



SUBJECT: TRAUMA HOSPITAL ADVISORY COMMITTEE (THAC) REFERENCE NO. 218

PURPOSE: To describe the composition and function of the Trauma Hospital Advisory Committee (THAC).

AUTHORITY: Health and 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

POLICY:

I. General Committee Description

- A. The Trauma Hospital Advisory Committee (THAC) acts in an advisory capacity to the Board of Supervisors, the Director of the Department of Health Services, and the Emergency Medical Services (EMS) Agency regarding County policies, programs, and standards for trauma services throughout the County. The THAC provides a forum for the exchange of ideas regarding trauma system policy development and operational issues involving the care of trauma patients.
- B. THAC's mission is to ensure access to timely, compassionate, and comprehensive quality trauma services in a coordinated trauma system that reduces overall morbidity and mortality across the continuum of care through prevention and continuous quality improvement.
- C. A member shall not take any action on behalf of, or in the name of, the THAC unless specifically authorized to do so by the THAC.

II. Chair

The Chair shall be a Trauma Medical Director from a designated Level I or Level II Trauma Center elected by the THAC. Officers (Chair and Vice Chair) terms shall be two (2) years, eligible for up to two (2) consecutive terms or until their successors are elected. No THAC member may serve more than two full terms (four years) in succession in the same office.

III. Election and Replacement of Officers

A. Election of Officers:

- 1. The Chair shall appoint a minimum of three members to be a Nominating Committee, subject to the approval of the THAC.


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APPROVED:



Director, EMS Agency



Medical Director, EMS Agency

2. The Nominating Committee shall present a slate of candidates for the offices of Chair and Vice Chair. Additional nominations may be made from the floor if the nominee agrees to serve.
3. An election shall be conducted. If there is only one nominee for an office, the Chair can declare that the nominee is elected; otherwise, election shall be by majority vote (50% + 1) of the THAC voting members.

B. Replacement of Officers

If, for any reason, the Chair or Vice Chair is unable to complete their term of office, a new Chair or Vice Chair shall be chosen immediately as follows:

1. The Chair shall appoint three committee members to be a Nominating Committee, subject to the approval of the THAC.
2. The Nominating Committee shall present a slate of candidates for the office of Chair or Vice Chair at the first regular meeting following their appointment.
3. Additional nominations may be made and the election shall be conducted in compliance with this policy.

IV. Duties of Officers

A. The Chair shall:

1. Supervise all matters pertaining to the THAC.
2. Preside at all THAC meetings.
3. Rule on all points of order.
4. Sign all official THAC documents.
5. Ensure that minutes are maintained.

B. The Vice Chair shall:

1. Perform the duties of the Chair in their absence.
2. Perform other duties as assigned to them by the Chair or the THAC.

V. Committee Membership Structure

A. Voting Members include:

1. Trauma Medical Director (each designated Trauma Center), or designee
2. Trauma Program Manager (each designated Trauma Center), or designee
3. General Members

B. General Members:

1. Emergency Medical Services Commissioner (American College of Surgeons, Southern California Chapter) (1)
2. Healthcare Association of Southern California Representative (1)
3. Neurosurgical Society Representative (1) (*)
4. Committee on Trauma Representative (1) (*)

(*) Representative must be from a designated Trauma Center

C. Staff Members:

The committee will be attended and staffed at a minimum by the following Emergency Medical Services (EMS) Agency personnel:

1. Director, EMS Agency or designee
2. Medical Director, EMS Agency
3. Trauma System Program Manager, EMS Agency
4. Additional EMS Agency personnel may attend on an as needed basis

D. Ad Hoc Members

Representatives may be requested on an as needed basis for relevant agenda items and selected from the following organizations/facilities:

1. Trauma Center Administrators (County Facility representative (1) and Private Sector representative (1))
2. Los Angeles County Fire Chiefs Association
3. Los Angeles County Ambulance Association
4. Los Angeles County Medical Association
5. Los Angeles County Society of Anesthesiology
6. Department of Coroner
7. Emergency Medicine Physician (designated Trauma Center)
8. Base Hospital Medical Director (non-trauma center)
9. Critical Care Specialist (designated Trauma Center)
10. Rehabilitation Center

VI. Meetings

- A. Regular meetings of the THAC shall be held at 1:00 P.M. on the fourth Wednesday of each odd month. If any regular meeting falls on a holiday, the regular meeting shall be held one week later.
- B. All THAC meetings shall be open to the public. This policy shall be stated on all agendas.
- C. Minutes of THAC meetings shall be maintained and distributed to all members before scheduled meetings.
- D. A quorum is required for any official business, including regular and special meetings. A quorum shall consist of a majority, greater than 50% of the voting members.
- E. Special THAC meetings may be held on call of the Chair or any five members of the THAC. The call shall be by telephone notice to all THAC members not less than three days prior to the date set for the meeting. The telephone notice must specifically set forth the subject matter of the meeting, and no other subject matter may be considered at the meeting.
- F. Unless otherwise prescribed by this policy, all THAC meetings and all committee meetings shall be governed by Robert's Rules of Order, Revised.

