

**WV Level IV Trauma Center  
Pre-Review Questionnaire (PRQ)**

**Name of Facility:** (As you want on your Designation Certificate):

**Hospital Address:**

**City, State, Zip:**

**I. Site Survey**

**A. Type of Review**

- Consultation
- Verification
- Re-verification

**B. Reporting Period for Trauma Registry Data [Will be provided to you by the WV Office of Emergency Medical Services (OEMS), Trauma Designation Unit]:**

**C. Describe any Trauma Program changes (Administrative/Personnel) that have occurred since the last Consultation/Verification/Re-verification review.**

**II. Hospital Information**

**A. Tax Status**

- Community – For Profit
- Community – Not for Profit
- University – For Profit
- University – Not for Profit
- Public Entity

**B. Critical Access**  Yes  No

**C. Payor Mix (Use previous fiscal year for all patient data; Use Trauma Registry Verification Report for Trauma Patient Information)**

<b>Payer</b>	<b>All Patients (%)</b>	<b>Trauma Patients (%)</b>
Commercial		
Medicare		
Medicaid		
HMO/PPO		
Workman's Compensation		
Uncompensated/Indigent		
Other/Not Specified		

**D. Hospital Beds**

<b>Hospital Beds</b>	<b>Adult</b>	<b>Pediatric</b>	<b>Total</b>
Licensed			
Staffed			
Average Census			

**(CE) = Critical Element      (E) = Essential Element**

**III. Institutional Organization**

**Administration Commitment**

The decision to become a WV Designated Trauma Center requires the commitment of the facility's administrative and medical staff. The commitment assures resources and support will be provided to improve the care provided to injured patients.

Yes  No

**Is there written commitments (resolutions) within the last three (3) years supporting trauma center designation by:**

Yes  No

Yes  No

**Hospital's Governing Body (E) – *(Please attach as Attachment #1)***

**Hospital's Medical Staff (E) – *(Please attach as Attachment #2)***

**Is there specific budgetary support for the Trauma Program such as personnel, education and equipment?**

Yes  No

- Describe below the Budgetary and FTE resource commitment to the Trauma Program including Trauma Program budget cost center.
  
- Describe below the administrative commitment to the Trauma Program.
  
- Describe below the medical staff commitment to the Trauma Program.

**Trauma Program (CE)**  Yes  No

Components of the Trauma Program include the many disciplines/resources that care for the injured patient from the scene of injury until discharge from the facility. The Trauma Program must be multidisciplinary to ensure optimal and timely care of the injured patient. The facility should have the Trauma Program on its organizational chart. The Trauma Program should be placed so it can interact with equal authority with other departments providing patient care.

**Facility organizational chart showing the Trauma Program location – (Please attach as Attachment #3)**

The Trauma Program must have a recognizable internal organizational structure. List the number of support personnel including names, titles, and FTE's (i.e. Trauma Program Manager, Trauma Registrar etc,)

Support Personnel Name	Title	Trauma Program FTE Allocation

Is your Trauma Program involved with WV OEMS activities [e.g. State Trauma Audit Review (STAR), Trauma Registry Workshop, Injury Prevention Coalition, etc]?  Yes  No (Please describe)

1. Total number of Emergency Department (ED) visits for previous fiscal year or reporting period.

2. Total number of Trauma-related ED visits for reporting period used in #1. (ICD-9-CM diagnosis code between 800.00 & 959.9)

3. Trauma Registry Patient System Access (Use Reporting Period Trauma Registry Trauma Service Summary)

System Access	Number
Prehospital (include walk-ins)	
Interfacility	
Intrafacility	
Same Day Surgery	
Total	

4. Mechanism Type (Use Reporting Period Trauma Registry Trauma Service Summary)

Mechanism Type	Number	%
Blunt Trauma		
Penetrating Trauma		
Burn		
Anoxic		
Not Specified		
Total		

**5. Injury Severity and Mortality (Use Reporting Period Trauma Registry Verification Summary)**

ISS	Number	Deaths	% Mortality
0-9			
10-15			
16-24			
> or = 25			
Total			

**6. Inter-Facility Transfers (Use Reporting Period Trauma Registry Verification Summary)**

	Air	Ground	Total
Transfers In			
Transfers Out			

**7. Admitting Service (Use Reporting Period Trauma Registry Verification Summary)**

Service	Number of Admissions	% of Admitted Patients
Trauma		
Neurosurgery		
Orthopedics		
General Surgery		
Other Surgical		
Non-Surgical Service		
Not Specified		
Total		

**8. ED Disposition (Use Reporting Period Trauma Registry Verification Summary)**

Disposition	Number	Admitted to Trauma Service
ED to OR		
ED to ICU		
ED to Floor		

**Trauma Team (CE)**

The Trauma Team consists of physicians, nurses and allied health personnel that respond to your Trauma Team Activations (TTAs). Trauma Team composition may vary according to TTA level. In facilities with on-call surgeons, ideally there will be two levels of TTAs with the highest level, a Priority 1 (P1) requiring the surgeon's participation in the initial patient resuscitation. The WV OEMS minimum criteria for P1 TTA and must be included in the facility specific TTA policy:

 Yes  No
**Trauma Team Activation (TTA) Policy (E) (Please attach your TTA policy as Attachment #4)**

Does your P1 criterion include the minimum WV OEMS P1 TTA criteria (CE)?

