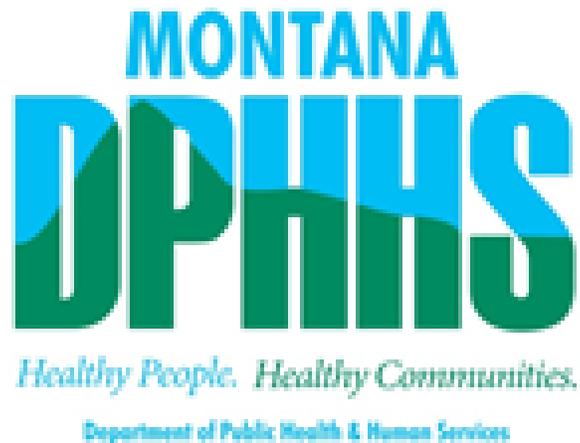


# Pre-Review Questionnaire for Trauma Facility Designation

## Community Trauma Hospital

version 2018



### EMS and Trauma Systems Section Department of Public Health and Human Services

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## **Instructions**

The Montana Department of Public Health and Human Services, EMS and Trauma Systems Section is pleased you wish to participate in the statewide trauma system.

In order to prepare for your on-site review, please complete the pre-review questionnaire, the incorporated forms and attach the required documentation. Descriptions of various aspects of your facility's trauma program are requested. The purpose of this document is twofold; to ensure the minimum criteria are in place before the site visit and to allow the site reviewers to become familiar with your trauma program before they arrive at your facility. For these reasons, be brief yet detailed in your descriptions. To fill in the answer, click on the shaded box after each question. When completing the forms, copy and attach additional pages, if necessary. Mark the attachments clearly as indicated in the pre-review questionnaire.

Contact the Trauma System Manager listed on the title page of this document for assistance if you have questions while completing this application.

When you have completed the pre-review questionnaire in hard copy, collate the attachments and clearly label.

Mail three (3) copies to EMS and Trauma Systems Section at the address on the title page.

## Trauma Hospital Profile

Name of Facility

Address

Chief Executive Officer

Phone #

Email Address

Application Date

Initial Designation Date

Most recent Redesignation Date

### **1) Community Information**

Population of:

City

County

Hospital service area

## **2) General Facility Information**

- a) Describe your hospital, including governance. Example: Not-For-Profit, Private, Critical Access
- b) Number of licensed hospital beds:
- c) Number of staffed hospital beds:
- d) Average facility occupancy rate:
- e) Number of beds in the emergency department:
- f) Number of critical care beds/ICU beds?
- g) Number of operating rooms?
- h) Number of PACU beds:

## **3) Trauma Information**

- a) Specify the 12-month period used to respond to these questions. [This will be provided to you during your review date arrangement with the State Trauma Manager]
- b) Indicate the number of patients seen in your emergency department during the review year.
- c) Indicate the number of injured patients seen in your emergency department during the review year.
- d) Indicate the number of injured patients meeting trauma registry criteria that were seen in your emergency department during the review year.
- e) Indicate the number of trauma patients (those meeting trauma registry criteria) seen in your emergency department that were transferred to another hospital.
- f) Indicate the number of trauma team activations during the review year.
- g) Indicate the number of trauma deaths (meeting trauma registry criteria) at the facility in the past 12 months?
- h) Date of last Montana Trauma TEAM course? .

## Facility Organization

### 1) Hospital Commitment

- a) Is there a resolution within the past three years supporting the trauma program by the hospital's board of directors?  Yes  No

If "Yes", attach the resolution to this application as ATTACHMENT #1.

- b) Is there a medical staff resolution within the past three years supporting the trauma program?  Yes  No

If "Yes", attach the resolution to this application as ATTACHMENT #2.

- c) Is there specific budgetary support for the trauma program such as personnel, education, and equipment?  Yes  No

If "Yes", briefly describe.

### 2) Trauma Program

- a) Show how trauma services are included in the organization chart. Attach an organization chart illustrating the position of the trauma program labeled as ATTACHMENT #3.

- b) Does the facility have a protocol manual for trauma?  Yes  No

If 'Yes', have available on site.