VII. Policy Amendment

This policy may be amended by a three-fourths (3/4) vote of the voting THAC members if notice of intention to amend the policy, setting forth the proposed amendments, has been sent to each member of the THAC no less than ten days before the date set for consideration of the amendments.

VIII. Committees

A. Scope and Responsibilities of Standing Committees

- 1. Standing committees shall review, evaluate, and make recommendations on issues relating to trauma services as referred to them by the THAC or on their own initiative. No action undertaken by any committee shall be deemed official unless and until it has been approved by the THAC.
- 2. The Chair, with the consent of the THAC, may assign any matter to more than one committee, and those committees may function jointly with respect to that specific matter.

B. Activity Requirements

Committees will be responsible for their own activities, including the location and frequency of meetings, designation of chairs and vice chairs, and formation and composition of subcommittees, if desired.

- C. To facilitate operations and assure thorough coverage of THAC duties and responsibilities, the THAC structure shall include the following standing committees:
1. THAC - Trauma System Quality Improvement Committee (Ad Hoc)
 - a. This committee shall be convened as needed to evaluate unresolved system and institutional issues affecting the trauma system identified by the THAC-QI Subcommittee and/or the Los Angeles County EMS Agency.
 - b. Trauma System Quality Improvement Committee membership shall consist of the following:
 - 1) Director, Department of Health Services
 - 2) Director, EMS Agency
 - 3) Medical Director, EMS Agency
 - 4) Chief, Hospital Programs, EMS Agency
 - 5) Trauma System Program Manager, EMS Agency
 - 6) At least one administrator and one medical representative from affected facility/agency
 - 7) Two unbiased representatives (one Trauma Medical Director and one Trauma Program Manager) from the THAC
 - 8) Others, as necessary, to provide applicable expertise
 - c. The EMS Agency shall be responsible for the agenda, minutes, and any other supporting documentation.
 - d. Records of proceedings shall be maintained by the EMS Agency in a confidential manner.
 2. THAC – Quality Improvement Subcommittee (THAC-QI)
 - a. This committee shall meet to assess, monitor, and facilitate the quality improvement (QI) process for Los Angeles County’s Trauma Centers.
 - b. The proceedings of the THAC-QI shall be free from disclosure and discovery (Section 1157.7, California Evidence Code).
 - c. THAC-QI shall be responsible for:
 - 1) The ongoing review of Los Angeles Trauma Center System Regional Quality Improvement Program.

- 2) Exploring variability in outcome to identify and share Best Practices.
 - 3) Reducing the variability in care through the development of Evidence Based Guidelines.
 - 4) Developing new and validating current system QI filters.
 - 5) Identifying system issues, developing a plan for improvement, and monitoring results.
 - 6) Coordinating and compiling focused studies/research on selected issues.
 - 7) Developing quality management recommendations for the trauma system.
 - 8) Providing feedback to participating centers on their performance relative to their peers.
- d. THAC-QI membership will represent both private and County-operated Trauma Centers and a geographical cross section of Los Angeles County. THAC-QI membership shall consist of the following:
- 1) One physician representative from a Level I and II Trauma Center from each Regional Quality Improvement Committee (R-QIC), and alternate
 - 2) One Trauma Program Manager from a Level I and II Trauma Center from each R-QIC, and alternate
 - 3) Trauma System Program Manager, EMS Agency
 - 4) Two Trauma Quality Improvement Nurse Specialists
 - 5) Other individuals whose presence is germane to the quality assurance/improvement process may be invited as ad hoc members
- e. THAC-QI Procedures
- 1) Meet on a quarterly basis.
 - 2) Meeting location and agenda shall be the responsibility of the EMS Agency Trauma System Program Manager.
 - 3) A representative from each Trauma Hospital Regional Quality Improvement Committees (R-QIC) shall provide a report of the region's activities and a summary of the quarterly system indicators.

