

**UAMS MEDICAL CENTER  
TRAUMA SERVICES MANUAL**

**SUBJECT:** Peer Review of Patient Resuscitation Video

**REVIEWED:** 8/2017, 8/2018, 8/2019

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**RECOMMENDATION(S):** Dr. Ron Robertson

**APPROVAL:** 8/1/2016

**CONCURRENCE(S):**

**EFFECTIVE:** 8/1/2016

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**POLICY:**

Digital recording of critically ill or injured resuscitations and review of recordings is a valuable tool in the peer review and quality improvement efforts of the Trauma Program. The utilization of these recordings will be conducted as a peer review or peer education activity under the peer review program of the UAMS Trauma Program. This policy applies to all uses of the resuscitation video obtained in the Emergency Department. There will be no release or utilization of these videos outside of the peer review program without expressed written patient consent for use of video or photography for other purposes. These recordings if not abstracted will be automatically purged and only saved for peer review purposes. These videos are distinctly separate from the medical record.

**PROCEDURE:**

This policy specifies the guidelines for recording resuscitations, managing the recordings, and the performance improvement and patient safety (PIPS) reviews of these recordings. Strict, confidential peer review practices will be followed and monitored by the trauma program administrative staff. Recording is done for the purpose of evaluating team effectiveness and improving team efforts in the management of these high acuity trauma patients.

**Purpose:**

Recording of trauma resuscitations and other acute care resuscitations serves three important purposes:

1. Event review allows for accurate and objective evaluation of resuscitation and procedures. System errors can be identified and continuous quality improvement can be facilitated.
2. Event review provides material for education of the team. This material will be shared in a general, less specific format and specific cases will not be referenced outside of the peer review environment. Several authors have demonstrated the ability of formal recording reviews to increase efficiency of resuscitation, improve attentiveness to resuscitation priorities, and enhance patient outcome.
3. This process can be utilized to identify specific areas of concern, which occur in the course of busy resuscitations. Specific areas of concern may include procedural issues, questions regarding personnel management, or suggestions for system improvement. This will encourage focused review such that quality assessment and improvement will be a dynamic process.

**Procedure:**

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The procedure for video capture in the Emergency Department

1. The video capture in Trauma rooms 1, 2, and 3 is automatic. No activation of the system is required to initiate recording. Two camera views, video capture of the Phillips patient monitor screen, and audio capture of the room are automatically recorded.
2. Staff should be aware that continuous recording of actives within these three rooms are ongoing. These room should not be used for confidential activities such as counseling, disciplinary interactions or other events which are inappropriate for recording.

Review Process:

1. The digital recordings are maintained on a secure server within the UAMS system. These videos are only viewable from within the UAMS network and are not accessible from outside of the UAMS intranet.
2. The digital recordings are secured in the system. The system has limited access and an audit trail which is retrievable to determine any access and utilization of the material.
3. The system is administered by the Trauma Program Office with access restricted to the Trauma Medical Director, Associate Trauma Medical Director, Trauma Program Manager, or their designee for administrative purposes. The Emergency Department Medical Director, Nursing Director and their designee will have access to review trauma resuscitations under this policy or may utilize the system under similar emergency department policy which addresses the peer review nature of reviews.
4. Identification of a case for review will be initiated internally by the Trauma Program or as a referral from another team member for suggested review of a specific case.
5. The room and time will be used to locate the video and it will be tagged for review within the system. This will save the video for review within the peer review process. All video which has not been abstracted within a 14-day period will be erased from the system on the 15<sup>th</sup> day. Failure to identify the video for review before the 15<sup>th</sup> day will make retrieval impossible.
6. Once reviewed the video may be edited and presented for further discussion and education at one of the following peer review activities of the Trauma Program:
  - a. Trauma and ED M&M conference

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- b. Trauma Multidisciplinary Peer Review Conference
  - c. Trauma General Surgery M&M Conference
  - d. Primary and Secondary peer review process (Trauma Medical Director and/or Trauma Program Manager Review)
  - e. Surgery Department Peer Review
7. Upon determination that the peer review benefits of the video have been exhausted, the video will have the flag, which prevents its deletion, removed and the video will be purged automatically the following day.
  8. In the event that the video is required for some other purpose (external presentation, research, etc.) formal consent for videography and photography will be obtained from the patient, their next of kin, or power of attorney holder for that use. Any video for these uses will be de identified prior to release.
  9. Any digital video abstracted from the system and downloaded for editing or other purposes will be stored in the peer review folder of the trauma program drive on the hospital network. Any stored copies will be destroyed when the files are no longer needed, see number 7 above.
  10. If a copy of the video is needed for presentation it will be stored temporarily on a thumb drive and for the presentation and returned to the Trauma Program office to be deleted immediately after the presentation. Under no circumstances should downloaded video be e-mailed.
  11. Unedited video may be shared by the secure email feature included in the video management software which transmits only a secure link for authorized persons to view the video. This is tracked in the audit system of the software and permission to view the video may be revoked by the system administrator when no longer needed or at a specific time interval.

**Confidentiality:**

1. The digital video will not, under any circumstances, become part of the patient's medical record.
2. All images are the property of the University of Arkansas for Medical Sciences and will be used in accordance with this policy. Release or use outside of this policy is strictly prohibited.