****

**Utah Department of Health**

**Bureau of Emergency Medical Services and Preparedness**

 **Application for Designation**

**Rev. 01/2019 Level III Trauma Center**

**Application Date:**

Type of Review: [ ] Consultation [ ] Designation [ ] Re-Designation

Reporting year (12 months and should not be older than 14 months): From- To-

Hospital Name:

Address:

Chief Executive Officer:

Date of most recent designation survey (mm/yyyy):

Number of deficiencies cited at the last review (consultation, verification, reverification or not the focused review):

* Briefly list any deficiencies and how they were corrected (list by bullets or numbered points):

Number of weaknesses found at last review:

* Briefly list any weaknesses and how they were addressed (list by bullets or numbered points):

Describe any program changes (Administrative) that have occurred since the last review:

**HOSPITAL INFORMATION**

**A. General Information**

1. Tax Status: [ ] Profit [ ] Non-profit [ ] Government

 **What is the hospital Payer Mix (use whole numbers, do not include percent sign):**

|  |  |  |
| --- | --- | --- |
| Payer | All Patients (%) | Trauma Patients (%) |
| Commercial |  |  |
| Medicare |  |  |
| Medicaid |  |  |
| HMO/PPO |  |  |
| Uncompensated/Indigent |  |  |
| Other |  |  |
| Total |  |  |

 **Hospital Beds (do not include neonatal beds):**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital Beds | Adult | Pediatric | Total |
| Licensed |  |  |  |
| Staffed |  |  |  |
| Average Census |  |  |  |

**I. REGIONAL TRAUMA SYSTEMS: OPTIMAL ELEMENTS, INTEGRATION, AND ASSESSMENT**

1. Does the trauma center leadership participate actively in a state and regional system? (CD 1-1, 1-2, and 1-3) (Yes/No)
* If ‘Yes’, please briefly describe:

 **II. DESCRIPTION / TRAUMA LEVEL AND ROLES**

Complete the table below for total number of emergency department (ED) visits for reporting year with ICD-10 codes according to State Rule **R426-9-700**. Must include at least one of the following injury diagnostic codes: ICD10 Diagnostic Codes: S00-S00 with 7th character modifiers of A, B, or C only, T07, T14, T20-T28 with 7th character modifier of A, T30-T32, T79.A1-T79.A9 with 7th character modifier of A excluding the following isolated injuries: S00, S10, S20, S30, S40, S50, S60, S70, S80, S90. Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S are also excluded

|  |  |
| --- | --- |
| ED Visits | Total |
|  Admitted ED Trauma Visits (Regardless of Service) |  |
| Blunt Trauma Percentage |  |
| Penetrating Trauma Percentage |  |
| Thermal Percentage |  |

Disposition ED Trauma Visits

|  |  |
| --- | --- |
|  Discharged  |  |
|  Transferred Out |  |
|  Admitted |  |
|  DIED in the ED (Excluding DOAs) |  |
|  DOAs |  |
|  Total |  |

Were all patients reviewed timely by the TPM and TMD for appropriateness of admission and other opportunities for improvement? (CD 2-1) (Yes/No)

Injury Severity and Mortality.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ISS | (A)Total Number of Admissions | (B)Total Number of Death from Admissions by ISS | Percent Mortality (B over A) | Number Admitted to Trauma Service |
| 0-9 |  |  |  |  |
| 10-15 |  |  |  |  |
| 16-24 |  |  |  |  |
| >or=25 |  |  |  |  |
| Total |  |  |  |  |

1. Does the trauma director have responsibility and authority for determining each general surgeon’s ability to participate on the trauma panel based on an annual review through the trauma PIPS program and hospital policy? (CD 2-5) (Yes/No)

2. What percent of the time is the attending trauma surgeon present in the ED on patient arrival within 30 minutes of arrival for the highest level of activation?

3. Is the attendance threshold of 80% met for the attending trauma surgeon presence in the emergency department (refer to table 2 in chapter 5)? (CD 2-8) (Yes/No)

4. Is the trauma attending surgeon’s arrival within 30 minutes monitored by the hospital’s trauma PIPS program? (CD 2-8) (Yes/No)

5. Does the trauma surgeon on call provide care for emergency general surgery? (Yes/No)

6. Does the trauma center have continuous general surgical coverage? (CD 2-12) (Yes/No)

* If ‘No’, please explain:

7. Does the trauma center have well defined transfer plans? (CD 2-13) (Yes/No)

* If ‘Yes’, please have documentation available for review at the time of the site visit.

8.

9. How often does the multidisciplinary trauma peer review committee meet, to review systematic and care provider issues, as well as propose improvements to the care of the injured? (CD 2-18)

* List those required to attend:

10. Does the trauma center have audit filters to review and improve pediatric and adult patient care? (CD 2-19) (Yes/No)

* If ‘Yes’, list three audit filters for each:

 11. Does the facility participate in regional disaster management plans and exercises? (CD 2-22) (Yes/No)

 12. Does the facility admit more than 100 injured children younger than 15 years? (CD 2-23) (Yes/No)

* If ‘Yes’, are the trauma surgeons credentialed for pediatric trauma care by the hospital’s credentialing body? (Yes/No)
* If ‘Yes’, is there a pediatric emergency department area, a pediatric intensive care area, appropriate resuscitation equipment, and a pediatric-specific trauma PIPS program? (CD 2-24) (Yes/No)

13. If fewer than 100 injured children younger than 15 are admitted, is the care of all reviewed through the PIPS program? (CD 2-25) (Yes/No)

**III. PREHOSPITAL TRAUMA CARE**

1. (CD 3-1)
2. Briefly describe the air medical support services available for your trauma program, including roto­wing and fixed wing services:
3. Does your hospital provide on­line medical control for prehospital trauma patients? (Yes/No)
* If 'Yes', please briefly describe:
1. Describe how protocols that guide prehospital trauma care are established by the trauma health care team, including surgeons, emergency physicians, medical directors for EMS agencies, and basic and advanced prehospital personnel (CD 3-2):
2. Is the trauma director involved in the development of the trauma center’s bypass (divert) protocol? (CD 3-4) (Yes/No)
3. Is the trauma surgeon involved in the bypass (divert) decision? (CD 3-5) (Yes/No)
4. Was the trauma center on bypass (divert) less than 5 percent of the time during the reporting year? (CD 3–6) (Yes/No)
5. When the trauma center is required to go on bypass or to divert, what is your process? (CD 3–7)

**IV. INTERHOSPITAL TRANSFER**

1. Is there direct physician-to-physician contact when patients are transferred out of your facility? (CD 4–1) (Yes/No)
* If ‘Yes’, how is this contact initiated and documented?

