

**Utah Department of Health and Human Services
Bureau of Emergency Medical Services and Preparedness
RESOURCE HOSPITAL and TRAUMA CAPABILITIES
DESIGNATION APPLICATION**

Application Date:

Facility Name:	Address	
Facility Administrator:	Phone Number:	
	Email Address:	
Emergency Department Medical Director:	Phone Number:	
	Email Address:	
Emergency Department Nurse Manager:	Phone Number:	
	Email Address:	
Person Completing Application:	Phone Number:	
	Email Address:	
Pediatric Emergency Care Coordinator:	Phone Number:	
	Email Address:	
EMS Agencies in Catchment Area		
Agency	City	Service Level
Dispatch Center Name:	Phone Number:	
Communication Capabilities: Radio: <input type="checkbox"/> Other: <input type="checkbox"/> (EXPLAIN)		
Facility Helipad GPS Location:		

**THE RESPONSES TO THESE QUESTIONS ARE REQUIRED IN ACCORDANCE WITH STATE RULES: R426-9-500
and R426-9-1000**

PLEASE RESPOND AS ACCURATELY AS POSSIBLE - USE AS MUCH SPACE AS YOU NEED

If you need clarification or assistance, please e-mail Carl Avery at carlavery@utah.gov
or call (385) 522-1685

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RESOURCE HOSPITAL AND TRAUMA CAPABILITIES**

Please provide as much information as possible to adequately answer these questions.

RESOURCE HOSPITAL CAPABILITIES	Yes	No
1. Provide online medical control for all pre-hospital EMS providers who request assistance for patient care, 24 hours per day, 7 days per week.		
2. Have written pre-hospital emergency patient care protocols for use in providing online medical direction to pre-hospital EMS providers.		
3. Train new staff on the protocols before they are permitted to provide online medical direction control.		
4. Annually review pre-hospital EMS protocols with physician and nursing staff.		
5. Ensure pre-hospital protocols are readily available to ED staff.		
6. Have an established committee that reviews, on a quarterly basis, EMS care, provides continuing education and resolves EMS system and administrative issues, performance improvement findings, and are minutes of the proceeding kept.		
7. Cooperates with the pre-hospital EMS providers' offline medical directors in the quality review process, including granting access to hospital medical records of patients served by the particular pre-hospital EMS provider.		
8. Have the capability to communicate with EMS providers for which the hospital acts as a resource hospital		
9. A registered nurse is on staff who serves as a resource and advocate for pediatric patients (Between Hospital and EMSC)		
10. Hospital assists UDOH in evaluating EMS system effectiveness by submitting to UDOH, quarterly, electronic data as specified by UDOH.		
11. What barriers exist to the facility accessing training and continuing education for Trauma and EMS? Location/Travel Time Budget constraints Availability of appropriate classes		
12. What public awareness, injury prevention and education programs for the community are sponsored by the hospital?		
13. Describe on-line medical control process for your facility and EMS.		
Please indicate areas of concern related to emergency medical services/trauma care or emergency medical care for pediatric patients that you would like to see addressed by the Bureau of EMS.		

If you have any questions concerning this survey, please contact Carl Avery, RN, CFRN at carlavery@utah.gov , or (385)522-1685

