



Utah Department of Public Safety
Bureau of Emergency Medical Services

UTAH LEVEL III TRAUMA
CENTER APPLICATION 2024

THE RESPONSES TO THESE QUESTIONS ARE REQUIRED IN ACCORDANCE WITH STATE RULES: R911-9-500 and R911-9-1000
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

IMPORTANT

This form has a "Save and Complete Later" function. As you save your progress and need to finish later.

Reporting and Basic Information

Application Type:

	Designation	Re- Designation	Consultation
Level III Trauma Center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reporting year (12 months and should not be older than 14 months)

*Application Date: Today

*Reporting Date From: Today

*Reporting Date To: Today

*Name:

*Street 1:

Street 2:

*Postal Code:

City:

County:

Country:

State:

*Hospital CEO/Administrator

Date of most recent Designation Survey (if applicable)

Today

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

*Number of deficiencies cited from last review (Briefly list deficiencies and how they were addressed):

Please List by Bullet or Numbered Points

*Number of Criteria Deficiencies (CD), cited as "Opportunities for improvement (OPI)" from last review (Briefly list all OPI's and how they were addressed):

Please List by Bullet or Numbered Points

Hospital Information

A. General Information

Tax Status

Profit Non-Profit Government

Payor Mix

What is the hospital Payor Mix for All Patients in whole numbers?

Commercial % (whole number)

Medicare % (whole numbers)

Medicaid % (whole numbers)

HMO/PPO % (whole numbers)

Uncompensated/ Indigent % (whole numbers)

What is the hospital Payor Mix for Trauma Patients in whole numbers?

Commercial % (whole number)

Medicare % (whole numbers)

Medicaid % (whole numbers)

HMO/PPO % (whole numbers)

Uncompensated/ Indigent % (whole numbers)

Hospital Beds (Do not Include Neonatal Beds)

Number of Adult Hospital Beds

Licensed Adult Beds

Staffed Adult Beds

Average Census Adult Beds

Number of Pediatric Hospital Beds

Licensed Pediatric Beds

Staffed Pediatric Beds

Average Census Pediatric Beds

Total Number of Hospital Beds

Total Licensed Beds

Total Staffed Beds

Total Average Census Beds

Emergency Department Visits

Complete the table below for the total number of emergency department (ED) visits for the reporting year with ICD-10 codes according to State Rule R426-9-700. Must include at least one of the following injury diagnostic codes: ICD10 Diagnostic Codes: S00-S00 with 7th character modifiers of A, B, or C only, T07, T14, T20-T28 with 7th character modifier of A, T30-T32, T79.A1-T79.A9 with 7th character modifier of A excluding the following isolated injuries: S00, S10, S20, S30, S40, S50, S60, S70, S80, S90. Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S are also excluded
Disposition ED Trauma Visits:

Number of Discharged

Number of Transferred Out

Number of Admitted

Number Died in the ED (Excluding DOAs)

Number of DOAs

Total Number

ED Visits:

Total Number Admitted ED Trauma Visits (Regardless of Service)

Total Number Blunt Trauma Percentage

0

Total Number Penetrating Trauma Percentage

0

Total Number Thermal Percentage

0

Transfers

Number of transfers out <24 hrs

Pediatrics

0

Hand

0

Spine

0

Pelvic Ring/Acetabular

0

Soft tissue coverage

0

Other orthopedics

0

Neurosurgery*

0

Replantation

0

Vascular/aortic injuries

0

Cardiac (Bypass)

0

Facial trauma

0

Health Plan Repatriation

0

Burns

0

Other- specify

0

TOTAL

0

Number of transfers out >24 hr

Pediatrics

0

Hand

0

Spine

0

Pelvic Ring/Acetabular

0

Soft tissue coverage

0

Other orthopedics

0

Neurosurgery*

0

Replantation

0

Vascular/aortic injuries

0

Cardiac (Bypass)

0

Facial trauma

0

Health Plan Repatriation

0

Burns

0

Other- specify

0

TOTAL

0

1. Institutional Administrative Commitment

1.1 - Administrative Commitment (Type I):

A. Upload attestation of commitment to trauma program from Hospital Board of Directors (or other administrative governing authority). This attestation must include the following:

Approval of the establishment of the trauma center at the level specified and of the application for verification

[Upload File](#)

Name
Establishment_of_Trauma_Center

Description

Document Type
Supporting Documents

Commitment to adherence to the standards required for the level of verification throughout the verification cycle

[Upload File](#)

Name
Commitment_to_Adherence_to_Standards

Description

Document Type
Supporting Documents

Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

[Upload File](#)

Name
Commitment_of_Ensuring_Resources

Description

Document Type
Supporting Documents

2. Program Scope and Governance

2.1 - State and Regional Involvement (Type II):

A - Describe your center's participation in the regional and/or statewide trauma system. (Type II)

TESTING MEETINGS

B - Upload documentation that demonstrates participation

[Upload File](#)

Name
Participation

Description

Document Type
Supporting Documents

C - Attendance and participation threshold at regional and State Trauma Systems meetings of 75% are required. (State Criteria) **Provide evidence of attendance (at time of survey)**

