ACCREDITATION AGRÉMENT CANADA Distinction

Trauma Distinction Report

Fraser Health Authority

Surrey, BC

On-site Survey Dates:

May 15, 2016 - May 19, 2016

Report Issued:

July 6, 2016

About the Distinction Report

Fraser Health Authority (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. As part of this ongoing process of quality improvement, an on-site survey was conducted. Information from the on-site survey as well as other data obtained from the organization were used to produce this Distinction Report.

On-site survey results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Distinction Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Distinction Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Distinction Report compromises the integrity of the process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada, I extend my congratulations to Fraser Health Authority on your participation in a program that recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership. I hope you find the Distinction process to be an interesting and informative experience, and that it is providing valuable information that you are using to plan your quality and safety initiatives.

This Distinction Report shows your decision, as well as final results from your recent on-site survey. I encourage you to use the information in this report to guide your ongoing quality improvement activities.

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating Distinction into your quality improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

Sincerely,

Leslee Thompson
Chief Executive Officer

Table of Contents

Introduction

The Accreditation Canada Distinction program recognizes organizations that demonstrate clinical excellence and an outstanding commitment to leadership in a specific field of expertise. The program is developed in close consultation with key stakeholders and content experts to reflect detailed practices and the most up-to-date evidence. It offers rigorous and highly specialized standards of excellence, in-depth performance indicators and protocols, and an on-site survey by expert evaluators with extensive practical experience in the field. The program includes an on-site survey every four years.

The Distinction program includes the following key components:

- **Standards:** Distinction standards are based on the latest research and evidence related to excellence in the field.
- **Protocols:** Distinction requires the use of evidence-based protocols to promote a consistent approach to care and increase effectiveness and efficiency.
- **Indicators:** A key component of the Distinction program is the requirement to submit data on a regular basis and meet performance thresholds on a core set of performance indicators.
- **Excellence and Innovation:** Distinction clients must demonstrate implementation of a project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care.

Executive Summary

Fraser Health Authority (referred to in this report as “the organization”) is participating in the Accreditation Canada Distinction program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations across Canada.

As part of the Distinction program, the Fraser Health Authority has undergone a rigorous evaluation process. External peer evaluators conducted an on-site survey during which they assessed the organization's programs and services. Results are included in this report and were considered in the Distinction decision. Please see Appendix A for a copy of the Decision Guidelines.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of Distinction and quality improvement into its programs and services.

The Fraser Health Authority is commended on its commitment to using Distinction to improve the quality and safety of the services it offers to its clients and its community.

Distinction Decision

Accreditation Canada is very pleased to recognize Fraser Health Authority for earning Distinction in Trauma Services for the following location(s) and service(s):

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On-Site Survey Information

On-Site Survey Dates

May 15, 2016 to May 19, 2016

Locations

The following locations were assessed during the on-site survey.

Abbotsford Regional Hospital and Cancer Care Centre
Burnaby Hospital
Chilliwack General Hospital
Delta Hospital
Eagle Ridge Hospital
Fraser Canyon Hospital
Fraser Health Authority
Langley Memorial Hospital
Mission Memorial Hospital
Peace Arch Hospital
Ridge Meadows Hospital
Royal Columbian Hospital
Surrey Memorial Hospital

Overview of Results

The following is an overview of the organization's results for each component of the Distinction program.

Component	Achievement	Met	Unmet	Total	%
Standards					
Trauma System Standards					
Fraser Health Authority	✔	64	2	66	97.0
Trauma Centre Standards (Level I)					
Royal Columbian Hospital	✔	91	3	94	96.8
Trauma Centre Standards (Level III)					
Abbotsford Regional Hospital and Cancer Care Centre	✔	65	2	67	97.0
Trauma Centre Standards (Level IV)					
Chilliwack General Hospital	✔	35	0	35	100.0
Trauma Centre Standards (Level V)					
Fraser Canyon Hospital	✔	31	0	31	100.0
Distinction Protocol					
Abbotsford Regional Hospital and Cancer Care Centre	✔	4	0	4	100.0
Chilliwack General Hospital	✔	2	0	2	100.0

Component	Achievement	Met	Unmet	Total	%
Fraser Canyon Hospital	✔	1	0	1	100.0
Fraser Health Authority	✔	5	0	5	100.0
Royal Columbian Hospital	✔	5	0	5	100.0
Indicator					
Abbotsford Regional Hospital and Cancer Care Centre	✔	3	1	4	75.0
Chilliwack General Hospital	✔	1	0	1	100.0
Fraser Canyon Hospital	✔	1	0	1	100.0
Fraser Health Authority	✔	2	1	3	66.7
Royal Columbian Hospital	✔	6	1	7	85.7
Distinction Excellence and Innovation					
Excellence & Innovation: Let's Ask the Patient	✔	5	0	5	100.0

Summary of Evaluator Team Observations

The evaluator team made the following observations about the organization's overall strengths, opportunities for improvement and challenges.

The Fraser Health region spans from Boston Bar to Burnaby and serves approximately 1.7 million people (1/3 of BC's population). Fraser Health (FH) is the largest and fastest growing health authority in the province and provides trauma care in all 12 of its hospital sites. FH's trauma program is a regional program that spans acute care sites, multiple medical /surgical divisions, and departments within each facility, along with access to inpatient rehabilitation services for both high intensity and general rehab. The two designated trauma centres in FH that care for patients with multiple injuries are Abbotsford Regional Hospital (ARH), a district level III trauma centre, and Royal Columbian Hospital (RCH), a district level I trauma centre. Single system trauma, however, is cared for at all acute care sites.

The FH trauma program is dedicated to a philosophy of providing quality and safe health care to all injured patients and their families. The mission is to deliver state-of-the-art health care practices driven by a performance improvement process and facilitated by data analysis and review at all levels of care delivery. The goal of the FH trauma performance improvement and patient safety (PIPS) program is to evaluate and improve the trauma patient population's outcomes by adjusting patient care processes and internal structures for continuous quality improvement.

