

**INSTRUCTIONS FOR FILLING OUT PRE-REVIEW QUESTIONNAIRE (PRQ)**

The Nebraska Office of Emergency Health Systems Trauma Program is pleased that you wish to participate in the statewide trauma system. The Nebraska Statewide Trauma System is comprised of hospitals and clinics striving to improve trauma patient care. Through this system all facilities offering trauma care may become centers of excellence. Thank you for participating in this process.

In order to prepare for your on-site review, please complete this questionnaire. All answers should directly follow the questions. The entire questionnaire is available on the web in a downloadable format @ <http://dhhs.ne.gov/Pages/EHS-Statewide-Trauma-System-of-Care.aspx>. The PRQ should be completed electronically if possible otherwise, you may submit a hard copy. Note: If a hard copy is printed a color printer should be used so that information and questions printed in blue appear on the page to the applicant.

**Return the completed questionnaire to:**

Sherri Wren  
EHS Trauma Program Manager  
Office of Emergency Health Systems  
P.O. Box 95026  
Lincoln, NE 68509-5026  
Phone: (402) 471-0539  
E-mail: [sherri.wren@nebraska.gov](mailto:sherri.wren@nebraska.gov)

**If you have questions or concerns while filling out the PRQ**, please contact:

State of Nebraska Trauma Nurse Specialist OR your Regional Trauma Program Manager (please reference website list of Designated Trauma Centers on the website cited above for names and contact information).

**I. PURPOSE:**

A. The purpose of this questionnaire for Consultation Visits is:

1. To provide your institution with an outline of what site visitors will be discussing with you.
2. To provide the site reviewer with an outline of your hospital trauma program to be better able to help you improve trauma care.

B. The purpose of this questionnaire for Designation Visits is to accurately reflect the structure of your hospital's trauma program so that the site reviewers have a preliminary understanding of your hospital's trauma capabilities.

**II. GENERAL**

- A. Complete the PRQ as thoroughly as possible.
- B. To fill in check boxes, double click on box then click on "checked".
- C. Note that many questions have a "Yes" or "No" component followed by "please describe". Be brief but precise in describing your processes.
- D. Not all questions are directly related to a trauma center criteria but answers to these questions assist the reviewers in understanding your system. **Questions in blue are specific to required criteria.**
- E. Please do not hesitate to ask the State or your Regional Trauma Program Manager for assistance in answering questions if you are unsure what information is being sought.

**III. DATA REPORTING:**

A. You may not currently track these numbers. Your hospital's HIM/Medical Records Department should be able to supply you with this information.

B. Data Range:

1. Data range for reporting data is defined by current regulations and is as follows:  
ICD-9-CM diagnosis codes: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation & strangulation) or 994.8 (electrocution).
2. The above ICD 9 data range corresponds with the following ICD 10 codes currently used in most trauma registry systems:

**ICD-10 codes:**

S00-S99 with 7th character modifiers of A, B, or C ONLY (initial encounter)

T07 (unspecified multiple injuries)

T14 (injury of unspecified body region)

T20-T28 with 7th character modifier of A ONLY (initial encounter)

T30-T32 (burn by TBSA percentages)

T79.A1-T79.A9 with 7th character modifier of A ONLY (initial encounter)

**Exclude the following patients if the only injuries they have are:**

S00 (Superficial injuries of the head)

S10 (Superficial injuries of the neck)

S20 (Superficial injuries of the thorax)

S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)

S40 (Superficial injuries of shoulder and upper arm)

S50 (Superficial injuries of elbow and forearm)

S60 (Superficial injuries of wrist, hand and fingers)

S70 (Superficial injuries of hip and thigh)

S80 (Superficial injuries of knee and lower leg)

S90 (Superficial injuries of ankle, foot and toes)

C. Data Reporting Year:

- A. For all data reported in this questionnaire, use data for the last 12 months prior to time of review (for example, review date is June 1, 2018 so reporting year would be May 1, 2017 - April 1, 2018).
- B. Data should not be earlier than 15 months prior to date of application.

