Audit Filter Checklist

Fundamental to the performance improvement process is monitoring and measuring the outcome of specific processes or procedures. Another name for process and outcome measures is audit filters. Audit filters require defined criteria and metrics. As a site reviewer, you do not need to check every audit filter, but must be able to recognize them during chart and performance improvement process review.

Level III Audit Filters

Emergency Department:
- ☐ All trauma cases that arrive to Emergency Department (ED) when the ED physician has been required to leave the ED to address an in-house emergency. (CD 7-3)
- ☐ Trauma team activations (TTA) and all TTA criteria (CD 2-8, 5-15)
- ☐ Over triage and under triage rates. (CD 16-7, 3-3)
- ☐ Bypass and diversion events. (CD 3-4, 3-5, 3-6, 3-7)

Anesthesia:
- ☐ Anesthesiology services availability (within 30 minutes) after notification for emergency operations and managing airway problems. (CD 11-1, 11-2)

General Surgeons:
- ☐ 80% compliance of the surgeon's presence in the emergency department for trauma team activations. The trauma surgeon must arrive within 30 minutes from activation. (CD 2-8)
- ☐ Programs that admit more than 10% of injured patients to non-surgical services must review all non-surgical admissions through the trauma PI process. (CD 5-18)

Operating Room (OR):
- ☐ OR room adequately staffed and available within 30 minutes of a call. (CD 11-17)
- ☐ If an on-call team is used, the availability of OR personnel and the timeliness of starting operations are continuously evaluated and measures implemented to ensure optimal care. (CD 11-18)

Transfers:
- ☐ Any issues regarding all trauma transfers. (CD 4-3)
- ☐ Transfer to a level of higher care within the hospital. (CD 16-8)
- ☐ Appropriateness of the decision to transfer or retain major orthopedic trauma cases. (CD 9-13)
- ☐ Trauma patients admitted or transferred by a primary care physician without the knowledge and consent of the trauma service are monitored. (CD 11-69)

Pediatrics:
- ☐ Facilities annually admitting fewer than 100 injured children younger than 15 years must review the care of their injured children. (CD 2-25)

Radiology:
- ☐ Radiologists availability (30 minutes), in person or by teleradiology, when requested for the interpretation of radiographs (CD 11-32)
- ☐ Changes in interpretation between preliminary and final reports, as well as missed injuries are monitored. (CD 11-37)
- ☐ If the CT technologist takes a call from outside the hospital, the technologist's arrival to the hospital is documented (CD 11-47)

Intensive Care Unit (ICU):
- ☐ Timely and appropriate ICU care and coverage is provided. (CD 11-56)
- ☐ Timely response of credentialed providers to the ICU. (CD 11-60)

Miscellaneous:
- ☐ Trauma deaths in house or emergency department. (CD 16-6)
- ☐ Organ donation rate reviewed annually. (CD 16-9)
- ☐ The multidisciplinary trauma peer review committee must systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement. (CD 16-17)
- ☐ A process to address trauma program operational events. (CD 16-12, 16-13)
- ☐ Any system and process issues. (CD 16-10)
- ☐ Any clinical care issues, including identification and treatment of immediate life threatening injuries. (CD 16-10)

Level IV Audit Filters

Emergency Department:
- ☐ Trauma team activations (TTA) and all TTA criteria (CD 2-8, 5-15)
- ☐ Emergency provider response time to trauma activation (CD 2-8)
- ☐ Bypass and diversion events. (CD 3-7)

Transfers:
- ☐ Any issues regarding all trauma transfers. (CD 4-3)
- ☐ Transfer to a level of higher care within the hospital. (CD 16-8)

Miscellaneous:
- ☐ Trauma deaths in house or emergency department. (CD 16-6)
- ☐ Any system and process issues. (CD 16-10)
- ☐ Any clinical care issues, including identification and treatment of immediate life threatening injuries. (CD 16-10)