

Monterey County EMS System Policy



Policy Number: 6040
Effective Date: 7/1/2018
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TRAUMA QUALITY IMPROVEMENT AND SYSTEM EVALUATION

I. AUTHORITY

Authority for this policy is found in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163 California Code of Regulations Section 100255, 100258, 100265 and California Evidence Code, Section 1157.7.

II. PURPOSE

To define standards evaluating methodologies and utilizing the evaluation results for continuous trauma system quality improvement in performance and patient care, and to establish requirements for data collection and management by trauma system participants in Monterey County.

III. POLICY

- A. Trauma system participants within the Monterey County Emergency Medical System (EMS) will maintain a comprehensive internal quality improvement program.
- B. Trauma system participants will participate fully and cooperate with the Monterey County EMS Agency's quality improvement programs.
- C. The Trauma Center shall complete a trauma registry entry for all patients who meet the criteria identified in the National Trauma Data Standard Inclusion Criteria and by the California Emergency Medical Services Information System Trauma requirements.

IV. REQUIREMENTS

- A. Trauma Center (Internal) Quality Improvement Requirements:
 - 1. Internal Medical Quality Improvement Program – A Trauma Center must have a formal, and fully-functional, internal quality improvement program for its trauma service. Each Trauma Center shall have a written Quality Improvement Plan which shall include:
 - a. Trauma Medical Director (Chief of Trauma): The Trauma Medical Director shall be responsible for the hospital trauma care, compliance with the EMS Agency trauma plan and trauma standards, and for participation in the Trauma QI program.
 - b. Trauma Program Manager: The Trauma Program Manager shall be answerable to the Chief Nursing Officer or the Chief Medical Officer and the position will have at least 1 FTE dedicated to this role. The Trauma

Program Manager shall oversee the trauma registrar and will perform the following functions:

- 1) Perform case reviews of ALL trauma cases.
 - 2) Identify trauma cases that meet Monterey County Minimum Audit Criteria for External Quality Improvement Review.
 - 3) Analyze trends.
 - 4) Analyze all trauma patient calls to the trauma base hospital diverted to non-trauma centers.
 - 5) Perform detailed audits of all trauma deaths, major complications, transfers, unexpected outcomes (positive or negative), and unusual occurrences.
 - 6) Provide loop closure for identified opportunities for improvement.
- c. Trauma Registrar: The Trauma Registrar will maintain the efficient operation of the Trauma Registry, ensure consistency and quality in the data collection system, enter information into the trauma database, and retrieve data for quality improvement purposes.
- d. Coordination of an internal multi-disciplinary trauma committee that includes members of emergency medicine, general surgery, and other department that are responsible for care of the trauma patient. The audit process will include a log of follow-up problems, and periodic, multi-disciplinary trauma conferences to critique selected trauma cases. This committee will follow the applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.
- e. Provision of a system for patients and others as defined in Title 22, Division 9, Chapter 7, Section 100265(e), to provide input and feedback to hospital staff regarding the care provided.
- f. Attendance by the Monterey County EMS Agency designated Trauma Center's Trauma Medical Director and Trauma Program Manager at Santa Clara County Trauma Executive Committee and the Trauma Care System Quality Improvement Committee (TCSQIC) meetings.
- 1) Trauma Program Manager and Trauma Medical Director or designee(s) are required to attend 50% of the Trauma Executive Committee and the TCSQIC meetings.
- g. Generation and submission of required trauma reports to the Monterey County EMS Agency within the specified time period
- h. Investigation of all unusual occurrences, as identified internally or referred by the Monterey County EMS Agency. The investigation should take no longer than fourteen (14) days OR a limited time mutually agreed upon by the Trauma Center and Monterey County EMS Agency. The results (including any resolution or identification of further actions required) will

be reported directly back to Monterey County EMS Agency within three (3) days of the investigation's conclusion.

B. Trauma System (External): Quality Improvement Plan

1. **Written Confidentiality Agreement Requirements:** Contract agreements shall be made with system participants regarding participation in the Monterey County Quality Improvement Program.
2. The Monterey County EMS Agency will conduct audits for compliance with statutory, regulatory, California Emergency Medical Services Authority and contractual compliance every three (3) years or more frequently as determined by the EMS Agency.
3. **Trauma Care System Quality Improvement Committee (TCSQIC)**
 - a. The Monterey County-designated Trauma Center's Trauma Medical Director, Trauma Program Manager, EMS Medical Director, and the EMS Agency Trauma Coordinator are all required to attend Santa Clara County's TCSQIC and the Trauma Executive Committee, agreeing to abide by the committee structure and responsibilities, as defined by Santa Clara County policies.
 - 1) Trauma Center Trauma Medical Directors, Trauma Program Manager, the Monterey County EMS Agency Medical Director and the Monterey County EMS Agency Trauma Coordinator or designee(s) are required to three of each of these meetings per year.
 - a) These committees meet all requirements for trauma center peer review and Trauma Audit Committee meetings.
4. **Trauma Evaluation Quality Improvement Committee (TEQIC):** TEQIC shall be a multi-disciplinary medical advisory committee to the Monterey County EMS Agency, comprised of representatives from prehospital, surgical and non-surgical specialties. This is a closed committee and attendees must be included by position on the list below or by special invitation only.
 - a. Monterey County EMS Agency shall conduct the TEQIC as deemed necessary but no less than two (2) times per year.
 - b. **Oath of Confidentiality:** The proceedings and records of this committee are confidential and are protected under section 1157.7 of the Evidence Code, State of California. Members and invited guests of the TEQIC shall sign a Confidentiality Agreement as a condition of attendance, which shall be maintained on file at the Monterey County EMS Agency.
 - c. Because of the confidentiality requirements, TEQIC meetings are closed. Members shall not divulge or discuss information that would have been obtained solely through TEQIC membership.
 - d. To maintain confidentiality, minutes/correspondence of the TEQIC shall be stored in a secure place at the Monterey County EMS Agency by the

EMS Agency Trauma Coordinator. After review, all paperwork shall be disposed of in an appropriate confidential manner.

