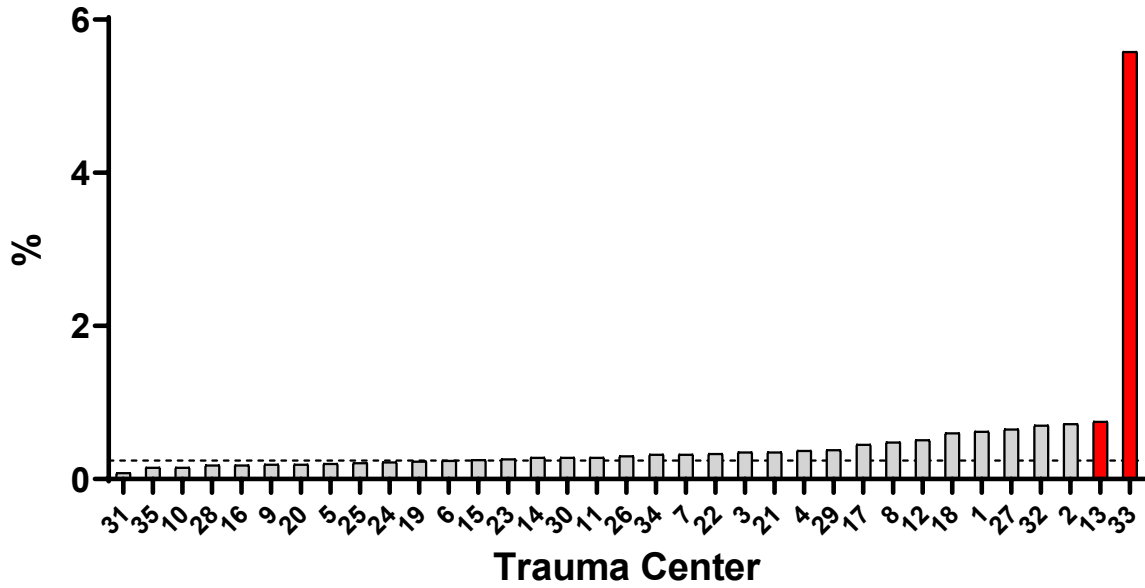
### Pneumonia Cohort 8 - Isolated Hip Fracture



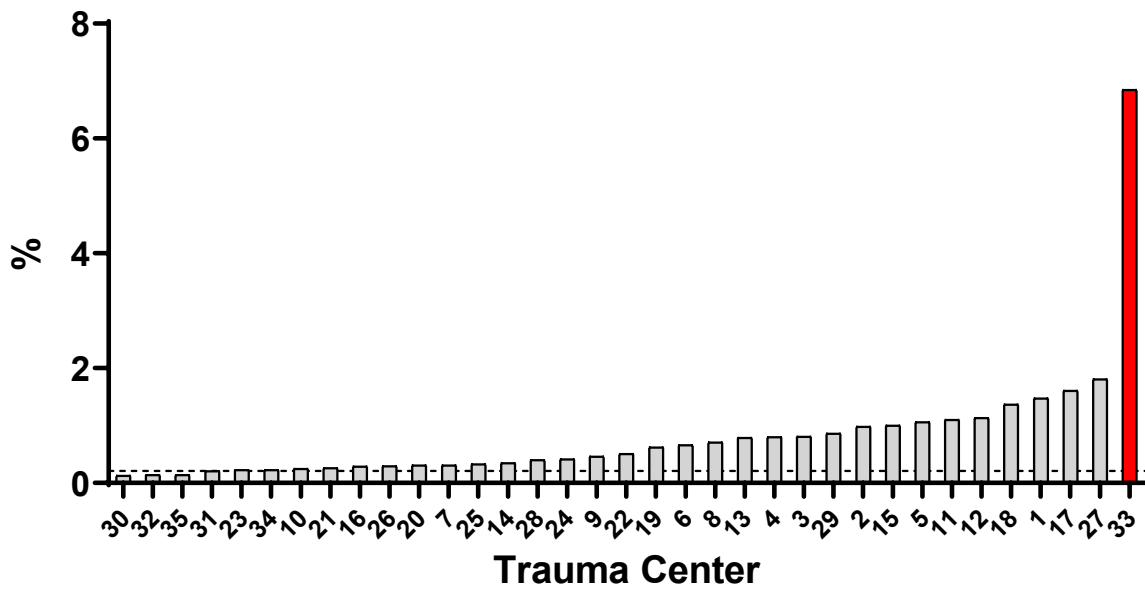
### VAP Cohort 8 - Isolated Hip Fracture



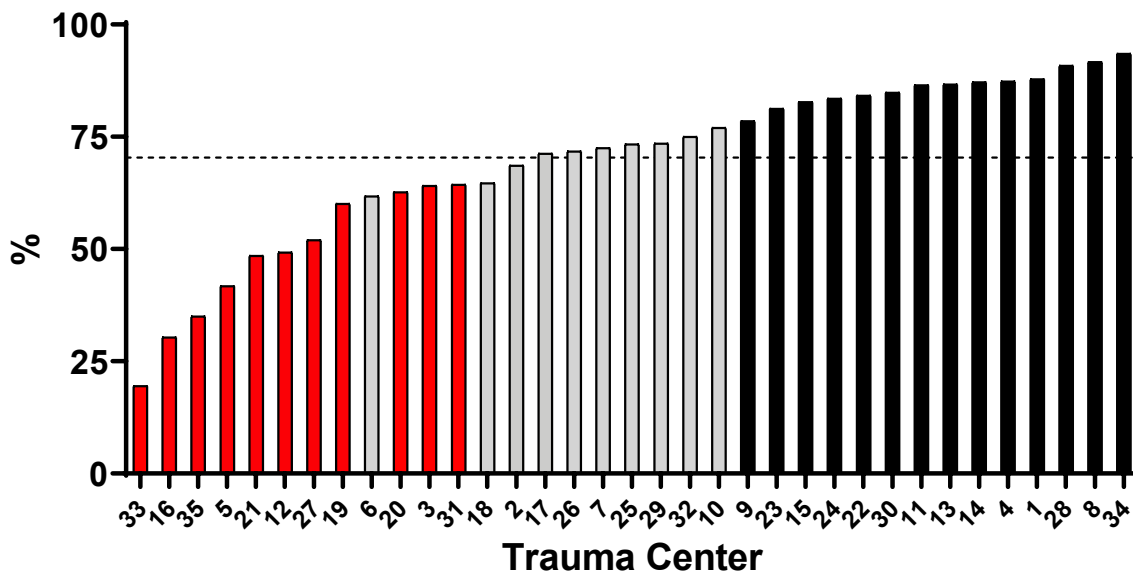
## Acute Renal Failure Cohort 8 - Isolated Hip Frature



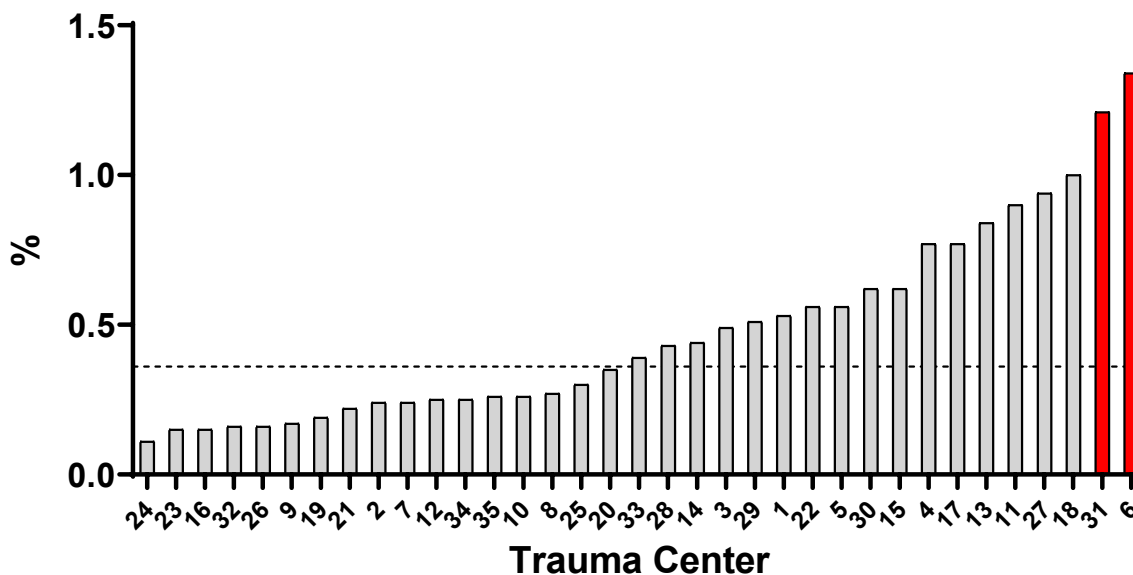
## CAUTI Cohort 8 - Isolated Hip Fracture