**IV. EDUCATIONAL REQUIREMENTS**

- A. For all nursing and medical staff providers, educational requirements are required for staff who have been in your employ for one year or greater. New hires\* have one year to comply with regulations. You do not need to count new hires in your % totals.
- B. Nurses must have eight (8) hours of trauma continuing education every two (2) years. TNCC can count as eight of those hours in the two year timeframe in which the class was taken.
- C. Two of the eight hours every two years must be pediatric. This can be accomplished by successfully attending PALS or ENPC.
- D. \*Locum tenens providers and traveling nurses are not considered “new hires” and MUST meet educational requirements at time of hire.
- E. ATLS and TNCC must be current. There is no grace period.
- F. Educational requirements do not have to be met for first time designation but are encouraged.

**PRE-REVIEW DOCUMENT CHECKLIST**  
**Include these documents and information when submitting your PRQ**

- I. Hospital Information**
  - Signed Application
  - Hospital's Governing Body Resolution
  - Medical Staff Resolution
  - Organizational Chart
  
- II. Trauma Staff**
  - Table A if applicable: Trauma Surgeons
  - Job Description of Trauma Program Coordinator
  - CV: Trauma Program Coordinator
  - Job Description of Trauma Program Medical Director
  - CV: Trauma Program Medical Director
  
- III. Orthopedic Surgery**
  - Table B: Anesthesia
  
- IV. Neurosurgery**
  - Table C: Anesthesia
  
- V. Anesthesia**
  - Table D: Anesthesia
  
- VI. Emergency Department**
  - Table E: Emergency Department Check List
  - Emergency Department Trauma Flow Sheet
  - Table F: Physicians and APPs covering the Emergency Department
  
- VII. Operating Room**
  - Table G: OR/PACU Check List
  
- VIII. ICU**
  - Table H: ICU Check List
  
- IX. Pediatric ICU (if applicable)**
  - Table I: Pediatric ICU Check List
  
- X. Laboratory**
  - Massive Transfusion Policy
  
- XI. Performance Improvement**
  - Written PI Plan
  - PI Audit Filters
  - Pediatric PI Audit Filters
  - In-Patient PI Audit Filters
  
- XII. Trauma Team**
  - Trauma Activation Criteria
  - Helicopter Activation Protocol if Applicable
  - EMS Protocol for transfer to Regional Trauma Center if Applicable

**INSTRUCTIONS FOR DAY OF SITE REVIEW**

**Have the following information available at time of site review. Do NOT send with the application.**

**I. MEDICAL RECORDS**

- A. Chose approximately 20 charts from the reporting year and include:
  - 1. EMS run sheet
  - 2. ED Physician Notes
  - 3. Any Procedure/Operative Notes (intubation, chest tube insertion, etc.)
  - 4. Trauma Flowsheet or ED Nursing Notes
  - 5. Radiology Reports
  - 6. Laboratory Reports
  - 7. Progress Notes (if admitted to your hospital)
  - 8. Autopsy (if available)
  - 9. Any PI forms associated with the patient
- B. Categories of Charts:
  - 1. All Trauma Deaths
  - 2. Trauma Activations especially those with unstable vital signs or those requiring a procedure (such as intubation, chest tube placement)
  - 3. Patients not activated but transferred to a higher level of care due to positive CT findings.
  - 4. Two to three inpatient charts.

**II. SPREADSHEETS/LOGS**

- A. For each of the following, please have a spreadsheet or log available that includes name of employee/provider, name of CE/CME activity attended, dates, number of hours of CE, ATLS/TNCC date of expiration. Please complete the spreadsheet with totals for each of the two year periods. (These are required for re-designation only)
  - 1. RN education
  - 2. Physician and Advanced Practice Provider (APP) ATLS and CME
- B. For each of the following, please have a spreadsheet or log available that includes Name of agency or group attending, dates, topics covered.
  - 1. EMS education
  - 2. Prevention Activities
  - 3. For Disaster Drills & Exercises, a spreadsheet or log documenting local and regional disaster drills with dates, type of drill and agencies involved.

