

Comorbidities, Complications, & Psychosocial Issues

Traumatic Amputation QUERI Workshop

- Step I
- How do the presence of co-morbidities change “best care” for traumatic amputation patients?
 - Depression, fractures, pain, PTSD, substance abuse, TBI, SCI, Sensory Disorders, Nerve injuries and etc.

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- Step 2
- Can existing screening tools and guidelines and best practices for co-morbidities be applied to traumatic amputation population?
 - Need for review of non-traumatic amputation literature.
 - Need for review of traumatic amputation literature.

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- Step III
- Define current practices for managing comorbidities among traumatic amputees.
- How does this relate to (evidence-based?) clinical pathways and other recommendations for care?
- Compare current practices to WRAMC standard of care, and standard of care in private health care organizations.

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- Step III cont'd
- Difficult to identify quality gaps due to the lack of a gold standard
- Important to document practice variations.
 - Multidisciplinary team membership e.g. mental health.
 - Pain management
 - Infection Control

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- Step IV, V, VI
- Systematically screen for co-morbidities.
- Implement guidelines from other relevant co-morbidities.

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