



ARKANSAS DEPARTMENT OF HEALTH
REVIEWER'S CHECKLIST
FOR LEVEL III FACILITIES

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Criteria Type	Meets Criteria
	KEY Level III: R (Required); D (Desired) NR (Not Required); Criteria type: OFI (Opportunities For Improvement); I (Type I deficiency); II (Type II deficiency); C (Critical)			
I. Purpose of Site Review	No reviewer comment required			
II. Hospital Information	No reviewer comment required			
III. Pre-Hospital System				
Review of pre-hospital and regional trauma systems		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
IV. Trauma Service				
A. Trauma Director				
1. Does the TMD have a well-defined job description endorsed by the hospital's administration?	Designation by the institution should lead to a formal written job description that can be verified on inspection.	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
2. Is the team lead by a surgeon? Trauma Medical Director (TMD) with the appropriate authority from the facility's administration to be effective in the job.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
3. Is the TMD appropriately trained and does he/she have appropriate Continuing Medical Education (CME) to be effective in the job?		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				

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4. Does the TMD have the authority to credential and remove members from the trauma call panel?		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
B. Trauma Surgeons				
1. Board Certified by Accreditation Council for Graduate Medical Education (A.C.G.M.E) or Osteopathic Graduate Medical Education (O.G.M.E.) who (may be a surgeon who is a graduate of an A.C.G.M.E. or American Osteopathic Association (AOA) approved [O.G.M.E]) approved residency and who is less than five years out of training. If the surgeon fails to obtain board certification within five years, he/she is no longer eligible, even though he/she has obtained Advanced Trauma Life Support (ATLS) course completion. Alternatives to board certification may be applied as defined in Section I, Definitions: "Alternate Criteria."	The alternate pathway for credentialing of non-board certified physicians is applicable to all trauma providers. The facility should have this resource 95% of the time with a TRAC approved plan for diversion when the resource does not exist.	R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Full, unrestricted trauma surgery privileges		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
3. ATLS* (at least once)		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
4. Trauma specific continuing education of general, orthopedic, neurological surgeons and emergency medicine physicians. * The continuing education should include at least 16 hours every 4 years and must meet the standards for approved continuing education set by individual state licensing boards or certifying entities.	The ongoing education should be trauma specific and can be Category I or II CME	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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C. Trauma Program Manager (TPM)				
1. Does the TPM have sufficient CME to maintain competency and be successful in the role?		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Is the Trauma Program Manager's (TPM's) position clearly defined in a job description and does he/she have a reporting structure necessary to be successful in the role?	Designation by the institution should lead to a formal written job description that can be verified on inspection.	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
D. Trauma Team				
1. The trauma team will be organized and directed by a general surgeon expert in and committed to the care of the injured; all patients with multiple system or major injury must be initially evaluated by the trauma team when appropriate, and the surgeon who shall be responsible for overall care of a patient (the team leader) identified. A team approach is required for optimal care of patients with multiple-system injuries.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Specified delineation of privileges for the Trauma Service must occur by the medical staff Credentialing Committee		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
E. Trauma Response				
1. There should be clearly defined criteria for activation of the trauma team.	Additional requirements are found P18, 23,24 of Rules & Regulations Internal compliance with the facility's activation criteria should be tracked in the hospital PI program. Patients meeting criteria to transfer who meet the facility's activation criteria. Team members are expected to evaluate and stabilize the patient to the best of their ability and facility's capacity prior to transfer.	R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Comments:				
Recommendation(s):				
2. Surgeon arrival within the expected timeframe for activations should be monitored, documented and tracked in the facilities PI program	80% compliance is expected	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
3. Trauma surgeon on-call and promptly available to the patient upon activation of the trauma protocol.	30 minute (from the time of activation) response to the bedside when the team is activated - 80% compliance documentable	R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
F. Trauma/Hospital Statistical Data				
Patients requiring transfer to another facility should have all x-rays and labs copied and sent with the patient	Performance of CT, plain X-rays and labs should not delay transfer	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
G. Trauma Bypass				
No reviewer comment required				
H. Neurosurgery				
1. Full, unrestricted neurosurgery privileges. On-call and promptly available.	The facility should have this resource 95% of the time (rural level II - 66% of the time) with a TRAC approved plan for diversion when the resource does not exist.	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				

