1. Purpose

1.1. The purpose of this Standard Operating Procedure (SOP) is to establish a structured and impartial process by which trauma-designated hospitals, hospitals pursuing trauma designation, and Emergency Medical Services (EMS) agencies within the North Texas Regional Advisory Council (NTRAC) service area may formally request a Performance Improvement Patient Safety (PIPS) Tertiary (Third-Level) Review of any patient case, including but not limited to trauma, stroke, cardiac, and other acute care cases. This process is intended to support the transparent resolution of unresolved concerns and to promote continuous quality improvement across the regional healthcare system.

1.2. This SOP is aligned with the North Texas Regional Advisory Council Trauma System Performance Improvement (SPI) framework and supports its core objectives, including:

1.2.1. Identification and analysis of system-level opportunities for improvement.

1.2.2. Support for data-driven clinical and operational decision-making.

1.2.3. Advancement of patient care and safety across the healthcare system.

1.2.4. Promoting collaboration, accountability, and system learning among regional stakeholders.

1.3. The Tertiary Review process contributes directly to the SPI framework by enabling retrospective case analysis when the standard review process has been exhausted and serving as a system-wide performance feedback and education mechanism.

2. Scope

2.1. This process applies to all trauma-designated hospitals, hospitals in pursuit of trauma designation, and EMS agencies participating in the regional Trauma System Performance Improvement program in the North Texas Regional Advisory Council (NTRAC) trauma service area.

2.2. This process is intended for use after a Primary Case Review has been completed by the originating facility or EMS agency and a subsequent Secondary (peer or regional) review has occurred, yet significant clinical, operational, or system-level concerns remain unresolved. The Tertiary Review provides an impartial, third-level evaluation coordinated by the NTRAC Trauma Case Review Committee (CRC) and is aligned with the NTRAC Trauma System Performance Improvement Plan.

2.3. The scope includes, but is not limited to:

2.3.1. Complex cases with system-wide impact or educational value.

2.3.2. Events involving multi-agency coordination failures.

2.3.3. Sentinel events or cases involving significant harm.

2.3.4. Concerns involving transfer, triage, or communication breakdowns.

2.3.5. Opportunities to improve adherence to trauma system standards and protocols.

3. Definitions

3.1. Trauma PIPS Plan (Performance Improvement and Patient Safety Plan)

3.1.1. A facility-specific or regional document outlining the structured processes for ongoing performance improvement, adverse event identification, data collection, case review, corrective action implementation, and outcome evaluation in the trauma care system. The PIPS Plan aligns with national standards (e.g., ACS-COT) and regional guidelines to deliver high-quality trauma care.

3.2. System Performance Improvement Plan

3.2.1. An organized, data-driven approach adopted by the North Texas Regional Advisory Council to continuously assess and enhance the quality, efficiency, and effectiveness of trauma and EMS system components. SPI includes structured monitoring of clinical outcomes, protocol adherence, operational efficiency, and coordination between facilities and agencies to support safer and more effective patient care.

3.3. Primary Level of Review

3.3.1. The originating trauma-designated hospital or EMS agency conducts the initial case review as part of their internal Performance Improvement and Patient Safety (PIPS) Plan. This level includes reviewing medical records, internal documentation, and conducting staff/provider interviews as necessary to identify potential deviations from protocol, clinical concerns, or system issues.

3.4. Secondary Level of Review

3.4.1. A peer-level review of the case, typically conducted through a trauma committee, EMS oversight body, or collaborative meeting within the Regional Advisory Council (RAC). This review offers an additional layer of analysis and allows for cross-agency discussion and consensus-building when concerns persist following the Primary Review.

3.5. Tertiary Level Review

3.5.1. A third-level case review that may be referred to the Regional Advisory Council's (RAC) Trauma Case Review Committee (CRC) following completion of both the Primary and Secondary Levels of Review. This impartial evaluation is used to address unresolved clinical, operational, or system-level concerns that could not be resolved through internal or regional peer review processes. The Tertiary Level Review is conducted under the auspices of the Trauma System Performance Improvement and Patient Safety (PIPS) process. It may lead to quality improvement, education, or further escalation recommendations. It is not necessarily the final level of review, as some instances may require additional oversight or action.

