

**11-0106B – Indicators for Regional TAC**

---

**AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**PURPOSE:**

To establish minimum recommended screening standards for medical audit case review.

**DEFINITION:**

1. Trauma charts are medical records of patients who have met the regional trauma triage criteria or the definition of retrospective trauma.
2. Critical Trauma patient is a patient that meets one or more of the following criteria: Physiologic Factors, Anatomic Factors or Mechanism of Injury with Co-Morbid factors.

**POLICY:****Prehospital Care**

1. 2001, No EMS Form. Prehospital Care Report not in the medical record within 24 hours.
2. 2003, Prehospital Delay. Scene time greater than 20 minutes for blunt trauma and greater than 10 minutes for penetrating trauma.
3. 2080, Critical patient less than one (1) hour of L-II, but went to lower level facility and not field stabilized.
4. 2081, Patient transferred or transported to other hospital due to unavailability of closest appropriate emergency department; e.g., diversion.
5. 2082, Patient not identified as trauma patient by prehospital provider.
6. 2098, EMS Failure to notify ED immediately of trauma alert patient.

**Prehospital Complications**

1. 1002, Esophageal Intubation.
2. 1005, Unable to Intubate.
3. 1009, Other Airway. A comatose trauma patient (GCS of < 8) not intubated in the prehospital setting.
4. (Not in ACS Filters) Patient not transported per Patient Destination Policy.

**Trauma Activation**

1. 9002, Delay in Trauma Team Activation.
2. 9004, Delay in MD Response. At the L-IVs identifies ED physicians on call who arrive late or at the L-III and L-II, Sub-specialist response time > 30 minutes from STAT notification. After three (3) failures by a physician to meet this criterion within a calendar year, which have been reviewed at internal Trauma Committee.
3. 9080, Inappropriate Trauma Team Activation. Failure to activate the appropriate level of trauma team according to approved Trauma Center policy.
4. 9081, Failure to call TT Activation.
5. 9082, Trauma surgeon response time greater than twenty (20) minutes (Level II) and thirty (30) minutes (Level III/Level IV) from notification or failing to meet the patient if patient ETA was greater. To be reviewed at TAC after three (3) failures by individual surgeons to meet this criterion within a calendar year OR if the surgeon arrived greater than 10 minutes after the patient who had greater than a twenty (20) minute (Level II) or thirty (30) minute (Level III/Level IV) ETA for any Tier I activation.

**Resuscitation Area/Emergency Department**

1. 2599, Other Airway. A comatose trauma patient (GCS of < 8) leaving the emergency department before a definitive airway is established.
2. A patient with a GCS of < 13 who does not receive a CT scan of the head.
3. Minimum of hourly determination and recording of blood pressure, pulse, respirations and pulse oximetry.
4. 8580 GCS not documented
5. 8581 Trauma surgeon arrival time not documented.
6. 8582, Delay in CT study, greater than 1 hour from arrival.
7. 9001, Delay in disposition. Patient disposition from trauma resuscitation area > sixty (60) minutes with deteriorating patient condition (defined as meeting one or more of the following criteria; Physiologic or Anatomic Factors).

**Definitive Care**

1. 8508, Post Operative Hemorrhage
2. 9006, Delay in diagnosis (defined as discharge from the emergency department or operating room without diagnosis).
3. 9007, Error in Diagnosis.
4. 9008, Error in Judgment.
5. 9009, Error in Technique.
6. 9003, Delay to Operating Room. Abdominal, thoracic, vascular, or cranial surgery performed greater than 24 hours after arrival.
7. 8583, Unplanned return to the operating room.
8. 8584, Transferred from floor to intensive care unit.
9. 3502, Cardiac Arrest (Unexpected). Trauma Deaths with probability of survival (Ps) greater than 0.25.

**Complications****Hospital – Airway:**

1. 2501 Esophageal Intubation

**Hospital – Pulmonary**

1. 3002, Adult Respiratory Distress Syndrome (ARDS)
2. 3003, Aspiration/Pneumonia
3. 3007, Hemothorax
4. 3010, Pneumothorax (iatrogenic)
5. 3014, Pulmonary Embolus
6. 3015, Respiratory Failure

**Hospital – Infection**

1. 5504, Line Infection
2. 5507, Septicemia
3. 5509, Wound Infection

**Hospital – Renal/Genitourinary**

1. 6004, Urinary Tract Infection, Late.

Hospital – Musculoskeletal/Integumentary:

1. 6506, Loss of Reduction/Fixation
2. 6509, Orthopaedic Wound Infection.
3. 6598, Open FX not surgically corrected in 8 hours.
4. 6580, Initial surgical intervention greater than 8 hours on open long bone FX.

Hospital – Vascular

1. 7502, Deep Venous Thrombosis (Lower Extremity)
2. 7503, Deep Venous Thrombosis (Upper Extremity)

Hospital – Miscellaneous

1. 8501, Anesthetic Complication

**Patient Disposition**

1. Level III/ Level IV Centers: Transfer to a higher level Trauma Center or specialized facility > two (2) hours after arrival in the ED.
2. Transfers out from a Level II Trauma Center.
3. Patients who met trauma triage criteria and were received by a Level III or Level IV Trauma Center through transfer.

**Other**

1. 8507, Readmission. Unexpected readmission to the hospital for complications related to prior trauma admission.
2. Interesting Cases where high ISS score and a low Probability of Survival.
3. Trauma deaths with probability of survival (Ps) , 0.25