- 4) Unresolved system issues shall be forwarded, with written recommendations, to the Trauma System Quality Improvement Committee for action.
 - 5) The EMS Agency Trauma System Program Manager shall maintain official attendance rosters in a confidential manner and shall include Section 1157.7 of the California Evidence Code.
 - 6) The EMS Agency shall maintain all records in a confidential manner.
3. Trauma Hospital Regional Quality Improvement Committees (R-QICs)
- a. These committees shall assist the EMS Agency in providing regional evaluation of the Los Angeles County Trauma System.
 - b. R-QICs shall be structured to ensure that each region includes a minimum of a Level I Trauma Center so as to derive maximum benefit from these institutions as teaching hospitals and research centers, and a Pediatric Trauma Center to ensure regular inclusion of pediatric trauma in the quality improvement process.
 - c. The proceedings of the R-QICs shall be free from disclosure and discovery (Section 1157.7, California Evidence Code).
 - d. R-QICs shall be responsible for:
 - 1) Reviewing system-wide indicators approved by THAC.
 - 2) Reviewing issues affecting the internal quality improvement activities of each member Trauma Center.
 - 3) Identifying regional issues for trending and/or improvement.
 - 4) Reporting summary of regional meetings to THAC-QI by a designated representative.
 - e. R-QICs membership shall include, at a minimum:
 - 1) Trauma Medical Director or designated trauma surgeon from each designated Trauma Center in the region
 - 2) Trauma Program Manager from each designated Trauma Center in the region
 - 3) Trauma System Program Manager, EMS Agency
 - f. R-QIC shall consist of the following regions:
 - 1) Region I – North/East
 - i. Antelope Valley Medical Center

- ii. Children's Hospital Los Angeles
 - iii. Huntington Hospital
 - iv. Pomona Valley Hospital Medical Center
 - v. Los Angeles General Medical Center
- 2) Region II – North/West
 - i. Cedars-Sinai Medical Center
 - ii. Henry Mayo Newhall Hospital
 - iii. Dignity Health - Northridge Hospital Medical Center
 - iv. Providence Holy Cross Medical Center
 - v. Ronald Reagan UCLA Medical Center
- 3) Region III – South
 - i. Dignity Health - California Hospital Medical Center
 - ii. Harbor-UCLA Medical Center
 - iii. MemorialCare Long Beach Medical Center
 - iv. St. Francis Medical Center
 - v. Dignity Health - St. Mary Medical Center
- g. EMS Agency responsibilities:
 - 1) Develop policies addressing QI and system evaluation.
 - 2) Annual and periodic performance evaluation of the trauma system.
 - 3) Provide system-wide data reports and analysis of trauma issues to committees as requested.
- h. Trauma Center Responsibilities:
 - 1) Implement and maintain a QI program approved by the EMS agency that reflects the organization's current QI process.
 - 2) Recommend measurable and well-defined standards of care for trauma patients to the THAC-QI. Monitor compliance with or adherence to these standards.
 - 3) Conduct multidisciplinary trauma peer review meetings.
 - 4) Participate in the trauma system-wide data registry.
 - 5) Participate in R-QIC and monitor selected QI filters on a quarterly basis.
- i. R-QIC 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 Center.
- 4) Each Trauma Center 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 of any regional issues to be brought to THAC-QI, audit filter forms for each meeting shall be maintained by the EMS Agency.
- 6) Elect physicians and nurses from both a Level I and II Trauma Center to represent the region at the THAC-QI. The term of office will be for a minimum of one year.

4. Trauma System Data Committee

This committee shall advise, provide guidance, direction, and support for all aspects of the trauma data collection process including the selection of data elements, abstraction, coding, and data entry that comprise the Los Angeles County Trauma Registry.

- a. Trauma System Data Committee shall be responsible for:
 - 1) Reviewing, revising, and standardizing the trauma data elements utilized by the Los Angeles County Trauma Registry to include but not limited to the Trauma Data Dictionary.
 - 2) Reviewing, revising, and standardizing system reports to include those utilized in the trauma data validation process (Clean-up Reports).
 - 3) Ensuring that the Los Angeles County Trauma Registry is a valuable resource for education and research.
 - 4) Reviewing issues affecting the internal quality improvement activities of each member Trauma Center.
 - 5) Identifying regional issues for trending and/or improvement.
 - 6) Reporting summary of regional meetings to THAC-QI by a designated representative.
- b. Trauma System Data Committee membership shall include the following:

- 1) Trauma Program Manager, each Trauma Center
- 2) Trauma Registrar, each Trauma Center
- 3) Trauma System Program Manager, EMS Agency
- 4) Trauma Data Manager, EMS Agency
- 5) Trauma and Emergency Medicine Information System (TEMIS) Vendor Representative(s)

5. Special Committees

- a. A special committee may be appointed at the discretion of the THAC Chair only if the following conditions are met:
 - 1) The task will be short term; and
 - 2) The assignment falls outside the scope of the standing committees.
- b. The special committee chair will be appointed by the THAC Chair with the approval of the THAC.
- c. The THAC Chair will determine the composition of the Special Committee in consultation with the Special Committee Chair.
- d. Special committees will be responsible for their own activities including location and frequency of meetings, designation of an alternate chair, and formation and composition of the subcommittees, if desired.