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M•TQIP

2023 MTQIP Hospital Expectations

The following are the eligibility and expectations criteria for participation in MTQIP:

Eligibility of Facilities to Participate in MTQIP - To participate in MTQIP, a facility must meet the following requirements:

- Admit ≥ 150 adult trauma patients (age > 16) with an injury severity score of 5 or greater and a length of stay > 24 hours annually
- Have an active trauma program in place and be currently verified as an American College of Surgeons (ACS) Level I, or II trauma center (Pediatric Trauma Centers are **NOT** able to participate at this time)
- Be currently signed up for BCBSM's Participating Hospital Agreement (PHA)

Expectations for Participation in MTQIP - To successfully participate in the MTQIP CQI, each site will be expected to do the following:

- Develop and maintain an organizational commitment of active participation in the MTQIP program concerning facility administration and MTQIP program staffing levels
- Commit to tri-annual complete submission of data on time (within two weeks of data request)
- Identify MTQIP clinical reviewers (including backup abstractors)
 - Assign dedicated data abstractors with the title "MTQIP Clinical Reviewer" (MCR) to collect MTQIP data and assist in trauma program QI.
 - One FTE is required for every 575 MTQIP cases submitted. BCBSM provides support of 84% of an FTE for up to a maximum of two FTEs based on the hospital volume of submitted MTQIP cases.
 - The MCR must be a Registered Nurse (BSN preferred) or equivalent (Nurse Practitioner, Physician Assistant). LPN/EMT/Paramedics are not eligible.
 - The MCR position must reside within the trauma program.
 - The MCR must report directly to the Trauma Program Manager/Administrator. No alternative or dual reporting structure is allowed.

- The MCR should have access to an appropriate computer with high-speed internet connectivity
- The MCR will attend 2 of 3 tri-annual collaborative meetings (with the TPM allowed to serve as an alternate for one meeting)
- The MCR will attend the annual (June) data abstractor meeting (with the Registrar allowed to serve as an alternate)
- Identify a clinical champion that will be a Trauma Surgeon
 - The clinical champion will lead the hospital in MTQIP quality improvement (QI) efforts
 - The clinical champion will attend 3 of 3 tri-annual collaborative meetings
 - If the trauma medical director is not the surgeon champion, then the trauma medical director must be fully supportive of the program and the designated surgical champion concerning collaborative QI efforts
- Identify a site coordinator that will be the Trauma Program Manager (TPM)
 - The site coordinator will be the administrative lead for MTQIP at the facility
 - The site coordinator will be the direct supervisor of the trauma registry staff and MTQIP clinical reviewer. No alternate or dual reporting structure is allowed.
 - The site coordinator will also provide institutional support for full project participation
 - The site coordinator will attend 2 of 3 tri-annual collaborative meetings (with the MCR allowed to serve as an alternate for one meeting)
- Focus on Quality Improvement:
 - Enroll and maintain active program participation in the American College of Surgeons Committee on Trauma's Trauma Quality Improvement Program (ACS TQIP)
 - Actively integrate MTQIP and ACS TQIP into the existing trauma center Performance Improvement Patient Safety (PIPS)/Quality Improvement (QI) program
- Commit to using one of the following commercially available trauma registry software packages:
 - V5 Trauma Registry (Digital Innovation, Inc.)
 - TraumaBase (Clinical Data Management)
- Commit to using MTQIP and ACS TQIP data elements and data definitions:
 - These will be updated annually and are available on the website www.mtqip.org
- Commit to using the Association for Advancement of Automotive Medicine (AAAM) 2005 (08 Update) version of the Abbreviate Injury Scale for injury coding in the trauma registry
 - Transition to future versions of AIS coding (e.g., AIS 2015) will be coordinated and executed in a planned manner within the MTQIP CQI
- Collaborate with Coordinating Center:
 - Participate in MTQIP Coordinating Center-led site visits and external data validation audits of patient data entered into the MTQIP database

- Provide the Coordinating Center with the individual trauma center's ACS TQIP identification information and reports on request
- The commitment of trauma center members to attend tri-annual meetings:
 - MTQIP members include the surgeon champion, trauma program manager, and MTQIP clinical reviewer (MCRs).
 - While not all members may be able to attend every meeting, we require that the surgeon champion attend all three collaborative meetings.
 - The surgeon champion may have a designated alternate attend periodically. The physician designee must be an attending level trauma surgeon, representing one trauma center only, and must be fully familiar with the MTQIP CQI.
- Collaborate with other participating sites:
 - Participation of each site in process improvement is essential to the success of the program, including the sharing of and learning from best practices
 - Sites must be willing to share de-identified data
- Confidentiality and collegiality
 - The MTQIP Coordinating Center will provide each participating center anonymity within the program with the following exception:
 - Trauma centers and their data will be unblinded at MTQIP meetings. All meeting participants will sign a confidentiality agreement before meeting entry
 - BCBSM will only have access to de-identified data
 - We will strive at all times to promote a friendly and collegial atmosphere
 - Centers may not use MTQIP or ACS TQIP data for competitive advantage or marketing

If you have MTQIP questions, please contact the MTQIP program manager, Judy Mikhail, at jmikhail@umich.edu

If you have any questions regarding BCBSM administrative aspects of the CQI initiatives, please contact Monica Whitted at mwhitted@bcbsm.com.