

# Application Information

Information



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](mailto:carlavery@utah.gov)  
or call (385) 522-1685

## Reporting Period & Basic Information

Application Type:	Designation	Re-Designation	Consultation
Level IV 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:

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)

## Hospital Information: General Information

General Information

\*Tax Status:  Profit  Non-Profit  Government

Payor Mix

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

Commercial % (whole numbers)

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

Number of Adult Hospital Beds

Licensed Adult Beds

Staffed Adult Beds

Average Census Adult Beds

**I. REGIONAL TRAUMA SYSTEMS: OPTIMAL ELEMENTS, INTEGRATION, AND ASSESSMENT**

I. REGIONAL TRAUMA SYSTEMS: OPTIMAL ELEMENTS, INTEGRATION, AND ASSESSMENT

11. Does the trauma center leadership participate actively in a state and regional system? (CD 1-1, 1-2, and 1-3) (If "yes", please describe)

TYPE II

Yes  No

If 'Yes', please briefly describe

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2. Attendance and participation threshold at regional and State Trauma Systems meetings of 75% are required. (State Criteria) **\*\*Provide evidence of attendance UPLOAD FILE\*\***

Yes  No

Provide Regional PI Attendance Document Here:

Upload File

Name

Description

Document Type

## II. DESCRIPTION / TRAUMA LEVEL AND ROLES

### II. DESCRIPTION / TRAUMA LEVEL AND ROLES

1. Does this trauma center have an integrated, concurrent performance improvement and patient (PIPS) program to ensure optimal care and continuous improvement in care? (CD 2-1) TYPE I

Yes  No

**\*\* MUST PROVIDE A WRITTEN PIPS PLAN AT TIME OF SURVEY\*\***

2. Does the trauma center provide the necessary human and physical resources (facility and equipment) to properly administer acute care consistent with their level of verification? (CD 2-3) TYPE II

Yes  No

3. Complete the questions below for the total number of emergency department (ED) visits for the reporting year with ICD-10 codes according to State Rule R911-9-700. 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

a. ED Visits

Total Admitted ED Trauma Visits (Regardless of Service)

Total Blunt Trauma Percentage

Total Penetrating Trauma Percentage

Total Thermal Percentage

b. 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

4. Are all patients reviewed timely by the TPM and TMD for appropriateness of admission and other opportunities for improvement? (CD 2-1) TYPE I

Yes  No

5. Is the attendance threshold of 80% met for physician or midlevel presence in the emergency department for patients with highest level of activation? (CD2-8) TYPE I

Yes  No

6. Is the physician or midlevel arrival within 30 minutes monitored by the hospital's trauma PIPS program? (CD 2-8) TYPE I

Yes  No

7. Are collaborative treatment and transfer guidelines reflecting the Level IV facilities' capabilities regularly reviewed, with input from higher-level trauma centers in the region? (CD 2-13) TYPE II

Yes

No

**\*\* MUST PROVIDE A WRITTEN TRANSFER PLAN AT TIME OF SURVEY\*\***

8. Does the facility have 24-hour emergency coverage by a physician or midlevel provider? (CD 2-14) TYPE II

Yes  No

a. Please explain ED Provider Coverage

9. Is the emergency department continuously available for resuscitation with coverage by a registered nurse and physician or midlevel provider, and does it have a physician director? (CD 2-15) TYPE II

Yes  No

a. Please explain ED Provider Coverage

10. Are all ED providers current in Advanced Trauma Life Support® certification as part of their competencies in trauma? (CD 2-16)2-16). (All Non-ED Boarded Providers in Level IV Centers) TTYPE II

Yes  No

11. Are the trauma medical director and trauma program manager knowledgeable and involved in trauma care and work together with guidance from the trauma peer review committee to identify events, develop corrective action plans, and ensure methods of monitoring, reevaluation, and benchmarking? (CD 2-17) TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

12. Does the multidisciplinary trauma peer review committee meet regularly, with required attendance of medical staff active in trauma resuscitation, to review systemic and care provider issues, as well as propose improvements to the care of the injured patient? (CD 2-18) TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

13. Does the PIPS program have audit filters to review and improve pediatric and adult patient care (CD 2-19)? TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

14. Does the trauma center actively participate in regional and statewide trauma system meetings and committees that provide oversight? (CD 2-20) TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

15. Is the trauma center the local trauma authority and assume the responsibility for providing training for prehospital and hospital based providers? (CD 2-21) TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

