



Administrative Policy		8203
Effective April 1, 2018		Expires March 31, 2019
Policy: Trauma Audit Committee	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: EMS System	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

The purpose of this policy is to establish an advisory committee to the local Emergency Medical Services (EMS) Agency Medical Directors to monitor and evaluate the medical care of patients with traumatic injury.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

Trauma Audit Committee

1. Trauma System Monitoring Role:
 - a. To assist the EMS Agency Medical Directors in the review and evaluation of the medical aspects of each County’s trauma system.
 - b. This committee shall meet to monitor and assess the effectiveness of the trauma system and make known its findings and recommendations to the EMS Agencies.

2. Scope of Review: The scope of review to be conducted by the committee shall include but not be limited to, a review of the following in Riverside / San Bernardino counties:
 - a. All trauma deaths.
 - b. Prehospital trauma care.
 - c. Appropriateness of triage criteria and performance.
 - d. Hospital trauma care.

3. The Trauma Audit Committee will provide input to the EMS Agencies in:
 - a. Development, implementation and evaluation of trauma audit criteria.
 - b. Definition of medical goals.
 - c. Identification of errors in medical care, with recommendations.
 - d. Research projects.
 - e. Periodic on-site inspection of trauma centers.
 - f. Trauma System improvements.

4. Membership:
 - a. Members will be appointed according to the following format. Any changes in appointed members will take place at the end of the calendar year.
 - b. Members:
 - i. Trauma Surgeon from each trauma center.
 - ii. Trauma Program Manager / Nurse Coordinator from each trauma center.
 - iii. An Emergency Department Physician from each trauma center.
 - iv. Attending pediatrician.
 - v. Representative from local medical society (general surgeon, anesthesiologist, neurosurgeon and orthopedic surgeon) – on an “as needed” basis.
 - vi. Physician representative from the Prehospital Medical Advisory Committee (PMAC), preferably from a non-trauma center.

- vii. County representatives from the following:
 1. County Deputy Coroner (2) Ex-officio - non-voting
 2. EMS Agency Director (2) Ex-officio - non-voting
 3. EMS Medical Director (2) Ex-officio - non-voting
 4. EMS Trauma Coordinator (2) Ex-officio - non-voting
 5. County Public Health Officer (2) Ex-officio - non-voting
 - c. The Committee shall elect a Chairperson who is a trauma surgeon who shall serve a two (2) year term.
 - i. A Co-chair will be appointed to Chair the committee in the absence of the Chairperson.
 - ii. Election shall be at the last meeting of each even year.
5. Attendance:
 - a. The committee will meet a minimum of quarterly per year. The usual meeting date will be the fourth Wednesday of the month.
 - b. Members will notify the EMS Agency staff, (951) 358-5029, in advance of any scheduled meeting they will be unable to attend.
 - c. After two (2) unexcused absences in a calendar year, an appointed member may be removed from the Trauma Audit Committee.
 - d. Resignation from the committee should be submitted, in writing, to the EMS Agency Trauma Coordinator, and is effective upon receipt, unless otherwise specified.
 - e. Invitees may participate in the medical review of specified cases where their expertise is requested. All requests for invitees must be approved by the EMS Agencies and TAC Chairperson in advance of the scheduled meeting.
6. Voting:

Due to the “advisory” nature of the committee, many issues will require input rather than a vote process. Vote process issues will be identified as such by the Committee Chairperson. When voting is required, the majority of the voting members of the committee need to be present.
7. Committee Documentation:

Meeting summaries will be kept by the EMS staff and distributed to the members at each meeting. Due to the confidentiality of the committee, confidential committee documents will be collected by EMS staff at the close of each meeting and no copies may be made or possessed by members of the Committee. All official correspondence and communication generated by the Trauma Audit Committee will be approved by the EMS Agency Medical Directors and sent on Riverside County Department of Public Health or EMS Agency letterhead.
8. 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. Issues requiring system input may be sent to the EMS Agencies for presentation to the System Advisory Committees (PMAC or EMCC) for input. Guests may be invited to discuss specific cases and issues in order to assist the Committee in making final case or issue determinations. Guests may only be present for the portion of the meeting for which they have been requested.
 - c. All members shall sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through Trauma Audit Committee membership. Prior to the guest(s) participating in the meeting, the Chairperson is responsible for explaining and obtaining a signed confidentiality agreement from invited guests.