

Texas J Regional Advisory Council

System Performance Improvement Plan

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TEXAS "J" REGIONAL ADVISORY COUNCIL

System Performance Improvement Goals

Long Term:

Systematically monitor and evaluate trauma / acute patient care from a system perspective.

PI Committee will review all aspects of the trauma and acute care system, including access, dispatch, pre-hospital management, transport, hospital access, hospital management, transfers, access to rehabilitation, continuing education opportunities, prevention initiatives, and disaster response.

Utilize data to determine several parameters to improve the quality and availability of care in the region.

- a. Injury patterns and distribution – types and locations of trauma injury
- b. Morbidity and mortality – severity of injuries
- c. Availability of services – timeliness and access to care
- d. Quality of services – review of patient outcomes as related to care received.

Identify system wide and provider specific technological, communication, and educational needs, and opportunities for improvement in trauma / acute patient care or system processes.

Provide appropriate feedback / education in opportunities for improvement to the PI participants.

Short Term:

Meet monthly or as needed to conduct PI Sub-committee activities.

Review Texas EMS/Trauma System PI: State, Regional, and Local Plan. Adapt the Texas J RAC System PI Processes to be in compliance with the State Plan.

Conduct yearly review and revision of the PI Plan and forms.

Scheduled for FY 2011: 1st Quarter, September 16, 2011

Educate the participants on:

- revisions of PI Plan
- revisions of PI forms
- proper way to complete the forms.

Scheduled for FY 2012 1st Quarter, September 20, 2011

Physician Advisors to meet to conduct case review.

Develop in coordination with the Acute Care Committee:

- Stroke PI components
- STEMI PI components

Review and trend the Texas DPS Fatality Reports

Review and trend the Pediatric Fatality cases.

Child Fatality Review Team meets monthly to bimonthly.

Increase public awareness through education of the trends affecting the public safety.

- Dangerous intersections and highways
- Increased MCCs with increased head trauma from lack of wearing helmets
- Increased oil field injuries
- Increased injuries in children
 - Child Passenger Safety Program
 - Abuse prevention
 - Burn prevention
 - Playground safety.

Fall Prevention

Coordinate with Education & Injury Prevention Committee the agenda for Trauma/Stroke /STEMI Awareness Days in the Region

Develop an Injury Prevention Activity Report Form - Scheduled: FY 2012 1st Quarter

TEXAS “J” REGIONAL ADVISORY COUNCIL, RAC, SYSTEM PERFORMANCE IMPROVEMENT PLAN

I. INTRODUCTION

Participating organizations in Trauma Service Area “J” RAC concur that ongoing monitoring and evaluation of the Trauma Care System through a well-defined System Performance Improvement (PI) Program is the primary way to improve trauma / acute patient care thus, ultimately improving survival and reducing morbidity from injury and disease. This is especially important in the predominately rural and frontier areas of TSA-J. Clear communications and rapid transport are crucial in a region with such a large land mass area.

All member organizations agree that both organization based and system based PI are essential. Neither an individual entity’s nor provider’s information will be collected for any internal PI actions including disciplinary actions. Sentinel Events as defined by a certifying/accrediting body will be addressed by the individual entities. While organization based PI focuses primarily on the care rendered to individual patients, system based PI focuses on the overall functioning of the system components and their interactions from prehospital care thru rehabilitation.

By participating in the TSA-J RAC, all of the organizations accept the guiding principles for System PI as outlined by the Texas Department of State Health Services. EMS, Hospital, and System PI programs will be developed in close cooperation to monitor and improve the trauma / acute patient care in TSA-J. Data will be reviewed for trends and identified issues will be reported to the Executive Committee and Board of Directors. The identification of major injury types will be utilized in the development of appropriate Injury Prevention Programs for the region. Data from the trending of predominate disease processes in the region will be utilized in the development of appropriate public education on disease prevention and warning signs.

II. GUIDING PRINCIPLES

- A. Establishment of a PI plan to systematically monitor and evaluate trauma / acute patient care from a system perspective.
- B. Mandatory participation in the PI process by all participating organizations, both EMS and hospitals (designated and non-designated facilities.)

All Texas “J” RAC Participants including Executive and PI Committee members will read and sign a Confidentiality / Nondisclosure Release Form. The Agreement must be reviewed and renewed by signing and dating the form annually at the first Board of Directors Meeting each year. A new member must sign the agreement when attending his/her first meeting.

