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**Utah Department of Health**

**Bureau of Emergency Medical Services and Preparedness**

 **Application for Designation**

**Rev. 02/2022 Level IV Trauma Center**

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Completing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Review: ☐Consultation ☐Designation ☐Re-Designation

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

Hospital Name:

Address:

Chief Executive Officer:

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

Current trauma center designation level:

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

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

Number of weaknesses found at last review:

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

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

\*\*Some items in this application are not requirements for a Level IV and may not apply to your facility (i.e. ICU). For these items, please indicate N/A if they do not apply.

**HOSPITAL INFORMATION**

**A. General Information**

1. Tax Status: ☐Profit ☐Non-profit ☐Government

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

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

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

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

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

1. Does the trauma center leadership participate actively in a state and regional system? (CD 1-1, CD 1-2, CD 1-3) (Yes/No)
* If ‘Yes’, please briefly describe:
1. Attendance and participation threshold at regional and State Trauma Systems meetings of 75% are required. (State Criteria)

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

1. Does this trauma center have an integrated, concurrent performance improvement and patient (PIPS) program to ensure optimal care and continuous improvement in care? (CD 2-1) (Yes/No)
2. Does the trauma center provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification? (CD 2-3) (Yes/No)
3. Complete the table below using the total number of emergency department (ED) trauma visits for the reporting year following the National Trauma Data Standard (NTDS) Trauma Inclusion Criteria.

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

Disposition ED Trauma Visits

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

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

1. What percent of the time is the physician or midlevel provider present in the ED on patient arrival within 30 minutes of arrival for the highest level of activation? (CD2-8) (Yes/No)
2. Is the attendance threshold of 80% met for physician or midlevel presence in the emergency department for patients with highest level of activation? (CD2-8) (Yes/No)
3. Is the physician or midlevel arrival within 30 minutes monitored by the hospital’s trauma PIPS program? (CD 2-8) (Yes/No)
4. Does the facility have well-defined transfer plans? (Yes/No) (CD-2-13)
5. Are collaborative treatment and transfer guidelines reflecting the Level IV facilities’ capabilities developed and regularly reviewed, with input from higher-level trauma centers in the region? (Yes/No) (CD 2–13)
6. Does the facility have 24-hour emergency coverage by a physician or midlevel provider? (Yes/No) (CD 2–14)
7. Is the emergency department continuously available for resuscitation with coverage by a registered nurse and physician or midlevel provider, and does it have a physician director? (Yes/No) (CD 2–15)
8. Are all ED providers current in Advanced Trauma Life Support® certification as part of their competencies in trauma? (Yes/No) (CD 2–16)
9. Are the trauma medical director and trauma program manager knowledgeable and involved in trauma care and work together with guidance from the trauma peer review committee to identify events, develop corrective action plans, and ensure methods of monitoring, reevaluation, and benchmarking? (Yes/No) (CD 2-17)
10. Does the multidisciplinary trauma peer review committee meet regularly, with required attendance of medical staff active in trauma resuscitation, to review systemic and care provider issues, as well as propose improvements to the care of the injured patient? (Yes/No) (CD 2–18)
11. Does the PIPS program have audit filters to review and improve pediatric and adult patient care (CD 2–19)?
12. Does the trauma center actively participate in regional and statewide trauma system meetings and committees that provide oversight? (Yes/No) (CD 2–20)
13. Is the trauma center the local trauma authority and assume the responsibility for providing training for prehospital and hospital based providers? (Yes/No) (CD 2–21)
14. Does the facility participate in regional disaster management plans and exercises? (Yes/No) (CD 2-22)

**III. PREHOSPITAL TRAUMA CARE**

1. How does the trauma program participate in the training of prehospital personnel, the development and improvement of prehospital care protocols, and performance improvement and patient safety programs (CD 3-1)?
2. Describe how protocols that guide prehospital trauma care are established by the trauma health care team, including surgeons, emergency physicians, medical directors for EMS agencies, and basic and advanced prehospital personnel (CD 3-2):
3. Briefly describe the air medical support services available for your trauma program, including rotor wing and fixed wing services:
4. Does your hospital provide on­line medical control for prehospital trauma patients? (Yes/No)
* If 'Yes', please briefly describe:
1. When the trauma center is required to go on bypass or to divert, what is your process? (CD 3–7)

