

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	2026.16
	<u>PROGRAM DOCUMENT:</u> <b>Trauma Review Committee (TRC)</b>	Initial Date:	06/09/94
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Signature on File

EMS Medical Director

EMS Administrator

**Purpose:**

- A. To advise the Sacramento County Emergency Medical Services (SCEMSA) Medical Director on the establishment of trauma-related policies, procedures, and treatment protocols.
- B. To advise the SCEMSA Medical Director on trauma-related education, training, quality improvement, and data collection issues.
- C. To establish the standard of quality for trauma care in Sacramento County.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Policy:**

- A. The SCEMSA Medical Director shall appoint a Trauma Review Committee (TRC). The trauma care administered to patients of the Sacramento County Trauma Care System will be reviewed for appropriateness and patient outcome by the TRC. The TRC is an advisory committee to SCEMSA on issues related to trauma care. The TRC will function as a sub-committee of the SCEMSA Quality Improvement (CQI) Committee, per Program Document # 7600.

**Scope of Audit Review:**

The committee's scope of review will include, but not be limited to:

- A. Trauma deaths, as determined by the SCEMSA Medical Director.
- B. Out-of-hospital trauma care.
- C. Appropriateness of trauma criteria and performance.
- D. Hospital trauma care.
- E. Patient outcome.

**And to:**

- F. Provide input to SCEMSA in:
  - 1. Development, implementation, and evaluation of SCEMSA audit criteria.
  - 2. Defining the medical goals of the SCEMSA Trauma Care System.
  - 3. Identifying errors in medical care.

**Membership:**

The membership shall be broad-based regionally and shall represent the participants in the Trauma Care system and the regional medical community.

- A. SCEMSA Medical Director
- B. SCEMSA Administrator or designee.
- C. The Trauma Medical Director (or equivalent position) from each designated trauma center.
- D. The Chief of Emergency Services (or designee) from each designated trauma center.
- E. The Trauma Program Manager (or equivalent position) from each designated trauma center.
- F. A Sacramento County Coroner's Office forensic pathologist.
- G. Other individuals whom the SCEMSA Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the SCEMSA Medical Director.
- H. Members from non-trauma centers must represent hospitals that have agreed to provide data on trauma patients, as described by the SCEMSA Trauma Care System Plan.
- I. Membership is a 2-year term and may renew with the approval of the Chairperson.

**Attendance:**

- A. Committee members are expected to attend all meetings.
- B. If unable to attend a meeting, a member is expected to notify SCEMSA in advance, in writing, and identify a replacement from their institution or agency to fill their position for that meeting.
- C. Any committee member resigning their position on the committee is responsible for having their facility or agency select a replacement and for notifying SCEMSA, in writing, of the change in advance.

**\*Voting:**

- A. Due to the "advisory" nature of the committee, many issues will require input rather than a voting process. Vote process issues will be identified as such by the Chairperson. When voting is required, the majority of the voting members of the committee need to be present.  
\*Voting: Designated to those on the current SCEMSA membership list.

**Meetings:**

- A. The committee will meet at least four (4) times per year and may occur in conjunction with other local EMS Agencies. The usual date will be the third Thursday of the month.

**Minutes:**

- A. Due to the confidential nature of the committee business, minutes shall be distributed at the beginning of the meeting and collected at the close of each meeting by staff. No copies may be made or possessed by members of the committee outside of the meeting.

**Confidentiality:**

- A. All proceedings, documents, and discussions of the TRC are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to the discovery of testimony provided to the Committee will 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. Issues requiring system input may be sent in total to the local EMS agency 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 portions of meetings they have been requested to review or testify about.

- B. All members will sign a confidentiality agreement not to divulge or discuss any personal health information (PHI) or clinical care details of cases discussed at meetings. Prior to the guest(s) participating in the meeting, the Chairperson is responsible for explaining and obtaining a signed confidentiality agreement from invited guests.

**Trauma Audit Process:**

- A. Audit screens will be established by the committee to guide them in case review. In every case reviewed, the committee will make a finding of the appropriateness of the care rendered and will, where appropriate, make recommendations regarding changes in the system to ensure appropriate care.