Welcome New TQIP Centers!

Julia McMurray
Business Operations Manager
Trauma Quality Improvement Program
What are the goals for this webinar?

- Recognize that the ultimate goal of the Trauma Quality Improvement Program is to improve the care of the injured patient.
- Identify what educational resources and deliverables are available to your center as a TQIP participant.
- Understand the importance of following the NTDS Data Dictionary definitions in order to be able to accurately measure the patient’s care in your center.
- Understand the process for successfully submitting data quarterly to TQIP and reviewing the Validator and Submission Frequency Reports generated after submission.
- Recognize that reliable and comparable data from your Trauma Registry are used to increase the quality of care of the trauma patients in your trauma centers though risk-adjusted benchmarking.
Meet your TQIP staff!
Melanie Neal - Manager, TQIP & NTDB

- Trauma Quality Improvement Program
- National Trauma Data Bank
- National Trauma Data Standard
- COT data and quality initiatives
Tammy Morgan – National TQIP Educator

- TQIP Online Training Course
- TQIP Training Project Team
- TQIP Monthly Educational Experiences
- TQIP Educational Web Conferences
- TQIP External Validation Site Visits
- TQIP Conference
Data Quality Specialists

- Assist with TQIP Education
- External TQIP Data Validation
- Monitor NTDB and TQIP
- Google Groups
- Co-coordinator NTDS

Amy Svestka

Jackie Moses-Hardy
Andrea Ogden - TQIP Coordinator

- Education
- Customer support
- CE/CME certification
- Data validation site visit coordination
Jimm Dodd - Program Manager

- PIPS
- Best Practice Guidelines
- Customer Support
Analytics

- Statistical Analysis
- TQIP Reports
- Data Quality

Haris Subacius – Senior Statistician

Nam Nguyen – Statistician
Chris Hoeft – Technical Analyst

- TQIP Reports
- Patient Lists
- Quality Assurance
- Custom Data Requests
- Co-coordinator NTDS

Chrystal Caden-Price – Data Manager

- NTDB Annual Report
- NTDB Benchmark Reports
- NTDB Research Dataset
- TQIP Data Validation
Jim Lynch – TQIP Coordinator

- Data submission
- Onboarding
- Invoicing
- Customer support
Julia McMurray – Business Operations Manager

- Business development
- Marketing
- New program planning
- Conference
Operations

Jason Hendrix - Program Manager

- TQIP Annual Scientific Meeting and Training
- Recruitment
- Contracts
- Customer Support

Holly Michaels - Program Manager

- Pediatric TQIP
- Collaboratives
- Level III TQIP pilot
- Best Practice Guidelines
- Customer support
Claire Dooms - TQIP Coordinator

- Annual Conference
- Customer support
- Onboarding
- Invoicing
www.facs.org/tqipmeeting
Let’s Get Started!

Tammy Morgan
National Educator
Trauma Quality Improvement Program
Contact your vendor!

- When you decide to join
- Annual upgrades
- Submitting data
TQIP Participation Guide

• Reports
• Submission schedule
• Education
• Annual scientific meeting
• TQIP Staff

ACSM AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes
Who’s your team?

• Trauma Medical Director
• Trauma Program Manager
• Trauma Registrar
• Performance Improvement Clinician
Do we know your team?

Give us your team’s contact info!

- Name
- Title
- Email
- Phone number
How to contact us?

tqip@facs.org
Review the data dictionary!

- Data fields
- TQIP process measures
- Compare to registry
- Educate team players
Get Educated!

Tammy Morgan
National TQIP Educator
Trauma Quality Improvement Program
TQIP Portal

- Education
  - Online course
  - Archived quizzes
  - Tutorials

- Archived webinar slides

- Best practices guidelines

- Data submission schedule

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ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

100 years
Monthly Educational Experiences

- NTDS Data Dictionary

- TQIP Processes

- NOT Punitive!
Monthly Registry Staff Q&A Web Conference
Tutorials
Web Conferences
2015 TQIP Annual
Scientific Meeting and Training

NOVEMBER 15-17
OMNI NASHVILLE HOTEL | NASHVILLE, TN
www.acstqip.org
Data Submission

Jim Lynch
TQIP Coordinator
Trauma Quality Improvement Program
Switch to Quarterly Submissions

