

Trauma Designation Performance Improvement Report

Facility:
Location:
Date:
Reviewers:

The review team does their best to capture the essence of your trauma care program in an unbiased and factual manner. This report is based on the information in the PRQ, the interviews with participants during the site review, and the reviewer’s professional expertise. Although the team does their best to be conclusive and comprehensive during the exit debriefing onsite, they do warrant the ability to modify the findings prior to submission to State Trauma Care Committee (STCC). The STCC Designation Subcommittee makes the final recommendation to Dept. of Public Health and Human Services, EMS & Trauma Systems, who ultimately issue the definitive designation status.



Below is the Performance Improvement Rating & Requirements Framework used to evaluate your facility's ability to comply with the Facility Designation Criteria requirements.

Rating	Judgement	Meaning
4	Strong/Excellent (Strengths)	<p>Best practice/Excellent</p> <ul style="list-style-type: none"> • High level of capability with sustained and consistently high levels of performance • Organizational learning and external benchmarking used to continuously evaluate and improve performance • Systems in place to monitor and build capability to meet future demands
3	Effective/Good	<p>Capable</p> <ul style="list-style-type: none"> • Delivering expectations with examples of high levels of performance • Comprehensive and consistently good organizational practices and systems in place to support effective program • Evidence of attention given to assessing future demands and capability needs
2	Needs Development (Weakness)	<p>Developing</p> <ul style="list-style-type: none"> • Adequate current performance-concerns about future performance • Beginning to focus on system processes, consistency, dependability, evaluation and improvement • Areas of underperformance or lack of capability are recognized by the agency • Strategies or action plans to lift performance or capability or remedy deficiencies are in place and being implemented
1	Weak (Criterion Deficiency)	<p>Unaware or limited capability</p> <ul style="list-style-type: none"> • Significant area(s) of critical weakness or concern in terms of delivery and/or capability • Agency has limited or no awareness of critical weaknesses or concerns • Strategies or plans to respond to areas of weakness are either not in place or not likely to have sufficient impact
0	Not Rated/Not Applicable	<p>There is either:</p> <ul style="list-style-type: none"> • No evidence upon which a judgement can be made; or • The criteria is not applicable

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center

D - Desired Criteria are not required for designation but considered advantageous

Requirement	Resource Criteria	Compliance
	FACILITY ORGANIZATION	
E	Resolution 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.	
E	Trauma System Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee with support and participation in regional and state trauma performance improvement programs.	
D	Trauma Service A clinical service recognized in the medical staff structure that has the responsibility for the oversight of the care of the trauma patient. Specific delineation or credentialing of privileges for the medical staff on the Trauma Service must occur.	
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.	
E	Trauma Team A team of care providers is to be identified and have written roles and responsibilities to provide initial evaluation, resuscitation and treatment for all trauma patients meeting trauma system triage criteria. <u>Written trauma system triage criteria must be present and a method to activate the trauma team must exist.</u>	
E	The trauma team is organized and directed by a general surgeon with demonstrated competence in trauma care who assumes responsibility for coordination of overall care of the trauma patient	
E	There are clearly written criteria for trauma team activation that are continuously evaluated by the multidisciplinary trauma committee	
E	Trauma response criteria for general surgeon activation will be specified. The general surgeon is expected to be present in the ED upon patient arrival for those meeting criteria if given sufficient advance notice or within 30 minutes of notification 80% of the time	
E	Trauma Medical Director Physician board-certified or board eligible in Surgery or Emergency Medicine 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, recommending trauma service privileges, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.	
E	The trauma medical director 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.	
E	Trauma Coordinator A registered nurse 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, trauma education and prevention, quality/performance improvement, trauma registry, and involvement in community and regional trauma system. There must be dedicated hours for this position.	
	Trauma Registrar	
E	Identified trauma registrar or trauma coordinator 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 .to complete the trauma registry for each trauma patient within 60 days of discharge.	
E	The trauma registrar must attend, or have previously attended, within 12 months of hire a national or state trauma registry course	
E	Trauma Committees <i>Multidisciplinary Trauma Committee</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, and works to correct overall program deficiencies to optimize trauma patient care.	
E	<i>Trauma Peer Review</i> 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.	
E	The trauma medical director ensures dissemination of information and findings from the trauma peer review meetings to the medical providers not attending the meeting.	
E	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	
E	All trauma patients who are diverted to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	
E	Prehospital Trauma Care The trauma program reviews pre-hospital protocols and policies related to care of the injured patient.	
E	Trauma team activation criteria have been provided to EMS and are readily available to allow for appropriate and timely trauma team activation.	
E	EMS has representation on the multidisciplinary trauma committee or documentation of involvement where perspective and issues are presented and addressed.	
E	EMS is provided feedback through the trauma performance improvement program.	
E	Inter-Facility Transfer Inter-facility transfer guidelines and agreements consistent with the scope of the trauma service practice available at the facility	
E	Signed inter-facility transfer agreements in place for transfer of special population trauma patients to a higher level of care	
E	Burn Care – Organized In-house or transfer agreement with Burn Center	
E	Acute Spinal Cord Management In-house or transfer agreement with Regional Trauma Center	
E	Pediatrics In-house or transfer agreement with Regional Trauma Center or Pediatric Hospital	
E	Feedback regarding trauma patient transfers shall be provided to the trauma program at the transferring hospital in a timely manner after patient discharge from the receiving hospital. The trauma coordinator at the transferring hospital is encouraged to contact the Regional Trauma Center/Area Trauma Hospital coordinators for verbal feedback.	
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.	
E	Trauma System Participation There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development and operation	
E	Disaster Preparedness There is a written disaster plan that is updated routinely.	
E	Active hospital representation on the Local Emergency Planning Committee (LEPC)	
E	Routine participation in community disaster drills.	

Comments		
CLINICAL CAPABILITIES		
	On-call and Promptly Available	
E	General/Trauma Surgeon	
D	Published back-up schedule and dedicated to a single hospital when on call or performance improvement process in place to demonstrate prompt general surgeon availability	
E	Process in place to assure the on-call general surgeon is notified and responds to the ED within the required time frame for trauma patient resuscitation. The trauma performance improvement process will monitor each surgeon's notification and response times.	
E	Anesthesia – MD or CRNA	
E	The availability of Anesthesia and the absence of delays in airway control and operative anesthesia management must be identified and reviewed to determine reasons for delay, adverse outcomes and opportunities for improvement	
D	Critical Care Medicine	
D	Hand Surgery	
D	Neurologic surgery	
D	Dedicated to one hospital or performance improvement process in place to demonstrate prompt neurosurgeon availability	
D	Obstetric/Gynecologic surgery	
D	Ophthalmic surgery	
D	Oral/maxillofacial surgery	
E	Orthopaedic surgery	
D	Plastic surgery	
D	Pediatrics	
E	Radiology	
D	Urologic surgery	
E	Response parameters for consultants addressing time-critical injuries (e.g. epidural hematoma, open fractures, hemodynamically unstable pelvic fractures, etc.) should be determined and monitored. Variances should be documented and reviewed regarding reason for delay, opportunities for improvement and corrective actions.	
CLINICAL QUALIFICATIONS		
General / Trauma Surgeon		
E	Full, unrestricted general surgery privileges	
E₁	Board-certified or board eligible	
E	ATLS course completion	
E₂	Trauma Education: 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.	
E	Attendance of the general surgeons at a minimum of 50% of the trauma peer review committee meetings.	
Emergency Medicine		
E₁	Physicians are board-certified or board eligible	
E	Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	

E₂	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	
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	
E	Emergency Department trauma liaison	
E	The emergency department liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME.	
E	Attendance of an emergency physician representative at a minimum of 50% of the trauma peer review committee meetings	
Anesthesia – MD or CRNA		
E₁	Board certified or board eligible	
E	Anesthesia trauma liaison	
E	Attendance of anesthesia representative at a minimum of 50% of the trauma peer review committee meetings	
Neurologic Surgery		
D	ATLS course completion	
D₂	Trauma Education: 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 or teach ATLS.	
D	Neurosurgical trauma liaison	
D	The neurosurgeon liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME	
D	Attendance of a neurosurgery representative at a minimum of 50% multidisciplinary peer review committee meetings.	
Orthopaedic Surgery		
E₁	Board certified or board eligible	
D	ATLS course completion	
D₂	Trauma Education: 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 or teach ATLS.	
E	Orthopaedic trauma liaison	
E₂	The orthopaedic surgeon liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME.	
E	Attendance of an orthopaedic surgery representative at a minimum of 50% of the trauma peer review committee meetings.	
Radiologist		
D	Radiologist trauma liaison	
D	Attendance of a radiologist representative at a minimum of 50% of the trauma peer review committee meetings	
ICU Physician		
D	ICU physician trauma liaison	
D	Attendance of an ICU physician representative at a minimum of 50% of the trauma peer review committee meetings	
FACILITIES RESOURCES / CAPABILITIES		
Emergency Department		
Personnel:		
E	Designated physician medical director	
E	Emergency Department coverage by in-house physician	
E	If the in-house emergency medical provider must be temporarily out of the department to cover in-house emergencies, there must be a PI process in place to assure that care of the trauma patient is not adversely	

	affected	
E	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient	
E	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to the floor or transfer to another facility	
E	Trauma nursing education: 6 hours of trauma-related education annually, trauma-related skill competency or maintenance of TNCC/ATCN or equivalent	
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	
	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	
E	Rescue airway devices	
E	Pulse oximetry	
E	Suction devices	
E	end-tidal CO ² detector	
E	Cardiac monitor and defibrillator	
E	Internal paddles	
E	Standard IV fluids and administration sets	
E	Wave form capnography	
E	Large bore intravenous catheters	
	Sterile surgical sets for:	
E	Airway control/cricothyrotomy	
E	Thoracostomy (chest tube insertion)	
E	Central line insertion	
E	Thoracotomy	
E	Peritoneal lavage or ability to do FAST ultrasound exams	
D	Arterial catheters	
E	Ultrasound availability	
E	Drugs necessary for emergency care	
E	Cervical stabilization collars	
E	Pelvic stabilization method	
E	Pediatric equipment appropriately organized with current pediatric length based resuscitation tape	
E	Intraosseous Insertion Device	
E	Thermal control equipment: Blood and fluids	
E	Patient Resuscitation Room	
E	Rapid infuser system	
E	Communication with EMS vehicles	
	Operating Room	
	Personnel	
E	Adequately staffed and available in a timely fashion 24 hours / day.	
E	Trauma performance improvement will monitor operating room availability and on-call surgical staff response times must be routinely monitored and any case which exceed the institutionally agreed upon response time must be reviewed for reasons for delay and opportunities for improvement	
	Age-specific Equipment	
E	Equipment for monitoring and resuscitative	
E	Thermal control equipment: Blood and fluids	
E	Patient Operating Room	

D	Operating microscope	
D	Craniotomy instruments	
E	X-ray capability	
E	Endoscopes, bronchoscopes	
E	Equipment for long bone and pelvic fixation	
E	Rapid infuser system	
Postanesthetic Recovery Room (ICU is acceptable)		
E	Registered nurses available 24 hours / day	
	<i>Age-Specific Equipment</i>	
E	Equipment for monitoring and resuscitation	
E	Pulse oximetry	
E	Thermal control (blood, fluids and patient)	
Intensive or Critical Care Unit for Injured Patients		
E	Registered nurses with 8 hours trauma education annually	
E	Designated surgical director or surgical co-director	
D	ICU service physician in-house 24 hours / day	
E	Trauma surgeon remains in charge of the multiple trauma patient in the ICU	
	<i>Age-specific Equipment</i>	
E	Equipment for monitoring and resuscitation	
D	Intracranial pressure monitoring equipment	
E	Pulmonary artery monitoring equipment	
E	Thermal control (blood, fluids and patient)	
Respiratory Therapy Services		
D	Available in-house 24 hours / day	
E	On-call 24 hours / day	
Radiological Services (Available 24 hours / day)		
E	In-house radiology technologist	
E	Radiologists are promptly available for interpretation of radiographs, CT scans, performance of complex imaging studies and interventional procedures.	
E	Radiologist diagnostic information is communicated in a written form in a timely manner	
E	Final radiology reports accurately reflect communications, including changes between preliminary and final interpretations.	
D	Angiography	
E	Ultrasound	
E	Computed Tomography	
D	In-house CT technologist	
E	CT technologist available in-house or on-call 24 hours / day	
D	Magnetic Resonance Imaging	
E	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.	
Clinical Laboratory Service		
D	In-house laboratory technician	
E	Laboratory technician available in-house or on-call 24 hours / day	
E	Must routinely monitor on-call technician institutionally agreed upon response time and must be reviewed for reasons for delay and opportunities for improvement	
E	Standard analysis of blood, urine, and other body fluids, including micro sampling	
E	Blood typing and cross-matching	
E	Coagulation Studies	

E	The blood bank has an adequate supply of packed red blood cells, fresh frozen plasma, platelets, and cryoprecipitate or coagulation factors to meet the needs of the injured patient.	
E	Massive Transfusion Policy (clinical and laboratory)	
E	Process of care for rapid reversal of anticoagulation	
E	Blood gases and pH determinations	
E	Microbiology	
E	Drug and alcohol screening	
	Rehabilitation Services	
E	Physical Therapy	
D	Occupational Therapy	
D	Speech Therapy	
E	Social Services	
Comments		
QUALITY/PERFORMANCE IMPROVEMENT		
E	The trauma program has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.	
E	There is a clearly defined performance improvement program for the trauma patient population	
E	There is a process to identify the trauma patient population for performance improvement review.	
E	Active and timely participation in the State Trauma Registry	
E	All trauma deaths are reviewed with analysis done to identify opportunities for improvement	
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	
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	
E	The results of issue analysis will define corrective action strategies or plans that are documented.	
E	The results or effectiveness of the corrective action plans/strategies are documented	
E	Review of prehospital trauma care is included in the trauma performance improvement program.	
E	Programs that admit more than 10% of trauma patients to nonsurgical services should be subject to individual case review to determine rationale for admission onto a non-surgical service, adverse outcomes and opportunities for improvement.	
E	Neurotrauma care should be routinely evaluated as to compliance with the Brain Trauma Foundation Guidelines	
E	All transfers of trauma patients to a higher level of care within the hospital must be routinely monitored and identified cases reviewed to determine rationale for transfer, adverse outcomes and opportunities for improvement	
D	The trauma program will participate in benchmarking with other facilities of the same designation level to identify how the trauma center performs compared to others	
CONTINUING EDUCATION/OUTREACH		
	Clinical trauma education provided by hospital for:	
D	Physicians, physician assistants & nurse practitioners	
E	Nurses	
E	Allied health personnel	

E	Prehospital personnel	
PREVENTION		
E	The trauma center participates in injury prevention	
D	Designated injury prevention coordinator	
E	Identified injury prevention spokesperson which could be the trauma coordinator or designee	
D	Injury prevention priorities are based on local/state data	
D	Collaboration with existing national, regional and state programs	
D	Monitor progress / effect of prevention program	
E	There is a mechanism to identify trauma patients with alcohol and drug misuse issues	
E	The trauma center has the capability to provide intervention or referral for trauma patients identified with alcohol and drug misuse issues	
Comments		

DEFICIENCIES

1.

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 an Area Trauma Hospital at the current time.

We recommend that the facility **be / not be** designated as an Area Trauma Hospital.

We advise the following:

REVIEWERS: _____