**IV. INTERHOSPITAL TRANSFER**

1. Is there direct physician/midlevel-to-physician contact when patients are transferred out of your facility? (CD 4–1) (Yes/No)
* If ‘Yes’, how is this contact initiated and documented?
1. Does your trauma service routinely evaluate all transfers through the PIPS program, including transport activities? (CD 4–3) (Yes/No)

 If ‘Yes’, please describe the process
2. Total number of transfers:
3. What is your benchmark for the length of time between patient arrival, decision to transfer, and patient departure?
4. Is this parameter tracked as a part of the PIPS process? (Yes/No)

 How is this tracked?

1. Are there well-defined transfer guidelines between the Transfer and Receiving facilities? (Yes/No) (CD 2-13)

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

**A. Hospital Commitment**

1. Does the hospital have the commitment of the institutional governing body and medical staff to become a trauma center? (CD 5–1) (Yes/No)

Have documentation of administrative commitment from governing board and medical staff available at the time of site visit.

1. Please list specific budgetary support for the trauma program such as personnel, education and equipment:

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

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

If 'Other' degree, please describe:

1. TPM reporting status. (Check all that apply)
2. TMD
3. Administration
4. Other (if other, please define):
5. How many years has the TPM been at that position or date of appointment to this position?
6. Total number of FTE's:
* List the number of support personnel including names, titles, and FTEs:
1. Is TPM an Registered Nurse? (State requires this postion to be filled by a Registered Nurse)
	* If not, Please list License/Certification:

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

1. Trauma medical director (name):
2. Briefly describe the TMD's reporting structure:

**D. Trauma Activations**

1. Are the criteria for graded activation clearly defined by the trauma center, including the highest level of activation including the six required criteria listed in Table 2? (CD 5–13) (Yes/No)

Are the activation criteria reviewed annually? (CD 5-13) (Yes/No)

1. Who has the authority to activate the trauma team? (check all that apply)

☐ EMS

☐ ED Physician/Midlevel

☐ ED Nurse

☐ Trauma Surgeon

1. Does the facility have a multi-level response? (Yes/No)
2. Do you have geriatric-trauma activation criteria? (Yes/No)

If ‘Yes’, please describe

1. Is the team fully assembled within 30minutes (Yes/No) (CD 5-15)
2. Is the activation criteria evaluated on an ongoing basis in the PIPS process to determine their positive predictive value in identifying patients who require the resources of the full trauma team? (Yes/No) (CD 5-16)
3. Number of trauma activations (CD 5-14, 5-14):

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

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

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

**VI. GENERAL SURGERY**

1. Briefly describe how the TMD oversees all aspects of the multi-disciplinary care, from the time of injury through discharge:
2. Where there is on-call Surgical Coverage for Trauma Patients, is the maximum response time criteria of 30 minutes or less achieved? (CD 2-8) (Yes/No)
3. Is response time tracked from patient arrival rather than from notification or activation time? (CD 2-8) (Yes/No)
4. Does the PIPS Program demonstrate the surgeon’s (if available) attendance for the highest-level at least 80 percent of the time? (CD 2-8) (Yes/No)
5. Is there a published schedule of general surgical coverage (where applicable)? (Yes/No)

**VII. EMERGENCY MEDICINE**

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

If yes, briefly describe how the ED is covered in their absence and how this is incorporated in your PI process:

1. If the emergency physicians cover in­house emergencies, is there a PIPS process demonstrating the efficacy of this practice? (Yes/No)
2. Please describe the PIPS process for evaluating impact of this practice:
3. Describe coverage plan for trauma patients presenting to the emergency department when the EM physician is out of the department:
4. Is there a representative from the emergency department participating in the pre-hospital PIPS program?
5. Is there a designated emergency physician liaison available to the trauma director for PIPS issues that occur in the emergency department? (Yes/No)
6. Does the emergency medicine liaison on the multidisciplinary trauma peer review committee attend a minimum of 50% of the committee meetings? (Yes/No)

1. Have all of the physicians who are board certified/eligible in emergency medicine successfully completed the ATLS course at least once? (Yes/No)
2. Do the other physicians who are board certified/eligible other than emergency medicine have current ATLS status? (Yes/No)

**IX. ORTHOPAEDIC SURGERY (IF APPLICABLE)**

1. Describe the orthopedic surgery coverage at your facility:
2. Is there an orthopaedic surgeon who is identified as the liaison to the trauma program? (Yes/No)
3. Does the PIPS process review the appropriateness of the decision to transfer or retain major orthopaedic trauma patients? (Yes/No)
4. Average time to first antibiotic administration for open fractures secondary to a blunt mechanism:
5. Percent of femoral shaft fractures (defined as intramedullary rod, external fixation or ORIF) stabilized within 24 hours of admission:
6. Does the orthopaedic service actively participate in the overall trauma PIPS program and the multidisciplinary trauma peer review committee? (Yes/No)
7. Does the orthopaedic trauma liaison attend a minimum of 50% of the multidisciplinary trauma peer review meetings? (Yes/No)

**XI. COLLABORATIVE CLINICAL SERVICES**

**A. Anesthesiology**

1. Describe the schedule and availability of your anesthesiology services:
2. Are the anesthesia services available 24 hours a day and present for all operations? (Yes/No)
3. If the trauma center does not have anesthesia services, is there documentation of the presence of physicians skilled in emergency airway management? (Yes/No)
* If 'Yes', please describe:

1. Does the anesthesiology liaison participate in the trauma PIPS process and attend at least 50% of the multidisciplinary trauma peer review meetings? (Yes/No)

**B. Operating Room**:

1. Is the operating room adequately staffed and available within 30 minutes? (Yes/No)
* Number of operating rooms:
1. Does the PIPS program evaluate operating room availability and delays when an on­call team is used? (Yes/No)
2. Does the operating room have all essential equipment? (Yes/No)

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

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

**D. Radiology**

1. Does the trauma center have policies designed to ensure that appropriately trained providers accompany trauma patients who may require resuscitation and monitoring during transportation to and while in the radiology department? (Yes/No)
2. Who provides FAST for trauma patients? (Check all that apply)
3. Radiology
4. Surgery
5. ED Physician/Midlevel
6. None
7. Describe your institution’s policy for obtaining FAST exams for injured patients:
8. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? (Yes/No)
9. Are conventional radiography available 24 hours per day? (CD 11­29) (Yes/No)
10. Are radiologists available within 30 minutes in person or by teleradiology, when requested for the interpretation of radiographs? (Yes/No)
11. Are radiologists in­house 24/7? (Yes/No)
12. If 'No', who reads studies after hours?
13. How is diagnostic information from radiologic studies communicated to the trauma team?
14. If an error is identified on initial radiologic interpretation, what is the policy for notifying the physician?
15. Is diagnostic information communicated in a written electronic form and in a timely manner? (Yes/No)
16. Is critical information deemed to immediately affect patient care verbally communicated to the trauma team in a timely manner? (Yes/No)
17. Does the PIPS program document the response times when the CT technologist responds?
If 'Yes', briefly describe:

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

1. Does your facility have an ICU? (Yes/No) If no, skip questions 2-12.
2. ICU Beds.
3. Total ICU beds (Includes medical, coronary, surgical, pediatric, etc.):
4. Total Pediatric:
5. Total Surgical:
6. Do you have a step­down or intermediate care unit? (Yes/No)
7. Describe how quality of care issues are resolved in the ICU:
8. Does your institution have palliative care available? (Yes/No)
9. If 'Yes', describe how this palliative care team is incorporated into end of life issues:
10. Total number of Trauma ICU deaths:
11. Of total ICU deaths, # of withdrawal of care:
12. Of total of ICU deaths, # transferred to hospice care:
13. Does the trauma center have a surgical director or co­director for the ICU who is responsible for setting policies and administration related to trauma ICU patients? (Yes/No)
14. Is the ICU director or co­director a surgeon who is board certified/eligible for certification by the current standard requirements? (Yes/No)
15. When the patient is critically ill, is there a mechanism in place to provide ICU physician coverage within 30 minutes 24 hours per day? (Yes/No)
16. Is the trauma surgeon kept informed of and concurs with major therapeutic and management decisions made by the ICU team? (Yes/No)
17. Does the PIPS program document the timeliness and appropriate ICU care and coverage is being provided? (CD 11-60) (Yes/No)
18. Is there a designated ICU liaison to the trauma service? (Yes/No
19. Does the ICU liaison attend at least 50% of the multidisciplinary trauma peer review committee meetings? (Yes/No)
20. Are qualified critical care nurses available 24 hours per day to provide care during the ICU phase? (Yes/No)
21. Does the ICU have the necessary equipment to monitor and resuscitate patients? (Yes/No)

**F. Primary Care Physicians**

1. Are trauma patients admitted or transferred by a primary care physician? (Yes/No)
* If ‘Yes’, describe the PIPS process for monitoring the care of these patients:

**G. Other Surgical Specialists**

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

	1. For complex cases being transferred out, does the contingency plan include the following:
	2. Transfer agreements with similar or higher-verified trauma centers.
	3. Direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
	4. Monitoring of the efficacy of the process by the PIPS programs.

**H. Support Services**

1. Is a respiratory therapist available and on call 24 hours per day? (Yes/No) If no, describe the coverage available for respiratory therapy:

 **J. Clinical Laboratory and Blood Bank**

1. Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including microsampling when appropriate? (CD 11­80) (Yes/No)
2. Is the blood bank capable of blood typing and cross matching? (CD 11­81) (Yes/No)
3. What is the average turnaround time for type­specific blood (minutes)?
4. What is the average turnaround time for full cross­matched blood (minutes)?
5. Describe the availability, including quantity, of the blood products available at your facility:
6. Does the facility have a massive transfusion protocol developed collaboratively between the trauma service and the blood bank? (CD 11­84) (Yes/No)
7. Describe your MTP:
8. Number of times activated in the last year:
9. Describe your PIPS process, if any, for MTP activation:
10. Do you have an anticoagulation reversal protocol? (Yes/No)
11. Please describe:
12. Which products do you have available for rapid anticoagulation reversal other than Vitamin K and fresh frozen plasma?
13. Do they require approval for emergent use? (Yes/No)
14. Is there 24 hour per day availability for the following:
	1. Coagulation studies (Yes/No)
	2. Blood gas analysis (Yes/No)
	3. Microbiology (Yes/No)

**K. Advanced Practitioners**

1. Does the trauma or ED utilize APs in the initial evaluation of trauma patients during the activation phase? (Yes/No)
2. If yes, are the APs current in ATLS? (Yes/No) (CD 11–86)
3. Which advanced practitioners participate in the initial evaluation of trauma patients?
4. Trauma (Yes/No)
5. Emergency medicine (Yes/No)
6. Orthopaedics (Yes/No)
7. Anesthesiology (Yes/No)
8. Other (if other, please describe):

1. Does the trauma program demonstrate appropriate orientation, credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the TMD? (CD 11–87) (Yes/No)

**XII. REHABILITATION SERVICES**

1. Which of the following services does the hospital provide?
2. Physical therapy (Yes/No)
3. Social services (Yes/No)
4. Occupational therapy (Yes/No)
5. Speech therapy (Yes/No)

**XIII. BURN PATIENT**

1. Number of patients transferred from your facility to a designated burn center during the reporting year:
2. Do you have a written transfer agreement with the referral burn center? (CD 14–1) (Yes/No)

