

Procedure

CCHMC Trauma Service Procedure	<i>Procedure Number</i>	TR-04
Digital Recording in the Resuscitation Bay	<i>Effective Date</i>	05/2015
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1.0 SCOPE

- 1.1. In an effort to improve the care and treatment of patients in the Emergency Departments (EDs) of Cincinnati Children's Hospital Medical Center (CCHMC), the Trauma Performance Improvement Patient Safety Committee (TPIPS) and the Medical Resuscitation Quality Improvement Committee (MRQIC) of the Division of Emergency Medicine have jointly commissioned the digital recording (DR) of all care provided to patients in the Shock Trauma Suite (STS) of the CCHMC ED.
- 1.2. The DRs which result ARE NOT a part of the CCHMC patient medical record
 - 1.2.1. Reviews of the DRs represent an integral part of the proceedings of the above committees and are solely for performance improvement (PI) and quality assurance (QA) activities.

2.0 DEFINITIONS/ABBREVIATIONS

- 2.1. Digital Recording (DR)
- 2.2. Emergency Department (ED)
- 2.3. Shock Trauma Suite (STS)
- 2.4. Trauma Performance Improvement Patient Safety Committee (TPIPS)
- 2.5. Medical Resuscitation Quality Improvement Committee (MRQIC)
- 2.6. Performance Improvement (PI)
- 2.7. Quality Assurance (QA)

3.0 PROCEDURES

- 3.1. The Trauma Medical Director or designee will review DRs from all patients with: 1) a "trauma STAT" designation, 2) upgrades in trauma level, 3) and any resuscitation requested by members of the treating team for PI/QA and peer review purposes.
- 3.2. The Division Director of Emergency Services or their designee (including the Medical Director and Clinical Director, Emergency Department) will review DRs from all patients with a designation of "Medical Team" when at least one member of the treating team suggests or requests a review of the case to determine whether aspects are amenable to PI/QA review.
- 3.3. Patient care rendered in all resuscitation bays of the STS at the Burnet and Liberty Township campuses will be recorded.
 - 3.3.1. The DRs occur continuously, 24 hours a day in all resuscitation rooms.
 - 3.3.2. CCHMC's general consent for treatment includes language authorizing and consenting to the recording of medical or trauma resuscitations and the subsequent routine destruction of the DRs after 180 days.
 - 3.3.2.1. A DR of patient care shall not be reviewed or used for any purpose unless and until the consent is signed.
- 3.4. DRs shall be maintained on a secure server and only available for review by the Emergency Services Director or designees and by the Trauma Medical Director or designee.
 - 3.4.1. DRs shall not be reviewed in StatLine or in the ED unless part of an approved PI/QA activity.
 - 3.4.2. Access to DRs will be through the secure server only.
 - 3.4.3. A single hard copy of individual DRs will be made on occasion to facilitate review. These copies will be handled as the DRs.
 - 3.4.3.1. Hard copies will be viewed only on encrypted, CCHMC computers, will be stored in locked file cabinets, and will be destroyed following completion of review
- 3.5. The TPIPS meets monthly and the MRQIC meets bi-monthly to discuss and review select DRs.
 - 3.5.1. The purpose of both committees is to review the quality of care provided by peers to CCHMC patients.
 - 3.5.1.1. TPIPS members include faculty and staff from the Trauma Service, Emergency Services, Neurosurgery, Critical Care, Orthopedic Surgery, Anesthesia, Patient Care Services, and Pharmacy.
 - 3.5.1.2. MRQIC members include faculty and staff from Emergency Services, the Division of Emergency Medicine, Respiratory Care, and Pharmacy.
 - 3.5.1.3. Each committee has both legal counsel from CCHMC and *ad hoc* members to provide case-specific feedback and/or content expertise
 - 3.5.2. The committees will identify and track all performance improvement issues revealed during the review of the DRs.
 - 3.5.2.1. The work of each committee, including the DR reviews, will be documented in the minutes for each.

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3.5.2.2. The deliberations of those committees are confidential and shall not be shared outside of the committees and appropriate faculty and staff that can address the performance improvement issues.

3.6. Those DRs selected by the Director of Emergency Services, the Trauma Medical Director, and/or their designee may be shared with CCHMC emergency, trauma and patient services employees for performance improvement or quality assurance purposes.

3.7. Non-CCHMC personnel who are regional pre-hospital providers involved with the care of a CCHMC patient may attend a session if they have undergone HIPPA training and are present for PI/QA purposes, specifically to assess the following points from a resuscitation with which they were involved:

3.7.1. Timely presence of members

3.7.2. System problem process, audit filters

3.7.3. Prompt and appropriate compliance with established pediatric basic and advanced life support guidelines and Advanced Trauma Life Support.

4.0 LIST OF ATTACHED FORMS

4.1. N/A

5.0 REFERENCES

5.1. N/A

6.0 APPROVALS

All revisions of this procedure are approved by the Trauma Services Department. This procedure is reviewed every three years or sooner if deemed necessary. Authority for this document resides with the Trauma Service Department. This procedure is approved by the Trauma Service Manager and the Director

HISTORY	
Original Date	05/92
Revision Date	7/03, 7/05, 1/07, 10/10, 10/13
Review Date	05/15