2015 TQIP Data Submission Schedule

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Quarterly Call for Data windows</th>
<th>Patient admission and discharge must fall in this time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>July - Sep 2015</td>
<td>November 2 – December 1, 2015</td>
<td>April 1, 2014 – September 30, 2015</td>
</tr>
</tbody>
</table>

- You will be able to update previously submitted records or submit new records as long as the patient falls in the allotted timeframe
Importance of Submitting Concurrent Data

• Adult TQIP reports cover the most recently submitted 12 months of data; Pediatric TQIP reports cover the most recently submitted 24 months of data

• To ensure equal comparisons, it is very important that hospitals submitted concurrent data – e.g. we don’t want to compare a hospital including data from the winter months to a hospital that does not include data from the winter months

• **Important** to submit any un-submitted quarters/months of data before submitting more recent quarters/months of data
Prepare your file for submission

• Prepare your file according to your vendor’s instructions
  • Select correct date range
  • Be sure to include your NTDB Facility ID on your data file per your vendor’s instructions
  • Include TQIP Process Measures if you have been collecting them

• Submitting data from before and after you received your TQIP updates in your registry?
  • Submit two files:
    • TQIP without Process Measures
    • TQIP
File Submission

• Once your file has been prepared and exported as an XML file you are ready to submit.
• Choose “Submit Data” from the main screen of the Data Center website.
Submit Data

Facility General Information

<table>
<thead>
<tr>
<th>Facility ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Julia’s EMS and helicub test facility</td>
</tr>
<tr>
<td>City</td>
<td>Chicago</td>
</tr>
<tr>
<td>State</td>
<td>Illinois</td>
</tr>
</tbody>
</table>

Upload file

File has to be NTDS formatted XML, Click here to view the NTDS Data Dictionary submission format.

NOTE: Larger files may take up to several minutes to load, please do not navigate away from the screen or hit refresh until the load is complete.

* Indicates required information.

<table>
<thead>
<tr>
<th>File Type</th>
<th>TQIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Your Name</td>
<td>TQIP without Process Measures</td>
</tr>
<tr>
<td>*File</td>
<td>Browse... No file selected.</td>
</tr>
</tbody>
</table>

Submit  Cancel
Review Your Submission
Validator Report - Summary

NTDB Validator Report

Call for Data Year: 2013
Date Range of Records: 04/01/2012 - 06/30/2012
Produced For: [redacted]
Submission Id: 7460

NTDS Version: 2012.1.5
Channel: 204
File Result: Fail

Monthly Record Count Summary:

<table>
<thead>
<tr>
<th>Month</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>146</td>
<td>139</td>
<td>142</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>427</td>
</tr>
</tbody>
</table>

Policy Validation Issues:
None

File Based Issues:
None

File Validation Summary:

<table>
<thead>
<tr>
<th>Category</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Validation Issues</td>
<td>14</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Invalid Records</td>
<td>14</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>%Invalid Records</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
## Validator Report - Detail

<table>
<thead>
<tr>
<th>A1</th>
<th>FacilityId</th>
<th>PatientId</th>
<th>RecordNumber</th>
<th>FieldName</th>
<th>ErrorLevel</th>
<th>RuleId</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>FieldName</td>
<td>ErrorLevel</td>
<td>RuleId</td>
<td>Message</td>
</tr>
<tr>
<td>2</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>3</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>4</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>5</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>6</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>7</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>8</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>EmsPulseOximetry</td>
<td>4</td>
<td>3902</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>9</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>10</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>11</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>EmsPulseOximetry</td>
<td>4</td>
<td>3902</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>12</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>13</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>14</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>EmsPulseOximetry</td>
<td>4</td>
<td>3902</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>15</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>PulseOximetry</td>
<td>4</td>
<td>5202</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>16</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>SupplementalOxygen</td>
<td>4</td>
<td>5302</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>17</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>EmsPulseOximetry</td>
<td>4</td>
<td>3902</td>
<td>Blank: required field</td>
</tr>
<tr>
<td>18</td>
<td>FacilityId</td>
<td>PatientId</td>
<td>RecordNumber</td>
<td>TotalVentDays</td>
<td>4</td>
<td>7602</td>
<td>Blank: required field</td>
</tr>
</tbody>
</table>
Submission Frequency Report

- Is your data mapping over correctly from your registry?