2. Does your trauma service routinely evaluate all transfers through the PIPS program, including evaluation of transport activities? (CD 4–3) (Yes/No)

 If ‘Yes’, please describe the process:

3. Total number of transfers:

Please complete the table below. The total of transfers in column 2 + column 3 in the table should = the total number of transfers out.

|  |  |  |
| --- | --- | --- |
| Transfer Category | Number of transfers out < 24 hrs | Number of transfers out > 24 hrs |
| Pediatrics |  |  |
| Hand |  |  |
| Spine |  |  |
| Orthopaedics\* |
|  Pelvic ring/acetabular fxs |  |  |
|  Soft tissue coverage |  |  |
|  Other orthopedics |  |  |
| Neurosurgery\* |  |  |
| Replantation |  |  |
| Vascular/aortic injuries |  |  |
| Cardiac (Bypass) |  |  |
| Facial trauma |  |  |
| Health Plan Repatriation |  |  |
| Burns |  |  |
| Other- specify |  |  |
| Total |  |  |

***\*Orthopaedics and neurosurgery categories should exclude hand and spine injuries.***

4. What is your benchmark for the length of time between patient arrival, decision to transfer, and patient departure?

5. Is this parameter tracked as a part of the PIPS process? (Yes/No) How is this tracked?

 **V. HOSPITAL ORGANIZATION AND THE TRAUMA PROGRAM**

**A. Hospital Commitment**

1. Does the hospital have the commitment of the institutional governing body and medical staff to become a trauma center? (CD 5–1) (Yes/No)
* If ‘Yes’, provide documentation at the time of the site visit.

.

1. Is the administrative support reaffirmed continually (every 3 years) and current at the time of verification? (CD 5–2) (Yes/No)
2. Please list specific budgetary support for the trauma program such as personnel, education and equipment:
3. Is the medical staff support reaffirmed continually (every 3 years) and current at the time of verification? (CD 5–3) (Yes/No)
4. Does the trauma program involve multiple disciplines and transcend normal departmental hierarchies? (CD 5–4) (Yes/No)

**B. Trauma Program Manager (TPM)**

1. Trauma program manager (name):
2. Education:
3. Associate in Nursing (Yes/No)
4. Bachelor in Nursing (Yes/No)
5. Masters in Nursing (Yes/No)
6. Other Degree (Yes/No)

If 'Other' degree, please describe:

3. TPM reporting status. (Check all that apply)

1. TMD
2. Administration
3. Other (if other, please define):

4. How many years has the TPM been at that position or date of appointment to this position?

5. Total number of FTE's:

* List the number of support personnel including names, titles, and FTEs:
1. Does the TPM show evidence of educational preparation and clinical experience in the care of injured patients? (CD 5­22) (Yes/No)

**C. Trauma Medical Director (TMD)**

1. Is the TMD a current board-certified/eligible for certification surgeon or an ACS Fellow with a special interest in trauma care? (CD 5-5) (Yes/No)
2. Does the TMD participate in trauma call? (CD 5­5) (Yes/No)
	1. Briefly describe the TMD's reporting structure:
3. Is the TMD current in ATLS? (CD 5-6) (Yes/No)
* If ‘Yes’, please list expiration date:
1. Does the TMD have the authority to manage all aspects of trauma care? (CD 5–9) (Yes/No)
2. Does the TMD chair attend a minimum of 50% of the multidisciplinary trauma peer review committee meetings? (CD 5­10, CD 5-25, CD 16­15) (Yes/No)
3. Does the TMD, in collaboration with the TPM have the authority to correct deficiencies in trauma care or exclude from trauma call the trauma team members who do not meet specified criteria? (CD 5­11) (Yes/No)
4. Does the TMD perform an annual assessment of the trauma panel providers in the form of Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) when indicated by findings of the PIPS process? (CD 5­11) (Yes/No)

	1. Describe the assessment process at your center:

1. Does the TMD have the responsibility and authority to ensure compliance with the verification requirements? (CD 5­9, CD 5­11) (Yes/No)
2. Does the TMD direct one trauma center? (CD 5­12) (Yes/No)
3. Does the trauma medical director have oversight authority for the care of all admitted patients? (CD 5-17) (Yes/No)
* If ‘Yes’, describe this process:

**D. Trauma Activations**

1. Are the required criteria for the highest level of activation included? (CD 5–13) (Yes/No)

* List your criteria for highest level of activation:

2. Who has the authority to activate the trauma team? (Check all that apply)

[ ]  EMS

[ ]  ED Physician

[ ]  ED Nurse

[ ]  Trauma Surgeon

Other (please list):

3. Does the facility have a multilevel trauma activation response? (Yes/No)

4. Do you have geriatric-trauma activation criteria? (Yes/No)

* If ‘Yes’, please describe:

5. Number of levels of activation (include consults)
 Statistics for level of response (CD 5­14CD 5­15, chapter 16

|  |  |  |
| --- | --- | --- |
| Level | Number of activations | Percent of total activations |
|  Highest |  |  |
|  Intermediate |  |  |
|  Lowest (Consult) |  |  |
|  Total |  | = 100% |

6. Which trauma team members respond to each level of activation?

|  |
| --- |
| Activation Level |
|  Responder | Highest | Intermediate | Lowest |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|  |  |  |  |

1. Do you evaluate your activation criteria annually as part of the PIPS process? (CD 5-16, CD 5-13 – Chapter 16) (Yes/No)
* If ‘Yes’, list date of last review:

8. Does the center have a clearly defined response expectation for the trauma surgical evaluation of the limited tier patients requiring admission? (CD 5­16) (Yes/No)

9. What percentage of patients are admitted to non-surgical services?

* If greater than 10%, are all reviewed by the trauma PIPS process? (CD 5-18) (Yes/No)
1. Is there a method to identify injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners? (CD 5–21) (Yes/No)
* If 'Yes', please describe:

**VI. GENERAL SURGERY**

1. Are all of the general surgeons (trauma surgeons on call panel) board-certified/eligible for certification by the American Board of Surgery according to the current requirements? (CD 6–2) (Yes/No)

If ‘No’, are the Alternate Criteria met? (CD 6-3) (Yes/No)