 Yes  No

 Yes  No

**P1 TTA criteria (check all that apply):**

- Confirmed B/P <90 at any time in adults and age specific hypotension in children (CE)
- Respiratory compromise/obstruction and/or intubation (CE)
- Transfer patients from other hospitals receiving blood to maintain VS (CE)
- Gunshot wounds (GSWs) to the abdomen, neck, or chest (CE)
- Glasgow Coma Score (GCS) <8 with mechanism attributed to trauma (CE)
- Emergency physician's discretion (CE)
- Other

**ED Response (Use Reporting Period Trauma Registry Verification Summary and Trauma Service Summary with P1 Query and P2 Query)**

ED Response	Number	# D/C'd to Home from ED/%
P1 TTA before Patient Arrival		
P1 TTA after Patient Arrival		
P2 TTA before Patient Arrival		
P2 TTA after Patient Arrival		
ED Evaluation		
Other		
Direct Admits		
Same Day Surgery Pts.		
Not Specified		
Total		

The composition of the Trauma Team for each level of TTA is articulated.

 Yes  No

Who is responsible for the TTA decision? (check all that apply)

- ED Physician       Station Clerk
- ED Nurse             Other (describe)

How are Trauma Team Members notified of a TTA? (check all that apply)

- Overhead House Page       Alpha Numeric Pagers
- Individual Pagers             Telephone Call
- Other (describe)

Who is responsible for notifying general surgeon and out of house trauma team member notification?

- ED Physician                 Facilities
- ED Nurse                     Supervisor
- Hospital Operator           Other

Is the General Surgeon required per policy to respond to the ED within thirty (30) minutes for P1 TTAs (CE)?

Yes  No

Is General Surgeon compliance with P1 response monitored, reported and tracked as part of the Trauma PI Process (CE)?

Yes  No

Is Anesthesia service a responding Trauma Team member?

Yes  No

If OR is a resource, are OR personnel responding Trauma Team members for P1 criteria of GSWs to the abdomen, chest or neck?

Yes  No

Does the OR respond for P1 criteria of GSWs to the abdomen, chest or neck when out of house?

Yes  No

Are TTAs monitored as part of your Trauma PI process?

Yes  No

Are patients "undertriaged" based on your TTA criteria identified in your Trauma Registry?

Yes  No

Are patients "undertriaged" based on your TTA criteria monitored and reported as part of your Trauma PI process?

Yes  No

Which WV Emergency Medical Services (EMS) Region is your facility located?

- Region 1
- Region 2
- Region 3/4
- Region 5

- Region 6/7
- Region 8/9
- Region 10/11



List all EMS agencies that routinely bring trauma patients to your ED?

Which WV Medical Command Center provides on-line Medical Command for prehospital care providers in your region and is notified when your facility is on diversion status?

- Regional Command – Beckley, WV
- Huntington MedCom – Huntington, WV
- Charleston MedBase – Charleston, WV
- MCC – Sutton, WV
- WVU MedCom – Morgantown, WV

Do you have a facility specific diversion/bypass policy?  Yes  No *(Please attach your diversion/policy as Attachment #5)*

Does your diversion/bypass policy address diversion of Trauma Patient meeting TTA criteria?  Yes  No

Has your facility gone on diversion/bypass in the past year?  Yes  No *(If yes, please Complete Appendix E for all occurrences of facility bypass in the past 12 months)*

### Trauma Medical Director (TMD) (CE)

This physician leads multidisciplinary activities of the Trauma Program. In a Level IV Trauma Center this physician should have special interest in trauma care. The TMD must have authority to affect all aspects of trauma care and a TMD Job Description reflecting the following:

1. Ultimate accountability for all Trauma Program activities
2. Recommendation of Trauma Team privileges
3. Cooperation with nursing administration to support the nursing needs of the Trauma Patient
4. Development of treatment protocols
5. Coordinate Trauma Performance Improvement (PI) Process
6. Correction of deficiencies in Trauma Care
7. Remove staff from trauma call that do not meet criteria
8. Coordinate Trauma Program budgetary process
9. Identify Trauma Program liaisons from Neurosurgery, Orthopedic Surgery, Emergency Medicine, Anesthesiology and other facility specific disciplines
10. Direct liaison to Administration as Trauma Program advocate

<b>TMD Name</b>	
<b>Area of Specialty</b>	
<b>Date of Appointment to TMD Position</b>	
<b>Name of Medical School &amp; Year Graduated</b>	
<b>Residency</b>	<b>Residency Type</b>
	<b>Training Institution</b>
	<b>Residency Completed</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Dates/Date Completed</b>
<b>Board Certification</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Complete Name of Board</b>
	<b>Date of Expiration</b>
<b>Successful Advanced Trauma Life Support (ATLS) Completion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Instructor (I) or Provider (P)</b>
	<input type="checkbox"/> I <input type="checkbox"/> P
	<b>Date of Expiration</b>
<b>Chairs the Trauma Multidisciplinary PI Committee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chairs the Trauma Peer Review PI Committee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Multidisciplinary Trauma PI Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review PI Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TMD Job Description (Please attach as Attachment #6)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List Additional Qualifications or Certifications</b>	
<b>Trauma CME?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Hours in last 3 Years</b>

**Trauma Program Manager (TPM)/ Trauma Coordinator (TC) (CE)**

An identified TPM/TC has authority and responsibility to monitor trauma patient care from ED arrival through either ED or hospital discharge and is fundamental to development, implementation and evaluation of the Trauma Program. The TPM/TC must have administrative capabilities as well as educational preparation, certification and clinical experience in care of injured patients and assumes day-to-day responsibility for PI activities as they related to nursing and ancillary personnel and assists TMD in carrying out the same functions for physicians. A TPM/TC Job Description must be present and demonstrate lines of authority and responsibility of this role.