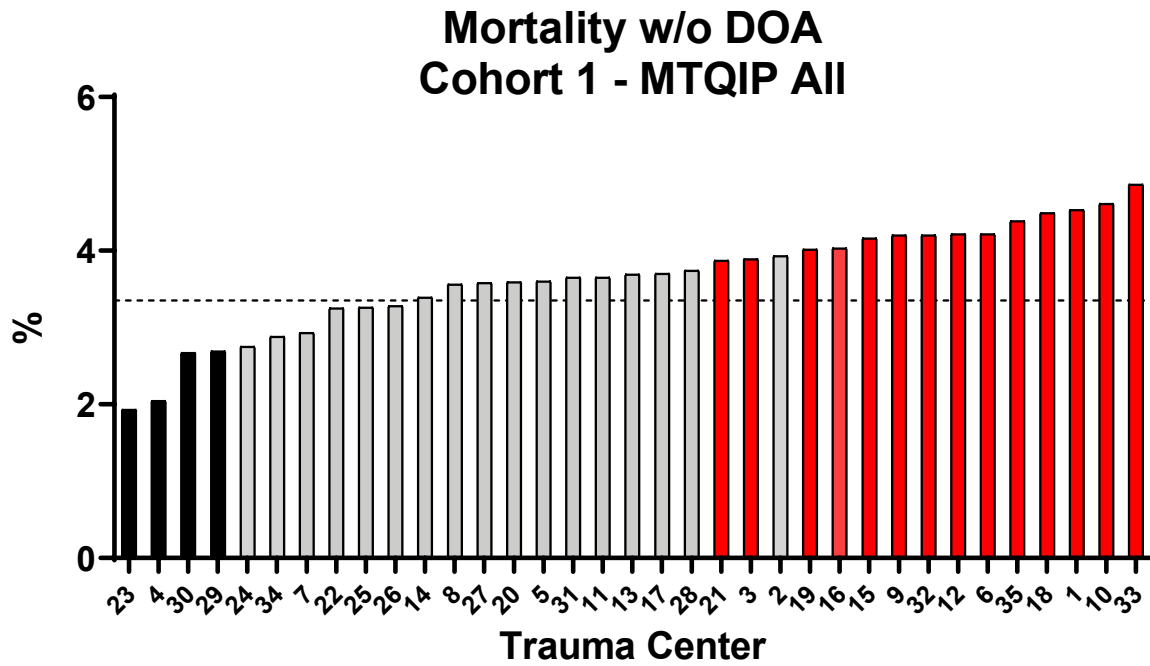
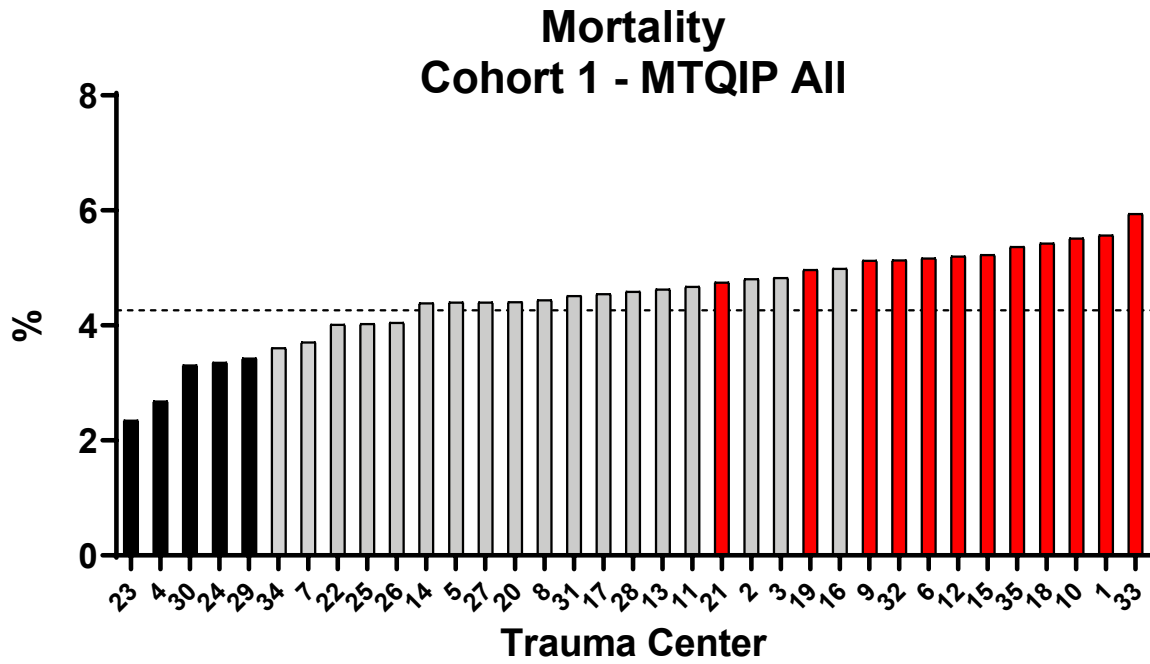
### VTE Prophylaxis Heparin, LMWH $\leq$ 48 hrs Cohort 8 - Isolated Hip Fracture



