Regional Performance Improvement Plan

Table of Contents

I. INTRODUCTION *3*

II. GUIDING PRINCIPLES *3*

III. THE REGIONAL PI COMMITTEE *4*

IV. PROCESS *4*

V. CONFIDENTIALITY *8*

VI. CONFLICT OF INTEREST *8*

VII. FLOW DIAGRAM *8*

I. INTRODUCTION

Participating organizations in RAC-R concur that ongoing monitoring and evaluation of the Emergency Healthcare System through a well-defined Regional Performance Improvement (RPI) Plan is the primary way to improve patient care thus, ultimately improving survival and reducing morbidity from injury and disease. This is especially important in the predominately rural and frontier areas of TSA-R. Clear communication and rapid transport are crucial in a region with such a large land mass area.

All member organizations agree that both organization and system-based RPI are essential. Neither individual entities nor provider's information will be collected for any internal PI actions including disciplinary actions. Sentinel Events as defined by a certifying / accrediting body will be addressed by the individual entities. While organization-based PI focuses primarily on the care rendered to individual patients, system-based PI focuses on the overall functioning of the regional system components and their interactions from prehospital care through rehabilitation.

By participating in RAC-R, all organizations accept the guiding principles of Regional PI as outlined by the Texas Department of State Health Services. EMS, Hospital, and Regional PI programs will be developed in close cooperation to monitor and improve prehospital / trauma / acute / critical care / neonatal and maternal care in TSA-R. The RPI committee will review the data for trends and identified issues. The identification of major injury types will be utilized in the development of appropriate Injury Prevention Programs for the region. Data from the trending of predominate disease processes in the region will be utilized in the development of appropriate public education on disease prevention and warning signs.

II. GUIDING PRINCIPLES

A. Establishment of a Regional Performance Improvement (RPI) plan to systematically monitor and evaluate prehospital / trauma / acute / critical care / neonatal and maternal care from a system perspective.

B. Mandatory participation in the RPI process by all participating organizations, both EMS and hospitals (designated and non-designated facilities.)

C. The RPI process will follow the guidelines as detailed in Section 161.031 – 161.032 and Section 773.092(e) of the Texas Health and Safety Code, which detail the confidentiality afforded activities of this type.

> **Confidential:** This report is prepared pursuant to but not limited to Section 160-007 of the Occupations Code; 161.031 of the Health and Safety Code and Texas Medical Practice Act, Article 447d and Article 4459b SS 5.06 et sq., 1987, all proceedings and records of medical peer review are privileged and confidential. This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena.

Prior to submission all documents utilized for Regional Performance Improvement will be stamped **CONFIDENTIAL** and blinded, with all specific patient identifiers removed.

III. THE REGIONAL PI COMMITTEE

A. RPI Committee will be composed of participants from all disciplines (i.e. EMS/air medical providers; hospital representatives; nurses; and physicians.) within RAC-R.

B. RPI committee members are responsible for

1. maintaining professionalism and confidentiality
2. defining areas where there is a potential for "conflict of interest".

C. Members may attend the committee meetings in person or via video conference call. A quorum is established when at least one member is in attendance from each invited discipline with expertise in the issue to be addressed, i.e. Pre-hospital and Hospital: Trauma/Stroke/ STEMI/Perinatal. Members will:

1. Objectively review issues submitted to the committee from agencies within or outside of TSA-R.
2. Assist in the development of appropriate topics for ongoing study within TSA-R.
3. Perform an annual review of the RPI Plan and forms and make revisions as needed.
4. Develop, revise and update goals.
5. Provide regional statistical data during General Assembly meetings.

D. RPI Committee will be chaired by a physician who actively participates in the care of trauma and acute care patients within RAC-R. The physician chair must complete the Society of Trauma Nurses Trauma Performance Improvement Course (TOPIC).

1. As issues are brought to the committee chair, he/she will set meeting dates and times and notify committee members.
2. The chair or designee will provide written feedback to the entity/person submitting the concern.
3. Provide feedback to the RAC board when opportunities are identified to improve the system within the region.