- C. Performance Improvement process will follow the guidelines as detailed in Section 161.031 – 161.032 and Section 773.092(e) of the Texas Health and Safety Code, which detail the confidentiality afforded activities of this type.

Confidential: This report is prepared pursuant to but not limited to Section 160-007 of the Occupations Code; 161.031 of the Health and Safety Code and Texas Medical Practice Act, Article 447d and Article 4459b SS 5.06 et sq., 1987, all proceedings and records of medical peer review are privileged and confidential. This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena.

Prior to submission all documents utilized for Texas “J” RAC Performance Improvement will be stamped **CONFIDENTIAL** and blinded, with all specific patient identifiers removed.

- D. Development of a data gathering system which at a minimum will contain the data points required by the State of Texas for prehospital providers and hospitals treating major or severe trauma and acute patients. The State of Texas defines:

1. Major trauma patient as a person with injuries, or potential injuries, severe enough to benefit from treatment at a trauma facility. These patients may or may not present with alteration in vitals signs or level of consciousness or obvious significant injuries (severe trauma patient), but have been involved in an incident which results in a high index of suspicion for significant injury and/or disability. Co-morbid factors such as age and/or the presence of significant medical problems should also be considered. These patients should initiate a system’s or healthcare entity’s trauma response, including prehospital triage to a designated trauma facility. For PI purposes, these patients are also identified retrospectively by an injury severity score of 9 or above.
2. Severe trauma patient as a person with injuries that require treatment at a tertiary trauma facility. These patients may be identified by an alteration in vital signs and/or level of consciousness or by the presence of significant injuries and shall initiate a system’s and/or healthcare entity’s highest level of trauma response including prehospital triage to a designated trauma facility. For performance improvement purposes, these patients are also identified retrospectively by an injury severity score of 15 or above.
3. Stroke Stat- Acute is defined as a person who presents with an acceptable glucose level, an abnormal Cincinnati Pre-Hospital Stroke Scale who exhibits any or all of the typical stroke signs and symptoms with a last known ‘well’ less than six hours old.
4. Stroke Alert-Sub acute is defined as a person who presents with an acceptable glucose level, an abnormal Cincinnati Pre-Hospital Stroke Scale who exhibits any or all of the typical stroke signs and symptoms with a last known ‘well’ greater than six hours old.
5. STEMI is defined as a person who presents with Acute Coronary Syndrome: chest discomfort with or without radiation to the arm(s), back neck jaw, or Epigastric; shortness of breath; weakness; diaphoresis; nausea; light headedness and/or ST elevation greater than 0.1mV in at least two contiguous leads or at least two adjacent limb leads.
6. Data elements will be based on frequent and/or common issues under the direct authority of the State for the care of the critically ill and injured patients

within the RAC.

III. THE PI COMMITTEE

- A. PI Committee will be composed of participants from all disciplines (i.e. EMS providers; hospital representatives; nursing; and physicians.) in the Texas "J" RAC. Participants will attend 75% of the Quarterly PI Meetings.
- B. PI Sub-committee members will:
 - 1. sign a commitment to serve a minimum of two (2) years to provide confidentiality and consistency in the PI process.
 - a. Each committee member is responsible for:
 - 1) maintaining professionalism and confidentiality
 - 2) defining areas where "conflict of interest" is a potential.
 - 2. members may attend the PI Sub-committee Meetings in person or via conference call. A Quorum is when at least one member is in attendance in person from each discipline i.e. Prehospital and Hospital: Trauma, Stroke/ STEMI are represented.
 - 3. assist in the development of appropriate topics for ongoing study within TSA-J.
 - 4. annually review and revise the PI Plan and forms.
 - 5. develop, revise and update goals.
- C. PI Committee chair must actively participate in the care of trauma and acute patients and actively participate in the RAC.
 - 1. Chair's term of office will be a minimum of two (2) years.
 - 2. Chair will represent the PI Committee on the Executive Committee of the RAC.
 - 3. Chair will set monthly dates and times for PI Committee meetings. For the 2012 Fiscal Year:
 - a. PI Committee will meet quarterly on the third Tuesday of the month in conjunction with the Board of Directors Meeting.
 - b. PI Sub-committee will meet monthly as necessary at Medical Center Hospital.
 - 4. Chair will record minutes of each PI meeting and forward a copy to the Texas "J" RAC Office.
- D. RAC Physician Advisors will:
 - 1. review medical issues and make recommendations to the PI Committee and/or Executive Committee as needed or requested.
 - 2. meet quarterly as necessary to review all deaths and other referred cases from the region utilizing the **Physician Advisory Committee Case Review** document to identify system improvement opportunities.
 - a. Following internal review, Hospital will complete the top portion of the form for each case and submit the cases with the forms attached at least quarterly to the PI Committee.
 - b. Physicians with specific expertise will be accessed as needed for the review

of the case.

