

Regional Trauma Center/ Area Trauma Hospital
Trauma Designation
Pre-Review Questionnaire



MONTANA
**EMS, TRAUMA SYSTEMS &
INJURY PREVENTION PROGRAM**

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. 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.

PRE-REVIEW QUESTIONNAIRE

NAME OF HOSPITAL: (Please type in your hospital name here.)

HOSPITAL ADDRESS: (Please type in your hospital address and information here.)

Address:

Email:

FAX:

Telephone:

DATE:

PURPOSE OF SITE REVIEW

(To fill in your answer, highlight the box and left click on mouse.)

- Area Trauma Hospital trauma designation
- Regional Trauma Center trauma designation

II. HOSPITAL INFORMATION

A. Describe your hospital including governance. Example: Not-For-Profit, Private, Critical Access

B. Hospital Beds

Hospital Beds	Totals
Licensed	
Beds Staffed	
Average Census	

C. What is your payer mix

Payer	All Patients (%)	Trauma Patients (%)
Commercial		
Medicare		
Medicaid		
HMO/PPO		
Uncompensated		
IHS		
Other*		
TOTAL		

*Define other is used:

D. Hospital Commitment

1. 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.

2. 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.

3. Is there specific budgetary support for the trauma program such as personnel, education, and equipment? Yes No

If "Yes", briefly describe.

III. PRE-HOSPITAL SYSTEM

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.

IV. TRAUMA PROGRAM

A. Is there a trauma program at the facility? Yes No

Show how trauma services are included in the organization chart. Please attach a hospital organization chart as Attachment #3.

Is there a method to identify trauma patients admitted to the facility, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners? Yes No

If 'Yes', please describe:

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

If 'Yes', have available on site.

Has the trauma program instituted any 'evidenced-based' trauma management guidelines?

Yes No

If 'Yes', briefly describe.

Briefly describe how compliance with the practice guidelines are monitored?

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 as at the time of the site visit.

Trauma Medical Director

Trauma medical director (TMD) name:

Place the trauma medical director's job description as Attachment #4.

Place a curriculum vitae (CV) for the trauma medical director as Attachment #5.

Is the trauma medical director a board-certified or board-eligible general surgeon? Yes No

Is the trauma medical director current in Advanced Trauma Life Support? Yes No

Does the trauma medical director have sufficient authority to set criteria/qualifications for the trauma program members?
Yes No

Does the structure of the trauma program allow the trauma medical director to have oversight authority for the care of injured patients who may be admitted by another physician?

Yes No

Who does the trauma medical director report to within the medical staff structure?

Is the trauma medical director a member and an active participant in national or regional trauma organizations? Yes
No

H. Trauma Program Manager/Coordinator

1. Trauma manager/coordinator name:

2. Place the trauma program manager/coordinator job description as Attachment #6.

3. Place a curriculum vitae (CV) for the trauma program manager/coordinator as Attachment #7.

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

5. Is the TPM a full-time position? Yes No

If "No", explain the amount of time provided.

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:

7. List the number of support personnel including names, titles, and FTE's.

I. Trauma Team

1. Are there written roles and responsibilities for the trauma team members? Yes No

2. Do you have written criteria for trauma team activation? Yes No

If "Yes", please place as Attachment #8.

3. What personnel respond to each level of trauma activation? (List time for all that apply.)

Personnel	Full Team Level Expected Response Times	Partial Team Level Expected Response Times
Emergency Physician		
General Surgeon		
Nurses from		
Emergency Nurses		
Respiratory Therapists		
X-ray Technologist		
CT Technologist		
Laboratory Technician		
Anesthesiologist/CRNA		
Nursing Supervisor		
OR Team		
Social Services/Pastoral Care		
Other		

4. Who has the authority to activate the trauma team?

- EMS
 ED Physician
 ED Nurse

5. Do you have documentation of physician or midlevel provider availability/response times to the ED for trauma team activation? Yes No
 (Please have available for the site review.)

V MEDICAL PROVIDERS

Emergency Medicine

Is there a designated emergency medical liaison to trauma program? Yes No

Name:

Does the designated emergency physician liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No

List the physicians providing emergency department coverage on TABLE A

Do all emergency physicians have documentation of the acquisition of 10 hours of trauma CME per year on average, or have participated in an internal educational process conducted by the trauma program based on the principles of practice-based learning and the PI program?