E. The RPI committee may conduct both open and closed meetings based on information being presented which is outlined in the RPI Committee SOP.

IV. PROCESS

A. Ongoing Performance Review:

The East Texas Gulf Coast Regional Trauma Advisory Council and our stakeholders shall conduct ongoing performance evaluation through quality indicators developed by each Committee Chair, to ensure continued compliance with regional guidelines. When an entity identifies a system issue, all efforts must be taken to address the issue within their own internal

review process. In the event the issue remains unresolved, the provider can request further review through the RAC PI process.

QI indicators from the following Emergency Healthcare System Committees may include but are not limited to:

1. Prehospital care and transport
2. Trauma facility alerts and destination
3. Stroke alerts and destination
4. STEMI alerts and destination
5. Out of region transfers or double transfers
6. Patient care based on injury / illness and demographics
7. Patient mortality
8. Maternal death
9. Mortality with Regional Opportunity for Improvement

Results of the Emergency Healthcare System evaluation shall be made available to system participants.

B. Case Review:

Any member of RAC-R in good standing, in accordance with the definition described in RAC-R Bylaws, may file a written request for a case review of regional guideline compliance at any time. The review may include chart audit, patient data review, and reviews of other records and documents. Case review meetings and records are confidential and protected and are not subject to disclosure pursuant to Texas Occ. Code §161.031 / 161.032 and the Texas Health and Safety Code §773.091. Completion of a Conflict of Interest and Confidentiality document is mandatory for each committee member every fiscal year. In addition, these forms will be completed at the start of every meeting in which a case is being reviewed.

Case review may be requested for any of the following reasons:

1. Provide advisory information to the EMS agencies and hospital systems related to issues and policies that could alter regional guidelines.
2. Monitor processes and outcomes of patient care related to current regional guidelines.
3. Present opportunities for analysis of data and information of scientific value for studies and strategic planning of the emergency healthcare system.
4. Provide educational forums for improved patient care.
5. Periodic morbidity and mortality case reviews.
6. Other cases may be reviewed that may have exceptional educational or scientific benefit.

All requests for case review will be submitted in writing to the RAC-R to the Administrative Assistant and presented to the Performance Improvement Committee for consideration.

C. Regional Performance Improvement (RPI) Committee:

1. The primary objective of the RPI Committee is to provide the Regional Healthcare System with a continuous effort to measure, evaluate, and improve both the processes and the outcome of the system.
2. The RPI Committee is comprised of hospital and prehospital representatives within the RAC.
3. Data shall be collected and organized for review under the direction of the RPI chair. Participation in RPI by supplying data is a requirement for RAC participation.
4. The RPI Committee will analyze data and determine if there are opportunities for improvement. When opportunities for improvement are identified through analysis of trends and patterns, the committee will outline causes and provide recommendations to achieve the desired outcome.
5. When opportunities for improvement are identified, actions shall be directed toward the root cause with the overall goal of improving the quality of care. This may be accomplished through education, system analysis or recommendations from other committees. Statistical analysis will be utilized to determine whether actions taken are successful in improving care.
6. Results of monitoring and evaluation will be reported to the General Assembly.

D. Referral to the RPI Committee:

1. The *Regional Performance Improvement Request for Case Review* form, found on the RAC website, will be completed by the EMS provider/agency or Hospital that has identified a **system problem they wish to report to the RPI Committee that they have been unable to resolve through their internal PI process**. The Referring Agency / Facility will complete the Regional Performance Improvement Case Review Request form through a HIPAA compliant web-based platform called Jotform, providing enough information for the Committee Chair to decide next steps. The referring requestor will provide primary contact information and an alternate contact, who is familiar with the case, in the event the Committee Chair requires additional information or needs clarification. You can access the form to request a case review by visiting the RAC website at https://www.rac-r.com/systems-performance-improvement. The link to submit your request can be found at the bottom of the page or by clicking the following link: https://form.jotform.com/260905771135053. All fields are required and any incomplete fields will prohibit submission of the request. Once request has been submitted through the secure HIPAA compliant format, an email will automatically be sent to the RAC Administrative Assistant and the Regional PI Committee Chair.
2. The RPI Committee Chair will have five (5) business days to decide to move the case forward, require additional information or deny the request. The decision of the committee chair will be documented on the Regional PI Medical Director Response page and will be returned to the RAC Administrative Assistant.
3. Upon receipt of the Regional PI Medical Director Response form, the RAC Administrative Assistant will have five (5) business days to send the decision of the committee chair approval/denial to the facility / entity.
4. Once the facility / entity receives the approval, pending approval or denial, they will have ten (10) business days to provide additional information to the committee.