- c) Has the trauma program instituted any 'evidenced-based' trauma management guidelines?  Yes  No

If 'Yes', briefly describe.

- d) Briefly describe how compliance with the practice guidelines are monitored?

- e) Are there well-defined transfer plans that are approved by the TMD and monitored by the PI program that define appropriate patients for transfer and retention?

Yes  No

If 'Yes', please have available at the time of the site visit.

### 3) Trauma Team Roles and Responsibilities

- a) Are there written roles and responsibilities for trauma team members?  Yes  No

Attach a copy of the trauma team roles and responsibilities labeled as ATTACHMENT #4.

### 4) Trauma Team Activation

- a) Do you have written criteria for trauma team activation?  Yes  No

Attach a copy of the trauma team activation protocols/policies labeled as ATTACHMENT #5.

- b) Who has the authority to activate the trauma team?

- EMS  
 ED Physician  
 ED Nurse

- c) Do you have documentation of physician or midlevel provider availability/response times to the ED for trauma team activation?  Yes  No

**5) Trauma Flowsheet**

Attach a copy of the emergency department trauma flowsheet labeled as *ATTACHMENT #6*.

**6) Trauma Transfer**

- a) Do you have transfer agreements with a trauma center for acceptance of your trauma patients?  Yes  No (please have available at the time of the site visit)

If 'Yes', list center names.

- b) Do you have transfer agreements in place for hemodialysis, burn care and acute spinal cord injury?  Yes  No (please have available at the time of the site visit)

*A comprehensive transfer agreement with a Regional Trauma Center may suffice for hemodialysis and acute spinal cord injury if that trauma center has the required capabilities.*

If 'Yes', list center names.

**7) Disaster Preparedness**

- a) There is a disaster plan in the hospital policy procedure manual.  Yes  No

- b) There at least two drills a year.  Yes  No  
Briefly describe most recent two drills, include dates

- c) There is at least one drill with an influx of patients.  Yes  No

- d) There is at least one drill that involves the community plan.  Yes  No

- e) There is an action review following all drills.  Yes  No

- f) There is active hospital representation on the Local Emergency Planning Committee?  
 Yes  No If 'Yes', provide name/title.

- g) Can the hospital respond to the following hazardous materials?

Biological  Yes  No  
Radioactive  Yes  No  
Chemical  Yes  No

- h) There is the ability to decontaminate single and multiple patients?  Yes  No  
If 'Yes', briefly describe.

## Trauma Medical Director

Attach a copy of the trauma program medical director job description labeled as *ATTACHMENT #7*.

Name:

E-mail address:

1. ATLS certified?  Yes  No Expiration Date:
2. Medical school:
2. Year graduated:
3. Residency location:
4. Board certified?  Yes  No Date: Specialty:
5. Boards in progress?  Yes  No Date: Specialty:
3. Other trauma related education:
4. Describe clinical experience with trauma care.
5. The Trauma Medical Director ensures dissemination of information and finding from the trauma peer review meetings to the medical providers not attending the meeting.
6. Does the trauma medical director have sufficient authority to set criteria/qualifications for the trauma program members?  Yes  No
7. Who does the trauma medical director report to within the medical staff structure?
8. Is the trauma medical director an active participant in state or regional trauma activities?  
 Yes  No

## Trauma Coordinator

Attach a copy of the trauma coordinator job description labeled as *ATTACHMENT #8*.

Name:

Telephone number:

E-mail address:

1. Education:

- a. Associate of Nursing Degree:  Yes  No Year:
- b. Bachelor Nursing Degree:  Yes  No Year:
- c. Master's Nursing Degree:  Yes  No Year:
- d. Other:  Yes  No Year:

2. Who does the trauma program manager/coordinator report to within the hospital administrative structure?

3. Number of hours allocated to the trauma program (weekly, monthly etc...):

4. Does the trauma program manager/coordinator have evidence of trauma educational preparation and clinical experience in the care of injured patients?  Yes  No

If "Yes", please describe:

## Pre-Hospital System

- a) List the EMS services that transport patients to your facility.  
(Place an X in either the advanced or basic column that applies.)

| Name of Agency | Medical Director | Advanced                 | Basic                    |
|----------------|------------------|--------------------------|--------------------------|
|                |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                |                  | <input type="checkbox"/> | <input type="checkbox"/> |

- b) How are EMS personnel dispatched to the scene of an injury? (Check all that apply.)

