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

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**)

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

D. Hospital Beds

Hospital Beds	Adult	Pediatric	Total
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.
 	
 Is there written commitments (resolutions) within the last three (3) years supporting trauma center designation by:
     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?
 •   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.
	☐ Yes ☐ No
	
	 ☐ Yes ☐ No
	 ☐ Yes ☐ No
	
	 ☐ Yes ☐ No

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) ☐ Yes ☐ No

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 Priority1 (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:

Trauma Team Activation (TTA) Policy (E) *(Please attach your TTA policy as Attachment #4)* ☐ Yes ☐ No
Does your P1 criterion include the minimum WV OEMS P1 TTA criteria (CE)? ☐ 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 6/7
☐ Region 2   ☐ Region 8/9
☐ Region 3/4   ☐ Region 10/11
☐ Region 5

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   ☐ MCC – Sutton, WV
☐ Huntington MedCom – Huntington, WV   ☐ WVU MedCom – Morgantown, WV
☐ Charleston MedBase – Charleston, 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*

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

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.

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

Trauma Registrar (CE)

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

IV. Clinical Capabilities & Qualifications

General/Trauma Surgery ☐ Yes ☐ No

Number of surgeons currently taking emergency/general surgery call _____
  (Complete Appendix A for the surgeons taking call)
Successful ATLS course completion (CE) ☐ Yes ☐ No
Dedicated to single hospital when on trauma call ☐ Yes ☐ No
Minimum of 7 call days or equivalent per physician (CE) ☐ Yes ☐ No
Is General Surgery and Trauma Call the same? ☐ Yes ☐ No

Individual Surgeon Presence at P1 TTAs within 30 minutes with an 80% threshold (CE) ☐ Yes ☐ No
Presence of surgeon at Operative Procedures ☐ Yes ☐ No

General Surgery Liaison Name	
Area of Specialty	
Name of Medical School & Year Graduated	
Residency **Training Institution**	
Residency Completed	☐ Yes ☐ No
Date Completed	
Board Certification	☐ Yes ☐ No
Name of Board	
Date of Expiration	
Successful ATLS Completion	☐ Yes ☐ No
Instructor (I) or Provider (P)	☐ I ☐ P
Date of Expiration	
50% Trauma Multidisciplinary Committee Attendance	☐ Yes ☐ No
50% Trauma Peer Review Committee Attendance	☐ Yes ☐ No
Trauma CME's?	☐ Yes ☐ No
Hours in last 3 Years	

Orthopedic Surgery ☐ Yes ☐ No

Number of Orthopedic surgeons currently taking call _____
    (Complete Appendix B for the Orthopedic surgeons taking call)
Dedicated to single hospital when on trauma call   ☐ Yes ☐ No
Minimum of 7 call days or equivalent per physician (CE)   ☐ Yes ☐ No

Orthopedic Surgery Liaison Name	
Name of Medical School & Year Graduated	
Residency **Training Institution**	
Residency Completed	☐ Yes ☐ No
Date Completed	
Board Certification	☐ Yes ☐ No
Name of Board	
Date of Expiration	
Successful ATLS Completion	☐ Yes ☐ No
Instructor (I) or Provider (P)	☐ I ☐ P
Date of Expiration	
50% Trauma Multidisciplinary Committee Attendance	☐ Yes ☐ No
50% Trauma Peer Review Committee Attendance	☐ Yes ☐ No
Trauma CME's?	☐ Yes ☐ No
Hours in last 3 Years	

Neurological Surgery (NS) ☐ Yes ☐ No

Number of Neurosurgeons currently taking call _____
    (Complete Appendix C for the Neurosurgeons taking call)
Dedicated to single hospital when on-call   ☐ Yes ☐ No
Minimum of 7 call days or equivalent per physician (CE)   ☐ Yes ☐ No