- Yes No

If the trauma program uses an internal education process, please describe:

General Surgeons

List the general surgeons providing trauma coverage on TABLE B.

Do the general surgeons liaison a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No
 Name:

Are the general surgeons dedicated to a single hospital when on-call? Yes No

Does the general surgeon on trauma call provide care for non-trauma emergencies?
 Yes No

Is there a published backup call schedule for the trauma surgeons? Yes No

Is there a performance improvement program monitoring trauma surgeon response times when on-call? Yes No

Do the general surgeon trauma team members have documentation of the acquisition of 10 hours of CME per year on average or have they all participated in an internal education process conducted by the trauma program based on the principles of practice-based learning and the PIPS program? Yes No

If the trauma program uses an internal education process, please describe:

Orthopaedic Surgery

List the general surgeons providing trauma coverage on TABLE C.

Is there an orthopaedic surgeon who is identified as the liaison to the trauma program?
 Yes No

Name:

Does the designated orthopaedic surgeon liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No

Do the orthopaedic trauma team members have documentation of the acquisition of 10 hours of trauma CME per year on average, or have participated in an internal educational process conducted by the trauma program based on the principles of practice-based learning and the PI program? Yes No

If the trauma program uses an internal education process, please describe:

Are the orthopaedic surgeons dedicated to this hospital when on trauma call? Yes No
If 'No', briefly describe:

Number of orthopaedic operative procedures performed within 24 hours of admission.

Number of complex pelvis and acetabular cases seen at this institution during the reporting year?

Number of complex pelvis and acetabular cases transferred out during the reporting year?

Neurosurgery

Do you have any neurosurgeons taking trauma call? Yes No
If "Yes", complete this section and TABLE D at end of questionnaire.

Is there a designated neurosurgeon liaison to the trauma program? Yes No
Name:

Does the designated neurosurgeon liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings?
Yes No

Do the neurosurgeon trauma team members have documentation of the acquisition of 10 hours of trauma CME per year on average, or participate in an internal educational process conducted by the trauma program based on the principles of practice-based learning and the PI program. Yes No

If the trauma program uses an internal education process, please describe:

What is the number of emergency craniotomies done within 24 hours of admission during the reporting year?

Is there a plan that determines which types and severity of neurologic injury patients should remain at the facility when no neurosurgical coverage is present? Yes No
If "Yes", please describe.

Anesthesiology

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

Is there an anesthesiologist liaison designated to the trauma program? Yes No

Name:

Are anesthesiology services promptly available for emergency operations? Yes No

Are anesthesiology services promptly available for airway problems? Yes No

Is there a performance improvement program monitoring anesthesia response times when on-call? Yes No

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

Surgical Specialists and Medical Consultants

Are the following surgical specialists available? (Check all available)

- Orthopaedic surgery
- Neurosurgery
- Cardiac surgery
- Thoracic surgery
- Hand surgery
- Microvascular surgery
- Vascular surgery
- Plastic surgery
- Obstetric and Gynecologic surgery,
- Ophthalmology,
- Oral / maxillofacial surgery,
- Urology
- Critical Care Medicine
- Pediatrics
- Radiology
- Internal Medicine
- Gastroenterology
- Infectious Disease

VI. Trauma/Hospital Statistical Data

A. Total number of ED visits for the reporting year?

B. Total number of trauma/injury related ED visits for the reporting year?

C. Total number of trauma patients meeting trauma registry criteria and submitted to the statewide trauma registry?

D. Percentage of trauma registry patients for the following categories:

Blunt trauma

Penetrating trauma

Thermal trauma

Does the facility have a multilevel trauma team response? Yes No

Trauma Team Activation & Patient Distribution from ED		
Destination	Number	% Team Activation/Level
ED death		

ED to OR		
ED to ICU		
ED to Floor		
Discharged home		
Total		

Injury Severity, Mortality, Trauma Team Activation			
ISS	Total Number	Deaths	% Trauma Team Activation/Level
0-9			
10-15			
16-24			
> or = 25			
Total			

Total Trauma Admissions by Service	
Service	Number of Admissions
Trauma	
Orthopaedic	
Neurosurgery	
Other Surgical	
Non-Surgical	
Total Trauma Admissions	

VII. Inter-facility transfer

TRANSFERS	AIR	GROUND	TOTAL
Transfers Out			
Transfers In			

A. Do you have transfer agreement with a trauma center for acceptance of your trauma patients?

Yes No

(Have available for the onsite review)

B. Do you have transfer agreements for in-patient rehabilitation? Yes No

(Have available for the onsite review)

C. Do you have transfer agreements for burn patients? Yes No

(Have available for the onsite review)

D. Do you have transfer agreements for spinal cord injury patients? Yes No

(Have available for the onsite review)

E. Does your facility provide acute hemodialysis? Yes No

If "No", do you have transfer arrangements for acute hemodialysis? Yes No

(Have available for the onsite review)

IX. DIVERSION

Does the facility have a diversion policy? Yes No

If 'Yes', have on site at the time of the review.

