
TRAUMA AUDIT PROCESS (# 2600)

The Trauma Quality Assurance Program includes monitoring of structural, process and outcome standards. When a deviation from trauma standards (process or outcome) is identified, the affected provider submits a plan of correction to the EMS Agency for approval.

The process and outcome standards of the medical care provided to all trauma patients are reviewed by a monthly chart audit. A preliminary review of trauma care occurs at the Zone Trauma Audit Committee (ZTAC) meetings for the North and South County trauma zones. All questionable cases and negative outcomes (e.g., possibly preventable deaths and complications) are referred to the Trauma Audit Committee (TAC). The TAC is comprised of representatives from Alameda and Contra Costa Counties and meetings are held every other month.

1. ZONE TRAUMA AUDIT COMMITTEE (ZTAC)**1.1 Membership:** (Each Zone)

- 1.1.1 Trauma Director (1) alternating, from Alameda or Contra Costa County Trauma Center
- 1.1.2 EMS Medical Director (1)
- 1.1.3 EMS Trauma Coordinator (1)
- 1.1.4 ED physician representatives from non-designated hospitals
- 1.1.5 EMT-P from ALS Providers in Alameda County (1)

- 1.2 Purpose:** All trauma cases (deaths and admissions) transported to non-trauma centers are reviewed for undertriage, Emergency Department management, and patient outcome. The visiting trauma director reviews the care of all major trauma victims (MTVs) whose cases are identified by audit filters listed below.

1.3 Audit Criteria for Z-TAC:

- 1.3.1 Prolonged scene times (> 20 min.)
- 1.3.2 Deaths
- 1.3.3 Complications
- 1.3.4 Readmits
- 1.3.5 Discharged from ED/Readmitted
- 1.3.6 Thoracic/Vascular/Craniotomy surgery > 24hours after arrival
- 1.3.7 Abdominal Injury & Laparotomy > 2 hours
- 1.3.8 Unplanned return to the OR in 24 hours
- 1.3.9 GCS < 8 leaving ED with no definitive airway
- 1.3.10 Extra/subdural with craniotomy > 4 hours
- 1.3.11 Intracranial injury (GCS<12) CT>2hours
- 1.3.12 Open fracture with OR > 8 hours post arrival
- 1.3.13 Nonfixation of femoral diaphyseal fracture
- 1.3.14 Incomplete sequential hourly Vital Signs
- 1.3.15 Age \leq 14 admitted to an adult center (CHMC \geq 15)

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2. TRAUMA AUDIT COMMITTEE (TAC)**2.1 Membership:**

- 2.1.1 EMS Medical Director (Chair)(1)
- 2.1.2 EMS Trauma Coordinator (1)
- 2.1.3 EMS Trauma Registrar (1)
- 2.1.4 Trauma surgeons from each trauma center hospital (4)
- 2.1.5 Trauma nurse coordinators from each trauma center hospital (4)
- 2.1.6 Physician, emergency department from each trauma center hospital (3)
- 2.1.7 Pediatric intensivist from pediatric trauma center (1)
- 2.1.8 Representative from local medical society, general surgeon (1)
- 2.1.9 Representative from a managed care facility (ED) (1)
- 2.1.10 Forensic pathologist (1)
- 2.1.11 Physician representatives from non-trauma hospital (one each from North and South Z-TAC Committees) (2)
- 2.1.12 County ambulance transport provider Medical Director (1)
- 2.1.13 Anesthesiologist, neurosurgeon, orthopedic surgeon from the hosting trauma center (3)
- 2.1.14 Visiting trauma surgeon (Out-of-County) (1)

- 2.2 **Purpose:** Cases referred to TAC from ZTAC are reviewed for appropriateness of care. This audit process determines what affect the care had on patient outcome. Difficult or interesting cases and outstanding saves are also referred to TAC for educational purposes.

3. ATTENDANCE:

- 3.1 Attendance at these meetings for the Trauma Medical Directors and Trauma Nurse Coordinators or their designees is mandatory. The Trauma Medical Directors and the Trauma Nurse Coordinators must attend 90% of the scheduled ZTAC and TAC meetings annually.
- 3.2 Resignations from the committees shall be submitted, in writing, to the EMS Agency.
- 3.3 Requests for guests to the meetings shall be approved by the EMS Medical Director in advance of the meeting.
- 3.4 Members should notify the EMS Trauma Program Coordinator in advance of any scheduled meeting that they will be unable to attend.

4. MEETING DOCUMENTATION:

- 4.1 The agenda, minutes, monthly EMS reports and chart materials will be kept in the individual members' binders. These binders will be distributed to each member at the beginning of the meeting.
- 4.2 At the end of each meeting, all binders will be collected by the EMS staff.
- 4.3 The materials in the binders will be shredded at the EMS Agency office.

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5. CONFIDENTIALITY:

- 5.1 All proceedings are confidential and protected under Section 1157.7 of Evidence Code: "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 health services including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services".
- 5.2 No copies of records are to leave the rooms in which TAC and Z-TAC meetings are held; all copies will be shredded at the EMS Agency office.
- 5.3 All confidential records will be kept in a locked cabinet at the EMS Agency office.
- 5.4 Confidentiality agreements will be signed by all members annually and guests prior to the start of the meeting.

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