



**ARKANSAS DEPARTMENT OF HEALTH**  
**HOSPITAL PRE-REVIEW QUESTIONNAIRE (PRQ)**  
**FOR LEVEL IV FACILITIES**

**Hospital Pre-review Questionnaire (PRQ) Level IV**

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**PLEASE DO NOT CHANGE THE CONTENT OF THIS DOCUMENT.**

**PLEASE USE THIS DOCUMENT TO GATHER YOUR HOSPITAL INFORMATION.**

**THIS DATA WILL BE USED FOR COMPLETING THE REPORT AND MAY BE USED FOR ANALYSIS. ALL HOSPITAL IDENTIFIERS WILL BE REMOVED AND WILL NOT BE INCLUDED IN THE ANALYSIS.**

**For the initial designation, hospitals *may* report three months of data that is not older than six months from the time of the site visit. (IF more data is available it should be reported and for subsequent site visits - REPORTING PERIOD IS 12 MONTHS AND SHOULD NOT BE OLDER THAN 14 MONTHS PRIOR TO THE SITE VISIT.**

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**DEMOGRAPHICS**

Name of Hospital  
Hospital Address  
City, State, ZIP

**I. PURPOSE OF SITE REVIEW**

Type of Review:

- 1. Consultation
- 2. Verification
- 3. Reverification

Facility treats what type of patients:

- 1. Adults Only (age equal to or greater than 15 years of age)
- 2. Adults and Children (list the number of children ≤ 15 years of age admitted in the past year)

**Reporting period for this review ( 3 months minimum, and may be as much as 12 months (for initial review), re-review must be 12 months of data none older than 14 months.**

From month/year  
To month/year

Date of most recent review if one has occurred (mm/yyyy): (consultation, verification or reverification)

Indicate here if there has been no previous review: ( skip to Section II)

If verified, date of verification

- Reviewer's Names

Most recent review was for:

1. Verification
2. Reverification
3. Focus
4. Consultation

Level of trauma center for most recent review:

Level III trauma center

Level IV trauma center

None

Last Verification was for (type):

- Adults Only
- Adults and Children

Number of deficiencies found at last review (consultation, verification or reverification)

- List any of the deficiencies and how they were corrected

Number of weaknesses found at last review

- List any of the weaknesses and how they were addressed

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

## **II. HOSPITAL INFORMATION**

### **A. General Information**

Tax Status

1. community for profit
2. community - not for profit
3. university - for profit
4. university - not for profit
5. public entity

What is the Payer Mix (Use whole numbers & do not use the symbol of %)

Payer	All Patients	Trauma Patients	Trauma Patients transferred in	Trauma Patients transferred out
Commercial				
Medicare				
Medicaid				
HMO/PPO				
Uncompensated/Indigent				
Other				

- Define Other

**Note: Questions that have L4, refers to the level of your trauma center and the criteria number as outlined in the Arkansas State Board of Health rules and Regulations for Trauma Systems**

Are all of the trauma facilities on one campus? (Yes/No)

- If 'No' describe

Hospital Beds (Do not include neonatal beds)

Hospital Beds	Adult	Pediatric	Total
Licensed			
Staffed			
Average Census			

**B. Hospital Commitment**

1. Is there a resolution within the past four years supporting the trauma program from the hospital's governing body (hospital board)? (Yes/No)

- If Yes, please have the resolution as attachment #1 available on site during the review

2. Is there a medical staff resolution within the past four years supporting the trauma program? (Yes/No)

- If Yes, please have the resolution as attachment #2 available on site during the review

3. Is there specific budgetary support for the trauma program such as personnel, education and equipment? (Yes/No)

- If 'Yes', briefly describe (List items by numbers or bullet points).
- Briefly describe the administrative commitment to the trauma program. (List items by numbers or bullet points)
- Briefly describe the medical staff commitment to the trauma program. (List items by numbers or bullet points)

4. Does the hospital trauma program staff participate in the state and/or regional trauma system planning, development, or operation? (Yes/No)

- If 'Yes', briefly describe
- Does the hospital participate in the Trauma Regional Advisory Council (TRAC)? (Yes/No/Not applicable – no TRAC established yet)
- If 'Yes', please have a letter from the TRAC outlining your hospital's participation available for the site review.

### **III. PRE-HOSPITAL SYSTEM**

#### **A. Pre-hospital system description**

1. Have a map of your referral area as attachment #3 available on site during the review.
2. Describe the area and identify the number and level of other verified or anticipated trauma centers within a 50-mile radius of the hospital. **Do not include the names of those facilities.**

#### **B. EMS**

1. Who establishes designation and treatment protocol over EMS?
  - a. City
  - b. County
  - c. Region
  - d. State
  - e. Other
    - If 'other', briefly define
2. Describe the air medical support services available in the area and the type: fixed wing and/or rotor wing.
3. Does the trauma program serve as a base station for EMS operations? (Yes/No)
4. Does the trauma program provide medical control? (Yes/No)
5. Does the facility monitor EMS communications systems regularly? (Yes/No)
6. Is the trauma program team involved in pre-hospital training? (Yes/No)
  - If 'Yes', briefly describe
7. Does the trauma program participate in pre-hospital protocol development? (Yes/No)
  - If 'Yes', briefly describe and provide one example.
8. Is there a representative from the emergency department that participates in the pre-hospital multi-disciplinary Process Improvement and Patient (PIPS) Safety program? (Yes/No)
  - If 'Yes', who is the representative?

