

Index to application

(Updated Aug 2014)

To quickly move to a section, control + click the section. Reference the Application instructions to complete the application. Refer to Oregon Administrative Rules Division 200 and 205, which include Exhibits 1 to 5, for compliance. **Please do not change anything on this page.**

[Title page](#)

[Facility Profile](#)

[Verification and affirmation](#)

(Appendix 1)

[Local System Commitment](#)

[Trauma Program](#)

(Appendices 2 – 9)

[Diversion Report](#)

[Trauma Services Statistics](#)

(Appendices 10 and 11)

[Trauma Coordinator/Program Manager](#)

(Appendices 12 and 13)

[Trauma Registrar](#)

(Appendices 14 and 15)

[Hospital Clinical Capabilities and Resources – Part 1](#)

[Hospital Clinical Capabilities and Resources – Part 2](#)

(Appendices 16-30)

[Emergency Department Physicians \(chart\)](#)

(Appendix 31)

[Trauma Surgeons \(chart\)](#)

[Anesthesia \(chart\)](#)

[Emergency Department nurses \(chart\)](#)

[Intensive Care Unit/ Critical Care Unit nurses \(chart\)](#)

[Performance Improvement and Patient Safety](#)

(Appendices 32-38)

[Continuing Education/ Outreach Program](#)

[Public Education/ Prevention](#)

(Appendix 39)

Appendix 1 – Verification and affirmation

Appendix 2 – Hospital Organization

Appendix 3 – Trauma Organization

Appendix 4 – Current Action Plan

Appendix 5 – Transfer Policy

Appendix 6 – Credentialing Policy

Appendix 7 – Activation Protocols

Appendix 8 – On-call policy

Appendix 9 – Diversion policy

Appendix 10 – Trauma Director job description

Appendix 11 – Trauma Director's CV

Appendix 12 – Trauma Coordinator/program manager job description

Appendix 13 – Trauma Coordinator/program manager's CV

Appendix 14 – Trauma Registrar job description

Appendix 15 – Trauma Registrar's CV

Appendix 16 – ED chart

Appendix 17 – Trauma flowsheet

Appendix 18 – ED trauma policies

Appendix 19 – OR coverage

Appendix 20 – ICU coverage

Appendix 21 – ICU trauma policies

Appendix 22 – Lab services

Appendix 23 – Blood inventory policy

Appendix 24 – Obtaining blood policy and procedure

Appendix 25 – Administration of uncrossmatched blood policy and procedure

Appendix 26 – Mass transfusion policy

Appendix 27 – Burn policy

Appendix 28 – Spinal cord/head injury acute management policy

Appendix 29 – Cervical spine clearance policy

Appendix 30 – Organ procurement

Appendix 31 – Physician response times

Appendix 32 – QI Plan

Appendix 33 – QI diagram

Appendix 34 – QI forms

Appendix 35 – QI reviews

Appendix 36 – QI audits

Appendix 37 – Multidisciplinary committee policy

Appendix 38 – Trauma registry (data) entry policy

Appendix 39 – Injury Prevention Specialist job description

Oregon Trauma Designation Application

Hospital:

Date:

CONFIDENTIAL

FACILITY PROFILE

Facility Information (As will appear on the certificate)	
Facility Name:	LEVEL OF ACCREDITATION REQUESTED: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
Phone: FAX:	
Physical Address:	Mailing Address: (if different than physical address)
City: Zip:	City: Zip:
Personnel Information	
Administrator: Phone: Email:	Person submitting application: Phone: Email:
Trauma Service Director: Phone: Email:	Trauma Coordinator/Program Manager: Phone: Email:
Emergency Department Medical Director: Phone: Email:	Trauma Registry Contact: Phone: Email:
Critical Care Medical Director: Phone: Email:	
General Hospital Information. Use 12 months of data. Month/Year From / to /	
Number licensed hospital beds	Number of operating rooms
Number of hospital beds staffed and operational	Number of operating rooms designated for trauma
Number Emergency Department beds	Number of staffed beds in Peds ICU
Number ED beds designated for trauma	Number of staffed beds avail for Peds
Annual Emergency Department visits	Average daily hospital census for the last 6 months
Number staffed beds in adult ICU	Total hospital inpatient days
Number ICU beds available for trauma	Average hospital inpatient LOS
Number of physicians with medical staff privileges	Average percent hospital occupancy

VERIFICATION AND AFFIRMATION

<i>Submit Verification page. (Appendix 1)</i>	

LOCAL SYSTEM COMMITMENT

Administrative commitment

Describe administrative commitment to the trauma program.