**XIII. TRAUMA REGISTRY**

1. What registry program does the hospital use?
2. Are trauma registry data collected and analyzed? (CD 15­1) (Yes/No)
3. Is this data collected and submitted in a timely fashion so it can be aggregated and analyzed at the state level? (Yes/No) (Rule 426-9-700)
4. Does the trauma registry support the PIPS process? (CD 15–3)( 15-4) (Yes/No)
* Describe how the registry is used in the PIPS process to identify and track opportunities for improvement:
* Describe how registry findings are used to identify injury prevention priorities that are appropriate for local implementation:
1. Are at least 80% of the trauma cases entered into the trauma registry within 60 days of discharge? (CD 15­6) (Yes/No)
2. Has the registrar attended or previously attended two courses within 12 months of being hired? (Yes/No)

**If ‘Yes’, please check all that apply**

* 1. The American Trauma Society’s Trauma Registrar Course or
	2. (Other) equivalent provided by a regional/state trauma program
	3. The Association of the Advancement of Automotive Medicine’s Injury Scaling Course
	4. If Other, please briefly describe:
1. Does the trauma program ensure that trauma registry confidentiality measures are in place? (CD 15­8) (Yes/No)

	1. If 'Yes', please explain:
2. Is there an employee dedicated to the registry available to process the data capturing of the NTDS data set for each admitted trauma patients annually? (Yes/No)
3. Please describe the staffing model for the registry:
4. Are there strategies for monitoring data validity for the trauma registry? (CD 15­10) (Yes/No)

a. Describe the registry data validation process used:

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

A. Performance Improvement PI Program**

1. Is the PIPS program supported by a reliable method of data collection that consistently obtains the necessary information to identify opportunities for improvement? (CD 15-1) (Yes/No)
	1. If Yes, please describe process:
	2. Describe your process for identification and review of all trauma patients:
2. Does the process of event identification and level of review result in development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking? (CD 2­17) (Yes/No)
	1. If Yes, provide an example:
3. Describe how your PI plan incorporates or assigns levels of review (primary, secondary, tertiary) for events/issues identified through the PI process:
4. Does peer review occur at regular intervals to ensure that the volume of cases is reviewed in a timely fashion? (CD 2–18) (Yes/No)
5. Describe your peer review process (include review process for mortality, adverse events, and problem trends):
6. List attendees and percent attendance at peer review meetings for reporting year:

| **Attendee** | **Percent Attendance** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Is the trauma PIPS program empowered to address events that involve multiple disciplines? (CD 5-1)
(Yes/No)
	1. Is the PIPS program endorsed by the hospital governing body as part of its commitment to optimal care of injured patients? (CD 5-1) (Yes/No)
	2. Is there adequate administrative support to ensure evaluation of all aspects of trauma care? (CD 5-1) (Yes/No)
	3. Do the TMD and TPM have authority and are they empowered by the hospital governing body to lead the program? (CD 5-1) (Yes/No)
2. Is the TMD the chair of the peer review committee? (Yes/No)
	1. If No, list the chair of the committee:
3. Is there a multidisciplinary performance improvement process to evaluate overtriage and undertriage rates to attain the optimal goal of less than 5 percent undertriage? (Yes/No)

	1. Describe how your center defines over and undertriage and your PI process for each:
4. Does your facility have pediatric specific care or transfer guidelines? (Yes/No)

If yes, please list below:

1. Are all acute transfers out subjected to individual case review to determine the rational for transfer, appropriateness of care, and opportunities for improvement? (CD 4-3) (Yes/No)

If yes, describe process:

1. What is your PI process for identifying delays in operating room availability for trauma patients? How do you monitor loop closure?
2. What is your PI process for identifying delays in completion of radiologic studies or interpretation of results?
3. If applicable, describe your PI process for reviewing transfers to a higher level of care within your institution to determine the rationale for transfer, adverse outcomes, and opportunities for improvement. (CD 16-8)
4. Describe the mechanisms used to identify events for review by the trauma PIPS program (CD 16-10):
5. Describe the process used by the PIPS program for verification and validation of identified events (CD 16-11):
6. Describe how your PIPS program identifies mortality:
7. Autopsies have been performed on what percentage of the facility's trauma deaths?

