

TRAUMA SYSTEM

Trauma System Quality Improvement

POLICY #8500

- I. Authority:
 - a. Health and Safety Code, Division 2.5
 - b. California Code of Regulation, Title 22, Division 9

- II. Purpose
To monitor and evaluate the medical care of patients with traumatic injuries

- III Policy

Structure

The Trauma System quality improvement process will be provided by two major components: the internal program within each trauma center, and the system process which includes; the scheduled Trauma Audit Committee (TAC) meetings, ongoing periodic review of each trauma center by the Emergency Medical Services Agency and the periodic evaluation of trauma care and the trauma system by an outside review team.

Process

TAC is an advisory committee to Imperial County Emergency Medical Services on issues related to trauma care. TAC will function as a sub-committee of the Emergency Medical Care Committee.

Trauma System Monitoring Role

- 1. The Committee will assist the EMS Agency in the review and evaluation of the medical aspects of the trauma system.
- 2. The Committee shall meet to monitor and assess the effectiveness of the trauma system and make known its findings and recommendations to the EMS Agency.

Scope of Audit Review

The scope of the review to be conducted by the committee will include, but not be limited to a review of the following:

- a) Trauma Deaths
- b) Appropriateness of triage criteria
- c) Prehospital trauma care
- d) Appropriateness of the level of trauma team activation
- e) Timely availability of trauma team members
- f) Hospital trauma care
- g) Appropriateness of by-pass and transfers
- h) Patient outcomes

Membership

The membership shall be broad based and shall represent the participants in the Trauma Care System and the local medical community. All positions are for a two-year term and may be renewed at the pleasure of the EMS Agency Medical Director.

Members:

- a) ED Physician representative from each trauma center
- b) Trauma Nurse representative from each trauma center
- c) Surgeon representative as needed
- d) Surgical sub-specialist as needed
- e) Prehospital provider representatives, one private Ambulance, one fire department and representatives from air ambulance providers
- f) EMS Dispatch representative, as needed
- g) EMS Agency representative(s)
- h) Medical Examiner/Coroner representative as needed
- i) Other members as deemed appropriate

Attendance

1. Members are expected to participate in at least 50% of scheduled meetings
2. At a minimum the committee will meet quarterly
3. The EMS Agency Medical Director makes appointment to the committee.
4. Resignation from the committee should be in writing to the EMS Agency
5. Invitees may participate in the medical review of specific cases when their expertise is requested.

Minutes

Due to the confidential nature of the committee business, minutes shall be distributed at the beginning of each meeting and collected at the close of each meeting by EMS staff. No copies may be made or possessed by members of the Committee outside of the meeting.

Confidentiality

1. All proceedings, documents and discussions of the Trauma Audit Committee are confidential and are covered under Section 1040 and 1157.7 of the California State Evidence Code. The prohibition relating to discovery of

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testimony is provided to the Committee, which is established by a local government agency to monitor, evaluate, and report on the necessity, quality and level of specialty health services, including but not limited to, trauma care services.

2. Issues requiring system input may be sent in total to the EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the Committee in making final case or issue determination. Guests may only be present for the portions of the meeting they have been requested to review or testify about.
3. All members must sign a confidentiality agreement not to divulge or discuss information that has been obtained solely through medical audit committee membership. Prior to any guest participation in the meeting, the Chairperson is responsible for explaining and obtaining a signed confidentiality agreement from the invited guest.

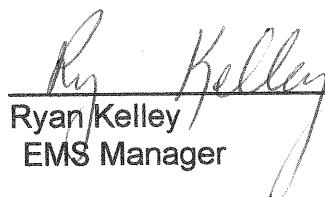
Trauma Audit Process

The committee, to guide them in case review, will establish audit screens. In every case review, the committee will make a finding of the appropriateness of the care rendered and will make recommendations regarding changes in the system to ensure appropriate care.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director



Ryan Kelley
EMS Manager