

QUALITY IMPROVEMENT AND SYSTEM EVALUATION

PURPOSE

To summarize the Quality Improvement and System Evaluation Processes specific to the Trauma System.

RELATED POLICIES

Quality Improvement, Provider Agency Responsibilities, #2004; Prehospital Care Record Audit, #2005
EMS Event Reporting Form, #2010; Trauma Data Collection and Management, #4615

POLICY

- A. The Marin County EMS Agency Continuous Quality Improvement plan establishes a program that monitors, assesses, and manages trauma care and system issues. Care provided is monitored on an ongoing basis and the system will be adjusted periodically, as deemed appropriate, to assure the provision of quality trauma care and minimize mortality and morbidity resulting from injury.
- B. Marin County will use its current CQI processes to review care rendered in the prehospital setting. This process includes the following:
 1. All providers have an approved Quality Improvement Program in place.
 2. All ALS providers and hospitals have a designated Medical Director.
 3. Data audit reports that identify records which fall outside of defined parameters.
 4. Trauma Advisory Committee (TAC) meets twice a year to review system issues, report data, and discuss quality improvement activities.
- C. Hospital Trauma Care and System Review:
 1. Hospitals with a trauma designation are required to have an internal performance improvement plan and committee review process for reviewing trauma cases and internal trauma system issues. The committee review process will be multidisciplinary and will include the EMS Agency Medical Director and EMS Agency Trauma Coordinator. Hospitals will review process and outcome measurements of trauma care on a regular basis. The following trauma cases will be reviewed by the Hospital Performance Improvement Committee:
 - a. All deaths
 - b. Cases identified by the registry audit filter profiles (process/outcome measurements)
 - c. Cases requested by the EMS Agency
 - d. Cases requested by the provider agency
 2. All hospitals with a trauma designation are required to maintain data collection utilizing the trauma registry.
- D. Trauma System CQI Committee
 1. The Trauma Advisory Committee will meet twice a year and be hosted by the EMS Agency.
 2. Membership may include but not be limited to:
 - a. EMS Agency Medical Director and Trauma Coordinator

- b. Trauma Directors: all hospitals
 - c. Trauma Coordinators: all hospitals
 - d. Emergency Department Director or designee: all hospitals
 - e. Provider Medical Director or Designee
 - f. Paramedic Liaison(s)
3. All cases presented at the Trauma Advisory Committee will be reviewed at a minimum for the following:
 - a. Identification of any system issues
 - b. Identification of system improvement opportunities and follow up
 - c. Opportunity for education and training
4. Attendance for the Trauma Medical Directors and the Trauma Nurse Coordinators is mandatory. All requests for guest speakers or presentations must be approved by the EMS Agency Medical Director prior to the meeting.