- c. Physician reviewing the case will complete the form at the time of review.
- d. Recommendations will be reviewed by the PI Committee and the appropriate follow-up actions will be implemented.
- d. Copy of the report will be sent back to the submitting Hospital for their PI loop closure file.

E. Region J Child Fatality Review Team will:

1. develop an understanding of the causes and incidence of child deaths in the region.
2. identify procedures within the agencies represented on the team to reduce the number of preventable child deaths in the region.
3. promote public awareness and education to reduce the number of preventable child deaths.

IV. PI Process

A. Scope

1. PI Committee will review all aspects of the trauma and acute care system, including access, dispatch, pre-hospital management, transport, hospital access, hospital management, transfers, access to rehabilitation, continuing education opportunities, prevention initiatives, and disaster response.
2. Performance Standards will be developed and maintained for each area.
3. All performance standards and expectations will be communicated to all EMS providers and hospitals.

B. Performance Standards

1. **Communication Specialist**

- a. All individuals responsible for communication will have appropriate training defined by their job description.
- b. All communication agencies will have systems in place to monitor compliance to established procedures.
- c. Communications will maintain a current disaster response plan.

2. **EMS**

Exclusion: First Responders are required yearly to submit a First Responder Form identifying their status to the RAC. First Responders do not transport patients thus do not have Quarterly PI to submit. If their status changes at any time the First Responder must immediately submit written notification to the RAC.

- a. EMS scene time goal is to not exceed twenty minutes.
- b. EMS will maintain and follow trauma and acute care management protocols throughout the continuum of care.
- c. EMS will communicate patient reports to the receiving facility, directly or through dispatch.
- d. **EMS will complete the EMS run sheet report and leave in the emergency department at the time of service or fax to the hospital**

when the patient was handed off to air medical .

- e. EMS will maintain a performance improvement process.
- f. EMS will maintain a current disaster plan / mutual aid agreement.
- g. EMS providers will maintain appropriate credentialing process for EMS providers.
- h. EMS providers will have appropriate training, and access to continuing education.
- i. **EMS will submit required statistical data and trauma registry data to the RAC Office.**

3. Hospital

- a. Hospitals will meet the EMS provider, accept the patient, and transfer the patient to a hospital stretcher.
- b. Hospitals will maintain and follow trauma and acute care management protocols throughout the continuum of care.
- c. Hospitals will maintain a current disaster plan and mutual aid response agreement.
- d. Hospitals will maintain a performance improvement process to review pertinent aspects of trauma and acute care.
- e. Hospitals will communicate diversion status.
- f. Hospitals will initiate trauma and acute care transfers within one hour of arrival.
- g. Trauma and acute patients will be transferred within two hours of arrival.
- h. Stabilized trauma and acute care patients will only be transferred one time to the appropriate tertiary facility.
- i. Receiving hospitals will accept the trauma or acute care patient within an average of thirty minutes.
- j. Receiving hospitals will provide transferring facilities with feedback after patient's final disposition.
- k. Hospital providers will have appropriate training and access to continuing education.
- l. **Hospitals will submit required statistical data and trauma registry data to the RAC Office.**

4. Pediatric Standards

- a. Hospitals will review all pediatric deaths.
- b. Hospitals will initiate transfer of the pediatric patients within 1 hour.
- c. Stabilized pediatric patients will only be transferred one time to the most appropriate facility.
- d. Pediatric patients in need of ICU care will be transferred to a tertiary care center with pediatric ICU capability.
- e. Hospital providers will have appropriate pediatric specific training and access to pediatric specific education.