3.6. Quaternary Review

3.6.1. Conducted by an external entity (e.g., Texas DSHS, independent trauma peer review, or medical oversight body).

3.6.2. Initiated by the SPI Committee, or NTRAC Board.

3.6.3. Used for sentinel events, major compliance failures, or system-wide concerns.

3.6.4. Must include:

3.6.4.1. Full documentation of event, review, and discussion.

3.6.4.2. Identified improvement opportunities and formal action plan.

3.6.4.3. Assignment of responsibilities and follow-up tracking.

3.7. Sentinel Event

3.7.1. A significant, unexpected occurrence involving serious physical or psychological injury, or the risk thereof, related to trauma or EMS care. Examples include delays in definitive care, incorrect triage or destination, loss of life or limb due to deviation from protocol, or communication/system failure that impacts patient outcomes. These events typically trigger mandatory review and reporting.

3.8. Levels of Harm

3.8.1. No Harm: An event occurred but did not reach the patient or cause any adverse effect.

3.8.2. Minimal Harm: Temporary harm requiring minimal intervention.

3.8.3. Moderate Harm: Temporary harm requiring significant clinical intervention or prolonged hospitalization.

3.8.4. Severe Harm: Permanent injury or loss of function.

3.8.5. Death: Directly or indirectly caused by the event or failure in care.

3.9. Requesting Entity

3.9.1. A trauma-designated hospital or EMS agency seeking the third level of review.

3.10. Case Review Committee (CRC): A panel of impartial professionals appointed by the RAC Chair or System Performance Committee Chair to conduct the tertiary review.

3.11. Confidentiality

3.11.1. All case reviews are protected under applicable confidentiality laws (e.g., Texas Health and Safety Code §773.095).

4. Roles and Responsibilities

4.1. Requesting Entity: Submits a complete and justified review request with supporting documentation.
4.2. The RAC Chair or System Performance Committee Chair: Assesses eligibility and appoints the CRC.
4.3. RAC Executive Director or Designee: This person facilitates communications, ensures timelines are met, and safeguards protected health information (PHI).
4.4. Case Review Committee (CRC): Conducts a confidential, impartial case review and submits findings.

5. Tertiary Review Process

5.1. Overview

5.1.1. The Tertiary Review Process is intended to provide an impartial, confidential evaluation of trauma and/or EMS cases that raise unresolved clinical, operational, or system-level concerns after the primary and second levels of review. This process also serves as a tool for identifying opportunities for education and system-wide improvement.

5.2. Cases Appropriate for Committee Review

5.2.1. The following case types may be considered appropriate for Tertiary Review by the Case Review Committee (CRC). These examples are illustrative, not exhaustive, and final determination of eligibility rests with the RAC Chair and Trauma Committee Chair.

5.2.1.1. Clinical Care or Outcome Concerns

5.2.1.1.1. Discrepancies or delays in trauma patient care resulting in moderate or severe harm.
5.2.1.1.2. Death or major morbidity potentially linked to deviation from standard trauma/EMS protocols.
5.2.1.1.3. Sentinel events as defined in Section 3.
5.2.1.1.4. Unresolved inter-facility care disagreements affecting patient outcome.

5.2.1.2. System or Communication Failures

5.2.1.2.1. Breakdown in inter-agency communication (EMS to hospital, hospital to hospital, etc.) with adverse impact.
5.2.1.2.2. Failure in EMS-to-trauma center handoff or data transmission resulting in care delay.
5.2.1.2.3. Transfer delay or refusal leading to patient deterioration or death.

5.2.1.3. Field Triage or Destination Errors

5.2.1.3.1. EMS filed triage not aligned with approved regional protocols, resulting in inappropriate destination or delayed care.
5.2.1.3.2. Secondary over- or under-triage issues with adverse outcome or system-wide implications.

5.2.1.4. Process or Policy Concerns

5.2.1.4.1. Concerns regarding adherence to Trauma PIPS Plan or Regional SPI expectations.
5.2.1.4.2. Cases highlighting potential gaps in policy, protocol, or training.

5.2.1.5. Double Transfers

5.2.1.5.1. Trauma patients who undergo two or more inter-facility transfers before reaching definitive care.
5.2.1.5.2. Cases where a double transfer may reflect system inefficiencies, resource limitations, or inappropriate initial destination decisions.

5.2.1.6. Opportunities for System-Wide Learning or Improvement

5.2.1.6.1. High-profile or unique cases offering potential insight for regional best practices.
5.2.1.6.2. Cases prompting questions about regional capacity, resource utilization, or coordination effectiveness.
5.2.1.6.3. Requests made in the spirit of collaboration and education, not punitive intent.