Optional: Have available a letter of support from the hospital Administration.



Surgical and Emergency Department (ED) leadership commitment

Describe medical staff commitment to the trauma program.

Optional: Have available a letter of support.



Prehospital and Emergency Medical Services (EMS) commitment

Describe prehospital and EMS commitment to the trauma program and their personnel available and services provided.

Optional: Have available a letter of support.



TRAUMA PROGRAM

Trauma service area <i>Give a brief description of the trauma service area. Optional: If maps are available to describe trauma service, have them available.</i>	
Program summary <i>Briefly describe the trauma program. Submit hospital organizational chart (Appendix 2) and Trauma Program organizational chart (Appendix 3).</i>	
Improvements since the last designation survey. <i>Briefly describe deficiencies corrected, improvements made since the last survey, and current activities. Submit the latest action plan. (Appendix 4) Have available supporting documents for at least one current activity.</i>	 
Transfer partners. <i>List transfer partners below. Describe how hospital accepts transfers or sends transfers (adult and pediatric patients). Submit transfer policy. (Appendix 5) Have available current transfer agreements.</i>	 
Credentialing <i>Submit the policy on credentialing for physicians and treating and managing trauma patient and training for nurses. (Appendix 6)</i>	
Additional policies. <i>Submit: Activation protocols. (Appendix 7) On-call policies. (Appendix 8) Diversion/Bypass policy. Include how communications occur to notify providers and agencies. (Appendix 9) Have available: Disaster plan and mass casualty plan.</i>	 

TRAUMA SERVICE STATISTICS

From / to /
Use 12 months of data.



From / to / Use 12 months of data.			
Pts Served	Total number of trauma registry patients		
	Number adult trauma patients 18 years and older		
	Number pediatric trauma patients 0-17 years		
	Average hospital census		
Trauma System Entry	Count / Percentage of trauma patients # / %		
	Entry:	Field	/
		Emergency Department	/
		Retrospective	/
		Transferred in	/
	Hospital Response:	Full Team Activation	/
		Modified Team Activation	/
		No Activation	/
Disposition from the ED	Home	/	
	OR	/	
	ICU	/	
	Acute Care Ward & Other	/	
	Transfer out	/	
	Death	/	
	Admitted to ICU/ OR/ ward bypassing ED (Direct)	/	
	Count / Percentage of mortality by ISS group # / %		
ISS ranges	ISS 0-9	/	
	ISS 10-15	/	
	ISS 16-25	/	
	ISS 26-45	/	
	ISS 46-75	/	
Transfer	Number of patients with ISS > 15 who went from ED to ICU		
	Number of patients with ISS >15 who went from ED to OR		
	Number of patients with ISS > 15 transferred from ED to another facility		
Staff time	FTE or hours per week allotted to Trauma Coordinator duties		
	FTE or hours per week allotted to Trauma Registry duties		
	Avg. hours/month dedicated to Trauma Medical Director duties		

TRAUMA DIRECTOR

Trauma Director:	
Number of trauma related CME (hours/year): / / / / / /	Current ATLS expiration (month/year): / /
Describe the director's reporting structure.	
Describe how the director oversees the coordination of trauma patient care, continuing medical education of personnel, and trauma quality improvement process.	
List the Trauma Director's attendance in ATAB and STAB in the last two years.	
ATAB attendance: Month/ Year / / / /	STAB attendance: Month/ Year / / / /
Additional documents to submit. Job description for trauma director. (Appendix 10) Resume or curriculum vitae for trauma director. (Appendix 11)	



TRAUMA COORDINATOR/ PROGRAM MANAGER

Trauma coordinator/ Program Manager:

Estimated months or years in this position =

Number of trauma related CME hours/year:	Current TEAM/TNCC expiration (month/year)
/	/
/	
/	
/	

Describe the trauma coordinator's reporting structure.

Describe the role and activities of the trauma coordinator/program manager.

List the coordinator's attendance in ATAB and STAB in the last two years.

ATAB attendance: Month/ Year	STAB attendance: Month/ Year
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/
/	/

Additional documents to submit.

Job description for trauma coordinator/program manager. (Appendix 12)
Resume or curriculum vitae for trauma coordinator/program manager. (Appendix 13)



TRAUMA REGISTRAR

Trauma registrar:

Data Reporting

Yes No

One or more staff are trained in the submission of trauma registry data.