Yes No

2.2 - Hospital Regional Disaster Committee (Type II):

A - Describe your center's participation in preparations for a regional disaster response (for example, committee participation or involvement with health care coalitions)

TESTING MEETINGS

B - Describe your center's participation in regional mass casualty exercises over the course of the Reporting Period

TESTING MEETINGS

2.3 - Disaster Management Planning (Type II):

A - Highlight any challenges or gaps that have been identified in your center's disaster response and outline the plan to address them

TESTING MEETINGS

B - Have available at time of survey: attendance records or meeting minutes demonstrating trauma surgeon participation in disaster committee meetings over the course of the Reporting Period. Verify your understanding of this requirement:

Verify your understanding

Yes

C - Enter the dates and nature of drills or activations completed during the Reporting Period in the table below.

Please list the following:

- Description of Event
- Drill or Activation
- Date

List Drills Here

TESTING MEETINGS

Have the following documents available at time of survey:

- Hospital's disaster plan that includes a surgical response and the following elements of orthopaedic trauma care: definition of critical personnel requirements and means of contact, initial triage of orthopaedic patients, and coordination of secondary procedures.
- The completed 'Drills and Activations' during reporting period

2.6 - Adult Trauma Centers Admitting Pediatric Patients (Type I):

A - How many children under the age of 15 did your adult trauma center admit during the Reporting Period?

B - Does your trauma center have a pediatric emergency department area?

Yes No

C - Does your trauma center have a pediatric intensive care area?

Yes No

D - Does your trauma center have appropriate resuscitation equipment (as outlined in the pediatric readiness toolkit)?

Yes No

2.7 - Trauma Multidisciplinary PIPS Committee (Type I):

A - Have available at time of survey: The terms of reference (policy) that define the committee's scope, membership, frequency of meetings, and decision-making process. Verify your understanding of this requirement:

Verify your understanding

Yes

2.8 - Trauma Medical Director Requirements (Type II):

A - Have the following documents available at time of survey:

- Evidence of board certification or board eligibility for the TMD.

- The roles and responsibilities document for the TMD's position. (This question is shared between Standards 2.8 and Standard 2.9).
- The TMD's credentialing letter.
- Evidence of ATLS certification for the TMD.
- Call schedules over the course of the Reporting Period.
- The TMD's trauma CME certificates and Maintenance of Certification transcripts obtained during the Reporting Period/Designation Cycle (3 years).
- Appointment letter and attendance records from national or regional trauma organization during the Reporting Period/Designation Cycle (3 years).

2.9 - Trauma Medical Director Responsibility and Authority (Type II):

A - The roles and responsibilities document for the TMD's position. (This question is shared between Standards 2.8 and Standard 2.9).

Check to verify your understanding of this requirement

2.10 - Trauma Program Manager Requirements (Type II):

A - Describe the responsibilities of the TPM and estimate their FTE commitment associated with these responsibilities.

SAMPLE

B - Have available at time of survey, the roles and responsibilities document for the TPM's position, including allocation of FTE across roles described above

Check to verify your understanding of this requirement

C - Upload the TPM's CE certificates or transcripts obtained during the Verification Cycle.

Name

Description

Document Type

2.11 - Trauma Program Manager Responsibilities and Reporting Structure (Type II)

A - Upload the relevant organizational chart from your trauma center

Name

Description

Document Type

B - Have available at time of survey, the role profile of the TPM.

Check to verify your understanding of this requirement

2.12 - Injury Prevention Program (Type II):

A - Describe the impact your center's injury prevention program has had in its community:

SAMPLE

B - Make available at the time survey, the job description for relevant staff.

 Check to verify your understanding of this requirement

C - Make available at time of survey, graphs/tables highlighting recent injury mechanism trends in your center's trauma registry:

 Check to verify your understanding of this requirement

D - Enter the dates and nature of drills or activations completed during the Reporting Period. Report each with the following information:

- Activity Name
- Description of Activity
- Injury Trend
- Activity Date
- Participation Data (Community partnerships)
- Evaluation of Outcomes

Drills and Activities

SAMPLE

E - Have available at time of survey, materials related to your trauma center's injury prevention initiatives (such as posters, flyers, and press releases):

 Check to verify your understanding of this requirement

2.13 - Organ Procurement Program (Type II):

A - Upload regional OPO notification policy:

 **Upload File**

Name
OPO

Description

Document Type
Supporting Documents 

B - Upload protocol for brain deaths

 **Upload File**

Name
Protocols_for_Brain_Deaths

Description

Document Type
Select Document Type 

3. Facilities and Equipment Resources

3.1 - Operating Room Availability (Type I):

A - Upload relevant OR staffing policy that ensures OR availability.

Name

Description

Document Type

B - Upload documentation of time of notification to time of response. Examples of documentation may include a registry report or a report from the OR database.

Name

Description

Document Type

3.3 - Operating Room for Orthopaedic Trauma Care (Type II):

A - Describe how your trauma center makes OR time available to ensure timely care of inpatients with nonemergent orthopaedic trauma.

B - Make available at time of survey, the OR schedule for orthopaedic trauma care.