### DVT Cohort 8 - Isolated Hip Fracture

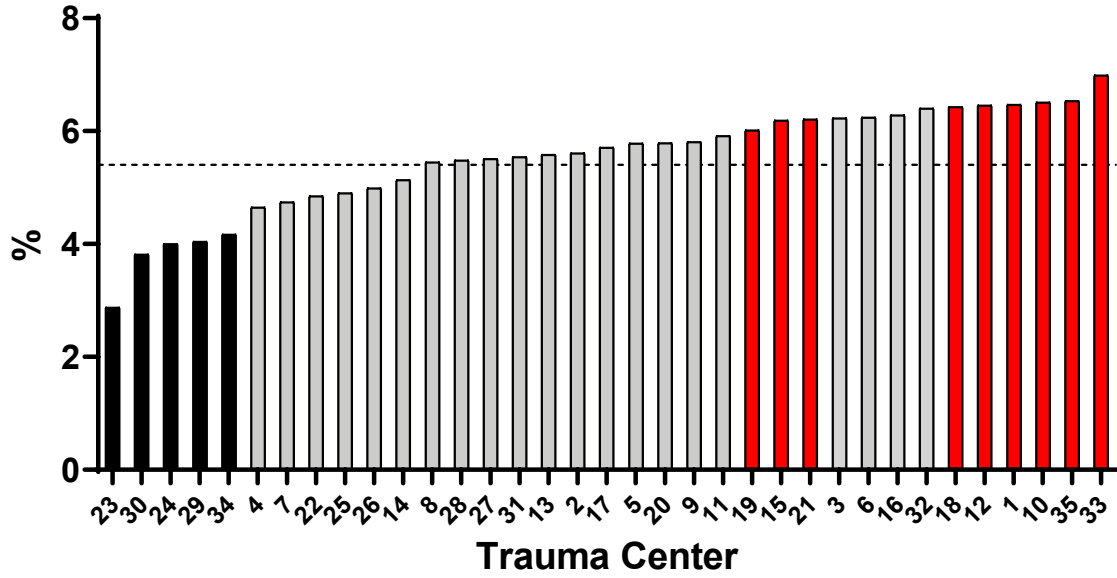


Mortality

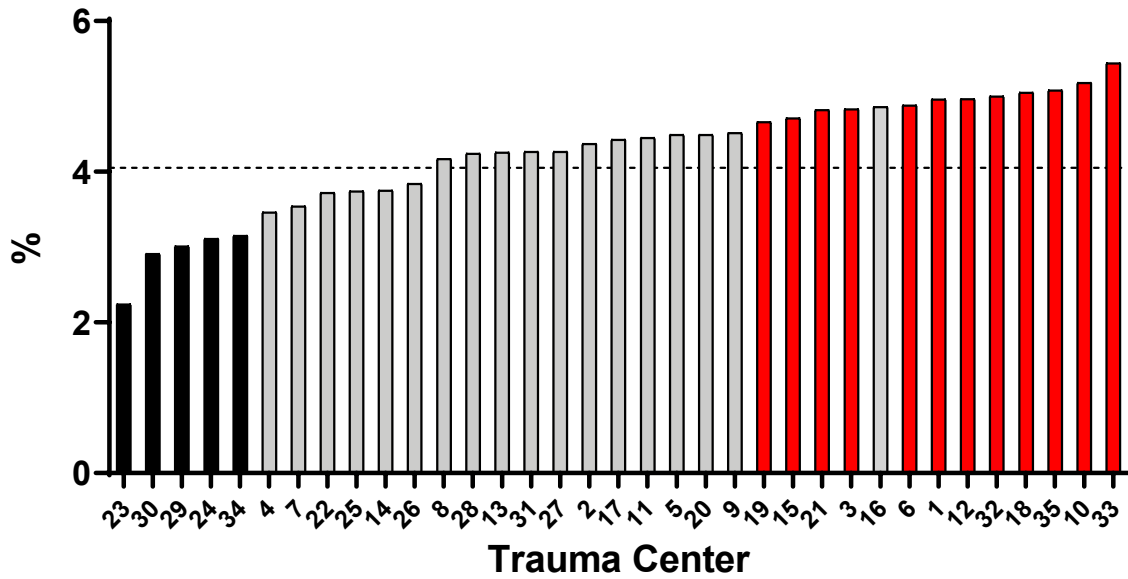




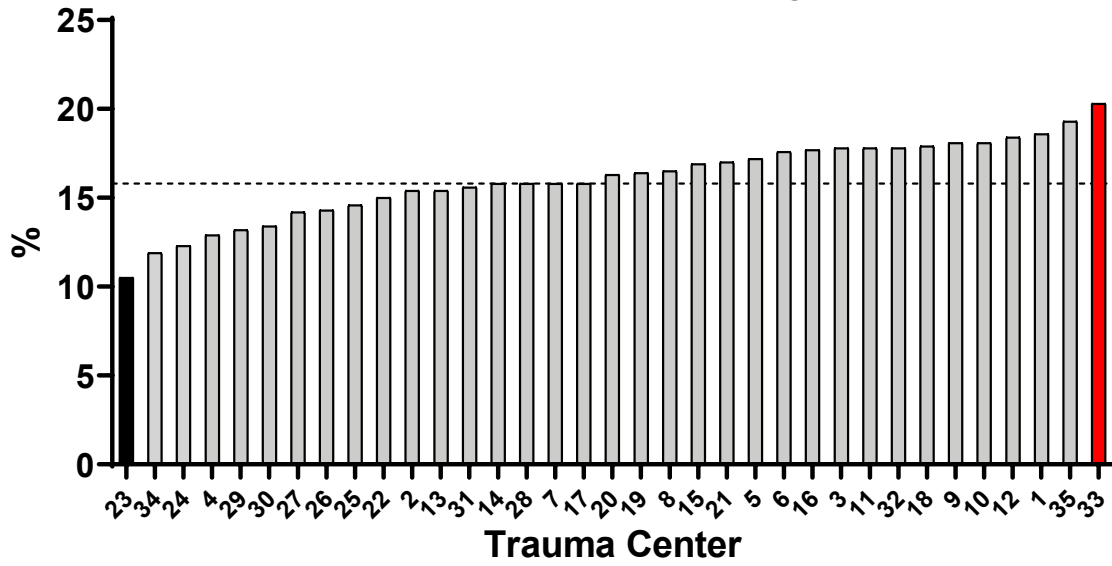
### Mortality Cohort 2 - Admit to Trauma



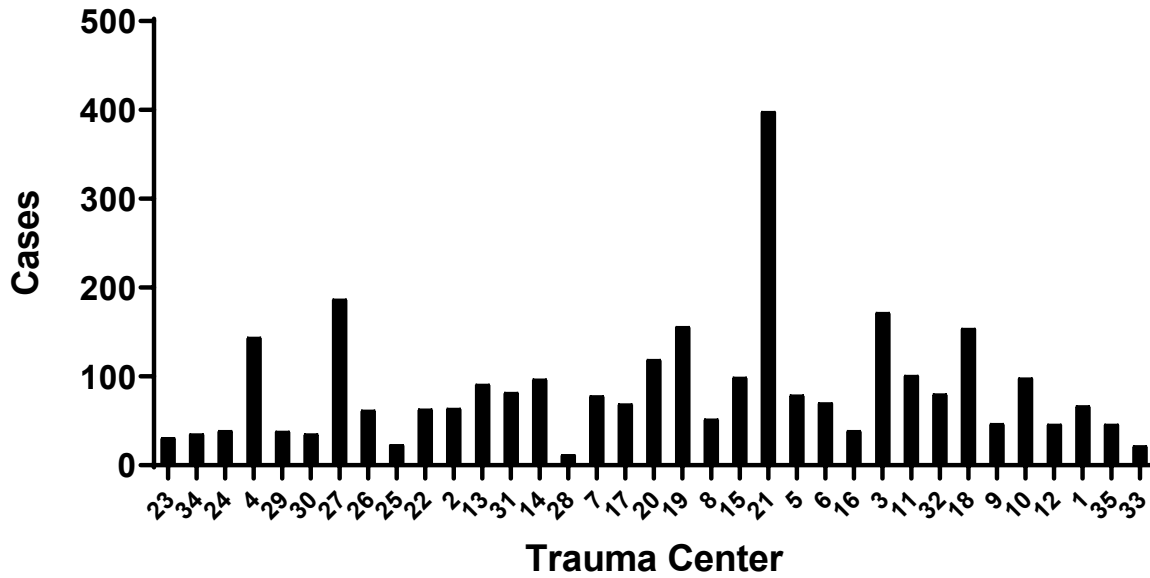
### Mortality w/o DOA Cohort 2 - Admit to Trauma



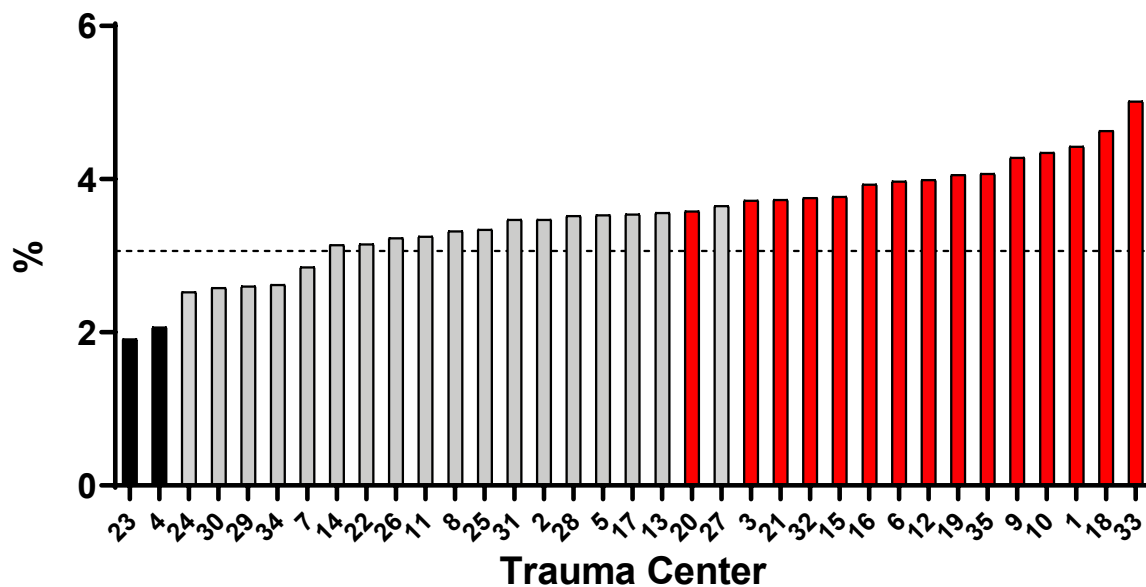
### Mortality w/o DOA Cohort 3 - Blunt Multi-System



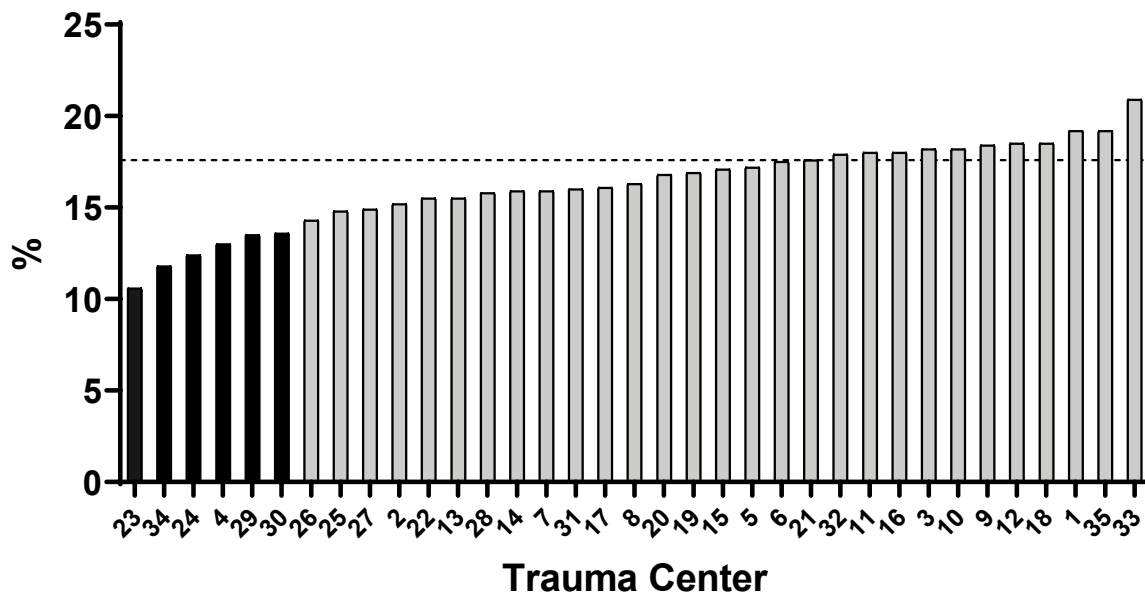
### Mortality Case Volume Cohort 3 - Blunt Multi-System