1. Do all of the trauma panel surgeons have privileges in general surgery? (CD 6–4) (Yes/No)
2. Briefly describe how the TMD oversees all aspects of the multi-disciplinary care, from the time of injury through discharge:
3. Is the attending surgeon present in the operating room for all operations? (CD 6-7) (Yes/No)
* If ‘Yes’, how is this documented?
1. Is there 50% greater attendance documented by each of the general surgeons at the multidisciplinary trauma peer review committee? (CD 6-8, CD 16-15) (Yes/No)
* List each general surgeon and his/her annual percentage of trauma peer review committee meeting attendance in Appendix #2.
1. Have all general surgeons on the trauma panel successfully completed the ATLS course at least once? (CD 6-9) (Yes/No)

**VII. EMERGENCY MEDICINE**

1. Have a copy of the ED trauma flow sheet available at the time of the site visit.
2. Briefly describe the initial credentialing requirements for nurses who treat trauma patients in the ED:
3. Nursing Education (use whole numbers, do not include percent sign)
4. % ATCN:
5. % ENPC:
6. % TNCC:
7. % PALS:
8. % ACLS:
9. % TCAR:
10. % Other (enter description and percentage):
11. Extra certifications for ED nursing staff (use whole numbers, do not include percent sign)
12. % CCRN:
13. % CEN:
14. % PCEN:
15. % CNOR:
16. % CPAN:
17. % Other (enter description and percentage):
18. Briefly describe trauma related continuing education for the nurses working in ED:
19. Does the emergency department have a designated emergency physician director supported by an appropriate number of additional physicians to ensure immediate care for injured patients? (CD 7–1) (Yes/No)

5. Do emergency physicians ever respond to in-house emergencies? (Yes/No)

* If so, briefly describe how the ED covered in their absence:

6. If the emergency physicians cover in-house emergencies, is there a PIPS process demonstrating the efficacy of this practice? (CD 7–3) (Yes/No)

1. Please describe the PIPS process for evaluating impact of this practice:
2. Describe coverage plan for trauma patients presenting to the emergency department when the EM physician is out of the department:
3. Does the facility have an emergency medicine residency training program? (Yes/No)
* If ‘Yes’, is supervision provided by an in-house attending emergency physician 24 hours per day? (CD 7-4) (Yes/No)
1. Are the roles of emergency physicians and trauma surgeons defined, agreed on, and approved by the director of trauma services? (CD 7–5) (Yes/No)

9. Are all of the emergency physicians who care for injured patients U.S. or Canadian board-certified/eligible for certification according to the current requirements? (CD 7–6) (Yes/No)

If ‘No’, are the Alternate Criteria for non-board certified emergency medicine physicians met? (CD 6-3) (Yes/No)10. Are all emergency physicians on the call panel regularly involved in the care of injured patients? (CD 7-7) (Yes/No)

10. Is there a representative from the emergency department participating in the pre-hospital PIPS program? (CD 7–8) (Yes/No)

11. Is there a designated emergency physician liaison available to the trauma director for PIPS issues that occur in the emergency department? (CD 7–9) (Yes/No)

12. Does the emergency medicine liaison on the multidisciplinary trauma peer review committee attend a minimum of 50% of the committee meetings? (CD 7–11, CD 16­15) (Yes/No)

13. Have all of the physicians who are board certified/eligible in emergency medicine successfully completed the ATLS course at least once? (CD 7–14) (Yes/No)

14. Do all physicians who are certified/eligible by boards other than emergency medicine have current ATLS status? (CD 7–15) (Yes/No)

**VIII. NEUROSURGERY**Does the level III center provide Neurosurgery capabilities? (Yes/No)
If ‘Yes’ complete the following section
If ‘No” only complete questions 7 (CD 8-5), 8 (CD 8-6), 9 (CD 8-7), 10 (CD 8-8), 11 (CD-9), 12 (CD 8-10)

1. Is there a designated neurosurgeon liaison? (Yes/No)
* Provide information about the neurosurgeon liaison to the trauma program on Appendix #13.
1. Is there a mechanism in place to monitor the neurosurgeons response within 30 minutes of notification based on the institutions criteria (diagnosis)? (Yes/No)
2. Are qualified neurosurgeons credentialed by the hospital with general neurosurgical privileges? (Yes/No)
3. What is the percentage of severe TBI patients had ICP monitors inserted within 48 hours of admission during the reporting period?

	1. For those severe TBI patients who do not undergo ICP monitoring, is there a PI process in place to review for appropriateness? (Yes/No)
4. Does the center have a predefined and thoroughly developed neurotrauma diversion plan that is implemented when the neurosurgeon on call becomes encumbered? (Yes/No)

6. If there is no back-up schedule, does the hospital provide a formal published contingency plan for times in which a neurosurgeon is encumbered upon the arrival of a neurotrauma case? (CD 8-5) (Yes/No)

7. Are the neurosurgeons dedicated to this hospital when on trauma call (i.e. ­ Not taking simultaneous call at another hospital)? (CD 8­6) (Yes/No)

1. If 'No', is there a published back­up call schedule? (Yes/No)

8. Is there a trauma medical director approved plan that determines which types and severity of neurologic injury patients should remain at the facility and which should be transferred, when no neurosurgical coverage is present? (CD 8–7) (Yes/No)

9. Are there transfer agreements with appropriate Level I and Level II trauma centers? (CD 8–8) (Yes/No)

10. In all cases, whether patients are admitted or transferred, is the care timely, appropriate, and monitored by the PIPS program? (CD 8–9) (Yes/No)

11. Are all of the neurosurgeons who take trauma call U.S. or Canadian board-certified/eligible for certification according to the current requirements? (CD 8–10) (Yes/No)

 If ‘No’, are the Alternate Criteria for Non-Board-Certified Neurosurgeons met? (CD 6-3) (Yes/No)

1. Is there participation by the neurosurgeon on the multidisciplinary trauma peer review committee? (CD 8-13) (Yes/No)

**IX. ORTHOPAEDIC SURGERY**

1. Is there an Orthopaedic trauma OR available daily? (CD 9–2) (Yes/No)

* If ‘Yes’, please describe:

2. Is there an orthopaedic surgeon who is identified as the liaison to the trauma program? (CD 9–4) (Yes/No)

3.

