

INDICATORS – a list of possible Performance Improvement Indicators (Any “NO” responses would need to be addressed)

Pre-Hospital:

- Pre-hospital record (EMS trip ticket or run report) was available at time of review (within 2 hours)
- Pre-hospital record is legible and appropriate
- All pre-hospital care was appropriate and in compliance with facility protocols and guidelines
- EMS scene time was <20 minutes
- Trauma code was activated when trauma code criteria met
- All trauma patients arriving by EMS had their airway appropriately maintained in route
- All trauma patients had appropriate spine immobilization upon arrival (c-collar / backboard)
- All trauma patients with active bleeding had the bleeding addressed and bleeding control attempted
- All trauma patients with potential for hypothermia had warming techniques initiated
- All trauma patients had IV access attempted by EMS when appropriate

Hospital:

- Trauma Team leader response time to trauma code activations was <20 minutes
- All trauma team member response times to trauma code activations was documented
- All trauma team member response times to trauma code activations was <20 minutes
- All patient leaving the ED with GCS <8 had a definitive airway established (ETT)
- Trauma code was activated when trauma code criteria met
- Length of stay in ED was <2 hours prior to transfer to a tertiary trauma center (Level I or II)
- Radiology preliminary read was consistent with the radiology final read

- Nursing documentation was filled out accurately and completely with no missing documentation
- Vascular access was obtained within in 5 minutes of admission to the ED for Trauma Code activations
- Intraosseous access was performed if IV access not obtained within 5 minutes (or after 2 attempts) for Major Trauma Code activations
- Two large bore IV's were placed in all trauma code activations
- Vital Signs (BP, T, HR, RR and GCS) was documented every 20 minutes (or documented least twice)
- Patient temperature was taken with initial vital signs
- Burn patients with inhalation injury had a definite airway established (ETT)
- If CT scans were performed, they were performed within 30 minutes of arrival in the ED
- If CT scans were performed, they did not delay patient transport to appropriate level of care
- If CT scans were performed, they were necessary to determine appropriate patient treatment/ transfer
- Endotracheal tube placement was obtained without delay (within 30 seconds of attempt)
- Endotracheal tube placement was confirmed
- Initial ABC assessment was performed / documented on all trauma patients
- Lab draws were performed within 15 minutes of patient arrival in the ED
- Warming measures were initiated on patients with trauma code activations (room/blankets/fluids)
- Back board removal was considered within 20 minutes for all immobilized patients
- Trauma patients discharged from the ED to home did not return to the hospital/ED within 72 hours related to the traumatic event
- Injuries or additional diagnosis were not discovered >24 hours after the ED stay (no missed or delayed diagnosis)
- When a Physician's Assistant or Nurse Practitioner is the team leader for a trauma code activation, there is documentation that the care was reviewed by a physician within 72 hours