5. Air-Medical Services

- a. Air-Medical Service scene time goal is to not exceed twenty minutes.
- b. Air-Medical Service will maintain and follow trauma and acute care management protocols throughout the continuum of care.
- c. Air-Medical Service will communicate patient reports to the receiving facility, directly or through communications.
- d. **Air Medical Service will complete the run sheet and leave in the Emergency Department at the time of service.**

- e. Air-Medical Service will maintain a performance review process.
- f. Air-Medical Service will maintain a current disaster plan / mutual aid agreement.
- g. Air-Medical Service providers will maintain appropriate credentialing process for Air-Medical Services providers.
- h. Air-Medical Service providers will have appropriate training and access to continuing education.
- i. **Air-Medical Service will submit statistical data and trauma registry to the RAC Office.**

6. **Transfers**

- a. ED to ED trauma and acute care transfers will be initiated within one hour of arrival.
- b. Receiving hospitals will accept the patient within an average of thirty minutes.
- c. Stabilized trauma and acute care patients will only be transferred one time to the most appropriate facility.
- d. Ground transport will commit within thirty minutes for transfer.
- e. Air-Medical Services will commit for transport within sixty minutes.
- f. All in-patient trauma and acute care transfers will be reviewed through both hospitals' trauma performance improvement process.
- g. All trauma and acute care patients transferred into or out of the region will be reviewed by the PI Committee.

7. **Rehabilitation**

Trauma and acute care patients will be appropriately discharged to rehabilitation.

8. **Disaster Response**

- a. All entities within the RAC will have a disaster plan / mutual aid agreements.
- b. All facilities within the RAC will have an organized disaster management plan that defines their hospital incident commander / leader.
- c. Communication tracks status of all entities.
- d. System de-activation meets overall needs.
- e. Critique of system response is completed within thirty days of incident.

C. **Data Collection**

- 1. Each EMS system will be responsible for:
 - a. completing a Texas "J" RAC PI COMMITTEE **EMS SUMMARY REPORT** for each quarter. Enter the total number of patients for each category and/or subcategory listed on the form (refer to attached form).
 - b. completing a Texas "J" RAC PI COMMITTEE **EMS DATA FORM** for each run requiring an explanation of variances & occurrence / problems.
 - c. **forwarding the EMS Summary Report and appropriate EMS Data Forms to the RAC Office by the dates outlined for each quarter.**
- 2. In designated and non-designated trauma facilities, the facility will be responsible for:
 - a. completing a TEXAS "J" RAC PI COMMITTEE **HOSPITAL SUMMARY REPORT** for each quarter. Enter the total number of patients for each category and/or subcategory listed on the form (refer to

- attached form).
- b. **forwarding the Hospital Summary Report to the RAC Office by the dates outlined for each quarter.**
3. Required audit filters to be reported to the TSA-J PI Committee:
- a. EMS:
 - 1) All trauma patients.
 - 2) All suspected stroke patients and their facility destination.
Number of Cincinnati Prehospital Stroke Scale that are Positive. Number of documented: last known well/time of symptom onset.
 - 3) Number of Suspected MI.
Number of 12 Lead EKGs performed and number positive for STEMI.
Number of Cardiac Protocol Activations.
 - b. Hospitals' minimum reporting requirements:
 - 1) **Trauma Patients:**
 - All hospital trauma deaths.
 - All trauma transfers to or from another hospital. This includes patients who are transferred but not admitted with ICD-9 codes 800- 959.9.
 - All trauma patients **admitted to the hospital from the Emergency Room or as direct admissions, to include 23-hour Observations.** This includes ICD-9 codes 800-959.9, excluding 905 – 909 (late effects of injuries), 910 – 924 (blisters, contusions, abrasions, and insect bites), 930 – 939 (foreign bodies); with ISS greater than or equal to 9, or RTS <11.
 - **Do not include patients admitted only to the Emergency Room.**
 - 2) **Stroke Patients:**
 - All suspected stroke patients and their facility destination.
 - Number of Functional Screens that are Positive.
 - All stroke patients **admitted to the hospital from the Emergency Room or as direct admissions, to include 23-hour Observations.** This includes ICD-9 codes 430-436.
 - 3) **Cardiac Patients:**
 - Number of Acute MI
 - Number of STEMI
 - Number of STEMI Protocol Activations
 - All STEMI patients **admitted to the hospital from the Emergency Room or as direct admissions, to include 23-hour Observations.** This includes ICD-9 codes 410-410.8.
4. Data collected for the preceding quarter will be delivered to the RAC Trauma Services Offices according to the following schedule.