Trauma coordinator/program manager and registrar roles are combined. YES NO
If no, continue completion of the sections below.

Describe the trauma registrar's reporting structure.

Describe the role and activities of the trauma registrar.

Additional documents to submit.

Job description for trauma registrar. (Appendix 14)

Resume or curriculum vitae for trauma registrar. (Appendix 15)



HOSPITAL CLINICAL CAPABILITIES AND RESOURCES – Part 1

Category, Measure	Yes	No
HOSPITAL MEDICAL DEPARTMENTS/ PHYSICIAN RESOURCES		
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Surgery with neurosurgical trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery with orthopedic trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine with emergency medicine trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia with anesthesia trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL CAPABILITIES		
General surgery/trauma surgeon on-call and dedicated to trauma	<input type="checkbox"/>	<input type="checkbox"/>
Published back-up schedule	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
On-call and Promptly Available (available to the patient within 30 minutes of physician notification)	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>
Reimplantation/nerve repair	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric/Gynecologic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Hand surgery	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Oral surgery - Dental	<input type="checkbox"/>	<input type="checkbox"/>
Otorhinolaryngologic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric surgery	<input type="checkbox"/>	<input type="checkbox"/>
Facial reconstructive surgery team	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Urologic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Vascular surgery	<input type="checkbox"/>	<input type="checkbox"/>
Critical care medicine	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>
Neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>
Interventional radiology	<input type="checkbox"/>	<input type="checkbox"/>
REHABILITATION SERVICES		
Transfer agreement with an approved rehabilitation facility	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional therapy	<input type="checkbox"/>	<input type="checkbox"/>
Social service	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITAL CLINICAL CAPABILITIES AND RESOURCES – Part 2

Emergency Department (ED)	
<i>ED Director:</i>	
<i>Describe the surgical and ED coverage for trauma services. Have available surgical and ED physician coverage schedules.</i>	
<i>Describe the ED liaison communication with the trauma program.</i>	
<i>Describe communication between the trauma director and the ED leadership for performance improvement and patient safety.</i>	
Additional documents to submit.	
<i>ED organizational chart. (Appendix 16)</i>	
<i>ED Trauma flowsheet. (Appendix 17)</i>	
<i>Trauma specific ED policies and procedures. (Appendix 18)</i>	
<i>Have available patient logs for the past 3 months.</i>	
Radiology	
<i>Describe radiology coverage for the emergency department and intensive care unit. Have available radiology call schedule. Have available any forms used to track variances.</i>	
<i>Describe how diagnostic information is communicated to the physician and the process in place for notification of misreads. Have available any forms used to track variances.</i>	
<i>Describe the process for monitoring and resolving discrepancies between preliminary and final interpretations.</i>	
<i>Describe how the radiology department participates in the trauma program's performance improvement and patient safety program.</i>	

Check radiology capabilities available:

In the ED:

- X-ray 24hrs/day
- In-house technician
- Technician on-call and promptly available.
- Ultrasound with credentialed physician

In the ICU:

- Diagnostic imaging
- Magnetic resonance imaging
- Interventional radiology
- Sonography
- Computed tomography
- Technician in-house
- Technician on-call and promptly available.
- Teleradiology

Operating room (OR)

Describe OR coverage. Include how back up is called and availability of the OR for trauma cases. Attach policies or procedures for mobilizing OR teams after hours and making OR rooms available. (Appendix 19)



Have available the OR call-schedule and the OR daily census for the last six months.



Anesthesiology

Describe anesthesia coverage. Have physician available on-call schedules and back-up call schedules (if applicable) for the last 6 months.



Post-anesthetic Recovery Room (PACU)

Describe PACU coverage. Have available on-call schedules for the last 6 months for PACU nurses.



Intensive or Critical Care Unit (ICU/CCU)

Surgical Director of the ICU:

Describe ICU/CCU coverage. Attach policies or procedures for obtaining additional staff for ICU beds for trauma and making rooms available. (Appendix 20)



Describe how ICU leadership is engaged in the trauma program. ie) development of policies, performance improvement and patient safety.

Describe who maintains responsibility for the trauma patient and coordination of care. What processes are in place to assure communication?

Additional documents to submit.

Trauma specific ICU policies and procedures. (Appendix 21)



Have available policies and procedures for consultations (nutritional, rehabilitation services or social services).



Respiratory Therapy (RT)

Describe RT coverage. Have available RT on-call for the last six months.