16. Does the facility participate in regional disaster management plans and exercises? (CD 2-22) TYPE II

Yes  No

**\*\* MUST PROVIDE EXAMPLES OF MEETING CRITERIA AT TIME OF SURVEY\*\***

### III. PREHOSPITAL TRAUMA CARE

#### III. PREHOSPITAL TRAUMA CARE

1. How does the trauma program participate in the training of prehospital personnel, the development and improvement of prehospital care protocols, and performance improvement and patient safety programs (CD 3-1)? Please Provide Details (HAVE EMS OUTREACH EXAMPLES AT TIME OF SURVEY) TYPE II

2. Describe how protocols that guide prehospital trauma care are established by the trauma health care team, including surgeons, emergency physicians, medical directors for EMS agencies, and basic and advanced prehospital personnel (CD 3-2). Please Provide Details (HAVE EXAMPLES AVAILABLE AT TIME OF SURVEY) TYPE II

3. Briefly describe the air medical support services available for your trauma program, including rotor wing and fixed wing services. Please Provide Details

4. Does your hospital provide online medical control for prehospital trauma patients? IF YES, Please Provide Details

5. When the trauma center is required to go on bypass or to divert, what is your process? (CD 3-7) Please Provide Details TYPE II

### IV. INTERHOSPITAL TRANSFER

#### IV. INTERHOSPITAL TRANSFER

1. Is there direct physician/midlevel-to-physician contact when patients are transferred out of your facility? (CD 4-1). IF YES, Please Provide Details TYPE II

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2. Does your trauma service routinely evaluate all transfers through the PIPS program, including transport activities? (CD 4-3). IF YES, PLEASE DESCRIBE PROCESS OF HOW TRANSFERS ARE REVIEWED TYPE II

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3. Total number of transfers. PROVIDE TOTAL # HERE

## V. HOSPITAL ORGANIZATION AND THE TRAUMA PROGRAM

### V. HOSPITAL ORGANIZATION AND THE TRAUMA PROGRAM

1. Does the hospital have the commitment of the institutional governing body and medical staff to become a trauma center? (CD 5-1) TYPE I

Yes  No

2. TRAUMA PROGRAM MANAGER (TPM). First and Last Name

Education:  Associate in Nursing

Bachelor in Nursing

Masters in Nursing

Other Degree

a. TPM reporting status. (Please describe structure)

b. How many years has the TPM been at that position or date of appointment to this position?

c. Total number of FTE's (How Many Hours is TPM given)

d. List the number of support personnel including names, titles, and FTEs

3. Trauma Medical Director (TMD). First and Last Name

a. TMD reporting status. (Please describe structure). Describe reporting structure

4. Are the criteria for graded activation clearly defined by the trauma center, including the highest level of activation including the six required criteria listed in the ACS BOOK OF OPTIMAL CARE? (CD 5-13) TYPE II

Yes  No

**\*\* HAVE ACTIVATION CRITERIA AVAILABLE AT TIME OF SURVEY\*\***

5. Are the activation criteria reviewed annually? (CD 5-13) TYPE II

Yes  No

6. Does the facility have a multi-level response?

Yes  No

7. Do you have geriatric-trauma activation criteria?

Yes  No

8. Is the team fully assembled within 30 minutes? (CD 5-15) TYPE II

Yes  No

9. Is the activation criteria evaluated on an ongoing basis in the PIPS process to determine their positive predictive value in identifying patients who require the resources of the full trauma team? (CD 5-16) TYPE II

Yes  No

a. Statistics for level of response (CD 5-14. CD 5-15. Chapter 16): TYPE II

Number of Activations:

Highest Level

Intermediate Level

Lowest Level (Consult)

Total

Percentage of total activations (= %100)

Highest Level

Intermediate Level

Lowest Level (Consult)

Total (should be 100%)

11. Which trauma team members respond to each level of activation?

a. Please provide additional details of activation as needed

Please upload file showing Level of activation team members responding to each level of activation (PDF FILE)

[Logan Regional Hospital Agenda 2023.docx.pdf](#)

Name

Description

Document Type

1. Briefly describe how the TMD oversees all aspects of the multi-disciplinary care, from the time of injury through discharge

2. If applicable, is there an on-call Surgical Coverage for Trauma Patients and is the maximum response time criteria of 30 minutes or less achieved? (CD 2-8) TYPE II