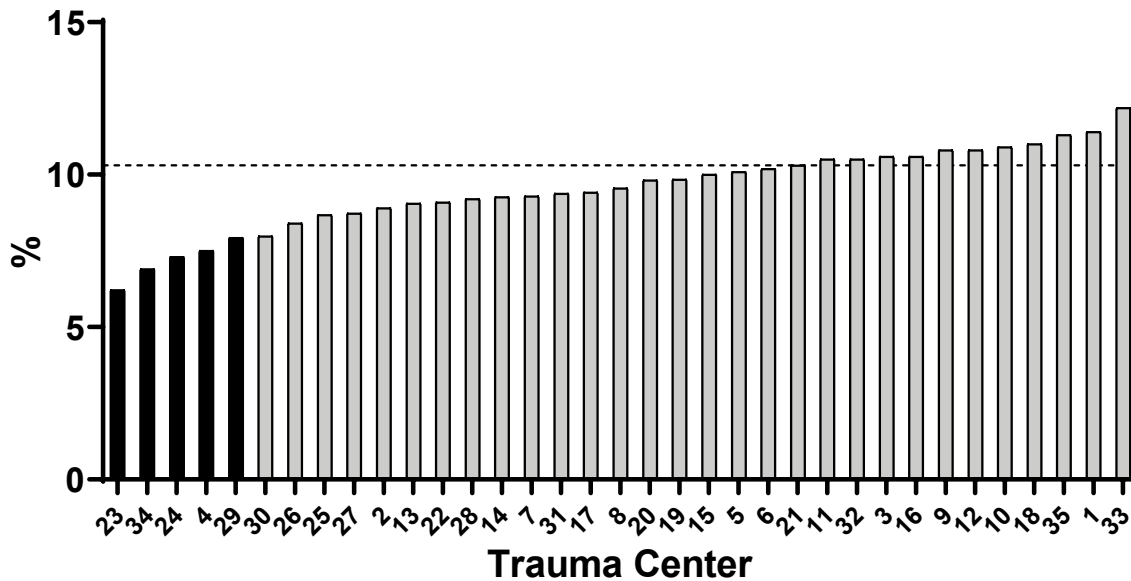
## Mortality w/o DOA Cohort 4 - Blunt Single-System



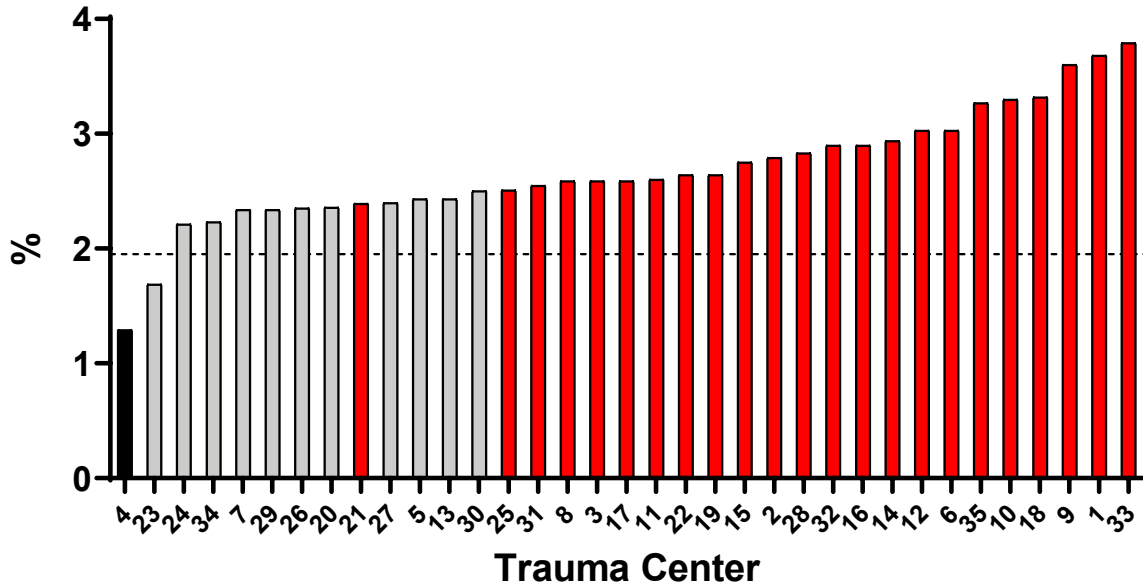
### Mortality Cohort 5 - Penetrating



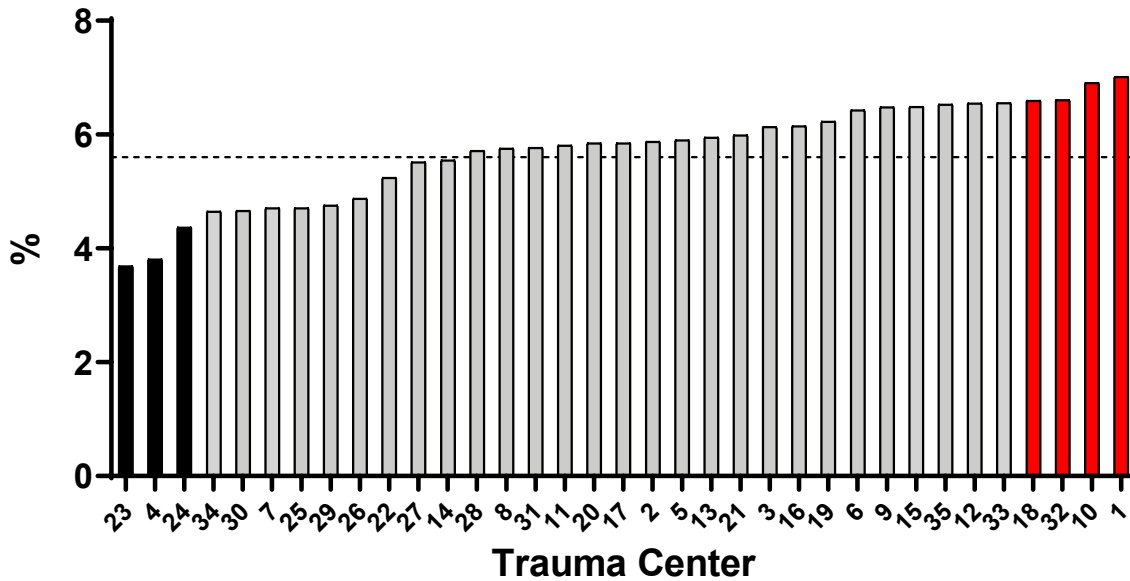
### Mortality w/o DOA Cohort 5 - Penetrating



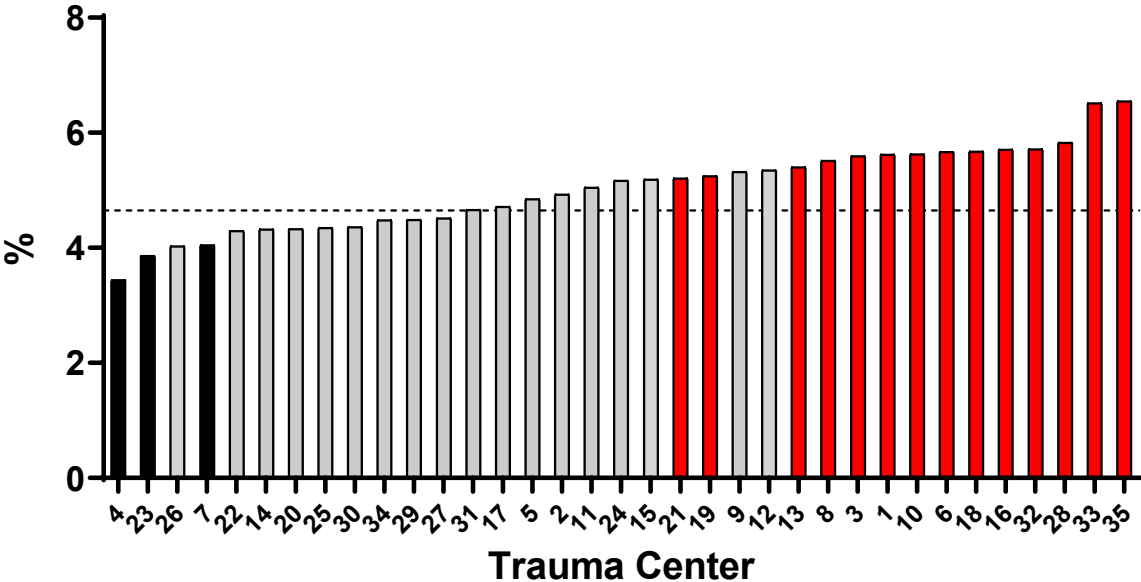
### Mortality w/o DOA Cohort 6 - Admit to Non-Trauma Service