<table>
<thead>
<tr>
<th>NTDS Element Name: HospitalComplication -- Any medical complication that occurred during the patient's stay at your hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Non-Null Incidences:</td>
</tr>
<tr>
<td>Percentage Non-Null Incidences:</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element Value</th>
<th>Definition</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIU = 2</td>
<td>Not Known/Not Recorded</td>
<td>579</td>
<td>100</td>
</tr>
<tr>
<td>1</td>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Acute kidney injury</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Acute lung injury/Acute respiratory distress syndrome (ARDS)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Cardiac arrest with resuscitative efforts by healthcare provider</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Decubitus ulcer</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Deep surgical site infection</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

American College of Surgeons
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ACS TQIP
Trauma Quality Improvement Program
Submission Frequency Report

• Does your submission match what’s in your registry?

<table>
<thead>
<tr>
<th>NTDS Element Name:</th>
<th>HospitalDischargeDisposition -- The disposition of the patient when discharged from the hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Non-Null Incidences:</td>
<td>657</td>
</tr>
<tr>
<td>Percentage Non-Null Incidences:</td>
<td>92.15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element Value</th>
<th>Definition</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIU = 1</td>
<td>Not Applicable</td>
<td>56</td>
<td>7.85</td>
</tr>
<tr>
<td>1</td>
<td>Discharged/Transferred to a short-term general hospital for inpatient care</td>
<td>1</td>
<td>0.14</td>
</tr>
<tr>
<td>2</td>
<td>Discharged/Transferred to an Intermediate Care Facility (ICF)</td>
<td>44</td>
<td>6.17</td>
</tr>
<tr>
<td>3</td>
<td>Discharge/Transferred to home under care of organized home health service</td>
<td>45</td>
<td>6.31</td>
</tr>
<tr>
<td>4</td>
<td>Left against medical advice or discontinued care</td>
<td>2</td>
<td>0.28</td>
</tr>
<tr>
<td>5</td>
<td>Expired</td>
<td>16</td>
<td>2.24</td>
</tr>
<tr>
<td>6</td>
<td>Discharged home with no home services</td>
<td>439</td>
<td>61.57</td>
</tr>
</tbody>
</table>
Post-Review To-Do

• If your submission still needs work:
  • Reject your submission
  • Fix errors in file
  • Resubmit

• Satisfied with your submission:
  • Accept it!
The Impact of Your Data Submissions on Reports

Chris Hoeft
Technical Analyst
Trauma Quality Improvement Program
Impact of Data Submission on Reports

• Simple: the data we use for reports is what you submit to us

• By design, our reports have 6 (18 for pediatrics) months of overlapping data with the previous report, and 6 months of new data – but if you are behind on submissions we are willing to produce a report on the SAME data as your previous report
  • Only once, though

• We also reserve the right to exclude hospitals from reports if hospitals:
  • Have not submitted enough data to warrant risk-adjustment
  • Have not submitted large chunks of data amidst other submissions
Schedule of Reports/ Cut-Offs to Be Included in Each Report

• Two reports a year

• These reports cover data from the following timeframes:
  • March 2015 Report:
    • Most recently submitted 12 (24 for pediatrics) months of data between 1/1/2013 and 9/30/2014
    • Last submission before report: December, 2014
  • September 2015 Report
    • Most recently submitted 12 (24 for pediatrics) months of data between 1/1/2014 and 3/31/2015
    • Last submission before report: June, 2015

• In order to be eligible to receive the report, a hospital must:
  • Have submitted enough high-quality data to warrant risk-adjustment
  • Be fully enrolled (paid with signed contract)
Timeline for First Report

• Depends on when you have fully enrolled (paid with a signed contract)
  • E.g. Hospitals that enrolled in February of 2015 were not eligible for the March 2015 Benchmark Report, but are eligible to receive the September 2015 Benchmark Report – and the most recent data eligible to be included in this report are data submitted by the June 2015 submission deadline

• We currently do not require that you have submitted TQIP-specific fields (Process Measures) in order to receive a report
  • E.g. a hospital that submitted 2014 data through the NTDB CFD and then submitted Q1 2015 data through the TQIP quarterly submission process is eligible to receive the Fall 2015 report

• Unsure – contact us!
You’ve Received Your Report…. Now What?

Chris Hoeft
Technical Analyst
Trauma Quality Improvement Program
What’s In a Report Cycle?