4. Are the on­call orthopaedic team members dedicated to the hospital (i.e. Do not take call simultaneously at another hospital)? (CD 9­12) (Yes/No)

1. If 'No', is there a published back­up call ? (Yes/No)
2. If 'Yes', please describe the back­up call system:

5. Does the PIPS process review the appropriateness of the decision to transfer or retain major orthopaedic trauma patients? (CD 9­13) (Yes/No)

6. Average time to wash out of open tibial fractures secondary to a blunt mechanism; report as average and range:

7. Average time to first antibiotic administration for open tibial fractures secondary to a blunt mechanism:

8. The number of operations performed at this institution during the reporting year for pelvic ring and acetabular fractures secondary to a trauma mechanism, excluding isolated hip fractures:

1. Pelvic ring injuries:
2. All acetabular fracture patterns:
3. How many of these patients had neurological deficits?

***Note: Do not include hip fractures or injures that result from a trip/fall.***

9. Percent of femoral shaft fractures (defined as intramedullary rod, external fixation or ORIF) stabilized within 24 hours of admission:

10. Does the orthopaedic service participate actively with the overall trauma PIPS program and the multidisciplinary trauma peer review committee? (CD 9–15) (Yes/No)

11. Does the orthopaedic trauma liaison attend a minimum of 50% of the multidisciplinary trauma peer review meetings? (CD 9–16, CD 16­15) (Yes/No)

12. Are all of the orthopaedic surgeons who take trauma call U.S. or Canadian board-certified/eligible for certification according to the current requirements? (CD 9–17) (Yes/No)

 If ‘No’, are the Alternate Criteria for Non-Board-Certified Orthopedic Surgeons met? (CD 6-3) (Yes/No)

**XI. COLLABORATIVE CLINICAL SERVICES**

**A. Anesthesiology**

1. Are anesthesiology services available within 30 minutes for emergency operations? (CD 11–1) (Yes/No)
2. Are anesthesiology services promptly available within 30 minutes for airway problems? (CD 11–2) (Yes/No)
3. Is there an anesthesiologist/CRNA\* who is highly experienced and committed to the care of injured patients and who serves as the designated liaison to the trauma program? (CD 11-3) (Yes/No)

\*Only for Level III, where CRNAs are licensed to practice independently may function as the anesthesia liaison, refer to Clarification Document.

4. Number of anesthesiologists on staff?

5. How many anesthesiologists are on backup call during off-hours?

6. Is the availability of the anesthesia services and the absence of delays in airway control or operations documented by the hospital PIPS process? (CD 11­6) (Yes/No)

7. Are the anesthesia services available 24 hours a day and present for all operations? (CD 11–7) (Yes/No)

8. If the trauma center does not have in­house anesthesia services, are protocols in place to ensure the timely arrival at the bedside of the anesthesia provider within 30 minutes of notification and request? (CD 11–8) (Yes/No)
 If 'Yes', please describe:

9. If the trauma center does not have in-house anesthesia services, is there documentation of the presence of physicians skilled in emergency airway management? (CD 11­9) (Yes/No)

* If 'Yes', please describe:

10. Does the anesthesiology liaison participate in the trauma PIPS process and attend at least 50% of the multidisciplinary trauma peer review meetings? (CD 11­12, CD 11­13, CD 16­15) (Yes/No)

**B. Operating Room**

1. Is the operating room adequately staffed and available within 30 minutes? (CD 11­17) (Yes/No)

1. Number of operating rooms:

2 . Does the PIPS program evaluate operating room availability and delays when an on­call team is used? (CD 11–18) (Yes/No)

3. Does the facility have rapid fluid infusers, thermal control equipment, resuscitation fluids, intraoperative radiologic capabilities, equipment for fracture fixation, and equipment for bronchoscopy and gastrointestinal endoscopy? (CD 11–19) (Yes/No)

**Skip question #5 if Level III trauma centers does not offer neurosurgery service**

4. Does the trauma center have the necessary equipment to perform craniotomy? (CD 11–20) (Yes/No)

**C. Post - Anesthesia Care Unit (PACU)**

1. Number of beds:
2. Is the PACU ever used as an overflow for the ICU? (Yes/No)
3. Does the PACU have qualified nurses available 24 hours per day as needed during the patient's post­anesthesia recovery phase? (CD 11­24) (Yes/No)
4. If the PACU is covered by a call team from home, is there documentation by the PIPS program that PACU nurses are available and delays are not occurring? (CD 11–25) (Yes/No)
* If 'Yes', please describe:
1. Briefly describe credentialing requirements for nurses who care for trauma patients in PACU:
2. Nursing Education (use whole numbers, do not include percent sign)
3. % ENPC:
4. % TNCC:
5. % PALS:
6. % ACLS:
7. % TCAR:
8. % Other (enter description and percentage):
9. Does the PACU have the necessary equipment to monitor and resuscitate patients? (CD 11­26) (Yes/No)

**D. Radiology**

1. Does the trauma center have policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to and while in the radiology department? (CD 11–28) (Yes/No)
2. Who provides FAST for trauma patients? (Check all that apply)
3. Radiology
4. Surgery
5. ED Physician
6. None
7. Describe your institution’s policy for obtaining FAST exams for injured patients:
8. Describe your institution’s QI policy for FAST exams:
9. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? (Yes/No)
10. Are conventional radiography (CD 11­29), and computed tomography (CD 11­30), available 24 hours per day? (Yes/No)

7. Are radiologists available within 30 minutes in person or by teleradiology, for the interpretation of radiographs? (CD 11­32) (Yes/No)

1. Are radiologists in­house 24/7? (Yes/No)
2. If 'No', who reads radiology studies after hours?
3. How is diagnostic information from radiologic studies communicated to the trauma team?
4. If an error is identified on initial radiologic interpretation, what is the policy for notifying the physician?

8. Is diagnostic information communicated in a written electronic form and in a timely manner? (CD 11­34) (Yes/No)

9. Is critical information deemed to immediately affect patient care verbally communicated to the trauma team in a timely manner? (CD 11–35) (Yes/No)

10. Do final reports accurately reflect the chronology and content of communications, including changes between preliminary and final interpretations? (CD 11–36) (Yes/No)

11. Are changes in interpretation between preliminary and final reports, as well as missed injuries monitored through the PIPS program? (CD 11–37) (Yes/No)

1. Describe your institution’s process for tracking changes in radiology interpretation and missed injuries:
2. Describe how these are monitored through PIPS:

12. If the CT technologist takes call from outside the hospital, does the PIPS program document the technologist’s time of arrival at the hospital? (CD 11-47)
 If 'Yes', briefly describe:

