



**Utah Department of Public Safety
Bureau of Emergency Medical Services
Trauma Center Designation**

Rev. 01/2025

SURVEY READINESS

The purpose of the Utah Department of Public Safety, Bureau of Emergency Medical Services review process is to verify a hospital's compliance with the State of Utah Trauma Systems Guidelines and American College of Surgeons (ACS) standards for a trauma center. Site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital's capabilities in a very short period. For this reason, we ask that the trauma program personnel at the hospital carefully prepare for the visit by having all documents and medical records carefully organized and accessible to the surveyors. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional validation of compliance with the standards. The submitted application gives surveyors an overview of the trauma program and serves as a guide for the review process.

For planning purposes, the review will last approximately four to six hours. Do not prepare your own agenda. An agenda will be sent to the hospital administrator/Program Manager prior to the site visit. The lead reviewer will coordinate the format with the hospital and the survey team. A short presentation may be used to highlight your trauma program.

In the event where an onsite visit cannot be facilitated, the survey shall be conducted using a virtual platform with the host facility providing and hosting the virtual event.

Those who should be available during the site visit may include:

- Hospital administrator for the trauma program
- Trauma medical director
- Emergency medical director
- Trauma orthopedic surgeon (If applicable)
- Trauma program manager
- Trauma anesthesiologist
- Chief of surgery (if applicable)
- Surgical director of the critical care unit (if applicable)
- Radiologist
- Local/Regional EMS Agencies

Please have one staff member (trauma program manager, trauma medical director, or trauma surgeon) available to accompany each of the surveyors on the tour of the facility. It is helpful for the trauma program manager, trauma registrar, and trauma medical director to be readily available to the survey team for the entire review. The reviewers will visit each department listed below, not necessarily in the order stated.

A. Emergency Department

1. Review emergency department facility, resuscitation area, equipment, protocols, flow sheet, staffing, and trauma call
2. Interview emergency physician, and emergency nurse.
3. Review the pre-hospital interaction and performance improvement and patient safety feedback mechanism.
4. The emergency department logbook should also be available for the reviewers to view during the hospital visit. There may be additional records requested on-site based on this review

B. Radiology

1. Inspect facility
2. Interview radiologist and technician
3. Discuss patient triage
4. Determine patient monitoring policy
5. CT log (if applicable)

C. Operating Room/PACU (if applicable)

1. Interview operating room nurse manager and anesthesiologist/CRNA
2. Check operating room schedule
3. Determine how a trauma OR suite is opened STAT
4. Review equipment availability

D. ICU (If applicable)

1. Inspect facility/review equipment
2. Review flow sheets
3. Interview medical director/nurse manager/staff nurse
4. Discuss patient triage and bed availability

E. Blood Bank

1. Inspect facility
2. Interview technicians
3. Determine availability of blood products and massive transfusion protocols

F. Rehabilitation

1. Inspect facility
2. Interview staff
3. Determine where rehabilitation is initiated

G. Chart Review/PIPS

1. Review performance improvement documents
2. Review medical records
3. Review Peer Review Committee attendance/minutes

I. Site Surveyors preparation for exit interview. Closed meeting – site survey team only.

J. Exit Interview

1. Hospital administration
2. Trauma medical director
3. Trauma program manager
4. Others as desired by hospital administration

The surveyors' findings will be presented in an executive summary at the beginning of the report and are divided into four major headings:

- 1) Standards Compliance/Noncompliance (previously known as “deficiencies”)
- 2) Strengths
- 3) Opportunities for Improvement (previously known as “weaknesses”)
- 4) Recommendations

Compliance and Noncompliance (deficiencies) of standards are determined by the guidelines found in the current edition of the **Resources for Optimal Care of the Injured Patient Manual. The Department of Health may consider other factors not stated within this manual when reviewing a program for designation and reserves the right to grant/withhold designation on this basis.**

Outcomes of Designation

Designation standards are divided into Type I and Type II standards. Type I standards are considered critical standards that directly impact patient care. The trauma program must be in compliance with all applicable standards at the time of the site visit. If noncompliance with any standard is identified, the trauma program must demonstrate compliance through a Corrective Action Review to achieve or extend Designation. The type of Corrective Action Review will depend on the standard(s) in question and will be determined by the State of Utah Trauma Program leadership.

Verification Visit Results and Outcomes

Visit Results	Designation Outcomes
Compliant with all standards	Designated, 3-year certificate
Noncompliant with up to 3 Type II standards	Designated, 1-year certificate
Noncompliant with any Type I standard OR Noncompliant with more than 3 Type II standards	Not Designated

MATERIALS AVAILABLE AT TIME OF REVIEW

All materials requested are to be available on site in a room where the chart review will take place. A room with a conference style table and adequate space for surveyors to comfortably complete the review of the medical records should be available.

A. Documentation of the hospital's trauma activity for one year

1. Intramural Education – physicians, nurses, paramedics
2. Extramural Education – physicians, nurses, paramedics
3. Community Outreach/Injury Prevention

B. Copy of call/backup schedule for 3 months prior to review

1. Trauma, neurosurgery, orthopedic attending/primary and back up

C. Documentation of CME (for past 3 years)

1. The trauma medical director must have 12 hours per year and 36 hours for 3 years of verifiable external CME. The surveyors may spot check certificates to verify this. The same is true for the liaisons from neurosurgery, orthopaedic surgery, and emergency medicine. Visiting professors, invited speakers and teaching ATLS are all considered external CME.

2. It is required that your program review ALL CME requirements that are appropriate for Level of Trauma Designation.

D. Performance Improvement and Patient Safety (PIPS)

1. Minutes of all trauma PI for one year, including multidisciplinary peer review and trauma system committees
2. Attendance records for all trauma service PI meetings
3. Documentation of all PI initiatives
4. Specific evidence of loop closure

E. Specific trauma patient medical records will be requested before the review.

Charts should be pulled from the reporting year (should not be older than 14 months prior to the scheduled survey date) as identified in the hospital's Pre-Review Questionnaire (PRQ).

With regard to the trauma PI program, pull all of the trauma deaths. Based on your Mortality Review, separate the charts into the categories listed below. Death categories should be labeled accordingly. If it is a busy trauma center, please pull the last fifty deaths.

- 1) Mortality with opportunity for improvement
- 2) Mortality without opportunity for improvement
- 3) Unanticipated Mortality with opportunity for improvement

In addition, pull the last 3 charts for each of the following categories:

- 1) ISS >25 W/SURVIVAL;
- 2) Pediatric patient <15 years of age;
- 3) Epidural/subdural hematoma;
- 4) Thoracic/cardiac injuries (include aortic injuries);
- 5) Spleen and liver injuries;

- 6) Pelvis/femur fractures (include unstable pelvic fractures with hypotension);
- 7) Transfer out for the management of acute injury;
- 8) Adverse event/Death in the PICU/SICU

Pull the last 4 charts for trauma patients admitted to non-surgical services. Examples of non-surgical services include internal medicine, neurology, pediatric, family practice, hospitalist and geriatric medicine.

If the medical records are electronic, there must be computers available for each of the site surveyors. At the time of the review, there must be one person available for each of the surveyors that are proficient and knowledgeable in the electronic medical record system. Also, be prepared to extract data from the trauma registry upon the site surveyors' request.