FH's trauma PIPS is supported under the direction of the FH trauma program medical director and regional trauma program clinical nurse specialist (CNS). These positions monitor all events that occur during a trauma-related episode of care when an injured patient enters the FH system of care. In addition, the RCH trauma medical chief along with the ARH trauma coordinator and ARH trauma medical chief are expected to monitor and implement site-specific performance improvements. Overall, the trauma system at FH has evolved with diligent dedication and commitment from leaders who have been involved in trauma care and coordination as a team for quite some years. Moving away from silos to a system has been the outcome of teamwork, collaboration and mutual goals established by the leadership of the program.

The FH excellence and innovation project: Let's Ask the Patient is entitled "The Fraser Health Out-Patient Trauma Clinics". These clinics, located at RCH and ARH, were implemented to address common issues of patients on discharge, which include: missed injuries, complications, infection, pain management, and psychosocial issues that can occur when reintegrated back to the community. Contributions to care include assistance with recovery and rehabilitation, improvements in emotional support, expedited referrals to community health services, prescriptions and pain management, identifying missed injuries and complications, reducing visits to ED, facilitating transition to primary care, and overall aiding transition to recovery for unattached patients. An opportunity exists to continue to survey regarding satisfaction of staff along with patients, implement other allied health team member roles into the clinic based on the need of the patients and to seek feedback from community

family practitioners on the value of the clinic in reintegrating patients to the community. In addition, review of the qualitative benefits that have resulted by implementing the clinic are encouraged.

Overall strengths of the trauma program at FH include the exceptional knowledge and commitment of the leadership and working towards a common purpose, in partnership through an interprofessional collaborative practice model. No patients are refused and they are treated holistically. The program is described by internal and external partners as being more than a consult service and has evolved to a system by eliminating silos. Response times for activating the team are noted as being good and it is important to continually monitor this. There is ample support for community hospitals within FH and partnership with BC Ambulance Services (BCAS) and BC Patient Transfer Network (BCPTN) is noted. There is excellent emergency planning done locally and for the region as described as part of a provincial network. In addition, protocols like the massive transfusion protocol are implemented and in process of education for sites that this would apply to. Patients benefit from care along a seamless continuum with one chart. This has enabled excellent access from a wait time perspective to rehabilitation services and eases the referral process. The collaborative partnership with BC Trauma Services (BCTS) is noted and the support received through the reports generated from the BC Trauma Registry for the team to have available is in place. The knowledge, education and skills of staff and training meets standards. In addition, the focus on continuing education, ensuring evidence based practice at all times, review of mortality charts, and journal clubs is noteworthy. Registered nurses working in the EDs within FH are trained in the Trauma Nursing Core program and receive orientation targeted to trauma care. Education events are available for all staff across sites.

Overall opportunities for the FH Trauma Services program include working towards and collaborating within a more coordinated provincial injury prevention program. Currently, initiatives appear to be disjointed; some are locally based, while some are arranged through Public Health, and some are provincial. FH is encouraged to advocate for a provincial trauma program funding model that is based on volume and level of trauma centre that is equitable throughout the province. This funding model needs to be inclusive of trauma coordinators, trauma nurse specialists, trauma registry, trauma administrative support, trauma medical directors, and trauma team leader stipends.

In addition, it is encouraged that the FH trauma services leadership team develop a better understanding of data available and use the information proactively to make improvements towards outcome and quality - moving beyond just utilization of indicators. The development of a trauma service annual report for FH is recommended. Performance indicators are monitored and the leadership team reviews results; however, it is recommended to take a more proactive approach to the audit of compliance of protocols and outcome information. Sharing of information broadly to all stakeholders, including how FH is performing in comparison to other regions, is also encouraged. The role of the Trauma Advisory Committee at both RCH and ARH are encouraged to evolve towards monitoring of quality outcomes and developing actions to address improvements. At the local community sites, it is recommended that SIM lab training be more readily available coordinated and supported by the level I site.

The trauma services program at FH is committed to their mission of providing quality and safe care to all injured patients and their families. From the leadership team to all involved at the many sites are committed, caring

individuals with a focus on 'always say yes' and no refusal of anyone at any time. The organization is commended for the great work towards excellence in trauma care!

Distinction Standards

The Distinction standards identify policies and practices that contribute to high quality, safe, and effectively managed care in a specific area of expertise. Each standard is followed by a number of criteria that are statements about the activities required to achieve the standard. High priority criteria are foundational requirements for delivering safe and quality services and are identified by a red exclamation mark in the standards.

During the on-site survey, the evaluators assessed the organization's compliance with each section of the standards, and provided the following results. The following tables indicate the criteria in the standards that were rated "unmet" during the on-site survey. As part of ongoing quality improvement, the organization is encouraged to address these criteria.

Standards Set	High Priority Criteria			Other Crietria			All Criteria		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
Trauma System Standards									
Fraser Health Authority	15 (100.0%)	0 (0.0%)	0	49 (96.1%)	2 (3.9%)	0	64 (97.0%)	2 (3.0%)	0
Trauma Centre Standards (Level I)									
Royal Columbian Hospital	18 (94.7%)	1 (5.3%)	0	73 (97.3%)	2 (2.7%)	0	91 (96.8%)	3 (3.2%)	0
Trauma Centre Standards (Level III)									
Abbotsford Regional Hospital and Cancer Care Centre	15 (100.0%)	0 (0.0%)	0	50 (96.2%)	2 (3.8%)	0	65 (97.0%)	2 (3.0%)	0
Trauma Centre Standards (Level IV)									
Chilliwack General Hospital	8 (100.0%)	0 (0.0%)	1	27 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	1
Trauma Centre Standards (Level V)									
Fraser Canyon Hospital	8 (100.0%)	0 (0.0%)	1	23 (100.0%)	0 (0.0%)	0	31 (100.0%)	0 (0.0%)	1
Total	**64 (98.5%)**	1 (1.5%)	2	222 (97.4%)	6 (2.6%)	0	286 (97.6%)	7 (2.4%)	2

*High priority criteria are foundational requirements for delivering safe and quality services.

Standards Set: Trauma System Standards

The Trauma System Standards highlight the key components of an effective trauma system. These standards are evaluated at the system level, and focus on how pre-hospital, inter-facility transport and rehabilitation services are integrated within the trauma system to maximise the recovery of trauma patients.