Has the facility gone on trauma bypass during the previous year? Yes No

If 'Yes', have list on site at the time of the review.

The trauma director is involved in the development of the trauma center's bypass protocol.

Yes No

Disaster Plan

Is a general surgeon a member of the hospital's disaster committee? Yes No

Does your hospital meet the JCAHO/comparable requirements for disaster preparation?

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

There at least two drills a year. Yes No

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

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

There is an action review following all drills. Yes No

Can the hospital respond to the following hazardous materials?

Biological Yes No

Radioactive Yes No

Chemical Yes No

HOSPITAL FACILITIES

A. Emergency Department

Do you have a designated Emergency Department Physician Director? Yes No

Name:

Is ED coverage provided by an in-house emergency physician? Yes No

If the emergency physicians cover in-house emergencies, is there a PI process demonstrating the practice does result in the emergency physician not being in the ED upon trauma patient arrival? Yes No

If 'Yes', please describe results:

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

Does your ED have resuscitation equipment for all ages? Yes No

Are devices available for warming? Yes No

(Check all available)

Patient:

Fluids:

Rooms

7. Does your hospital have a heliport or landing zone? Yes No

If "Yes", where is it located?

Attach a copy of ED trauma flow sheet as Attachment #9.

Briefly describe continuing trauma-related education for the nurses working in ED.

Extra certifications for ED nursing staff:

- % TNCC:
- % Audit ATLS:
- % PALS:
- % ACLS:
- % CEN:
- % Other (enter description and percentage):

B. Radiology

1. Is there a radiologist who is appointed as liaison to the trauma program? Yes No

Name:

2. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes No

Are conventional radiography and computed tomography available 24 hours per day?

Yes No

Do you have digital radiography available? Yes No

Is there an in-house radiology technician 24 hours per day? Yes No

Is there a CT technician available in hospital 24/7? Yes No

When the CT technologist responds from outside the hospital, does the PI program document the response times? Yes No

No

If "Yes", briefly describe:

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

- Radiology
- Surgery
- ED Physician
- None

Are radiologists promptly available, in person or by tele-radiology, when requested for the interpretation of radiographs? Yes No

Yes No

Are radiologists promptly available for performance of complex imaging studies, AND interventional procedures? Yes No

No

Is there a PI process for changes between preliminary and final interpretations of films?

Yes No

The trauma center has 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

No

C. Laboratory / Blood Bank

1. Are laboratory services available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including microsampling? Yes No

Is there 24 hour a day availability for coagulation studies, blood gases, and microbiology?

Yes No

Does the facility have uncross-matched blood immediately available? Yes No

What is the average turnaround time for:

Type specific blood (minutes)

Full cross-match (minutes)

Does the blood bank have an adequate supply of blood products. (Check all available)

- red blood cells;
- fresh frozen plasma;
- platelets;
- cryoprecipitate;
- coagulation factors

Does the facility have a massive transfusion protocol? Yes No

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

D. Operating Room

Number of operating rooms:

Is the operating room adequately staffed and immediately available? Yes No

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

Describe your mechanism for OR availability for emergent trauma cases:

Are devices available for warming? Yes No

(Check all available)

- Patient:
- Fluids:
- Rooms

Does the operating room have all the essential equipment? Yes No

E. Post-Anesthesia Care Unit

Number of beds.

Can the PACU serve as an overflow for the ICU? Yes No

Does the PACU have qualified nurses available 24 hours per day when needed for the patient's post-anesthesia recovery phase?
 Yes No

Extra certifications for PACU staff:

- % TNCC:
- % ACLS :
- % PALS:
- % Audit ATLS:
- % CCRN:
- % CPAN:

Does the PACU have the necessary equipment to monitor and resuscitate patients? Yes No

F. ICU

Number of critical care beds:

Do you have a step-down unit? Yes No

If yes, how many beds:

Is there a medical director of the ICU? Yes No

Name:

Is there a surgical director of the ICU? Yes No

Name:

Does the trauma surgeon remain in charge of trauma patients in the ICU? Yes No

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:

Is the trauma surgeon kept informed of and concur with major therapeutic and management decisions made by the ICU team?