	1. How are the autopsy findings reported to the trauma program?
8. Does your trauma program have a written PI plan outlining your PIPS process? (CD 16-5) (Yes/No)

Does the PI plan include process and outcome measures? (Yes/No)
Is it reviewed and updated annually? (Yes/No)

**Please have a copy available at the time of the site visit.**

1. List 2 examples of loop closure involving peer review issues during the reporting year:
2. List 2 examples of loop closure involving system issues during the reporting year:
3. How is PI integrated with the overall hospital PIPS program?

**B. Mortality Review**

1. Are all mortalities systematically reviewed with opportunities for improvement? (Yes/No)

**Briefly describe the process:**

1. How many trauma deaths were there during the reporting year?
2. DOA:
3. Deaths in ED (DIED):
4. In­hospital (include OR):
5. List the number of deaths categorized as follow:
6. Mortality without Opportunity for Improvement:
7. Anticipated mortality with Opportunity for Improvement:
8. Unanticipated mortality with Opportunity for Improvement:

**C. Evidenced-Based Guideline**

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

	1. If 'Yes', have a copy available at the time of the site visit.
	2. How many and how are they developed?
2. Has the trauma program instituted any trauma guidelines and protocols since the last review? (Yes/No)

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

**XV. EDUCATION ACTIVITIES / OUTREACH PROGRAMS**

1. Is the trauma center engaged in public and professional education? (CD 17­1) (Yes/No)
	1. If ‘Yes’, briefly describe:
2. Does the hospital provide a mechanism for trauma­related education for nurses involved in trauma care? (Yes/No)
	1. If ‘Yes’, briefly describe:

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

* 1. If 'Yes', briefly describe:

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

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

**XVI. PREVENTION**

1. Does the trauma center demonstrate the presence of injury prevention activities that centers on priorities based on local data? (CD 18–1) (Yes/No)
2. Does your trauma center have someone in a leadership position that has injury prevention as part of his or her job description? (CD 18-2) (Yes/No) Please provide documentation along with job description at time of survey:
3. What are the three leading causes of injury in your community?
4. Does the PIPS process ensure there is universal screening for alcohol use for all injured trauma patients? (CD 18-3) (Yes/No) Please describe process:
5. Is there a lead person from the trauma program overseeing 'alcohol screening and brief intervention'?
6. Who is the lead for SBI?
7. Do you track compliance with interventions for all patients who screen positive for alcohol use? (If yes, please provide documentation)
8. What is the mechanism for providing brief intervention? (Check all that apply)
	1. Positive screens are referred to trauma nurse/nurse practitioner/physician assistant/social worker
	2. Person screening provides intervention for positive screens
	3. Positive screens are referred to on-site consult service (psychiatry or psychology or substance abuse counselor)
	4. Other (if other, please describe)

**XVII. DISASTER PLANNING**

1. Can the hospital respond to the following hazardous materials?
2. Radioactive (Yes/No)
3. Chemical (Yes/No)
4. Biological (Yes/No)
5. Does the hospital meet the disaster­related requirements of the Joint Commission or equivalent regulatory body? (CD 20­1) (Yes/No)
6. Does your facility support trauma committee member being a member of the hospital's disaster committee? (Yes/No)
7. Are there hospital drills that test the hospital's disaster plan conducted at least twice a year, including actual plan activations that can substitute for drills? (CD 20–3) (Yes/No) Please provide documentation that supports these drills as required:
8. Does the trauma center have a hospital disaster plan described in the hospital’s policy and procedure manual or equivalent? (CD 20­4) (Yes/No) **Please have this plan available at time of survey:**

