

Trauma Outcomes Web Meeting #5

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VELC: Members Strong



- Welcome and Review of Meeting Objectives
- Trauma Domains Overview
- Committee Discussion
- Public Comment
- Next Steps

Project Staff

- John Bernot, MD, Vice President, Quality Measurement Initiatives
- Andrew Lyzenga, MPP, Senior Director
- Jean-Luc Tilly, Senior Project Manager
- Christy Skipper, MS, PMP, Project Manager
- Vaishnavi Kosuri, MPH, Project Analyst

Committee Members

- Carol Immermann, BSN, RN (co-chair)
- Avery Nathens, MD, MPH, PhD, FACS (co-chair)
- Robert Bass, MD, FACEP
- Derek Bergsten, Paramedic, CFO, CEMSO, CTO
- Bryan Collier, DO
- Joseph Cuschieri, MD
- James Eubanks, MD, FACS
- Alexander Garza, MD, MPH
- Michael Gonzalez, MD, FACEP, FAAEM
- Adil Haider, MD, MPH, FACS
- Kurt Hoppe, MD
- Elliott Haut, MD, PhD, FACS

- David Livingston, MD
- Barry Markman, MD, MBA, FACS
- Linda Melillo, MA, MS, CPHRM, CPXP
- Anna Miller, MD, FACS
- Sage Myers, MD, MSCE
- Craig Newgard, MD, MPH
- Jack Sava, MD
- Andrew Schrag, MBA, MA, LPCS
- David Seidenwurm, MD, FACR
- Theresa Snavely, MSN, RN
- Peter Thomas, JD
- Garth Utter, MD, MSc
- Gregory Hawryluk, MD, PhD, FRCSC

Synthesized Trauma Domains

Table 1. Synthesized Domains and Example Subdomains

Domain		Subdomain
Access to Trauma Services		 Capacity of services Availability of services Timeliness of services [Geographic access] [Access to types of care] [Access to equipment]
Trauma Clinical Care	Option 1	 Acute care Post-acute care Longitudinal care [(continuity of care/care coordination)] [NOTE: All subdomains contain patient level & Population Level measures and measure concepts]
	Option 2	 [Patient-level] [Population-level] [NOTE: All subdomains contain acute, post-acute, and longitudinal (continuity of care/care coordination) measures and measure concepts]

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

Synthesized Trauma Domains

Table 1. Synthesized Domains and Example Subdomains (continued)

Domain		Subdomain
Cost of Trauma	Option 1	Patient-level cost
Care		System-level cost
		Population-level cost
		[Efficiency/Cost-Effectiveness]
	Option 2	• [Individual
		Societal
		• Center
		• System]
Prevention of	Option 1	[Unintentional
Trauma		Intentional/Self-afflicted
		Assault
		Undetermined
		Other
	Ontion 2	Note: Subdomains originate from the CDC Injury
Ор	Option 2	Prevention Center.]
		• [Engineering
		Enforcement
		Education
		Legislation]

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

Access to Trauma Care

Domain	Subdomain
Access to Trauma Services	Capacity of services
	Availability of services
	Timeliness of services
	• [Geography
	Access to types of care
	Access to equipment]

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

- Geography may not be a standalone domain. How does the Committee want to include the importance of geography in the measurement framework?
- 2. Is the availability of services domain different from access to types of care and access to equipment?
- 3. What existing measures and concepts fall into the Access domain? What new concepts can be associated with this domain?

Trauma Clinical Care

Domain		Subdomain
Trauma Clinical Care	Option 1 Option 2	 Acute care Post-acute care Longitudinal care [(continuity of care/care coordination)] [NOTE: All subdomains contain patient-level & population-level measures and measure concepts] [Patient-level Population-level NOTE: All subdomains contain acute, post-acute, and longitudinal (continuity of care/care coordination) measures and measure concepts]

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

- 1. Which combination of subdomains lend themselves best to measurement, especially for population based trauma outcomes?
- 2. What existing measures and concepts fall into the Clinical Care domain? What new concepts can be associated with this domain?

Costs of Trauma Care

Domain		Subdomain
Cost of Trauma	Option 1	Patient-level cost
Care		System-level cost
		Population-level cost
		Efficiency/Cost-Effectiveness
	Option 2	Individual
		Societal
		• Center
		• System

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

- 1. Which combination of subdomains lends itself best to measurement, especially for population-based trauma outcomes?
- 2. What existing measures and concepts fall into the Cost domain?
- 3. What new concepts can be associated with this domain?

Prevention of Trauma

Domain		Subdomain
Prevention of Trauma		 [Unintentional Intentional/Self-afflicted Assault Undetermined Other] [Note: Subdomains originate from the CDC Injury Prevention Center.]
		 [Engineering Enforcement Education Legislation]

*Red text [enclosed in square brackets] represents additional information provided by the Trauma Committee.

- 1. Which combination of subdomains lends itself best to measurement, especially for population-based trauma outcomes?
- 2. What existing measures and concepts fall into the prevention of trauma domain? What new concepts can be associated with this domain?

Opportunity for Public Comment

NATIONAL QUALITY FORUM

Next Steps

Web Meeting 6

■ January 23, 2019 from 1:00-3:00 pm ET

Project Information

- Email: <u>trauma@qualityforum.org</u>
- Phone: 202-783-1300
- Project page <u>http://www.qualityforum.org/Trauma_Outcomes.aspx</u>
- SharePoint page <u>http://share.qualityforum.org/Projects/Trauma%20Outc</u> <u>omes/SitePages/Home.aspx</u>