<b>TPM/TC Name</b>	
<b>Title</b>	<input type="checkbox"/> TPM <input type="checkbox"/> TC <input type="checkbox"/> Other
<b>Education/Year Obtained (Check all that apply)</b>	<input type="checkbox"/> Nursing Diploma <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other (Describe)
<b>Date of Appointment to TPM/TC Position</b>	
<b>Is the TPM/TC a full-time position dedicated to only the TPM position? FTE/hours allocated to the Trauma Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, indicate actual FTE/Hours below)
<b>TPM reporting status. (Check all that apply)</b>	<input type="checkbox"/> TMD <input type="checkbox"/> Hospital Administration <input type="checkbox"/> ED Nursing Director <input type="checkbox"/> Other <input type="checkbox"/> Nursing Administration
<b>50% Trauma Multidisciplinary Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TPM/TC Job Description <i>(Please attach as Attachment #7)</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Concurrently evaluates the in-house Trauma Patient</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Successful Trauma Nurses Core Course (TNCC) Completion Instructor (I) or Provider (P) Date of Expiration</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I <input type="checkbox"/> P
<b>Is there a Back-up Process for the TPM/TC? (Describe Back-up Process)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List Additional Qualifications or Certifications</b>	



## Trauma Registrar (CE)

<b>Trauma Registrar Name</b>	
<b>Date of Appointment to Trauma Registrar Position</b>	
<b>Education/Year Obtained (Check all that apply)</b>	<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree in _____ <input type="checkbox"/> Bachelor Degree in _____ <input type="checkbox"/> Master's Degree in _____ <input type="checkbox"/> Other (Describe)
<b>Is the Trauma Registrar a full-time position dedicated to only the Trauma Program? FTE/hours allocated to the Trauma Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, indicate FTE/Hours below)
<b>Average amount of time it takes to enter one (1) patient into the Trauma Registry</b>	
<b>Trauma Registrar reporting status. (Check all that apply)</b>	<input type="checkbox"/> TPM/TC <input type="checkbox"/> Nursing Administration <input type="checkbox"/> ED Nursing Director <input type="checkbox"/> Other <input type="checkbox"/> Medical Records
<b>Trauma Multidisciplinary Committee Member</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma Peer Review Committee Member</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma Registrar Job Description (Please attach as Attachment #8)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there a Back-up Process for the Trauma Registrar? (Describe Back-up Process)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List Additional Qualifications or Certifications</b>	

### IV. Clinical Capabilities & Qualifications

**General/Trauma Surgery**

Number of surgeons currently taking emergency/general surgery call \_\_\_\_\_  
 (Complete Appendix A for the surgeons taking call)

Successful ATLS course completion (CE)

Dedicated to single hospital when on trauma call

Minimum of 7 call days or equivalent per physician (CE)

Is General Surgery and Trauma Call the same?

Individual Surgeon Presence at P1 TTAs within 30 minutes with an 80% threshold (CE)

Presence of surgeon at Operative Procedures

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

<b>General Surgery Liaison Name</b>	
<b>Area of Specialty</b>	
<b>Name of Medical School &amp; Year Graduated</b>	
<b>Residency</b>	<b>Training Institution</b> <b>Residency Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Completed</b>
<b>Board Certification</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Board</b> <b>Date of Expiration</b>
<b>Successful ATLS Completion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Instructor (I) or Provider (P)</b> <input type="checkbox"/> I <input type="checkbox"/> P <b>Date of Expiration</b>
<b>50% Trauma Multidisciplinary Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma CME's?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hours in last 3 Years</b>

**Orthopedic Surgery**

Number of Orthopedic surgeons currently taking call \_\_\_\_\_  
 (Complete Appendix B for the Orthopedic surgeons taking call)  
 Dedicated to single hospital when on trauma call  
 Minimum of 7 call days or equivalent per physician (CE)

Yes  No

Yes  No  
 Yes  No

<b>Orthopedic Surgery Liaison Name</b>		
<b>Name of Medical School &amp; Year Graduated</b>		
<b>Residency</b>	<b>Training Institution</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Residency Completed Date Completed</b>	
<b>Board Certification</b>	<b>Name of Board</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Date of Expiration</b>	
<b>Successful ATLS Completion</b>	<b>Instructor (I) or Provider (P)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I <input type="checkbox"/> P
	<b>Date of Expiration</b>	
<b>50% Trauma Multidisciplinary Committee Attendance</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma CME's?</b>	<b>Hours in last 3 Years</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Neurological Surgery (NS)**

Number of Neurosurgeons currently taking call \_\_\_\_\_  
 (Complete Appendix C for the Neurosurgeons taking call)  
 Dedicated to single hospital when on-call  
 Minimum of 7 call days or equivalent per physician (CE)

Yes  No

Yes  No  
 Yes  No

<b>Neurologic Surgery Liaison Name</b>		
<b>Name of Medical School &amp; Year Graduated</b>		
<b>Residency</b>	<b>Training Institution</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Residency Completed Date Completed</b>	
<b>Board Certification</b>	<b>Name of Board</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Date of Expiration</b>	
<b>Successful ATLS Completion</b>	<b>Instructor (I) or Provider (P)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I <input type="checkbox"/> P
	<b>Date of Expiration</b>	
<b>50% Trauma Multidisciplinary Committee Attendance</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma CME's?</b>	<b>Hours in last 3 Years</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Medicine**

Number of physicians on call schedule (last 4 months) \_\_\_\_\_  
 (Complete Appendix D for the ED physicians)

Successful ATLS course completion for all ED physicians on call schedules (CE)

Current ATLS verification for all ED physicians boarded in a specialty other than Emergency Medicine through American Board of  
 Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) (CE)

**ED physician responds to In-house Emergencies**

**If Yes, Response Monitored as Part of the Trauma PI Process**

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

<b>Emergency Medicine Liaison Name</b>	
<b>Name of Medical School &amp; Year Graduated</b>	
<b>Residency</b> <b>Training Institution</b> <b>Residency Completed</b> <b>Dates/Date Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Board Certification</b> <b>Name of Board</b> <b>Date of Expiration</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Successful ATLS Completion</b> <b>Instructor (I) or Provider (P)</b> <b>Date of Expiration</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I <input type="checkbox"/> P
<b>50% Trauma Multidisciplinary Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trauma CME's?</b> <b>Hours in last 3 Years</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Anesthesia Services**