Check to verify understanding of this requirement

3.4 - Blood Products (Type I):

A - Does your trauma center have an adequate supply of red blood cells and plasma available?

Yes No

B - Describe any challenges in access to red blood cells or plasma over the Reporting Period. What were the circumstances, and how were the challenges addressed?

3.5 - Medical Imaging (Type I):

A - Does your trauma center have conventional radiography available 24 hours per day and accessible for patient care within 30 minutes?

Yes No

B - Does your trauma center have computed tomography (CT) available 24 hours per day and accessible for patient care within 30 minutes?

Yes No

C - Does your trauma center have point of care ultrasound available 24 hours per day and accessible for patient care within 15 minutes?

Yes No

D - Have available (at time of survey), your conventional radiography policy and procedure documentation, including the time interval in which the service is accessible for patient care.

Check to verify your understanding of this requirement

E - Have available (at time of survey), your point-of-care ultrasound policy and procedure documentation.

Check to verify your understanding of this requirement

F - Describe any challenges your center has had with access to medical imaging over the Reporting Period, as well as what your center has done to address these challenges.

SAMPLE

3.7 - Cerebral Monitoring Equipment (Type I) ** NEURO CAPABLE ONLY **

A - Briefly describe the modalities for intracranial pressure monitoring available at your center.

SAMPLE

4. Personnel and Services

4.1 - Trauma Surgeon Requirements (Type II):

A - Complete Appendix #2 Trauma Surgeon List/Credentials

Check to verify your understanding of this requirement

B - Make available at time of survey, trauma surgeon's credentialing letter or confirmation of hospital appointment

Check to verify your understanding of this requirement

4.2 - Trauma Surgeon Coverage (Type I):

A - Make available at time of survey trauma surgery call schedules over the course of the Reporting Period.

Check to verify your understanding of this requirement

4.3 - Trauma Surgery Backup Call Schedule (Type II):

A - Make available at time of survey backup trauma surgery call schedules or backup plan (for Level III centers only), over the course of the Reporting Period.

Check to verify your understanding of this requirement

4.4 - Trauma Surgeon Presence in Operating Room (Type II):

A - Is the trauma surgeon present in the operating suite for the key portions of the operative procedures for which they are the responsible surgeon?

Yes No

B - Is the trauma surgeon immediately available throughout the procedure?

Yes No

4.5 - Specialty Liaisons to the Trauma Service (Type II):

COMPLETE THE FOLLOWING:

1. Trauma Surgeons: APPENDIX #2
2. Ortho Liaison: APPENDIX #3
3. Ortho Surgeon List: APPENDIX #4
4. ED Liaison: APPENDIX #5
5. ED MD LIST: APPENDIX # 6
6. Anesthesia Liaison: APPENDIX #7
7. Radiology Liaison: APPENDIX #10
8. Geriatric Provider Liaison: APPENDIX #14 (if applicable)

4.6 - Emergency Department Director (Type I):

Emergency Department Medical Director:

Name:

Medical School:

Year Graduated:

Type of Residency:

Board Certified/ Specialty:

ATLS Current (YES/NO):

A - Make available at time of survey, the roles and responsibilities document for the emergency department director.

Check to verify your understanding of this requirement

B - Make available at the time of survey, the evidence of board certification, board eligibility, or Alternate Pathway approval.

Check to verify your understanding of this requirement

4.7 - Emergency Department Physician Requirements (Type II):

A - Complete APPENDIX #6 ED PHYSICIAN LIST

Check to verify your understanding of this requirement

B - Make available the orthopaedic surgery contingency plan at time of survey.

Check to verify your understanding of this requirement

4.13 - Anesthesia Services (Type I):

A - Make available the anesthesia services policy pertaining to availability and response time at time of survey.

Check to verify your understanding of this requirement

4.14 - Radiologist Access (Type I):

A - Describe the process your center follows to get rapid imaging interpretation to guide immediate clinical decision-making.

4.16 - ICU Director (Type II):

A - ICU Director/Co-director:

NAME:

Medical School:

Year Graduated:

Type of Residency:

Board Certified/Specialty:

ATLS Current: Yes No

B - Make available the protocols/pathways and PI initiatives specific to the care of injured patients at time of survey.

Check to verify your understanding of this request

C - COMPLETE APPENDIX # 11

Check to verify your understanding of this request

4.19 - ICU Provider Coverage for Level III Trauma Centers (Type I):

A - Make available the ICU call schedules over the course of the Reporting Period at time of survey.

Check to verify your understanding of this requirement

B - Make available the ICU emergency coverage plan at time of survey.

Check to verify your understanding of this requirement

4.20 - ICU Nursing Staffing Requirement (Type II):

A - Describe your hospital's patient-to-nurse ratio in the ICU.

SAMPLE

4.26 - Medical Specialists (Type II):

A - Level III trauma centers must have internal medicine continuously available. Describe your facility's coverage for internal medicine. Have available internal medicine call schedule at time of survey.

Type your response here

SAMPLE

4.28 - Allied Health Services (Type II):

A - Describe your center's respiratory therapy coverage.

