Scaling Success: Transitioning from a Solo Role to a Collaborative PI Team
Workload Distribution Strategies for a 3 PI Coordinator Team

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UPSTATE TRAUMA CENTER

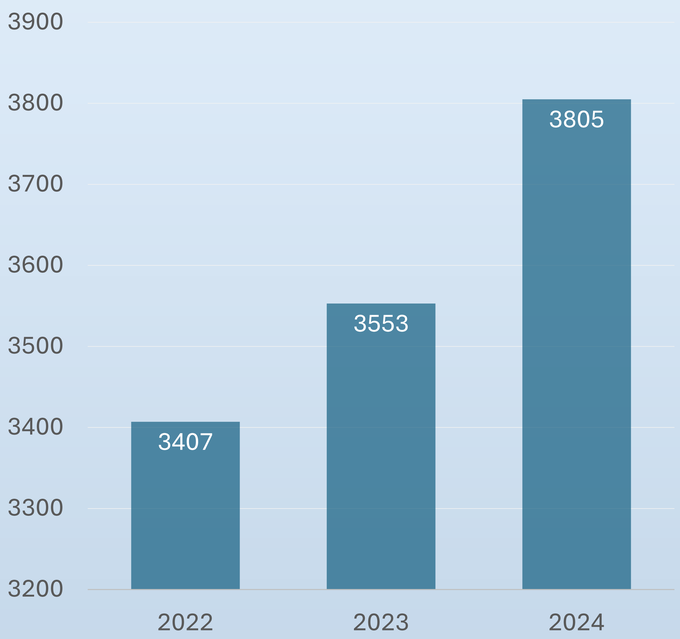
Introduction

According to the American College of Surgeons, all trauma centers must have at least 1 FTE dedicated performance improvement (PI) personnel when the annual volume of registry patient entries exceeds 1000 patients.[1]

To meet this standard, Upstate University Hospital's Adult Trauma PI Program expanded from one PI Coordinator to three.

Managing the workflow when expanding personnel from one PI Coordinator to three offers a unique opportunity to improve and streamline performance within the Trauma Program Department.

Upstate Adult Trauma Registry Entries by Year



Effectiveness

- **Average case review time:** Average time from case entry to review completion went from a significant delay (upwards of 6 months) to complete concurrency as of Feb 2024.
- **Registry Accuracy: T**he accuracy of our data quality increased because reviews are completed concurrently.
- Key indicators such as TQIP hospital events and pre-existing conditions are captured as soon as they're detected.
- **Workload Balance:** Distribution of cases and tasks among coordinators, ensures an equitable share of responsibilities.
- **Provider Engagement:** Ability to attend daily trauma table rounds has increased due to increased staffing and shared workload. This promotes collaboration and quality of interactions between PI Coordinators and trauma providers.
- **Staff Satisfaction and Retention:** PI Coordinator job satisfaction has improved overall with case assignment, increased communication, and transparency of ongoing work responsibilities.

Description

Completion of reviews is the primary focus of a PI Coordinator's role.

Completing primary reviews:

- At the beginning of each week, the PI Coordinators run a report within the registry that captures patient cases that have been completed by the Registrars.
- From this report, the PI Coordinators export a weekly list of PI Audit Filters for each patient.
- PI Coordinators are assigned a list of patient cases to review, divided equally, and are expected to be completed by the end of the week.

This allows the PI Coordinators to review cases concurrently with their entry into the Trauma Registry.

Prior to this system, the PI Coordinators were unable to track productivity. After implementing this process, the Primary Reviews have been streamlined so that the PI Coordinators can complete on average 67 Primary Reviews per week, while also managing other workload responsibilities.

Additional Workload Responsibilities:

Case Management:

- A weekly meeting is held with the PI Coordinators, Trauma Program Manager (TPM), and Trauma Medical Director (TMD).
- In this meeting, PI Coordinators will present cases that meet criteria for escalation to Secondary Level of review.
- The TMD will review cases presented and make determination of closure or escalation to Tertiary review for a Multidisciplinary Performance Improvement Plan (PIPs) meeting.

Preparing for PIPs Meeting:

- The Multidisciplinary PIPs meeting or Trauma Process Improvement Committee (TPIC) meeting occurs monthly.
- After cases are identified as requiring escalation to TPIC, the PI Coordinators will prepare meeting agendas, reach out to teams/departments/OSH/EMS for feedback, and record minutes of meeting.

Safety Alert Reporting:

- These events are reported by any staff that feels care could have been improved and are assigned and reviewed by the PI Coordinators in collaboration with the Hospital Quality Program.

Inter-rater Reliability (IRR) Meetings:

- Monthly, patient charts are dispersed to the PI and Registry team.
- Charts are reviewed collaboratively with this team and TPM.
- Quality of data is discussed, and improvement opportunities are identified.

Trauma Data Dashboard:

- Monthly, the PI Coordinators will abstract and analyze data from the registry to monitor program quality measures.

Presentations:

- Presentations including Quality Committees, New Resident Orientation, etc.

Rotating Responsibilities:

- Attending Trauma Rounds, and preparing reports, etc.

Education:

- Both formal and informal programs provided to hospital staff and community

Lessons Learned

Pros:

- Decreased case review turn around time
- Enhanced communication with treatment team
- Greater engagement and rapport with bedside staff
- Streamlined Multidisciplinary PIPs committee preparation and reporting process
- Early detection of care concerns

Cons:

- PI Coordinators must remain flexible and adaptable to workload fluctuations as well as accommodations to team members' time off from work
- Requires constant communication to avoid misunderstandings and ensure equitable distribution of work

Conclusion

The shift from a single-person department to a team-based approach for managing trauma PI responsibilities has significantly enhanced the efficiency and effectiveness of case reviews, ensuring concurrent management of cases.

Key improvements include:

- Measurable turnaround times for primary and secondary reviews
- Proactive involvement of the Trauma Medical Director (TMD) in case closure
- Greater collaboration during the Trauma Process Improvement Committee (TPIC) meetings
- Division of labor among three PI coordinators has led to better communication and greater workload balance
- Rotating responsibilities for attending trauma rounds and preparing reports have also helped foster stronger relationships with providers and bedside staff

Resources

- Well defined PI plan
- Communication tools such as Microsoft Teams and Outlook
- Shared reports within the trauma registry
- Shared job aids that are uniform for all PI Coordinators (Standardized review templates, data dictionaries, etc.)
- Institutional support for additional positions to meet staffing standards

References

1. American College of Surgeons. (2022). *Resources for optimal care of the injured patient.* Chicago, IL: American College of Surgeons.

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