

MTQIP Objectives

To improve quality and reduce costs, MTQIP has the following objectives:

- To include all eligible Level I and II trauma centers in Michigan interested in collaborating to improve the quality of trauma patient care
- Utilize the existing trauma registry system to build a sustainable and cost-efficient system to track patient outcomes at each participating hospital with data standardization
- Enroll each participating hospital in the American College of Surgeons Trauma Quality Improvement Program (ACS TQIP)
- Collaborate with the trauma medical directors and care providers at each MTQIP hospital in a process to identify and promulgate “best practices,” based on learning from the MTQIP and ACS TQIP data
- Create a system of providers and consumers/payers that is linked to and focused on using comparative effectiveness to improve care for trauma patients.

The MTQIP collaborative consists of the MTQIP Coordinating Center at the University of Michigan, led by Program Director, Mark Hemmila, and Program Manager, Judy Mikhail, and Jill Jakubus as well as your hospital and other participating hospitals statewide.

Hospital Eligibility

To participate in MTQIP, a facility must meet the following requirements:

- Admit ≥ 150 adult trauma patients (age > 16) with an injury severity score of 5 or greater and a length of stay > 24 hours annually
- Have an active trauma program in place and be currently verified as an American College of Surgeons (ACS) Level 1, or 2 trauma center (Pediatric Trauma Centers are **NOT** able to participate at this time)
- Be currently signed up for BCBSM’s Participating Hospital Agreement (PHA)

Hospital Expectations

As part of the approval process, we want to remind you of the requirements that participating hospitals are expected to fulfill to be deemed “active participants” in the MTQIP CQI and receive the associated BCBSM financial support. Your hospital must meet the following criteria in order to be considered eligible participants in this CQI:

- Develop and maintain an organizational commitment of active participation in the MTQIP program with regard to facility administration and MTQIP program staffing levels
- Commit to tri-annual submission of data in a timely manner
 - Within two weeks of data request
- Identify a clinical champion that will be a trauma surgeon
 - The clinical champion will lead the hospital in MTQIP quality improvement (QI) efforts
 - The clinical champion or an assigned trauma surgeon designee will attend three of three tri-annual collaborative meetings
 - If the Trauma Medical Director is not the surgeon champion, then the Trauma Medical Director must be fully supportive of the program and the designated surgical champion with regard to collaborative QI efforts
- Identify an administrative lead/site coordinator that will be the Trauma Program Manager (TPM)
 - The site coordinator will be the administrative lead for MTQIP at the facility
 - The site coordinator will be the direct supervisor of the trauma registry staff and MTQIP clinical reviewer. No alternate or dual reporting structure is allowed.
 - The site coordinator will also provide institutional support for full project participation
 - The site coordinator will attend three of three tri-annual collaborative meetings (with the MCR allowed to serve as an alternate for one meeting)
- Assign a dedicated MTQIP Clinical Reviewer (MCR) to collect data and assist in trauma program QI:
 - The MCR position consists of 1.0 FTE person per 575 eligible MTQIP trauma cases
 - The MCR must be a Registered Nurse (BSN preferred) or equivalent (Nurse Practitioner, Physician Assistant)
 - The MCR must physically reside within the trauma program on-site within the hospital
 - The MCR must be hired by and report directly to the Trauma Program Manager and/or Trauma Medical Director. No alternative or dual reporting structure is allowed.

- The MCR should have access to an appropriate computer with high-speed internet connectivity
 - The MCR will attend at least two of three tri-annual collaborative meeting
- Focus on Quality Improvement:
 - Enroll and maintain active program participation in the American College of Surgeons Committee on Trauma's Trauma Quality Improvement Program (ACS TQIP)
 - Actively integrate MTQIP and ACS TQIP into the existing trauma center Performance Improvement Patient Safety (PIPS)/Quality Improvement (QI) program
- Commit to using one of the following commercially available trauma registry software packages:
 - V5 Trauma Registry (Digital Innovation, Inc.)
 - TraumaBase (Clinical Data Management)
- Commit to using MTQIP and TQIP data elements and data definitions:
 - These will be updated annually and are available on the website www.mtqip.org
- Commit to using the Association for Advancement of Automotive Medicine (AAAM) 2005 (08 Update) version of the Abbreviated Injury Scale for injury coding in the trauma registry
 - Transition to future versions of AIS coding (e.g., AIS 2015) will be coordinated and executed in a planned manner within the MTQIP CQI
- Collaborate with Coordinating Center:
 - Participate in MTQIP Coordinating Center-led site visits and external data validation audits of patient data entered into the MTQIP database
 - Commitment to developing and implementing a site-specific quality improvement agenda, linked to the MTQIP quality improvement agenda, and also driven by opportunities specific to the facility based on its own experience
 - Provide the Coordinating Center with the individual trauma center's ACS TQIP identification information and reports on request
- Commitment of members of the facility's MTQIP team in attending tri-annual meetings:
 - The team will include at a minimum the surgeon champion, trauma program manager/coordinator, and MTQIP Clinical Reviewer. While not all members may be able to attend every meeting, we require that at least two team members attend each meeting