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<p>2. Physician with special competence, as judged by the Chief of Neurosurgery, in the care of patients with neural trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures. In-house and immediately available.</p>	<p>*** Promptly available means 30 min. from the time of request to come and evaluate. Response must be to the patient's bedside unless specified by the requesting physician that the consult is non-urgent and does not require a physical presence of the consultant. The OR refers to the neurosurgeon's prompt availability and does not mean that the facility cannot have a neurosurgeon on call for trauma patients.</p>	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
V. Hospital Facilities				
A. Emergency Department				
<p>1. Emergency physicians who are qualified and experienced in caring for patients with traumatic injuries and who can initiate resuscitative measures.</p>		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
<p>2. An emergency medicine physician is designated as the liaison to the trauma program</p>		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
<p>3. All emergency physicians have successfully completed the ATLS course (At least once)</p>		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
<p>4. Emergency department physicians are in-house and immediately available to the patient upon arrival in the Emergency Department.</p>		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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5. Designated Physician Director		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
6. Emergency Department Registered Nurses are in the Emergency Department and are immediately available.		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
7. A facility should have an educational plan for credentialing ED nurses to serve in major resuscitations. This should include an initial orientation and ongoing maintenance of competency.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
8. Emergency Department Registered Nurse has ACLS or Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC) (as appropriate)		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
9. Initial sixteen-hour Health Department approved Trauma Life Support course.		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
10. Equipment for resuscitation and to provide life support for the critically or seriously injured shall include but not be limited to:				
a. Airway control and ventilation equipment including laryngoscope and endotracheal tubes of all sizes, valve-mask resuscitator, sources of oxygen, pulse oximeter, CO2 monitoring, mechanical ventilator.		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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b. Suction devices		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
c. Electrocardiograph-oscilloscope-defibrillator		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
d. Apparatus to establish central venous pressure monitoring		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
e. Standard IV fluids & administration devices, including IV catheters		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
f. Intravenous fluid and blood warmers		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
g. Sterile surgical sets for standard ED procedures		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
h. Gastric lavage equipment		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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i. Drugs and supplies necessary for emergency care		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
j. Radiology equipment		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
k. Two-way radio linked with vehicles of the pre-hospital EMS system		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
l. Skeletal traction device for spinal injuries (spinal or backboard immobilization devices may be used as an alternative)		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
m. Special equipment needed for pediatric patients, readily available (ref. ACEP Policy Statement, September 2000, Pediatric Equipment Guidelines)		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
B. Radiology				
1. Comprehensive range of angiography services		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. X-ray capability 24-hour coverage by in-house technician or on call and promptly available.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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3. Computerized tomography promptly available.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
4. Radiologic technician on call and promptly available.		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
5. Nuclear scanning		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
6. Sonography		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
C. Operating Room				
1. Operating Room adequately staffed and equipped for trauma care (promptly available)	Should be monitored in the hospital's PI program. Available to be in an urgent case within 30 minutes of request. A TMD approved mechanism for backup should be documented. Compliance should be documented in the PI program.	R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Thermal control equipment available				
a. For the patient		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				

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Recommendation(s):				
b. For fluids		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
c. For rooms		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
3. X-Ray capability		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
4. Endoscopes		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
5. Craniotome		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
6. Monitoring equipment		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
7. Cardiopulmonary bypass capability		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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8. Operating Microscope		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
9. Anesthesiologist or CRNA: On-call and promptly available to the patient upon arrival in the Emergency Department	A process should be in place to be available if needed for an urgent operation within thirty minutes of notification.	R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
D. PACU (Post-Anesthesia Care Unit)				
1. Registered nurses and other essential personnel 24 hours a day	Registered nurses do not have to be present in the facility 24 hours a day. They must be available within 45 minutes from the time of notification. The ability to use the ICU for recovery of trauma patients following an operation can serve in place of the requirement for PAR/PACU availability.	R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
2. If the PACU functions as the primary area for recovery of critical trauma patients following operation or serves as ICU overflow for injured patients, nurses should demonstrate competency in care of the injured patient.		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
3. Appropriate monitoring and resuscitation equipment		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
E. Intensive Care Unit (ICU) for trauma patients (ICU's may be separate specialty units)				

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<p>1. Designated Medical Director</p> <p>Comments: Recommendation(s):</p>		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. An ICU physician should be designated as liaison to the trauma program</p> <p>Comments: Recommendation(s):</p>		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>3. Physician on duty in ICU 24 hours a day or promptly available</p> <p>Comments: Recommendation(s):</p>		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>4. The nurse caring for the critically injured patient should have a defined educational plan for orientation and maintenance of competency</p> <p>Comments: Recommendation(s):</p>		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>5. Nurse-patient minimum <u>average</u> ratio of 1:2 on shift for trauma patients</p> <p>Comments: Recommendation(s):</p>		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. Immediate access to clinical laboratory services</p> <p>Comments: Recommendation(s):</p>		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>7. Equipment necessary to monitor and resuscitate patients</p>				
<p>a. Airway control and ventilation devices</p> <p>Comments:</p>		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Recommendation(s):				
b. Oxygen source with concentration controls		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
c. Cardiac emergency cart		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
d. Temporary transvenous pacemaker		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
e. Electrocardiograph-oscilloscope-defibrillator		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
f. Cardiac output monitoring		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
g. Electronic pressure monitoring		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
h. Mechanical ventilator-respirators		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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i. Patient weighing devices		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
j. Pulmonary function measuring devices		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
k. Temperature control devices		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
l. Drugs, intravenous fluids, and supplies		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
m. Intracranial pressure monitoring devices		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
n. Acute Hemodialysis Capability (or transfer agreement)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
o. Special equipment needed for pediatric patients, readily available for those facilities admitting pediatric patients	Pediatric is defined as ≤ 15 years of age for reporting purposes. Facilities may define their own admission age criteria.	R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
F. Blood Bank				