SAMPLE

B - Describe your center's nutrition support coverage.

SAMPLE

C - Describe your center's speech therapy coverage.

SAMPLE

D - Describe your center's social work coverage.

SAMPLE

E - Describe your center's occupational therapy coverage.

SAMPLE

F - Describe your center's physical therapy coverage.

SAMPLE

4.29 - Renal Replacement Therapy Services (Type II):

A - Does your trauma center have renal replacement therapy services available to support patients with acute renal failure?

Yes No

B - If no, make available transfer agreement/process for renal replacement therapy services.

Check to verify your understanding of this requirement

4.30 - Advanced Practice Providers (Type II):

A - Complete APPENDIX # 13

Check to verify your understanding of this requirement

4.31 - Trauma Registry Staffing Requirements (Type II):

A - Number of trauma registry personnel (FTE):

SAMPLE

B - Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria:

SAMPLE

C - Make available the annual trauma registry report that shows the volume of all entries at the time of survey.

SAMPLE

4.32 - Trauma Registry Staffing Requirements (Type II):

A - Make available the CAISS Certificate for at least one registrar who supports the trauma registry at your trauma center. at the time of survey.

- Check to verify your understanding of this requirement

4.33 - Trauma Registry Courses (Type II):

A - List of registry staff with date of hire:

SAMPLE

B - Make available the CAISS Certificate for at least one registrar who supports the trauma registry at your trauma center at the time of survey.

- Check to verify your understanding of this requirement

C - For each registry staff member, make available copies of the following items at time of survey (check each item below to verify understanding of this requirement)

- AAM AIS Course Certificate
- Certificate from trauma registry course
- ICD-10 Course Certificate dated within the past five years

4.34 - Trauma Registrar Continuing Education (Type II):

A - Make available the completed "Trauma Registry Courses and Trauma Registrar Continuing Education" documentation (This question is shared between Standards 4.33 and 4.34), at the time of survey.

- Check to verify your understanding of this requirement

4.35 - Performance Improvement Staffing Requirements (Type II):

A - Number of Performance Improvement personnel (FTE):

SAMPLE

B - List of PI personnel:

SAMPLE

C - Make available your center's Annual Trauma Registry Report at time of survey. (This question is shared between Standards 4.31 and 4.35)

- Check to verify your understanding of this requirement

D - Number of annual patient entries that meet NTDS, hospital, local, regional, or state inclusion criteria:

SAMPLE

5. Patient Care: Expectations and Protocols

5.1 - Clinical Practice Guidelines (Type II):

A - Make available a list of clinical practice guidelines, protocols, or algorithms with date of last revision.

- Check to verify your understanding of this requirement

B - Confirm that the relevant clinical practice guidelines are also included in the medical records available for review.

- Check to verify your understanding of this requirement

5.2 - Trauma Surgeon and Emergency Medicine Physician Shared Responsibilities (Type II):

A - Make available documentation outlining the shared roles and responsibilities of trauma surgeons and emergency medicine physicians for trauma resuscitation.

Check to verify your understanding of this requirement

5.3 - Levels of Trauma Activation (Type II):

A – Make available your center’s trauma activation policy. This must include the level of activation, the criteria for activation, and the expected personnel at time of survey. (This question is shared between Standards 5.3 and 5.5)

A.

Check to verify your understanding of this requirement

B – Complete the questions below for all trauma activations at your center over the course of the Reporting Period:

Number of Activations:

Highest Level:

Intermediate Level:

Lowest Level:

Total:

Percentage of total activations (= %100)

Highest Level:

Intermediate Level:

Lowest Level:

Total:

5.4 - Trauma Surgeon Response to Highest Level of Activation (Type I):

A - Percentage of highest-level activations for which the attending trauma surgeon is present at the patient’s bedside within 30 minutes (LIII) of patient arrival:

B - Is the above answer equal to or greater than 80 percent?

Yes No

5.5 - Trauma Surgical Evaluation for Activations below the Highest Level (Type II):

A – Make available your center’s trauma activation policy. This must include the level of activation, the criteria for activation, and the expected personnel at time of survey. (This question is shared between Standards 5.3 and 5.5)

A.

Check to verify your understanding of this requirement

B - Provide the proportion of trauma activations (by level) over the course of the Reporting Period in which the surgical response time falls within the timeframe outlined in your policy.

5.7 - Assessment of Children for Nonaccidental Trauma (Type II):

A - Describe your center’s process for identifying children at risk.

B - Make available your center’s relevant protocols/policies at time of survey.

Check to verify your understanding of this requirement.

5.8 - Massive Transfusion Protocol (Type I):

A - Upload your center's massive transfusion protocol.

Name

Description

Document Type

5.9 - Anticoagulation Reversal Protocol (Type II):

A - Upload your center's rapid reversal protocol that includes therapeutic options and indications for the use of each reversal agent.

Name

Description

Document Type

5.10 - Pediatric Readiness (Type II):

A - Make available your center's current Pediatric Readiness Assessment Gap Report at time of survey.

Check to verify your understanding of this requirement

B - Describe your center's plan to address any gaps identified through the pediatric readiness assessment.