Describe how RT participates in the trauma program's performance improvement and patient safety program.

Laboratory and Blood Bank

Describe lab coverage.

Check laboratory services available.

Standard analyses of blood, urine and other body fluids, including micro sampling.

Blood typing and cross-matching

Turn around time for full cross-match =

Thaw time for fresh frozen plasma?

Coagulation studies

Comprehensive blood bank or access to a community central blood bank and Red Cross approved hospital storage facilities

Blood gases and pH determinations

Microbiology

If there is no blood bank on site, please indicate who is used. Have available agreement of services.



Additional policies to include:

List of lab services. (Appendix 22)

Minimum blood product inventory policy. (Appendix 23)

Policy for obtaining blood. (Appendix 24)

Policy for uncrossmatched blood administration to trauma patients. (Appendix 25)

Mass transfusion policy. (Appendix 26)



Acute management of burns. (Appendix 27)
Spinal Cord/ Head Injury acute management. (Appendix 28)
Cervical spine clearance policy and procedure. (Appendix 29)



Rehabilitation services

Rehabilitation Director:

Describe the relationship between rehabilitation services and the trauma program.
Have transfer agreements with rehabilitation facilities and discharge planning protocols.



Clinical specialties and availabilities

Describe specialty coverage. Have available on-call schedule for the last six months.



Pediatric services and capabilities

Describe pediatric services available. Have available policies or procedures related to pediatric trauma care for each clinical area if not included already.



Organ procurement

Attach policy. (Appendix 30)



If there were deaths indicated on the [Trauma Service Statistics](#), please select one chart for review.



EMERGENCY DEPARTMENT PHYSICIANS

List all ED physicians currently responding to trauma patients. Submit the response time reports. (Appendix 31)
 Submit separate additional forms if needed using "Add-ED-Physicians.doc." Have available copy of ATLS or CMEs.



Name	Board Certified Type / YR	Initial ATLS done?	Trauma related continuing education			% of time meeting response time for full activations
			ATLS Expiration Month/ Yr	CME # of hrs	2 hours of acute pediatric trauma done?	
1	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
2	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
3	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
4	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
5	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
6	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
7	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
8	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
9	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
10	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO	%

For Level I, II, III: Who is the ED trauma liaison?

TRAUMA SURGEONS

List all general/trauma physicians currently taking trauma call. Submit separately additional forms if needed using "Add-TS.doc." Have available copy of ATLS or CMEs.



Name	Full, unrestricted privileges	Board Certified Type / YR	Initial ATLS done?	Trauma related continuing education			Avg. days of trauma call per month	Trauma patients admitted per year	% of time meeting response time for full activation
				ATLS Expiration Month/ Yr	CME # of hrs	2 hrs of pediatric trauma done?			
1 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
2 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
3 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
4 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
5 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
6 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
7 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
8 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%
9 Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/		<input type="checkbox"/> YES <input type="checkbox"/> NO			%

10	Specialty:	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	<input type="checkbox"/> YES <input type="checkbox"/> NO				%
----	------------	---	---	---	---	---	--	--	--	---

For Level I, II,:
Who is the neurosurgical trauma liaison?

For Level I, II, III:
Who is the orthopedic trauma liaison?

*For the past two years, calculate the percentage of trauma calls taken by the core surgeon group each month.
(total number of trauma calls taken by core surgeon group/ total number of trauma calls)*

Year	Percentage of trauma calls taken	Year	Percentage of trauma calls taken
Jan		Jan	
Feb		Feb	
March		March	
April		April	
May		May	
June		June	
July		July	
Aug		Aug	
Sept		Sept	
Oct		Oct	
Nov		Nov	
Dec		Dec	

ANESTHESIA

List all anesthesiologists and/or CRNS currently taking trauma call. Submit separately additional forms if needed using "Add-Anesthesia.doc." Have available copy of ATLS or CMEs.



Name		Full, unrestricted privileges	Board Certified (Level I, II) Year	Initial ATLS done?	% of time meeting response time for full activations
1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
2		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
3		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
4		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
5		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
6		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
7		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
8		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
9		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%
10		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	%

For Level I, II, III: Who is the anesthesia trauma liaison?

EMERGENCY DEPARTMENT NURSES

List all registered nurses in the ED that are currently providing trauma care. Submit separately additional forms if needed using "Add-ED-Nurses.doc." Have available copies of certifications or CEUs.