Neurologic Surgery Liaison Name	
Name of Medical School & Year Graduated	
Residency **Training Institution**	
Residency Completed	☐ Yes ☐ No
Date Completed	
Board Certification	☐ Yes ☐ No
Name of Board	
Date of Expiration	
Successful ATLS Completion	☐ Yes ☐ No
Instructor (I) or Provider (P)	☐ I ☐ P
Date of Expiration	
50% Trauma Multidisciplinary Committee Attendance	☐ Yes ☐ No
50% Trauma Peer Review Committee Attendance	☐ Yes ☐ No
Trauma CME's?	☐ Yes ☐ No
Hours in last 3 Years	

Emergency Medicine ☐ Yes ☐ No

  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) ☐ Yes ☐ No
  Current ATLS verification for all ED physicians boarded in a specialty other than Emergency Medicine through American Board of ☐ Yes ☐ No
        Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) (CE)

  ED physician responds to In-house Emergencies ☐ Yes ☐ No
    If Yes, Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No

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

Anesthesia Services	☐ Yes ☐ No

Number of Anesthesiologists _____

In-house 24/7? ☐ Yes ☐ No
Hrs on-call:_____
Call-in Response Time_____
Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No

Number of Certified Registered Nurse Anesthetists (CRNAs) ___

In-house 24/7? ☐ Yes ☐ No
Hrs on-call:_____
Call-in Response Time_____
Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No

Does Anesthesia respond to P1 TTAs? ☐ Yes ☐ No

Number of Times Anesthesia Services Called in During Reporting Period ___

Anesthesia Liaison Name	
Name of Medical School or Nursing School	
Year Graduated	
Residency/CRNA Program **Training Institution**	
Residency/Program Completed	☐ Yes ☐ No
Date Completed	
Board Certification	☐ Yes ☐ No
Name of Board	
Date of Expiration	
Successful ATLS Completion	☐ Yes ☐ No
50% Trauma Multidisciplinary Committee Attendance	☐ Yes ☐ No
50% Trauma Peer Review Committee Attendance	☐ Yes ☐ 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)

Name of ED Medical Director (E):	Name of ED Nurse Director/Manager:	Total Number of ED Beds	Number of Trauma Bays

Does the ED physician respond to in-house emergencies? ☐ Yes ☐ No

Are Midlevel Practitioners Utilized? ☐ Yes ☐ No **Number of PA's** _____ **Number of NP's** _____
If yes, Are they involved in the initial management of the trauma patient? ☐ Yes ☐ No

How does the ED receive notification that a trauma patient is enroute?
☐ Medical Command ☐ Direct Radio Communication with EMS enroute ☐ Telephone Communication with EMS enroute
☐ Other (please describe) _____

Are there Guidelines/Protocols for the Initial Management of the Trauma Patient?				Is there a separate area in the ED for pediatric resuscitation?
☐ Yes ☐ No				☐ Yes ☐ No
Airway Management ☐ Yes ☐ No		Pelvic Fracture Management ☐ Yes ☐ No		
Hypotensive Patient ☐ Yes ☐ No		Rib Fractures ☐ Yes ☐ No		
Cervical Spine Evaluation ☐ Yes ☐ No		Spleen Injury ☐ Yes ☐ No		
Trauma Laboratory Panel ☐ Yes ☐ No		Hypothermia ☐ Yes ☐ No		

Is there a Guideline/Protocol for the Transfer of Trauma Patients to a Higher Level Trauma Facility? ☐ Yes ☐ No

Equipment for Resuscitation for Patients of All Ages		**Comments**
Airway control and ventilation equipment (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Pulse oximetry (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Suction devices (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Electrocardiograph-oscilloscope-defibrillator (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
End-tidal CO_2 determination (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
CVP monitoring equipment	☐ Yes ☐ No	
Standard IV fluids and administration sets (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Large-bore IV catheters for adults/Intraosseous (IO) needles for children (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	**Describe:**
Sterile surgical sets for **Airway control/cricothyrotomy (E)**	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Thoracostomy (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Central line insertion	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	**Describe:**
Thoracotomy	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Internal paddles	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Diagnostic Peritoneal lavage (DPL)	☐ Yes ☐ No	
Arterial catheters	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	