5.11 - Emergency Airway Management (Type I):

A - Make available your center's plan for emergency airway management that specifies provider and means of escalation at time of survey.

Check to verify your understanding of this requirement

B - Does your trauma center have equipment immediately available to establish an emergency airway?

Yes No

5.12 - Transfer Protocols (Type II):

A - Make available transfer protocols that include the types of patients, expected time frame for initiating and accepting a transfer, and predetermined referral centers for outgoing transfers. at time of survey.

A

5.13 - Decision to Transfer (Type II):

A - Make available a report of all transfers out, with reason for transfer, over the course of Reporting Period at time of survey.

Check to verify your understanding of this requirement

5.14 - Transfer Communication (Type II):

A - Describe the communication processes for transfers in and out of your center, how transfers are documented, and how safe transition of care is assured.

SAMPLE

B - Make available any relevant policies, if available at time of survey.

Check to verify your understanding of this requirement

5.15 - Trauma Diversion Protocol (Type II):

A – Make available your center’s diversion protocols that are approved by the TMD and include the agreement of the trauma surgeon in the decision to divert, notification of dispatch and EMS agencies, and logging of reasons for and duration of diversion at time of survey.

A

Check to verify your understanding of this requirement

5.16 - Trauma Diversion Hours (Type II):

A - Make available trauma diversion report that includes total hours on diversion during the Reporting Period at time of survey.

Check to verify your understanding of this requirement

5.17 - Neurosurgeon Response (Type II):

A - Does your center provide Neurosurgery Services?

Yes No

B - If yes, make available a report of neurosurgical response times for patients meeting the criteria in the standard at time of survey.

Check to verify your understanding of this requirement

C - If Yes, make available relevant policy that outlines criteria and requirements for neurosurgery response time at time of survey.

Check to verify your understanding of this requirement

5.18 - Neurotrauma Plan of Care for Level III Trauma Centers (Type II):

A - Are there limitations to the types of neurotrauma cared for in your center?

Yes No

B - If yes, make available your center’s policy that addresses which patients can be cared for and/or which must be transferred at time of survey.

Check to verify your understanding of this requirement

5.19 - Neurotrauma Contingency Plan (Type II):

A - Make available your neurotrauma contingency plan at time of survey.

Check to verify your understanding of this requirement

B - Describe whether your center’s neurosurgery coverage is continuous and whether its neurosurgeons are also responsible for care at other centers when on call. (IF Applicable)

SAMPLE

5.20 - Treatment Guidelines for Orthopaedic Injuries (Type II):

A - Make available treatment guidelines for orthopaedic injuries as defined in the standard at time of survey.

Check to verify your understanding of this requirement

5.21 - Orthopaedic Surgeon Response (Type II):

A - Make available a report of orthopaedic surgeon response times over the course of the Reporting Period for patients meeting the criteria outlined in the standard. at time of survey.

Check to verify your understanding of this requirement

B - Make available a relevant policy that outlines criteria and requirements for orthopaedic surgeon response time at time of survey.

Check to verify your understanding of this requirement

5.22 - Operating Room Scheduling Policy (Type II):

A - Make available policy that outlines targets for access to the OR based on level of urgency at time of survey.

Check to verify your understanding of this requirement

5.23 - Surgical Evaluation of ICU Patients (Type II):

A - Describe how your center's trauma program ensures that trauma patients admitted to the ICU either have had surgical evaluation or have ongoing involvement of surgeons in their care.

SAMPLE

B - Make available your center's ICU policy that specifies the requirement for timely evaluation and ongoing involvement of surgical services in the care of trauma patients at time of survey

Check to verify your understanding of this requirement

5.24 - Trauma Surgeon Responsibility for ICU Patients (Type II):

A - Describe your center's model of ICU care for trauma patients and how the trauma surgeons retain responsibility for care delivery.

SAMPLE

5.25 - Communication of Critical Imaging Results (Type II):

A - Describe how critical imaging results are communicated to the trauma team at your facility.

SAMPLE

B - Make available any relevant policies at time of survey.

Check to verify your understanding of this requirement

5.26 - Timely Computed Tomography Scan Reporting (Type II):

A - Make available any institutional policies that address timely CT scan reporting for trauma patients. Be prepared to provide radiology reports at the time of your site visit at time of survey.

Check to verify your understanding of this requirement

5.27 - Rehabilitation Services during Acute Phase of Care (Type II):

A - Describe how and when patients at your center are typically assessed for their acute rehab needs.

SAMPLE

B - Make available protocols that outline the process for identifying patients in need of rehabilitation services during their acute inpatient stay at time of survey.

Check to verify your understanding of this requirement

5.28 - Rehabilitation and Discharge Planning (Type II):

A - Describe your center's process for determining the level of care patients will require after discharge and the specific rehabilitation care services required at the next level of care.

SAMPLE

5.29 - Mental Health Screening (Type II):

A - Describe your center's mental health referral process.

SAMPLE

5.30 - Alcohol Misuse Screening (Type II):

A - Make available alcohol misuse screening rate measured against criteria outlined in the standard at time of survey.