- 911 Center  
 Law Enforcement Agency  
 Fire Department  
 Other (Define.)

- c) Do the dispatchers have Emergency Medical Dispatch (EMD) training?  Yes  No

- d) Do your EMS services have triage criteria for scene helicopter activation?

- Yes  No

If "Yes", please describe.

- e) Do your EMS services have triage criteria to activate the trauma team at your facility?

- Yes  No

If "Yes", please describe.

- f) Does your hospital currently participate in pre-hospital performance improvement and education?

- Yes  No

If "Yes", please describe.

## Facility Capabilities

### 1) Emergency Department

- a) Is ED coverage provided by a medical provider qualified to care for patients with traumatic injuries who can initiate resuscitative measures?  Yes  No

If "Yes", please describe medical provider coverage, include the process used to monitor compliance with response time criteria for the medical provider if on-call coverage is provided.

- b) Are nursing personnel available to provide continual monitoring of the trauma patient from hospital arrival to discharge from the ED?  Yes  No

If "Yes", please describe how the ED is staffed by nursing personnel.

- c) Does the emergency department have the required equipment for resuscitation of patients of all ages as outlined in the Montana Trauma Facility Resource Criteria?  Yes  No
- d) Are devices available for warming?  Yes  No (Check and list all available)
- Patient:
  - Fluids:
  - Rooms
- e) Do nurses covering the emergency department have the required 6 hours of trauma related education annually?  Yes  No
- f) Briefly describe the continuing trauma-related education for nurses working in the ED.

## 2) General Surgery

List the general surgeons providing trauma coverage on TABLE 1.

- a) Do the general surgeon(s) attend a minimum of 50% of the multidisciplinary trauma committee meetings?  Yes  No

*Percentage of attendance should be entered in TABLE 1.*

- b) Is there a published backup call schedule and/or protocol for times when no general surgeon is on-call and available?  Yes  No If "Yes", please describe
- c) Is there monitoring of surgeon response times when on-call?  Yes  No
- d) Do the general surgeon trauma team members have documentation of the acquisition of 10 hours of CME per year on average or are current in ATLS?  Yes  No

## 3) Anesthesia

List the anesthesiologists and CRNAs providing trauma coverage on TABLE 1.

- a) Describe anesthesia coverage
- b) Is there an anesthesiologist liaison designated to the trauma program?  Yes  No  
Name:
- c) Do the anesthesiologists/CRNAs attend a minimum of 50% of the multidisciplinary trauma committee meetings?  Yes  No

*Percentage of attendance should be entered in TABLE 1.*

- d) Are anesthesiology services promptly available for emergency operations?  
 Yes  No

- e) Are anesthesiology services promptly available for airway problems?  Yes  No
- f) Is there monitoring anesthesia response times when on-call?  Yes  No
- g) Is the availability of the anesthesia services and the absence of delays in airway control or operations documented by the hospital PI process?  Yes  No

#### 4) Orthopaedic Surgery

List the orthopaedic surgeons providing trauma coverage on TABLE 1.

- a) Describe orthopaedic coverage
- b) Is there a protocol that describes the types of orthopedic surgical cases that are admitted to this facility and those that are transferred?  Yes  No  
If "Yes", please describe
- c) Is there an orthopaedic surgeon liaison designated to the trauma program?  
 Yes  No  
Name:
- d) Do the orthopaedic surgeons attend a minimum of 50% of the multidisciplinary trauma committee meetings?  Yes  No  
  
*Percentage of attendance should be entered in TABLE 1.*
- e) Number and types of orthopaedic operative procedures performed within 24 hours of admission.
- f) Do the orthopaedic surgeons documentation of the acquisition of 10 hours of CME per year on average or are current in ATLS?  Yes  No

#### 5) Radiology

- a) Are conventional radiography and computed tomography available 24 hours per day?  
 Yes  No
- b) Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite?  Yes  No
- c) Describe how the radiology department is staffed and the process used to monitor response times for on-call coverage.
- d) Describe the radiologist coverage.
- e) Do you have digital radiography available?  Yes  No

- f) Is FAST provided for trauma patients?  Yes  No
- g) Are radiologists promptly available, in person or by tele-radiology, when requested for the interpretation of radiographs?  Yes  No If 'Yes', please specify
- h) Is there a PI process for changes between preliminary and final interpretations of films?  Yes  No
- i) Are there policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to and while in the radiology department.  Yes  No  
If 'Yes', please have available at the time of the site visit.