1 st Quarter, September thru November, 2011	02/28/12
2 nd Quarter, December, 2011 thru February, 2012	05/31/12
3 rd Quarter, March thru May, 2012	08/01/12*
4 th Quarter, June thru August, 2012	11/30/12.

* signifies an early due date.

5. The **Trauma System Performance Improvement Occurrence / Problem** form will be completed whenever a hospital has an **occurrence / problem to report to the Texas "J" RAC PI Committee.** All entities will complete the

top portion of the form. Under the "Type of Occurrence / Problem":

- a. the transferring hospital will complete the "Transferring Hospital" area.
- b. the transferring hospital will complete the "EMS Delay / Refusal" area.
- c. the receiving hospital will complete the "Receiving Hospital" area.
- d. any issue not reported above should be documented under "Other issues for review" area.

The form should be forwarded with all appropriate support documents, i.e. blinded chart to the Texas "J" RAC PI Committee at least quarterly via email or at a meeting. The PI Committee will review the concern and document the recommendations for future action.

D. Data Analysis

1. Data may be utilized to determine several parameters of use in improving the quality and availability of care in the region.
 - a. Injury patterns and distribution – types and locations of trauma injury
 - b. Morbidity and mortality – severity of injuries
 - c. Availability of services – timeliness and access to care
 - d. Quality of services – review of patient outcomes as related to care received.
2. Data submitted to the PI Committee on a quarterly basis will be used for identification of system wide and provider specific technological, communication, and educational needs, and opportunities for improvement in trauma and acute patient care or system processes.
3. Provide a summary presentation of the trended and blinded data analysis of the participating EMS services and hospitals data submissions, and PI activities at the quarterly PI Committee meetings.
4. Provide appropriate feedback / education in opportunities for improvement to the PI participants.
5. Issues will be addressed within the region by using alternative dispute resolution methods, i.e. facilitation and grievance resolution. If regional methods are unsatisfactory then the issue would be referred to the Texas Department of State Health Services.
6. Current Limitations: Primary and most daunting limitation to the PI process is the process' dependence on the manual collection of the meaningful data for analysis of systems- based issues. Until this is accomplished in a manner that would allow for the tracking of cases through the entire system, the PI Committee's function will be limited.

Reviewed and Revised 9-16-11

TEXAS AREA "J"
REGIONAL ADVISORY COUNCIL

STATEMENT OF NON-DISCLOSURE

As a participating member of the TSA-J RAC Board of Directors and System Performance Improvement Committee, I agree to abide by the following principles:

1. to be an active participant of this committee.
2. to maintain confidentiality in all aspects of discussions during committee meetings. Specifically, I will not discuss any aspects of individual patient care or system-related problems with any individual who is not a member of this committee.

Print Name

Signature

Organization

Date

Reviewed and revised 6/25/09

Approved 8/11/09
Reviewed 8/5/10
Reviewed 7/22/11

TEXAS AREA "J"
REGIONAL ADVISORY COUNCIL
STATEMENT OF NON-DISCLOSURE

As a participating member of the TSA-J RAC Board of Directors and System Performance Improvement Committee, I agree to abide by the following principles:

1. to be an active participant of this committee.

2. to maintain confidentiality in all aspects of discussions during committee meetings. Specifically, I will not discuss any aspects of individual patient care or system-related problems with any individual who is not a member of this committee.

Print Name

Signature

Organization

Date

Reviewed and revised 6/25/09

Approved 8/11/09
Reviewed 8/5/10
Reviewed 7/22/11

Texas "J" RAC

**First Responders
Yearly Status Form**

In compliance with the System Performance Improvement Plan, I, _____
_____ acknowledge that the _____
_____ is registered with the State as a First Responder.

Print Name of Director

Signature

Date

Reviewed
4/10/09
8/5/10

TEXAS "J" RAC PI COMMITTEE

EMS SUMMARY REPORT

Texas § 773.095. Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.