### **IV. TRAUMA SERVICE**

#### **A. Trauma Director**

1. Name (first name, last name)
2. Please complete Appendix #1 Trauma Medical Director (TMD)
3. Have the job description for the TMD as attachment #4 available on site during the review
4. Is the trauma medical director board certified or board eligible? (Yes/No) What specialty?
5. Does the trauma medical director participate in trauma call? (Yes/No)
6. Is the trauma medical director current in Advanced Trauma Life Support? (Yes/No)
7. Is the trauma medical director a member and an active participant in national or regional trauma organizations?  
SEE Frequently Asked Questions (FAQ) (Yes/No)

8. Does the trauma medical director have 16 hour every 4 years of documented and verifiable external trauma-related continuing medical education (CME)? (Yes/No)
  - If 'No', please explain
9. Does the trauma medical director have sufficient authority to set the qualifications for the trauma service members? (Yes/No)
10. Does the structure of the trauma program allow the trauma medical director to have oversight and authority for the care of injured patients who may be admitted to individual surgeons? (Yes/No)
  - If 'No', please explain
11. Does the trauma director have the authority to remove members from and/or appoint members to the trauma panel? (Yes/No)
  - If 'Yes', briefly describe mechanism
  - Briefly describe the TMD's reporting structure

## **B. Trauma Surgeons**

1. List all surgeons currently taking trauma call on Appendix #2. Number of trauma surgeons taking call?
2. Are all of the general surgeons (trauma surgeons on call panel) board-certified/eligible \*or a Fellow of an organization? (Yes/No)
  - Do all of the trauma panel surgeons have privileges in general surgery? (Yes/No)
  - Do all trauma panel surgeons have unrestricted trauma surgery privileges? (Yes/No)
3. Have all general surgeons on the trauma team successfully completed the ATLS course at least once? (Yes/No) **(L4)**
  - If 'No', please explain
4. Do all the trauma surgeons who take trauma call have documented 16 hours in the past 4 years of trauma-related CME? (Yes/No)
5. Have they participated in an internal education process conducted by the trauma program based on the principles of practice-based learning? (Yes/No)
6. If the trauma program uses an internal education process, please describe:
7. Is the trauma surgeon dedicated to the trauma center while on call? (Yes/No)
8. Is the attending General Surgeon on call and promptly available (within 30 minutes) (Yes/No)
9. Does the trauma surgeon on call provide care for non-trauma emergencies? (Yes/No)
10. Is there a published backup call schedule for the trauma surgeons? (Yes/No)
11. Number of trauma surgeons with added certifications in critical care?

12. Are there well-defined transfer plans that are approved by the TMD and monitored by the PIPS program that define appropriate patients for transfer and retention? (Yes/No)
  - If 'Yes', please have available as attachment #5 at the time of the site visit.

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

1. Name: (First name last name only)
2. Education
  - a. Associate Nursing Degree (Yes/No)
  - b. Bachelor Nursing Degree (Yes/No)
  - c. Masters Nursing Degree (Yes/No)
  - d. Other Degree (Yes/No)
    - If 'Other' degree, please describe:
3. Is the TPM a full-time position? (Yes/No)
  - If 'No', briefly explain.
4. Is the TPM dedicated to this facility (Yes/No)
5. Does the trauma program manager show evidence of educational preparation, continuing trauma education and clinical experience in the care of injured patients? (Yes/No)
  - If 'Yes', please describe:
6. TPM reporting status. (Check all that apply)
  - a. TMD
  - b. Administration
  - c. Emergency Department (ED) Director
    - Briefly describe
    - Date of appointment to this position
  - d. Other – please describe
7. How many years has the trauma program manager been at that position?
8. Have the TPM job description as attachment #6 available on site during the review.
9. List the number of support personnel including names, titles, and FTE's.
  - Total number of FTE's:

**D. Trauma Service**

1. Is there a trauma service at the facility? (Yes/No)
2. Briefly describe the organization of your trauma service. (Also, include number of residents, midlevel providers, etc.... that participate on the trauma service)
3. Briefly describe how the TMD oversees all aspects of the multi-disciplinary care, from the time of injury through discharge.
4. Define the credentialing criteria/qualifications for serving on the trauma panel in addition to hospital credentials. (list by bullet points or numbers)

5. Are privileges to serve on the trauma call panel approved by the medical staff Credentialing Committee?  
(Yes/No)

**E. Trauma Response/Activation**

1. Does the facility have a multilevel response? (Yes/No)

2. For the highest level of activation which of the following are included? (highlight all that apply)

- a. Confirmed systolic blood pressure < 90 or age specific in children,
- b. Confirmed systolic blood pressure of 90 or less with other signs/symptoms of shock?
- c. Respiratory compromise/obstruction and/or intubation;
- d. Respiratory Rate of 10 or less, or 29 or greater(adults);
- e. Transfer patients from other hospitals receiving blood;
- f. Emergency physician's discretion;
- g. Gunshot wounds to the abdomen, neck or chest;
- h. Glasgow Coma Scale (GCS) < 8 with mechanism attributed to trauma
- i. GCS ≤ 13
- j. Trauma Score of 11 or less
- k. Pediatric trauma score of 9 or less

3. Describe the number of levels and criteria for each level of response.

- Number of levels of activation
- Describe the criteria for each level of activation (provide your activation criteria)
- Describe the policy for when the trauma team physician is expected to respond to the ED for the different levels of activation as well as when a surgeon is notified:
- What percentage of time is the trauma surgeon in the trauma room within 30 min. of notification?