- While not all members may be able to attend every meeting, we require an equivalent alternate of the same discipline (i.e., a trauma attending surgeon may substitute for another trauma attending surgeon)
 - The physician alternative must be one of the trauma surgeons from the attending call panel and be fully familiar with the MTQIP CQI
 - The trauma program manager and the MTQIP Clinical Reviewer may serve as alternates for each other
- Collaborate with other participating sites:
 - Participation of each site in process improvement is essential to the success of the program, including the sharing of and learning from best practices
 - Sites must be willing to share data at meetings
- Confidentiality and collegiality
 - The MTQIP Coordinating Center will provide each participating center anonymity within the program with the following exception:
 - Trauma centers and their data will be unblinded at MTQIP meetings. All meeting participants will sign a confidentiality agreement prior to meeting entry
 - BCBSM will only have access to de-identified data
 - We will strive at all times to promote a friendly and collegial atmosphere
 - Centers may not use MTQIP or ACS TQIP data for competitive advantage or marketing

MTQIP CQI Coordinating Center – Role and Responsibilities

The MTQIP CQI Coordinating Center will serve as an important resource for participating hospitals and is responsible for the following administrative duties:

- Organize and oversee the external validation site-visits and provide administrative management of MTQIP
- Analyze data and generate reports for feedback and discussion at MTQIP meetings
- Assist collaborating sites with any participation issues that arise
- Provide training to data coordinators and trauma registrars on the data elements, data definitions and methods of data abstraction based on the work of ACS NSQIP, National Trauma Data Standard-Data Dictionary, and NTDB
- Periodically review and modify these data elements and definitions, based on program needs and to keep them synchronized with ACS TQIP and the National Trauma Data Standard-Data Dictionary wherever possible

- Develop and maintain an operating Manual with definitions and protocols
- Organize and lead an Advisory Committee that will be responsible for leadership, coordination of continuous quality improvement efforts, development and review of manuscripts, and distribution of the program's findings
- Facilitate self-assessment and self-improvement of participating sites through a rapid cycle Continuous Quality Improvement process, and conduct MTQIP-wide meetings to review quality improvement opportunities
- Provide timely and informative feedback to each participating hospital
- Monitor participant performance throughout the year to ensure that participants are meeting expectations. In instances where participants are not meeting the participation expectations established by the Coordinating Center, the Coordinating Center will alert participants through verbal and/or written communications of their performance issues as soon as the issue is identified

MTQIP Participation Payment & Funding

For the MTQIP CQI, funding will be provided to your hospital for administrative costs incurred with participation in this CQI, which are outlined in a welcome letter.

Pay-for-Participation

BCBSM will reimburse your hospital for a portion of the administrative costs incurred to participate in the MTQIP CQI. The funding support model is intended to cover the costs of abstracting data for BCBSM, BCN, Medicare, Medicaid and uninsured cases, which equates to approximately 80 percent of the total data abstraction.

Your site's P4P contact(s) will be notified of the prospective payment amount and specific payment model for MTQIP.

Pay-for-Performance

Your hospital's participation in MTQIP may also be scored under the BCBSM Hospital Pay-for-Performance Program. A portion of your P4P score for this CQI will be based on an MTQIP CQI performance index. This index is developed by the MTQIP Coordinating Center. Currently, the measures in this index evaluate a hospital's level of participation (30%) and performance (70%).

Contact Us

If you need additional information about the program or have operational questions, please contact the MTQIP program manager, Judy Mikhail at jmikhail@umich.edu or 734-763-8227.

If you have any questions regarding BCBSM administrative aspects of this CQI initiative, please feel free to contact Monica Whitted at 313-448-7839 or mwhitted@bcbsm.com.