TRAUMA CAPABILITIES	Yes	No
1. Facility has written trauma resuscitation protocols in the Emergency Department. (Please make available during survey)		
2. There separate protocols that address pediatric patients. (Please make available during survey)		
3. Facility has an organized trauma program. (i.e., a formally recognized Trauma Service that complies with Utah Trauma Center Criteria)		
4. Facility has a designated Trauma Team. (Provide a list of who responds for this team)		
5. Facility has instituted activation criteria for the Trauma Team. (Please have criteria available during survey)		
6. Nursing staff in the Emergency Department have yearly continuing education in the care of the Trauma Patient. (Please provide examples and education roster)		
7. Nursing staff in the Emergency Department participates in yearly continuing education in the care of the pediatric Trauma Patient. (Please provide examples and education roster)		
8. Emergency Room nurses have certifications in: (Please provide list during survey)	Yes	No
• Emergency Nursing Pediatric Course (ENPC)		
• Neonatal Resuscitation Program (NRP)		
• Pediatric Advanced Life Support (PALS)		
• Trauma Nurse Core Course (TNCC) or		
• Advanced Trauma Core Course (ATCN)		
9. Does the nursing staff in your facility (non-ED) have yearly continuing education in the care of trauma patients? (Please provide examples and education roster)	Yes	No
10. Do non-Emergency Room Nurses have certifications in	Please Check	
• Pediatric Advanced Life Support (PALS)		
• Emergency Nursing Pediatric Course (ENPC)		
• Trauma Nurse Core Course (TNCC) or		
• Advanced Trauma Core Course (ATCN)		
• Neonatal Resuscitation Program (NRP)		
11. Is your Emergency Department staffed by physicians: (Please provide a copy of ED Provider schedule)	Yes	No
• In house 24/7		
• On call outside the ED with 20 minute response time		
• Advanced Practice Nurses or Physician Assistants with physician back up readily available		
• Advanced Practice Nurses or Physician Assistants with no physician back up not readily available		
12. Is your Emergency Department staffed by physicians: (Please provide a copy of ED Provider schedule)	Yes	No
• In house 24/7		
• On call outside the ED with 20 minute response time		
• Advanced Practice Nurses or Physician Assistants with physician back up readily available		
• Advanced Practice Nurses or Physician Assistants with no physician back up not readily available		
13. Does the facility use the State provided Critical Incident Stress Management (CISM) program?	Yes	No
14. The following radiological services are available 24/7 either in house or on call: (Please provide a copy of Radiology schedule)	Please Check	
• Standard radiology		
• CT		

TRAUMA CAPABILITIES	Yes	No
<ul style="list-style-type: none"> • Ultrasound Services 		
<ul style="list-style-type: none"> • Angiography 		
<ul style="list-style-type: none"> • MRI 		
15. Are Clinical Laboratory Services available on site? (Please describe hours of coverage- in-house and on-call):		
16. Are pediatric patients (< 14 years of age) admitted to your facility?		
17. Does the hospital have basic pediatric equipment/supplies? (Please provide equipment list or examples at time of survey)		
18. Does the facility have a Pediatric Department recognized by medical staff bylaws with an administrative director?		
19. Does the facility admit ventilator dependent pediatric patients?		
20. What % pf pediatric Trauma Patients are transferred from you facility?		
21. Does the facility receive pediatric inter-facility transfers from other communities?		
22. Does the facility admit major trauma patients? ¹		
23. The following services are staffed and available in the facility: (Please provide a copy of Schedules where appropriate)	Yes	No
<ul style="list-style-type: none"> • Intensive Care Unit with MD Intensivist or Hospitalist 		
<ul style="list-style-type: none"> • Intensive Care Unit with RN staffing only 		
<ul style="list-style-type: none"> • Respiratory Therapy Department 		
<ul style="list-style-type: none"> • Operating Suites 		
<ul style="list-style-type: none"> • Pediatric Unit 		
<ul style="list-style-type: none"> • Pediatric ICU/CCU 		
<ul style="list-style-type: none"> • Pediatric Surgery (designated) 		
<ul style="list-style-type: none"> • Clinical Laboratory 		
<ul style="list-style-type: none"> • Radiology Services 		
<ul style="list-style-type: none"> • Anesthesia 		
<ul style="list-style-type: none"> • Blood Bank 		
<ul style="list-style-type: none"> • Pharmacy 		
<ul style="list-style-type: none"> • Physical Therapy 		
<ul style="list-style-type: none"> • Social Work (or designee) 		
24. Does the facility have access to telemedicine services?		
25. Does the facility have written inter-facility clinical transfer protocols in place?		
26. Does the facility have written inter-facility transfer agreements in place?		
27. Does the facility use air ambulance services for inter-facility transfer?		
28. Approximately how many AIR Medical Transfers were made during the previous year (from this application date) ?		

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