 **E. Intensive Care Unit (ICU)**

1. ICU Beds.
2. Total ICU beds (Includes medical, coronary, surgical, pediatric, etc.):
3. Total Pediatric:
4. Total Surgical:
5. Do you have a step­down or intermediate care unit? (Yes/No)
6. Describe how quality of care issues are resolved in the ICU:
7. Does your institution have palliative care available? (Yes/No)
8. If 'Yes', describe how this palliative care team is incorporated into end of life issues:
9. Total number of Trauma ICU deaths:
10. Of total ICU deaths, # of withdrawal of care:
11. Of total of ICU deaths, # transferred to hospice care:

3. Does the trauma center have a surgical director or co­director for the ICU who is responsible for setting policies and administration related to trauma ICU patients? (CD 11­53) (Yes/No)

4. Is the ICU director or co­director a surgeon who is board certified/eligible for certification by the current standard requirements? (CD 11–54) (Yes/No)

5. When the patient is critically ill, is there a mechanism in place to provide ICU physician coverage within 30 minutes 24 hours per day? (CD 11–56) (Yes/No)

 If ‘Yes’, please describe:

6. Does the PIPS program review all ICU admissions and transfers of ICU patients ensure appropriateness of patients being selected to remain at the Level III trauma center vs. being transferred to a higher level of care? (CD 11–57) (Yes/No)

7. Does the trauma surgeon retain responsibility for the patient and coordinate all therapeutic decisions in the ICU? (CD 11­58) (Yes/No)

8. Is the trauma surgeon kept informed of and concurs with major therapeutic and management decisions made by the ICU team? (CD 11­59) (Yes/No)

 If ‘Yes’, please describe:

9. .Does the PIPS program document the timeliness and appropriate ICU care and coverage is being provided? (CD 11-60) (Yes/No)

10. Is there designated ICU liaison to the trauma service? (CD 11–61) (Yes/No)

11. Does the ICU liaison attend at least 50% of the multidisciplinary trauma peer review committee meetings? (CD 11–62, CD 16­15) (Yes/No)

12. Are qualified critical care nurses available 24 hours per day to provide care during the ICU phase? (CD 11­65) (Yes/No)

13. Does the patient/nurse ratio exceed 2:1 for critically ill patients in the ICU? (CD 11­66) (Yes/No)

* If 'Yes', please describe:

14. Does the ICU have the necessary equipment to monitor and resuscitate patients? (CD 11­67) (Yes/No)

15. If neurotrauma patients are admitted, is intracranial pressure monitoring equipment available? (CD 11-68) (Yes/No)

**F. Primary Care Physicians**

1. Are trauma patients admitted or transferred by a primary care physician with the knowledge and consent of the trauma service? (CD 11–69) (Yes/No)
* If ‘Yes’, describe how the PIPS process monitor adherence to this guideline: (CD 11–69)

**G. Other Specialists**

1. For all patients being transferred for specialty care, such as burn care or replantation surgery, cardiopulmonary bypass capability, complex ophthalmologic surgery, or high­complexity pelvic fractures, agreements with a similar or higher­qualified verified trauma center should be in place.

A .For complex cases being transferred out, does the contingency plan (CD 8–5) include the following:

* A credentialing process to allow the trauma surgeon to provide initial evaluation and stabilization of the patient.
* Transfer agreements with similar or higher-verified trauma centers.
* Direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
* Monitoring of the efficacy of the process by the PIPS programs.

 2. Are internal medicine specialists part of the medical staff? (CD 11-74) (Yes/No)

**H. Support Services**

1. Is a respiratory therapist available and on call 24 hours per day? (CD 11–76) (Yes/No)

2. Does the trauma center have either dialysis capabilities or a transfer agreement? (CD 11­78) (Yes/No)

 **J. Clinical Laboratory and Blood Bank**

1. Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including microsampling, when appropriate? (CD 11­80) (Yes/No)
2. Is the blood bank capable of blood typing and cross matching? (CD 11­81) (Yes/No)
3. What is the average turnaround time for type­specific blood (minutes)?
4. What is the average turnaround time for full cross­matched blood (minutes)?

3. Does the blood bank have an adequate supply of packed red blood cells and fresh frozen plasma available within 15 minutes? (CD 11–83) (Yes/No)

4. Does the facility have a massive transfusion protocol developed collaboratively between the trauma service and the blood bank? (CD 11­84) (Yes/No)

1. Describe your MTP:
2. Number of times activated in the last year:
3. Describe your PIPS process, if any, for MTP activation:

5. Do you have an anticoagulation reversal protocol? (Yes/No)

1. Please describe:
2. Which products do you have available for rapid anticoagulation reversal other than Vitamin K and fresh frozen plasma?
3. Do they require approval for emergent use? (Yes/No)

6. Is there 24 hour per day availability for coagulation studies, blood gas analysis, and microbiology studies? (CD 11­85) (Yes/No)

**K. Advanced Practitioners (APs)**

1. Does the trauma or ED utilize APs in the initial evaluation of trauma patients during the activation phase? (Yes/No)
2. If yes, are all APs current in ATLS? (CD 11-86) (Yes/No)
3. Which advanced practitioners participate in the initial evaluation of trauma patients? (Check all that apply)
4. Trauma
5. Emergency medicine
6. Orthopaedics
7. Neurosurgery
8. Other (if other, please describe):
9. Does the trauma program demonstrate appropriate orientation, credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the TMD? (CD 11–87) (Yes/No)

**XII. REHABILITATION SERVICES**

1. Describe the composition of your in­house rehabilitation team:
2. Describe the role and relationship of the rehabilitation services to the trauma service (include where and when rehabilitation begins):
3. Which of the following services does the hospital provide?
4. Physical therapy (CD 12-3) (Yes/No)
5. Social services (CD 12-4) (Yes/No)
6. Occupational therapy (Yes/No)
7. Speech therapy (Yes/No)

3. Is there a screening program in place for PTSD? (Yes/No)

**XIII. RURAL TRAUMA CARE**

**XIV. BURN PATIENT**

1. Number of burn patients transferred for acute care during reporting year.
* Transferred In:
* Transferred Out:
1. Does the trauma center that refer burn patients to a designated burn center have in place a written transfer agreement with the referral burn center? (CD 14–1) (Yes/No)

**XV. TRAUMA REGISTRY**

1. What registry program does the hospital use?
2. Are trauma registry data collected and analyzed? (CD 15­1) (Yes/No)
3. Is this data submitted to the National Trauma Data Bank® (NTDB®) every year in a timely fashion so that they can be aggregated and analyzed at the national level? (CD 15–2, CD 10­35) (Yes/No)
4. Does the trauma registry support the PIPS process? (CD 15–3) (Yes/No)
* Describe how the registry is used in the PIPS process to identify and track opportunities for improvement:
1. Does the trauma registry identify injury prevention priorities that are appropriate for local implementation? (CD 15–4) (Yes/No)
2. Does the center participate in a risk-adjusted benchmarking program? (CD 15­5) (Yes/No)
3. What risk-adjusted benchmarking program does the hospital participate in?
4. Provide an example of how the risk­adjusted benchmarking data is shared within the PI committees or with trauma program stakeholders.
5. Are at least 80% of the trauma cases entered into the trauma registry within 60 days of discharge? (CD 15­6) (Yes/No)
6. Have all registrars attended the two required courses within 12 months of being hired? (CD 15–7) (Yes/No)

a. If ‘Yes’, please select all that apply.