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

- a. EMS
- b. ED Physician
- c. ED Nurse
- d. Trauma Surgeon

5.

Statistics for level of response		
Level	Number of activations	Percent of total activations
Highest		
Intermediate		
Lowest		
Direct Admits		
Total		

6. The highest level of activation is instituted by:

- a. group pager
- b. telephone page
- c. other
  - Define 'Other'

**F. Trauma Response/Activation (Continue)**

1. Which trauma team members respond to each level of activation?  
(please list all members – add lines as necessary)

Responder	Activation Level		
	Highest	Intermediate	Lowest

**G. Trauma/Hospital Statistical Data**

1. Total number (trauma and non-trauma) of ED visits for reporting year.  
2. Total number of trauma-related ED visits for same reporting year, with ICD-9 code between 800.00 and 959.9.

3.

Total Trauma Admissions by Service (Include Pediatric admissions in section 3 through 5).	
Service	Number of Admissions
Trauma	
Orthopaedic	
Neurosurgery	
Other Surgical	
Burn	
Non-Surgical*	
Total Trauma Admissions	

- a. Blunt Trauma Percentage:  
b. Penetrating Trauma Percentage:  
c. Thermal Percentage:  
d. Intentional Injury Percent:

4.

Distribution from ED for trauma patient admissions		
Disposition Total Number	Number	Number admitted to the General Surgery/Trauma Service
ED to Operating Room (OR)		
ED to Intensive Care Unit (ICU)		
ED to Floor		
Total		

5.

Injury Severity and Mortality				
Injury Severity Score (ISS)	Total Number of admissions	Admitted to General/Trauma Surgery Service	Deaths (within this category)	% Mortality for this category
0-9				
10-15				
16-24				
> or = 25				
Total				

(The totals in #3-5 should match. If they do not, please provide an explanation of the difference.)

6. Number of patients with an ISS > 9 admitted to non-surgical services.

7. How are non-surgical admissions reviewed by the PI program? Briefly describe.

8.

Number of Trauma Transfers	Air	Ground	Total
Transfers In			
Transfers Out			

9. Is there a mechanism for direct physician to physician contact present for arranging patient transfers? (Yes/No)

10. The decision to transfer an injured patient to a specialty care facility in an acute situation is based solely on the needs of the patient; for example, payment method is not considered. Yes/No)

#### **H. Trauma Bypass**

1. Does the facility have a bypass protocol? (Yes/No)

- If 'Yes', have as Attachment #7 on site at the time of the review.
- Is the plan endorsed by the TRAC? (Yes/No)

2. Has the facility gone on trauma bypass during the previous year? (Yes/No)

- If 'Yes', please complete Appendix #3

3. The percentage of total time that the facility was on trauma diversion?

4. The trauma director is involved in the development of the trauma center's bypass protocol. (Yes/No)

5. Is the trauma surgeon involved in the bypass decision? (Yes/No)

- If 'Yes', briefly describe.

#### **I. Neurosurgery**

1. Is there a designated neurosurgeon liaison? (Yes/No)

2. Provide information about the neurosurgeon liaison to the trauma program if one exists on Appendix #4.

3. List all neurosurgeons taking trauma call on Appendix #5.
4. What is the number of neurosurgeons on the call panel?
5. What percentage of the time is a neurosurgeon **not** available at the institution?
6. Is there a physician with special competence in caring for the patient with neuro trauma in house and immediately available? (Yes/No)
  - Please describe:
7. Are these physicians credentialed to initiate diagnostic procedures and initial stabilization of neurotrauma patients by the Chief of Neurosurgery? (Yes/No)
8. Are all of the neurosurgeons that care for trauma patient board-certified/eligible or a fellow of a trauma organization? (Yes/No)
  - If 'No', briefly describe:
9. What is the number of emergency craniotomies done within 24 hours of admission during the reporting period (period should not be older than 14 months). (please do not include isolated external ventricular drain (EVD) or monitor placements)
10. Is there a PIPS review of all neurotrauma patients who are diverted or transferred? (Yes/No)
  - Please describe:
  - What percentage of time is such a neurosurgeon not available for care?
11. Is there a trauma-director approved plan that determines which types and severity of neurologic injury patients should remain at the facility when no neurosurgical coverage is present? (Yes/No)
  - Please describe:
12. Are there transfer agreements with appropriate Level I and Level II centers in place for neurotrauma? (Yes/No/NA)
  - Please describe:
  - Please have available for review:

### **J. Orthopaedic Surgery**

1. Is there an orthopaedic surgeon who is identified as the liaison to the trauma program? (Yes/No)
2. Provide information about the Orthopaedic liaison to the trauma program on Appendix #6.
3. List all orthopaedic surgeons taking trauma call on Appendix #7.
  - Number of orthopaedic surgeons on the trauma call panel?
4. Are all of the orthopaedic surgeons who care for injured patients board-certified/eligible or a Fellow of an organization?
5. Do all of the orthopaedic surgeons have privileges in general orthopaedic surgery? Yes/No)
  - If 'No', please explain:

