

Teamwork at Harborview Accelerates Patient Care Quality Initiatives

As the process of delivering health-care in the United States becomes increasingly scrutinized by both state and federal oversight, and by patients, improving quality and efficiency is more vital than ever. At Harborview Medical Center, Department of Surgery faculty are leaders in developing quality initiatives in partnership with other service lines and the hospital quality improvement (QI) department.

Making important changes for the best patient outcomes requires a teamwork approach. One of the key places that QI initiatives begin at Harborview is at the multi-disciplinary Trauma Council. While each service has its own Mortality and Morbidity conference (M&M) to review patient deaths and major complications, the Trauma Council is a place for each service treating trauma patients to work collaboratively to develop policies and protocols that lead to best practices and outcomes for this high acuity patient population. Working with physician and nursing leadership, the Trauma Council works to identify and resolve QI issues at a system level.

A recent quality metric that the Trauma Council has been focusing on is Spine Clearance. This metric looks at whether the injured patient has been fully evaluated for a spinal injury within 48 hours of admission and, for patients determined to not have an injury, if they've been given clearance to be upright in bed. This early assessment is important for multiple

reasons, including prevention of problems associated with immobility such as deep vein thrombosis, ventilator associated pneumonia, and skin breakdown. Historically, there have been multiple challenges to meeting the 48 hour goal: trauma patients are seen by multiple service teams and no one service is solely responsible for spine clearance; coordination of appropriate imaging can be difficult, particularly

metrics show that roughly 90% of trauma patients are receiving spine clearance in 48 hours, an improvement from around 75% just several months ago.

The above example is illustrative of leveraging the medical record to improve efficiency in the delivery of care and tackling quality challenges at a systems level. As another example, Dr. Erik Van

Eaton and Dr. Lisa McIntyre are developing an innovative IT solution to utilize the medical record via Computerized Rounding & Signout (CORES Project) to easily identify and record events of a quality concern. These cases can then be prepared for presentation at (M&M), with quality concern scores determined and action items tracked. By creating a process that is simple and does not disrupt daily workflow, faculty and housestaff will be able to report and track even relatively "minor" cases, rather than only capturing major events. This increased

ability to capture data and track trends should allow for more opportunities to implement QI initiatives and assess their impact on outcomes, from both the service level as well as the system level.

Quality is the responsibility of all those providing care for the patient; the onus cannot be solely on the physician and the housestaff. Harborview is an example of an environment wherein a culture of continuous positive change is taking place that is inclusive of all of the key players involved in providing the best possible care to patients.



Trauma / Burn Faculty

when the patient is undergoing treatment for multiple other injuries, many of which are life-threatening; spine clearance forms, which were handwritten and scanned in, were variably located in the Electronic Medical Record (EMR). Despite these ongoing barriers, the care team has developed a system where the medical record is utilized to trigger action on this protocol. Trauma nurses work with this data to coordinate with the care team to achieve the 48 hour goal through a standardized process of care. This QI initiative has already yielded exciting results: current