(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of EMS: _____ County: _____

Paid Volunteer Air Medical

Year: _____ Quarterly Report for (please check):

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Enter the total number of patients for each following category and/or subcategory:

PATIENTS' GENDER: _____ # Male _____ # Female

PATIENTS' AGES: _____ 0-4 _____ 5-9 _____ 10-14 _____ 15-19 _____ 20-24 _____ 25-34 _____ 35-44
_____ 45-54 _____ 55-64 _____ 65-74 _____ 75-84 _____ 85+

MECHANISM OF INJURY:

_____ # GSW _____ # Stab wounds _____ # Assaults - Types _____

_____ # Falls - Causes _____

_____ # Burns _____ # Intentional Self-Inflicted Injuries _____ # Crush Injuries

_____ # MCCs _____ # Bicycles _____ # Helmet _____ # No Helmet

_____ # Farm/Ranch - Types _____

_____ # Industrial - Types _____

_____ # Sports-Types _____

_____ # Animal Bites - Species _____

_____ # Auto / Pedestrian on foot _____ # Auto / Pedestrian on bicycle _____ # Off-road vehicle

_____ # Motor Vehicle Crashes (Types):

_____ # Rollovers _____ # Head-on _____ # T-bone _____ # Rear Impact

Patients:

_____ # Restrained _____ # Unrestrained _____ # Ejected _____ # Unknown

_____ # Child Restraint Device

_____ # of Others: list all others _____

Acute Care:

_____ # Suspected Strokes & Facility Destination (# per facility): _____

_____ # Cincinnati Prehospital Stroke Scale: _____ # Positive

_____ # Documented: last known well/time of symptom onset.

_____ # Suspected MI: _____ # 12 Lead EKGs performed; _____ # Cardiac Protocol Activations

EMS:

_____ # Calls with dispatch time to in-route time >5 min.

_____ # Air Medical Calls with dispatch time to in route time > 25 min.

_____ # Inter-facility Transports

_____ # Scene Transports

_____ # Trauma Runs with Response to Scene Time > 20 min.: Document reason on EMS Data Form.

_____ # Trauma Runs with Scene Time > 20 min.: Document reason on EMS Data Form.

_____ # Trauma Deaths at Scene

_____ # Transported to a facility within the region.

_____ # Transported to a facility outside the region, Scene Call Only.

_____ # Not transported

Attach EMS Data Form for each run requiring an explanation of variances & Performance Improvement Occurrence / Problem.

Reviewed 9/16/11

TEXAS "J" RAC PI COMMITTEE

EMS DATA FORM

Texas § 773.095. Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise. (b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of EMS: _____ County: _____

Year: _____ Quarterly Report for (please check):
[] 1st Quarter [] 2nd Quarter [] 3rd Quarter [] 4th Quarter
Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Patient Gender: [] M [] F Patient age: _____ Date / Time of Injury: _____

Time Unit Dispatched: _____ hr. /min.

Time In route to: _____ hr. /min.

[] Inter-facility Transport

[] Scene Transport

Scene Time: _____ hr. /min.

Time from Scene to Disposition: _____ hr. /min.

[] No Transport

MECHANISM OF INJURY (check all appropriate areas):

- [] GSW [] Stab wound [] Assault - Types _____
[] Fall: height _____ ft. - Cause _____
[] Burn [] Intentional Self-Inflicted Injury [] Crush Injury
[] MCC [] Bicycle [] Helmet _____ Y _____ N
[] Farm/Ranch - Type _____ [] Industrial - Type _____
[] Sports - Type _____ [] Animal Bite - Species _____
[] Auto / Pedestrian on foot [] Auto / Pedestrian on bicycle [] Off-road vehicle
[] Motor Vehicle Crash: [] Other: _____
[] Rollover [] Head-On [] T-Bone [] Rear Impact
[] Restrained [] Unrestrained [] Ejected [] Unknown [] Child Restraint Device
[] Other: _____

TRAUMA SCORES:

Initial GCS: _____ Initial RTS: _____

CODE IN ROUTE: [] Yes [] No

ACUTE CARE:

_____ Suspected Stroke
_____ Cincinnati Prehospital Stroke Scale: _____ Positive
_____ Documented: last known well/time of symptom onset.
_____ Suspected MI: _____ 12 Lead EKGs performed; _____ Cardiac Protocol Activation

DISPOSITION:

[] Hospital (Name): _____

[] Air Transport (Name): _____

EMS PI Review: EXPLANATION OF VARIANCES; PERFORMANCE IMPROVEMENT OPPORTUNITY & COMMUNICATION CONCERNS:

**TEXAS "J" RAC PI COMMITTEE
HOSPITAL SUMMARY REPORT**

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(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of Hospital: _____ County: _____

Level of applied for / achieved designation: _____ Non-designated: _____

Year: _____

1st Quarter
Sept. thru Nov.

Quarterly Report for (please check):

2nd Quarter
Dec. thru Feb.