Yes  No  N/A

3. Is response time tracked from patient arrival rather than from notification or activation time? (CD 2-8) TYPE II

Yes  No

**\*\* HAVE PROCESS AVAILABLE AT TIME OF SURVEY\*\***

4. Does the PIPS Program demonstrate the surgeon's (if available) attendance for the highest-level at least 80 percent of the time? (CD 2-8) TYPE II

Yes  No  N/A

**\*\* HAVE PROCESS AVAILABLE AT TIME OF SURVEY\*\***

5. Is there a published schedule of general surgical coverage (where applicable)?

Yes  No  N/A

**\*\* HAVE PROCESS AVAILABLE AT TIME OF SURVEY\*\***

## VII. EMERGENCY MEDICINE & VIII. NEUROSURGERY

### VII. EMERGENCY MEDICINE

**\*\*HAVE A COPY OF THE ED TRAUMA FLOW SHEET AVAILABLE AT THE TIME OF THE SITE VISIT\*\***

1. Briefly describe the initial credentialing requirements for nurses who treat trauma patients in the ED

#### a. NURSING EDUCATION (% Completed)

ATCN:

ENPC:

TNCC:

PALS:

ACLS:

TCAR:

#### b. ADVANCED CERTIFICATIONS NURSING EDUCATION (% Completed)

CCRN:

CEN:

PCEN:

TCRN:

OTHER:

2. Briefly describe continuing education for the nurses working in ED

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3. Do emergency physicians ever respond to in-house emergencies? If yes, briefly describe how the ED is covered in their absence and how this is incorporated in your PI process

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4. Is there a representative from the emergency department participating in the pre-hospital PIPS program?

Yes  No

5. Does the emergency medicine liaison on the multidisciplinary trauma peer review committee attend a minimum of 50% of the committee meetings?

Yes  No

6. Have all of the physicians who are board certified/eligible in emergency medicine successfully completed the ATLS course at least once? (CD 7-14, CD 7-15) TYPE II

Yes  No

7. Do the other physicians who are board certified/eligible other than emergency medicine have current ATLS status? (Working in the ED and taking care of Trauma Patients)

YES  NO  N/A

VIII. NEUROSURGERY

VIII. NEUROSURGERY (N/A)

## IX. ORTHOPAEDIC SURGERY

IX. ORTHOPAEDIC SURGERY (IF APPLICABLE)

1. Describe the orthopedic surgery coverage at your facility

2. Is there an orthopedic surgeon who is identified as the liaison to the trauma program?

YES  NO  N/A

3. Does the PIPS process review the appropriateness of the decision to transfer or retain major orthopaedic trauma patients? (Yes/No)

Yes  No

4. Average time to first antibiotic administration for open fractures secondary to a blunt mechanism

5. Percent of femoral shaft fractures (defined as intramedullary rod, external fixation or ORIF) stabilized within 24 hours of admission

6. Does the orthopaedic service actively participate in the overall trauma PIPS program and the multidisciplinary trauma peer review committee?

YES  NO  N/A

IF "NO" Please provide details::

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## X. PEDIATRIC TRAUMA CARE

X. PEDIATRIC TRAUMA CARE

1. Trauma care provided to pediatric patients must have a pediatric specific PI program that reviews trauma care for all pediatric trauma patients. Do you have this process in place?

Yes  No

2. Appropriate equipment, policies and PI must be in place for pediatric patients. Please have evidence available during survey. Please explain your pediatric PI process below

## XI. COLLABORATIVE CLINICAL SERVICES

### XI. COLLABORATIVE CLINICAL SERVICES

#### 1. ANESTHESIOLOGY (if available):

a. Describe details os how anesthesia services are used in your trauma program

#### 2. OPERATING ROOM (if available):

a. Is the operating room adequately staffed and available within 30 minutes?

Yes  No  N/A

Number of operating rooms

b. Describe details of your PIPS program related to operating room service related to availability, schedule and response to trauma

#### 3. POST – ANESTHESIA CARE UNIT (if available):

a. Describe details of your PIPS program related to PACU service related to availability, schedule and response to trauma. Please include levels of nursing care and staffing

#### 4. RADIOLOGY:

a. Is conventional Radiology and CT services available 24 hours per day either in house or on call. (CD 11-29) TYPE I

Yes  No

b. Does the trauma center have policies designed to ensure that appropriately trained providers accompany trauma patients who may require resuscitation and monitoring during transportation to and while in the radiology department?