## 6) Clinical Laboratory

- a) Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including microsampling?  Yes  No
- b) Is there 24 hour a day availability for coagulation studies, blood gases, and microbiology?  Yes  No
- c) Does the facility have uncross-matched blood immediately available?  Yes  No
- d) Does the blood bank have an adequate supply of blood products.

| Blood Products      | Types/ # of units |
|---------------------|-------------------|
| Red Blood Cells     |                   |
| Fresh Frozen Plasma |                   |
| Platelets           |                   |
| Coagulation Factors |                   |
|                     |                   |

- e) What is the average turnaround time for:
- Type specific blood (minutes)
  - Full cross-match (minutes)
  - Thawing FFP (minutes) & Method
- f) If both blood and FFP are available, is there a massive or rapid transfusion guideline?  Yes  No If 'Yes', please have available at the time of the site visit.
- g) Does the facility have an anticoagulation in trauma reversal policy?  Yes  No  
If 'Yes', please have available at the time of the site visit.
- h) Does the facility have a TXA policy?  Yes  No  
If 'Yes', please have available at the time of the site visit.

## 7) Operating Room

- a) Is the operating room adequately staffed and immediately available?  Yes  No  
If "Yes", please describe the process used to notify OR team and who responds
- b) When the team is on-call from outside the hospital, is availability of the operating room personnel and timeliness of starting operations evaluated by the hospital PI process?  
 Yes  No
- c) Are devices available for warming?  Yes  No  
(Check all available)  
 Patient:  
 Fluids:  
 Rooms
- d) Does the OR have the required equipment for resuscitation of patients of all ages as outlined in the Montana Trauma Facility Resource Criteria?  Yes  No
- e) Do OR nurses receive trauma-related education?  Yes  No  
If "Yes", please describe.

## 8) Post Anesthesia Care Unit (PACU)

- a) Does the PACU have qualified nurses available when needed for the patient's post-anesthesia recovery phase?  Yes  No If "Yes", please describe
- b) When the nurse is on-call from outside the hospital, is response time monitored by the hospital PI process?  Yes  No
- c) Can the PACU serve as an overflow for the ICU?  Yes  No
- d) Does the PACU have the required equipment for resuscitation of patients of all ages as outlined in the Montana Trauma Facility Resource Criteria?  Yes  No
- e) Do PACU nurses receive trauma-related education?  Yes  No  
If "Yes", please describe.

## 9) Intensive Care Unit (ICU)

- a) Briefly describe the types of trauma patients admitted to the ICU:
- b) When a patient is critically ill, is there a mechanism in place to provide prompt availability of physician coverage 24 hours per day?  Yes  No  
If 'Yes', please describe: During the day:  
After hours:
- c) Is the trauma surgeon kept informed of and concur with major therapeutic and management decisions for the patient?  Yes  No

- d) Are qualified nurses available 24 hours per day to provide care during the ICU phase?  
 Yes  No
- e) Do ICU nurses receive 6 hours of trauma education annually?  Yes  No  
Briefly describe continuing trauma-related education for the nurses working in ICU.