5.3. Request Submission
- 5.3.1. The Requesting Entity must:
  - 5.3.1.1. Submit the "Tertiary Trauma Review Request Form" (see Appendix A & B)
  - 5.3.1.2. The Requesting Entity Must Include:
    - 5.3.1.2.1. Purpose of review.
    - 5.3.1.2.2. Documentation of primary and secondary review outcomes.
    - 5.3.1.2.3. Supporting documentation (e.g., run sheets, medical records, transfer records).
    - 5.3.1.2.4. Submit via secure means to:
      - 5.3.1.2.4.1. Email: shane.comer@ntrac.org
    - 5.3.1.2.5. Deadline: Requests must be submitted within ten business days of the most recent review decision.

5.4. Review Panel Composition
- 5.4.1. The RAC or System Performance Committee Chair will form a CRC within 10 business days of receipt of the "Tertiary Trauma Review Request Form".
- 5.4.2. The Case Review Committee will include at least three (3) impartial, qualified professionals from various disciplines relevant to the case (e.g., trauma surgery, emergency medicine, EMS administration, nursing).
- 5.4.3. Members of the CRC must not have direct involvement in the case.

5.5. Case Review Activities
- 5.5.1. Review includes de-identified case analysis, guideline adherence, and system-level factors, including:
  - 5.5.1.1. Medical records, run sheets, and communication logs,
  - 5.5.1.2. Facility or EMS agency QA/QI reports,
  - 5.5.1.3. Any previous primary or secondary review summaries.
- 5.5.2. Conduct a timeline analysis and identify any potential deviations from:
  - 5.5.2.1. Regional protocols or guidelines,
  - 5.5.2.2. American College of Surgeons (ACS) standards,
  - 5.5.2.3. Trauma and Emergency Health Care System Plan expectations.
- 5.5.3. Determine whether actions taken were consistent with best practices and standards of care.
- 5.5.4. Assessment of opportunities related to:
  - 5.5.4.1. Clinical practice improvement,
  - 5.5.4.2. System communication enhancement.
  - 5.5.4.3. Patient safety and outcomes,
  - 5.5.4.4. Inter-agency collaboration,
  - 5.5.4.5. Training and education.

5.6. Committee Deliberation
- 5.6.1. CRC members will meet via secure in-person or virtual meeting platforms to discuss findings.
- 5.6.2. CRC meets within ten business days of the appointment of the Case Review Committee.
- 5.6.3. Deliberations will be conducted in a confidential and non-punitive environment.
- 5.6.4. The recommendations will be finalized using consensus; if consensus cannot be reached, a majority vote will be used.

5.7. Outcome and Reporting
- 5.7.1. CRC issues a written summary of findings within ten business days post-review.
- 5.7.2. The summary will include:
  - 5.7.2.1. Objective findings,
  - 5.7.2.2. Specific issues identified (if any),

5.7.2.3. Opportunities for improvement,
5.7.2.4. System-level recommendations (if applicable),
5.7.2.5. Opportunities for RAC-wide education or training.
5.7.3. Reports will be submitted to:
5.7.3.1. The Requesting Entity,
5.7.3.2. Trauma Committee Chair,
5.7.3.3. System Performance Committee Chair,
5.7.3.4. The NTRAC Executive Director.

5.8. Confidentiality and Legal Protection
5.8.1. Peer review confidentiality statutes, under Texas law, protect all materials and discussions.

5.9. Participants must sign a confidentiality agreement before participating in the review. The committee is required to strictly adhere to the Texas Health and Safety Code §773.095 and HIPAA regulations.

6. Appeals

6.1. The tertiary review findings and recommendations are final and non-appealable within the RAC process.

7. Documentation and Records Retention

7.1. All records will be maintained securely by NTRAC following the Record Retention SOP.
7.2. Records will be accessible only by authorized RAC officials and audit authorities.

8. Review and Amendment of SOP

8.1. This SOP will be reviewed annually by committee leaders.
8.2. Amendments may be proposed by any active member and must be approved by a two-thirds vote of members attending a scheduled meeting.
8.3. All updates will be logged and distributed to stakeholders promptly.

9. References

9.1. Texas Administrative Code Title 25 §157.123
9.2. Texas Administrative Code Title 25 §157.126
9.3. Texas Health and Safety Code §773.095
9.4. NTRAC Bylaws
9.5. Trauma and Emergency Health Care System Plan

10. Appendices

10.1. Appendix A: Hospital Tertiary Review Request Form
10.2. Appendix B: EMS Tertiary Review Request Form