- Site-Specific Benchmark Report
  - Site-Specific PPTs with associated figures
- Aggregate Report
- Patient Listing Application update
Report Contents

- **Adult TQIP**
  - 3 major outcomes in 10 cohorts + 2 individual complications = **32 models**
    - More specific complications in the future
  - 30+ tables
  - 4+ figures

- **Pediatric TQIP**
  - 3 major outcomes in 6 cohorts + 1 individual complication in 3 cohorts = **21 models**
    - More specific complications in Fall 2015
  - 20+ tables
  - 4+ figures
What Is Included in the Adult TQIP Benchmark Report?

Cohorts:

- TQIP population (all patients)
  - Blunt multisystem injuries
  - Penetrating injuries
  - Traumatic brain injuries (TBI)
    - Intubated patients with TBI (iTBI)
  - Severe traumatic brain injuries (sTBI)
  - Shock patients
  - Elderly patients
    - Elderly patients with blunt multisystem injuries
  - Splenic injuries (isolated and un-isolated)
  - Fracture fixation (midshaft femur and open tibial shaft)
  - Hemorrhagic shock
- Elderly patients with isolated hip fractures

Modeled Outcomes:

- Mortality
- Major Complications
- Major Complications Including Death
- Pneumonia (in TBI)
- Acute Kidney Injury (in Shock)
What Is Included in the Pediatric TQIP Benchmark Report?

Cohorts:

- Pediatric TQIP population (all patients)
  - All, ages 0-13
  - All, ages 14-18
  - Traumatic brain injuries (TBI)
    - TBI, ages 0-13
    - TBI, ages 14-18
  - Splenic injuries (isolated and un-isolated)
  - Fracture fixation (midshaft femur and open tibial shaft)

Modeled Outcomes:

- Mortality
- Major Complications
- Major Complications Including Death
- Pneumonia (in TBI cohorts)
Box-Decile Figures

Risk-Adjusted Mortality

Patient Cohort

Odds Ratio (95% CI)

All Patients, Blunt Multisystem, Penetrating, Shock, TBI, Intubated TBI, Elderly, Elderly Blunt Multisystem, IHF
Do the Data Seem Appropriate?

Table 1: Patient Inclusion by Month

<table>
<thead>
<tr>
<th>Month</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>May</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>55</td>
<td></td>
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<tr>
<td>September</td>
<td>45</td>
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<tr>
<td>October</td>
<td>55</td>
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</tr>
<tr>
<td>November</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

Table 24: Intracranial Pressure (ICP) Monitoring

<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>ICP Monitoring</th>
<th>Median (hours)</th>
<th>Missing Time to ICP Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>TBI</td>
<td>29,825</td>
<td>1,624</td>
<td>5.4</td>
<td>60</td>
</tr>
<tr>
<td>All Hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Hospital</td>
<td>40</td>
<td>6</td>
<td>15.0</td>
<td>0</td>
</tr>
<tr>
<td>Intubated TBI</td>
<td>8,969</td>
<td>1,398</td>
<td>15.6</td>
<td>61</td>
</tr>
<tr>
<td>All Hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Hospital</td>
<td>16</td>
<td>6</td>
<td>37.5</td>
<td>0</td>
</tr>
</tbody>
</table>

1 ICP monitoring defined by the response(s) Intraventricular Drain/Catheter (e.g. Ventriculostomy, External Ventricular Drain), Intraparenchymal Pressure Monitor (e.g. Caiman-Bolt Subarachnoid Bolt, Intraparenchymal Catheter), Intraparenchymal Oxygen Monitor (e.g. LiCox, Jugular Venous Bulb) for the TQIP Process Measures field ‘Cerebral Monitor’

2 Median time (in hours) between ICP monitor placement (based on ‘Cerebral Monitor Date/Time’ TQIP Process Measures fields) and ED admission.

3 Of those with ICP monitoring
Patient Listing Application

The three Outcome filters represent raw outcomes and not model inclusion.

