



**ARKANSAS DEPARTMENT OF HEALTH**  
**SURVEYOR'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b>Trauma Program</b>		<b>KEY</b> Level III & IV: <b>R</b> (Required)		
<b>Pre-Hospital System</b>				
1. Does the facility monitor EMS communications systems regularly? ( <b>A2, Sec. 5, B1</b> )		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
2. Is the trauma program team involved in pre-hospital training? ( <b>11.13 L3</b> ) ( <b>9.13 L4</b> )		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
3. Does the trauma program participate in pre-hospital protocol development? ( <b>1.6</b> )		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b>1. Support/Infrastructure</b>				
<b><i>Institutional Support (1.1 -1.4 L3 L4) (11.7- 11.8 L3) (9.7- 9.8 L4)</i></b>				
1. Is there a resolution within the past three years supporting the trauma program from the hospital governing body (hospital board)? ( <b>1.1</b> )		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Is there a medical staff resolution within the past three years supporting the trauma program? <b>(1.1)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Is there specific budgetary support for the trauma program such as personnel, education and equipment? <b>(1.2)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the trauma program's leadership and committees have the authorization to perform their required duties? <b>(1.3)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Is there a clear defined line of reporting for the TMD (TMCD L3) and TPM within the organization? <b>(1.4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Does the hospital trauma program staff participate in the state and/or regional trauma system planning, development, or operation? <b>(11.7- 11.8 L3) (9.7- 9.8 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Does the hospital participate in the TRAC? <b>(11.7-11.8 L3) (9.7-9.8 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Trauma Program Administration and Infrastructure (1.5)</i></b>				
1. Does the trauma program within the acute care facility with defined leadership <b>TMD/(TMCD L3) , TPM</b> have the authority to develop, oversee and improve the care of the injured within the facility? <b>(1.5 L3 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>2. STAFFING</b>				
<b><i>Trauma Medical Director/Trauma Medical Co-Director TMD/(TMCD L3) (2.1-2.13 L3) (2.1 -2.9 L4)</i></b>				
1. Does your facility have a <b>TMCD L3?</b> (Required if the TMD is not a surgeon) <b>(2.1 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Is he/she a surgeon? (Required unless the facility has a TMCD who is a surgeon) <b>(2.1 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Is the <b>TMD/(TMCD L3)</b> a physician in good standing in the institution with state licensure and has membership in professional organizations, possesses clinical knowledge and expertise and has a personal interest and the time to be the champion for trauma patient care to the medical staff and the trauma center? <b>(2.2 L3) (2.1 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Is your TMD Board-Certified/Board eligible in his/her specialty or a FACS, or a FACOS? (2.3 L3)		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Is the TMD/(TMCD L3) current in ATLS as either a provider or an instructor? (2.4 L3) (2.2 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Does the TMD/(TMCD L3) participate in trauma call or actively care for injured patients in the facility? (2.5 L3, L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Does the TMD/(TMCD L3) lead the trauma QI and patient safety program within the trauma center? (2.6 L3) (2.3 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
8. Does the TMD/(TMCD L3) have 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? (2.7 L3) (2.6 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
9. Does your TMD/( <b>TMCD L3</b> ) have a verifiable job description? ( <b>2.8 L3</b> ) ( <b>2.7 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
10. Does the TMD/( <b>TMCD L3</b> ) have the responsibility and authority for determining each call panel member's ability to participate on the trauma call schedule based on a periodic review? ( <b>2.9 L3</b> ) ( <b>2.8 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
11. Does your TMD/( <b>TMCD L3</b> ) have the responsibility and authority to ensure compliance with verification requirements; and report changes in the program that would affect the designation of the facility to ADH? ( <b>2.10 L3</b> ) ( <b>2.9 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
12. Does the TMD/( <b>TMCD L3</b> ) have the ability to contribute to the TPM's performance evaluation? ( <b>2.11 L3</b> ) ( <b>2.4 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
13. Does the TMD/( <b>TMCD L3</b> ) demonstrate with his/her signature awareness of the facility's invoices to the ADH for payment? ( <b>2.12 L3</b> ) ( <b>2.5 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
14. Does your TMD/( <b>TMCD L3</b> ) have the required verifiable 18 hours of Category I trauma-specific CME, or 18 hours of trauma-specific internal education every three years? ( <b>3.5</b> ) ( <b>4.8 L3</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
15. Does the TMD/( <b>TMCD L3</b> ) perform annual review of the performance of all the surgeons on the call panel? ( <b>2.13 L3</b> )		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Trauma Program Manager (TPM) (2.14-2.20 L3)(2.10 -2.16 L4)</i></b>					
1. Is the TPM a RN that has responsibility for monitoring and evaluating nursing care of the trauma patients and coordination of QI and patient safety programs for the trauma center in conjunction with the TMD/TMCD? ( <b>2.14 L3</b> ) ( <b>2.10 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does the trauma program manager show evidence of educational preparation, continuing trauma education and clinical experience in the care of injured patients? ( <b>2.15 L3</b> ) ( <b>2.11 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Is the TPM current in ATCN, TNCC, or ADH-approved equivalent course certifications current? ( <b>2.16 L3</b> ) ( <b>2.12 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. If your TPM is new to the position (less than 6 months) has he/she registered to take a QI course, and an (AIS coding course or site sponsored coding course <b>L3 only</b> )? <b>(2.17 L3) (2.13 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Does the TPM have a job description? <b>(2.18 L3) (2.14 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Does your facility's trauma program dedicate at least 1.0 FTE to your TPM if trauma patient record volume is 500 or greater? <b>(2.19 L3) (2.15 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Are the time and resources allocated sufficient for the TPM to be effective in the job of QI, community education, clinical education, IVP, and research as required? <b>(2.20 L3) (2.16 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>Trauma Registrar (2.21 -2.23 L3) (2.17 - 2.19 L4)</b>					
