

PURPOSE:

The purpose of this policy is to establish the membership, role, responsibilities, process and structure of the Trauma Audit Committee (TAC).

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172. Evidence Code Sections 1040 and 1157. California Code of Regulations, Title 22, Division 9, Chapter 7.

POLICY:

- I. The Trauma Audit Committee (TAC) is an EMS system level multi-disciplinary peer review committee established to review selected cases based on audit criteria with the goal of reducing trauma patient morbidity and mortality and improving the provision of care to trauma patients in the EMS system. TAC is a required component of the EMS Agency's approved trauma system plan.
- II. TAC Role and Responsibilities:
 - A. Monitor the delivery of trauma services, analyze trauma data to identify opportunities for improving trauma care, and offer advice to the EMS medical director on the design of the trauma system.
 - B. Conduct mortality and morbidity review of cases that meet one or more of the established audit criteria to include but not be limited to trauma deaths, major complications, patient transfers and pediatric admissions.
 - C. Review other cases identified through the trauma quality improvement (QI) process that may involve prehospital care, system design, or an exceptional educational or scientific benefit.
 - D. For each case reviewed by TAC provide a finding of the appropriateness of care rendered and when applicable make recommendations for improving care.
 - E. Present and review trauma center specific issues with the goal of improving processes.
- III. TAC members are appointed by the EMS medical director according to the following positions:
 - A. Physician Members:
 1. EMS Medical Director.
 2. Trauma program medical director from each trauma center.
 3. Trauma surgeon from each trauma center.

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4. Trauma surgeon from an out-of-county trauma center.
 5. Emergency medicine physician from each trauma center.
 6. Emergency medicine physician representing a non-trauma center.
 7. Chief Medical Examiner.
 8. Physician representatives from critical care/internal medicine, general surgery, neurosurgery, orthopedics. Eligible representatives may practice at the trauma center, in the community, or in neighboring EMS systems.
 9. Physician representative from advanced life support pre-hospital care provider.
- B. Non-physician members:
1. EMS Administrator.
 2. EMS Trauma Coordinator.
 3. Chief Deputy Coroner.
 4. Trauma Program Nurse Manager from each trauma center.
 5. Nursing director from non-trauma center.
- C. Ad-hoc observers and presenters:
1. Attending surgeons from each trauma center.
 2. Chief surgical residents from each trauma center.
 3. Medical director, administrator, and trauma coordinator from neighboring EMS agencies.
 4. Other physicians and staff approved by the EMS medical director.
- IV. Chairperson:
- A. The EMS medical director shall appoint a physician or surgeon to serve as the committee chairperson. If the chairperson is absent the EMS medical director or EMS Administrator shall facilitate the meeting.
- V. Attendance:
- A. TAC will meet quarterly on a schedule to be determined.
 - B. Members will notify the EMS Trauma Coordinator in advance of any meeting they will be unable to attend.
 - C. Members serve with the approval of the EMS medical director and may be removed from the committee for absenteeism or other misconduct.
 - D. A member resigning from the committee should submit a notice in writing to the EMS Trauma Coordinator.
- VI. Voting:
- A. Due to the advisory nature of the committee many issues will require input rather than formal voting. Items requiring a vote shall be identified by the chairperson. All members are eligible to vote on policy or system

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- recommendations. A quorum of the committee is required to advance a policy or system recommendation.
- B. A decision on the appropriateness of care for each case reviewed shall be determined by a majority vote of the physician members in attendance at the time of voting. A quorum of the committee is not required to determine the appropriateness of care.
- VII. Presentations and Action Items:
- A. Trauma center case presentations are the responsibility of the trauma program medical director. The trauma program medical director may assign trauma center case presentations to another physician.
- B. Other presentations or action items shall be assigned to one individual per hospital or agency for completion. Each hospital or agency may determine on a case by case basis whom among their membership is the most appropriate person to be assigned a particular action item.
- VIII. Committee Documentation:
- A. Meeting agenda, summaries, and case records shall be maintained by the EMS Agency and made available to members at each meeting. Due to the confidentiality of the proceedings confidential documents and materials will be collected by EMS Agency at the conclusion of each meeting. No copies of confidential documents or materials may be made or kept by members or guests.
- B. Any and all correspondence from the committee shall be approved by the chairperson and EMS medical director and issued on EMS Agency letterhead.
- IX. Confidentiality:
- A. All proceedings, documents and discussions of the Trauma Audit Committee are confidential and are covered under Sections 1040 and 1157.7 of the California State Evidence Code. The prohibition relating to discovery of testimony provided to the Committee shall be applicable to all proceedings and records of this Committee, which is one 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.
- B. All members shall sign a confidentiality agreement not to divulge or discuss information obtained solely through Trauma Audit Committee membership.
- C. All meeting attendees will sign a meeting roster that, in addition to documenting meeting attendance, serves to affirm their agreement to

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uphold the trauma committee's standard of confidentiality. Rosters for TAC meetings shall include the following heading: "With certain exceptions, the proceedings and records of the San Joaquin County EMS Agency Trauma Audit Committee are privileged and not subject to discovery. Records of the Committee are not subject to disclosure under the California Public Records Act, and Committee meetings are not subject to the Ralph M. Brown Act. (Cal. Evidence Code, sec. 1157.7.) Disclosure of confidential patient information discussed in Committee proceedings is prohibited by law. (Cal. Civil Code, sec. 56.13.)"

- D. A visitor, guest, or invitee who has been granted permission to attend any part of a trauma committee meeting shall sign the meeting roster that documents his/her attendance and affirms his/her agreement to uphold the committee's standard of confidentiality. The committee chairperson is responsible for assuring compliance with this requirement.

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