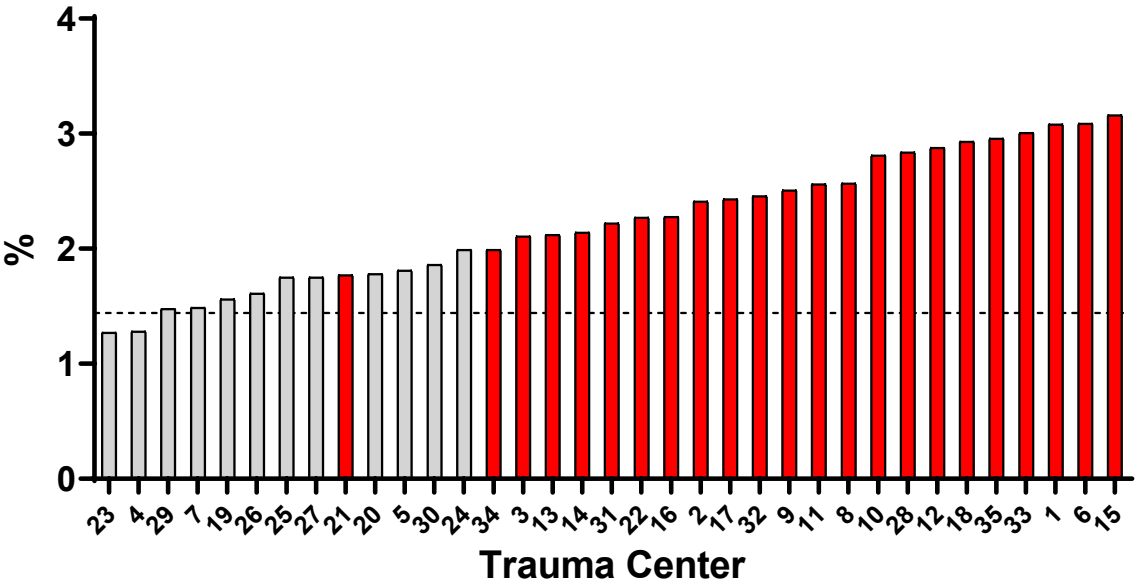
### Mortality Cohort 7 - National Benchmark



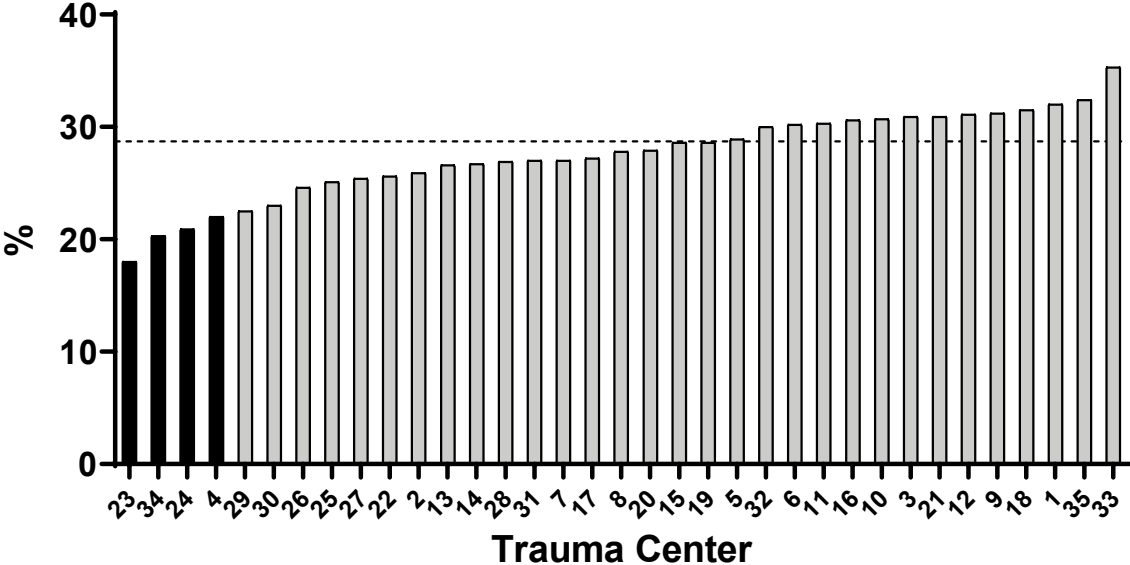
**Mortality or Hospice w/o DOA  
Cohort 1 - MTQIP All**



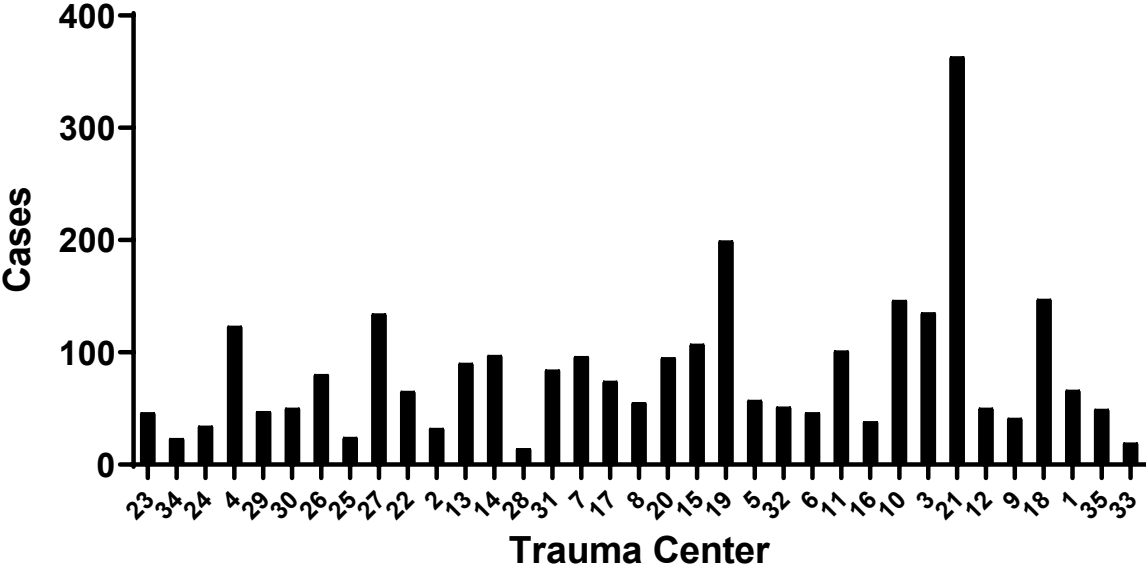
**Mortality Excluding Withdrawal of Care and DOA  
Cohort 1 - MTQIP All**



**ISS > 25 Mortality  
Cohort 2 - Admit to Trauma**



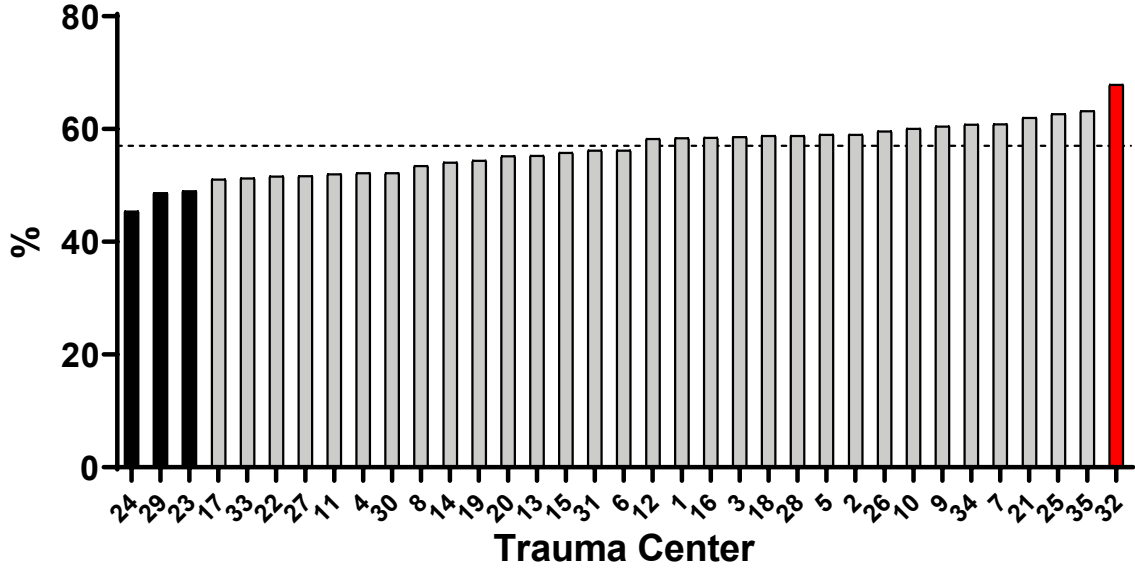
**Case Volume ISS > 25 Mortality  
Cohort 2 - Admit to Trauma**