6. Are the operating rooms promptly available to allow for emergency operations on musculoskeletal injuries, such as open fracture debridement and stabilization and compartment decompression? (Yes/No)
  - Please describe:
7. Is there a mechanism to ensure operating room availability without undue delay for patients with semi-urgent orthopaedic injuries? (Yes/No)
  - Please describe:
8. Is there an orthopaedic backup plan? (Yes/ No)
9. Has the trauma program director approved the design of the backup call system that was designed by the orthopaedic trauma liaison? (Yes/No)
  - If 'No', please explain:
10. Is there an orthopaedic team member promptly available in the trauma resuscitation area when consulted by the surgical trauma team leader for multiple injured patients? (Yes/No)
11. Does the PIPS process review the appropriateness of the decision to transfer or retain major orthopaedic trauma patients? (Yes/No)
  - Please describe:
12. Number of orthopaedic operative procedures performed within 24 hours of admission.
13. Number of complex pelvis and acetabular cases performed at this institution during the reporting year?
14. Number of complex pelvis and acetabular cases transferred out during the reporting year?
  - If there are cases transferred out, please explain:
15. Are there physical and occupational therapists and rehabilitation specialists involved in the acute and rehabilitation phases of care? (Yes/No)
16. Number of patients transferred out of the facility during the reporting year for potential re-implantation.
17. Number of patients with significant hand injuries admitted to the facility during the reporting period.
18. Number of hand injuries transferred out of the facility (including ED) during the reporting period.

## **V. HOSPITAL FACILITIES**

### **A. Emergency Department**

1. Provide information about the emergency medical liaison to trauma program on Appendix #8.
2. Is there a designated emergency physician available to the trauma director for PIPS issues that occur in the emergency department? (Yes/No)
3. Does the emergency physician liaison representative have the documented 16 hours every 4 years of verifiable, trauma-related CME? (Yes/No)
  - If 'No', please explain:

4. List all emergency department physicians who treat trauma patients on Appendix #9.
  - Number of emergency physicians who treat major trauma patients?
5. 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) **(L4)**
6. Have all of the emergency physicians successfully completed the ATLS course at least once? (Yes/No) **(L4)**
7. Do all of the emergency physicians have documentation of the acquisition of 16 hours of CME every four years? (Yes/No)
  - If the trauma program uses an internal education process, please describe:
8. Are emergency department physicians present in the emergency department at all times? (Yes/No)
  - If 'No', please explain:
  - What percentage of time is the emergency room not covered by an in-department physician?
  - If covered out of house, what is the expected response time of the physician to the ED?
  - What percentage of time is this achieved? Please have verification of this available.
9. If the emergency physicians cover other in-house emergencies, such as “code blue” is there a PIPS process demonstrating the efficacy of this practice? (Yes/No)
  - If 'Yes', please describe results:
10. Are the roles of emergency physicians and trauma surgeons defined, agreed on, and approved by the director of trauma services? (Yes/No)
11. Are all of the emergency physicians who care for injured patients board-certified/eligible? (Yes/No)
12. What percentage of the ED shifts are covered by physicians not board certified in emergency medicine?
13. Are the emergency physicians on the call panel regularly involved in the care of injured patients? (Yes/No) **(L4)**
14. Have a copy of the ED nursing trauma flow sheet as Attachment #8 available on site at the time of the review.
15. Describe the credentialing requirements for nurses who treat trauma patients in the ED:
16. Describe any trauma-related continuing education for nurses working in the ED:
17. Nursing staff demographics (use whole numbers):
  - Average years of experience:
  - Annual rate of turnover:
18. Have all nurses working in the Emergency Department who would attend to a critical trauma patient taken a Health Department approved trauma life support class? (Yes/No) **(L4)**
19. Extra certifications for ED nursing staff (use whole numbers):
  - a. % TNCC:
  - b. % PALS:
  - c. % ACLS:

- d. % Audit ATLS:
- e. % CEN:
- f. % ATNC:
- g. % Other (enter description and percentage):

20. Are the State required equipments present in the Emergency Department? ( Yes / No) to be verified during the site survey. **(L4)**

**B. Radiology**

1. Is there a radiologist who is appointed as liaison to the trauma program? (Yes/No)
  - If 'Yes', what is his/her name?
2. Does the Radiology department participate in the trauma PIPS program by at least being involved in protocol development and trend analysis that relate to diagnostic imaging? (Yes/No)
  - Please describe:
  - Does the radiology department report on over-read errors? (Yes/No)
3. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? (Yes/No)
4. Are conventional radiography and computed tomography available 24 hours per day? (Yes/No)
5. What is the expected response time for the radiographer if they are on call?
6. Is compliance with this tracked through the PIPS program? (Yes/No)
7. Is there a radiology technologist on call and promptly available 24/7? (Yes/No) **(L4)**
8. Is there a CT technologist available 24/7? (Yes/No)
9. When the CT technologist responds from outside the hospital, does the PIPS program document the response times? (Yes/No)
  - If 'Yes', briefly describe:
10. Who provides Focused Assessment with Sonography for Trauma (FAST) for trauma patients? (Check all that apply)
  - a. Radiology
  - b. Surgery
  - c. ED Physician
  - d. None
11. Who reads x-rays after hours?
12. Are radiologists promptly available, in person or by teleradiology, when requested for the interpretation of radiographs, performance of complex imaging studies? (Yes/No)
  - Please describe if No.
13. How is diagnostic information communicated to the trauma team?  
Please Describe:
14. If an error is identified on initial interpretation, what is the policy for notifying the physician?