**III. DOCUMENTS/INFORMATION**

- A. Statistics on Physician/APP Response Times to the ED for Trauma Activations
- B. Statistics on Response Times for General Surgeons to Trauma Activations
- C. Performance Improvement Committee: minutes and documents for reporting year.
- D. Medical Staff Meeting: minutes for reporting year if trauma patient care is discussed in this meetings.
- E. Trauma Performance Improvement Activities: include examples that demonstrate loop closure.
- F. Any other Written Guidelines pertaining to trauma patients (Examples include Cervical Spine Clearance, Anticoagulation reversal).

**IV. ROOM/PERSONNEL ARRANGEMENTS**

- A. Conference Room for Pre-Review Meeting/Lunch and Exit Interview:
  - 1. Attendance for these meetings should include:
    - a. Trauma Medical Director
    - b. Trauma Program Coordinator
    - c. As available (but highly suggested)

CEO  
CNO/DON  
Managers of Laboratory/Blood Bank, Radiology, ED, Quality Office  
EMS representatives (from agencies that transport to your hospital on routine basis)  
Any other interested hospital personnel.

B. EMS Interview:

1. One room available immediately after the Pre-Review Meeting for the State EMS Representative to interview your local EMS agency representatives.

V. **Hospital Tour:**

- A. The Trauma Program Coordinator should accompany the review team on the hospital tour.
- B. Department Managers should return to their respective departments to be available when the review team arrives in their area.
- C. The Trauma Medical Director and other hospital staff are welcome on the tour as their schedule allows but are not required.
- D. While the Physician and Nurse Reviewers are touring the hospital, the State EMS representative will interview the EMS agencies.

VI. **Two separate rooms for:**

- A. PI Review (Nurse Reviewer and Trauma Program Coordinator, Quality Office Personnel if involved in Trauma PI)
- B. Medical Records Review (Physician Reviewer and Medical Records/HIM personnel or other staff that can readily locate information in the medical record).

**STATE OF NEBRASKA  
PRE-REVIEW QUESTIONNAIRE  
GENERAL TRAUMA CENTER**

**NAME OF HOSPITAL:**

**HOSPITAL ADDRESS:**

**Contact Person:**

**Email:**

**Telephone:**

**FAX:**

**I. PURPOSE OF SITE REVIEW**

**Level of Review**

- Consultation
- Designation
- Re-designation

**II. HOSPITAL INFORMATION**

**A. Describe your hospital including governance.** (i.e. Not-For-Profit, Private, Critical Access, City-Owned)

**B. Hospital Beds**

Hospital Beds	Adult	Pediatric	Total
Licensed			
Beds Staffed			
Average Daily Census			

**C. Reporting Year**

From month/year:

To month/year:

**D. Attach a hospital organizational chart that clearly delineates trauma services reporting structure.**

**E. Hospital Commitment**

1. Is there a resolution within the past three years supporting the trauma center by the hospital's governing body?  Yes  No

If "Yes," attach the resolution to this application.

2. Is there a medical staff resolution within the past three years supporting the trauma center?  Yes  No

If "Yes," attach the resolution to this application.

3. Does your hospital have a designated Trauma Medical Director?  Yes  No

a. If yes,

Name:

- b. How long have they been in this position?
  - c. Do they attend a minimum of 50% of Trauma Peer Review Meetings where patient care is discussed?  Yes  No
  - d. Does the job description contain verbatim the required language?  Yes  No  
(footnote # 5 from checklist)  
Attach job description and CV to this application.
4. Does your hospital have a designated Trauma Program Coordinator/Manager?  Yes  No
- a. If yes,
 

Name:
  - b. How long have they been in this position?
  - c. Does the job description contain verbatim the required language?  Yes  No  
(footnote # 6 from checklist)  
Attach job description and CV to this application.
5. List specific budgetary support for the trauma program such as personnel, education, equipment:
- 

**III. PRE-HOSPITAL SYSTEM**

**A. Describe your EMS system including type and names of squad transporting to your facility.**  
(Place an X in each column that applies.)

Name of Squad	Medical Director	Advanced	Basic	QRT/first responders

**B. How are EMS personnel dispatched to the scene of an injury? (Check all that apply.)**

- EMS Center or 911 Centers
- Law Enforcement Agency
- Fire Department
- Other (Define.)