Yes  No

c. When the CT technologist responds from outside the hospital, the PI program documents response time and any delays to patient care. Please describe details of your PI process related to your radiology services to the trauma program

d. Who provides FAST for trauma patients? (Check all that apply)

Radiology

Ed Physician?Midlevel

FAST studies not performed

Other

e. Describe your institution's policy for obtaining FAST exams for injured patients

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f. Are radiologists available within 30 minutes in person or by tele-radiology, when requested for the interpretation of radiographs? Please describe your radiologist coverage and process for read-results

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g. Is critical information deemed to immediately affect patient care verbally communicated to the trauma team in a timely manner?

Yes  No

h. PIPS program should document the response times when the CT technologist responds? If 'Yes', briefly describe

5. INTENSIVE CARE UNIT (ICU) (IF AVAILABLE):

a. Does your facility have an ICU?

Yes  No

Number of ICU beds

b. Please describe how the PIPS program reviews ICU admissions and transfers to ensure appropriate patients are selected to remain at a Level IV center vs. being transferred to a higher level of care. (CD 11-60) TYPE II

6. RESPIRATORY SERVICES:

a. Describe respiratory therapy coverage

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7. CLINICAL LABORATORY AND BLOOD BANK:

a. Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including micro-sampling when appropriate? (CD 11-80) TYPE I

Yes  No

b. Is the blood bank capable of blood typing and cross matching? (CD 11-81) TYPE I

Yes  No

c. What is the average turnaround time for typespecific blood (minutes)

d. What is the average turnaround time for full crossmatched blood (minutes)?

e. Describe the availability, including quantity, of the blood products available at your facility

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f. Does the facility have a massive transfusion protocol developed collaboratively between the trauma service and the blood bank? (CD 11-84) TYPE I

Yes  No

Upload MTP Process here



Name

Description

g. Describe your PIPS process, if any, for MTP activation

h. Do you have an anticoagulation reversal protocol?

Yes  No

**i. Please describe reversal protocol**

**8. ADVANCED PRACTITIONERS:**

**a. Does the trauma or ED utilize APs in the initial evaluation of trauma patients during the activation phase?**

- Yes  No

**b. If yes, are the APPs current in ATLS? (CD 11-86) TYPE II**

- Yes  No

**c. Which advanced practitioners participate in the initial evaluation of trauma patients? (choose all that apply)**

- Trauma
- Emergency Medicine
- Anesthesiology

**d. Does the trauma program demonstrate appropriate orientation, credentialing processes, skill maintenance for advanced practitioners, as witnessed by an annual review by the TMD? (CD 11-87) TYPE II**

- Yes  No

**e. Describe APP orientation and annual skills review**

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**XII. REHABILITATION**

**XII. REHABILITATION (IF AVAILABLE)**

**1. Describe services if available**

**XIII. RURAL TRAUMA CARE**

**XIII. RURAL TRAUMA CARE**

**THE FOLLOWING CRITERIA MUST BE MET (Please Check ALL)**

- Direct communication of the physician or midlevel provider with a physician at the receiving hospital is Required (CD 4-1) TYPE II
- All transfers must be evaluated as part of the PIPS program (CD 4-3) TYPE II
- The foundation for evaluation of a trauma system is the establishment and maintenance of a trauma registry (CD 15-1) TYPE II
- Issues that must be reviewed will revolve predominantly around (1) system and process issues such as documentation and communication (2) clinical care including identification and treatment of immediate life-threatening injuries (ATLS) and (3) transfer decisions
- The best possible care for the patients must be achieved with a cooperative and inclusive program that clearly defines the role of each facility within the system (CD 1-1) TYPE II

**XIV. BURN CARE**

**XIV. BURN CARE**

**1. Trauma centers that refer burn patients to a designated burn center must have in place written transfer agreements with the referral burn center (CD 14-1)**

- Transfer Agreement in place

**XV: TRAUMA REGISTRY**

**XV: TRAUMA REGISTRY**

**1. What registry program does the hospital use?**

2. Are trauma registry data collected and analyzed? (CD 15-1) TYPE II

Yes  No

3. Is this data collected and submitted in a timely fashion so it can be aggregated and analyzed at the state level? (Rule 911-9-700)

Yes  No

4. Does the trauma registry support the PIPS process? (CD 15-3)( 15-4) TYPE II

Yes  No

a. Describe how the registry is used in the PIPS process to identify and track opportunities for improvement

b. Describe how registry findings are used to identify injury prevention priorities that are appropriate for local implementation

5. Are at least 80% of the trauma cases entered into the trauma registry within 60 days of discharge? (CD 15-6) TYPE II

Yes  No

6. Has the registrar attended or previously attended two courses within 12 months of being hired? (check all that apply)

The American Trauma Society's Trauma Registrar Course

The Association of the Advancement of Automotive Medicine's Injury Scaling Course