15. Is diagnostic information communicated in a written form and in a timely manner? (Yes/No)
16. Is critical information verbally communicated to the trauma team? (Yes/No)
  - Please describe the process:
17. Do final reports accurately reflect communications, including changes between preliminary and final interpretations? (Yes/No)
18. Are changes in interpretation monitored through the PIPS program? (Yes/No)
19. Does the PIPS program document the appropriate timeliness of the arrival of the CT technologist? (Yes/No)
20. The trauma center has policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to and while in the radiology department. (Yes/No)
  - Please describe:

### **C. Operating Room**

1. Number of operating rooms:
  - Briefly describe the location of the operating suite related to the ED and ICU.
2. Is the operating room adequately staffed and promptly available? (Yes/No)
3. Is the operating room team fully dedicated to the duties in the operating room and does not have functions requiring its presence outside the operating room? (Yes/No)
4. Is there a mechanism for providing additional staff for a second operating room when the first operating room is occupied? (Yes/No)
  - If 'Yes', please describe
5. What is the time expectation of beginning a second case if the first team is occupied?
6. Does the PIPS program evaluate operating room availability and delays when an on-call team is used? (Yes/No)
7. Describe how the backup team is called if the primary team is busy.
8. Describe your mechanism for OR availability for urgent trauma cases.
9. Describe your mechanism for OR availability for non-urgent trauma cases during daylight hours.
10. Describe the mechanism for opening the OR if the team is not in-house 24/7.
11. Are devices available for warming? (Yes/No) (**L4**)
  - a. Patient: (Yes/No)
  - b. Fluids: (Yes/No)
  - c. Rooms:(Yes/No)
12. Is there a mechanism for documenting trauma surgeon presence in the operating room for all trauma

operations? (Yes/No)

- If 'Yes', please describe:

13. Does the operating room have all essential equipment? (Yes/No) (L4)

**D. Anesthesiology and Certified Registered Nurse Anesthetist (CRNA)**

1. Is there an anesthesiologist liaison designated to the trauma program? (Yes/No)

2. Provide information about the anesthesia liaison to the trauma program on Appendix #10.

3. Number of anesthesiologists on staff?

- How many anesthesiologists are on backup call during off-hours?

4. Have all of the anesthesiologists taking call successfully completed an anesthesiology residency? (Yes/No)

5. Are anesthesiology services promptly available for emergency operations? (Yes/No)

6. Are anesthesiology services promptly available for airway problems? (Yes/No)

7. Does the facility have anesthesia available 24/7? (Yes/No)

- If yes, which of the following:

- a. MD Anesthesiologist
- b. CRNA
- c. Resident

- If 'No', is there a performance improvement program monitoring attending anesthesia response?(Yes/No)

8. When CRNAs are used to fulfill availability requirements, are the staff anesthesiologists on call advised, promptly available at all times, and present for all operations? (Yes/No)

9. Is the availability of the anesthesia services and the absence of delays in airway control or operations documented by the hospital PIPS process? (Yes/No)

10. If the trauma center does not have in-house anesthesia services, are protocols in place to ensure the timely arrival at the bedside of the anesthesia provider? (Yes/No)

- If 'Yes', please describe;

11. Does the hospital use CRNAs?(Yes/No)

- a. If 'Yes', How many provide in-house call?
- b. If 'Yes', how many are on backup call?
- c. If 'Yes', are they involved in the care of the trauma patient?(Yes/No)
- d. Are they credentialed by the hospital to begin an emergency case without MD presence? (Yes/No)

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

1. Number of Beds.

- Can the PACU serve as an overflow for the ICU? (Yes, No)

2. Does the PACU have qualified nurses available 24 hours per day as needed during the patient's post-anesthesia 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:
4. Briefly describe credentialing requirements for nurses who care for trauma patients in PACU.
5. Does the PACU have the necessary equipment to monitor and resuscitate patients? (Yes/No)
6. Does the PIPS process ensure that the PACU has the necessary equipment to monitor and resuscitate patients? (Yes/No)  
If 'Yes', please describe:

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

1. ICU Beds.
  - a. Total ICU beds: (Includes medical, coronary, surgical, pediatric, etc)
2. Do you have a step-down unit? (Yes, No)
3. Is a physician coverage of critically ill trauma patients promptly available 24 hours per day? (Yes/No)
  - If 'Yes', please describe coverage:
    - a. During the day:
    - b. During after hours:
4. Do physicians covering critically ill trauma patients respond rapidly to urgent problems as they arise? (Yes/No)
  - If 'Yes', please describe:
5. Is the trauma surgeon kept informed of and concurs with major therapeutic and management decisions made by the ICU team? (Yes/No)
6. Describe how quality of care issues are resolved in the ICU.
7. Briefly describe the credentialing requirements for nurses who care for trauma patients in the ICU.
8. Nursing staff demographics:
  - a. Average number of years experience:
  - b. Annual turnover %:
  - c. Extra certifications for ICU Nursing Staff (use whole numbers):
    - i. % TNCC:
    - ii. % PALS:
    - iii. % ACLS:
    - iv. % Audit ATLS:
    - v. % CCRN:
    - vi. % CPAN:
9. Is a qualified nurse available 24 hours per day to provide care during the ICU phase? (Yes/No)
10. The patient/nurse ratio averages 2:1 on a shift for critically ill patients in the ICU. (Yes/No)
  - If 'No', please describe:

11. Briefly describe continuing trauma-related education for the nurses working in ICU.
12. Does the ICU have the necessary equipment to monitor and resuscitate patients? (Yes/No)
13. Is a respiratory therapist available to care for trauma patients 24 hours per day? (Yes/No)
14. Is a respiratory therapist available and on call 24 hours per day? (Yes/No)
15. Are nutritional support services available? (Yes/No)
16. Number of trauma patients admitted to the ICU during the reporting period?
17. Number of trauma patients with ISS > 9 admitted to the ICU during the reporting period?