**C. Do your EMS squads have triage criteria for scene helicopter activation?**  Yes  No  
If yes, please attach if applicable.

**D. Do your EMS squads have triage criteria for direct transport to the regional trauma center?**  Yes  No  
If yes, please attach if applicable.

**E. Does your hospital currently participate in pre-hospital training and pre-hospital performance improvement (for example: run reviews)?**  Yes  No

If yes, please describe and have documentation available at the visit

**C. Does your hospital have a formal, fixed decontamination shower?**  Yes  No

1. If yes, where is it located?

2. If no, how do you perform decontamination?

**D. Does the hospital conduct a minimum of two disaster drills per year that include EMS?**  Yes  No

**Describe your hospital's participation in the local or regional disaster plan.**

(Please have a spreadsheet of disaster drills available at the visit.)

**IV. TRAUMA CARE**

**A. Trauma Response**

1. Do you have criteria for trauma activation?  Yes  No  
If yes, attach written criteria to application

2. Do you have the activation criteria clearly posted in your hospital?  Yes  No  
If yes, where is it posted?  
 ED  Nurses Station  Other

3. Do local EMS services have a copy of your activation criteria?  Yes  No

4. Describe how your hospital gets notification of possible trauma activation.

5. Describe how your trauma team members are notified of an activation.

6. What personnel respond to trauma activation? Check all that apply.

Personnel	Responds	Expected response times
Emergency Physician		
General/Trauma Surgeon		
Emergency Department Nurses		
Respiratory Therapists		



X-ray Technologist		
CT Technologist		
Laboratory Technician		
CRNA		
Anesthesiologist		
Nursing Supervisor		
OR Nurse		
Chaplain		
Other		

7. Who has the authority to activate the trauma team?

- ED nurse
- ED Physician
- Surgeon
- APP
- EMS
- Other:

8. Do you have documentation and statistics for response times to trauma activations?

(If yes, please have available for review).

Yes  No

9. What percent of the time is the general surgeon present in the ED within 30 minutes of arrival of the patient for highest level of activation?

 %

10. Do APPs render care to trauma patients in the ED?

Yes  No

11. If yes, do you have written guidelines for when the APP must consult the ED Physician? (If yes, please attach).

Yes  No

12. Does the hospital stock anti-coagulant reversal agents?

Yes  No

**If yes, List below:**

**B. General Surgery**

1. How many General Surgeons do you have on staff that participate in trauma care?

2. Do they attend a minimum of 50% of Trauma Peer Review Meetings where patient care is discussed?

Yes  No

3. Have all surgeons taking call for trauma completed a minimum of 16 hours of trauma related CME?

Yes  No

4. Are all surgeons taking call for trauma current in ATLS?

Yes  No

5. Please complete "Trauma Surgeon Chart" (Table A).

**C. Orthopedic Surgery**

1. Do you have any Orthopedic Surgeons who are on staff and actively

Yes  No

involved in trauma care?

2. If yes, have all orthopedic surgeon taking call for trauma completed a minimum of 16 hours of trauma related CME?  Yes  No

3. If yes, does at least one of the orthopedic surgeons attend a minimum of 50% of Trauma Peer Review Meetings where patient care is discussed?  Yes  No

4. Please complete "Orthopedic Surgeon Chart" (Table B)

**D. Neurosurgery**

1. Do you have any Neurosurgeons who are on staff and actively involved in trauma care?  Yes  No

2. If yes, have all neurosurgeons taking call for trauma completed a minimum of 16 hours of trauma related CME?  Yes  No

3. If yes, does at least one of the neurosurgeons attend a minimum of 50% of Trauma Peer Review Meetings where patient care is discussed?  Yes  No

4. Please complete "Neurosurgeon Chart" (Table C)

**E. Trauma/Hospital Statistical Data:**

1. Total number of ED trauma-related visits for reporting year:

ED VISITS	TOTAL
Transferred to another acute care hospital/burn center	
Died in ED	
Died in OR	
Admitted to your hospital	
Discharged from ED to home (incl. SNF, assisted living, jail, etc.)	
<b>Total</b>	

2. Total number of patients entered into registry for reporting year:

3. Total number of trauma team activations:

LEVEL	TOTAL #
Full	
Limited/Partial	

4. Describe patient categories for admission to your hospital (i.e. concussion, fractures, observation).

5. Describe how the Trauma Program Coordinator identifies trauma patients in your system.

**F. Trauma Transfers:**

1. What percent of patients who require transfer to another facility are transferred out within two hours of arrival (excluding isolated hip fractures)?