Check to verify your understanding of this requirement

5.31 - Alcohol Misuse Intervention (Type II):

A - Make available SBIRT protocol at time of survey

- Check to verify your understanding of this requirement

B - Make available alcohol misuse intervention report as described in the standard at time of survey.

- Check to verify your understanding of this requirement

6. Data Surveillance and Systems

6.1 - Data Quality Plan (Type II):

A - Make available written data quality plan at time of survey.

- Check to verify your understanding of this requirement

B - Describe the results of your center's internal and/or external validation exercises and the TQP Data Center reports mentioned above. Include steps taken to address identified opportunities for imp

SAMPLE

6.2 - Trauma Registry Patient Record Completion (Type II):

A - Make available registry report covering the Reporting Period demonstrating that data for 80 percent of patient records were completed within 60 days of discharge date at time of survey.

- Check to verify your understanding of this requirement

B - Were at least 80 percent of patient records completed within 60 days of discharge?

- Yes No

Section 6.3 - Trauma Registry Data Collection and Submission (Type II):

A - Describe how your facility assures compliance with NTDS inclusion criteria and data element definitions.

SAMPLE

B - Was your facility's trauma registry data submitted to the TQP Data Center in the most recent call for data?

- Yes No

7. Performance Improvement and Patient Safety (PIPS)

7.1 - Trauma PIPS Program (Type II):

A - Make available hospital organizational chart reflecting the relationship of the PIPS program to the organizational PI program at time of survey.

- Check to verify your understanding of this requirement

7.2 - PIPS Plan (Type II):

A - Make available your center's PIPS plan at time of survey.

- Check to verify your understanding of this requirement

B - Highlight any aspects of your center's PI plan that you would like to call to the reviewers' attention. If you have challenges with specific aspects of the program, please describe them.

SAMPLE

7.3 - Documented Effectiveness of the PIPS Program (Type II):

A - Describe three initiatives that showcase the effectiveness of your center's PI program.

SAMPLE

B - Describe clinical practice guidelines that your center has developed over the last three years in response to identified opportunities for improvement and indicate how these new practices are monitored to ensure that results are sustained.

Describe Here:

SAMPLE

C - Make available a completed OPPE form at time of survey.

Check to verify your understanding of this requirement

D - Make available minutes from PIPS committees during the reporting period, including operations/systems and multidisciplinary peer review meetings at time of survey.

Check to verify your understanding of this requirement

E - Make available at time of survey, any clinical practice guidelines that address quality concerns during the verification cycle.

Check to verify your understanding of this requirement

7.4 - Participation in Risk-Adjusted Benchmarking Programs (Type II):

A - Does your trauma center participate in TQIP?

Yes No

B - If no, make available at time of survey, copies of the two most recent risk-adjusted benchmark reports from the alternative risk-adjusted benchmarking program, with at least one received during yo

Check to verify your understanding of this requirement

C - Briefly describe opportunities for improvement and actions taken to improve patient care identified during evaluation of the risk-adjusted benchmarking report. Any relevant issues and opportunities for improvement related to data quality should be entered in the PRQ for Standard 6.1

Data Quality Plan

SAMPLE

7.5 - Physician Participation in Prehospital Performance Improvement (Type II):

A - List the dates on which the emergency department physician or trauma surgeon attended prehospital PI meetings over the course of the Reporting Period.

SAMPLE

B - Make available at time of survey a list of your center's prehospital care protocols that are specific to the care of trauma patients.

Check to verify your understanding of this requirement

C - Provide an example of an identified opportunity for improvement and how the trauma center worked with EMS to address it.

SAMPLE

7.6 - Trauma Multidisciplinary PIPS Committee Attendance (Type II):

A - Upload attendance records (including meeting dates) demonstrating multidisciplinary participation in PIPS committee meetings over the course of the Reporting Period.

Name

Attendance_Records_

Description

Document Type

Select Document Type

7.7 - Trauma Mortality Review (Type II):

A - Complete the sections below for all cases of trauma-related mortality and transfer to hospice during the Reporting Period:

RESULTS OF MORTALITY REVIEW:

ENTER # Mortality with opportunity for improvement

ENTER # Mortality without opportunity for improvement

ENTER # Transfer to hospice with opportunity for improvement

ENTER # Transfer to hospice without opportunity for improvement

ENTER TOTAL # of DEATHS and TRANSFERS

7.8 - Nonsurgical Trauma Admissions Review (Type II):

A - How many total NSAs did your trauma center have over the course of the Reporting Period?:

B - Complete the fields below describing NSAs over the course of the Reporting Period:

- Answer for ISS 0-9

Number of patients admitted to a nonsurgical service

Total NSAs w/trauma consult

Total NSAs w/any surgical consult (including trauma)

Total NSAs secondary to fall from own height

Total deaths

- Answer for ISS 10-15

Number of patients admitted to a nonsurgical service

Total NSAs w/trauma consult

Total NSAs w/any surgical consult (including trauma)

Total NSAs secondary to fall from own height

Total deaths

0

- Answer for ISS 16-24

Number of patients admitted to a nonsurgical service

0

Total NSAs w/trauma consult

0

Total NSAs w/any surgical consult (including trauma)

0

Total NSAs secondary to fall from own height

0

Total deaths

0

- Answer for ISS 25+

Number of patients admitted to a nonsurgical service

0

Total NSAs w/trauma consult

0

Total NSAs w/any surgical consult (including trauma)

0

Total NSAs secondary to fall from own height

0

Total deaths

0

C - Briefly describe how NSAs are reviewed by the trauma program and what opportunities for improvement, if any, have come from these reviews.