Ultrasound/Focused Assessment with Sonography in Trauma (FAST) availability <u>in ED</u>	☐ Yes ☐ No	**Describe:**	
Portable X-ray availability 24 hours/day (E)	☐ Yes ☐ No		
Cervical Collars (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No		
Broselow tape (E)	☐ Yes ☐ No	**Year:**	
Thermal control equipment: **For patient (E)** **For fluids and blood (E)**	☐ Yes ☐ No ☐ Yes ☐ No	**Describe:** **Describe:**	
Rapid infuser system	☐ Yes ☐ No	**Describe:**	

ED Nursing Documentation

		Comments
Separate Trauma Flow Sheet (TFS) *(Please attach as <u>Attachment #9)</u>*	☐ Yes ☐ No	
Initial Vital Signs (VS) including Temperature	☐ Yes ☐ No	
Initial Glasgow Coma Scale (GCS)	☐ Yes ☐ No	
Initial Pupil Examination	☐ Yes ☐ No	
Area for Description of Mechanism of Injury	☐ Yes ☐ No	
Area for Prehospital Care	☐ Yes ☐ No	
TTA Level (P1/P2)	☐ Yes ☐ No	
TTA Time	☐ Yes ☐ No	
Area for Trauma Team Member Sign-in	☐ Yes ☐ No	
Area for Initial Trauma Assessment	☐ Yes ☐ No	
Place for Serial VS	☐ Yes ☐ No	
Place for Serial Neurologic Documentation (GCS and pupils)	☐ Yes ☐ No	
Are Blood Pressures (B/P) obtained on all Children?	☐ Yes ☐ No	
Are Weights obtained on all Children?	☐ Yes ☐ No	
Documentation of Treatment and Response	☐ Yes ☐ No	

ED Nursing

1. Describe the credentialing requirements for nurses who treat trauma patients in the ED:

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

3. Nursing staff demographics:

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

Is there resuscitation and monitoring equipment available in the radiology suite (E)? Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	Is an X-ray technologist in house 24/7? ☐ Yes ☐ No (If no, describe below) Hrs on-call:_____ Call-in Response Time_____ Call-in Log Available ☐ Yes ☐ No Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No Number of Times Called in During Reporting Period ___	Is a CT tech in house 24/7? ☐ Yes ☐ No (If no, describe below) Hrs on-call:_____ Call-in Response Time_____ Call-in Log Available ☐ Yes ☐ No Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No Number of Times Called in During Reporting Period ___	Does an X-ray tech respond to all TTAs? ☐ Yes ☐ No Does an X-ray tech respond to TTAs when out of house? ☐ Yes ☐ No	Does a CT tech respond to all TTAs? ☐ Yes ☐ No Does a CT tech respond to TTAs when out of house? ☐ Yes ☐ No
What is the misread rate on preliminary radiologist interpretations of radiographic studies?	If an error is identified, what is the policy for notifying the physician?		Are misreads reviewed as part of the Trauma PI program? ☐ Yes ☐ No	
Describe the process for transferring radiographic images to receiving facilities:				

Which procedures are available and describe the after hour response times for starting the procedure		Who monitors the trauma patient in radiology? ☐ ED Nurse ☐ Radiology Technician ☐ ED Physician ☐ Other
☐ Angiography		
☐ Therapeutic Angiography		
☐ MRI		
☐ Sonography		

VII. LABORATORY/BLOOD BANK

Standard Analysis of Blood (E)	☐ Yes ☐ No
Standard Analysis of Urine (E)	☐ Yes ☐ No
Standard Analysis of Other Body Fluids	☐ Yes ☐ No
Microsampling	☐ Yes ☐ No
Microsampling Criteria Policy/Guidelines	☐ Yes ☐ No
Coagulation Studies (E)	☐ Yes ☐ No
Microbiology Standard	☐ Yes ☐ No
Bacterial	☐ Yes ☐ No
Acid Fast	☐ Yes ☐ No
Fungal	☐ Yes ☐ No
Blood Gas Determination (E)	☐ Yes ☐ No
24 hr availability	☐ Yes ☐ No