Fraser Health Authority

Planning and Designing the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

British Columbia operates its leadership positions as dyads - with medical and administrative co-leads. Fraser Health, according to the organization chart provided, has positions such as trauma coordinator, trauma nurse practitioner, and trauma nurse specialist all report through administrative channels. There is no cross-reporting of these positions to the trauma medical lead. This should be examined, as these same individuals need to report to both the administrative and medical leads of the trauma program. Trauma registry personnel currently report to the BC Trauma Registry. It is recommended that these personnel also should report to the medical and administrative trauma co-leads at the site where they are stationed.

Royal Columbian Hospital (RCH) has evolved a unique model of inpatient trauma service that is staffed by a group of three FRCPC emergency physicians, one general practitioner emergency room physician, and two FRCSC general surgery/trauma physicians. Recruitment and retention of further trauma surgeons is to be encouraged. This relatively novel model of providing trauma care has resulted in excellent patient outcomes (as confirmed verbally by staff and confirmed by the evaluators on chart reviews).

Fraser Health actively supports ongoing education in trauma for all staff, this is to be commended. Fraser Health is to be encouraged to continue educational outreach to its referral base. Good efforts are in place, but could be expanded upon.

BC Trauma Services is to be encouraged to develop a consistent trauma program funding model based on the level of centre and volume of service throughout the province. Such funding model should include monies for trauma medical directors, administrative support, trauma coordinators, trauma nurse specialists, trauma nurse practitioners, and trauma registry staff. Currently, provincial funding throughout the province appears to be inconsistent.

Recently, a 0.5 FTE position was created for conducting trauma research within Fraser Health. This individual is housed at RCH. Interaction with the multidisciplinary trauma caregivers outside of emergency is to be encouraged.

Fraser Health would benefit from a more coordinated provincial injury prevention program. At present, initiatives appear to be locally based. It would be recommended that BC Injury Prevention, with committed funding, collaborate with BC Trauma Services to evolve a coordinated plan for injury prevention throughout the province.

Fraser Health presently contributes data to the BC Trauma Registry; however, it does not utilize the registry for any internally generated reports. Fraser Health is encouraged to utilize the registry data to monitor injury rates within its own region and monitor its own QI processes. Injury rate data is collected by BC Trauma Registry, which is received by Fraser Health. Minimal data is shared by Fraser Health's level I site (RCH) to its referral sites. Annual reports and sharing of such would facilitate better information exchange.

Collaborating with Partners

Criteria (Unmet)		High Priority Criteria
6.0	**The trauma system is integrated with the pre-hospital system to get the right patient to the right place at the right time.**	
6.13	The trauma system ensures that all pre-hospital and hospital records can be accessed by trauma centres in a timely manner. **Evaluator Comments:** At present there is no easy process by which EMS records can be linked with hospital based records for patient follow-up.	

The evaluators provided the following overall comments for this section:

EMS is at times challenged by inadequate resources. For example, access to air ambulance can be limited during specific hours (between 02:30 & 06:30) as there is only one air ambulance team available to service the entire province (for both ground and air). This should be reviewed. A recent provincial review of ambulance service capacity projected a 6.1 percent annual increase in demand for ground EMS services. Planning to ensure adequate resources to meet this demand needs to occur. A similar review of air ambulance future demand is pending. However, the immediate issue of potential inadequate air ambulance resources needs to be reviewed.

There was no evidence observed of monitoring compliance with EMS transport protocols; although, verbally it was suggested this does occur. This could be improved by facilitating linkage of pre-hospital data with hospital data (BC EMS & BC Trauma Services). EMS protocols for timelines and destination compliance exist and are monitored at an EMS level on an ad hoc basis. However, evidence of ongoing regular, formal monitoring was not demonstrated. Fraser Health is encouraged to develop such a process. Pre-hospital ambulance reports are received by trauma centres. Beyond this, there is no information exchange. Ongoing efforts at linking BC EMS data with BC Trauma Services data needs to be pursued. Such linkages will facilitate EMS QI and Regional Trauma Services QI processes.

BC has developed a coordinated disaster plan. This plan has needed to be put in action on a few occasions within Fraser Health. Learning has occurred from these activations, which has led to enhanced processes. Currently, table top drills are regularly undertaken. There is an overarching provincial master plan for regional disasters run by BC Trauma Services.

Presently, there is minimal data sharing between BC EMS and BC Trauma Services. Data sharing agreements need to be implemented to allow PIPS processes to occur easily. This will enhance pre-hospital trauma quality care. It will also allow the Fraser Health trauma system to allow better quality control for pre-hospital care of the severely injured. Currently, there is no monitoring of timelines for pre-hospital care. There is also no active monitoring, other than ad hoc, of trauma destination protocol adherence.

Education is provided to pre-hospital personnel by EMS medical directors. Pre-hospital personnel are welcome to participate in hospital-based trauma rounds. There is no evidence of formal hospital/EMS ongoing educational pursuits. Fraser Health is encouraged to develop such.

Evaluating the Trauma System

Criteria (Unmet)		High Priority Criteria
11.0	**The trauma system regularly evaluates the quality of trauma services and makes improvements as needed.**	
11.2	The trauma system uses the trauma information system to generate regular reports about performance and adherence to trauma protocols. **Evaluator Comments:** A report is sent to Fraser Health by the BC Trauma Registry. No regular reports are generated by Fraser Health that were demonstrated. Indeed no Annual Report was demonstrated.	
11.5	The trauma system compares performance indicator results from trauma centres within the system to monitor the quality of its trauma services. **Evaluator Comments:** BC Trauma Registry produces regular reports for and about Fraser Health. Fraser Health does not internally compare performance or regularly monitor its own performance trends.	

The evaluators provided the following overall comments for this section:

BC Trauma Registry actively monitors and validates data on a regular basis. The BC Trauma Registry, although a robust entity, minimally utilizes its rich data set for trauma quality improvement/PIPS work. Indeed, Fraser Health is unaware of the rich dataset available to them. Fraser Health is encouraged to utilize the data set available to them (e.g. regular monthly reports on complications, demographics of the trauma patients they serve). Data is also available on z/W outcome stats - this is historical, but internal trending of performance could be useful in the absence of any other benchmarking standard.

BC Trauma Registry produces regular reports for Fraser Health. No regular internal reports are generated by Fraser Health. Fraser Health does not internally compare performance or regularly monitor its own performance trends. There was no evidence of an Annual Report. Quality issues are identified on an ad hoc basis. Fraser Health is encouraged to utilize its trauma registrars to produce regular performance indicator reports for use in QI. Fraser Health has available data on strengths which are underutilized. Best practices are however shared.