* 1. The American Trauma Society’s Trauma Registrar Course (Yes/No)
	2. The Association of the Advancement of Automotive Medicine’s Injury Scaling Course (Yes/No)

b.If 'other, please briefly describe:

1. Does the trauma program ensure that trauma registry confidentiality measures are in place? (CD 15­8) (Yes/No)
* If 'Yes', please explain:
1. Is there one full­time equivalent employee dedicated to the registry available to process data capturing the NTDS data set for each 500–750 admitted trauma patients annually? (CD 15–9) (Yes/No)
2. Please describe the FTE staffing model for the registry:
3. Are there strategies for monitoring data validity for the trauma registry? (CD 15­10) (Yes/No)
4. Describe the registry data validation process used by the center. For example provide the percentage of charts abstracted by another registrar, audits performed by benchmark sources, state audits, etc.:

**XVI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS)

A. Performance Improvement PI Program**

1. Describe how your PI plan incorporates or assigns levels of review (primary, secondary, tertiary) for events/issues identified through the PI process:
2. Is there a rigorous multidisciplinary performance improvement to evaluate overtriage and undertriage rates to attain the optimal goal of less than 5 percent undertriage? (CD 3–3) (Yes/No)
* Describe how your center defines over and undertriage and your PI process for undertriage: (CD 16–7)
1. Are nursing issues reviewed in the trauma PI Process? (Yes/No)
* If 'No', briefly describe how nursing units ensure standards and protocols are followed:
1. Describe the PIPS plan that includes a comprehensive written plan outlining the configuration and identifying both adequate personnel to implement that plan and an operational data management system: (CD 16–1)
2. How is loop closure (resolution) achieved? (CD 16–2)
3. Who is responsible for loop closure of both system and peer review issues?
4. List 2 examples of loop closure involving peer review issues during the reporting year:
5. List 2 examples of loop closure involving system issues during the reporting year:
6. How is PI integrated with the overall hospital PIPS program and the provision of feedback? (CD 16–3)
7. In an effort to reduce unnecessary variation in care provided, does the trauma program use clinical practice guidelines, protocols, and algorithms derived from evidence based validated resources? (CD 16–4) (Yes/No)

1. Are all the process and outcome measures documented within the PIPS program plan reviewed and updated annually? (CD 16–5) (Yes/No)
2. Are transfers to a higher level of care within the institution identified and reviewed? (CD 16-8) (Yes/No)

If ‘Yes’, describe briefly:

1. Describe mechanisms used to identify, verify, and validate events for review: (CD 16-10, CD 16-11)

1. Describe the process for addressing trauma program operational events: (CD 16-12)
2. Describe the process for selecting cases that require multidisciplinary peer review: (CD 16-14)
3. Has each member of the multidisciplinary peer review committee attended at least 50% of all meetings? (CD 16-15) (Yes/No)
4. When general surgeons cannot attend the multidisciplinary trauma peer review meeting, the trauma medical director must ensure they receive and acknowledge the receipt of critical information generated at the meeting to close the loop. Is this performed at the facility? (CD 16-16) (Yes/No)
* If ‘Yes’, describe how this is performed:

**B. Mortality Review**

1. Are all trauma related mortalities systematically reviewed with opportunities for improvement identified for peer review? (CD 16–6, CD 16­17, CD 16­18, CD 16­19) (Yes/No)
* Briefly describe the process:
1. How many trauma deaths were there during the reporting year?
2. DOA:
3. Deaths in ED (DIED):
4. In­hospital (include OR):
5. List the number of deaths categorized as follow:
6. Mortality without Opportunity for Improvement:
7. Anticipated mortality with Opportunity for Improvement:
8. Unanticipated mortality with Opportunity for Improvement:

**D. Evidenced-Based Guideline**

1. Does the facility have a manual for trauma guidelines and protocols? (Yes/No)

a.If 'Yes', have a copy available at the time of the site visit labeled as attachment 3­2.

b.How many and how are they developed?

2. Has the trauma program instituted any trauma guidelines and protocols since the last review? (Yes/No)

1. If 'Yes', briefly describe:
2. Briefly describe how compliance with the guidelines and protocols are monitored:

**XVII. EDUCATION ACTIVITIES / OUTREACH PROGRAMS**

1. Is the trauma center engaged in public and professional education? (CD 17­1) (Yes/No)
* If ‘Yes’, briefly describe:

2. Does the hospital provide a mechanism for trauma­related education for nurses involved in trauma care? (CD 17­4) (Yes/No)

* If ‘Yes’, briefly describe:

3. Is there any hospital funding for physician, nursing or EMS trauma education? (Yes/No)

* If 'Yes', briefly describe:

4. Describe the trauma education program, including examples (list no more than 3 examples of each) for:

1. Physicians:
2. Nurses:
3. Prehospital providers:

**XVI. PREVENTION**

1. Does the trauma center demonstrate the presence of injury prevention activities that center on priorities based on local data? (CD 18–1) (Yes/No)
2. What are the three leading causes of injury in your community?
3. Does the trauma center have someone in the leadership position that has injury prevention part of his or her job description? (CD 18­2) (Yes/No)

If ‘Yes’, list name and title of individual:

4. Does the PIPS process ensure there is universal screening for alcohol use for all injured trauma patients? (CD 18-3) (Yes/No)

5. Is there a lead person from the trauma program overseeing 'alcohol screening and brief intervention'? (Yes/No)

1. Who is the lead for SBI?

6. Is intervention provided for all patients who screen positive? (Yes/No)

 If ‘Yes’, what is the mechanism for providing brief intervention?

