

## **EXAMPLE OF INDICATORS--RECOMMENDED**

### **INDICATORS FOR CASE REVIEW**

#### **A. DEATH REVIEWS--Internal (hospitals) and External (Pre-hospital) reviews**

A regular review of all trauma deaths will occur by the ReTraC Performance Improvement (PI) committee. This review will look at system issues as well as process points related to trauma deaths within the region.

The death reviews will:

1. Provide a brief summary of events of the incident
2. Address any care issues that occurred
3. Provide a critical evaluation of what occurred
4. Provide a critique of the case

The death review summary will be inclusive of all trauma deaths in both the pre-hospital and hospital settings. The determination of what constitutes a trauma will include:

1. All injuries of a traumatic nature

The death review will provide a review of system issues, process issues and care issues directed toward the trauma patient.

#### **B. SCENE TIMES GREATER THAN 10 MINUTES--Internal Review (Pre-hospital)**

A review of pre-hospital scene times greater than 10 minutes will be provided by the pre-hospital providers. This review will include:

1. The time of arrival
2. The time of departure
3. A review of the justification for all scene times greater than 10 minutes

(Justification to be determined by the EMS service after an internal review with a brief explanation of each prolonged scene time related to stability of patient, multiple patient scenario, extrication, etc.)

This review should be case specific for each scene time greater than 10 minutes.

This review should be brief and should include the reason for the prolonged scene time and whether this was justified or not.

#### **C. LENGTH OF STAY IN A FACILITY FOR MORE THAN 2 HOURS PRIOR TO TRANSFER TO A TERTIARY CARE CENTER--Internal Review (hospital)**

A review of all trauma cases that present to an initial facility with a length of stay greater than 3 hours before transfer to a tertiary care center for definitive treatment. The data will be abstracted by a specified person within the hospital and defined time frames will be determined.

This review will include:

1. Time of entry into facility
2. Time of discharge from facility (time patient actually left facility)
3. Justification for delay--i.e. awaiting transfer agency; multiple patients for transfer; multiple radiologic studies done; multiple lab studies done; awaiting CT results, etc.

The report presented to the PI committee will include a list of the number of trauma patients transferred, number transferred within 2 hours of admission, number of "critical" patients not transferred within 2 hours, stability/instability of the trauma patient and the reason/justification for the delay in transfer.

The report will be case specific for non-justified delays in transfer to a tertiary care center.

Internal review of delayed transfers should include: ER related issues; when the transport was initiated; the time that the patient left and any other issues which might have delayed the transfer of this patient.

**NOTE: An internal transfer sheet to document these issues might be of use in the initial receiving hospital to document delay issues.**

**D. DIVERSIONS--Internal review (EMS)**

A review of all EMS diversions will be made by the EMS services. The data will be abstracted from the EMS services.

This review will include:

1. Date of diversion
2. Rationale for diversion
3. Appropriateness of diversion

The report will be presented to the PI committee for their discussion and review. Internal review will include justification for the diversion to a higher level of care.

**E. EMS RUN SHEET AVAILABILITY ON MEDICAL RECORD WITHIN 24 HOURS OF ER ADMISSION. Internal (Hospital)**

A review of all EMS run sheets on patient medical record within 24 hours of admission into ER facility will be made by the ER at the receiving facility. This review will include:

1. Number of EMS services with missing EMS run sheets on medical record within 24 hours
2. Names of services not providing EMS run sheets within 24 hours
3. Percentage of EMS run sheets on medical records within 24 hours of patient admission into ER

A review of all EMS transfers will occur related to timeliness and appropriateness of interventions provided to the patient. This review will include the availability of the EMS run sheet on the patient medical record within 24 hours of arrival into the ER. EMS run reports from the scene should be transferred as a part of the transfer paperwork to tertiary care referral centers. This will be monitored by the receiving facilities and will be presented at ReTraC PI.