Rehabilitation services are available across many sites. The consistent team approach and commitment to enhancing the care continuum for trauma patients are evident. Specialized access to rehab services exists with respect to high intensity care, for example, ABI patients and general rehab beds. Altogether there are now 190 beds accessible within various locations across the health authority, with many primarily located in the south-west of the region. There is an opportunity in future planning to advocate for beds based on geographical information. Quaternary specialized rehab beds for pediatrics and spinal cord injuries are centralized provincially.

The streamlining of the intake process is also another opportunity articulated by the rehab team. More importantly, further emphasis on the value of rehab for patients and identifying goals for care and what the target recovery is aimed at. There is variation noted across the region in this process. The goal for intake is 48 hours. There is also a strong desire expressed by the rehab team to move towards a team-based 7 days per week model of care to prevent deconditioning and raise the bar on accountability by all service providers.

Standards Set: Trauma Centre Standards (Level I)

The Trauma System Standards highlight the key components of an effective trauma system. These standards are evaluated at the system level, and focus on how pre-hospital, inter-facility transport and rehabilitation services are integrated within the trauma system to maximise the recovery of trauma patients.

Royal Columbian Hospital

Planning and Designing the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

BC Trauma Services oversees trauma within the province. British Columbia is encouraged to develop a trauma program funding model that is based on the volume of services and level of trauma centre that is equitable throughout the province. This funding model needs to be inclusive of trauma coordinators, trauma nurse specialists, trauma nurse clinicians, trauma registry, trauma administrative support, and trauma medical directors.

Royal Columbian Hospital (RCH) has data registrars in place, which collect data and report to the BC Trauma Registry, who then return a report to Fraser Health. RCH is encouraged to use its own internal data towards site and region based PIPS. RCH already provides some outreach education within the region; however, level III, IV and V sites are keen towards receiving more outreach.

The trauma medical director, program director, trauma nurse specialist, and trauma nurse practitioner should be commended for doing outstanding jobs.

Injury prevention within Fraser Health should be part of a provincial injury prevention plan. BC Trauma Services is encouraged to develop an inclusive provincial injury prevention plan encompassing all of the health regions throughout the province, and with an equitable funding model based on population and trauma volumes.

Helping Patients and Families Cope with Trauma

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Royal Columbian supports patients, families and caregivers extremely well.

Providing Coordinated Trauma Care

Criteria (Unmet)		High Priority Criteria
14.0	**The trauma service provides comprehensive inpatient trauma services.**	
14.1	The trauma centre has a surgeon-led interdisciplinary team for overseeing inpatient trauma services. **Evaluator Comments:** The Royal Columbian inpatient trauma service is run by 4 emergency physicians (3 with FRCPC fellowship trainin) and 2 general surgeons.	!

The evaluators provided the following overall comments for this section:

Currently, the Fraser Health Trauma System and Royal Columbian Hospital (RCH) trauma service are ER based. The trauma team at RCH consists of a trauma team lead and two emergency physicians. General surgery is selectively called for major trauma activations. All spoken to, including surgeons, confirmed that surgery is appropriately called and responds in a timely manner. Chart reviews confirmed appropriate mobilization to the operating room when required.

The RCH inpatient trauma service is run by four emergency physicians (three of whom have FRCPC fellowship training) and two general surgeons. Although objective outcome data was not provided, all spoken to (including surgeons) confirmed good patient outcomes. This was also confirmed by the evaluators on the chart reviews as well. RCH is encouraged to provide objective outcome data confirming these patient outcomes in this relatively novel model of trauma care.

Evaluating the Quality of the Trauma Centre

Criteria (Unmet)	High Priority Criteria
19.0 The trauma centre continuously evaluates the quality of trauma services and makes improvements as needed.	
19.2 The trauma centre uses the trauma information system to generate regular reports about performance and adherence to trauma protocols. **Evaluator Comments:** At present BC Trauma Registry provides regular reports to Royal Columbian. There is little to no on site generation of hospital or region based truama reports, utilizing their own data. As the Fraser Health trauma system matures, utilization of existing data (or enhanced date) would help guide QI processes.	
19.4 The trauma centre monitors patient and family perspectives on the quality of trauma services. **Evaluator Comments:** Plans are in place to commence monitoring of patient and family perspective.	
19.5 The trauma centre compares its results on performance measures with other trauma centres. **Evaluator Comments:** At present Royal Columbian does not benchmark its performance to any other site. Data on z/W stats is available within its existing registry data (although this is perhaps an outdated modality, it would allow internal comparison on a year to year basis).	
The evaluators provided the following overall comments for this section:	

Royal Columbian Hospital (RCH) is encouraged to generate and utilize its own trauma registry data in ongoing QI projects. The hospital's Trauma Committee is committed to PIPS. The inclusion of surgical colleagues is to be encouraged. Currently, BC Trauma Registry provides regular reports to RCH. There are minimal hospital or region based trauma reports that are generated onsite and utilize their own data. Performance measure data is available. As the Fraser Health trauma system matures, utilization of existing data (or enhanced data) would help guide QI processes.

Currently, RCH does not benchmark its performance to any other site. Data on z/W stats is available within its existing registry data (although this is perhaps an outdated modality, it would allow internal comparison on a year to year basis). Currently, RCH evaluates areas where concerns are identified and attempts are then made to correct those issues. Best practice guidelines have been developed by RCH and are disseminated within the Fraser Health Region. Evaluation results, even though they are minimal, are shared with the larger Fraser Health trauma program. RCH is encouraged to take a leadership role in expanding trauma evaluation and sharing these results within its region. Plans are in place to commence monitoring of patient and family perspective of care.

Standards Set: Trauma Centre Standards (Level III)

The Trauma System Standards highlight the key components of an effective trauma system. These standards are evaluated at the system level, and focus on how pre-hospital, inter-facility transport and rehabilitation services are integrated within the trauma system to maximise the recovery of trauma patients.

