Quality Assurance Work Group Charter – Pre-hospital and Hospital Trauma, Stroke and STEMI (12-28-2010)

Mission: To develop Quality Assurance guidelines and identify resources for pre-hospital and hospital emergency medical care providers so they can provide exceptional care for TCD patients.

Current situation

- An outside contractor with expertise in statewide health data management systems will assist with the work of this group. QA process will address continuum from pre-hospital through hospital stages of care.
- The trauma arm of TCD has experience with registries and reporting. However, the consistency and usability of the data to generate meaningful reports is unclear.
- There is no current statewide system in the U.S. for stroke or STEMI. However, there are available data sets and data registries such as those through ACC and AHA to which core measures are reported.
- This platform gives us the opportunity to build a database system from the ground up and incorporate many local, state and regional needs into the system.
- There is great interest in the QA group, as more than 150 individuals have enrolled to participate.
- The group will have the opportunity to focus on what data points are needed to create the most efficient and effective reports.

Benefits of coordinating TCD professional education

- Work together to educate about the importance of statewide aggregate data collection
- Work to have more consistent and uniform data collection statewide
- Produce workable data to use for future funding purposes and outcome evaluations
- Opportunity to have access to population level public health data and create better patient outcomes and healthcare delivery
- Have benchmark data to determine how Missouri is doing compared to other states
- Expand opportunities for collaboration in research and funding opportunities
- Unifies and helps integrate approaches across disciplines and helps to develop statewide best practices
- Increases networking opportunities
- Opportunity to create a clear and concise dictionary of terms that are easily understood to create the best data output
- Incorporate data points that are meaningful and use the opportunity to collect TCD information that gives us the opportunity to enhance patient outcomes and improve quality of patient care
- Opportunity to assess and address fidelity of interfaces between vendors.

Work Group Member Expectations

- Actively participate in scheduled meetings/webinars
- Read preparation documents for discussion at meetings
- Gather input from colleagues and represent agency's position. Share information and progress with colleagues to keep them apprised of efforts
- Follow guiding principles for meeting discussions
- Contribute to end products and outcomes.

Unintended consequences to be avoided:

- Avoid 'siloed' approaches among TCD system agencies and disciplines
- Resistance to coordinated effort
- Turf protection compromises effectiveness of efforts
- Duplication of information already available
- Avoid redundancy and ensure that we are in alignment with other databases that already have established national benchmarks
- Avoid making the input process difficult or cumbersome for end users.

Core tasks:

1. Contractor will complete review of existing systems on a national and state-by-state basis and review Missouri State and local data systems currently in place. Contractor will provide overview to work group
2. The contractor will provide advice to DHSS as it creates or expands an existing platform for the data management system based on the work group recommendations and plan. DHSS will strive to a) build on current successful approaches to capture and link data across the system, b) ensure compatibility with data reporters, and c) establish realistic procedures that are not redundant with other reporting requirements
3. The contractor and work group will identify performance measures, benchmarks, indicators and outcomes to be collected for Missouri data management system
4. The work group and contractor will complete plan for data management system to support pre-hospital and hospital agencies within the TCD system. The plan will address means to establish statewide data management system that is reliable, valid and timely to support quality assurance, assessment and evaluation functions. Will also recommend data elements, quality improvement functions and benchmark measures in order to identify what is to be incorporated into Missouri system-wide data management program
5. The work group will give recommendations on the types of reports and analyses thought to be most beneficial for process and quality improvement on local, regional and state level.

Scope of the project

- Little or no additional funding available—participants' time and contributions and existing DHSS staff will support efforts
- Will span all three arms of TCD system—trauma, stroke and STEMI
- Data points collected should strive to reflect process at each system component, or each point of the TCD circle
- Approximately eight month project for developing statewide TCD quality assurance efforts and mechanism to update. At that time, will evaluate if there is a need for the group to continue
- End products to be available by fall 2011.

Desired outcomes and end products

1. Identification of select indicators, measures, and outcomes and the respective data elements that need to be reported for trauma, stroke and STEMI patients at all steps of the process
2. Complete and consistent trauma registry data from trauma centers and complete and consistent data from future stroke and STEMI centers
3. Improved consistency of trauma data between state registries
4. Consistency of stroke and STEMI data between state registries
5. Shared understanding of data dictionary terms such as NTDS 2010 and those nationally identified for STEMI and stroke
6. Listing of routine reports that should be generated from the state registry for use at institution, local, regional and statewide levels to support quality improvement, evaluation and track outcome trends.
7. Recommendations for quality assurance functions that should be done by local and/or regional committees on a regular basis with time frame defined (e.g., quarterly, annually)
8. Recommendations for specific training and supports needed for hospital and out-of-hospital agencies and personnel
9. Create a system that will interface with other established system or with possible future CMS reporting
10. To create a system that complies with all protected data regulations, however will still allow reports to offer regional comparisons for quality assurance purposes.