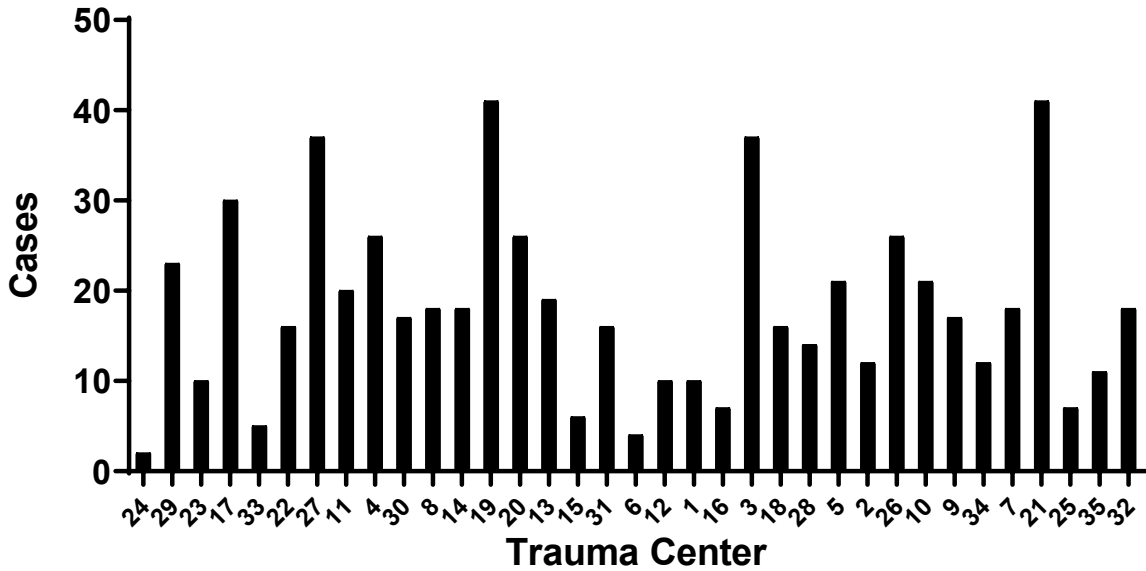




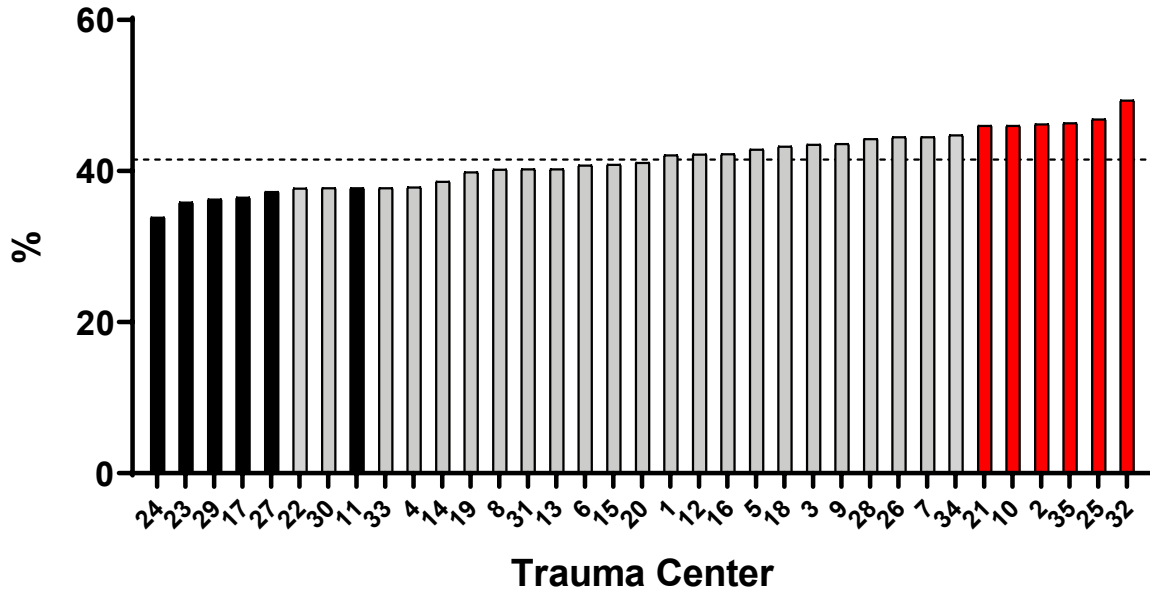
**Mortality GCS 3-8, ≥ 65 years  
Cohort 1 - MTQIP All**



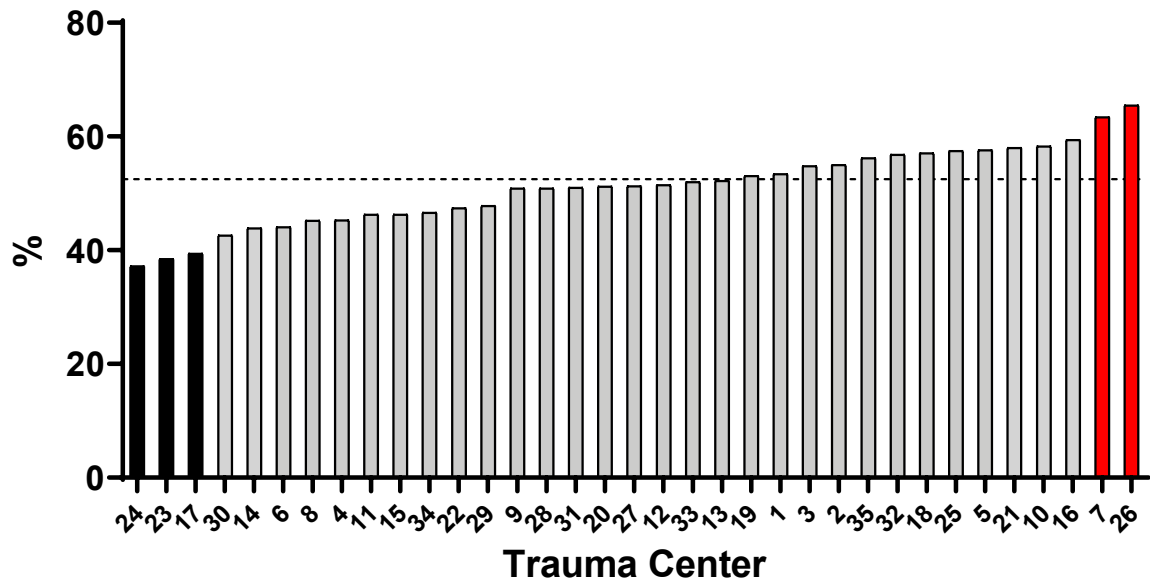
**Case Volume GCS 3-8, ≥ 65 years  
Cohort 1 - MTQIP All**



### Mortality GCS 3-8 Cohort 1 - MTQIP All



### Adjusted TBI Mortality Cohort 1 - MTQIP All



## Appendix

### Description of Cohorts

#### **Cohort 1 (All)**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead

#### **Cohort 1 (All) w/o DOA's**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

#### **Cohort 2 (Admit trauma)**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Admit to trauma service if ED disposition not death

#### **Cohort 2 (Admit trauma) w/o DOA's**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Admit to trauma service if ED disposition not death

#### **Cohort 3 (Blunt Multi-System)**

- 1) Mechanism = Blunt
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) AIS  $\geq$  3 in at least two of the following body regions: head/neck, face, chest, abdomen, extremities, or external.

#### **Cohort 4 (Blunt Single-System)**

- 1) Mechanism = Blunt

- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) AIS  $\geq$  3 limited to only one body region with all other body regions having a maximum AIS  $\leq$  2 in the following body regions: head/neck, face, chest, abdomen, extremities, or external.

**Cohort 5 (Penetrating)**

- 1) Mechanism = Penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Cohort 6 (Admit non-trauma Service)**

- 1) Mechanism = Blunt or Penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Admit to non-trauma service if ED disposition not death
- 6) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Cohort 7 (Benchmark)**

- 1) Age  $\geq$  16
- 2) ISS  $\geq$  9
- 3) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 4) Exclude patients who were transferred out
- 5) Exclude patients discharged directly from the ED alive
- 6) Exclude patients with an advanced directive limiting care present prior to injury
- 7) Exclude patients who sustain a hip fracture and fall and age  $\geq$  65

Note: this benchmark may not match your national benchmark report exactly. The MTQIP uses AIS 2005. The national benchmark uses ICD-9 with crosswalk to AIS 1998.