SAMPLE

7.10 - Prehospital Care Feedback (Type II):

A - Describe the process for reviewing and providing feedback to EMS agencies, related to accuracy of triage and provision of care.

SAMPLE

B - Describe the process for reviewing and providing feedback to referring providers, related to the care and outcomes of their patients and any potential opportunities for improvement in initial care

SAMPLE

8. Education: Professional and Community Outreach

8.1 - Public and Professional Trauma Education (Type II):

A - Describe your center's most successful public and professional trauma education programs and indicate why you believe they were successful.

SAMPLE

B - Make available at time of survey, a list of public and professional trauma education provided by your center over the course of the Reporting Period.

Check to verify your understanding of this requirement

8.2 - Nursing Trauma Orientation and Education (Type II):

A - Describe your center's process for orienting nurses to trauma care, and list what orientation materials they receive.

SAMPLE

B - Complete the sections below:

Note: Please be prepared to provide CE certificates or transcripts to demonstrate compliance with this standard at the time of the site visit.

-ED Nursing Education (% Completed)

ATCN: 0

ENPC: 0

TNCC: 0

PALS: 0

ACLS: 0

TCAR: 0

-PICU/ICU NURSING EDUCATION (% Completed)

ATCN: 0

ENPC: 0

TNCC: 0

PALS: 0

ACLS: 0

TCAR: 0

-PACU NURSING EDUCATION (% Completed)

ATCN: 0

ENPC: 0

TNCC: 0

PALS: 0

ACLS: 0

TCAR: 0

-ED ADVANCED CERTIFICATIONS NURSING EDUCATION (% Completed)

CCRN: 0

CEN: 0

PCEN: 0

TCRN: 0

OTHER:

-PICU/ICU ADVANCED CERTIFICATIONS NURSING EDUCATION (% Completed)

CCRN:

CEN:

PCEN:

TCRN:

OTHER:

-PACU ADVANCED CERTIFICATIONS NURSING EDUCATION (% Completed)

CCRN:

CEN:

PCEN:

TCRN:

OTHER:

8.3 - Prehospital Provider Training (Type II):

A - Describe the trauma program's involvement in the training of prehospital personnel.

SAMPLE

Alternate Pathway

Alternate Pathway

1. Make available the completed "Alternate Pathway Physician" information.
2. Upload the required documentation for the Alternate Pathway candidate(s) as necessary. For physicians seeking approval through the Alternate Pathway, this includes:

- Documentation of CME hours (i.e., transcripts)
- Proof of membership in and meeting attendance from a national or regional trauma organization during the Reporting Period
- PIPS committee meeting attendance rosters during the Reporting Period
- Credentials to provide trauma care
- Documentation evaluating the physician's processes and outcomes of care (such as a PI report by the TMD demonstrating morbidity and mortality results for patients treated by the physician)

For physicians previously approved through the Alternate Pathway, this only includes documentation of CME hours.

Appendix Page

Appendix #1 Trauma Medical Director (TMD)

Trauma Medical Director (TMD)

NAME:

Medical School:

Year Graduated:

Type of Residency:

Board Certified/ Specialty:

ATLS Current: Yes No

APPENDIX #2 TRAUMA SURGEONS (LIST ALL SURGEONS TAKING TRAUMA CALL)

List the following for all trauma surgeons making trauma calls:

1. Surgeon Name
2. ATLS (Y, N, NA)
3. Expiration Date (MM-DD-YYYY)
4. Certifying Board
5. Board Certification Expiration (MM-DD-YYYY)

List all trauma surgeons taking trauma call here:

SAMPLE

APPENDIX #3 Orthopedic Liaison to the Trauma Program

Orthopedic Liaison to the Trauma Program

Name: SAMPLE

Medical School: SAMPLE

Year Graduated: SAMPLE

Board Certified/ Specialty: SAMPLE

Ever ATLS Certified?: Yes No

APPENDIX #4 ORTHOPEDIC SURGEONS (LIST ALL SURGEONS TAKING TRAUMA CALL)

List the following for all orthopedic surgeons making trauma calls:

1. Surgeon Name
2. ATLS (Y, N, NA)
3. Expiration Date (MM-DD-YYYY)
4. Certifying Board
5. Board Certification Expiration (MM-DD-YYYY)

List all orthopedic surgeons taking trauma call here:

SAMPLE

APPENDIX #5 Emergency Medicine Liaison to the Trauma Program

Emergency Medicine Liaison to the Trauma Program

Name: SAMPLE

Medical School: SAMPLE

Year Graduated: SAMPLE

Board Certified in EM: Yes No

Ever ATLS Certified: Yes No

Other Board Certification: SAMPLE

APPENDIX #6 Emergency Medicine (Please list all emergency department physicians on the trauma panel (those who care for trauma patients)