**10) Respiratory Therapy**

- a) Is a respiratory therapist available to care for trauma patients 24 hours per day?  Yes  
 No If 'Yes', please describe staffing:



## Performance Improvement and Prevention

### 1) Performance Improvement (PI) Program

- a) Describe how the PI problems are identified, tracked, documented and discussed.
- b) How is loop closure (resolution) achieved?
- c) How are nursing issues reviewed in the trauma PI process?
- d) How are prehospital issues reviewed in the trauma PI process?
- e) List 2 examples of loop closure involving clinical care issues during the reporting year.
- f) How is trauma PI integrated with the overall hospital PI program?
- g) Does the facility employ someone to assist with the trauma registry?  Yes  No  
Name/Title:
- h) How many trauma deaths were there during the reporting year?
- i) List the number of deaths categorized as preventable, non-preventable, and possibly preventable.  
Anticipated mortality with no opportunity for improvement:  
Anticipated mortality with opportunities for improvement:  
Unanticipated mortality with opportunities for improvement:
- j) Do identified problems go to multidisciplinary peer review and trauma performance committee for review?  Yes  No  
If 'Yes', please describe:

***\*\*Please have the performance improvement documentation attached to each medical record to be reviewed at the time of the site visit***

### 2) Multidisciplinary Trauma Review

- a) There is a process where operational issues are discussed in a multidisciplinary committee for analysis at regular intervals, chaired by the trauma medical director or designee, with participation from various disciplines?  Yes  No  
If 'Yes', please describe, including frequency and disciplines involved.

*All meeting minutes with attendance need to be available at the time of the site visit*

- b) If yes, is there 50% or greater attendance documented by each of the core ED providers at the multidisciplinary peer review committee?  Yes  No  
*Percentage of attendance should be entered in Table 1.*

- c) Does the trauma medical director ensure and document dissemination of information and findings from the peer review meetings to the non-core physicians involved in the care of the trauma patient?  Yes  No  
If 'Yes', please describe:

### 3) Trauma Peer Review

- a) There is a process where clinical care issues are discussed in confidential, protected trauma peer review with analysis at regular intervals, which includes the trauma coordinator?  Yes  No  
If 'Yes', please describe

*All meeting minutes with attendance need to be available at the time of the site visit*

### 4) Injury Prevention

- a) Does the trauma center demonstrate the presence of injury prevention activities that center on priorities based on local data?  Yes  No
- b) Does the trauma center demonstrate collaboration with or participation in national, regional, or state programs?  Yes  No
- c) List and briefly summarize your injury prevention programs. Include any state, regional, or national affiliations.

*Have injury prevention program information available at the time of the site visit*

## Signature Page

I hereby make application on behalf of this hospital for designation in the State of Montana as a Trauma Receiving Facility.

I certify that:

- I have read and understand all of the criteria requirements contained in the Montana Trauma Facility Resource Criteria and this facility meets or exceeds the criteria for Trauma Receiving Facilities set forth therein.
- The facility will continue to maintain all criteria required of a Trauma Receiving Facility.
- I will immediately notify the Department if the facility becomes unable to provide trauma services commensurate with its designation level for a period of more than one week.
- All information provided in or with this pre-review questionnaire is truthful and accurate to the best of my knowledge.
- All responses to the questions are full and complete, omitting no material information.
- I understand that all data submitted in or with this pre-review questionnaire, is public.
- I will allow representatives of the Department of Public Health and Human Services to perform on-site reviews of the hospital to assure compliance with designation standards for the State of Montana.
- Pursuant to the articles of incorporation, bylaws, or resolution of the board of directors that I am authorized to submit this pre-review questionnaire on behalf of the facility.

I make the above assertions.

I do not do not make the above assertions.

CEO Signature

## Documentation Checklist

Please collate and clearly label the attachments.

- Attachment #1: Resolution from governing board
- Attachment #2: Resolution from medical staff
- Attachment #3: Organizational chart
- Attachment #4: Trauma team roles and responsibilities
- Attachment #5: Trauma team activation protocol/policy
- Attachment #6: Trauma flowsheet
- Attachment #7: Medical director job description
- Attachment #8: Trauma coordinator job description

Documents to have available at time of site review. (Do not send with the application)  
This list is provided to assist you in assuring that you have all the documents ready for your site visit:

- Facility policy, protocol & practice guidelines manual for trauma
- Transfer protocols for trauma patients
- Transfer agreements
- EMS outreach & participation in your program
- Disaster plan/procedure manual & drill/exercise information
- Documentation of trauma education for staff
- PI documentation for cases
- Trauma Committee & Peer Review meeting minutes with attendance
- Injury prevention program information