	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2026.18
	PROGRAM DOCUMENT: **Trauma Improvement Committee (TIC)**	Initial Date:	06/09/94
		Last Approved Date:	09/12/23
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		Next Review Date:	09/01/25

Signature on File	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 Improvement Committee (TIC). The trauma care administered to patients of the Sacramento County Trauma Care System will be reviewed for appropriateness and patient outcome by the TIC. The TIC is an advisory committee to SCEMSA on issues related to trauma care. The TIC 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:
   1. Medical Director
   2. Administrator or designee.
B. Pre-Hospital Group:
   1. EMS Provider QI / Administrative Staff
   2. EMS Provider presenting Crew Members
   3. EMS Provider Medical Director
C. Hospital Group:
   1. The Trauma Medical Director (or equivalent position) from each designated trauma center.
   2. The Chief of Emergency Services (or designee) from each designated trauma center.
   3. The Trauma Program Manager (or equivalent position) from each designated trauma center.
D. A Sacramento County Coroner's office forensic pathologist.
E. Other individuals who the SCEMSA Medical Director deems necessary, on an ad hoc or permanent basis, and appointed by the SCEMSA Medical Director.
F. Members from non-trauma centers must represent hospitals, which have agreed to provide data on trauma patients, as described by the SCEMSA Trauma Care System Plan.

Attendance:

A. Committee members are expected to attend all required meetings. Individuals invited are encouraged to attend.
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.

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.
B. Meetings can be either all members, SCEMSA and Pre-Hospital Group Members, or SCEMSA and Hospital Group Members.
C. SCEMSA will post a calendar year meeting schedule by December 1st of the preceding year including who is expected to attend each meeting. Any changes to this schedule will be released at least 60 days prior to the next meeting.

Minutes:

A. SCEMSA staff will transcribe the meeting minutes and make them available for review one week prior to the next scheduled meeting.

***Voting:**

A. 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 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.

Confidentiality:

A. All proceedings, documents, and discussions of the TIC are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to 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.