Number of Anesthesiologists \_\_\_\_\_

**In-house 24/7?**

**Hrs on-call:** \_\_\_\_\_

**Call-in Response Time** \_\_\_\_\_

**Call-in Response Monitored as Part of the Trauma PI Process**

Number of Certified Registered Nurse Anesthetists (CRNAs) \_\_\_\_

**In-house 24/7?**

**Hrs on-call:** \_\_\_\_\_

**Call-in Response Time** \_\_\_\_\_

**Call-in Response Monitored as Part of the Trauma PI Process**

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**Does Anesthesia respond to P1 TTAs?**

Number of Times Anesthesia Services Called in During Reporting Period \_\_\_\_\_

<b>Anesthesia Liaison Name</b>	
<b>Name of Medical School or Nursing School</b>	
<b>Year Graduated</b>	
<b>Residency/CRNA Program</b>	<b>Training Institution</b>
<b>Residency/Program Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date Completed</b>	
<b>Board Certification</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Board</b>	
<b>Date of Expiration</b>	
<b>Successful ATLS Completion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Multidisciplinary Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>50% Trauma Peer Review Committee Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Radiology**

**Are radiologists in-house 24/7? (If 'No', describe the hours of in-house reading and the process for the off-site radiology reading below. (Who reads radiographs after hours, what is the process for the off-site radiologist to obtain the films and the process for providing the reads)**

Yes  No

Yes  No

**Critical Care**

**Subspecialty** \_\_\_\_\_

Yes  No

**Hand Surgery**

Yes  No

**Obstetrics/Gynecologic Surgery**

Yes  No

**Ophthalmic Surgery**

Yes  No

**Oral/Maxillofacial Surgery**

Yes  No

**Plastic Surgery**

Yes  No

**Thoracic Surgery**

Yes  No

## V. EMERGENCY DEPARTMENT (ED)

<b>Name of ED Medical Director (E):</b>	<b>Name of ED Nurse Director/Manager:</b>	<b>Total Number of ED Beds</b>	<b>Number of Trauma Bays</b>
<b>Does the ED physician respond to in-house emergencies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are Midlevel Practitioners Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of PA's</b> _____ <b>Number of NP's</b> _____			
<b>If yes, Are they involved in the initial management of the trauma patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>How does the ED receive notification that a trauma patient is enroute?</b> <input type="checkbox"/> Medical Command <input type="checkbox"/> Direct Radio Communication with EMS enroute <input type="checkbox"/> Telephone Communication with EMS enroute <input type="checkbox"/> Other (please describe) _____			
<b>Are there Guidelines/Protocols for the Initial Management of the Trauma Patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Airway Management <input type="checkbox"/> Yes <input type="checkbox"/> No      Pelvic Fracture Management <input type="checkbox"/> Yes <input type="checkbox"/> No Hypotensive Patient <input type="checkbox"/> Yes <input type="checkbox"/> No      Rib Fractures <input type="checkbox"/> Yes <input type="checkbox"/> No Cervical Spine Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No      Spleen Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Trauma Laboratory Panel <input type="checkbox"/> Yes <input type="checkbox"/> No      Hypothermia <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is there a separate area in the ED for pediatric resuscitation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is there a Guideline/Protocol for the Transfer of Trauma Patients to a Higher Level Trauma Facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Equipment for Resuscitation for Patients of All Ages</b>		<b>Comments</b>	
<b>Airway control and ventilation equipment (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse oximetry (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Suction devices (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electrocardiograph-oscilloscope-defibrillator (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>End-tidal CO<sub>2</sub> determination (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CVP monitoring equipment</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Standard IV fluids and administration sets (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Large-bore IV catheters for adults/Intraosseous (IO) needles for children (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Sterile surgical sets for</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Airway control/cricothyrotomy (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Thoracostomy (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Central line insertion</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Thoracotomy</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Internal paddles</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Diagnostic Peritoneal lavage (DPL)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Arterial catheters</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Ultrasound/Focused Assessment with Sonography in Trauma (FAST) availability in ED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Portable X-ray availability 24 hours/day (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cervical Collars (E)</b>	Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Broselow tape (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year:</b>
<b>Thermal control equipment:</b>	<b>For patient (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>For fluids and blood (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b> <b>Describe:</b>
<b>Rapid infuser system</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>ED Nursing Documentation</b>		<b>Comments</b>
Separate Trauma Flow Sheet (TFS) <b><i>(Please attach as Attachment #9)</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial Vital Signs (VS) including Temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial Glasgow Coma Scale (GCS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial Pupil Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Area for Description of Mechanism of Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Area for Prehospital Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TTA Level (P1/P2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TTA Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Area for Trauma Team Member Sign-in	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Area for Initial Trauma Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place for Serial VS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place for Serial Neurologic Documentation (GCS and pupils)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Blood Pressures (B/P) obtained on all Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Weights obtained on all Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation of Treatment and Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ED Nursing</b>		
<b>1. Describe the credentialing requirements for nurses who treat trauma patients in the ED:</b>		
<b>2. Describe any trauma-related continuing education for nurses working in the ED:</b>		
<b>3. Nursing staff demographics:</b>		
		Average Years of Experience:
		Annual Rate of Turnover:

**4. Certifications for ED nursing staff:**

Current Certification	ED Nursing Staff
% Advanced Cardiac Life Support (ACLS)	
% Pediatric Advance Life Support (PALS)	
% Trauma Nursing Core Course (TNCC)	
% Emergency Nurses Pediatric Course (ENPC)	
% Audit ATLS	
% Certified Emergency Nurse (CEN)	
% International Trauma Life Support (ITLS)	
% Prehospital Trauma Life Support (PHTLS)	
% Other (describe)	