Abbotsford Regional Hospital and Cancer Care Centre

Planning and Designing the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

ARH has an interdisciplinary Trauma Advisory Committee that engages the local team with updates and planning for trauma services at Fraser Health. There is an opportunity for this team to make a more active role in performance monitoring of the BC Trauma Registry data, site-specific quality, and performance data and comparable data to other level III sites in the province. This will support the team focus on continuous improvement. The team at ARH described excellent emergency planning and code orange approach for the local community, within the region and provincially. There is an opportunity for another mock code orange exercise for the local community.

Excellent orientation to trauma nursing in the ED and support for ongoing professional development for the interprofessional team is offered at ARH and within the Fraser Health system, along with offerings by BC Trauma Services. In addition, the trauma team participates in a journal club and trauma rounds, with the option to participate in the regional trauma rounds as well. There are many opportunities available for the team to participate in continuing education and updates on evidence-based care.

At the local level, the team uses information to plan with respect to types of trauma cases presenting, and the number of patients transferred in and out. It is recommended that this is built into regular reviews and continue to use information captured to plan for the types of cases that present.

The funding model is out of global and is problematic. The team is not resourced as it should be for the level of activity provided at ARH.

Providing Coordinated Trauma Care

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

BC Ambulance Services availability and teamwork along with the partnership with Patient Transfer Network (PTN) is very good, well coordinated, and all are clear on redirect policies.

Internal partnerships are collaborative, excellent with a very good response from diagnostic imaging, laboratory team, surgery including subspecialties and critical care. Internal resources are very engaged and responsive when the trauma response protocol is activated. Access to interventional radiology occurs during weekdays. The numbers of transfers out to RCH for this service after hours is being monitored for the future need to expand.

The team has access to surgeons, OR RN's, CT technologist, anaesthesia, transfusion services within the timeframes expected as per the standards. However, the evidence was discussed verbally as there is no actual data showing the time to access these services. Running reports from Meditech and auditing performance is a future opportunity.

Helping Patients and Families Cope with Trauma

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

The committed, enthusiastic interprofessional team at ARH is led by a passionate trauma medical lead and clinical coordinator and is inclusive of support for psychosocial and community reintegration for patients. Social workers are also part of the team and have lots of community information and facilitate referrals for support as required. A smooth and ease of referral to rehab services was also noted.

Overall, there is excellent coordination of care noted right from the point of patient presenting to ER via notification by pre-hospital care, to the coordination of the trauma team leader, ER staff, OR staff, surgeons (including orthopedics and vascular), critical care, rehabilitation and including excellent support from diagnostic imaging and transfusion services. In addition, access to end-of-life and organ and tissue donation care and protocols exist. On transitions through the continuum, there is information provided on discharge specific to the type of injury sustained with follow-up coordination and re-integration to community implemented.

Evaluating the Quality of the Trauma Centre

Criteria (Unmet)	High Priority Criteria
18.0 The trauma centre continuously evaluates the quality of trauma services and makes improvements as needed.	
18.2 The trauma centre uses the trauma information system to generate regular reports about performance and adherence to trauma protocols. **Evaluator Comments:** Opportunity exists to use the information available, generate quality reports both locally and within the region and implement improvement plans. This was evidenced through review of meeting minutes of which this information is not being reviewed and actioned. However from a required indicator perspective, the focus is on action items to address the route cause determined through chart audits.	
18.5 The trauma centre compares its results on performance measures with other trauma centres. **Evaluator Comments:** BC Trauma registry monitors performance and comparisons across all trauma programs.	
18.7 The trauma centre shares evaluation results with staff, service providers, patients, and their families. **Evaluator Comments:** Results are shared with the team through infographics. There is opportunity to share results more broadly on performance boards and to share the results more publicly beyond funders, and direct staff.	
The evaluators provided the following overall comments for this section:	

BC Trauma Registry (BCTR) provides reporting with comparisons to other provincial programs. Data analysts are part of the team. With respect to internal quality, the team has a focus on a continuous evaluation of evidence-based care and the efficacy of clinical practice guidelines. Review of core indicators relevant to the ARH include: length of stay (LOS), which has decreased by 0.7 days with a dedicated trauma service; increase in injury severity score (ISS); decrease in transfers to RCH; and increase in access to ARH from other level IV and V sites in the east region. The team at ARH has a good handle on the strengths, opportunities, and gaps they need to address. An opportunity exists to use the information available to them through the data

reports that can be generated for the BCTR by generating quality reports locally in a scorecard fashion and addressing performance at the ARH Trauma Advisory Committee, and implementing improvement plans with timelines. This was evidenced through review of meeting minutes of which this information is not being reviewed and actioned. However, from a required indicator perspective, the focus is on action items to address the root cause determined through chart audits. From a regional level, this opportunity exists as well.

There is a current research project underway at the ARH to determine the impact of a level III trauma centre as the team has monitored improvements in outcomes and LOS. Patient satisfaction with services is monitored through the trauma clinic. The site is encouraged to adopt a more comprehensive approach to seeking feedback about services. Results are shared with the team through infographics. There is an opportunity to share results more broadly on performance boards and to share the results more publicly beyond funders, and direct staff.

Opportunity also exists to review compliance with trauma protocols. In addition, the current practice is for BCTR to monitor performance and comparisons across all trauma programs. It is suggested that the team review this comparative information on a regular basis to make improvements to protocols.

Standards Set: Trauma Centre Standards (Level IV)

The Trauma System Standards highlight the key components of an effective trauma system. These standards are evaluated at the system level, and focus on how pre-hospital, inter-facility transport and rehabilitation services are integrated within the trauma system to maximise the recovery of trauma patients.

Chilliwack General Hospital

Evaluating the Quality of the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Chilliwack does not have an onsite trauma registry presence. However, data is available to it via the BC Trauma Registry.

Helping Patients and Families Cope with Trauma

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Chilliwack Hospital performs to standard as a Level IV trauma centre. Major trauma was redirected from Chilliwack to the Abbotsford Regional Hospital, a level III site in Fraser Health, some years ago. However, some more minor trauma as well as severe acute trauma cases still present to this site. The severe trauma which occasionally comes is stabilized and triaged on. Ongoing efforts in conjunction with the level III site with trauma simulations will help maintain skill sets. Chilliwack is very keen to continue onsite trauma simulations and education to maintain skills set in the management of acute trauma.

Planning and Designing the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Chilliwack is represented in the Fraser Health trauma committees and feels it is heard.

Providing Coordinated Trauma Care

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

No concerns identified.