Facility: 04001
Reporting Period: Fall 2014
Cohort: Blunt Multisystem

Mortality: Yes
Major Complications: All
Major Complications incl Death: All
Sort By: Mortality (Prob), Highest to Lowest
Patient Listing Application

### Patient Navigator

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>Reporting Period</th>
<th>Cohort Selected</th>
<th>Blunt Multisystem</th>
<th>May ACS Severity</th>
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</thead>
<tbody>
<tr>
<td>04001</td>
<td>Fall 2014</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Admission Year</th>
<th>Mortality</th>
<th>Mortality (Prob)</th>
<th>Complication</th>
<th>Complication (Prob)</th>
<th>Comp incl Death</th>
<th>Comp incl Death (Prob)</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>Yes</td>
<td>0.9761942124</td>
<td>Yes</td>
<td>Yes</td>
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<td>2014</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
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<td>2013</td>
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<td>2013</td>
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<td>0.9667529915</td>
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<table>
<thead>
<tr>
<th>Summary</th>
<th>Cohort-Specific</th>
<th>Diagnoses</th>
<th>Complications</th>
<th>Comorbidities</th>
</tr>
</thead>
</table>

### Patient Details

- **Admission Year:** 2013
- **Initial ED DCS Motor:** 1
- **Initial ED Pulse Rate:** 160
- **Initial ED SBP:** 81
- **Ventilator Days:** 11
- **ICU Days:** 110
- **LOS Days:** 32

### Outcome Probabilities

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Probability of Outcome</th>
<th>Worst Injury 1</th>
<th>Worst Injury 2</th>
<th>Worst Injury 3</th>
<th>Risk Ratio</th>
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</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>0.964529555</td>
<td>852.0</td>
<td>852.0</td>
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<tr>
<td>Major Complications</td>
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<tr>
<td>Major Complications Incl Death</td>
<td>0.973819355</td>
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</tbody>
</table>

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**American College of Surgeons**

Inspiring Quality: Highest Standards, Better Outcomes

ACS TQIP® Trauma Quality Improvement Program
Staying Active in TQIP

Tammy Morgan
National TQIP Educator
Trauma Quality Improvement Program
Keep your team engaged!

- Team meetings
- Education review
- Performance improvement
- Data validation
Participating in TQIP Education?

TQIP Educational Experience Progress Report
Chicago Bears Medical Center
2nd Quarter 2013

All quiz recipients listed for your trauma center as of 7/19/2013*:
Cauda Equina
F.X. Foot
Trauma Mama

*This may not accurately represent those who received each quiz each month. For example, someone new could have been have taken a quiz but since has been removed from this list. If you do not see everyone listed here who you want to receive

April 2013:
- TQIP average: 74.51
- Your facility average: 80.0
- Quiz-takers from your facility: 1

May 2013:
- TQIP average: 86.20
- Your facility average: NA
- Quiz-takers from your facility: 0

June 2013:
- TQIP average: 80.00
- Your facility average: NA
- Quiz-takers from your facility: 0
Review your results!

- Review with your team
- Validator reports
- Submission Frequency Report
- Benchmark reports
- Drill down!
Best Practices
Partnership goals

- With other departments or services
  - DVT rates
  - Transfusion Services
  - Neurosurgery for TBI
  - VAP rates
  - UTI rates
  - Mortality
The TQIP Google group is a great resource relying on expertise of fellow abstractors and PI practitioners. If you have not already done so, please visit http://groups.google.com/group/trauma-quality-improvement-program---tqip to request membership to the TQIP Google group.
Places you should go!

Tammy Morgan
National Educator
Trauma Quality Improvement Program
www.ntdsdictionary.org

- NTDS Data Dictionary
- NTDS Change Log
- NTDS Data Dictionary Revision Site
- NTDB Google Group
NTDB Data Collection

Activity Menu

Your Business Associate/Data Use Agreement and Facility Information are complete.

- Facility Information
- View Reports
- Submit Data
- Submission Listing
- Change Password
- Logout

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Phone: +1 (312) 202-5917 Fax: +1 (312) 202-5015 Email: NTDB@facs.org

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Trauma Quality Improvement Program

The American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) works to elevate the quality of care for trauma patients in your trauma center. In fact, we’re already doing that in more than 200 participating trauma centers across the United States. TQIP accomplishes its work by collecting data from your trauma center, providing feedback about your center’s performance, and identifying institutional characteristics that your trauma center staff can implement to improve patient outcomes. The program uses risk-adjusted benchmarking to provide your hospital with accurate national comparisons. TQIP also provides education and training to help your trauma center staff improve the quality of your data and accurately interpret your benchmark reports. You can network and share information about best practices with other trauma professionals at the TQIP annual meeting, through the TQIP Google group, and in regular Web conferences.
Thanks for your participation!