**G. Blood Bank**

1. Source of blood products is
  - a. hospital processed
  - b. regional blood bank  
Regional blood bank name and location:
2. Does the facility have a massive transfusion protocol? (Yes/No)
  - If 'Yes', provide a copy:
3. Does the facility have uncross-matched blood immediately available?(Yes/No)
4. What is the average turnaround time for?
  - a. Type specific blood (minutes)
  - b. Full cross-match (minutes)
5. Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including micro sampling when appropriate? (Yes/No) (**L4**)
6. Is the blood bank capable of blood typing and cross matching? (Yes/No)
7. Does the blood bank have an adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of injured patients? (Yes/No)
8. Is there 24 hour a day availability for coagulation studies, blood gases, and microbiology? (Yes/No)

**VI. SPECIALTY SERVICES**

**A. Pediatric Trauma Patients**

- a. Number of trauma patients under the age of 15 years admitted during the reporting period
- b. Number of trauma patients under the age of 15 years transferred out during the reporting period

**B. Geriatric Trauma** - to be filled out by all facilities that admit patients 65 years of age or greater (non-burn)

Geriatric Trauma Admissions, (age 65 or >) during the reporting year:

ISS	Number	Admit to Trauma Service	Admit to Non-Surgical Service	Death of Total	% of Total Mortality (from admitted)
0-9					
10-15					
16-24					
> or = 25					
Total					

1. Number of patients admitted after a fall from standing height.

(Same level falls do not have to be included in the trauma registry. If the total number of non-surgical admissions is > 10% - these cases must be reviewed to make sure they are appropriate admissions to medicine, and if not it must be documented in the PI process)

2. Are patients with isolated hip fractures included in your registry data?

- If 'Yes', please describe:

3. Does the hospital have an end of life policy for patients?

**C. Rehabilitation Service**

1. Does the facility have an inpatient rehabilitation unit? (If 'No', see question 4 below) (Yes/No)

- Number of inpatient beds:
- Commission on Accreditation of Rehabilitation Facilities (CARF) approved (Yes, No)

2. Which of the following services does the hospital provide?

- Physical therapy
- Occupational therapy
- Speech therapy
- Social services
- Chaplain services

3. Are rehabilitation consultation services, occupational therapy, speech therapy, physical therapy, and social services available during the acute phase of care? (Yes/No)

4. Is transfer of patients to rehabilitation timely? (Yes/No) **(L4)**

5. Please describe barriers (if they exist) to moving patients to rehab.

6. Estimate additional patient days spent in your acute care facility because of lack of rehabilitation beds. Please provide justification for estimate.

#### **D. Burn Patients**

1. Number of burn patients admitted during the reporting year.
2. Number of burn patients transferred for acute care during reporting year.  
Transferred In:  
Transferred Out:
3. Does the facility have transfer arrangements for burn patients? (Yes/No) (L4)

#### **E. Vertebral Column Injuries**

1. Number of vertebral column injuries treated during the reporting year:
2. How many of these patients had neurological deficits?
3. Number of patients with acute vertebral column injury transferred during the reporting year?  
Transferred In:  
Transferred Out:
4. Are there any transfer arrangements for acute vertebral or spinal cord injury patients?(Yes/No) (L4)

#### **F. Hand Surgery**

1. Does the facility have a surgeon who routinely performs hand surgery? (Yes/No)
2. How many were performed in the last year? (trauma and non-trauma)
3. Number of hand patients transferred into and out of your institution in the last year?
4. List the facilities where your facility has transferred hand patients.

#### **G. Organ Procurement**

1. Does the facility have an organ procurement program?(Yes/No)
  - If 'Yes', how many trauma referrals were made to the regional organ procurement organization the reporting year?
2. How many trauma patient donors in the reporting year?
3. Does the trauma center have an established relationship with a recognized Organ Procurement Organization (OPO)? (Yes/No)
4. Are there written policies for triggering notification of the OPO? (Yes/No)
5. Are there written protocols for declaration of brain death? (Yes/No)

#### **H. Social Services**

1. Is there a social worker team actively involved with injured patients?  
(Yes/No)
  - If 'Yes', please describe:
2. Describe the support services available for crisis intervention and individual/family counseling.

## **I. Disaster Plan**

1. Does your hospital meet the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements for disaster preparation?

(Check all that apply)

- a. Is there a disaster plan in the hospital policy procedure manual?\_\_ Are there at least two drills a year?\_\_
- b. Is there at least one drill with an influx of patients?\_\_ Is there at least one drill that involves the community plan?\_\_
- c. Is there an action review of your drills?\_\_

2. The trauma center has a hospital disaster plan described in the hospital disaster manual. (Yes/No)

3. Can the hospital respond to the following hazardous materials?

- a. Radioactive (Yes, No)
- b. Chemical (Yes, No)
- c. Biological (Yes, No)

## **J. Other Surgical Specialists and Medical Consultants**

1. For this Level III center, are all the following surgical specialists available? (Yes/No)

(Check all available surgical specialists)

- a. Orthopaedic surgery
- b. Neurosurgery
- c. Thoracic surgery
- d. Plastic surgery
- e. Obstetric and Gynecologic surgery
- f. Ophthalmology
- g. Otolaryngology
- h. Urology
- i. Cardiac Surgery