2. Number of trauma patients transferred out of your hospital to another acute care hospital:

BY AIR	BY GROUND	TOTAL

3. Describe your process to transfer a trauma patient to a higher level trauma center including the names of trauma centers you utilize on a routine basis.

4. Does your hospital have written criteria that identifies patients who should be considered for transfer?  Yes  No  
If yes, please attach to questionnaire

**G. Anesthesia Services**

1. Does Anesthesia participate in trauma care by responding to trauma activations?  Yes  No

2. After hours, is a CRNA or Anesthesiologist in-house or on-call from home?  
 In-house after hours  On-call from home after hours

3. Who intubates the patient if Anesthesia Services is not available?

4. Does a representative from Anesthesia attend your Trauma Committee Meetings where patient care is discussed?  Yes  No

5. Please fill out Anesthesia coverage (Table D).

**V. HOSPITAL FACILITIES**

**A. Emergency Department**

1. Do you have a designated Emergency Department Physician Director?  Yes  No

Name:

2. Describe your usual physician/practitioner coverage in your ED?

3. Does the ED Physician have responsibilities outside of the ED?  Yes  No

4. Are all of your ED Physicians current in ATLS?  Yes  No

5. What is nursing staffing pattern to cover ED and what is the backup plan for multiple patients?

6. Does your ED have resuscitation equipment for all ages?  Yes  No

7. Does your hospital have a heliport or landing zone?  Yes  No

If yes, where is it located?

6. Attach a copy of ED trauma flow sheet or ED record.

7. Is Decision to Transfer time included on the trauma flow sheet?  Yes  No

8. Do 100% of nurses who cover ED have 8 hr trauma continuing education every two (2) years?  Yes  No

9. Are all RN's who cover the ED currently verified in TNCC?  Yes  No

If not 100%, what percentage is verified?

%

10. Percent of nurses who are current in the following courses:

	%	PALS or ENPC
	%	ATCN
	%	TCAR
	%	Other: _____

11. Describe any trauma competencies/education your hospital requires for your ED nursing staff above and beyond the State required continuing education hours and TNCC.

12. Fill out table for ED Physician coverage (Table E).

13. Fill out ED Checklist (Table F).

**B. Radiology**

1. Is there a radiology technologist available 24/7?  Yes  No

2. What hours are radiology techs in-house?  
AM to PM Monday – Friday  
AM to PM Weekends

3. CT scanner:

a. What size is your CT scanner? \_\_\_\_ slice

b. Do the technologists have cross training in CT?  Yes  No

c. Do you have resuscitation equipment in your CT scanner?  Yes  No  
(Adult & pedi Ambu® bags, suction equipment, O2)

d. Where is the nearest crash cart to your CT scanner?

4. **Ultrasound:**

a. Where is your Ultrasound located?  
 Radiology  ED  Other:

b. Do you perform FAST/eFAST?  Yes  No

c. If yes, who performs the exam?  
 Radiologist  EM Physician  General Surgeon  Other:

5. **Radiologist:**

a. Do you have a Radiologist on staff (not via teleradiology)?  Yes  No

b. If yes, do they attend a minimum of 50% of Trauma Peer Review Meetings where patient care is discussed?  Yes  No

c. If yes, hours they are in-house?  
AM to PM Monday – Friday  
AM to PM Weekends

d. Do you have a Radiologist available by teleradiology?  Yes  No

6. What is the average time to obtain a radiologist reading of an X-ray?

7. Do you have a PI process to monitor changes to interpretation between preliminary and final reads?  Yes  No

If yes, please describe:

C. **Operating Room**

1. Number of operating rooms:

2. Do you monitor response times for on-call OR staff?  Yes  No

3. Does your OR staff receive any additional trauma related education such as TNCC?  Yes  No

If yes, please describe:

4. Do you have a Post-Operative Recovery Room?  Yes  No  
If no PACU, where do you recover post-op patients?

5. If yes, do you have equipment for monitoring and resuscitation in PACU?  Yes  No

6. If yes, does your PACU staff receive any additional trauma related education such as TNCC?  Yes  No

If yes, please describe:

7. Please fill out OR/PACU checklist (Table G)

**D. ICU**

1. Number of beds:

2. Does your ICU staff receive any additional trauma related education such as TNCC, TCAR, ATCN?  Yes  No

If yes, please describe:

3. Percent of nurses who are current in the following courses:

\_\_\_\_\_ % PALS or ENPC  
\_\_\_\_\_ % TNCC  
\_\_\_\_\_ % ATCN  
\_\_\_\_\_ % TCAR  
\_\_\_\_\_ % Other: \_\_\_\_\_

4. Please fill out ICU Equipment checklist (Table H)

**E. Respiratory Therapy**

1. Is Respiratory Therapy available 24/7?  Yes  No

2. Is the Respiratory Therapist:  in house 24/7 OR  on-call after hours

3. Does Respiratory Therapy respond to trauma activations 24/7?  Yes  No

If no, please describe RT role in the care of the trauma patient.

**F. Clinical Laboratory**

1. Do you have clinical lab capabilities in-house 24/7?  Yes  No

2. Does your lab have capability for standard analysis of:

- Blood
- Urine
- Body fluids
- Microsampling
- Blood Gases and pH Determination
- Microbiology
- Coagulation Studies

3. Do you have capabilities to perform blood typing and crossmatch?  Yes  No

4. Do you have two or more units of O negative blood in stock?  Yes  No

5. Do you PRBC, FFP and Plasma readily available for massive transfusion?  Yes  No  
If no, what is your process for obtaining emergency blood products?

6. Do you have a Massive Transfusion Policy?  Yes  No  
(Please attach to questionnaire)

7. How many units of blood does your hospital stock on a routine basis?

- O negative:
- O positive:
- A negative:
- A positive:
- B negative:
- B positive:
- AB negative:
- AB positive:
- Fresh Frozen Plasma:
- Platelets:
- Cryoprecipitate:

**G. Pediatric Care**

1. Do you have pediatric resuscitation equipment in ED?  Yes  No

2. Do you have pediatric-specific audit filters for performance improvement?  Yes  No

3. Do you admit pediatric trauma patients (<16 y/o) to your hospital?  Yes  No

a. If yes, complete PICU checklist (Table I)

b. If no, please describe your transfer process for patients requiring Pediatric ICU including names of facilities to which these patients are transferred.

4. Do you have a **dedicated** Pediatric Intensive Care Unit in-house?  Yes  No

- a. If yes, Does your ICU staff receive any additional trauma related education such as TNCC, TCAR, ATCN?  Yes  No

If yes, please describe:

- b. If yes, percent of nurses who are current in the following courses:

\_\_\_\_\_ % PALS or ENPC  
\_\_\_\_\_ % TNCC  
\_\_\_\_\_ % ATCN  
\_\_\_\_\_ % TCAR  
\_\_\_\_\_ % Other: \_\_\_\_\_

**H. Respiratory Therapy**

1. Do you have Respiratory Therapy Services in house 24/7?  Yes  No
2. If no, what hours are they in-house?  
AM to PM Monday – Friday  
AM to PM Weekends
3. If no, are they on-call after hours?  Yes  No

**I. Rehabilitative Services**

1. Do you have the following services in-house?  
Physical Therapy  Yes  No  
Occupational Therapy  Yes  No  
Speech Therapy  Yes  No  
Social Work  Yes  No
2. Describe your transfer process for patients who require admission to an Acute Rehabilitation Center.

**J. Burn Patients**

Describe your transfer process for major burn patients requiring a Burn Center including names of facilities to which these patients are transferred.