Standards Set: Trauma Centre Standards (Level V)

The Trauma System Standards highlight the key components of an effective trauma system. These standards are evaluated at the system level, and focus on how pre-hospital, inter-facility transport and rehabilitation services are integrated within the trauma system to maximise the recovery of trauma patients.

Fraser Canyon Hospital

Providing Coordinated Trauma Care

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Excellent partnerships exist with BC Ambulance Services and BC Patient Transfer Network due to Autolaunch. Access within the level V sites to on call support (lab and imaging) are within expected standard of 20 minutes. Often calls to activate staff call back are placed as soon as EMS contacts the sites. The level V sites have access to clinical practice guidelines established and provided by the trauma centre. In addition, one of the level V sites has a CT scan, others are transferred immediately to Abbotsford or Chilliwack if required and not Autolaunched out of the facility. Communication and continuity of care is available with one chart that follows the patient electronically.

There is an opportunity to share quality, performance and outcome data with the level V sites and highlight areas for improvement along with action plans. This has been recommended for all sites as well. Opportunity also exists in determining if patients who remained at level V site for care would have benefited by a transfer or involvement from trauma services post injury. There was a perception noted at some level V sites that patients may not always have BC PTN involved in activating the referral to the level III or I sites at ARH or RCH, respectively. It is recommended to conduct a review of patients to determine if this is the case. Also providing continuing education for staff and physicians at level V sites should be an ongoing measure facilitated and coordinated by the trauma services program.

Evaluating the Quality of the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

Level V sites do not have an onsite trauma registry presence. Data is available by site from the BC Trauma Registry and shared with the sites.

Planning and Designing the Trauma Centre

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

The clinicians at the level V sites are keen, enthusiastic and advocates for transfer of care to the level III and level I trauma centres at RCH and ARH, respectively. Telehealth access is available at the sites if required. Some emergency physicians are ATLS certified and some are in progress, as the program is coordinated by trauma services at Fraser Health. Orientation for nursing staff working in the ED resuscitation rooms at the level V sites includes the Trauma Nursing Core Course in addition to an orientation day with the trauma coordinator. Access to ongoing professional development through trauma rounds, updates on clinical based guidelines and changes to protocols is noted to be available at these sites. In particular of note the CARE (Continuous Approach Rural Emergency) Medicine course for physicians practicing in rural settings is offered at the Fraser Canyon site.

Helping Patients and Families Cope with Trauma

The organization has met all criteria for this priority process.

The evaluators provided the following overall comments for this section:

There are three sites that are designated level V trauma centres within Fraser Health. Out of these, Fraser Canyon Hospital was visited during the onsite survey and phone conference calls were held with Delta Hospital and Mission Memorial Hospital. All sites indicated they are aware of transfers out from community via Autolaunch through the data received from BC PTN. In addition, repatriation of patients back to the community hospitals is coordinated by BC PTN. There is excellent support for patients along the continuum of care offered from pre-hospital, to acute and to rehab. In addition to collaborating with patient and family regarding the location for rehab or ongoing care closer to home, the transition plan considers where and what resources are required.

The approach to care coordination at the level V sites is individualized and patient-centred. Community support for psycho-social and other ongoing re-integration needs are arranged by either ARH or RCH or by the receiving level V site. The trauma centre does follow up with patients post-reintegration to the community through the family practitioners and other community resources. Organ and tissue donation protocols are followed at all sites.

Distinction Protocols

Implementing protocols ensures that services are delivered in a consistent manner across the organization. Protocols can be in the form of Clinical Practice Guidelines (CPGs), algorithms or checklists. The Distinction standards cover the protocols that need to be in place to ensure safe and quality services across the care continuum. Accreditation Canada highlighted a list of high-risk protocols from the standards that were evaluated using the following criteria during the on-site visit:

- Based on current nationally and/or internationally recognized guidelines (e.g. American College of Surgeons Trauma Programs)
- Used by appropriate interdisciplinary team members (e.g. Emergency Department)
- Included in the patient health record, as appropriate
- Shared with EMS providers and other trauma centers, as appropriate

Standards Set	Protocols		
	Met	Unmet	N/A
Trauma System Standards			
Fraser Health Authority	5 (100.0%)	0 (0.0%)	0
Trauma Centre Standards (Level I)			
Royal Columbian Hospital	5 (100.0%)	0 (0.0%)	0
Trauma Centre Standards (Level III)			
Abbotsford Regional Hospital and Cancer Care Centre	4 (100.0%)	0 (0.0%)	0
Trauma Centre Standards (Level IV)			
Chilliwack General Hospital	2 (100.0%)	0 (0.0%)	0
Trauma Centre Standards (Level V)			
Fraser Canyon Hospital	1 (100.0%)	0 (0.0%)	0
Total	17 (100.0%)	0 (0.0%)	0

Trauma System Standards

Protocol	Met / Unmet
4.3 The trauma system has protocols for the immediate treatment and transfer of patients in need of alternate levels of care including quaternary trauma services.	✔

Fraser Health Authority

Evaluator Comments:

BC Ambulance Services availability and teamwork along with the partnership with Patient Transfer Network (PTN) is very good, well coordinated, and all are clear on redirect policies. Opportunity exists in determining if patients who remained at level V site for care would have benefited by a transfer or involvement from trauma services post injury. There was a perception noted at some level V sites that patients may not always have BC PTN involved in activating the referral to the level III or I sites at ARH or RCH, respectively. It is recommended to conduct a review of patients to determine if this is the case. Also providing continuing education for staff and physicians at level V sites should be an ongoing measure facilitated and coordinated by the trauma services program.

6.5 The pre-hospital system has EMS protocols to appropriately identify trauma patients at the incident scene and determine if they need to be transported to a trauma centre.	✔
6.7 The pre-hospital system has EMS protocols that allow for the direct transport of trauma patients to trauma centres within geographic limits.	✔
6.8 The pre-hospital system has EMS protocols for assessing, resuscitating, and stabilizing trauma patients at the incident scene and during transport.	✔

Fraser Health Authority

Evaluator Comments:

EMS is at times challenged by inadequate resources. For example, access to air ambulance can be limited during specific hours (between 02:30 & 06:30) as there is only one air ambulance team available to service the entire province (for both ground and air). This should be reviewed. A recent provincial review of ambulance service capacity projected a 6.1 percent annual increase in demand for ground EMS services. Planning to ensure adequate resources to meet this demand needs to occur. A similar review of air ambulance future demand is pending. However, the immediate issue of potential inadequate air ambulance resources needs to be reviewed.