2. In this Level IV facility, are specialists from internal medicine? (Yes/No) **(L4)**

3. In this Level IV facility, are specialty consultants from internal medicine, pediatrics and radiology on-call and promptly available? (Yes/No)

## **VII. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS)**

### **A. Performance Improvement PI Program**

1. Describe the Performance Improvement and Quality (PIQ) Plan. **(L4)**

2. Describe how the PI problems are identified, tracked, documented and discussed.

3. Describe the staffing and administrative support for the PIQ process.

4. How do you track trauma patients that are not admitted to the trauma service?

5. How is loop closure (resolution) achieved?

6. Who is responsible for loop closure of both system and peer review issues?
7. List 2 examples of loop closure involving peer review issues during the reporting year.
8. List 2 examples of loop closure involving system issues during the reporting year.
9. How is trauma PI integrated with the overall hospital PI program?
10. Are nursing issues reviewed in the trauma PIQ Process? (Yes/No)
  - If 'No', briefly describe how nursing units ensure standards and protocols are followed.

### **B. Trauma Registry**

1. What registry program does the hospital use?
2. Are trauma registry data collected and analyzed? (Yes/No)
3. Does your facility have any state or regional affiliation for the trauma registry?
  - State
  - Regional
4. Are the trauma registry data submitted to the National Trauma Data Bank? (Yes/No)
  - Date of most recent data submission (mm/dd/yyyy):
  - Date of most recent submission to the State registry:
5. For what percentage of patients is the trauma registry data entry completed within two months of discharge?
6. Are at least 80% of the trauma cases entered into the trauma registry within 60 days of discharge? (Yes/No)
7. What are the selection criteria for patient entry into the trauma registry?
8. Does the facility assign a trauma score and ISS to all patients in the registry (Yes/No) **(L4)**

### **C. Trauma Death Audits**

1. How many trauma deaths were there during the reporting year? (Include ED deaths, and in-house deaths.)
  - a. Total:
  - b. Deaths in ED:
  - c. In-hospital (include OR):
  - d. DOA:
2. List the number of deaths categorized as preventable, non-preventable, and possibly preventable.
  - a. Non-preventable:
  - b. Possibly preventable:
  - c. Preventable:
3. Autopsies have been performed on what percentage of the facility's trauma deaths?
4. How are the autopsy findings reported to the trauma program?
5. Are all deaths presented and discussed in the multi-disciplinary trauma conference? ( Yes/No )

#### **D. Multidisciplinary Trauma Committee**

1. Is there a method to identify injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners? (Yes/No)
    - If 'Yes', please describe:
  2. Is there a multidisciplinary peer review committee chaired by the trauma medical director or designee, with participation from general surgery, and other involved surgical and medical specialists? (Yes/No) **(L4)**
  3. Do identified problem trends undergo multidisciplinary peer review by the Trauma Peer Review Committee? (Yes/No)
    - If 'Yes', please describe:
  4. Is the trauma center able to separately identify the trauma patient population for review? (Yes/No)
  5. Is there evidence of appropriate participation and acceptable attendance documented in the performance improvement and quality process? (Yes/No)
  6. Is there a Trauma Performance Improvement and Quality Meeting? (Yes/No)
- E. Does the facility have a protocol manual for trauma? (Yes/No)**
- If 'Yes', have available on site.
- F. Has the trauma program instituted any 'evidenced-based' trauma management guidelines? (Yes/No)**
- If 'Yes', briefly describe.
  - Briefly describe how compliance with the practice guidelines are monitored?
- G. Do you benchmark your trauma care? (Yes, No)**
- If 'Yes', briefly describe (no more than 5)

#### **VIII. EDUCATION ACTIVITIES/OUTREACH PROGRAMS**

- A. Is the trauma center engaged in public and professional education? (Yes/No)**
- B. Does the trauma center provide some means of referral and access to trauma center resources?  
Example: 1-800 number or trauma web site? (Yes/No) If yes, please describe.**
- C. Is there an injury prevention/public trauma education program? (Yes/No)**
- D. Does the hospital provide a mechanism for trauma-related education for nurses involved in trauma care? (Yes/No)**
- E. Is there any hospital funding for physician, nursing or EMS trauma education? (Yes/No)**
- If 'Yes', briefly describe.
- F. Describe the trauma education program, including examples (list no more than 3 examples of each) for:**
1. Physicians
  2. Nurses
  3. Pre-hospital providers

- G. Describe the hospital's outreach programs for trauma such as 1-800 referral line, follow-up letters, and community hospital trauma education.**
- H. Does the trauma center demonstrate collaboration with or participation in national, regional, or state programs? ( Yes/No) (Regional participation via TRACS (when established) is required)**
- I. List and briefly summarize no more than 3 injury prevention programs. Include any state, regional, or national affiliations for the injury prevention programs. Have injury prevention program information available on-site.**

**Appendix #1 Trauma Medical Director**

1. Name: First name Last name Only (Do not include MD)
2. Medical School:
3. Year Graduated:
4. Type of Residency:
5. Post Graduate Training Institution:  
(Residency)
6. Year Completed:
- 7.

