

Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

Policy: Trauma System Evaluation

#645.00

Creation Date: 05-05-04

Medical Director: _____

Revision Date:

EMS Coordinator: _____

Review Date: 05-07

I. AUTHORITY

Division 2.5, California Health and Safety Code, §1797.220 and 1798.163.

II. DEFINITION

- A. “Major trauma patient” means a patient who upon assessment by pre-hospital personnel meets one or more of the adult or pediatric trauma triage criteria defined by EMS Policies No 535.00 and 535.10.
- B. “Trauma Center” means a licensed hospital, accredited by the Joint Commission on the Accreditation of Healthcare Organizations, which has been designated as a level I, II, III or IV trauma center or as a level I or II pediatric trauma center by a local EMS agency.

III. PURPOSE

The purpose of this policy is to establish the basic structure, organization and process of the trauma system quality assurance - quality improvement (QA-QI) program in order to focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to improve the delivery of trauma care.

IV. POLICY

- A. System Evaluation:
 - 1. The Tuolumne County EMS Agency is responsible for the development and ongoing evaluation of the trauma system, including the development of a process to receive information from system participants on the evaluation of the trauma plan, triage criteria, trauma team activation and notification of specialists.
 - 2. The Tuolumne County EMS Agency shall conduct periodic performance evaluations of the trauma system at least once every two years. Results of the trauma system evaluation shall be made available to system participants.

B. Tuolumne County Designated Trauma Centers:

1. Designated trauma centers shall have a quality improvement process to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. In addition the trauma center QI process shall include:
 - a. A detailed audit of all trauma related deaths, major complications and transfers;
 - b. A multi disciplinary trauma peer review committee that includes all members of the trauma team;
 - c. Participation in the Tuolumne County EMS Agency Trauma Review Committee;
 - d. A written system for patients, parents of minor children who are patients, legal guardians of children who are patients, and primary caretakers of children who are patients to provide input and feedback to hospital staff regarding the care provided to the patient.

C. Trauma Review Committee:

1. The Tuolumne County EMS Agency shall establish a Trauma Review Committee as an advisory committee to the EMS agency on issues related to trauma care. The Trauma Review Committee will be responsible for reviewing all aspects of the trauma system and developing recommendations for system improvement for the EMS agency.
2. The Trauma Review Committee shall be chaired by the medical director of the Tuolumne County EMS Agency. Trauma Review Committee membership shall include:
 - a. Tuolumne County EMS Agency:
 - (1) EMS Medical Director;
 - (2) EMS Coordinator;
 - b. Tuolumne County Hospitals:
 - (1) Base Hospital Medical Director;
 - (2) Base Hospital Nurse Liaison
 - (3) Trauma Program Medical Director;
 - (4) Trauma Program Nurse Coordinator;

- c. Tuolumne County Ambulance and Air Ambulance Providers:
 - (1) Operations Manager;
 - (2) QA-QI Coordinator;
 - d. Contracted Trauma Centers Located Outside of Tuolumne County:
 - (1) Trauma Program Medical Director;
 - (2) Trauma Program Nurse Coordinator.
 - e. Guests may attend meetings as approved by the Committee Chair.
- 3. The Trauma Review Committee's agenda shall include a review and approval of minutes, data analysis and case presentations. Agenda items may occur on a regular schedule or at the request of Committee members. Items not included on the Committee's agenda may be added at the beginning of a meeting at the discretion of the Committee Chair.
 - 4. Trauma Review Committee meetings will be held on a regular basis to coincide with the meetings of the EMS QA-QI Committee referenced in EMS Policy No. 640.00. Case presentations will occur at each meeting. Minimally, the criteria used for determining case presentations to the Trauma Review Committee is listed in Attachment A. The Trauma Review Committee may elect to create additional selection criteria. Specific educational case reviews may be presented to illustrate new techniques, patient problems or system operational issues.
 - 5. The Trauma Review Committee may develop audit screens and other tools to assist the Committee in performing its responsibilities.

D. Confidentiality:

- 1. All proceedings, documents and discussions of the Trauma Review Committee, and its subcommittees are confidential and protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate and report on the necessity, quality and level of specialty healthcare services, including but not limited to trauma care service, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty healthcare services. Issues requiring system input may be sent in total to the Tuolumne County EMS Agency.
- 2. All members and guests will sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely

through Committee membership. Prior to a guest participating in the meeting, the Committee Chair is responsible for explaining and obtaining a signed confidentiality agreement from the guest.

E. Coordination with Neighboring Trauma Care Systems:

1. Trauma centers located in neighboring jurisdictions are responsible for conducting quality improvement activities in accordance with the requirements of their designating local EMS agency.
2. Representatives from trauma centers located in neighboring jurisdictions are invited to:
 - a. Participate in the Tuolumne County EMS Agency Trauma Review Committee;
 - b. Submit trauma reports and analysis regarding patients received from Tuolumne County to the Tuolumne County EMS Agency as appropriate; and
 - c. Notify the Tuolumne County EMS Agency of unusual occurrences or other significant matters.
3. The Tuolumne County EMS Agency shall endeavor to develop inter-county trauma system agreements which allow Trauma Review Committee members to actively participate in the trauma QA-QI activities of neighboring trauma care systems.

ATTACHMENT A

TRAUMA REVIEW COMMITTEE CASE PRESENTATION CRITERIA

1. Trauma Deaths
2. Complications leading to poor patient outcomes, defined as Grade III and IV complications by the American College of Surgeon's guidelines.
 - a. Grade III - residual disability, including organ or limb resection, or persistence of life threatening conditions.
 - b. Grade IV - death.
3. Comatose patient (Glasgow Coma Scale of less than 9) going to CT or leaving the emergency department before a definitive airway is established.
4. Delay to surgery for laparotomy with:
 - a. Surgery start time greater than 2 hours if hypotensive (systolic blood pressure less than 90 mm Hg).
 - b. Surgery Start greater than 4 hours if stable.
5. Cervical spine injury not diagnosed in the emergency department.
6. Diagnosis disparity between admitting and discharge diagnoses.
7. Ambulance scene times greater than 20 minutes.
8. CT not performed for patients with a Glasgow Coma Scale Motor Score of less than 5.
9. Transfer of a major trauma patient to another facility greater than 2 hours after arrival at the emergency department.
10. Any trauma case where the surgical specialist or non-surgical specialist does not respond in the specified time period as defined by their level of trauma center designation.
11. Any case which demonstrates system operational problems.