1. Does your Trauma Registrar have a job description? <b>(2.21 L3) (2.17 L4)</b> Provide as Attachment #9.		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does the facility have adequate resources to maintain accurate and timely collection, evaluation and submission of trauma data? <b>(2.22 L3) (2.18 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does your facility enter greater than 500 patient records into the trauma registry annually? (Yes/No) If so is there a dedicated trauma registry separate from but supervised by the TPM and who has appropriate training in injury severity scaling (e.g., AAAM course or state-sponsored coding course, ATS Trauma Registrar Course). <b>(2.23 L3) (2.19 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>Trauma Program Staff (2.24 L3)(2.20 L4)</b>					
1. Does the trauma program staff have adequate support resources to efficiently and effectively oversee and administer the trauma program and remain engaged in an effective QI process? <b>(2.24 L3) (2.20 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>Trauma Liaisons (2.25 -2.26 L3) (2.21 - 2.22 L4)</b>					
1. Does your trauma program have official physician liaisons in EM, orthopedics, neurosurgery, anesthesia, critical care, and radiology (if available in house)? <b>(2.25 L3) (2.21 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>  <b>Recommendation(s):</b>					
2. Do your liaisons attend the Trauma Program Operational Review Committee meetings and 50% of the Trauma Peer Review Committee Meetings? <b>(2.26 L3) (2.22 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>Trauma Team (2.27 L3) (2.23 L4)</b>					
1. Is there a predetermined set of care providers and ancillary personnel (physicians, mid-level practitioners, nurses, X-ray technologists, laboratory, respiratory therapists, etc.) needed to provide resuscitation, rapid triage, and transfer or the severely injured. <b>(2.27 L3) (2.23 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>Consultant Coverage (2.28 L3)(2.24 L4)</b>					
1. There exists a 30 minute response time expectation for the general surgeons to see patients activated at the highest level. Do you have an internal policy identifying the expectations for other providers (ortho, neuro etc.) response to requests to evaluate injured patients in the ED and are you tracking it? <b>(2.28 L3) (2.24 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					

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<b>3. PARTICIPATION</b>				
<i>General Surgery Participation (3.1 - 3.9 L3)(3.1 - 3.7 L4) (fill out only if you represent having general surgical capability and capacity on the ATCC dashboard)</i>				
1. Does your facility provide 24/7 general surgical coverage? <b>(3.1 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>				
2. Do all of the trauma panel surgeons have privileges in general surgery? <b>(3.2 L3) (3.1 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>				
3. Are all general surgeons (trauma surgeons on call panel) board-certified/eligible or a FACS or FACO? <b>(3.3 L3) (3.2 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>				
4. Have all general surgeons on the trauma team successfully completed the ATLS course at least once? <b>(3.4 L3) (3.3 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>				
5. Do all the trauma surgeons who take trauma call have documented 18 hours of Category I trauma specific CME or 18 hours of trauma-specific internal education every three years. <b>(3.5 L3) (3.4 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Have they participated in an internal education process conducted by the trauma program based on the principals of practice-based learning?				Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Does the 'Core' group each participate in 50% of the Trauma Peer Review Committee meetings and disseminate information back to all non-core surgeons? <b>(3.6 L3) (3.5 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Do your surgeons respond to the ED promptly (within 30 minutes) an aggregate of 80% of the time when on-call and when the highest level of trauma is activated? <b>(3.7 L3) (3.6 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
8. Do trauma surgeons respond promptly (within 30 minutes) to activations, remain knowledgeable in trauma care principles, whether treating patients locally or transferring them to a center with resources, and participate in QI activities? <b>(3.8 L3) (3.7 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Orthopedic Surgery Participation (3.9 -3.14 L3) (3.8 -3.11 L4 * fill out only if you represent having orthopedic surgical capability and capacity on the ATCC dashboard)</i></b>					
1. Does your facility provide 24/7 orthopedic coverage? On-call and promptly available when requested by the trauma surgeon or EM specialist. <b>(3.9 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

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ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
2. Have the orthopedic surgeons documented at least an average of 18 hours in three years of verifiable Category I trauma-specific CME, or 18 hours of trauma-specific internal education every three years? <b>(3.10 L3) (3.8 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does the orthopedic surgeon liaison participate in 50% of the Trauma Peer Review Committee meetings and disseminate information back to all orthopedic surgeons on the call panel? <b>(3.11 L3) (3.9 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Do all of the orthopedic surgeons have privileges in general orthopedic surgery? <b>(3.12 L3) (3.10 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Are the operating rooms promptly available to allow for emergency operations on musculoskeletal injuries, such as open fracture debridement and stabilization and compartment decompression? <b>(6.1 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Are the on-call orthopedic surgeons dedicated to the hospital (i.e. Do not take call simultaneously at another hospital?) In the case where the orthopedic is not dedicated to the facility 24/7, does your facility have orthopedic backup plan? <b>(3.13 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>

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<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Does the OR have provision for the timely completion of semi-urgent cases so as not to cause delay to the patient (orthopedic cases)? <b>(6.2 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
