**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:**

# 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**<br>(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 system impact on patient outcomes | E | | | |
| 2) Identifies standard audit filters that measures compliance/effectiveness of trauma system plan | E | | | |
| 3) Identifies procedure to ensure confidentiality for all patient and provider information | E | | | |
| 4) Identifies procedure to review cases involving adverse patient outcomes, and share information and education | E | | | |
| l. **Injury Prevention** program | E | | | |

| | | | | |
|---|---|---|---|---|
| 1. Identifies regional injury patterns | E | | | |
| 2. Evidence of tracking injury prevention data/endeavors to include attendance/ participation and outcome/system impact; and effectiveness | E | | | |
| 3. Evidence members has access to injury prevention programs & the process of accessing program(s) established | E | | | |
| 4. Evidence interested stakeholders has access to program outcomes | E | | | |
| 5. Evidence of coordination of public education programs | 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 | | | |

| **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 description, evaluation process, and compensation specification for **RAC staff**, has been developed and made available for member organization's approval | E | | | |
| 18. Evidence **DSHS is notified** within seven days following major changes (i.e., leadership), and within thirty days, 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. Meeting Schedules | E | | | |
| b. Participation Requirements | E | | | |
| c. Committee Information | E | | | |
| d. Forms related to RAC operations | E | | | |
| e. Information how to join a RAC or access list server | E | | | |
| f. Contact information 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). A request for this information will be made to OEMS/TS Funding Specialist for input. | 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 | | | |

**Request for Additional Information**:

a.

b.

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