3rd Quarter
March thru May

4th Quarter
June thru August

Enter the total number of patients for each following category and/or subcategory:

PATIENTS' GENDER: _____ # Male _____ # Female

PATIENTS' AGES: _____ 0-4 _____ 5-9 _____ 10-14 _____ 15-19 _____ 20-24 _____ 25-34 _____ 35-44
_____ 45-54 _____ 55-64 _____ 65-74 _____ 75-84 _____ 85+

MECHANISM OF INJURY:

_____ # GSW _____ # Stab wounds _____ # Assaults _____ # Falls
_____ # >65years same level

_____ # Burns _____ # Intentional Self-Inflicted Injuries

_____ # MCCs _____ # Bicycles _____ # Helmet _____ # Crush Injuries

_____ # Farm/Ranch _____ # Industrial _____ # Sports

_____ # Auto / Pedestrian on foot _____ # Auto / Pedestrian on bicycle _____ # Off-road vehicle

_____ # Motor Vehicle Crashes (Types):

_____ # Rollovers _____ # Head-on _____ # T-bone _____ # Rear Impact

Patients:

_____ # Restrained _____ # Unrestrained _____ # Ejected _____ # Unknown

_____ # Child Restraint Device

_____ # Others: list all others _____

ACUTE CARE:

_____ # Suspected Strokes & Facility Destination (# per facility): _____

_____ # Functional Screens: _____ # Positive

_____ # Acute MI: _____ # STEMI; _____ # STEMI Protocol Activations

HOSPITAL:

_____ # Trauma Team Activations _____ # Trauma Transfers In: _____ # from outside of region

_____ # Transfers Out: _____ # to outside of region

_____ # Burns _____ # Pediatric

_____ # Others _____

_____ # Trauma Admissions

(Including Observations) _____ # Trauma Patient Surgeries _____ # Trauma Deaths

_____ # Trauma Patients with positive ETOH lab result

_____ # Trauma Patients with Positive Toxicology Screens

Comments / Questions / Recommendations for RAC PI Committee: Document on back of form.

Reviewed 9/16/11

TEXAS "J" RAC PI COMMITTEE
HOSPITAL DATA FORM

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(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of Hospital: _____ County: _____

Year: _____ Quarterly Report for (please check):
 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Patient Gender: M F Patient age: _____
Date / Time Admitted to ER: _____ Date of Discharge from ER: _____
Date / Time of Hospital Admission: _____
Date of Discharge from Hospital: _____

MECHANISM OF INJURY (check all appropriate areas):

GSW Stab wound Assault Fall: height _____ ft.
 Burn Intentional Self-Inflicted Injury Crush
 MCC Bicycle Helmet ____ Y ____ N
 Farm/Ranch Industrial Sports
 Auto / Pedestrian on foot Auto / Pedestrian on bicycle Off-road vehicle
 Motor Vehicle Crash: Other: _____
 Rollover Head-On T-Bone Rear Impact
 Restrained Unrestrained Ejected Child Restraint Device

MODE OF ARRIVAL:

EMS or Private Ambulance Service Private Vehicle Police / Sheriff
 Helicopter Fixed Wing Unknown

OUTCOME:

Alive Dead Death Occurred In: ER OR ICU Nursing Unit

REQUIRED DATA:

Run Sheet Received: Yes No N/A
Trauma Team Activated: Yes No N/A
Initial GCS: _____ Initial RTS: _____
 + ETOH lab result + Toxicology Screen
Operative Procedure: Yes No

DISPOSITION:

Home Nursing Home Inpatient Rehab Hospital: _____
 Other: _____

Acute Care:

_____ Suspected Stroke & Facility Destination _____
_____ # Functional Screens: _____ # Positive
_____ # Acute MI: _____ # STEMI; _____ # STEMI Protocol Activations

TRANSFER DATA:

Transfer In Date / Time: _____ from outside of region
Transfer Out Date / Time: _____ Stroke Destination: _____ to outside of region
Length of Stay in Hospital prior to transfer: _____ days/hrs/min. (Including Observations)
 Air Transport (Name): _____
 Ground Transport (Name): _____
Reason for Inability to Transport: _____

HOSPITAL PI REVIEW: VARIANCES: Refer to State Audit Filters for Your Appropriate Level; PERFORMANCE IMPROVEMENT OPPORTUNITY & HOSPITAL COMMUNICATION CONCERNS:

**Texas "J" RAC
System Performance Improvement
Occurrence / Problem**

Texas § 773.095. Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise. (b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Date of Occurrence: _____ **Hospital:** _____
Occurrence reviewed by Hospital: _____
Actions taken to remedy the problem: _____

Attach all appropriate support documents, i.e. blinded run report, chart or additional narrative.