List the following for all emergency department physicians on the trauma panel:

1. ED Physician Name
2. ATLS (Y, N, NA)
3. Expiration Date (MM-DD-YYYY)
4. Certifying Board
5. Board Specialty
6. Board Expiration Date (MM-DD-YYYY)

List all emergency department physicians on the trauma panel here:

SAMPLE

APPENDIX #7 Anesthesiologist Liaison to the Trauma Program

Anesthesiologist Liaison to the Trauma Program

Name: SAMPLE

Medical School: SAMPLE

Year Graduated: SAMPLE

Board Certification by American Board of Anesthesiology: Yes No

Ever ATLS Certified?: Yes No

APPENDIX # 9 – PIPS Committee – Multidisciplinary Trauma Systems/Operations Committee

Attendance of specialty panel members (in percentage %):

TMD: SAMPLE

TPM: SAMPLE

Trauma Surgeons: SAMPLE

Emergency Medicine: SAMPLE

Orthopedics: SAMPLE

Anesthesiologist: SAMPLE

Radiologist: SAMPLE

LAB: SAMPLE

APPENDIX #8 – PIPS Committee- MULTIDISCIPLINARY TRAUMA PEER REVIEW

Attendance of specialty panel members (in percentage %):

TMD: SAMPLE

TPM: SAMPLE

Trauma Surgeons: SAMPLE

Emergency Medicine Liaison or Designated Representative: SAMPLE

Orthopedics Liaison or Designated Representative: SAMPLE

Anesthesia Liaison or Designated Representative: SAMPLE

Radiologist Liaison or Designated Representative: SAMPLE

ICU Director Liaison or Designated Representative: SAMPLE

APPENDIX #10 Radiologist Liaison to the Trauma Program
Radiologist Liaison to the Trauma Program Information

Name:

Medical School:

Year Graduated:

Board Certified by the American Board of Radiology: Yes No

Ever ATLS Certified?: Yes No

APPENDIX #11 ICU Director/Co-director
ICU Director/Co-director Information

Name:

Medical School:

Year Graduated:

ICU Director/ Co- director
Certifying Board:

ICU Director/ Co- director Board
Expiration Year:

Ever ATLS Certified?: Yes No

APPENDIX #12 ICU Surgical Director
ICU Surgical Director Information

Name:

Medical School:

Year Graduated:

ICU Surgical Director Certifying
Board:

ICU Surgical Director Board
Expiration Year:

Ever ATLS Certified?: Yes No

APPENDIX #13 Advanced Practice Providers

Advanced Practice Providers: List the APPs who are involved in initial patient evaluation and resuscitation as part of the trauma activation team in the table below. Do not list APPs in the emergency department if they are not part of the trauma activation team.

List the following information for each member:

- APP Name
- ATLS (Y/N/NA)
- Expiration

Enter Advanced Practice Providers information below:

SAMPLE

APPENDIX #14 Geriatric Provider Liaison
Geriatric Provider Liaison information

Name: SAMPLE

Medical School: SAMPLE

Year Graduated: SAMPLE

Evidence of Geriatric Expertise: SAMPLE

Utah Department of Health Office of Emergency Medical Services and Preparedness Trauma Center & Resource Hospital Capabilities

Utah Department of Health Office of Emergency Medical Services and Preparedness Trauma Center & Resource Hospital Capabilities

Facility Administer Name

SAMPLE

Phone Number

444 - 444 - 4444

Email

SAMPLE

Emergency Department Medical Director Name

SAMPLE

Phone Number

444 - 444 - 4444

Email

SAMPLE

Emergency Department Nurse Manager Name

SAMPLE

Phone Number

444 - 444 - 4444

Email

SAMPLE

Pediatric Emergency Care Coordinator

SAMPLE

Phone Number

444 - 444 - 4444

Email

SAMPLE

EMS Agencies in Catchment Area. List the following information for each agency:

- Agency Name
- City
- County
- Service Level

List EMS Agency information here:

SAMPLE

Dispatch Center Name

SAMPLE

Dispatch Center Phone Number

444 - 444 - 4444

Facility Helipad GPS Location

SAMPLE

State of Utah Trauma Center Designation, Review, and Consultation Process

Responses

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

State of Utah Trauma Center Designation, Review, and Consultation Process

State of Utah Trauma Center Designation, Review, and Consultation Process

120 Days Prior to Survey:

- Submit Trauma Designation Request Application
- First time applicants must have a minimum of 1 year of trauma registry data prior to application

90 Days Prior to Survey:

- State will provide site survey date
- Site agenda and reviewers names provided
- Details related to survey documents and details provided

30 Days Prior to Survey:

- Center must submit state required payment for site visit
- Site visits cancelled or rescheduled within 30 days of the scheduled survey date will forfeit the site visit fee.

14-30 Days Following Survey:

- State will send written report citing Strengths, Deficiencies, Opportunities for Improvement, and Recommendations that were cited during the site visit.