**VI. RADIOLOGY**

<p><b>Is there resuscitation and monitoring equipment available in the radiology suite (E)?</b>                  Adult <input type="checkbox"/> Yes <input type="checkbox"/> No                  Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Is an X-ray technologist in house 24/7?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe below)                  Hrs on-call: _____                  Call-in Response Time _____                  Call-in Log Available <input type="checkbox"/> Yes <input type="checkbox"/> No                  Call-in Response Monitored as Part of the Trauma PI Process <input type="checkbox"/> Yes <input type="checkbox"/> No                  Number of Times Called in During Reporting Period ____</p>	<p><b>Is a CT tech in house 24/7?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe below)                  Hrs on-call: _____                  Call-in Response Time _____                  Call-in Log Available <input type="checkbox"/> Yes <input type="checkbox"/> No                  Call-in Response Monitored as Part of the Trauma PI Process <input type="checkbox"/> Yes <input type="checkbox"/> No                  Number of Times Called in During Reporting Period ____</p>	<p><b>Does an X-ray tech respond to all TTAs?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No   <b>Does an X-ray tech respond to TTAs when out of house?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Does a CT tech respond to all TTAs?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No   <b>Does a CT tech respond to TTAs when out of house?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
					<p><b>What is the misread rate on preliminary radiologist interpretations of radiographic studies?</b></p>	<p><b>If an error is identified, what is the policy for notifying the physician?</b></p>	<p><b>Are misreads reviewed as part of the Trauma PI program?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p><b>Describe the process for transferring radiographic images to receiving facilities:</b></p>												
<p><b>Which procedures are available and describe the after hour response times for starting the procedure</b></p> <table border="1"> <tr> <td><input type="checkbox"/> Angiography</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Therapeutic Angiography</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MRI</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sonography</td> <td></td> </tr> </table>			<input type="checkbox"/> Angiography		<input type="checkbox"/> Therapeutic Angiography		<input type="checkbox"/> MRI		<input type="checkbox"/> Sonography		<p><b>Who monitors the trauma patient in radiology?</b>  <input type="checkbox"/> ED Nurse <input type="checkbox"/> Radiology Technician  <input type="checkbox"/> ED Physician <input type="checkbox"/> Other</p>	
<input type="checkbox"/> Angiography												
<input type="checkbox"/> Therapeutic Angiography												
<input type="checkbox"/> MRI												
<input type="checkbox"/> Sonography												



## VII. LABORATORY/BLOOD BANK

<b>Standard Analysis of Blood (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Standard Analysis of Urine (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Standard Analysis of Other Body Fluids</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Microsampling</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Microsampling Criteria Policy/Guidelines</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Coagulation Studies (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Microbiology</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Standard</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Bacterial</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Acid Fast</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Fungal</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Bacterial	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Acid Fast	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Fungal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
	Bacterial	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
	Acid Fast	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
	Fungal	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<b>Blood Gas Determination (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>24 hr availability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Performed by</b>																	
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Lab																
<input type="checkbox"/> Other (describe)																	
<b>In-house Blood Bank (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Uncrossmatched Blood Immediately Available (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Policy defining mechanism to release uncrossmatched blood</b> <i>(Please attach your Policy as Attachment #10)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Blood Typing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Time for Blood Typing</b> _____																	
<b>Cross-Matching</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Time for Complete Cross Matching</b> _____																	
<b>Immediate access (in-house) to the following:</b>																	
<b>Cryoprecipitate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Fresh Frozen Plasma (FFP)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Platelets</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Factor VIII</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Factor IX</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Is there a policy for obtaining and transfusing packed red blood cells (pRBC's) in a pediatric patient &lt;20kg</b> <i>(Please attach your Policy as Attachment #11)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Describe process for obtaining and transfusing packed red blood cells (pRBC's) in a pediatric patient &lt;20kg</b>																	
<b>Facility Specific Massive Transfusion Policy (MTP)</b> <i>Please attach your MTP as Attachment #12)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>How many units of packed red blood cells (pRBC's) must the patient receives before MTP is instituted</b> ____																	
<b>Automatic Trigger Mechanism</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Automatic FFP release</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																

### VIII. OPERATING ROOM (OR)

<b>Number of OR rooms?</b>  Routine Use	<b>Are OR personnel in-house 24/7 to start an operation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe below) <b>Number of OR Teams On-Call</b> _____ <b>Hrs on-call:</b> _____  <b>Call-in Response Time</b> _____ <b>Call-in Log Available</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Call-in Response Monitored as Part of the Trauma PI Process</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Number of Times Called in During Reporting Period</b> _____	<b>Does the OR respond to all TTAs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Does the OR respond to TTAs when out of house?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there a mechanism for opening the OR if the team is not in-house 24/7.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Equipment for Resuscitation for Patients of All Ages</b> Airway control and ventilation equipment (E)		<b>Comments</b>	
Pulse oximetry (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suction devices (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrocardiograph-oscilloscope-defibrillator (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
End-tidal CO <sub>2</sub> determination (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
CVP monitoring equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard IV fluids and administration sets (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Large-bore intravenous catheters for adults/IO needles for children (E)		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Sterile surgical sets for</b> Airway control/cricothyrotomy		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thoracostomy		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Central line insertion		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thoracotomy		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Internal paddles		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arterial catheters		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Broselow tape (E)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
X-ray capability (E)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
C-arm Imager		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endoscopes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bronchoscope		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operating Microscope		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Craniotomy Instruments		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Equipment for Long Bone Fixation</b> <b>Pelvic Fixation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Thermal control equipment:</b> <b>For patient (E)</b> <b>For fluids and blood (E)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Rapid infuser system</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>