Type of Occurrence / Problem

Transferring Hospital (check all appropriate areas). Transferring to: _____

- Unable to go through Transfer Hot Line, due to technical difficulties.
- Receiving Hospital on diversion
- Receiving Hospital stated did not have the specific capability
- Took longer than 30 minutes to accept patient
- Hospital refused after financial status inquire
- Transferred to non-designated facility or outside of TSA J.
Facility / Location: _____
- Unable to secure transfers
- Other

EMS / Air Medical Transport Service Delay / Refusal based on: (check all appropriate areas)

- Bad weather
- Did not have vehicle/aircraft available; Reason: _____
- Did not have sufficient qualified personnel
- Did not have required equipment
- Refused after financial status inquire
- Other

Receiving Hospital: (check all appropriate areas)

- Transfer not appropriate based on patient's injuries / status
- Trauma admitted for ≥ 48 hours at Level IV facility
- Critical Care admitted initially to a Level IV facility
- Patient not packaged properly for transport / not monitored appropriately in transport
- Incomplete transferring documentation sent with the patient – Hospital / EMS
- Time to transfer was >2 hours from transferring facility
- Other

Other issues for review: _____

Recommendations from the Texas "J" RAC PI Committee: (check all appropriate areas)

- Education for EMS service / Hospital personnel: _____
- Review as an example at the Participants Meeting
- Review at Executive Committee for referral to DSHS

Comments: _____

COPY OF REPORT TO BE SENT BACK TO THE APPROPRIATE EMS AGENCY OR FACILITY'S TRAUMA COORDINATOR

Reviewed 9/16/11

**Texas "J" RAC
Physician Advisory Committee
Case Review**

Confidential: This report is prepared pursuant to but not limited to Section 160-007 of the Occupations Code; 161.031 of the Health and Safety Code and Texas Medical Practice Act, Article 447d and Article 4459b SS 5.06 et sq., 1987, all proceedings and records of medical peer review are privileged and confidential. This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena. (b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Hospital: _____ **Date of Occurrence:** _____ **Chart Number:** _____

Hospital's M&M Review findings: _____

_____ Standard of Care Met _____ Improvement in care possible

_____ Breach in care/appropriate management

For Standards not met: _____ Action taken _____

_____ No Action taken

Attach all appropriate support documents, i.e. blinded run report, chart or additional narrative.

Contributing Factors: (Answer yes/no and circle all appropriate)

_____ Recognition of injuries and appropriate interventions in field by EMS

_____ Equipment malfunction or lack of appropriate equipment in ambulance / hospital

_____ Appropriate diagnostic test ordered and completed in a timely manner / Delay in Diagnosis

_____ Error in Diagnosis

_____ Appropriate surgical intervention done in timely manner

_____ Error in Judgment / Technique

_____ Transfer was not secured within 30 minutes. If delay or denial; reason for: _____

_____ Patient transported with proper personnel and equipment

Determination: (Check appropriate)

_____ Disease / Injury Related

_____ Provider Related

_____ System Related

_____ Unable to Determine

Conclusion: (Check appropriate)

_____ Within standard of care / no adverse effect on patient

_____ Within standard of care / with adverse effect on patient

_____ Deviation from standard of care / no adverse effect on patient

_____ Deviation from standard of care / with adverse effect on patient

_____ Concurred with Hospitals M&M Committee

Preventability: (Check appropriate)

_____ Non-Preventable

_____ Potentially Preventable

_____ Preventable

Recommendations: (circle appropriate areas and complete appropriate areas)

None

Trend _____

EMS Enhanced Resources _____

Facility Enhanced Resources _____

Education for/on _____

Evidence based updates about management of injuries _____

Refer to RAC PI Committee to develop Practice Guideline / Protocol _____

Letter to _____

Refer to _____

Comments: _____

Reviewed by: _____

Date: _____

COPY OF REPORT TO BE SENT TO THE FACILITY'S TRAUMA COORDINATOR FOR PLACEMENT IN THE PEER REVIEW FILE

Reviewed 9/16/11