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1. Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Standard analyses of blood, urine, and other body fluids		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
3. Blood typing and cross-matching		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
4. Coagulation studies		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
5. Blood gases and pH determination		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
6. Serum and urine osmolality		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
7. Microbiology		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
8. Serum alcohol determination		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Comments:				
Recommendation(s):				
9. Drug screening		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
VI. Specialty Services				
A. Pediatric Trauma Patients				
Nursing personnel caring for pediatric patients are properly trained and equipped.	For the purposes of documentation, a pediatric patient is defined as ≤ 15 years of age. A facility may determine its own admission age criteria. A facility should have a documented plan of education for nurses for the care of injured children.	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
B. Geriatric Trauma				
No reviewer comment required				
C. Rehabilitation Medicine				
Transfer agreement when medically feasible to a nearby rehabilitation service.	It is expected that a facility have rehabilitation capacity such as physical, occupational and speech therapy	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendations:				
D. Burn Patients				
Transfer agreement with nearby burn center or hospital with a burn unit		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
E. Vertebral Column Injuries				
Management Capability				

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<p>1. In circumstances where a designated spinal cord injury rehabilitation center exists in the region, early transfer should be considered; transfer agreements should be in effect.</p> <p>2. In circumstances where a head injury center exists in the region, transfer should be considered in selected patients; transfer agreements should be in effect.</p>		R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
F. Hand Surgery		If Hand Surgery service exists		
Comments: Recommendation(s):				
G. Organ Procurement				
Comments: Recommendation(s):				
H. Social Services				
Comments: Recommendation(s):				
I. Disaster Plan				
Comments: Recommendation(s):				
J. Other Surgical Specialists and Medical Consultants				
1. Cardiac Surgery (on-call and promptly available)	This definition of promptly available applies to all the surgical specialists on the call panel.	NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
2. Microsurgery capabilities (promptly available)		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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3. Obstetric/Gynecological Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
4. Hand Surgery (on-call and promptly available)		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
5. Ophthalmic Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
6. Oral, Otorhinolaryngologic, OR Plastic/Maxillofacial Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
7. Orthopedic Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
8. Thoracic Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
9. Urologic Surgery (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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10. Cardiology (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
11. Chest Medicine		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
12. Gastroenterology		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
13. Hematology		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
14. Infectious Disease		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
15. Internal Medicine (non-pediatric facilities)		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
16. Nephrology		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
17. Neuroradiology		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				

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Recommendation(s):				
18. Pathology		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
19. Pediatrics (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
20. Psychiatry		NR	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
21. Radiology (on-call and promptly available)		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
VII. Performance Improvement				
A. Performance Improvement (PI) Program				
1. Organized Quality Improvement Program		R	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

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2. Medical nursing audit, utilization review, tissue review	May be incorporated into the overall trauma performance improvement program	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
B. Trauma Registry				
Trauma Registry review Documentation of severity of injury and outcome by trauma score, age, and injury severity score, TRISS, survival, length of stay, ICU length of stay, with monthly review of statistics. Participation in the Arkansas State Trauma Registry and Quality Improvement activities as prescribed in the area plan. Designated Trauma Registry Coordinator	Facility must demonstrate use of the registry data in the trauma performance improvement plan and must have submitted data to the Arkansas State Trauma Registry when available	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
C. Trauma Death Audits				
Special audit for all trauma deaths and other specified cases	Facility should have defined audit filters in each of the major care areas	R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				
D. Multidisciplinary Trauma Committee				
Trauma conference; multi-disciplinary				
Regular and periodic multi-disciplinary trauma conferences that include all members of the trauma team. This conference shall be for the purpose of quality improvement through critiques of individual cases, and incorporated into the existing quality improvement /peer program activities of the hospital.		R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:				
Recommendation(s):				

REVIEWER'S CHECKLIST
FOR LEVEL III FACILITIES

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Criteria Type	Meets Criteria
VIII. Education Activities/Outreach Programs				
A. Telephone and on-site consultations with physicians of the community and outlying areas.	Such as a 1 800 number or referral line	D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
B. Injury prevention in the home and industry, and on the highway and athletic fields; standard first aid; problems confronting public, medical profession, and hospitals regarding optimal care for the injured. Could be a collaborative effort by multiple hospitals or the region.	Can be performed with another trauma center or in a TRAC sponsored initiative as long as the facility's contribution is demonstrable and significant	R	I	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
C. Ongoing continuing education program focused on trauma provided or sponsored by the hospital to staff physicians, nurses, allied health personnel, community physicians, and pre-hospital personnel.	Can be provided in conjunction with another facility or within a TRAC sponsored initiative so long as the facility's contribution is demonstrable and significant	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
D. Alcohol screening and intervention for trauma patients		D	OFI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				
E. The trauma program must demonstrate participation in the Trauma Regional Advisory Council (TRAC)	A letter from the TRAC chair should be provided	R	II	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Recommendation(s):				

Hospital under review:

Date of the review:

Reviewer(s):