5. Once a request has been approved, the RPI Committee will meet the first Wednesday of the following month. If the request is approved to move forward for review, the Medical Director associated with the concern (ie: trauma, stroke, EMS, air medical) will:
    a. lead the review and
    b. with the other pertinent Medical Directors,
    c. identify 3 members of their respective committees to serve on the Case Review panel.
6. Following committee review, a final decision by the committee will be provided to the facility / entity within five (5) business days. The Lead Medical Director of the Case Review panel will formulate a response to the requestor based on the findings of the RPI Case Review panel.
7. The committee findings report will be forward to the facility / entity in five (5) business days by the RAC Administrative Assistant.
8. If the facility / entity wishes to discuss the decision of the committee, they will have ten (10) business days to request a virtual meeting to discuss findings.
9. The timeframe for case closure may vary from the timeline described above based on the complexity of the case. The committee must ensure they have all appropriate documentation to thoroughly review the case and provide their response.
10. The facility / entity may request to speak with the RPI Committee Chair at any time during this process. Upon request, a virtual meeting or phone call will be scheduled.
11. It is important to include representation from individuals of the Acute Care and Perinatal Committees. These individuals have the knowledge and expertise to provide ongoing evaluation and quality improvement to these patient populations. These committees will nominate a member to serve as an ad hoc member of the RPI committee. The Perinatal Committee will nominate two representatives: one for Maternal and one for Neonatal.

E. The *Regional Performance Improvement Request for Case Review* document outlines the steps to be followed to submit requests for review.

1. The person completing the form must sign the confidentiality agreement at the end of the submission form.
2. Once your request has been received, you will receive confirmation within five (5) business days from the RAC Administrative Assistant.
3. The Jotform platform will assign a RAC Unique Case ID number.
4. The RPI Chair will make the determination if the case warrants presentation at the RPI Committee. The RPI Chair may decide the issue is not appropriate for system discussion and recommend that the issue be managed internally.
5. Once the request is approved, the RPI Committee will review the case at the next monthly meeting.
6. Physicians, EMS providers, Air Medical Providers, Nursing Program Managers with specific expertise will be accessed as needed for the review of individual cases.
7. All parties involved will be notified when the case is up for review and invited to the meeting.
8. The PI Chair or his/her designee will provide a summary of the outcome of each case reviewed utilizing the HIPAA compliant Jotform platform.

9. A written summary of the findings and recommendations will be sent back to the submitting entity for their internal PI loop closure file.

A flow diagram below outlining the process in which the case review is followed is found at the end of this document.