	Name	Initial TNCC/ TEAM completed.	Continuing Education		
			TNCC Expiration Month/ Yr	OR TEAM Expiration Month/ Yr	CEUs # of hrs in the past 4 yrs
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
6		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
7		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
8		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
9		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
10		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
11		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
12		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
13		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
14		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
15		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
16		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
17		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
18		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
19		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
20		<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	

INTENSIVE CARE UNIT/ CRITICAL CARE UNIT NURSES

List all registered nurses in the ICU that are currently providing trauma care. Submit separately additional forms if needed using "Add-ICU-CCU-Nurses.doc." Have available copies of certifications or CEUs.



	Name	Manage trauma pts	Participate in resuscitation in the ED	Initial TNCC/ TEAM completed.	Continuing Education		
					TNCC Expiration Month/ Yr	OR TEAM Expiration Month/ Yr	OR CEUs # of hrs
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/	/	

PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Quality Improvement (QI)/ Performance Improvement (PI) Plan

Attach QI/P plan. (Appendix 32)



Briefly describe the performance improvement process. How are issues identified? How are corrective actions created, implemented and evaluated?

Describe the process for addressing physician or nursing practice. ie) corrections or improvements in care, response times, documentation.

Briefly describe how the committee functions and interacts with the hospital system performance improvement structure. Submit a diagram to show trauma program QI. (Appendix 33)



Are there special audits for deaths or sentinel events? Yes No

Are there current pediatric trauma care issues for improvement? Yes No
If yes, please describe the issues:

Are there current elderly trauma care issues for improvement? Yes No
If yes, please describe the issues:

Additional documents to include.

Submit forms used for QI (QI forms, audit filters, or screening tools). (Appendix 34)

Submit list of all trauma cases reviewed in the past 2 years. Indicate deaths. (Appendix 35)

Submit list of audit filter analysis and how issues are identified for correction and tracked. (Appendix 36)



Trauma Peer Review Committee/multidisciplinary committee

Attach the policy. (Appendix 37)



List the current committee members and their title.

How often does the committee meet?

Describe the relationship and communication between the Trauma Peer Review committee and the trauma program. Have available minutes from the multidisciplinary meetings from the past 2 years.



For the past 2 years, calculate the attendance of each department at the following meetings.

Year	Percentage of attendance at the trauma program operational process performance committee meeting						
	Emergency Medicine	Neurological surgery	Orthopedic surgery	Anesthesia	Radiology	LAB	EMS

Year	Percentage of attendance at the trauma peer review committee meeting						
	Emergency Medicine	Neurological surgery	Orthopedic surgery	Anesthesia	Radiology	LAB	EMS

Trauma Registry

Attach policy. (Appendix 38)



Is the data used for performance improvement? Yes No

From / to /

Median days for data entry =

Trauma deaths reviewed	Number of patients
Unanticipated mortality with opportunity for improvement (preventable)	
Mortality with opportunity for improvement (possibly preventable)	
Mortality without opportunity for improvement (non-preventable)	

CONTINUING EDUCATION/ OUTREACH PROGRAM

Hospital education programs

Do you have continuing education provided by the hospital for:

Yes No Staff physicians

Yes No Nurses

Yes No Allied health personnel

Yes No Community physicians

Yes No Pre-hospital personnel

Yes No Telephone and on-site consultation with physicians of the community and outlying areas

List the continuing education programs you have. Have examples available at the site visit.



PUBLIC EDUCATION/ PREVENTION

Public education and prevention programs		
Injury Prevention Coordinator: <i>Attach job description. (Appendix 39)</i>	Allotted time:	
<i>Describe the process for alcohol screening, intervention and referral?</i>		
<i>List the prevention activities in the last 2 years. Provide examples at site visit.</i>		
1 Prevention education or Outreach event/activity:	Month/Yr /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
How was this issue determined as an area for education or prevention?		
Partners:		
Outcome:		
2 Prevention education or Outreach event/activity:	Month/Yr /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
How was this issue determined as an area for education or prevention?		
Partners:		
Outcome:		
3 Prevention education or Outreach event/activity:	Month/Yr /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
How was this issue determined as an area for education or prevention?		
Partners:		
Outcome:		
4 Prevention education or Outreach event/activity:	Month/Yr /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
How was this issue determined as an area for education or prevention?		
Partners:		
Outcome:		

5	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Prevention education or Outreach event/activity: How was this issue determined as an area for education or prevention? Partners: Outcome:	Month/Yr / /	Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No

Partners:

Outcome: