

CONFIDENTIAL TRAUMA RECEIVING FACILITY Designation Performance Improvement Report

FACILITY: _____
LOCATION: _____
DATE: _____

Requirement	Resource Criteria	Compliance		
		A	B	C
FACILITY ORGANIZATION				
E	Facility Demonstrated institutional commitment / resolution by the hospital Board of Directors and Medical Staff within the last three years to maintain the human and physical resources to optimize trauma patient care provided at the facility..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee; support of regional and state performance improvement programs; and submission of data to the Montana State Trauma Registry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Program There is an identifiable trauma program that has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Team A team of care providers to provide initial evaluation, resuscitation and treatment for all injured patients meeting trauma system triage criteria. The members of the team must be identified and have written roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	The trauma team is organized and directed by a physician, physician assistant, or nurse practitioner with demonstrated competency in trauma care and is responsible for the overall provision of care for the trauma patient from resuscitation through discharge. There are clearly written criteria for trauma team activation that are continuously evaluated by the multidisciplinary trauma committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Medical Director Physician, nurse practitioner, or physician assistant with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of clinical care guidelines, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME or maintain current verification in ATLS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Coordinator A registered nurse or alternately a qualified allied health personnel working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical care and oversight, provision of clinical trauma education and injury prevention, performance improvement, trauma registry, utilization of the MT Trauma Treatment Manual, and involvement in local regional, and state trauma system activities. There must be dedicated hours for this position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Registrar Identified trauma registrar with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to complete the trauma registry for each trauma patient within 60 days of discharge. Must have attended either a national or state trauma registry course within 12 months of hire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma Committee <i>Multidisciplinary Trauma Program Performance</i> functions with a multidisciplinary committee which includes representation from all trauma related services to assess and correct global trauma program process issues. This committee meets regularly, takes attendance, has minutes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center
D - Desired Criteria are not required for designation but considered desirable

COMPLIANCE:

A - Not Initiated / B - Being Developed / C - Compliant

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	and works to correct overall program deficiencies to optimize trauma patient care.			
E	Trauma Peer Review functions with a multidisciplinary committee of medical disciplines (including the trauma coordinator) involved in caring for trauma patients to perform confidential, protected peer review for issues such as response times, appropriateness and timeliness of care, and evaluation of care priorities. This committee under the auspices of performance improvement meets regularly takes attendance and documents performance improvement evaluation and agreed upon action plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Diversion Policy A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care. All trauma patients who are diverted to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Prehospital Trauma Care The trauma program reviews pre-hospital protocols and policies related to care of the injured patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma team activation criteria have been provided to EMS and are readily available to allow for appropriate and timely trauma team activation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	EMS has representation on the multidisciplinary trauma committee or documentation of involvement where perspective and issues are presented and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	EMS is provided feedback through the trauma performance improvement program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Inter-facility Transfer Inter-facility transfer guidelines and agreements consistent with the scope of the trauma service practice available at the facility. Signed inter-facility transfer agreements in place for transfer of special population trauma patients to a higher level of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Burn Care – Organized In-house or transfer agreement with Burn Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Acute Spinal Cord Management In-house or transfer agreement with Regional Trauma Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Pediatrics In-house or transfer agreement with Regional Trauma Center or Pediatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	All trauma patients who are transferred during the acute hospitalization to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma System Participation There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Disaster Preparedness There is a written emergency operations plan that is updated and exercised routinely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Active hospital representation on the Local Emergency Planning Committee (LEPC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Routine participation in community disaster drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CLINICAL CAPABILITIES				
On-call schedule and promptly available				
E	Emergency Department coverage may be physician, Physician Assistant, or Nurse Practitioner on-call and promptly available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL QUALIFICATIONS				
Emergency Medicine				
E	Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Trauma education for physicians, physician assistant, or nurse practitioner providing Emergency Department coverage: 10 hours of trauma-related CME per year on average or demonstrate participation in an internal educational process by the trauma program or remain current in ATLS or remain current in ATLS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	ATLS course completion unless board certified in emergency medicine. CALS (Comprehensive Advanced Life Support) Provider certification (WITH completion of CALS Trauma Module) may substitute for ATLS Re-certification for Community & Trauma Receiving Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Attendance of an Emergency Medicine representative at a minimum of 50% multidisciplinary peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FACILITIES RESOURCES / CAPABILITIES				
Emergency Department				
Personnel:				
D	Designated physician director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Emergency Department coverage may be physician, physician assistant, or nurse practitioner on-call and promptly available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	There is a system in place to assure early notification of the on-call medical provider so they can be present in the ED at the time of trauma patient arrival. This is tracked in the trauma performance improvement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma nursing education: 6 hours of trauma-related education annually, trauma-related skill competency or maintenance of TNCC/ATCN or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for resuscitation for patients of ALL AGES				
E	Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Rescue airway devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Suction devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	End-tidal CO2 detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Cardiac monitor and defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Standard IV fluids and administration sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Large bore intravenous catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile surgical sets for:				
E	Airway control/cricothyrotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Thoracostomy (chest tube insertion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Drugs necessary for emergency care (includes RSI medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Cervical stabilization collars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E	Pelvic stabilization method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Pediatric equipment appropriately organized Current pediatric length based resuscitation tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Intraosseous Insertion Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Thermal control equipment – Blood and Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Thermal control equipment - Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Thermal control equipment - Resuscitation Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Rapid infuser system (can include pressure bags)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Communication with EMS vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological Services				
D	Radiology technologist available in-house or on-call 24 hours / day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Radiologists are promptly available for interpretation of radiographic studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Radiologist diagnostic information is communicated in a written form in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Final radiology reports accurately reflect communications, including changes between preliminary and final interpretations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>D</u>	Must routinely monitor on-call radiology, CT and MRI technologist institutionally agreed upon response times and review for reasons for delay and opportunities for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Laboratory Service				
D	Laboratory technician available in-house or on-call 24 hours / day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Must routinely monitor on-call technician institutionally agreed upon response time and must be reviewed for reasons for delay and opportunities for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Standard analysis of blood, urine, and other body fluids, including micro sampling when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Coagulation Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	The blood bank has an adequate supply of packed red blood cells and fresh frozen plasma to meet the needs of the injured patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Process of care for rapid reversal of anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Services				
D	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

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E	The trauma program has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	There is a clearly defined performance improvement program for the trauma patient population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	There is a process to identify the trauma patient population for performance improvement review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Active and timely participation in the State Trauma Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	All trauma deaths are reviewed with analysis done to identify opportunities for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	There is a process where clinical care issues are discussed in confidential, protected trauma care peer review with analysis at regular intervals to meet the needs of the trauma program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	There is a process where operational issues are discussed in the multidisciplinary trauma committee for analysis at regular intervals to meet the needs of the trauma program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	The results of issue analysis will define corrective action strategies or plans that are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	The results or effectiveness of the corrective action plans/strategies are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Review of prehospital trauma care is included in the trauma performance improvement program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTINUING EDUCATION / OUTREACH				
D	The trauma center will participate in a TEAM course every 3 years or when significant change in staff warrants additional training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INJURY PREVENTION				
D	The trauma center participates in injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Identified injury prevention spokesperson which could be the trauma coordinator or designee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Injury prevention priorities are based on local/state data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Collaboration with existing national, regional and state programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Monitor progress / effect of prevention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

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STRENGTHS

1.

WEAKNESSES

1.

RECOMMENDATIONS

1.

DESIGNATION RECOMMENDATION

The reviewers have determined the facility **does /does not** meet the Montana Trauma Facility Resource Criteria to become a Trauma Receiving Facility at the current time.

We recommend that the facility **be / not be** designated as a Montana Trauma Center.

We advise the following:

REVIEWERS: _____

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