There was no evidence observed of monitoring compliance with EMS transport protocols; although, verbally it was suggested this does occur. This could be improved by facilitating linkage of pre-hospital data with hospital data (BC EMS & BC Trauma Services). EMS protocols for timelines and destination compliance exist and are monitored at an EMS level on an ad hoc basis. However, evidence of ongoing regular, formal monitoring was not demonstrated. Fraser Health is encouraged to develop such a process. Pre-hospital ambulance reports are received by trauma centres. Beyond this, there is no information exchange. Ongoing efforts at linking BC EMS data with BC Trauma Services data needs to be pursued. Such linkages will facilitate EMS QI and Regional Trauma Services QI processes.

BC has developed a coordinated disaster plan. This plan has needed to be put in action on a few occasions within Fraser Health. Learning has occurred from these activations, which has led to enhanced processes. Currently, table top drills are regularly undertaken. There is an overarching provincial master plan for regional disasters run by BC Trauma Services.

Presently, there is minimal data sharing between BC EMS and BC Trauma Services. Data sharing agreements need to be implemented to allow PIPS processes to occur easily. This will enhance pre-hospital trauma quality care. It will also allow the Fraser Health trauma system to allow better quality control for pre-hospital care of the severely injured. Currently, there is no monitoring of timelines for pre-hospital care. There is also no active monitoring, other than ad hoc, of trauma destination protocol adherence.

Education is provided to pre-hospital personnel by EMS medical directors. Pre-hospital personnel are welcome to participate in hospital-based trauma rounds. There is no evidence of formal hospital/EMS ongoing educational pursuits. Fraser Health is encouraged to develop such.

9.5 The trauma system has rehabilitation protocols based on current research and best practice information. ✔

Fraser Health Authority

Evaluator Comments:

Rehabilitation services are available across many sites. The consistent team approach and commitment to enhancing the care continuum for trauma patients are evident. Specialized access to rehab services exists with respect to high intensity care, for example, ABI patients and general rehab beds. Altogether there are now 190 beds accessible within various locations across the health authority, with many primarily located in the south-west of the region. There is an opportunity in future planning to advocate for beds based on geographical information. Quaternary specialized rehab beds for pediatrics and spinal cord injuries are centralized provincially.

The streamlining of the intake process is also another opportunity articulated by the rehab team. More importantly, further emphasis on the value of rehab for patients and identifying goals for care and what the target recovery is aimed at. There is variation noted across the region in this process. The goal for intake is 48 hours. There is also a strong desire expressed by the rehab team to move towards a team-based 7 days per week model of care to prevent deconditioning and raise the bar on accountability by all service providers.

Trauma Centre Standards (Level I)

Protocol	Met / Unmet
9.1 The ED activates the institutional trauma response team protocol.	✔
10.2 The trauma centre has a massive transfusion protocol.	✔
11.1 The trauma centre has radiology protocols for adult, pregnant, and pediatric trauma patients.	✔
13.5 The trauma centre has surgical critical care protocols for trauma patients.	✔
17.3 The trauma centre follows existing protocols for organ and tissue donation.	✔

Royal Columbian Hospital

Evaluator Comments:

The trauma team at RCH consists of a trauma team lead and two emergency physicians. General surgery is selectively called for major trauma activations. All spoken to, including surgeons, confirmed that surgery is appropriately called and responds in a timely manner. Chart reviews confirmed appropriate mobilization to the operating room when required.

The RCH inpatient trauma service is run by four emergency physicians (three of whom have FRCPC fellowship training) and two general surgeons. Although objective outcome data was not provided, all spoken to (including surgeons) confirmed good patient outcomes. This was also confirmed by the evaluators on the chart reviews as well. RCH is encouraged to provide objective outcome data confirming these patient outcomes in this relatively novel model of trauma care.

Trauma Centre Standards (Level III)

Protocol	Met / Unmet
8.1 The ED activates the institutional trauma response team protocol.	✔
10.1 The trauma centre has radiology protocols for adult, pregnant, and pediatric trauma patients.	✔
12.3 The trauma centre has surgical critical care protocols for trauma patients.	✔
16.3 The trauma centre follows existing protocols for organ and tissue donation.	✔

Abbotsford Regional Hospital and Cancer Care Centre

Evaluator Comments:

The committed, enthusiastic interprofessional team at ARH is led by a passionate trauma medical lead and clinical coordinator and is inclusive of support for psychosocial and community reintegration for patients. Social workers are also part of the team and have lots of community information and facilitate referrals for support as required. A smooth and ease of referral to rehab services was also noted.

Overall, there is excellent coordination of care noted right from the point of patient presenting to ER via notification by pre-hospital care, to the coordination of the trauma team leader, ER staff, OR staff, surgeons (including orthopedics and vascular), critical care, rehabilitation and including excellent support from diagnostic imaging and transfusion services. In addition, access to end-of-life and organ and tissue donation care and protocols exist. On transitions through the continuum, there is information provided on discharge specific to the type of injury sustained with follow-up coordination and re-integration to community implemented.

Trauma Centre Standards (Level IV)

Protocol	Met / Unmet
8.1 The trauma centre has radiology protocols for adult, pregnant, and pediatric trauma patients.	✔

Chilliwack General Hospital

Evaluator Comments:

No concerns identified.

12.3 The trauma centre follows existing protocols for organ and tissue donation.	✔

Chilliwack General Hospital

Evaluator Comments:

Chilliwack Hospital performs to standard as a Level IV trauma centre. Major trauma was redirected from Chilliwack to the Abbotsford Regional Hospital, a level III site in Fraser Health, some years ago. However, some more minor trauma as well as severe acute trauma cases still present to this site. The severe trauma which occasionally comes is stabilized and triaged on. Ongoing efforts in conjunction with the level III site with trauma simulations will help maintain skill sets. Chilliwack is very keen to continue onsite trauma simulations and education to maintain skills set in the management of acute trauma.