**K. Spinal Cord Injuries**

1. Do you have in-house capabilities for spinal cord patients?  Yes  No
2. Do you have in-house capabilities for traumatic brain injured patients?  Yes  No
3. If no, please describe you transfer process for spinal cord or head injured patients including names of facilities to which these patients are transferred.



**L. Acute Hemodialysis:**

1. Do you offer hemodialysis in-house?  Yes  No

2. If no, please describe your transfer process for patients requiring hemodialysis including names of facilities to which these patients are transferred.

**VI. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS**

**A. Do you have any integrated/affiliated specialty residency programs?**  Yes  No  
If "Yes," list and define any relationship with trauma program.

**B. Does your hospital pay for physicians and nurses to attend trauma education?**  Yes  No  
If yes, what classes?  ATLS  TNCC/ATCN  PALS/ENPC  
 Trauma Symposia  Other (please list classes)

**C. Describe any trauma education programs your hospital hosts for the following:**  
(do not include programs that the hospital pays for but does not actually host)

Physicians

  

Nurses

  

Pre-hospital providers

**D. Do you provide patient follow-up to EMS?**  Yes  No

**E. Do you provide patient follow up to referral hospitals?**  Yes  No

**VII. PERFORMANCE IMPROVEMENT (PI)**

**A. Does your hospital have a Hospital PI/QA program?**  Yes  No

**B. Does your hospital have a Trauma PI/QA program?**  Yes  No  
If "Yes", list all trauma PI filters (including EMS, pediatric and/or inpatient)

EMS:

ED:

Pediatrics:

Inpatient (admissions):

**C. Who does this Committee report to?**

- Hospital Quality    Med Exec    Nursing    Other:

**D. Does your hospital have a written Trauma PI process/policy?**

Yes    No

1. If yes, attach copy to questionnaire.
2. If no, describe your process for review of trauma patient care (include how EMS, ED, transfer and in-patient issues are identified, tracked and loop closure is achieved as well as who conducts these reviews).

**E. Who is responsible for loop closure of both system and peer review issues?**

- TNC    TMD    Quality Office    Other: \_\_\_\_\_

**F. Multi-disciplinary Trauma PI Committee:**

1. How often does this committee meet?  
 Monthly    Quarterly    Bi-annually    Yearly
2. Who Chairs this meeting?  
 TNC    TMD    Other:
3. Membership:  
 TNC    TMD    ED Manager    Radiology    Laboratory  
 EMS    Quality Office    Nursing    Other: \_\_\_\_\_
4. Is there required attendance?  Yes    No  
If yes, what is the requirement?

5. Describe the scope of this meeting? (i.e. address systems issues, case reviews, review of stats, etc.)

**G. Are nursing issues reviewed in the trauma PI process?**

Yes    No

- If "No," please describe how nursing units ensure standards and protocols are followed on their units.

**H. If trauma patients are admitted to your hospital, do you have inpatient PI filters?**

Yes  No

**I. How is Trauma PI integrated into Hospital PI/QA?**

**J. Trauma Peer Review Committee**

1. Do you have a meeting where physicians and APPs review morbidity and mortality of trauma patients? (NOTE: this may be conducted within another hospital meeting such as Medical Executive Staff Meetings)  Yes  No

a. If no, where do physicians and APPSs review the care of trauma patients?

b. If yes, in what meeting is it conducted?

c. If yes, who attends?

TMD  Physicians  APPs  TNC  Other:

d. If yes, is there a minimum of 50% required attendance?

Yes  No

e. If yes, how often does this committee meet?

Monthly  Quarterly  Bi-annually  Yearly

f. If yes, are minutes recorded for this meeting in a separate section devoted to trauma?

Yes  No

g. If yes, how is information from this meeting relayed to the TNC?

h. If yes, who does this Committee report to?

Hospital Quality  Med Exec  Board of Directors  Other:

i. Is there a mechanism in place for charts to be sent to an outside reviewer?