If Other briefly describe below

7. Does the trauma program ensure that trauma registry confidentiality measures are in place? (CD 15-8) TYPE II

Yes  No

8. Are there strategies for monitoring data validity for the trauma registry? (CD 15-10)

Yes  No

a. DESCRIBE VALIDITY PROCESS

## XVI: PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

### XVI: PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

1. Is the PIPS program supported by a reliable method of data collection that consistently obtains the necessary information to identify opportunities for improvement? (CD 15-1) TYPE II

Yes  No

a. Describe your process for identification and review of all trauma patients

2. Does the process of event identification and level of review result in development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking? (CD 2-17) TYPE II

Yes  No

If Yes, provide an example:

3. Describe how your PI plan incorporates or assigns levels of review (primary, secondary, tertiary) for events/issues identified through the PI process

4. Does peer review occur at regular intervals to ensure that the volume of cases is reviewed in a timely fashion? (CD 2–18) TYPE II

Yes  No

5. Describe your peer review process (include review process for mortality, adverse events, and problem trends)

Upload Attendee List Here. List attendees and percent attendance at peer review meetings for reporting year

Name

Description

7. Is the trauma PIPS program empowered to address events that involve multiple disciplines? (CD 5-1) TYPE I

Yes  No

a. Is the PIPS program endorsed by the hospital governing body as part of its commitment to optimal care of injured patients? (CD 5-1) (Yes/No)

Yes  No

b. Is there adequate administrative support to ensure evaluation of all aspects of trauma care? (CD 5-1)

Yes  No

c. Do the TMD and TPM have authority and are they empowered by the hospital governing body to lead the program? (CD 5-1)

Yes  No

8. Is the TMD the chair of the peer review committee? (Yes/No)

Yes  No

9. Is there a multidisciplinary performance improvement process to evaluate over triage and under triage rates to attain the optimal goal of less than 5 percent under triage?

Yes  No

a. Describe how your center defines over and under triage and your PI process for each

10. The trauma PIPS program must be supported by a registry and a reliable method of concurrent data collection that consistently obtains information necessary to identify opportunities for improvement (CD 15–3). Please describe this process in detail TYPE II

11. All process and outcome measures must be documented within the trauma PIPS program's written plan and reviewed and updated at least annually (CD 16–5). Describe this process in detail TYPE II

12. What is your PI process for identifying delays in completion of radiologic studies or interpretation of results? Describe in detail

13. If applicable, describe your PI process for reviewing transfers to a higher level of care within your institution to determine the rationale for transfer, adverse outcomes, and opportunities for improvement. (CD 16-8) TYPE II

14. Describe the mechanisms used to identify events for review by the trauma PIPS program (CD 16-10) TYPE II

15. Describe the process used by the PIPS program for verification and validation of identified events (CD 16-11)

16. Does your trauma program have a written PI plan outlining your PIPS process? (CD 16-5) (HAVE A COPY AVAILABLE AT SURVEY) TYPE II

Yes  No

17. List 2 examples of loop closure involving peer review issues during the reporting year

18. List 2 examples of loop closure involving system issues during the reporting year

19. How is PI integrated with the overall hospital PIPS program?

## XVII: OUTREACH and EDUCATION

### XVII: OUTREACH and EDUCATION

1. Is the trauma center engaged in public and professional education? (CD 17-1) TYPE II

Yes  No

2. Describe the hospitals mechanism for trauma-related education for nurses involved in trauma care?

3. The successful completion of the ATLS® course, at least once, is required in all levels of trauma centers for all general surgeons (CD 6-9), emergency medicine physicians (CD 7-14) and midlevel providers (CD 11-86) on the trauma team. PLEASE PROVIDE DETAILS OF THIS CRITERIA TYPE II

## XVIII: PREVENTION & XIX: Trauma Research and Scholarship

### XVIII: PREVENTION

1. Does the trauma center demonstrate the presence of injury prevention activities that centers on priorities based on local data? (CD 18-1) TYPE II

Yes  No

2. Does your trauma center have someone in a leadership position that has injury prevention as part of his or her job description? (CD 18-2) (Yes/No) Please provide documentation along with job description at time of survey TYPE II

Yes  No

3. What are the three leading causes of injury in your community? Please list

4. Describe the PIPS process ensuring there is universal screening for alcohol use for all injured trauma patients? (CD 18-3). Please list TYPE II

