

TRAUMA PRACTICE MANAGEMENT MANUAL

9. OPERATIONAL MANAGEMENT GUIDELINES

A. Terms of Reference: Performance Improvement & Patient Safety

Terms of Reference for Trauma Multidisciplinary Performance Improvement Patient Safety (PIPS) Committee/Panel

Westchester Medical Center Adult Trauma Program

1. Purpose and Scope:

The Trauma Multidisciplinary Performance Improvement Patient Safety (PIPS) Committee/Panel serves as the cornerstone of the Performance Improvement (PI) continuum within the Westchester Medical Center Adult Trauma Program. The committee is responsible for:

- Reviewing patient cases and complications referred from Trauma and collaborative services to address system or process discrepancies.
- Establishing objective criteria for identifying issues for review and determining compliance with the standard of care.
- Systematically analyzing data to identify opportunities for improving patient outcomes.
- Ensuring that trend analyses, aggregates of quality and outcome data, and summaries of all mortalities are reviewed and discussed.
- Overseeing the resolution of incidents through corrective actions, ensuring they are closed only after re-evaluation demonstrates resolution or improved performance.

2. Membership:

The PIPS Committee/Panel consists of the following members:

- Trauma Medical Director (Chair)
- Trauma Program Manager
- Performance Improvement Coordinator
- Trauma Attendings
- Liaisons from Emergency Medicine, Orthopedics, Neurosurgery, Anesthesia, Geriatrics, Critical Care and Radiology
- Trauma Registrar Staff
- Pre-hospital Liaison
- Disaster Management Liaison (Trauma Attending)
- Physiatry Liaison
- Quality Management Representative
- Blood Bank Representative
- Representatives from specialty services as required by specific case reviews

3. Frequency of Meetings:

The PIPS Committee/Panel meets monthly on the 4th Tuesday of each month. Liaison members of the committee are required to attend at least 50% of all meetings.

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4. Decision-Making Process:

- Patient case reviews and complications are presented in a multi-layered process, with unresolved cases from the Multidisciplinary Morbidity and Mortality level or those requiring system process adjustments being discussed at the PIPS panel.
- The Trauma Medical Director oversees all corrective action planning and implementation.
- Decisions are made through a collaborative discussion, with the aim of achieving consensus among committee members.
- Incidents are considered closed only after a comprehensive corrective action plan has been implemented and re-evaluation demonstrates resolution or a measurable improvement in performance.

4. Responsibilities:

- **Trauma Medical Director:** Oversees corrective action planning and implementation, ensuring incidents are properly addressed and resolved.
- **Trauma Program Manager and Performance Improvement Coordinator:** Maintain the trauma performance improvement process, ensuring systematic analysis of data and implementation of improvements.
- **Committee Members:** Participate in discussions, provide expertise, and contribute to the identification and resolution of discrepancies in patient care and system processes.

4. Reporting:

The Trauma Medical Director, Trauma Program Manager, and Performance Improvement Coordinator are responsible for maintaining records of the committee's activities, decisions, and outcomes. They ensure that the committee's actions are documented and that the performance improvement process is transparent and effective. The PIPS Committee reports to the Hospital's Quality Department.

7. Review and Amendment:

These terms of reference will be reviewed annually to ensure they remain relevant and effective. Any amendments to the terms of reference will be made by consensus of the committee members and approved by the Trauma Medical Director.

Effective Date: December 2023 **Review Date:** December 2026