**Cohort 8 (Isolated Hip Fracture)**

- 1) Mechanism derived from external cause code = Fall
- 2) Injury codes
  - a. AIS code =
    - i. 851810 (femur fracture intertrochanteric)
    - ii. 851812 (femur fracture neck)
    - iii. 851818 (femur fracture subtrochanteric)
    - iv. 853111 (proximal femur fracture NFS)
    - v. 853112 (proximal femur fracture open NFS)

- vi. 853151 (proximal femur fracture trochanteric; intertrochanteric)
  - vii. 853152 (proximal femur fracture trochanteric; intertrochanteric open)
  - viii. 853161 (proximal femur fracture femoral neck)
  - ix. 853162 (proximal femur fracture femoral neck open)
  - x. 853171 (proximal femur fracture femoral neck)
  - xi. 853172 (proximal femur fracture femoral neck open)
- b. ICD-9 code =
- i. 820.22 (closed fracture of subtrochanteric section of neck of femur)
  - ii. 820.32 (open fracture of subtrochanteric section of neck of femur)
- c. ICD-10 code =
- i. S72.21XA (Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture)
  - ii. S72.21XB (Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II)
  - iii. S72.21XC (Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
  - iv. S72.22XA (Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture)
  - v. S72.22XB (Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II)
  - vi. S72.22XC (Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
  - vii. S72.23XA (Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture)
  - viii. S72.23XB (Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II)
  - ix. S72.23XC (Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
  - x. S72.24XA (Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture)
  - xi. S72.24XB (Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II)
  - xii. S72.24XC (Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
  - xiii. S72.25XA (Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture)
  - xiv. S72.25XB (Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II)
  - xv. S72.25XC (Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)
  - xvi. S72.26XA (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture)
  - xvii. S72.26XB (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II)

xviii. S72.26XC (Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC)

- 3) All other injuries must be in AIS external body region (i.e., bruise, abrasion or laceration)
- 4) Age  $\geq$  50 unless otherwise specified

**Mortality or Hospice**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Outcome is dead or discharge to hospice

**ISS > 35 Mortality**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS > 35
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Age < 65 Mortality**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13 and Age < 65
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Age  $\geq$  65 Mortality**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  65
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Mortality Trend**

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Complications Trend**

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)

**Complications**

- 1) Cohort 2 w/o DOA's

- 2) Complication severity grade 1
  - a. Definition: Non-life-threatening complications
  - b. Complications: superficial SSI, wound disruption, deep SSI, catheter-related bloodstream infection, catheter-associated urinary tract infection, organ/space SSI, drug or alcohol withdrawal syndrome, osteomyelitis
- 3) Complication severity grade 2
  - a. Definition: Potentially life-threatening complications
  - b. Complications: admission to ICU, pneumonia, unplanned return to OR, DVT, decubitus ulcer, C. difficile colitis, pulmonary embolism, enterocutaneous fistula, extremity compartment syndrome
- 4) Complication severity grade 3
  - a. Definition: Life-threatening complications with residual or lasting disability
  - b. Complications: cardiac arrest with CPR, acute kidney injury, ARDS, myocardial infarction, unplanned intubation, stroke/CVA, severe sepsis, acute renal insufficiency, mortality
- 5) Specific complication groups
  - a. Any complication = Grade 1 + Grade 2 + Grade 3 (excluding death)
  - b. Serious = Grade 2 + Grade 3 (excluding death)
  - c. Cardiac/Stroke = stroke/CVA, cardiac arrest requiring CPR, myocardial infarction
  - d. Pneumonia = pneumonia
  - e. DVT/Pulmonary Embolus = DVT lower extremity, DVT upper extremity, pulmonary embolism
  - f. UTI = urinary tract infection
  - g. Renal Failure = acute kidney injury
  - h. Sepsis = sepsis
  - i. C. Difficile Colitis = C. diff

#### **Failure to Rescue**

- 1) Mechanism = Blunt or penetrating
- 2) Age  $\geq$  18, Age  $\geq$  16 starting 1/1/13
- 3) ISS  $\geq$  5
- 4) Hospital LOS  $\geq$  1 day or dead
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Admit to trauma service if ED disposition not death
- 7) Exclude patients who did not have a severity grade 2 or 3 complication
- 8) Failure to rescue = n dead with complication / n with complication

Note: A patient can have four possible combinations: dead/no complication, dead/complication, alive/no complication, or alive/complication. Failure to rescue is the percent of patients with an identified complication who go on to die.

#### **Unplanned Return to OR**

- 1) Cohort 2

- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Unplanned return to OR = Y

#### **Unplanned Return to ICU**

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Unplanned return to ICU = Y

#### **Hospital Length of Stay**

- 1) Cohort 2
- 2) Exclude all deaths

#### **Intensive Care Unit Length of Stay**

- 1) Cohort 2
- 2) Exclude all deaths
- 3) Exclude all patients with ICU LOS < 1

#### **Patients Admitted to ICU**

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) ICU days > 0

#### **Mechanical Ventilator Days**

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Exclude all patients with Mechanical Ventilator Days < 1

#### **VAP**

- 1) Cohort 2
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Exclude patients with Mechanical Ventilator Days < 1

#### **Patients on Ventilator**

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Mechanical Ventilator days > 0

#### **IVC Filter**

- 1) Cohort 1
- 2) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 3) Op Code 38.7, 06H00DZ, 06H03DZ, 06H04DZ, 06V03DZ, or 06V03ZZ

#### **ICP Monitor and/or Brain Operation**

- 1) Cohort 1
- 2) Mechanism = Blunt
- 3) AIS Head  $\geq$ 1, excluding vascular, scalp, and bony injuries



- 4) Exclude if TBI GCS>8
- 5) Exclude patients who had no signs of life (ED HR 0, BP 0, GCS 3)
- 6) Exclude patients who were transferred late (Direct admit)

#### **Blood**

- 1) Cohort 1
- 2) PRBC 4 hours  $\geq$  5 units




#### **Hemorrhage Control Angiography/Operation**

- 1) Cohort 1
- 2) Lowest systolic BP  $\leq$  90 in ED
- 3) Exclude if first angiography/operation < 0 or > 24 hours

#### **No Signs of Life**

- 1) Patients will be designated as having arrived at the ED with “no signs of life” if they meet one of the following criteria and die in the ED
- 2) ED SBP 0, HR 0, and GCS 3
- 3) ED SBP 0, HR 0, and mGCS 1
- 4) ED SBP = NK/NR, HR 0, and mGCS 1
- 5) ED SBP 0, HR 0, and mGCS = NK/NR
- 6) ED SBP 0, HR = NK/NR, and mGCS 1
- 7) ED SBP = NK/NR, HR 0, and mGCS = NK/NR

#### **Legend**

-  Low-outlier status (better performance)
-  Non-outlier status (average performance)
-  High-outlier status (worse performance)

## Statistical Methods

We performed risk and reliability adjustment using a two-stage approach. Multivariate logistic regression modeling was used to account for differences in baseline characteristics and injury severity, thereby allowing for risk-adjustment at the patient level. Potential predictors of for the outcome of interest were entered into the model. A logit equation was derived based on the significant co-variables using forward selection. Separate models for each outcome were constructed and the order of variable entry was determined by the c-index which measures the ability of a parameter to discriminate outcome. Reliability adjustment used a Bayesian random effects model to account for sample size differences between hospitals. Logit equations resulting from second stage models were used to calculate expected outcome risk. Adjusted rates for each hospital were calculated by multiplying the rate ratio of observed to expected events by the overall collaborative rate

In some instances, specific incidents had missing values for potentially important co-variables (Glasgow Coma Scale (GCS) motor score, systolic blood pressure, and pulse rate). These attributes were identified and managed via the creation an indicator variable where applicable. The final model and analysis included all the incidents that met MTQIP entry criteria for the cohort being examined.

Continuous data exhibiting a right-skewed distribution such as hospital length of stay was natural log-transformed. Multivariate analysis of hospital length of stay, intensive care unit length of stay, and mechanical ventilator days was performed using multiple linear regression and adjusting for significant co-variables. After the regression analysis was conducted the generated coefficient from the regression model was exponentiated to determine the percent increase or decrease in length of stay relative to the risk adjusted mean. Only patients who survived were considered in the hospital and ICU length of stay analysis to simplify this approach. To be included in the ICU length of stay or mechanical ventilator days' analysis, a patient had to have at least one day of use for the resource being investigated.

