

**Office of EMS/Trauma Systems Coordination
System Development & Strategic Planning Review (Desktop Audit Tool)**

Trauma Service Area:

Reviewer: Arlen Bolenbaucher

Review Date(s):

Summary:

Identifiable Strengths:

Identified Criteria Deficiencies:

**Office of EMS/Trauma Systems Coordination
System Development & Strategic Planning Review (Desktop Audit Tool)**

DSHS, OEMS/TS DESKTOP AUDIT TOOL

Performance Measures	Criteria	Reviewer		COMMENTS
		Met	Not Met	
Contract Performance Measure (EMS-RAC)				
1. Alternative dispute resolution process written into governance documents	E			
Contract Performance Measure (EMS-TOBACCO/RAC)				
1. Election, roles/responsibilities, terms of officers, and process for succession/removal from of officers/board members defined in bylaws/governance documents	E			
2. Evidence of a clearly defined budget development/expenditure approval process by member organizations	E			
3. Evidence of meeting attendance requirements for Executive Board and Officers				
4. Evidence of a regional needs assessment , that is inclusive of all member organizations	E			
5. Evidence of development, coordination and or scheduling of education programs based on response from member organizations' needs assessments	E			
6. Evidence of attendance to RAC Chairs meetings by the Chair or a board member	E			
7. Evidence quarterly financial reports are distributed to member organizations in writing	E			
8. Evidence the RAC functions as a conduit for DSHS information to member organizations	E			

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Essential Criteria (TAC, Title 25, Rule 157.123: Regional Emergency Medical Services/Trauma Systems)				
1. Evidence of a defined mission statement in governance document	E			
2. Evidence the RAC has written goals that define daily, weekly, monthly and annual organizational endeavors , that include decision-making processes, flow of information, the amount of dues/ fees	E			
3. Evidence Committees/committee structure clearly defined in governance documents	E			
4. Evidence of a voting process that defines voting/non-voting members, and is representative of all levels/disciplines of trauma care in TSA	E			
5. Evidence participation requirements are clearly defined in governance documents	E			
6. Evidence of a defined dues/fees assessment process in governance documents	E			
7. Evidence all appropriate entities in TSA are invited and or encouraged to participate in trauma system development	E			
8. Evidence in governance document general membership holds final authority to approve/ratify bylaws and all amendments	E			
9. Evidence of organizational structure and decision making responsibilities and limitations, and conduct of daily business is clearly defined	E			
10. Evidence of a documented annual review of bylaws	E			
Regional EMS/Trauma System Plan				
11. Evidence all components of trauma and emergency healthcare system has been reviewed annually and revised if necessary	E			
a. Access to the regional EMS/Trauma System that describes access and activation	E			
b. Communication that describes methods utilized to dispatch and communicate in region	E			

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c. Medical Oversight that reflects evidence of physician involvement	E			
d. Pre-hospital Triage Criteria that includes guidelines for pre-hospital triage and transport	E			
e. Diversion Policies that includes diversion and notification procedures	E			
f. By-pass Protocols that includes guidelines based on resources and needs	E			
g. Regional Medical Control that includes on-line and off-line medical control	E			
h. Facility Triage Criteria that outlines methods for patient categorization and triage to the appropriate facility based on patient acuity	E			
i. Inter-hospital Transfers that describes methodologies for patient transfers, to include inter-hospital transfer agreement processes	E			
j. Planning for Designation of trauma facilities that includes a description, designation status, plans for obtaining/ maintaining designation of all hospitals and lead trauma facility	E			
k. Performance Improvement provides consistent evidence of system problem identification and loop closures	E			
1) Assesses <u>system impact</u> on patient outcomes	E			
2) Identifies standard <u>audit filters</u> that measures compliance/effectiveness of trauma system plan	E			
3) Identifies procedure to ensure <u>confidentiality</u> for all patient and provider information	E			
4) Identifies procedure to <u>review cases</u> involving adverse patient outcomes, and share information and education	E			
l. Injury Prevention program	E			

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1. Identifies regional <u>injury patterns</u>	E			
2. Evidence of <u>tracking injury prevention data/endeavors to include attendance/participation and outcome/system impact; and effectiveness</u>	E			
3. Evidence <u>members has access to injury prevention programs & the process of accessing program(s) established</u>	E			
4. Evidence interested <u>stakeholders has access to program outcomes</u>	E			
5. Evidence of <u>coordination of public education programs</u>	E			
m. Regional Trauma Treatment Protocols that includes guidelines for treatment of trauma patients	E			
n. Regional Helicopter Activation Guidelines	E			
o. Regional Data Collection/Reporting that describes regional data collection and reporting methods made to support/encourage compliance with reporting requirements	E			
p. Evidence each member organization is provided a copy of regional trauma system plan within thirty days of change , or current plan availability on web site	E			
q. Evidence of education to all member organizations regarding the trauma system plan , protocols and regional guidelines	E			
12. Evidence of distribution of regional trauma system plan the member organizations within 30 days of changes (i.e., hard copy or made available on RAC's web site), and accessible by DSHS for approval	E			

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RAC Operations				
13. Evidence RAC meetings are scheduled and notice of meeting made available to member organizations no less than two weeks prior to meeting date(s), or one week if notified electronically	E			
14. Evidence meeting minutes include a list of attendees and organizations they represent to include meetings held via electronic media	E			
15. Evidence sign-in sheets are provided for each meeting to include meetings held via electronic media	E			
16. Evidence of a permanent mailing address that would not impact RAC operations with change in leadership	E			
17. Evidence a job <u>description</u> , <u>evaluation</u> process, and <u>compensation</u> specification for RAC staff , has been developed and made available for member organization's approval	E			
18. Evidence DSHS is notified <u>within seven days</u> following major changes (i.e., leadership), and <u>within thirty days</u> , submits notification of changes to bylaws/TSP, policies/RAC operations, meeting minutes, or post updates to RAC's web site for DSHS review	E			
19. Evidence of an established process to communicate with member organizations (i.e., email groups/list servers/web site)	E			
20. Evidence RAC website is current and updated (if applicable)	E			
a. <u>Meeting Schedules</u>	E			
b. <u>Participation</u> Requirements	E			
c. <u>Committee</u> Information	E			
d. <u>Forms</u> related to RAC operations	E			
e. Information how to join a RAC or access list server	E			
f. <u>Contact information</u> and links to appropriate trauma related web sites	E			

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21. Evidence Annual Report submissions to DSHS and made available to all member organizations in TSA	E			
22. Evidence RAC financial reporting occurs and meets contract requirements (i.e., distribution plans/budgets, expenditures reports). <u>A request for this information will be made to OEMS/TS Funding Specialist for input.</u>	E			
22. Evidence RAC has complied with IRS 501(c)3 requirements, and verification has been provided to DSHS annually (end of fiscal year)	E			
23. Evidence RAC is compliant with reporting changes in Registered Agent/Company information to SOS/CPA	E			

Office of EMS/Trauma Systems Coordination
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Request for Additional Information:

a.

b.

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