V. CONFIDENTIALITY

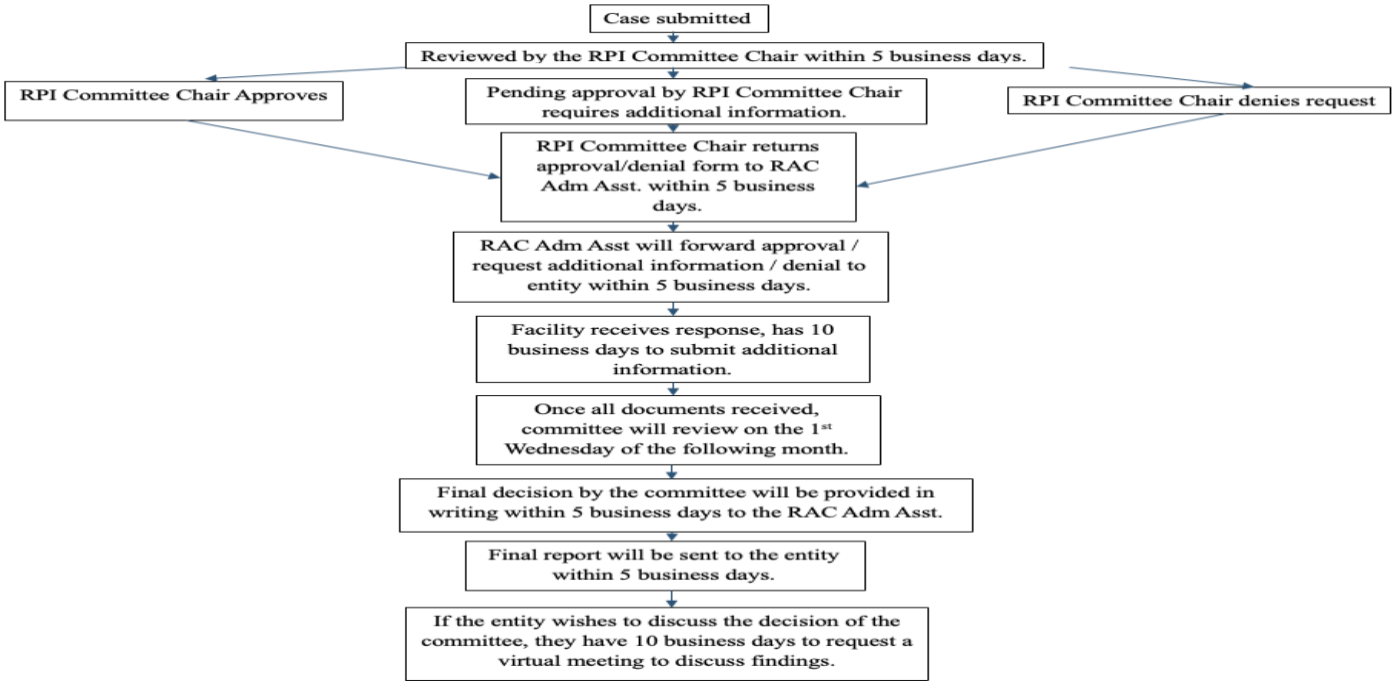
All proceedings and records of the East Texas Gulf Coast Regional Trauma Advisory Council Regional Performance Improvement Committee are confidential. All professional review actions and communications made to or from the East Texas Gulf Coast Regional Trauma Advisory Council Regional Performance Improvement Committee are privileged communications under Texas and federal law. TEX. OCC. CODE ANN. Chps. 151 and 160; Tex. Health and Safety Code § 161.032; and 42 USC § 11101.

All members serving on the Regional Performance Improvement Committee must sign the RAC-R Confidentiality Agreement prior to the beginning of each review. Signed Confidentiality Agreements will be returned to the RAC Administrative Assistance and retained in accordance with this policy. Any records or PHI received by the Case Review panel will be returned to the originator at the conclusion of the review.

VI. CONFLICT OF INTEREST

No practitioner or other individual involved in the case shall be required to review any case in which they are professionally involved but shall be given the opportunity to participate in the review.

VII. FLOW DIAGRAM


Case submitted
Reviewed by the RPI Committee Chair within 5 business days.
RPI Committee Chair Approves
Pending approval by RPI Committee Chair requires additional information.
RPI Committee Chair denies request
RPI Committee Chair returns approval/denial form to RAC Adm Asst. within 5 business days.
RAC Adm Asst will forward approval / request additional information / denial to entity within 5 business days.
Facility receives response, has 10 business days to submit additional information.
Once all documents received, committee will review on the 1st Wednesday of the following month.
Final decision by the committee will be provided in writing within 5 business days to the RAC Adm Asst.
Final report will be sent to the entity within 5 business days.
If the entity wishes to discuss the decision of the committee, they have 10 business days to request a virtual meeting to discuss findings.