Performed by
               ☐ Respiratory Therapy   ☐ Lab
               ☐ Other (describe)	

In-house Blood Bank (E)	☐ Yes ☐ No
Uncrossmatched Blood Immediately Available (E)	☐ Yes ☐ No
Policy defining mechanism to release uncrossmatched blood *(Please attach your Policy as Attachment #10)*	☐ Yes ☐ No
Blood Typing	☐ Yes ☐ No
Time for Blood Typing _____	
Cross-Matching	☐ Yes ☐ No
Time for Complete Cross Matching _____	
Immediate access (in-house) to the following:	
Cryoprecipitate	☐ Yes ☐ No
Fresh Frozen Plasma (FFP)	☐ Yes ☐ No
Platelets	☐ Yes ☐ No
Factor VIII	☐ Yes ☐ No
Factor IX	☐ Yes ☐ No
Is there a policy for obtaining and transfusing packed red blood cells (pRBC's) in a pediatric patient <20kg *(Please attach your Policy as Attachment #11)*	☐ Yes ☐ No
Describe process for obtaining and transfusing packed red blood cells (pRBC's) in a pediatric patient <20kg 	
Facility Specific Massive Transfusion Policy (MTP) *Please attach your MTP as Attachment #12)*	☐ Yes ☐ No
How many units of packed red blood cells (pRBC's) must the patient receives before MTP is instituted ___	
Automatic Trigger Mechanism	☐ Yes ☐ No
Automatic FFP release	☐ Yes ☐ No

VIII. OPERATING ROOM (OR)

Number of OR rooms?
 	
Routine Use
	Are OR personnel in-house 24/7 to start an operation?
	☐ Yes ☐ No (If no, describe below)
	  Number of OR Teams On-Call _____
	  Hrs on-call:_____
	
	  Call-in Response Time_____
	  Call-in Log Available ☐ Yes ☐ No
	  Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No
	
	  Number of Times Called in During Reporting Period _____
		Does the OR respond to all TTAs
		☐ Yes ☐ No
		
		Does the OR respond to TTAs when out of house?
		☐ Yes ☐ No
			Is there a mechanism for opening the OR if the team is not in-house 24/7.
			☐ Yes ☐ No

Equipment for Resuscitation for Patients of All Ages			Comments
Airway control and ventilation equipment (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Pulse oximetry (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Suction devices (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Electrocardiograph-oscilloscope-defibrillator (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
End-tidal CO_2 determination (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
CVP monitoring equipment	☐ Yes ☐ No		
Standard IV fluids and administration sets (E)	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Large-bore intravenous catheters for adults/IO needles for children (E)	Adult	☐ Yes ☐ No	Describe:
	Pediatric	☐ Yes ☐ No	
Sterile surgical sets for	Adult	☐ Yes ☐ No	
Airway control/cricothyrotomy	Pediatric	☐ Yes ☐ No	
Thoracostomy	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Central line insertion	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Thoracotomy	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Internal paddles	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Arterial catheters	Adult	☐ Yes ☐ No	
	Pediatric	☐ Yes ☐ No	
Broselow tape (E)	☐ Yes ☐ No		Year:
X-ray capability (E)	☐ Yes ☐ No		
C-arm Imager	☐ Yes ☐ No		
Endoscopes	☐ Yes ☐ No		
Bronchoscope	☐ Yes ☐ No		
Operating Microscope	☐ Yes ☐ No		
Craniotomy Instruments	☐ Yes ☐ No		

Equipment for Long Bone Fixation 　　　　**Pelvic Fixation**	☐ Yes ☐ No ☐ Yes ☐ No	
Thermal control equipment: 　　**For patient (E)** 　　　　　　　　**For fluids and blood (E)**	☐ Yes ☐ No ☐ Yes ☐ No	**Describe:**
Rapid infuser system	☐ Yes ☐ No	**Describe:**

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:

