



Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

**Policy: Quality Assurance - Quality Improvement
Responsibilities - EMS Agency**

#640.01

Medical Director: 	Creation Date:	03-30-2000
EMS Coordinator: 	Revision Date:	08-03-2016
	Review Date:	08-2021

I. AUTHORITY

Division 2.5, California Health and Safety Code, §1797.220 and 1798.163.

II. DEFINITION

- A. "Major trauma patient means" a patient who upon assessment by pre-hospital personnel meets one or more of the adult or pediatric trauma triage criteria defined by EMS Policies No. 535.00 and 535.10.
- B. "Trauma Center" means a licensed hospital, accredited by the Joint Commission on the Accreditation of Healthcare Organizations, which has been designated as a level I, II, III or IV trauma center or as a level I or II pediatric trauma center by a local EMS agency.

III. PURPOSE

The purpose of this policy is to establish the basic structure, organization and process of the trauma system quality assurance - quality improvement (QA-QI) program in order to focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to improve the delivery of trauma care.

IV. POLICY

A. System Evaluation:

- 1. The Tuolumne County EMS Agency is responsible for the development and ongoing evaluation of the trauma system, including the development of a process to receive information from system participants on the evaluation of the trauma plan, triage criteria, trauma team activation and notification of specialists.
- 2. The Tuolumne County EMS Agency shall conduct periodic performance evaluations of the trauma system at least once every two years. Results of the trauma system evaluation shall be made available to system participants.

B. Tuolumne County Designated Trauma Centers:

- 1. Designated trauma centers shall have a quality improvement process to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. In addition the trauma center QI process shall include:
 - a. A detailed audit of all trauma related deaths, major complications and transfers;
 - b. A multi-disciplinary trauma peer review committee that includes

all members of the trauma team;

- c. Participation in the Tuolumne County EMS QA/QI Committee;
- d. A written system for patients, parents of minor children who are patients, legal guardians of children who are patients, and primary caretakers of children who are patients to provide input and feedback to hospital staff regarding the care provided to the patient.

C. QA/QI Committee:

- 1. The Tuolumne County EMS Agency QA/QI Committee shall review issues related to trauma care. The QA/QI Committee will be responsible for reviewing all aspects of the trauma system and developing recommendations for system improvement for the EMS agency.
- 2. The QA/QI Committee shall be chaired by the medical director of the Tuolumne County EMS Agency. The Committee membership shall include:
 - a. Tuolumne County EMS Agency:
 - (1) EMS Medical Director;
 - (2) EMS Coordinator;
 - b. Tuolumne County Hospitals:
 - (1) Base Hospital Medical Director;
 - (2) Base Hospital Nurse Liaison
 - (3) Trauma Program Medical Director (if a Trauma Center);
 - (4) Trauma Program Nurse Coordinator (if a Trauma Center);
 - c. Tuolumne County Ambulance and Air Ambulance Providers:
 - (1) Operations Manager;
 - (2) QA-QI Coordinator;
 - d. Contracted Trauma Centers Located Outside of Tuolumne County:
 - (1) Trauma Program Medical Director;
 - (2) Trauma Program Nurse Coordinator.
 - e. Guests may attend meetings as approved by the Committee Chair.
- 3. The QA/QI Committee's agenda shall include a review and approval of minutes, data analysis and case presentations. Agenda items may occur on a regular schedule or at the request of Committee members. Items not included on the Committee's agenda may be added at the beginning of a meeting at the discretion of the Committee Chair.
- 4. The QA/QI Committee may develop audit screens and other tools to assist the Committee in performing its responsibilities.

D. Confidentiality:

- 1. All proceedings, documents and discussions of the QA/QI Committee, and its subcommittees are confidential and protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. 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 healthcare services, including but not limited to trauma care service, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty healthcare services. Issues requiring system input may be sent in total to the Tuolumne County EMS Agency.

2. All members and guests will sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through Committee membership. Prior to a guest participating in the meeting, the Committee Chair is responsible for explaining and obtaining a signed confidentiality agreement from the guest.
- E. Coordination with Neighboring Trauma Care Systems:
1. Trauma centers located in neighboring jurisdictions are responsible for conducting quality improvement activities in accordance with the requirements of their designating local EMS agency.
 2. Representatives from trauma centers located in neighboring jurisdictions are invited to:
 - a. Participate in the Tuolumne County EMS Agency QA/QI Committee;
 - b. Submit trauma reports and analysis regarding patients received from Tuolumne County to the Tuolumne County EMS Agency as appropriate; and
 - c. Notify the Tuolumne County EMS Agency of unusual occurrences or other significant matters.
 3. The Tuolumne County EMS Agency shall endeavor to develop inter-county trauma system agreements which allow Trauma Review Committee members to actively participate in the trauma QA-QI activities of neighboring trauma care systems.