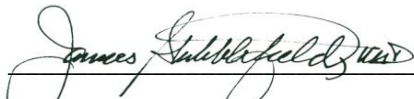
- e. The Trauma Evaluation Quality Improvement Committee (TEQIC) shall:
 - 1) Establish audit filters.
 - 2) Monitor the process and outcome of trauma patient care and present opportunities for analysis of data and information of scientific value for studies and strategic planning of the trauma system.
 - 3) Serve in an advisory capacity to the Monterey County EMS Agency on trauma care systems issues and policies, which include the appropriateness and effectiveness of the Trauma Triage policy.
 - 4) Provide educational forums for trauma care when trends are identified.
- f. Membership: The membership of the Monterey County EMS Agency Trauma Evaluation Quality Improvement Committee shall include:
 - 1) Representatives from the Monterey County EMS Agency: EMS Medical Director, Trauma Coordinator, Staff Support;
 - 2) Representatives from the Level II Trauma Center: Chief of Trauma, Trauma Program Manager, optional members can include Emergency Department Director, Intensive Care Medical Director, Neurosurgery, Orthopedic Surgery and/or other surgical specialties as prearranged with Monterey County EMS Agency, Prehospital Liaison Nurse, Trauma Registrar;
 - 3) Representatives from Monterey County receiving hospitals: Emergency Department Physician or other representative identified by the receiving hospital; and
 - 4) Other Representatives: Forensic Pathologist from Monterey County, Law Enforcement, other individuals who Monterey County EMS Medical Director deems necessary or their expertise is essential, on an ad-hoc or permanent basis and appointed by Monterey County EMS Medical Director.
 - 5) Guests may attend TEQIC with prior approval of the Chairperson and the Monterey County EMS Agency. Invited guests may participate in the meeting only after Monterey County EMS Agency has explained the Oath of Confidentiality and obtained a signed confidentiality statement by the guest.
 - 6) Representatives from the pre-hospital transport agencies.
- g. TEQIC Chairperson:
 - 1) The Chairperson for TEQIC shall be the Monterey County EMS Agency Trauma Coordinator.

- 2) The Chairperson shall preside over the committee and make recommendations to Monterey County EMS Agency Medical Director as directed by the membership of the committee.
- h. TEQIC Process:
- 1) TEQIC shall meet a minimum of two (2) times a year for chart review, and jointly for formal education and/or trauma system evaluation according to the needs of the committee.
 - 2) Scope of Review: The review conducted by the committee shall include trauma patient care in Monterey County and transfer of trauma patients to other hospitals or designated Trauma Centers. The committee review shall include and be limited to: prehospital trauma care activities; and trauma patient care from time of injury through rehabilitation.
 - 3) Preparation of cases for TEQIC review: The Trauma Center shall prepare appropriate materials for its cases to be presented to the TEQIC to include:
 - b) Audit reports as requested from the agency A formal chart review may be performed by the Monterey County EMS Medical Director and the EMS Agency Trauma Coordinator prior to a TEQIC meeting. A letter will be sent out approximately one month prior to the review of the charts, outlining the scheduling, the procedure and the trauma charts needing to be pulled for review.
 - c) The field representative shall provide the prehospital provider component for presentation when pertinent to the care of the trauma victim.
 - 4) Monterey County EMS Agency shall provide:
 - a) Staff support for documentation (minutes) of TEQIC meetings, to include any memorandum(s) issued by the Monterey County EMS Agency in response to Committee recommendations.
 - b) Distribution of meeting announcements.
 - c) Preparation of TEQIC agenda.
 - d) Maintenance of records of proceedings.
5. Conclusion of TEQIC case review: Feedback to the Trauma Center and receiving hospitals is critical to the audit process. Action steps will be decided on at the conclusion of each system review. The committee shall discuss each system issue and arrive at a conclusion for action that may include one or more of the following:
- a. No further review or action is indicated.

- b. Request for additional information and follow-up report from the involved institution or prehospital care provider.
 - c. Formal recommendation requests: letter; internal review or EMS Agency Investigation.
6. Removal from TEQIC – The following shall be cause for removal of a member from the committee:
- a. Breach of confidentiality;
 - b. Excessive absence, defined as two unexcused absences; or
 - c. Disruptive or rude behavior.
7. Minimum Audit Criteria for External Quality Improvement Review:
- a. Absence of a patient care report form for a patient transported by prehospital personnel within 24 hours of patient arrival.
 - b. Greater than 20 minutes on the scene by prehospital EMS personnel.
 - c. All trauma patients who are diverted or transferred during the acute phase of hospitalization to another trauma center, acute care hospital, or specialty hospital (i.e., burn center, replantation center, pediatric trauma center).
 - d. All outgoing trauma transfers performed within 24 hours of arrival.
 - e. Inter-facility transports >1 hour after arrival
 - f. Any case the Monterey County EMS Agency feels would benefit from a TEQIC review.

Note: Above criteria is based on the ACS document “Resources for Optimal Care of the Injured Patient, 2014. Trauma receiving centers may add additional audit filters for internal use for trends or sentinel events.

END OF POLICY


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