

SPECTRUM HEALTH



Developing & Implementing a Hospital System Registry



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Intro to the Spectrum Health System

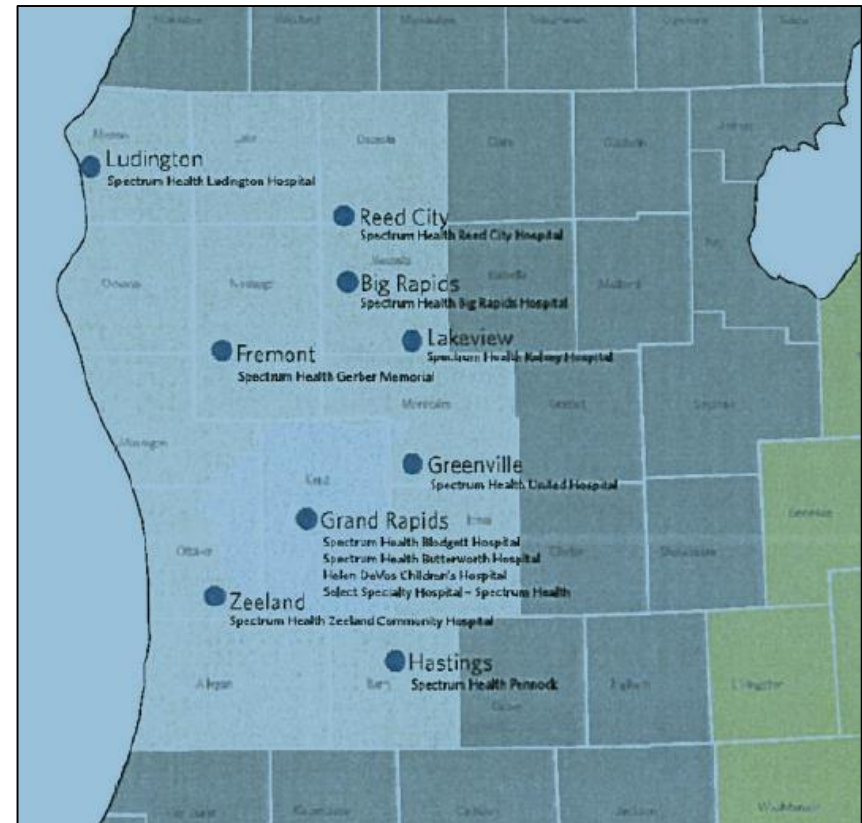
Level I Adult
Level I Peds
2 Provisional Level III
7 Provisional Level IV



Assessing registry needs across facilities

Worked with all SH regionals to gather base line data on # of patients with ICD-9/ICD-10 injury codes that were:

- Admitted to facility
- Discharged to home from ED
- Transferred to a higher level of trauma care



By the numbers.....

Butterworth 2.5 registrars

Blodgett .5 registrar

SH regionals 2 FTE

The million dollar question

Do the SH regionals go with the “free” state Image Trend data base?

Do we invest in adding 8 institutions to our Trauma Base system?

Centralized versus individual facility : 2 FTE

Centralized

- All registrars on same data base
- Orientation: start regional charts and move to abstracting BW
- All would attend AIS / State registry course
- Job satisfaction
- Resources at same location
- Bi-monthly registry mtg / edu
- Shift work among facilities
- Access to Trauma Data Coord

Individual facility

- Registrar at regional location (.1-.3 FTE one person / site)
- Wears multiple hats / competing priorities
- Limit of on-going training, access data / validate / reports
- Potential high turn over rate
- No software cost to facilities
- No in-system resources for Image Trend

Challenges

Eight facilities that were all new to trauma / trauma registry work

Three different EMR systems in use, + Epic “go live” 11/17 & 5/18

Eight new regional Trauma Nurse Coordinators with no knowledge of registry work & limited PI experience

Orientation process for 2 new registrars while maintaining abstracting metrics for Level I and Provisional Level III

Anticipating designation visits for all SH facilities in 2017 -2018

Plan

All registry staff report to / part of BW trauma service

Each regional registry assigned specific facilities

Create system at regional level for capturing patients (TNC)

Develop plan that included all regional TNC in registry education sessions

Establish / expand Standard Work to include regional facility process

Generate weekly reports on open cases / facility



Standard Work / Patient log

Standard Work Activity Sheet		<i>Author: Cheryl Klinkner Rev Date 05/7/2014</i>		
<i>Step:</i>	<i>Purpose:</i> Consistently Standardize identifying a patient for trauma base	<i>Value Stream: Trauma Services for registrars</i>		
Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who	Cycle Time mm:ss
1	Check trauma list for new patients	Location: H-drive		
2	Check 3M list (Pat's List)	Diagnosis		
3	Check Cerner for trauma criteria	Case Inclusion Criteria Contained in the data dictionary		
4	Assign trauma base number for all trauma patients	Included in this is all trauma patients including observation, admit or those with an activation with a d/c home.		
5	All patients will be assigned a trauma base number daily. Before any other work is done to complete the registry process	This process will help delete the excel tracking method and also		