***OR Nursing***

**1. Describe the credentialing requirements for the OR nurses:**

**2. Describe any trauma-related continuing education for nurses working in the OR:**

**3. Nursing staff demographics:**

Average Years of Experience:	
Annual Rate of Turnover:	

**4. Certifications for OR nursing staff:**

<b>Current Certification</b>	<b>OR Nursing Staff</b>
% ACLS	
% PALS	
% TNCC	
% ENPC	
% Audit ATLS	
% Other (describe)	

## IX. POSTANESTHETIC RECOVERY ROOM (PACU)

<b>Number of PACU Beds</b>	<b>PACU RN's in-house 24/7?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the PACU RN's Recover OR patients after hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Hrs on-call:</b> _____ <b>Call-in Response Time</b> _____ <b>Call-in Log Available</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Call-in Response Monitored as Part of the Trauma PI Process</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Times Called in During Reporting Period</b> _____		
<b>Equipment for Resuscitation for Patients of All Ages</b>		<b>Comments</b>	
<b>Airway control and ventilation equipment (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse oximetry (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Suction devices (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electrocardiograph-oscilloscope-defibrillator (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>End-tidal CO<sub>2</sub> determination (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Standard IV fluids and administration sets (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Large-bore intravenous catheters for adults/IO needles for children (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Sterile surgical sets for Airway control/cricothyrotomy</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Monitoring Equipment</b>		<b>Arterial</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CVP Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ICP Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Drugs necessary for emergency care (E)</b>		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Broselow tape (E)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year:</b>
<b>Thermal control equipment:</b>		<b>For patient (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>For fluids and blood(E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>PACU Nursing</b>			
<b>1. Describe the credentialing requirements for the PACU nurses:</b>			
<b>2. Describe any trauma-related continuing education for nurses working in the PACU:</b>			
<b>3. Nursing staff demographics:</b>			
		Average Years of Experience:	
		Annual Rate of Turnover:	

**4. Certifications for PACU nursing staff:**

Current Certification	PACU Nursing Staff
% ACLS	
% PALS	
% TNCC	
% ENPC	
% Audit ATLS	
% Critical Care Registered Nurse (CCRN)	
% Other (describe)	

**X. INTENSIVE CARE UNIT (ICU)**

<b>Name of ICU Surgical Director:</b>				
<b>Number of Total Beds?</b>	<b>Who is responsible for care of the trauma patient in the ICU?</b> <input type="checkbox"/> Surgeon <input type="checkbox"/> ICU Intensivist <input type="checkbox"/> Other	<b>Who provides immediate response for life-threatening emergencies in the ICU after hours?</b>	<b>Describe how ICU quality of care issues with Trauma are resolved:</b>	<b>Does the facility always maintain a 1:2 or less Nurse: Patient ratio?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Equipment for monitoring &amp; resuscitation for patients of all ages</b>				<b>Comments</b>
Airway control and ventilation equipment (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse oximetry (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
End-tidal CO <sub>2</sub> determination (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
CVP monitoring equipment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard IV fluids and administration sets (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Large-bore intravenous catheters for adults/IO needles for children (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
<b>Sterile surgical sets for</b>			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Airway control/cricothyrotomy				
Thoracostomy			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Central line insertion			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Monitoring Equipment</b>				
Arterial			<input type="checkbox"/> Yes <input type="checkbox"/> No	
CVP			<input type="checkbox"/> Yes <input type="checkbox"/> No	
ICP			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pulmonary Artery			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drugs necessary for emergency care (E)			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No Pediatric <input type="checkbox"/> Yes <input type="checkbox"/> No	
Broselow tape (E)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year:</b>

<b>Thermal control equipment:</b>	<b>For patient</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>
	<b>For fluids and blood</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**ICU Nursing**  
**1. Describe the credentialing requirements for the ICU nurses:**

**2. Describe any trauma-related continuing education for nurses working in the ICU:**

**3. Nursing staff demographics:**

Average Years of Experience:	
Annual Rate of Turnover:	

**4. Certifications for ICU nursing staff:**

Current Certification	ICU Nursing Staff
% ACLS	
% PALS	
% TNCC	
% ENPC	
% Audit ATLS	
% CCRN	
% Other (describe)	

## XI. PEDIATRIC TRAUMA

<b>Maximum age of a Pediatric Patient</b>	<b>If admitted, where are pediatric trauma patient admitted?</b> <input type="checkbox"/> Pediatric Floor <input type="checkbox"/> General Floor <input type="checkbox"/> Pediatric ICU <input type="checkbox"/> General ICU	<b>Does the hospital have a separate PICU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there a Pediatric specific PI program? (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																											
<b>Pediatric resuscitation equipment is present in all treatment areas? (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																														
<b>Number of Pediatric Patients entered into the Trauma Registry During Reporting Period?</b>																														
<b>1. Pediatric Admissions (Use Reporting Period Trauma Registry Verification Summary)</b>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Service</th> <th style="width: 20%;">Number of Admissions</th> <th style="width: 20%;">%</th> </tr> </thead> <tbody> <tr><td>Trauma</td><td></td><td></td></tr> <tr><td>Neurosurgery</td><td></td><td></td></tr> <tr><td>Orthopedics</td><td></td><td></td></tr> <tr><td>General Surgery</td><td></td><td></td></tr> <tr><td>Other Surgical</td><td></td><td></td></tr> <tr><td>Non-Surgical Service</td><td></td><td></td></tr> <tr><td>Not Specified</td><td></td><td></td></tr> <tr><td>Total Trauma Admissions</td><td></td><td></td></tr> </tbody> </table>				Service	Number of Admissions	%	Trauma			Neurosurgery			Orthopedics			General Surgery			Other Surgical			Non-Surgical Service			Not Specified			Total Trauma Admissions		
Service	Number of Admissions	%																												
Trauma																														
Neurosurgery																														
Orthopedics																														
General Surgery																														
Other Surgical																														
Non-Surgical Service																														
Not Specified																														
Total Trauma Admissions																														
<b>2. Pediatric Injury Severity and Mortality (Use Reporting Period Trauma Registry Verification Summary)</b>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">ISS</th> <th style="width: 15%;">Number</th> <th style="width: 15%;">Deaths</th> <th style="width: 50%;">% Mortality</th> </tr> </thead> <tbody> <tr><td>0-9</td><td></td><td></td><td></td></tr> <tr><td>10-15</td><td></td><td></td><td></td></tr> <tr><td>16-24</td><td></td><td></td><td></td></tr> <tr><td>&gt; or = 25</td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td></tr> </tbody> </table>				ISS	Number	Deaths	% Mortality	0-9				10-15				16-24				> or = 25				Total						
ISS	Number	Deaths	% Mortality																											
0-9																														
10-15																														
16-24																														
> or = 25																														
Total																														