Eligible = N - Alive w/o intervention - Dead and monitor withheld for reason

Eligible and no intervention = N - Alive w/o intervention - Alive with intervention - Dead with intervention - Dead and monitor withheld for reason

Timely = Monitor placement or operation  $\leq$  8 hours after ED arrival

**Performance Index**

Michigan Trauma Quality Improvement Program (MTQIP) 2020 Performance Index January 1, 2020 to December 31, 2020				
Measure	Weight	Measure Description	Points	
#1	10	<b>Data Submission</b>		PARTICIPATION (30%)
		On time and complete 3 of 3 times	10	
		On time and complete 2 of 3 times	5	
#2	10	<b>Meeting Participation</b>		
		Surgeon and (TPM or MCR) participate in 3 of 3 Collaborative meetings (9 pt)	0-10	
		Surgeon and (TPM or MCR) participate in 2 of 3 Collaborative meetings (6 pt)		
		Surgeon and (TPM or MCR) participate in 0-1 of 3 Collaborative meetings (0 pt)		
#3	10	<b>Data Validation Error Rate</b>		
		0-4.0%	10	
		4.1-5.0%	8	
		5.1-6.0%	5	
		6.1-7.0%	3	
#4	10	<b>Timely LMWH VTE Prophylaxis in Trauma Service Admits (18 mo: 1/1/19-6/30/20)</b>		
		≥ 50% of patients (≤ 48 hr)	10	
		≥ 45% of patients (≤ 48 hr)	8	
		≥ 40% of patients (≤ 48 hr)	5	
#5	10	<b>Timely Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (12 mo: 7/1/19-6/30/20)</b>		
		≥ 90% of patients (≤ 48 hr)	10	
		≥ 85% of patients (≤ 48 hr)	8	
		≥ 80% of patients (≤ 48 hr)	5	
#6	10	<b>RBC to Plasma Ratio in Massive Transfusion (18 mo: 1/1/19-6/30/20)</b>		
		Weighted Mean Points in Patients Transfused ≥ 5 Units 1st 4 hr	0-10	
#7	10	<b>Serious Complication Z-Score Trend in Trauma Service Admits (3 yr: 7/1/17-6/30/20)</b>		
		< -1 (major improvement)	10	
		-1 to 1 or serious complications low-outlier (average or better rate)	7	
#8	10	<b>Mortality Z-Score Trend in Trauma Service Admits (3 yr: 7/1/17-6/30/20)</b>		
		< -1 (major improvement)	10	
		-1 to 1 or mortality low-outlier (average or better)	7	
#9	10	<b>Timely Head CT in TBI Patients on Anticoagulation Pre-Injury (12 mo: 7/1/19-6/30/20)</b>		
		≥ 90% patients (≤ 120 min)	10	
		≥ 80% patients (≤ 120 min)	7	
		≥ 70% patients (≤ 120 min)	5	
#10	10	<b>Timely Antibiotic in Femur/Tibia Open Fractures - Collaborative Wide Measure (12 mo: 7/1/19-6/30/20)</b>		
		≥ 85% patients (≤ 120 min)	10	
		< 85% patients (≤ 120 min)	0	
Total (Max Points) =			100	

**Additional Information**

**Measure 1: Data Submission:** Partial/incomplete submissions receive no points

**Measure 2: Meeting Participation:** Surgeon represents 1 center only, Alternate must be equivalent attending level

**Measure 3: Data Validation Error Rate:** Centers not selected for validation this year will receive full points. Center’s that are selected, but do not schedule a visit will receive 0 points for the validation measure.

**Measure 6: RBC to Plasma Ratio in Massive Transfusion**

Step 1: Assign (weight) to each individual patient’s 4 hr PRBC/FFP ratio to designated tier/points using chart below

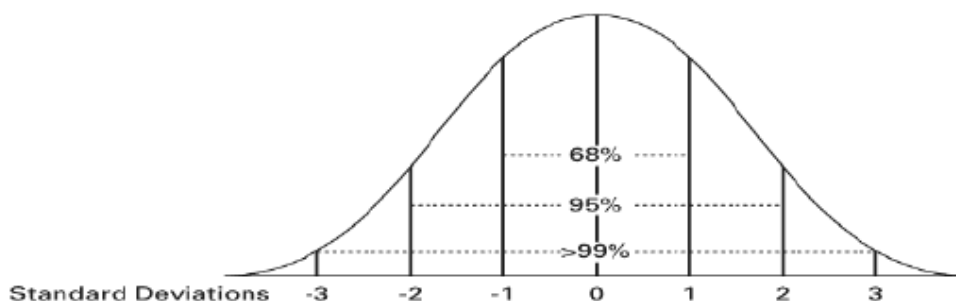
Step 2: Add the points and divide by number of patients (weighted average) See example below:

Step One		
PRBC to Plasma Ratio	Tier	Points
<1.5	1	10
1.6 – 2.0	2	10
2.1 – 2.5	3	5
>2.5	4	0

Step Two (Example)					
Patient	PRBC	FFP	PRBC/FFP	Tier	Points
1	10	10	1.0	1	10
2	5	2	2.5	3	5
3	9	2	4.5	4	0
					Total 15
Total Points/Total #Patients = 15/3 = 5 points earned					

**Measure 7 & 8: Z-Score Trend Calculation**

The z-score is a measure of 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. The score indicates whether the hospital’s performance is flat or trending upwards or 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). Scores >1 are worsening, scores between 1 to -1 are staying the same, and scores < -1 are improving.



**Measure 7: Serious Complication is Any Complication with Severity Grade of 2 or 3 (Defined Below)**

**Complication Severity Grade 2**

Definition: Potentially life-threatening complications

Complications: C. difficile colitis, decubitus ulcer, DVT, enterocutaneous fistula, extremity compartment syndrome, pneumonia (including VAP), pulmonary embolism, unplanned admission to ICU, unplanned return to OR

**Complication Severity Grade 3**

Definition: Life-threatening complications with residual or lasting disability

Complications: ARDS, acute renal failure, cardiac arrest, myocardial infarction, renal insufficiency, stroke/CVA, systemic sepsis, unplanned intubation

**Collaborative Wide Measure:**

Points awarded based on total collaborative result, not individual hospital result

**Scoring When Center Has No Patients Meeting Measure Criteria**

When a center has no patients to score for a measure, that measure will be excluded from their performance index denominator. Example: A center with no massive transfusion patients will have the measure (worth 10 points) excluded and their maximum total numerator will be 90 points, the denominator will be 90 points and a new % (points) calculated by dividing the numerator by the denominator.

## Filters

### **#4: Timely LMWH VTE Prophylaxis in Trauma Service Admits**

Practices > VTE Prophylaxis Metric

LMWH  $\leq$  48 hr

Cohort: 2 (Admit to Trauma Service) > 2 day LOS

No Signs of Life: Exclude DOAs

Transfers Out: Exclude Transfers Out

Default Period: Custom (1/1/19 to 6/30/20)

### **#5: Timely Surgical Repair in Geriatric (Age $\geq$ 65) Isolated Hip Fracture**

Cohort: 8 (Isolated hip fracture)

Age:  $\geq$  65

No Signs of Life: Exclude DOAs

Transfers out: Exclude Transfers Out

Default Period: Custom (7/1/19 to 6/30/20)

### **#6: Red Blood Cell to Plasma Ratio in Massive Transfusion**

Hemorrhage

Cohort: 1 (All)

No Signs of Life: Include DOAs

Transfers Out: Include Transfers Out

Default Period: Custom (1/1/19 to 6/30/20)

### **#7: Serious Complication**

Cohort: 2 (Admit to Trauma Service)

No Signs of Life: Exclude DOA

Transfers Out: Exclude Transfers Out

Default Period: Custom (7/1/17 to 6/30/20)

### **#8: Mortality**

Cohort: 2 (Admit to Trauma Service)

No Signs of Life: Exclude DOA

Transfers Out: Exclude Transfers Out

Default Period: Custom (7/1/17 to 6/30/20)

### **#9: Timely Head CT in Anticoagulated TBI**

First Head CT performed: date, time from procedures data

Eligible: Presence of prehospital anticoagulant use. One or more of the following variables captured as yes: Warfarin, direct thrombin inhibitor, factor Xa inhibitor.

Presence of a head injury with blunt mechanism based on AIS codes (list available on request)

Cohort: 1 (All)

Exclude: Direct admissions and Transfers in

No Signs of Life: Exclude DOAs

Transfers Out: Include Transfers Out

Default Period: Custom (7/1/19 to 6/30/20)

### **#10: Timely Antibiotic in Femur/Tibia Open Fractures - Collaborative Wide Measure**

Points awarded based on total collaborative result, not individual hospital result.

Type of antibiotic administered along with date and time for open fracture of femur or tibia.

Eligible: Presence of acute open femur or tibia fracture based on AIS or ICD10 codes (available on MTQJP.org)

Exclude: Direct admissions, Transfers in, and Death in ED

Cohort: 1 (All)

No Signs of Life: Exclude DOAs

Transfers Out: Include Transfers Out

Default Period: Custom (7/1/19 to 6/30/20)

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