Standard Work Activity Sheet		<i>Author: Kelly Burns Rev Date 09/21/2017</i>		
<i>Step:</i>	<i>Purpose:</i> Consistent process for chart abstraction to assess compliance with chart completion rate 80% within 60 days.	<i>Value Stream:</i> All required data elements are completed within the trauma registry.		
Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who	Cycle Time mm:ss
1	Concurrent is defined as 3 days after the patient has been shelled and assigned to a registrar. Registrars will adhere to standard work process for case identification and inclusion based on the NTDB data elements and other additional fields as required by the MTQIP, TQIP, or other state initiatives	Maintain national and state standards	Registrars, data base coordinator	
2	At the beginning of each month a trauma base report will be run to calculate the chart completion rate.	Meet ACS and MDHHS standard of 80% chart closure rate within 60 days of discharge.	Data base coordinator or registrar	
3	TPM / TNC will review the completion report to assist with adjustment of registry resources	Alignment of resources to meet standard	TPM/ TNC	
		Standard for data	Data base coordinator	
		Queue closure	Registrar PI Nurses	

CY 2016 TRAUMA PATIENT LOG - SPECTRUM HEALTH HOSPITAL													
TRAUMA REGISTRY #	Registry Status NI IN IC	VISIT #	MED RECORDS #	DATE	NAME LAST, FIRST	Age	ARRIVE VIA:	DEPART STATUS: A.D.T.M	ADMIT PHYSICIAN	TRANSFER TO:	TRANSFER AGENCY	PI NOTES	NOTES



Tools


Overview Content People Projects Reports Calendar

REGIONAL TRAUMA CALENDAR

< October 2017 >

None

GROUP OVERVIEW



This group is composed of nurses, registrars, & physician leaders involved in the development and implementation of the state trauma designation for the individual Spectrum Health hospitals.

Owned by:
Jill Cline, Amy Koestner

Tags:
trauma design

Group Type:
Private

Created:
Oct 22, 2015

CATEGORIES

- ACS- American College of Surgeons
- Guidelines, Policies, Procedures
- Misc information
- Pediatric Trauma
- Performance Improvement Documents
- Region 6 documents
- Regional Trauma Team Meeting (schedule, agenda & minutes)
- Registry
- Resuscitation Documents
- RTAC and RTN Meeting Schedule
- State Trauma Documents
- STN Trauma Powerpoint Presentations
- Tourniquet use with trauma patients

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Spectrum Health – Blodgett Campus
Trauma Service Adult Performance Committee
Monitoring Calendar 2015
Revised September 2015

Events, monthly reports, semi-annually, and quarterly report findings will be reported to the Trauma Performance Committee.

Process: Audit data is captured manually during chart abstraction/completion process and entered into the Trauma Registry or is captured on existing data fields available in the Trauma Registry. The audit filter data is captured for all Trauma Service Patients. Audit filter reports are compiled based on the following calendar and will be reported at the Trauma Performance Committee.

Semi Annual Audit Filters

Audit Filters	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Patient seen in ED and discharged home and who re-presents to ED within 72 hours of initial ED visit AND is admitted to trauma service	R						R			
Unplanned operation following non-operative management		R			R			R		
Trauma patient admitted to non-surgical service without an appropriate surgical service consultation.	R	R	R	R	R	R	R	R	R	R
Trauma surgeon present in trauma Bay greater										

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MTQIP-Case-Review—Appeal-Chart-Review-Documentation

Case-Validation-Visit-September-2017

Case-Number-00000

1. → Documented-by-Registrar-patient-sustained-a-concussion...MTQIP-did-not-find-evidence-of-concussion-in-EMR.

Review:...



Pearls

All registrars part of Level I education / “teaching moments”

Trauma data coordinator on site to assist with uploading data, PRQ tables & reports, developed a registry packet for state, & on-site support during designation visit

Monthly meetings with TNC group and registrars (webex option)

Regional TNC training for entering PI in Trauma base

Regional TNC have access to Butterworth PI RNs (MCR)

Summary

A number of lessons were learned as we went, with more to come.....

Need to move forward with a system leadership model to provide assistance to all facilities beyond the registry

Constantly looking at our metrics and process

Looking at Epic to assist with further efficiencies in data entry and patient identification processes



Thank you

Conclusion

- ◆ Evaluations
 - Fill out and turn in
- ◆ Questions?
- ◆ See you in February