



Statewide Performance Improvement Audit Filters

The intent of this document is to list the required and recommended performance improvement (PI) audit filters for level III and level IV trauma care facilities in the State of Wisconsin. These audit filters can be found in [Wis. Admin. Code ch. DHS 118, Appendix A](#). Please note, PI audit filters that are designated as “recommended” by the State of Wisconsin may be required through a different credentialing body, such as the Joint Commission.

Required PI Audit Filters

Audit Filter	Related criteria	Applicable level	Criteria type
General			
Significant complications and process variances associated with unanticipated outcomes	2(o)	III, IV	2
Adult and pediatric specific audit filters	2(p)	III, IV	2
Pediatric admissions and transfers (if under 100 injured patients younger than 15 years old per year)	2(r)	III, IV	2
Trauma registry data entered within 60 days	14(e)	III, IV	2
Mortality	15(f)	III, IV	2
Emergency Medical Services (EMS)			
Review care and provide feedback to prehospital care providers	3(a)	III, IV	2
Emergency Department (ED)			
Surgeon arrival within 30 minutes for highest level activation	2(f)	III	1
Delay or non-response of surgeon	2(h)	III	2
Time to transfer > three hours and injury severity score > 15	2(i)	III, IV	2
Over and under triage	3(c)	III	2
Diversion and advisories related to trauma	3(h)	III, IV	2

Trauma transfers within the acute phase	4(d)	III, IV	2
Trauma team fully assembled within 30 minutes of activation	5(m)	III, IV	2
Trauma team activations	5(n)	III, IV	2
Delay in airway control	11(e)	III, IV if the TCF provides anesthesiology services for trauma patients	2
Operational events and system related events	15(h)	III, IV	2
ED – Specialty Care			
Neurosurgical response	8(g)	III if the TCF provides neurosurgery for trauma patients, IV if the TCF provides neurosurgery for trauma patients	2
Major orthopedic cases	9(g)	III, IV if the TCF provides orthopedic surgery for trauma patients	2
Radiological, preliminary to final report monitoring	11(q)	III, IV if the TCF provides radiological services for trauma patients	2
Service Line Responses			
OR team available within 30 minutes of request for orthopedic cases	9(b)	III, IV if the TCF provides surgical services for trauma patients	1
Anesthesiology availability	11(b) and 11(f)	III, IV if the TCF provides anesthesiology services for trauma patients	1
OR team available within 30 minutes of request	11(g) and 11(h)	III, IV if the TCF provides surgical services for trauma patients	1/2
Conventional radiology availability	11(m)	III, IV	1
CT availability	11(mm) 11(n)	III, IV if CT is provided	1
MRI response time of technologist	11(nm)	III, IV	2
Radiologist availability	11(o)	III	1
Inpatient			
Inpatient case review	5(p)	III	2
Non-surgical inpatient admissions	5(r)	III, IV if the TCF provides surgical services for trauma patients	2
Physician coverage available in the ICU within 30 minutes	11(r)	III	1
ICU admissions, transfer, complications	11(rm) and 11(sm)	III and III, IV	2

Recommended Audit Filters

- [Sentinel events](#)
- Trauma team activation and injury severity score > 15
- Complaints or high-profile cases
- Mechanism of injury

Sample EMS Audit Filters

- Scene time
- Spinal immobilization
- Delay in airway
- GCS documentation
- Report prior to arrival

Culture of Performance Improvement

When determining audit filters, it is important to ensure they are driven by acceptable standards of care and data. These audit filters should be fluid and reviewed annually to ensure value to your program. Ensure that audit filters are written and implemented in a way concurrent with the culture of safety, this includes understanding that audit filters are a filtering and netting system, and a positive audit filter does not mean “bad” care, or the need for a deep review.