XIX: Trauma Research and Scholarship

XIX: Trauma Research and Scholarship: N/A for level IV Centers

## XX: DISASTER PLANNING

XX: DISASTER PLANNING

1. Trauma center meet the disaster-related requirements of the Joint Commission? (CD 20-1) TYPE II

Yes  No

2. Are there hospital drills that test the hospital's disaster plan conducted at least twice a year, including actual plan activations that can substitute for drills? (CD 20-3) Please provide documentation that supports these drills as required (available during site survey)

Yes  No

3. Does the trauma center have a hospital disaster plan described in the hospital's policy and procedure manual or equivalent? (CD 20-4) Please have this plan available at time of survey TYPE II

Yes

No

## XXI. SOLID ORGAN PROCUREMENT ACTIVITIES

XXI. SOLID ORGAN PROCUREMENT ACTIVITIES

1. Does your trauma center have written protocols defining the clinical criteria and confirmatory tests for the diagnosis of brain death (CD 21-3). (HAVE DOCUMENTS AVAILABLE AT TIME OF SURVEY) TYPE II

Yes  No

## APPENDIX #1 Trauma Medical Director (TMD)

APPENDIX #1 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)

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

Download the following excel sheet for trauma surgeons and list all surgeons. Once it is completed, upload the file below.

[Download Attachment](#)

Upload TRAUMA SURGEONS list here:

[Upload File](#)

Name

Description

Document Type

Supporting Documents

### APPENDIX #3 Orthopedic Liaison to the Trauma Program

APPENDIX #3 Orthopedic Liaison to the Trauma Program

Name:

Medical School:

Year Graduated:

Board Certified/ Specialty:

Ever ATLS Certified?:

Yes  No

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

APPENDIX #4 ORTHOPEDIC SURGEONS

Download the following excel sheet for orthopedic surgeons and list all surgeons. Once it is completed, upload the file below.

[Download Attachment](#)

Upload Orthopedic Surgeon list here:

[Upload File](#)

Name

Description

### APPENDIX #5 Emergency Medicine Liaison to the Trauma Program

APPENDIX #5 Emergency Medicine Liaison to the Trauma Program

Name:

Medical School:

Year Graduated:

Board Certified in EM:

Yes  No

Ever ATLS Certified?:

Yes  No

Other Board Certification:

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

APPENDIX #6 Emergency Medicine

Download the following excel sheet for emergency department physicians and list all surgeons. Once it is completed, upload the file below.

[Download Attachment](#)

Upload Emergency Physicians list here:

 Upload File

Name

Description

## APPENDIX #7 Anesthesiologist Liaison to the Trauma Program

APPENDIX #7 Anesthesiologist Liaison to the Trauma Program

Name:

Medical School:

Year Graduated:

Board Certificate by American Board of Anesthesiology:  Yes  No

Ever ATLS Certified?:  Yes  No

## APPENDIX #8 – PIPS Committee- MULTIDISCIPLINARY TRAUMA PEER REVIEW

APPENDIX #8 – PIPS Committee- MULTIDISCIPLINARY TRAUMA PEER REVIEW

Attendance of specialty panel members (% of Attendance):

TMD

TPM

Trauma Surgeons

Emergency Medicine Liaison or Designated Representative

Orthopedics Liaison or Designated Representative

Anesthesia Liaison or Designated Representative

Radiologist Liaison or Designated Representative

ICU Director Liaison or Designated Representative

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

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

Attendance of specialty panel members (% of Attendance):

TMD:

TPM:

Trauma Surgeons:

Emergency Medicine:

Orthopedics:

Anesthesiologist:

Radiologist:

LAB:

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

APPENDIX #10 Radiologist Liaison to the Trauma Program.

Name:

Medical School:

Year Graduated:

Board Certified by the American Board of Radiology

Yes  No

Ever ATLS Certified?

Yes  No

## 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 Administrator (First and Last Name)

Phone Number

Email

Emergency Department Medical Director (First and Last Name)

Phone

Email

Emergency Department Nurse Manager (First and Last Name)

Phone

Email

**Pediatric Emergency Care Coordinator**

**Phone**

**Email**

**EMS Agencies in Catchment Area (List: Agency Name, City, County, and Service Level for each)**

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**Dispatch Center Name**

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**Dispatch Center Phone Number**

**Facility Helipad GPS Location**

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**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](mailto:carlavery@utah.gov)

or call (385) 522-1685

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

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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.