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

8. Board Certified: (Yes/No)
  - Year:
  - Specialty:
9. List added qualifications/certifications giving the Specialty and date received:
10. Is the TMD a Fellow of an organization? (Yes/No)
11. ATLS current: (Yes/No)
  - a. Instructor
  - b. Provider
  - c. None
12. Trauma CME - External (Within the last four years):
13. Trauma admissions per year:
14. Number of admits where ISS > 15 per year:
15. Trauma-related Societal Memberships  
(Check all that apply)
  - a. AAST
  - b. EAST
  - c. WST
  - d. State COT Chair or Vice Chair
  - e. Other
16. Number of non-trauma operative cases per year:
17. Number of trauma operative cases per year (Trauma operations limited to those requiring spinal or general anesthesia in the operating room):



**Appendix #3 - Trauma Bypass Occurrences**

Please complete if you have gone on trauma bypass/divert during the previous year

<b>Date of Occurrence</b>	<b>Time Bypass Occurred</b>	<b>Time Bypass Ended</b>	<b>Reason for Bypass</b>

1. Total number of occurrences of bypass during reporting period:
2. Total number of hours on diversion during reporting period:
3. What is the percentage of time on diversion

**Appendix #4 - Neurosurgeon liaison to trauma program**

1. Name: First name, Last name only (Do not include MD)
2. Medical School:
3. Year Graduated:
4. Post graduate training institution (residency)
5. Year Completed:
6. Fellowship:
7. Year Completed:
8. Is this neurosurgeon certified by the American Board of Neurological Surgery? (Yes/No)
  - If 'Yes', year of certification.
9. Ever ATLS certified? (Yes/No)
10. ATLS Level
  - a. Instructor
  - b. Provider
  - c. None
11. Is the neurosurgeon a Fellow of an organization? (Yes/No)
12. Societal membership:  
(Check all that apply)
  - a. American Association of Neurological Surgery (AANS)
  - b. Congress of Neurological Surgery (CNS)
  - c. Other
    - If 'other', list other societal memberships.
13. Trauma CME - External (within the last 4 years)

**Appendix #5 – Neurosurgeons**

Please list all neurosurgeons taking trauma call

Name	Residency (where and when completed)		Board Certification (type and year)		ATLS Instructor/Provider Status & Expiration P=Provider I=Instructor		Frequency of trauma calls per month (Days)	Number of Trauma Craniotomies per year
	Where	When	Type	Year	Status	Expiration Date		

## **Appendix #6 - Orthopaedic Liaison to Trauma Program**

1. Name: First name, Last name only (Do not include MD)
2. Medical School:
3. Year Graduated:
4. Post graduate training (Institution of residency)
5. Year completed:
6. Type of Fellowship:
7. Year completed:
8. Is the Orthopaedic liaison to the trauma program certified by the American Board of Orthopaedic Surgery? (Yes/No)
  - If 'Yes', year of certification.
9. Ever ATLS certified (Yes/No)
10. ATLS Level
  - a. Instructor
  - b. Provider
  - c. None
11. Is the orthopaedic surgeon a Fellow of an organization? (Yes/No)
12. Trauma-related Societal Memberships  
(Check all that apply)
  - a. Orthopedic Trauma Association(OTA)
  - b. American Academy of Orthopaedic Surgery(AAOS)
  - c. Other
    - If 'Other', list other societal memberships
13. Trauma CME - External (within the last 4 years)



**Appendix #8 - Emergency Medicine Liaison to Trauma Program**

1. Name: First name, Last name only (Do not include MD or FACP)
2. Medical School:
3. Year Graduated:
4. Post Graduate Training Institution (Residency)
5. Year Completed.
6. Board Certification (Specify Boards and Year Completed)
7. Ever ATLS Certified (Yes/No)
8. Current ATLS (Yes/No)
9. Level
  - a. Instructor
  - b. Provider
  - c. None
10. Trauma CME - External (within the last 4 years)



**Appendix #10 - Anesthesia Liaison to Trauma Program**

1. Name: First name, Last name only (Do not include MD)
2. Medical School:
3. Year graduated:
4. Post graduate training institution (residency):
5. Year:
6. Fellowship:
7. Year completed:
8. Is this anesthesiologist certified by the American Board of Anesthesiology?(Yes/No)
9. Year Certified:
10. Ever ATLS certified (Yes/No)
11. ATLS Level
  - a. Instructor
  - b. Provider
  - c. none

## **Appendix #11a - Performance Improvement and Patient Safety (PIPS) Committees**

### **TRAUMA MULTIDISCIPLINARY PEER REVIEW COMMITTEE**

Provide a description of 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. Describe the membership using titles
4. Name/Title of Chairperson
5. How often does the committee meet?
6. Are there attendance requirements? (Yes/No)
  - If "yes", describe:
7. Attendance of specialty panel members
  - a. Trauma Surgeons:
  - b. Emergency Medicine:
  - c. Anesthesia:
  - d. Orthopaedics:
  - e. Neurosurgeons:
8. Committee reports to whom?

## **Appendix #11b - PI Committees - Systems Review**

### Performance Improvement (PIPS) Committees

Provide a description of the committee which addresses, assesses, and corrects global trauma program and system issues.

1. Name of Committee
2. What is the purpose of the committee? Multidisciplinary Peer Review
3. Describe the membership using titles
4. Name/Title of Chairperson
5. How often does the committee meet?
6. Are there attendance requirements? (Yes/No)
  - If “yes”, describe:
7. Attendance of specialty panel members
  - a. Trauma Surgeons:
  - b. Emergency Medicine:
  - c. Anesthesia:
  - d. Orthopaedics:
  - e. Neurosurgeons:
8. Committee reports to whom?

**END OF PRQ (pages 1 to 38)**