Overview
The Michigan Trauma Quality Improvement Program Collaborative Quality Initiative aims to address inconsistencies and variations in patient outcomes related to trauma-based care.

Goals and objectives
To create a quality improvement infrastructure for trauma care that will improve the quality of care for trauma patients and reduce the costs of this care in Michigan.

The objectives are to:
- Utilize existing trauma registry system to build a sustainable and cost-efficient system for tracking patient outcomes at each participating hospital with data standardization
- Create a system of providers and consumers/payers that is linked and focused on using comparative effectiveness to improve care for trauma patients
- Develop potential high impact areas on which to focus global quality improvement for MTQIP
- Standardize the internal peer review of trauma mortality at each center so data can be entered on a form and collected on a collaborative-wide basis

Physician type(s)
- General and trauma surgeons
- Orthopedic surgeons
- Anesthesiologists
- Neurosurgeons

Participation criteria
A hospital must meet the following criteria:
- Have an active trauma program in place, currently verified as an American College of Surgeons (ACS) level I or II trauma center
- Provide complete, timely, and accurate data for analysis and reporting
- Attend MTQIP meetings three times a year
- Participate in inter-rater reliability audits
- Enroll and participate in ACS-TQIP
- Provide hospital specific performance improvement project data on a scheduled basis.
Participants
- 29 Michigan Hospitals
- 162 surgeons

Data collection
- All cases, all payer registry
- 123,432 cases entered into the registry since inception
- Registry Data registry: NTRACS V5, TraumaBase, or Trauma One

Results
To date results for the following quality improvement initiatives include:

Use of prophylactic inferior vena cava filters: IVC filter insertion rate
- Initial collaborative aggregate performance – 2.0 percent (2011)
- Target aggregate performance – 1.0 percent
- Current performance to date – 0.8 percent (2015)

2. Venous thromboembolism: VTE rate
- Initial collaborative aggregate performance – 2.3 percent (2008-2010)
- Target aggregate performance – 1.5 percent
- Current performance to date – 1.3 percent (2015)

3. Venous thromboembolism: Pharmacologic VTE prophylaxis on/before day 3 following admission
- Initial collaborative aggregate performance – 34 percent (2012)
- Target aggregate performance – 50 percent
- Current performance to date – 58 percent (2015)

4. Hemorrhage control: Increase the percent of patients receiving a ratio of blood to plasma of ≤ 2.5 in the first 4 hours of a massive transfusion event
- Initial collaborative aggregate performance – 28 percent (2011)
- Target aggregate performance – 80 percent
- Current performance to date – 76 percent (2015)

For additional information about this CQI, contact:
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About the Coordinating Center
The University of Michigan Health System serves as the coordinating center for MTQIP and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center supports participants in establishing quality improvement goals and assists them in implementing best practices.

Mark Hemmila, MD, professor of Surgery in the Division of Acute Care Surgery at the University of Michigan Health System, serves as project director. Judy Mikhail, PhD, MBA, RN, is the coordinating center program manager. Jill Jakubus, PA-C, MHSA, MS, is program manager for data and analytics.

About the Collaborative Quality Initiative Program
Sponsored by Blue Cross Blue Shield of Michigan and Blue Care Network, Collaborative Quality Initiatives bring together Michigan physicians and hospital partners to address some of the most common and costly areas of surgical and medical care.

Collaborative Quality Initiatives rely on comprehensive clinical registries that include data on patient risk factors, processes of care, and outcomes of care. As a result of the collection and analysis of procedural and outcomes data, the participants are able to implement changes in practice. These changes in practices lead to increased efficiencies, improved outcomes, and enhanced value.

Collaborative Quality Initiatives are contributing to Blue Cross achieving a lower growth in medical cost trends than the national average, which helps hold down health care costs for Blues customers statewide.

About Value Partnerships
Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals and Blue Cross that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

For more information about CQIs:
Send an email to cqiprograms@bcbsm.com.


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