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

IX. POSTANESTHESTIC RECOVERY ROOM (PACU)

Number of PACU Beds	PACU RN's in-house 24/7? ☐ Yes ☐ No Does the PACU RN's Recover OR patients after hours? ☐ Yes ☐ No
	Hrs on-call:_____
	Call-in Response Time_____
	Call-in Log Available ☐ Yes ☐ No Call-in Response Monitored as Part of the Trauma PI Process ☐ Yes ☐ No
	Number of Times Called in During Reporting Period _____

Equipment for Resuscitation for Patients of All Ages		*Comments*
Airway control and ventilation equipment (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Pulse oximetry (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Suction devices (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Electrocardiograph-oscilloscope-defibrillator (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
End-tidal CO$_2$ determination (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Standard IV fluids and administration sets (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Large-bore intravenous catheters for adults/IO needles for children (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	**Describe:**
Sterile surgical sets for **Airway control/cricothyrotomy**	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Monitoring Equipment **Arterial** **CVP Monitoring** **ICP Monitoring**	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Drugs necessary for emergency care (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Broselow tape (E)	☐ Yes ☐ No	**Year:**
Thermal control equipment: **For patient (E)** **For fluids and blood(E)**	☐ Yes ☐ No ☐ Yes ☐ No	**Describe:**

PACU Nursing

1. Describe the credentialing requirements for the PACU nurses:

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

3. Nursing staff demographics:

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)

Name of ICU Surgical Director:

Number of Total Beds?	Who is responsible for care of the trauma patient in the ICU? ☐ Surgeon ☐ ICU Intensivist ☐ Other	Who provides immediate response for life-threatening emergencies in the ICU after hours?	Describe how ICU quality of care issues with Trauma are resolved:	Does the facility always maintain a 1:2 or less Nurse: Patient ratio? ☐ Yes ☐ No

Equipment for monitoring & resuscitation for patients of all ages		*Comments*
Airway control and ventilation equipment (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Pulse oximetry (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
End-tidal CO$_2$ determination (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
CVP monitoring equipment	☐ Yes ☐ No	
Standard IV fluids and administration sets (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Large-bore intravenous catheters for adults/IO needles for children (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	**Describe:**
Sterile surgical sets for **Airway control/cricothyrotomy**	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Thoracostomy	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	.
Central line insertion	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Monitoring Equipment Arterial CVP ICP Pulmonary Artery	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Drugs necessary for emergency care (E)	Adult ☐ Yes ☐ No Pediatric ☐ Yes ☐ No	
Broselow tape (E)	☐ Yes ☐ No	**Year:**

Thermal control equipment:	For patient For fluids and blood	☐ Yes ☐ No ☐ Yes ☐ No	Describe:

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

Maximum age of a Pediatric Patient	If admitted, where are pediatric trauma patient admitted? ☐ Pediatric Floor ☐ General Floor ☐ Pediatric ICU ☐ General ICU	Does the hospital have a separate PICU? ☐ Yes ☐ No	Is there a Pediatric specific PI program? (E) ☐ Yes ☐ No

Pediatric resuscitation equipment is present in all treatment areas? (E) ☐ Yes ☐ No

Number of Pediatric Patients entered into the Trauma Registry During Reporting Period?

1. Pediatric Admissions (Use Reporting Period Trauma Registry Verification Summary)

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

2. Pediatric Injury Severity and Mortality (Use Reporting Period Trauma Registry Verification Summary)

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

XII. REHABILITATIVE SERVICES

What in-patient rehabilitative services are provided in the facility?
☐ Physical therapy ☐ Occupational Therapy
☐ Social Services ☐ Speech Therapy

Director of Rehabilitative services:

Does the facility have a Transfer Agreement(s) with an In-Patient Rehabilitation Facility: ☐ Yes ☐ No
Transfer Agreements are present with the following In-Patient Rehabilitation facilities: (List)

Does the facility have a Skilled Nursing Unit? ☐ Yes ☐ No
Number of Skilled Beds? _____

Does the facility have Swing Beds? ☐ Yes ☐ No
Number of Swing Beds? _____

XIII. BURN/SPINAL CORD/MULTISYSTEM TRAUMA PATIENTS

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

XIV. ORGAN PROCUREMENT

Name and base location of Organ Procurement Agency utilized by this facility?
Is "organ donation potential" discussed as part of the Trauma PI process?　　☐ Yes ☐ No
Number of Deaths During Reporting Period:
Organ Procurement Referrals (Use Trauma Registry Verification Summary):