8. Is there a mechanism to ensure operating room availability without undue delay for patients with semi-urgent orthopedic injuries? <b>(6.2 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>Comments:</b>					
<b>Recommendation(s):</b>					
9. Are the following orthopedic-specific QI filters in place and tracked? <b>(3.14 L3) (3.11 L4)</b>  a) time from injury to washout for open fractures (L4 if capabilities exist)  b) time from injury to ORIF for femur fracture; and, (L4 if capabilities exist)  c) appropriateness and timing of IV antibiotics for all open fractures		R		R	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

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<i>Neurosurgical Participation (3.15 – 3.17 L3)(only if neurosurgical services are available)</i>					
1. Do the other neurosurgeons who take trauma call have verifiable 18 hours of Category I trauma-specific CME, or 18 hours of trauma-specific internal education every 3 years? <b>(3.15 L3)</b>		D			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does the neurosurgeon liaison participate in 50% of the Trauma Peer Review Committee and disseminate information back to all neurosurgeons on the call panel. <b>(3.16)</b>		D			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Are the following neurosurgical specific QI filters tracked: <b>(3.17)</b>  a) all cases requiring the backup to be called in, or the trauma center is Charlie Temp or bypassed due to unavailability of the neurosurgeon on-call; and,  b) neurotrauma care shall be reviewed for compliance with the Brain Trauma Foundation Guidelines.		D			Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

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<i>Anesthesiology Participation (3.18 – 3.25) (3.12 – 3.20 L4 fill out only if you have anesthesiology capability and capacity at your facility)</i>					
1. Are anesthesiology services promptly available for emergency operations 24/7? <b>(3.18 L3) (3.12 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Are anesthesiology services promptly available for airway problems? <b>(3.19 L3) (3.13 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Is there an anesthesiologist liaison designated to the trauma program? <b>(3.20 L3) (3.14 L4 if services are available)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Are the availability of the anesthesia services and the absence of delays in airway control or operations documented by the trauma QI program. <b>(3.21 L3) (3.15 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Are in-house anesthesia services provided in your trauma center? (Yes/No) If No' is there a protocol in place to ensure the timely arrival at the bedside of the anesthesia provider? <b>(3.22 L3) (3.16 L4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

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6. If in-house anesthesia services are not provided, are the presence of physicians skilled in emergency airway management immediately available? <b>(3.23 L3) (3.17 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
7. The anesthesia liaison participates in the trauma QI program. <b>(3.24 L3) (3.19 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
8. The anesthesiology representative or designee to the trauma QI program attends at least 50% of the Trauma Peer Review Committee meetings. <b>(3.25 L3) (3.20 L4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Emergency Medicine Participation (3.26 - 3.28 L3)</i></b>				
1. Do you have a liaison from the EM Service to the Trauma Program who effective disseminating information back to the EM service? <b>(3.26 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does the EM liaison have the required verifiable 18 hours of Category I trauma-specific CME, or 18 hours of trauma-specific internal education every three years. <b>(3.27 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
3. The EM liaison regularly attends 50% of the trauma QI meeting and has documented 50% attendance at the Trauma Peer Review Committee meetings. (3.28 L3)(2.22 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>Medical Specialty Support (3.29 L3)</b>					
1. For this Level III center, is internal medicine available? (3.29 L3)		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>4. EMERGENCY DEPARTMENT</b>					
<b>Leadership (4.1)</b>					
1. Does your emergency department (ED) have a designated emergency physician director supported by additional physicians to ensure immediate care for injured patients? (4.1 L3 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>Communication with ED Physicians and Nurses (4.2 L3 L4)</b>					
1. Does your ED have a method to communicate changes in trauma process to all staff members caring for injured patients? (4.2 L3 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b>Physician, Mid-level Practitioners and Nursing Availability, (4.3 – 4.7) CME Requirements (4.8) &amp; Trauma Education (4.9)</b>				
1. Does your ED have 24/7 in house emergency coverage by physicians and nurses? <b>(4.3 L3 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Are physicians and nurses available (within 10 minutes of notification of the highest level of activation) to resuscitate the injured patient? <b>(4.3 L4)</b>			R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Do you have a tracking mechanism in place and reviewed in the QI program, when a ED physician leaves the ED uncovered in order to respond to an emergency in house? <b>(4.4 L3) (4.4 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
4. Are all EM physicians on the call panel regularly involved in the care of injured patients? <b>(4.5 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
6. Is there EM physician participation with the overall trauma QI program? <b>(4.7 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
7. Do your EM physicians and mid-level practitioners have 18 hours of Category I trauma-specific CME, or 18 hours of trauma-specific internal education every three years? <b>(4.8 L3) (4.5 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
8. Are your EM physicians and mid-level practitioners current in ATLS? <b>(4.9 L3) (4.6 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>Trauma Nursing Education (4.10– 4.11 L3) (4.7 – 4.8 L4) and Trauma Nursing Continuing Education (4.12 L3) (4.9 L4)</b>				
1. Are 80% of the ED nurses current in one of the trauma nursing courses (ATCH, TNCC or and ADH-approved equivalent course) including new hires within the first year of hire? <b>(4.10 L3) (4.7 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Are 80% of the ED nurses current in ACLS and PALS or ENPC? <b>(4.11 L3) (4.8 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
3. Do all the ED nurses that assist with trauma resuscitations have 12 hours of trauma-specific nursing CE or 12 hours of trauma-specific internal education every three years? <b>(4.12 L3) (4.9 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>Activation Criteria (4.13 - 4.19 L3)(4.10 – 4.18 L4)</b>				
1. Do patients that don't meet the activation criteria undergo appropriate ED screening and evaluation as prescribed by the state protocol and CMS/EMTALA requirements? <b>(A3. Sec. 5 B., 3.)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Is the criteria for the highest level of trauma team activations clearly defined and evaluated by the QI program? <b>(4.13 L3) (4.10 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Are patients <u>&lt; 15 yrs of age, who meet the highest level of activation and require transfer</u> transferred to a designated pediatric trauma center? <b>(4.14 L3) (4.11L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<p>4. For the highest level of activation which of the following are included? <b>(4.15 L3)</b></p> <p>a) confirmed hypotension (&lt; 90mmHg adults or age appropriate for children), attributed to trauma;</p> <p>b) GCS &lt; 9 with mechanism due to trauma (general surgeon response can be at the discretion of the ED physician);</p> <p>c) respiratory distress attributed to trauma;</p> <p>d) gunshot wounds to the neck, chest or abdomen;</p> <p>e) transfer of a patients from other hospitals receiving blood or pressure support to maintain vital signs and;</p> <p>f) any patient for whom the ED physician feels the highest level of activation is warranted.</p>		R			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Comments:</b></p> <p><b>Recommendation(s):</b></p>					
<p>5. For the highest level of activation which of the following are included? <b>(4.12 L4)</b></p> <p>a) confirmed hypotension (&lt;90mmHg adults or age appropriate for children) attributed to trauma;</p>			R		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
b) GCS <13 with an mechanism due to trauma (general surgeon response, if provided, can be at the discretion of the ED physician);  c) respiratory compromise or obstruction or an intubated patient from the scene  d) gunshot to the neck, chest, or abdomen; and,  e) any patient for whom the ED physician feels the highest level of activation is warranted				Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
6. Is your activation of the trauma team for the highest level based on pre-hospital notification when available? <b>(4.16 L3) (4.13 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
7. Does your facility have a mechanism in place to track the arrival times of the physicians who respond to a given level of activation? <b>(4.19 L3) (4.18 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
8. Can you demonstrate your under and over-triage rates based on your activation criteria? <b>(4.18 L3) (4.17 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b><i>Rural Trauma Team Development Course (RTTDC) (4.20 L3)(4.20 L4)</i></b>				
1. Did members of your trauma resuscitation team to include physicians, nurses and allied health personnel participate in RTTDC course within a regional facility once during a review period? <b>(4.20 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
2. Did at least three members of your trauma resuscitation team including physicians, nurses and allied health personnel participate in the RTTDC course three times per review period? <b>(4.19 L4)</b>			R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b><i>Helipad or Landing Zone (4.22)</i></b>				
1. Does the facility have a helipad or landing zone? Does the facility have a written, organized plan for getting the trauma patient to the ED from an established safe landing zone with alternative sites should the primary landing site be unavailable? <b>(4.21 L3) (4.20 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b><i>Trauma Image Repository (TIR) (4.22 – 4.23 L3)(4.21 – 4.22 L4)</i></b>				
1. Are you able to send and receive images to and from TIR in the ED? <b>(4.22 L3) (4.21 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
2. Are you utilizing TIR when appropriate for expediting trauma patient care? (4.23 L3) (4.22 L4)		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Roles and Responsibilities in the Trauma Bay (4.25)</i></b>				
1. Does the facility have written protocols for roles and responsibilities of all team members during a trauma team resuscitations? (4.24 L3) (4.23 L4)		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Safe transport of patients within and out of the ED (4.25L3) (4.24 L4)</i></b>				
1. Does the facility have a policy describing the level of resources required for the safe movement of patients out of the trauma bay within the ED or to other departments in the trauma center? (4.25 L3) (4.24 L4)		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>5. ESSENTIAL EQUIPMENT (SHALL INCLUDE BUT NOT LIMITED TO) (5.1 – 5.20)</b>				
1. Is the State required equipment present in the Emergency Department? (5.1 -5.20 L3 L4)		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b>6. OPERATIVE SERVICES</b>				
<i>Operating Room (OR) (6.1 – 6.5) (required if service is provided regardless of level)</i>				
1. Are the ORs promptly available within 30 minutes of notification of the need for an urgent case to allow for emergency operations on musculoskeletal injuries, such as open fracture debridement and stabilization and compartment decompression? <b>(6.1)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Is the operating room adequately staffed and immediately available? <b>(6.2)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Does the operating room have all essential equipment? <b>(6.3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
4. Is craniotomy equipment available? (if neurosurgery services are available) <b>(6.4)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
5. Does the QI program evaluate operating room availability and delays when an on-call team is used? <b>(6.5)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b><i>PACU (Post-Anesthesia Care Unit) (6.6 – 6.10)(required if services is available regardless of level)</i></b>				
1. Does the PACU have qualified nurses available 24 hours per day as needed during the patient's post-anesthesia recovery phase? <b>(6.6)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. If the PACU is covered by a call team from home, is there documentation by the QI program that PACU nurses are available and delays are not occurring? <b>(6.7)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Does the PACU have the necessary equipment to monitor and resuscitate adult and pediatric patients? <b>(6.8)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
4. Does the QI program ensure that the PACU has the necessary equipment to monitor and resuscitate patients? <b>(6.9)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
5. Does the PACU serve as ICU overflow? <b>(6.10)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
6. Do the nurses in the PACU have similar qualifications as the ICU nurse for the care of trauma patients? <b>(6.10)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>7. INTENSIVE CARE UNIT</b>					
<i>Intensive Care Unit (ICU) (7.1 – 7.11)(required if services are available regardless of level)</i>					
1. When a critically ill trauma patient is treated locally, is there a mechanism in place to provide prompt availability of a physician, who has the ability to care for critically ill patients 24/7? <b>(7.1)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Is the surgical director or the surgical co-director a surgeon, who is credentialed by the hospital to care for ICU trauma patients, and who participates in the QI program? <b>(7.2)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does coverage of emergencies in the ICU leave the ED without an appropriate plan for physician coverage? <b>(7.3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the trauma center have a surgical director or co-director for the ICU who is a core surgeon, who is responsible for setting policies and administration related to trauma ICU patients? <b>(7.4)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
5. Does your trauma surgeon remains in charge of trauma patients in the ICU and is kept informed of and concurs with major therapeutic and management decisions? (7.5)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
6. Are qualified nurses available 24/7 to provide care during the ICU phase? (7.6)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
7. Does it exceed 2:1 for critically ill patients in the ICU? (7.7)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
8. Does the ICU have the necessary equipment to monitor and resuscitate patients? (7.8)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
9. Are there written protocols for declaration of brain death? (7.9)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
10. When ICU patients are held in other locations (PACU, ED) due to temporary lack of bed space, are all requirements for ICU care applied? (7.10)		R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
<b>Comments:</b>				
<b>Recommendation(s):</b>				
11. Do you have intracranial pressure monitoring in your facility? (if neurosurgical services are available) <b>(7.11)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
12. Are there physicians, properly trained, experienced and credentialed available to the injured patient in the ICU 24/7? <b>(7.1)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>8. OTHER TRAUMA CARE AREA AND SERVICES</b>				
<i>Pediatric Care (8.1 -8.3 L3) (6.1 – 6.2 L4)</i>				
1. Did your trauma program admit 100 or more injured children younger than 15 years of age during your reporting year? <b>(8.1)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
1a. If 'No', you did not admit more than 100 injured children', does your trauma program review the care of injured children through the QI program? <b>(8.2 L3) (6.1 L4)</b>			R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does your facility have pediatric resuscitation equipment available in all pediatric care areas? <b>(8.3 L3) (6.2 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b><i>Geriatric Care/Special Needs (8.4 – 8.5 L3 )(6.3 – 6.4 L4)</i></b>					
1. Does the facility have an internal CPMG for the admission and care of geriatric/special needs patients (age > 65 years). <b>(8.4 L3)</b> <b>(6.3 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2. Is compliance with the internal CPMG for patients with head injuries who are on anticoagulants, including a component addressing the rapid reversal of such agents when possible tracked in the QI meetings? (refer to ADH website for CPMGs) <b>(8.5 L3)</b> <b>(6.4 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
3. Is the State's Hand telemedicine program used for the evaluation and transfer of hand patients at the facility? The hospital shall have collaborative agreements with referral trauma centers and demonstrate successful use. <b>(9.8 L3)</b> <b>(7.8 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b><i>Laboratory Services (8.6 – 8.8 L3) (6.5 L4)</i></b>					
1. Are laboratory services available for the standard analysis of blood, urine, blood gases and pH determination and other body fluids, including micro sampling for pediatric patients when appropriate? <b>(8.6 L3)</b> <b>(6.5 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
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ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Is there 24 hour day availability for coagulation studies, blood gases, and microbiology? <b>(8.7 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Blood Bank/Ability to Transfuse Blood (8.8 – 8.12 L3)(6.6- 6.7 L4)</i></b>					
1. Is the blood bank capable of blood typing and cross matching? <b>(8.8 L3) (6.6 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. 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 through a regional source and tracked through the QI program? <b>(8.9 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does the facility have a massive transfusion protocol (MTP)? <b>(8.10 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the facility have universal donor blood immediately available? <b>(8.11 L3) (6.6 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Does your facility have an internal protocol for the rapid reversal of anticoagulants when available? <b>(8.12 L3) (6.7 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Radiology (8.13 – 8.22 L3)(6.8 – 6.9 L4)</i></b>					
1. Are radiologists promptly available, in person or by teleradiology, when requested for the interpretation of radiographs? <b>(8.13 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Are X-ray technologists promptly available 24/7 upon activation of the trauma team? <b>(8.14 L3) (6.8 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Is diagnostic information communicated in a written form and in a timely manner? <b>(8.15 L3)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Is critical information verbally communicated to the trauma team? <b>(8.16 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Are final reports timely and do they accurately reflect communications, including changes between preliminary and final interpretations? <b>(8.17 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Are changes in interpretation monitored through the QI program? <b>(8.18 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. 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. <b>(8.19 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
8. Are conventional radiography and computed tomography available 24 hours per day? <b>(8.20 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
9. When the CT technologist responds from outside the hospital, does the QI program document the response times? <b>(8.21 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV	Meets Criteria
10. Is the TIR utilized to expedite care of patients being transferred in and out when appropriate? <b>(8.22 L3) (6.9 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b><i>Respiratory Therapy Services (8.23 L3)(6.10 L4)</i></b>				
1. Is a respiratory therapist available and on-call? <b>(8.23 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b><i>Rehabilitation Services (8.24 L3)(6.11 L4)</i></b>				
1. Does the facility have an inpatient rehabilitation unit or a transfer agreement? <b>(8.24 L3) (6.11 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>				
<b><i>Social Services (8.26 L3)</i></b>				
1. Do you provide social work, case management and chaplain service? <b>(8.26 L3)</b>		R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b>9. EFFECTIVE TRANSFER OF PATIENTS</b>					
<i>Coordinate All Trauma Transfers through the ATCC (9.1 -9.3 L3)(7.1 - 7.3 L4)</i>					
1. Are your transfers coordinated through the ATCC? Compliance shall be 95% of the aggregate over the reporting period. <b>(9.1 L3) (7.1 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2. Do you track the denials for acceptance of transfers in your trauma program's QI process? <b>(9.2 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
3. Do you track your facility's utilization of the ATCC in your QI program with a list of all patients transferred out and the corresponding trauma band number? <b>(7.2 L4)</b>			R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
4. Do you track all diversions (Bravo, Charlie Temp, and Delta) in your programs QI process? <b>(9.3 L3) (7.3 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b><i>Appropriate Documentation of Patient Records for Transferred Patients (9.4 - 9.6 L3)(7.4 - 7.6 L4)</i></b>					
1. When transferring a patient do you send a copy of the patient's pertinent medical records along with radiographic studies (by TIR when available or readable CD when TIR is not available?) (9.4 L3) (7.4 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2. Are copies of original run sheets sent to the receiving hospital no later than the next business day? (9.6 L3)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b><i>Well-defined Transfer Plans are Essential (9.7)</i></b>					
1. Is the well-defined transfer plan approved by the Trauma Program Operation Review Committee, and disseminated to the ED physicians and surgeons in the program? (9.7 L3 ) (7.7 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
<b><i>Teletrauma (9.8)</i></b>					
<b>Comments:</b>  <b>Recommendation(s):</b>					
1. Does your trauma center utilize telemedicine when requested to do by other trauma centers or the ATCC? (A3 Sec.5.,B., 6.)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
<b>10. QUALITY IMPROVEMENT AND PEER REVIEW PROCESS</b>				
<i>Quality Improvement QI (10.1- 10.2 L3) ( 8.1 - 8.2 L4)</i>				
1. Does the trauma center have a clearly defined QI program for the trauma patient population? <b>(10.1 L3) (8.1 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does TMD/( <b>TMCD L3</b> ) (or his/her respective physician designee), the TPM (or his/her respective nurse designee), and specialty representatives in EM, orthopedics, neurosurgery, anesthesia, critical care, and radiology attend at least 50% of the Trauma Peer Review Committee meetings? <b>(10.2 L3) (8.2 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<i>Audit Filters (10.3-10.8 L3)(8.3 – 8.8 L4)</i>				
1. Does your trauma center use the current mandatory Arkansas State QI Audit Filters? <b>(10.3 L3) (8.3 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does your trauma center track and trend the cases that trigger one of the state audit filters? <b>(10.4 L3) (8.4 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. Do identified problem trends undergo review in the multidisciplinary QI with action plans generated, documented, and followed by loop closure? <b>(10.5 L3) (8.5 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
<b>Comments:</b>				
<b>Recommendation(s):</b>				
4. Are orthopedic, neurosurgical and geriatric/special needs-specific audit filters tracked? <b>(10.6 L3) (8.6 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
5. Does your trauma center admit more than 10% of admitted trauma patients to a non-surgical service? <b>(10.7 L3) (8.7 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
6. Do all NSA patients that do not meet criteria b-e (from above), reviewed in the QI meeting for appropriateness of admission to a non-surgical service? <b>(10.8 L3) (8.8 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>Trauma Chart Reviews (10.9-10.11 L3) (8.9 – 8.11 L4)</b>				
1. Does your trauma center review charts on all trauma patients meeting state Trauma Registry inclusion criteria, including deaths, unexpected outcomes, all pediatric patients, and other patients who meet state QI audit filter criteria? <b>(10.9 L3) (8.9 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does your trauma center's review of the entire patient's encounter with the trauma system, from EMS through hospital treatment and discharge, transfer, or death, with identification of opportunities for improvement in any and all aspects of care? <b>(10.10 L3) (8.10 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b> <b>Recommendation(s):</b>					
3. Are identified opportunities for improvement followed by an action plan and loop closure documenting the effect of the action plan? (10.11 L3) (8.11 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>					
<b><i>Trauma – Specific QI Program (10.12 – 10.28 L3) (8.12 – 8.28 L4)</i></b>					
1. Is your program a structured process, led by the trauma program, to demonstrate continuous evaluation to improve care for injured patients that is coordinated with the hospital-wide QI program? (10.12 L3) (8.12 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>					
2. Does your trauma QI program have the following components? (10.12)					
2a. a reliable method of identifying trauma patients presenting to and/or admitted to the facility; (10.13 L3) (8.13 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>					
2b. the infrastructure to abstract patient information from the hospital and prehospital records in order to identify quality of care issues that is reliable and consistently obtains valid and objective information necessary to identify opportunities for improvement; (10.14 L3)(8.14 L4)		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b> <b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
2c. a clearly defined set of data points and audit filters to be abstracted from the patient's record; <b>(10.15 L3) (8.15 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2d. proper identification and ICD-9, ICD-10 (or newer version), and AIS coding of all injuries; <b>(10.16 L3) (8.16 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2e. selection of facility-specific process and outcome measures that are related to patient care and can be benchmarked to national standards; <b>(10.17 L3) (8.17 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2f. a functional trauma registry that supports the QI program; <b>(10.18 L3) (8.18 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2g. validation of data abstraction, injury identification, and ISS coding is mandatory; <b>(10.19 L3) (8.19 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2h. a multidisciplinary review process that occurs at frequent, regular intervals and analyzes trauma care in the institution in order to identify opportunities for improvement; <b>(10.20 L3) (8.20 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2i. multidisciplinary involvement as evidenced by both meeting an attendance threshold and submission of case reviews in specialty areas; <b>(10.21 L3) (8.21 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2j. the results of this multidisciplinary review process leads to corrective actions that are documented which may include a letter to inform the responsible party with or without response, an educational offering related to the identified issue, a policy change or development of new policy, counseling of the responsible person, or removal from the trauma call panel; <b>(10.22 L3) (8.22 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2k. when a consistent problem or inappropriate variation is identified, corrective actions are taken and documented; <b>(10.23 L3) (8.24 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2l. tracking and trending of identified performance issues is necessary to ensure compliance to process changes; <b>(10.24 L3) (8.24 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2m. the TMD/( <b>TMCD L3</b> ) and TPM shall be empowered by the hospital's administration to address issues that involve multiple disciplines and perform loop closure for issues identified; <b>(10.25 L3) (8.25 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>  <b>Recommendation(s):</b>					
2n. the TMD/( <b>TMCD L3</b> ) and TPM shall be aware of current national standards of trauma care and hold their call panel physicians to this expectation; ( <b>10.26 L3</b> ) ( <b>8.26 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2o. creation of protocols, guidelines, or pathways based on the findings from multidisciplinary meetings; and, ( <b>10.27 L3</b> ) ( <b>8.27 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2p. there is a QI program that convincingly demonstrates appropriate care in the facility that treats neurotrauma patients; and, ( <b>10.28 L3</b> )		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					
2q. the QI program reviews the appropriate referral of patients to the regional organ procurement organization and subsequent organ donation rate. ( <b>10.29 L3</b> ) ( <b>8.28 L4</b> )		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>  <b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b><i>Trauma Multidisciplinary Review (TMR) Process (10.29 – 10.35)</i></b>					
1. This process is led by the TMD/(TMCD L3) and the TPM with representation from all core surgeons, specialties, and services, participates on the trauma team at the facility, which is authorized by the facility to establish, review, and improve the care of the injured? <b>(10.30 L3) (8.29 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does your multidisciplinary process consist of two distinct parts? (Trauma Program Operations Review Committee; and Trauma Peer Review Committee) <b>(10.31 L3) (8.30 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Are the minutes of these discussions recorded separately? <b>(10.32 L3) (8.31 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the trauma center's peer review portion report through the hospital's trauma QI program to assure protection and continuity of practitioner data for credentialing processes? <b>(10.33 L3) (8.32 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. Do meetings occur with a frequency that ensures timely resolution of issues identified through the trauma QI program? <b>(10.34 L3) (8.33 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
6. Are attendance by the ED director or EM liaison, TMD/TMCD, all core surgeons, specialties (including, but not limited to, neurosurgical, orthopedic, radiology, and critical care liaisons), and services required and do they attend at least 50% of the Trauma Peer Review Committee meetings? (Required if those providers participate in the care of trauma patients, even if the level of designation does not require that specialty.) <b>(10.35 L3)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
7. Is attendance requirement for physicians (ED director, TMD, and general surgeon liaison (if the facility provides general surgical coverage, even on a part time basis) and mid-level practitioners is at least 50% of the Trauma Peer Review Committee meetings? <b>(8.34 L4)</b>			R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
8. In circumstances when attendance is not mandated (non-core members), does the TMD/TMCD ensure dissemination of information from the trauma peer review committee? <b>(10.36)</b>		R			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
9. Is the process of dissemination of information monitored through the QI program? <b>(8.36 L4)</b>			R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
10. If general surgery or orthopedic coverage is less than 33% of the total time, the requirement to have a liaison attend the meetings is waived. The other requirements will remain in force as is the responsibility of the TMD to effectively disseminate information. <b>(8.36 L4)</b>			R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b>11. RESPONSIBILITY TO THE ARKANSAS DEPARTMENT OF HEALTH (ADH)</b>				
<i>Trauma Registry Data and Submission to the Trauma Registry (11.1-11.4 L3) (9.1 - 9.4 L4)</i>				
1. Are abstracted charts of injured patients who meet the inclusion criteria entered into the Trauma Registry and closed within 60 days of discharge? <b>(11.1 L3) (9.1 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Data is submitted into the Trauma Registry when requested by the ADH? <b>(11.2 L3) (9.2 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
3. When submitting your designation site survey pre-review questionnaire, all trauma patient records were submitted to the Trauma Registry even if the submission was not within the standard reporting time period? <b>(11.3 L3) (9.3 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
4. Does the facility use trauma registry data to show trend analysis and protocol compliance? <b>(11.4 L3) (9.4 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV	Meets Criteria
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Accuracy of the Trauma Data Submitted to the Trauma Registry (11.5-11.6 L3) (9.5 -9.6 L4)</i></b>				
1. Does the trauma center create and implement a verifiable process to ensure accuracy and completeness of the data submitted to the Trauma Registry? <b>(11.5 L3) (9.5 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Is the facilities' documentation of data complete and accurate for all trauma patients meeting state Trauma Registry inclusion criteria. <b>(11.6 L3) (9.6 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
<b><i>Participation in Trauma Regional Advisory Council (TRAC) (11.7-11.8 L3) (9.7 – 9.8 L4)</i></b>				
1. Does your TMD/(TMCD L3) or physician designee participate in at least 50% of the required (to be determined by the TRAC) regional meetings? <b>(11.7 L3) (9.7 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				
2. Does and TPM or nurse designee participate in at least 50% of the required (to be determined by the TRAC) regional meetings? <b>(11.8 L3) (9.8 L4)</b>		R	R	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>				
<b>Recommendation(s):</b>				

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b><i>Active Participation in the Regional and State QI Review Process (11.9-11.12 L3 )(9.9 – 9.12 L4)</i></b>					
1. Does the TMD/(TMCD L3) (or his/her respective physician designee) and TPM (or his/her respective nurse designee) attend 50% of the regional peer review meetings? <b>(11.9 L3) (9.9 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does the TMD/(TMCD L3) (or his/her respective physician designee) and TPM (or his/her respective nurse designee) attend 100% of the regional and state peer review meetings when the facility's cases are discussed? <b>(11.10 L3) (9.10 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does the trauma center provide adequate clinical patient information for meaningful discussion in the protected QI meetings sanctioned by the ADH? <b>(11.11 L3) (9.11 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the Trauma Program provide data and participate meaningfully in the regional and state QI meetings as required by the chair of the committee, TRAC MD, or state TMD? <b>(11.12 L3) (9.12 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Community Outreach and Education in Trauma-specific Opportunities Sponsored by the Hospital (11.13)</i></b>					
1. Does the facility provide opportunities for staff and community physicians, nurses, allied health personnel, and prehospital providers to receive CME credits? <b>(11.13 L3) (9.13 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b>12. Other Responsibilities of Comprehensive Trauma Centers</b>					
<i>Injury and Violence Prevention (12.1 – 12.4 L3) (10.1- 10.4 L4)</i>					
1. Does the facility have an identified staff member who is the point of contact for IVP activities and notify the Trauma Section and the TRAC IVP Committee regarding the identity of the designated person? <b>(12.1 L3) (10.1 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does the facility demonstrate involvement with the TRAC in regional IVP planning efforts? <b>(12.2 L3) (10.2 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does the facility work with the ADH-affiliated IVP programs by participating in evidence-based prevention programs, either alone or in collaboration with other facilities, such as the regional Hometown Health Initiative, local EMS agencies, or the TRAC? <b>(12.3 L3) (10.3 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Does the facility demonstrate participation in ADH-affiliated IVP programs and participate in the evaluation efforts for regional IVP programs? <b>(12.4 L4) (10.4 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification of Criteria	Level III	Level IV		Meets Criteria
<b><i>Alcohol Screening and Intervention (12.5 L3) (10.5 L4)</i></b>					
1. Is there a mechanism to identify patients who are problem drinkers? <b>(13.5 L3) (10.5 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Disaster Management (12.6 – 12.10 L3) (10.6 – 10.10 L4)</i></b>					
1. Does the hospital participate in regional disaster planning and drills? <b>(12.6 L3) (10.6 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Does your hospital meet the disaster-related requirements of TJC, the AOA/HFAP or an equivalent licensing body? <b>(12.7 L3) (10.7 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Is a trauma panel surgeon or a clinical member of the trauma team involved in the hospital's disaster committee? <b>(12.8 L3)(10.8 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
4. Are there hospital drills that test the hospital's disaster plan conducted at least every six months? <b>(12.9 L3) (10.9 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
5. The trauma center has a hospital disaster plan described in the hospital disaster manual. <b>(12.10 L3 ) (10.10 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REVIEWER'S CHECKLIST**  
**FOR LEVEL III & LEVEL IV FACILITIES**

ADH Trauma Center Criteria	FAQ Clarification Of Criteria	Level III	Level IV		Meets Criteria
<b>Comments:</b>					
<b>Recommendation(s):</b>					
<b><i>Organ Procurement Organization (OPO) (12.11- 12.13 L3)(10.11 – 10.13 L4)</i></b>					
1. Does the facility have an organ procurement program or cooperate with a regional organ procurement agency? (Yes/No) <b>(12.11 L3) (10.11 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
2. Are there written policies for triggering notification of the OPO? <b>(12.12 L3) (10.12 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					
3. Does the trauma center track in its quality improvement program the percentage of referral of eligible patients and track the percentage of successful donors from the pool of referred patients? <b>(12.13 L3) (10.13 L4)</b>		R	R		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>					
<b>Recommendation(s):</b>					

Hospital under review:

Date of the review:

Reviewer(s):