## XII. REHABILITATIVE SERVICES

<b>What in-patient rehabilitative services are provided in the facility?</b> <input type="checkbox"/> Physical therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Social Services <input type="checkbox"/> Speech Therapy
<b>Director of Rehabilitative services:</b> _____
<b>Does the facility have a Transfer Agreement(s) with an In-Patient Rehabilitation Facility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Transfer Agreements are present with the following In-Patient Rehabilitation facilities: (List)</b> _____
<b>Does the facility have a Skilled Nursing Unit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Skilled Beds?</b> _____
<b>Does the facility have Swing Beds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Swing Beds?</b> _____

### XIII. BURN/SPINAL CORD/MULTISYSTEM TRAUMA PATIENTS

<p><b>Does the facility have Trauma Transfer Agreements with the facilities that accept their patients in Transfer? (E)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Trauma Transfer Agreements are present with the following facilities: (List facility and level of designation)</b></p>
<p><b>Number of Burn Patients entered into the Trauma Registry During the Reporting Period</b> _____</p> <p><b>How Many of the Burn Patients were Transferred for Acute Care?</b> _____</p> <p><b>Does the facility have Transfer Agreements for burn patients?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Transfer Agreements are present with the following Burn Centers: (List)</b></p>
<p><b>Number of Spinal Cord Injury (SCI) patients entered into the Trauma Registry During the Reporting Period</b> _____</p> <p><b>How Many of these SCI patients were Transferred for Acute Care?</b> _____</p>
<p><b>List all Trauma Centers and their level of designation within a 50-mile radius of your facility:</b></p>
<p><b>List Aeromedical Services and their base location utilized by this facility (e.g. HealthNet 2 – Charleston, WV)</b></p>

### XIV. ORGAN PROCUREMENT

<p><b>Name and base location of Organ Procurement Agency utilized by this facility?</b></p>																								
<p><b>Is “organ donation potential” discussed as part of the Trauma PI process?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p><b>Number of Deaths During Reporting Period:</b></p>																								
<p><b>Organ Procurement Referrals (Use Trauma Registry Verification Summary):</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Organ Procurement</th> <th style="padding: 5px;">Patients</th> <th style="padding: 5px;">% of Deaths</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Not Asked</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">None – Family Refused</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">None – Patient Unsuitable</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Organ Donors</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Not Applicable</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Not Specified</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Total</td> <td></td> <td></td> </tr> </tbody> </table>	Organ Procurement	Patients	% of Deaths	Not Asked			None – Family Refused			None – Patient Unsuitable			Organ Donors			Not Applicable			Not Specified			Total		
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None – Patient Unsuitable																								
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Not Applicable																								
Not Specified																								
Total																								



## XV. PERFORMANCE IMPROVEMENT and Patient Safety (PIPS) (E)

Briefly describe below your Trauma PIPS Process and how the TMD and TPM assume responsibility for the Trauma PIPS process.

Does your Trauma PIPS program?

Identify Specific Issue/Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reflect the Case Analysis/Discussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Opportunities for Improvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outline Action Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Track loop closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reflect Patient Chart Findings	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Trauma Registry (E)

Date started entering data into the Trauma Registry \_\_\_\_\_

Number of Patients entered into the Trauma Registry in previous full calendar year \_\_\_\_\_

Are all patients meeting WV Trauma Registry inclusion criteria entered into the registry? (CE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is patient data entry complete within two (2) weeks of patient discharge? (CE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are patients reviewed as part of the Trauma PIPS process within two (2) months of patient discharge? (CE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an established process to assure reliable and valid Trauma Registry data abstraction and entry? (CE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe how your Trauma Registry is used in your Trauma PIPS process.

**Trauma Multidisciplinary PI Committee (E)**

**Name of Committee:**

**Describe the purpose of this committee:**

**Committee Reports to Whom?** \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Bimonthly Meeting? (CE)</b>                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Trauma Medical Director Chair?</b>                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Multidisciplinary Representation?</b>                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Trauma Liaison(s) Attendance?</b>                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Addresses System Issues?</b>                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Minutes Maintained?</b>                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Attendance Documented?</b>                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Minutes Signed by TMD?</b>                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Audit Filters Utilized for Issue Identification?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Are nursing issues reviewed?</b>                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Are pediatric issues reviewed separately</b>         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Fill in Dates of Past 6 Trauma Multidisciplinary Committee Meetings and place X for attendance**

