

**BARNES-JEWISH HOSPITAL**  
**TRAUMA SERVICES POLICIES/PROCEDURES**

**TITLE:** Trauma Resuscitation Recording

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**SUBMITTED/REVIEWED BY:** Julie Nash, RN, MSN, Manager  
Trauma Services

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**Policy Statement**

A. To provide care to the injured patient in a safe, timely and efficacious manner, by systematic review of resuscitative, diagnostic and management protocols.

**Purpose**

A. To evaluate the sequence of events which occurs in resuscitations of the injured patient, review team interactions and determine the quality of care administered to them via digital recording. Data obtained will be used for quality improvement and educational purposes.

**Procedure**

A. Assessment

1. Level I trauma activations should preferentially be placed in the videotaping resuscitation room.
2. All Level I trauma activations placed in the videotaping resuscitation room will be recorded.
3. The digital video recording system will be activated for these cases by the communication center by pressing the activation button located in the communication center upon activating the Level I pager.
4. Upon pressing the activation button located in the communication center to initiate digital video recording, a red light will illuminate in the videotaping resuscitation room on the wall next to the camera on the northwest corner of the room.

B. Implementation

1. Recordings are handled in the following manner to protect patient confidentiality:
2. A public sign will be located in the Emergency Department informing the patients that videotaping may be occurring during emergency resuscitations.
3. Access to the digital video recorder is maintained by the Trauma Medical Director and Trauma Program Manager with access limited to protective services.
4. Only designated Trauma Program staff has access to review the recordings.
5. Original recordings are automatically destroyed after 14 days.
6. Patient consent for videotaping is included along with consent for treatment and is obtained upon registration.
7. Digital recording is erased if the patient/family refuses to sign consent prior to review.

C. Evaluation

1. Recordings that meet the following criteria will be reviewed:
  - o Level I deaths and any identified cases.

2. Recordings are reviewed and evaluated by the Director of Trauma, Trauma Program Manager, and/or their designee(s).
3. Recordings are reviewed by designated Trauma Program staff utilizing the Trauma Resuscitation Form as a framework for evaluation and documentation of events, issues, or areas of improvement.
4. The Trauma Resuscitation Form and recording are not a part of the medical record.
5. The recordings are used for quality improvement, educational and training purposes.
6. The Director of Trauma, Trauma Program Manager, or his/her designee reviews issues with individual staff members or with their supervisors. Recordings may not be used for investigation of staff discipline issues.
7. Issues that require further review are addressed in the appropriate PI committee.
8. Recordings are erased immediately after review unless being used for training purposes in which the video will be stripped of patient identifiers.
9. If being used for training, the Trauma Program Manager or trauma designee secures the recording on a secured trauma server and/or external storage hard drive which will be kept in a secure location under the supervision of the Director of Trauma or the Trauma Program Manager.

**Resources/References**

Oakley E, Stocker S, Staubli G, Young S. Using video recording to identify management errors in pediatric trauma resuscitation. *Pediatrics*. 2006;117 :658 –664

Hoyt DB, Shackford SR, Fridland PH, et al. Video recording trauma resuscitations: an effective teaching technique. *J Trauma*. 1988;28 :435 –440

**Approval**

Dr. Douglas Schuerer, Medical Director, Trauma Services	10/2015
Dr. Brent Ruoff, Chief, Emergency Medicine	10/2015
Sara Reid, Legal Counsel, BJC	10/2015