Yes  No

**K. Trauma Death Audits**

1. How many trauma deaths have there been during the last fiscal year? (Include DOA, ED deaths, and in-house deaths).

Deaths: \_\_\_\_\_ DOA  
          \_\_\_\_\_ ED  
          \_\_\_\_\_ In-hospital (includes OR)

2. Do you currently categorize your deaths as:

Yes  No

Mortality without Room for Improvement,  
Anticipated Mortality with Room for Improvement or

Unanticipated Mortality with Room for Improvement?

3. If yes, please list below (Have all of these charts available at the time of review.)

- \_\_\_\_\_ Mortality without Room for Improvement
- \_\_\_\_\_ Anticipated Mortality with Room for Improvement
- \_\_\_\_\_ Unanticipated Mortality with Room for Improvement

4. If an autopsy is done by the coroner do you have a mechanism to get the reports?

**L. Trauma Registry**

1. Do you have a trauma registry?

Yes  No

a. If Yes, how many months/years are complete for review?

b. If Yes, what registry program are you using?

- Image Trends  Other (please specify)

2. Who extracts data from the charts and enters it into the registry?

3. What is your average time lapse from time of discharge to entrance into the registry?

4. Describe the criteria for patient entry into the trauma registry (ICD 9/10 codes, admission, transfers, deaths).

5. Do you send your data to the state?

Yes  No

6. Do you use the registry to support the Performance Improvement Program?

Yes  No

If "Yes," please explain types of activities and provide examples at the visit.

**VIII. PREVENTION ACTIVITIES**

Does the hospital coordinate or participate in Community Trauma Prevention Activities?  Yes  No  
(please have a spreadsheet available at the visit)

**IX. REGIONAL AND STATE ACTIVITIES**

Does your hospital participate in state and regional activities.

Yes  No

If yes, briefly describe.

\_\_\_\_\_  
**Signature of person filling out questionnaire**

\_\_\_\_\_  
**Title of person filling out questionnaire**















## Table F

### Emergency Department Checklist

CATEGORIES	General Trauma Center	Check if requirement met
Heliport or Landing Zone Located Close Enough to Permit the Facility to Receive Or Transfer Patients By Air		
Equipment for Resuscitation for Patients of all Ages		
Airway Control and Ventilation Equipment		
Drugs Necessary for Emergency Care		
Pulse Oximetry		
Suction Devices		
Electrocardiograph-Oscilloscope-Defibrillator		
CVP Monitoring Equipment		
Qualitative End-Tidal CO2 Determination		
Standard IV Fluids and Administration Sets		
Large Bore Intravenous Catheters		
Airway Control/Cricothyroidotomy		
Thoracostomy (chest tube)		
Ultrasound		
X-ray Availability 24/7		
Broselow® Tape		
Thermal Control For Patient		
Thermal Control For Fluids and Blood		
Rapid Infuser System (may be shared with the Operating Room)		
Communication with EMS Vehicles		

**Table G**

**OR/Post-Operative Recovery Room Checklist**

CATEGORIES	Check if meet requirement
<b>OPERATING ROOM</b>	
Personnel Available within 20 Minutes 24/7	
Age Specific Equipment	
Thermal Control for Patient	
Thermal Control for Fluids And Blood	
Endoscopes Bronchoscope	
Rapid Infuser System (may share with Emergency Department)	
<b>POST ANESTHETIC RECOVERY ROOM (SICU is acceptable)</b>	
Registered Nurses Available 24-Hours/Day	
Monitoring Equipment	
Pulse Oximetry	
Thermal Control	

## **Table H**

### **ICU Checklist**

<b>CATEGORIES</b>	<b>Check if meet requirement</b>
Equipment for Monitoring and Resuscitation	
Pulse Oximetry	
Thermal Control	
Designated Surgical Director/Surgical Co-Director	

## **Table I**

### **Pediatric ICU Checklist (optional – use only if hospital admits patients under 16 y/o)**

<b>CATEGORIES</b>	<b>Check if meet requirement</b>
Pediatric Resuscitation Equipment in all Applicable Patient Care Areas	
Microsampling	
Equipment for Monitoring Pediatric Resuscitation	
Pulse Oximetry	
Electrocardiograph-Oscilloscope-Defibrillator	
Qualitative End-Tidal Carbon Dioxide Determination	