Organ Procurement	Patients	% of Deaths
Not Asked		
None – Family Refused		
None – Patient Unsuitable		
Organ Donors		
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	☐ Yes	☐ No
Reflect the Case Analysis/Discussion	☐ Yes	☐ No
Identify Opportunities for Improvement	☐ Yes	☐ No
Outline Action Plans	☐ Yes	☐ No
Track loop closure	☐ Yes	☐ No
Reflect Patient Chart Findings	☐ Yes	☐ 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)	☐ Yes	☐ No
Is patient data entry complete within two (2) weeks of patient discharge? (CE)	☐ Yes	☐ No
Are patients reviewed as part of the Trauma PIPS process within two (2) months of patient discharge? (CE)	☐ Yes	☐ No
Is there an established process to assure reliable and valid Trauma Registry data abstraction and entry? (CE)	☐ Yes	☐ 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? _____

Bimonthly Meeting? (CE)	☐ Yes	☐ No
Trauma Medical Director Chair?	☐ Yes	☐ No
Multidisciplinary Representation?	☐ Yes	☐ No
Trauma Liaison(s) Attendance?	☐ Yes	☐ No
Addresses System Issues?	☐ Yes	☐ No
Minutes Maintained?	☐ Yes	☐ No
Attendance Documented?	☐ Yes	☐ No
Minutes Signed by TMD?	☐ Yes	☐ No
Audit Filters Utilized for Issue Identification?	☐ Yes	☐ No
Are nursing issues reviewed?	☐ Yes	☐ No
Are pediatric issues reviewed separately	☐ Yes	☐ No

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

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)							% Attendance
TMD:							
TPM/TC:							
General Surgery Liaison:							
Emergency Medicine Liaison:							
Neurosurgeon Liaison:							
Orthopedic Surgery Liaison:							
Anesthesia Liaison:							
Trauma Registrar:							
Radiology:							
Laboratory/Blood Bank:							
Respiratory Therapy:							
OR:							

ICU:							
Acute Care Floor:							
Prehospital:							
Administration:							

*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

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

*May add additional rows if needed

XVI. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

Site for residents/medical student rotations? ☐ Yes ☐ No (Describe)	

Any educational programs offered by the facility, including examples for physicians, nurses, and pre-facility providers. ☐ Yes ☐ No (Describe)	

Has the facility hosted a Rural Trauma Team Development Course (RTTDC) in the last past year? ☐ Yes ☐ No **Date**	
Has the facility hosted a Rural Trauma Team Development Course (RTTDC) in the last three years? ☐ Yes ☐ No **Date**	

Is there budgetary support for extramural CME? (i.e. ATLS, TNCC, Trauma Symposium) ☐ Yes ☐ No (Describe)	

Does the facility routinely obtain the following labs on trauma patients?

Blood Alcohol	☐ Yes	☐ No
Urine Drug Screen	☐ Yes	☐ No
Serum Drug Screen	☐ Yes	☐ No

Does the facility provide counseling for trauma patients with elevated blood alcohol levels? ☐ Yes ☐ No
Does the facility have membership with the WV Mountain State Injury and Prevention Coalition? ☐ Yes ☐ No
Does facility have any injury prevention/public trauma education programs? ☐ Yes ☐ No (Describe)

Any Trauma-related presentations given by any of the facility's staff in the last three years. ☐ Yes ☐ 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	Response Compliance

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	Expiration Date	

Appendix C – Neurosurgeons

Please list Neurosurgeons currently taking emergency call.

Name (including MD or DO)	Residency (type, where and when completed)		Board Certification (type and expiration) ABNS=American Board of Neurosurgery 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	Number of Craniotomies/ year
Name	Type and Where	When	Type	Expiration Date	Status	Expiration Date		

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 completed)		Board Certification (type and expiration) 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 "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 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?   _____