7. Do you track compliance with interventions for all patients who screen positive? (Yes/No)

**XX. DISASTER PLANNING**

1. Can the hospital respond to the following hazardous materials?
2. Radioactive (Yes/No)
3. Chemical (Yes/No)
4. Biological (Yes/No)
5. Does the hospital meet the disaster­related requirements of the Joint Commission? (CD 20­1) (Yes/No)
6. Is a trauma panel surgeon a member of the hospital's disaster committee? (CD 20­2) (Yes/No)
7. Are there hospital drills that test the hospital's disaster plan conducted at least twice a year, including actual plan activations that can substitute for drills? (CD 20–3) (Yes/No)
8. Does the trauma center have a hospital disaster plan described in the hospital’s policy and procedure manual or equivalent? (CD 20­4) (Yes/No)

 **XXI. SOLID ORGAN PROCUREMENT**

1. Does the facility have a solid organ procurement program? (CD 21-1) (Yes/No)
* If 'Yes', how many trauma referrals were made to the regional organ procurement organization the reporting year?
1. Is there a written policy in place for triggering notification of the regional OPO? (CD 21-2) (Yes/No)
2. How many trauma patient donors in the reporting year? (CD 16-9)
* Number of donations (excluding eyes and skin) from:
	+ Brain death criteria
	+ After cardiac death
1. Does the facility have written protocols defining the clinical criteria and confirmatory tests for diagnosis of brain death? (CD 21-3) (Yes/No)

**Appendix #1 ­ Trauma Medical Director (TMD)**

1. Name:

First: Last:

1. Medical School:
	* Year Graduated:
2. Type of Residency:
3. Board Certified: (Yes/No)
	* If ‘Yes’, year of current certification (enter expiration date):
	* Specialty:
4. List added qualifications/certifications giving the Specialty and date received:
5. Is the TMD a Fellow of the American College of Surgeons? (Yes/No)
6. ATLS current: (Yes/No)
 Highest Level:
	1. Instructor
	2. Provider
7. Trauma CME - External (within the last three years):
8. Trauma admissions per year:
9. Number of admits where ISS > 15 per year:
10. Trauma-related Societal Memberships (check all that apply)
	1. State COT Chair or Vice Chair
	2. Other
		* If ‘Other’, please list:
11. Number of non-trauma operative cases per year:
12. Number of trauma operative cases per year (Trauma operations limited to those requiring spinal or general anesthesia in the operating room).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Residency (where and when completed)** | **Board Certification must be current, enter expiration date S=American Board of Surgery****OS=Osteopathic Surgery****CC=Critical Care** **PS=Pediatric Surgery** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor(CD 6–9) Type II / L1-3)** | **Frequency of trauma calls per month (Days)** | **Number of trauma patients admitted per year** | **CME (external / internal trauma related)Not required for L3** | **Number of Operative Cases per year** | **% Attendance at PI Meeting (>50%)** |
|  |  | Where | When | Type | Year / Recert | Status | Expiration Date |  |  |  | Trauma | Non-Trauma |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Appendix #2 ­ Trauma Surgeons**Please list all surgeons currently taking trauma call:

**Appendix #3 ­ Neurosurgeons**Please list all neurosurgeons currently taking trauma call:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Residency(where and when completed)** | **Board Certification must be current, enter expiration date NS who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Frequency of trauma calls per month(Days)** | **Number of Trauma Craniotomies per year** | **CME (external / internal trauma related)Not required for L3** |
|  |  | Where | When | Type | Year / Recert | Status | Expiration Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Appendix #4 ­ Orthopaedic Liaison to the Trauma Program**

1. Name:
 **First: Last:**
2. Medical School:
	* Year Graduated:
3. Post graduate training institution (residency):
	* Year Completed:
4. Type of Fellowship:
	* Year Completed:
5. Board Certified: (Yes/No)
	* If ‘Yes’, year of current certification (enter expiration date):
6. Ever ATLS certified? (Yes/No)
ATLS Level:
	1. Instructor
	2. Provider
	3. None
7. FACS: (Yes/No)
8. Trauma-related Societal Memberships (check all that apply)
	1. Orthopaedic Trauma Association (OTA)
	2. American Academy of Orthopaedic Surgery (AAOS)
	3. Other
		1. If ‘Other’ list the societal memberships:
9. Trauma CME - External (within the last 3 years):

**Appendix #5 ­ Orthopaedic Surgeons**

Please list all orthopaedic surgeons taking trauma call and / or those who have completed an Orthopaedic Trauma Fellowship (OTA)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Residency(where and when completed)** | **Board Certification must be current, enter expiration date OS who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Frequency of trauma calls per month(Days)** | **CME (external / internal trauma related)Not required for L3** | **OTA Fellowship** |
|  |  | Where | When | Type | Year / Recertified  | Status | Expiration Date |  |  | Where\* | When | Length |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Appendix #6 ­ Emergency Medicine Liaison to the Trauma Program**

1. Name:
 First: Last:
2. Medical School:
	* Year Graduated:
3. Post graduate training institution (residency):
	* Year Completed:
4. Board Certified in Emergency Medicine: (Yes/No)
	* If ‘Yes’, year of current certification (enter expiration date):
5. Ever ATLS certified? (Yes/No)
 ATLS Level:
	1. Instructor
	2. Provider
	3. None
6. Board Certified in Other Specialty: (Yes/No)
	* If ‘Yes’, please specify:
	* Year of current certification:
	* Current ATLS: (Yes/No)
		1. ATLS Level
			1. Instructor
			2. Provider
			3. None
7. Trauma CME - External (within the last 3 years):

**Appendix #7 ­ Emergency Medicine**Please list all emergency department physicians on the trauma panel

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Residency(where and when completed)** | **Board Certification must be current, enter expiration dateEM Physicians who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Number of shifts per month** | **Length of shifts** | **CME (external / internal trauma related)****Not required for L3** |
|  |  | Where | When | Type | Year /Recert | Status | Expiration Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Appendix #8 ­ Anesthesiologist Liaison to the Trauma Program**

1. Name:

 Fist: Last:

1. Medical School:
	* Year Graduated:
2. Post graduate training institution (residency):
	* Year Completed:
3. Fellowship:
	* Year Completed:
4. Board Certified by the American Board of Anesthesiology: (Yes/No)
	* If ‘Yes’, year of current certification (enter expiration date):
5. Ever ATLS certified? (Yes/No)

ATLS Level:

