PURPOSE: To provide the trauma hospitals with a means of evaluation to ensure compliance with optimum trauma care standards through a regionalized approach.

AUTHORITY: Health & Safety Code, Division 2.5
California Code of Regulations, Title 22, Chapter 7, Section 100256
California Evidence Code, Section 1157.7
California Civil Code, Part 2.6, Section 56.

PRINCIPLES:

A. The proceedings of the Trauma Hospital Regional Quality Improvement Committees (R-QIC) shall be free from disclosure and discovery (Section 1157.7, California Evidence Code).

POLICY:

I. EMS Agency Responsibilities:

A. Develop policies addressing quality improvement (QI) and system evaluation.

B. Annual and periodic performance evaluation of the trauma system.

C. Provide system-wide data reports and analysis of trauma issues to committees as requested.

II. Trauma Hospitals Responsibilities:

A. Implement and maintain a QI program approved by the EMS Agency that reflects the organization’s current QI process.

B. Recommend measurable and well-defined standards of care for trauma patients to the Trauma Hospital Advisory Committee (THAC) QI Committee. Monitor compliance with or adherence to these standards.

C. Conduct multidisciplinary trauma peer review meetings.

D. Participate in the trauma system-wide data registry.

E. Participate in the Trauma Hospital Regional QI Program and monitor selected system audit filters on a quarterly basis.
III. QI Regions:

A. Individual trauma hospitals are assigned to one of following R-QICs:

1. **Region I – NORTH/EAST**
   
   Antelope Valley Hospital  
   Children’s Hospital Los Angeles  
   Huntington Hospital  
   LAC+USC Medical Center  
   Pomona Valley Hospital Medical Center

2. **Region II – NORTH/WEST**
   
   Cedars-Sinai Medical Center  
   Henry Mayo Newhall Memorial Hospital  
   Northridge Hospital Medical Center  
   Providence Holy Cross Medical Center  
   Ronald Reagan-UCLA Medical Center

3. **Region III – SOUTH**
   
   California Hospital Medical Center  
   Harbor/UCLA Medical Center  
   Long Beach Memorial Medical Center  
   St. Francis Medical Center  
   St. Mary Medical Center

B. Regional QI Committees shall be responsible for:

1. Reviewing system-wide indicators approved by THAC.
2. Reviewing issues affecting the internal QI activities of each member trauma hospital.
3. Identifying regional issues for trending and/or improvement.
4. Reporting summary of regional meetings to THAC-QI by a designated representative.

C. Regional QI Committee membership shall include, at a minimum:

1. Trauma Medical Director or designated trauma surgeon of each trauma hospital.
2. Trauma Program Manager of each trauma hospital.
3. EMS Agency Trauma System Program Manager.
4. Other individuals whose presence is germane to the QA/QI process may be invited on an as needed basis.
D. Regional QI Committee Procedures:

1. The R-QICs shall meet quarterly with additional meetings called as determined by the committee members.

2. Meeting locations shall be determined by the members.

3. Meeting notification to all members shall be the responsibility of the host trauma hospital.

4. Each trauma hospital shall bring to the meeting a written report (using the THAC-QI approved audit filter form), provide a verbal report on the system-wide indicators approved by THAC, and any internal QA/QI activities.

5. An official attendance roster form which refers to the Evidence Code 1157.7 section regarding confidentiality, meeting minutes, tallies of all actions taken on each indicator, a description any regional issues(s) to be brought to the THAC-QI Committee, and audit filter forms for each meeting shall be maintained by the EMS Agency.

6. Elect a physician and nurse to represent the region at the Trauma QI Subcommittee. The term of office will be one year minimum.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 614, Trauma System Quality Improvement Committee – Ad Hoc
Ref. No. 615, Trauma Quality Improvement Subcommittee – Trauma Hospital Advisory Committee (THAC-QI)