 **XXI. SOLID ORGAN PROCUREMENT ACTIVITES:**

1. Does your facility have an established relationship with a recognized Organ Procurement Organization (OPO)? (CD 21-1) ( Y/N)
2. Does your facility have written policy in place for triggering notification of the regionsal OPO? (CD 21-2) (Y/N)
3. Does your facility have written protocols defining the clinical criteria and conformitiry test for the diagnosis of brain death? (CD 21-3) (Y/N)

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

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

|  | **Name** | **Residency (where and when completed)** | **Board Certification must be current, enter expiration date S=American Board of Surgery****OS=Osteopathic Surgery****CC=Critical Care** **PS=Pediatric Surgery** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor(CD 6–9) Type II / L1-3)** | **Frequency of trauma calls per month (Days)** | **Number of trauma patients admitted per year** | **CME (external / internal trauma related)Not required for L3** | **Number of Operative Cases per year** | **% Attendance at PI Meeting (>50%)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Where | When | Type | Year / Recert | Status | Expiration Date |  |  |  | Trauma | Non-Trauma |  |
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 **Appendix #2 ­ Trauma Surgeons**Please list all surgeons currently taking trauma call:

**Apendix #3 ­ Orthopaedic Liaison to the Trauma Program**

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

**Appendix #4 ­ Orthopaedic Surgeons**

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

|  | **Name** | **Residency(where and when completed)** | **Board Certification must be current, enter expiration date OS who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Frequency of trauma calls per month(Days)** | **CME (external / internal trauma related)Not required for L3** | **OTA Fellowship** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Where | When | Type | Year / Recertified  | Status | Expiration Date |  |  | Where\* | When | Length |
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**Appendix #5 ­ Emergency Medicine Liaison to the Trauma Program**

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

**Appendix #6 ­ Emergency Medicine**Please list all emergency department physicians on the trauma panel (those who care for trauma patients)

|  | **Name** | **Residency(where and when completed)** | **Board Certification must be current, enter expiration dateEM Physicians who have trained outside of the U.S. and Canada, must apply for the "Alternate Pathway". Please contact the VRC office before submitting.** | **ATLS****Instructor/Provider****Status & Expiration****P=Provider****I=Instructor** | **Number of shifts per month** | **Length of shifts** | **CME (external / internal trauma related)****Not required for L3** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Where | When | Type | Year /Recert | Status | Expiration Date |  |  |  |
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**Appendix #7 ­ Anesthesiologist Liaison to the Trauma Program**

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

ATLS Level:

* 1. Instructor
	2. Provider
	3. None

**Appendix #8 – PIPS Committee- MULTIDISCPLINARY TRAUMA PEER REVIEW**

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

 **MULTIDISCIPLINARY TRAUMA PEER REVIEW**

The hospital’s Multidisciplinary Trauma Peer Review Committee which improves trauma care by reviewing selected deaths, complications, and sentinel events with objective identification of issues and appropriate responses

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

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

1. Committee reports to whom?

**Appendix # 9 – PIPS Committee – Multidisciplinary Trauma Systems/Operations Committee**

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

**Multidisciplinary Trauma Systems / Operations Committee**

TRAUMA PROGRAM OPEATIONAL PROCES PERFORMANCE COMMITTEE (previously named Multidisciplinary System Committee)

Name of Committee:

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

Name / Title of Chairperson:

Are there attendance requirements? (Yes/No)

If ‘Yes’, describe:

Attendance of specialty panel members:

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

Committee reports to whom?

**Appendix #10 ­ Radiologist Liaison to the Trauma Program.**

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

**Appendix #11 ­ Surgical Critical Care Liaison to the Trauma Program – if different than the TMD**

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

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

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

 **Utah Department of Health**

 **Bureau of Emergency Medical Services and Preparedness**

 **TRAUMA CENTER & RESOURCE HOSPITAL CAPABILITIES**

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

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

**Prior to the verification survey:**

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

Carl Avery, RN CFRN

Bureau of Emergency Medical Services

P.O. Box 142004

Salt Lake City, Utah 84114-2004

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

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

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