Trauma Centre Standards (Level V)

Protocol	Met / Unmet
11.3 The trauma centre follows existing protocols for organ and tissue donation.	✔

Fraser Canyon Hospital

Evaluator Comments:

There are three sites that are designated level V trauma centres within Fraser Health. Out of these, Fraser Canyon Hospital was visited during the onsite survey and phone conference calls were held with Delta Hospital and Mission Memorial Hospital. All sites indicated they are aware of transfers out from community via Autolaunch through the data received from BC PTN. In addition, repatriation of patients back to the community hospitals is coordinated by BC PTN. There is excellent support for patients along the continuum of care offered from pre-hospital, to acute and to rehab. In addition to collaborating with patient and family regarding the location for rehab or ongoing care closer to home, the transition plan considers where and what resources are required.

The approach to care coordination at the level V sites is individualized and patient-centred. Community support for psycho-social and other ongoing re-integration needs are arranged by either ARH or RCH or by the receiving level V site. The trauma centre does follow up with patients post-reintegration to the community through the family practitioners and other community resources. Organ and tissue donation protocols are followed at all sites.

Performance Indicators

The following section provides a list of the performance indicators collected in the Distinction program. Overall performance is based on data submitted by the organization for each indicator.

A key component of the Distinction program is the requirement to submit data on a regular basis and meet thresholds on a core set of performance indicators. Organizations are also expected to report on additional indicators chosen from a list of optional indicators. For optional indicators there are no thresholds to be met. This table shows the organization's indicator results.

Standards Set: Trauma System Standards

Performance Indicators	Reported	Data	Threshold Met
Core			
Field Triage			
Fraser Health Authority	✔	61.5 %	✘
Wait Time for Rehabilitation			
Fraser Health Authority	✔	4.0 days	✔

Standards Set: Trauma Centre Standards (Level I)

Performance Indicators	Reported	Data	Threshold Met
Core			
Trauma Team Activation (TTA)			
Royal Columbian Hospital	✔	82.6 %	✘
Emergency Department Length of Stay			
Royal Columbian Hospital	✔	26.2 %	✘
Length of Stay in Acute Care			
Royal Columbian Hospital	✔	16.1 days	N/A

Performance Indicators	Reported	Data	Threshold Met
Core			
Complications during Hospital Stay			
Royal Columbian Hospital	✔	23.9 %	N/A
Trauma Mortality			
Royal Columbian Hospital	✔	12.1 %	N/A

Standards Set: Optional

Performance Indicators	Reported	Data	Threshold Met
Optional			
Presence of Ambulance Report on Medical Record			
Royal Columbian Hospital	✔	97.3 %	N/A
Time to Definitive Trauma Centre			
Royal Columbian Hospital	✔	43.2 %	N/A

Excellence and Innovation

Organizations must demonstrate implementation of at least one project or initiative that aligns with best practice guidelines, utilizes the latest knowledge, and integrates evidence to enhance the quality of care. The organization's project or initiative was evaluated against the following criteria during the on-site visit:

Excellence & Innovation: Let's Ask the Patient

- ✔ The project is evidence based (e.g., aligned with the American College of Surgeons Trauma Programs, Canadian Nurses Association, Canadian Prehospital Evidence Based Practice, National Association of EMS Physicians, and Eastern Association for the Surgery of Trauma).
- ✔ It adds to the overall quality of care within the trauma system.
- ✔ It includes a completed evaluation and measures the project's/initiative's sustainability.
- ✔ The client organization communicates the project and its results inside and outside the trauma system (e.g., conference presentations, journal publications).
- ✔ The project is notable for what it contributes to the delivery of trauma care.

The organization's project or initiative meet the requirements for excellence and innovation.

The evaluators provided the following comments.

Fraser Health Trauma Network's goal is to deliver the best trauma patient care, ensure optimal, equitable and accessible care for all persons sustaining trauma, prevent unnecessary deaths and disabilities from trauma; contain costs while enhancing efficiency; implement quality and performance improvement initiatives throughout the system; ensure certain designated acute care facilities have appropriate resources to meet the needs of the injured; and decrease the incidence and severity of trauma. Recently, in 2014, the Fraser Health Trauma Network established Regional Outpatient Clinics operating from the Royal Columbian Hospital (RCH) and the Abbotsford Regional Hospital (ARH) to improve on providing best patient care and implement quality and performance improvement initiatives. This innovative approach to team-based care ensures that patients can access these clinics weekly. These clinics are staffed by a traumatologist, trauma nurse practitioner, trauma coordinator, residents and other health care professionals as required. The aim is to provide follow-up support to patients in Fraser Health who have sustained a traumatic injury and specifically to patients who were admitted to the trauma service in either of the hospitals or visited an emergency department in the eastern region of Fraser Health for a traumatic injury. Referrals were given to patients to be seen within one week after discharge. Time to access these clinics is one of the performance measures monitored. The team is highly engaged, motivated to ensure good continuity and transition of care to the community, as there is often a gap in either follow through of the patients when discharged or with primary care access.

The team has identified that the next phase of improvements to these follow-up clinics is to explore ways to expand emotional support and other interprofessional team supports offered at the clinics. This could mean adding a social worker and other allied health services as required. In addition, there is a desire to survey staff satisfaction and continue with patient satisfaction surveys to look for continued ways to improve the program. While the results have been good with respect to qualitative feedback, the team is encouraged to start capturing metrics that will assist them in measuring how well they are doing and making a difference in the system. These could be ED readmission avoidance, missed injuries, or additional complications. Having quantitative data in addition to qualitative will assist the team in focusing where their improvement efforts should be targeted. There is also an opportunity to engage primary care on the impact the trauma clinic has in the community with respect to the value it has on augmenting continuum of care, accessibility and any learnings that can assist in improving care, especially when individuals are reintegrated back to their primary care providers. This can be done by way of a survey seeking feedback.

In addition, the team highlighted a very comprehensive discharge package that is provided to patients on discharge; however, it is not being reviewed when they present to the trauma clinic for follow up. Understanding the value of the materials being provided on discharge and reviewing the method of educational delivery should be considered. Options to enhance materials, provide more simple, precise instructions and adopting teach back as a method of delivery might be worthwhile to explore.

Next Steps

Congratulations on completing your Distinction on-site visit. We hope that your on-site visit results will help guide your ongoing quality improvement activities. Your Accreditation Specialist is available if you have questions or need guidance.