<b>List all Multidisciplinary Committee Member Titles and Names (e.g. TMD, TPM/TC, General Surgery Liaison, Neurosurgeon Orthopedic Liaison, Emergency Medicine Liaison, Anesthesia Liaison, Lab, Radiology, Prehospital, etc)</b>								<b>% Attendance</b>
<b>TMD:</b>								
<b>TPM/TC:</b>								
<b>General Surgery Liaison:</b>								
<b>Emergency Medicine Liaison:</b>								
<b>Neurosurgeon Liaison:</b>								
<b>Orthopedic Surgery Liaison:</b>								
<b>Anesthesia Liaison:</b>								
<b>Trauma Registrar:</b>								
<b>Radiology:</b>								
<b>Laboratory/Blood Bank:</b>								
<b>Respiratory Therapy:</b>								
<b>OR:</b>								

<b>ICU:</b>							
<b>Acute Care Floor:</b>							
<b>Prehospital:</b>							
<b>Administration:</b>							

\*May add additional rows if needed

**Trauma Peer PI Committee (E)**

**Name of Committee:**

**Describe the purpose of this committee:**

**Bimonthly Meeting? (CE)**

Yes  No

**Trauma Medical Director Chair?**

Yes  No

**Trauma Liaison(s) Attendance?**

Yes  No

**Addresses Provider Related Issues?**

Yes  No

**Minutes Maintained?**

Yes  No

**Attendance Documented?**

Yes  No

**Minutes Signed by TMD?**

Yes  No

**How many trauma deaths were there during the reporting year?**

**Are all deaths categorized as Unanticipated mortality with opportunity for improvement, Mortality without opportunity for improvement, Anticipated mortality with opportunity for improvement?**

Yes  No

**Committee Reports to Whom? \_\_\_\_\_**

**Fill in Dates of Past 6 Trauma PI Peer Committee Meetings and place X for attendance**

<b>List Trauma PI Committee Member Titles and Names</b>								<b>% Attendance</b>
<b>TMD:</b>								
<b>TPM/TC:</b>								
<b>General Surgery Liaison:</b>								
<b>Emergency Medicine Liaison:</b>								
<b>Neurosurgeon Liaison:</b>								
<b>Orthopedic Liaison:</b>								
<b>Anesthesia Liaison:</b>								

\*May add additional rows if needed

## XVI. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

Site for residents/medical student rotations? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)
Any educational programs offered by the facility, including examples for physicians, nurses, and pre-facility providers. <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)
Has the facility hosted a Rural Trauma Team Development Course (RTTDC) in the last past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has the facility hosted a Rural Trauma Team Development Course (RTTDC) in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Is there budgetary support for extramural CME? (i.e. ATLS, TNCC, Trauma Symposium) <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)
Does the facility routinely obtain the following labs on trauma patients? Blood Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Urine Drug Screen <input type="checkbox"/> Yes <input type="checkbox"/> No Serum Drug Screen <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility provide counseling for trauma patients with elevated blood alcohol levels? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have membership with the WV Mountain State Injury and Prevention Coalition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does facility have any injury prevention/public trauma education programs? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)
Any Trauma-related presentations given by any of the facility's staff in the last three years. <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)

**Appendix A – General/Trauma Surgeons**

Please list all General Surgeons currently taking Emergency Call.

Name (including MD or DO)	Residency (type, where and when completed)		Board Certification (type and expiration date) ABS=American Board of Surgery AOBS=American Osteopathic Board of Surgery E= Eligible If "NOT" board certified within 5 years of completion of residency must have Alternate Credentialing.		ATLS P=Provider I=Instructor E=Expired N=Never Had		Number of Trauma call days/ month	Number of trauma patients admitted / year	Number of P1 TTAs when on call/% compliance with response within 30 minutes	
	Name	Type and Where	When	Type	Expiration Date	Status			Expiration Date	# of P1 TTAs

## Appendix B – Orthopedic Surgeons

Please list Orthopedic Surgeons currently taking emergency call.

Name (including MD or DO)	Residency (type, where and when completed)		Board Certification (type and expiration) ABOS=American Board of Orthopedic Surgery AOBOS=American Osteopathic Board of Orthopedic Surgery E= Eligible If "NOT" board certified within 5 years of completion of residency must have Alternate Credentialing.		ATLS P=Provider I=Instructor E=Expired N=Never Had		Number of call days /month
	Name	Type and Where	When	Type	Expiration Date	Status	

## Appendix C – Neurosurgeons

Please list Neurosurgeons currently taking emergency call.

Name (including MD or DO)	Residency (type, where and when <u>completed</u> )		Board Certification (type and expiration) ABNS=American Board of Neurosurgery E= Eligible If " <b>NOT</b> " board certified within 5 years of completion of residency must have Alternate Credentialing.		ATLS P=Provider I=Instructor E=Expired N=Never Had		Number of call days/ month	Number of Craniotomies/ year
	Name	Type and Where	When	Type	Expiration Date	Status		



## Appendix D - Emergency Medicine

Please list all physicians on the ED call schedule for the last four (4) months.

Name(including MD or DO)	Residency (type, where and when <u>completed</u> )		Board Certification ( <u>type and expiration</u> ) ABEM=American Board of Emergency Medicine AOBEM = American Osteopathic Emergency Medicine Other (eg. ABFP = American Board of Family Practice) E= Eligible (within 5 years of residency completion) If " <b>NOT</b> " board certified within 5 years of completion of residency must have Alternate Credentialing.		ATLS P=Provider I=Instructor E=Expired N=Never Had		Number of shifts per month	Length of shifts
Name	Type and Where	When	Type	Expiration Date	Status	Expiration Date		

## Appendix E – Emergency Department/Hospital BYPASS OCCURRENCES

List all occurrences of facility bypass in the past 12 months

Date of Bypass Occurrence	Time Placed on Bypass	Time Off Bypass	Bypass Alert Status (i.e. Red, Yellow, Mini-Disaster)	Reason for Bypass	Total Time of this Bypass Occurrence

**Total number of occurrences of bypass during reporting period?** \_\_\_\_\_

**Total number of hours on diversion during reporting period?** \_\_\_\_\_