* 1. Instructor
	2. Provider
	3. None

**Appendix #9 – PIPS Committee- MULTIDISCPLINARY TRAUMA PEER REVIEW**

**Performance Improvement and Patient Safety (PIPS) COMMITTEES**

 **MULTIDISCIPLINARY TRAUMA PEER REVIEW**

The hospital’s Multidisciplinary Trauma Peer Review Committee which improves trauma care by reviewing selected deaths, complications, and sentinel events with objective identification of issues and appropriate responses (CD5.18, CD5.19, CD5.20, and CD5.21)

1. Name of Committee:
2. What is the purpose of the committee? Multidisciplinary Peer Review
3. Name / Title of Chairperson:
4. How often does this committee meet?
5. Attendance of specialty panel members:

|  |  |
| --- | --- |
| TMD: | % |
| TPM: | % |
| Trauma Surgeons: | Refer to appendix #2 |
| Emergency Medicine Liaison or Designated Representative: | % |
| Neurosurgery Liaison or Designated Representative: | % |
| Orthopaedics Liaison or Designated Representative: | % |
| Anesthesia Liaison or Designated Representative: | % |
| Radiologist Liaison or Designated Representative: | % |
| ICU Director Liaison or Designated Representative: | % |

1. Committee reports to whom?

**Appendix # 10 – PIPS Committee – Multidisciplinary Trauma Systems/Operations Committee**

**Performance improvement and Patient Safety (PIPS) COMMITTEES**

**Multidisciplinary Trauma Systems / Operations Committee**

TRAUMA PROGRAM OPERATIONAL PROCESS PERFORMANCE COMMITTEE (previously named Multidisciplinary System Committee)

Name of Committee:

What is the purpose of the committee? Multidisciplinary Trauma Systems/Operations

Name / Title of Chairperson:

Are there attendance requirements? (Yes/No)

If ‘Yes’, describe

Attendance of specialty panel members:

|  |  |
| --- | --- |
| TMD: | % |
| TPM: | % |
| Trauma Surgeons: | % |
| Emergency Medicine: | % |
| Neurosurgery: | % |
| Orthopaedics: | % |
| Anesthesiologist  | % |
| Radiologist  | % |
| ICU Director: | % |

Committee reports to whom?:

**Appendix #11 ­ Radiologist Liaison to the Trauma Program.**

1. Name:
 First: Last:
2. Medical School:
	1. Year Graduated:
3. Post graduate training institution (residency):
	1. Year Completed:
4. Fellowship:
	1. Year Completed:
5. Board Certified by the American Board of Radiology: (Yes/No)
	1. If ‘Yes’, year of current certification (enter expiration date):
6. Ever ATLS certified? (Yes/No)
 ATLS Level:
	1. Instructor
	2. Provider
	3. None

**Appendix #12 ­ Surgical Critical Care Liaison to the Trauma Program – if different than the TMD**

1. Name:

 First: Last:

1. Medical School:
	* Year Graduated:
2. Type of Residency:
3. Post graduate training institution (residency):
	* Year Completed:

|  |  |  |
| --- | --- | --- |
| Fellowships | Where Completed (Institution) | Year Completed |
| Trauma |  |  |
| Surgical Critical Care |  |  |
| Pediatric Surgery  |  |  |
| Other |  |  |

1. Board Certified: (Yes/No)
	* If ‘Yes’, year of current certification (enter expiration date):
2. Specialty:
	* List added qualifications/certifications giving the Specialty and date received:
3. Is a Fellow of the American College of Surgeons? (Yes/No)
4. ATLS current: (Yes/No)
 Highest Level:
	1. Instructor
	2. Provider
5. Trauma CME - External (within the last three years):

**Appendix #13 ­ Neurosurgeon Liaison to the Trauma Program**

1. Name:
(Firstname Lastname Only; do not include Dr., M.D., or D.O.)
2. Medical School:
* Year Graduated:
1. Post graduate training institution (residency):
* Year Completed:
1. Fellowship:
* Year Completed:
1. Board Certified: (Yes/No)
* If ‘Yes’, year of current certification:
1. Ever ATLS certified? (Yes/No)
ATLS Level:
2. Instructor
3. Provider
4. None
5. FACS: (Yes/No)
6. Trauma-related Societal Memberships (check all that apply)
7. American Association of Neurological Surgery (AANS)
8. Congress of Neurological Surgery (CNS)
9. Other
	* If ‘Other’, list other societal memberships:
10. Trauma CME - External (within the last 3 years):

**Appendix #14 ­ Neurosurgeons**Please list all neurosurgeons currently taking trauma call:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Delete** | **Name** | **Residency(where and when completed)** | **Board Certification must be current(type and year)NS who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Frequency of trauma calls per month(Days)** | **Number of Trauma Craniotomies per year** | **CMEs (external and/or trauma related)****Not required for L3** |
|  |  | Where | When | Type | Year / Recert | Status | Expiration Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Utah Department of Health**

**Bureau of Emergency Medical Services and Preparedness**

**TRAUMA CENTER & RESOURCE HOSPITAL CAPABILITIES**

|  |  |
| --- | --- |
| **Facility Administrator:** | **Phone Number:**  |
| **Email Address:**  |
| **Emergency Department Medical Director:** | **Phone Number:**  |
| **Email Address:**  |
| **Emergency Department Nurse Manager:** | **Phone Number:** |
| **Email Address:**  |
| **Pediatric Emergency Care Coordinator:** | **Phone Number:**  |
| **Email Address:** |
| **EMS Agencies in Catchment Area** |
| **Agency** | **City** | **Service Level** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Dispatch Center Name: Phone Number:**  |
| **Communication Capabilities: Radio:☐ Other:☐ (EXPLAIN)**  |
| **Facility Helipad GPS Location:**  |

|  |
| --- |
| THE RESPONSES TO THESE QUESTIONS ARE REQUIRED IN ACCORDANCE WITH STATE RULES: **R426-9-500**  **and R426-9-1000** PLEASE RESPOND AS ACCURATELY AS POSSIBLE - USE AS MUCH SPACE AS YOU NEEDIf you need clarification or assistance, please e-mail Carl Avery at carlavery@utah.govor call (385) 522-1685 |

**Prior to the verification survey:**

A letter from the hospital administrator requesting designation as a Level III Trauma Center must be submitted, accompanying this form to:

Carl Avery, RN CFRN

Bureau of Emergency Medical Services

P.O. Box 142004

Salt Lake City, Utah 84114-2004

Questions regarding this application and the designation process should be addressed to Carl Avery (801) 273-4161 carlavery@utah.gov

**An Invoice for the designation will be sent separately.**

**This application and ALL supporting documentation should be completed in electronic format and emailed as an attachment (carlavery@utah.gov)**