

TPOPPC Guide

A Guide for Level III & IV Trauma Centers



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

CONTACT

Please do not hesitate to contact us with any questions or concerns. We would be happy to assist you in developing a TPOPPC.

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ABOUT TPOPPC

A Trauma Program Operational Process Performance Committee (TPOPPC) is an essential component of any trauma program. It addresses, assesses, and corrects global trauma program and system issues. The committee must be multidisciplinary and consist of hospital and medical staff members. The TPOPPC handles processes, includes program-related services, meets regularly, takes attendance, records minutes, and works to correct overall program deficiencies to continue to optimize patient care.

The primary goal of the TPOPPC is to review efficacy, efficiency, and safety of the care provided in the trauma center. There should be a representative from each discipline that participates in trauma care (i.e. radiology, emergency medicine, laboratory, ICU, operating room, and pre-hospital services [EMS]), and that representative should be empowered to make operational changes. For example, a nurse manager would be more appropriate than a floor nurse, and the laboratory manager would be more appropriate than a medical technician.

Remember...the Performance Improvement and Patient Safety (PIPS) Committee is patient care-focused. The Trauma Program Operational Process Performance Committee (TPOPPC) is system and process-focused.

REPRESENTATIVE ROLES

Trauma Medical Director

- Identifies issues.
- Follows up with provider-related issues.
- Refers cases that have potential privileges or credentialing issues to the hospital executive committee.

Trauma Program Manager

- Prepares materials.
- Presents issues identified by PIPS.

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Trauma Program Operational Process Performance Committee (TPOPPC)

- Provides data on admissions, response times, and attendance.
- Records minutes.
- Documents results.

Multidisciplinary Liaisons

- Reviews cases as requested.
- Communicates issues and changes to their associates.

ADDITIONAL CONSIDERATIONS

- The TPOPPC has the potential to integrate into other hospital committees, and in smaller facilities, may be combined with PIPS. If TPOPPC is combine with PIPS, it is important that administrative staff leave during the PIPS portion of the meetings so that clinical personnel may discuss cases freely.
- The frequency of the TPOPPC meeting should be based on the needs of the trauma system; but meet no less than quarterly.
- The TPOPPC should be collaborative.
- The TPOPPC should identify opportunities to implement evidence-based guidelines.
- The TPOPPC should identify the need to change or create a policy or procedure.

CLOSING THE LOOP

Loop closure is essential and the cycle of monitoring, identifying, fixing, and re-evaluation does not have an end. Loop closure should be integrated throughout the institution and should be reported to the facility's quality improvement program.

OUTCOMES

Each issue identified should be evaluated; possible solutions should be identified; a collaborative decision should be made; changes should be implemented; and finally, the issue should be re-evaluated.

Some examples of TPOPPC outcomes

- New paging system improves response times.
- Additional in-house hours for CT technicians improves door-to-CT times.
- Delay to OR at night prompts in-house staffing for OR and anesthesia.
- Improved DVT prophylaxis after development of an order set.