Yes No

Are qualified nurses available 24 hours per day to provide care during the ICU phase?

Yes No

The patient/nurse ratio does not exceed 2:1 for critically ill patients in the ICU. Yes No

If 'No', please describe:

Briefly describe continuing trauma-related education for the nurses working in ICU.

Extra certifications for ICU nursing staff:

% TNCC:

% PALS:

% ACLS:

% Audit ATLS:

% CCRN:

Does the ICU have the necessary equipment to monitor and resuscitate patient? Yes No

Is intracranial pressure monitoring equipment available? Yes No

Is a respiratory therapist available to care for trauma patients 24 hours per day? Yes No

Are nutritional support services available? Yes No

If 'Yes', when and how does this routinely occur?

G. Rehabilitation Services

Which of the following services does the hospital provide? (Check all available.)

Physical therapy

Occupational therapy

Speech therapy

Social services

Is there medical director of the rehabilitation program? Yes No

Name:

Is this physician board certified? Yes No

If 'Yes', what specialty?

Describe the role and relationship of these rehabilitation services to the trauma service. (Include where and when rehabilitation begins)

Describe the support services available for crisis intervention and individual/family counseling.

H. Pediatric Care

1. Do you have pediatric resuscitation equipment in ED? Yes No

Do you have pediatric-specific audit filters for performance improvement? Yes No

XII. PERFORMANCE IMPROVEMENT

Describe how the PI problems are identified, tracked, documented and discussed.

How is loop closure (resolution) achieved?

How are nursing issues reviewed in the trauma PI process?

How are prehospital issues reviewed in the trauma PI process?

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

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

How is trauma PI integrated with the overall hospital PI program?

Does your facility participate in the state trauma registry?

Does the trauma registry support the PI process? Yes No

Does the facility employ the use of a trauma registrar? Yes No

Name:

FTE:

What is your average time lapse to entrance of patient cases into the registry?

Are there strategies for monitoring data validity for the trauma registry? Yes No

If 'Yes', please explain:

How many trauma deaths were there during the reporting year?

List the number of deaths categorized as preventable, non-preventable, and possibly preventable.

Anticipated mortality with no opportunities for improvement:

Anticipated mortality with opportunities for improvement:

Unanticipated mortality with opportunities for improvement:

Autopsies have been performed on what percentage of the facility's trauma deaths?

How are the autopsy findings reported to the trauma program?

TRAUMA COMMITTEE

Is there a multidisciplinary peer review committee chaired by the trauma medical director or designee, with participation from general surgery, orthopaedic surgery, neurosurgery, emergency medicine, and anesthesia? Yes No

Provide a description of the two committees processes, including multidisciplinary peer review and multidisciplinary system/process performance improvement in TABLE F.

Do identified problems go to multidisciplinary peer review and trauma performance committee for review? Yes No

If 'Yes', please describe:

If yes, is there 50% or greater attendance documented by each of the general surgeons (core group) at the multidisciplinary peer review committee? Yes No

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:

Does the emergency medicine representative or designee to attend a minimum of 50% of the multidisciplinary trauma peer review committee meetings? Yes No

Does the orthopaedic service participate actively with the trauma PI program? Yes No

Does the orthopaedic trauma liaison or representative attend a minimum of 50% of the multidisciplinary trauma peer review meetings? Yes No

Does the anesthesia liaison participate in the trauma PI process? Yes No

Does the anesthesiology representative or designee to the trauma program attend at least 50% of the multidisciplinary trauma peer review meetings? Yes No

Are there neurosurgeons taking trauma call? Yes No

If 'Yes', answer the following questions.

Does the neurosurgery service participate actively with the trauma PI program? Yes No

Does the neurosurgeon representative or designee attend a minimum of 50% of the multidisciplinary trauma peer review committee meetings? Yes No

XIV. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

Does the hospital provide a mechanism for trauma-related education for physicians involved in trauma care? Yes No
Briefly describe:

Does the hospital provide a mechanism for trauma-related education for nurses involved in trauma care? Yes No
Briefly describe:

Does the hospital provide a mechanism for trauma-related education for prehospital personnel involved in trauma care? Yes No

Briefly describe:

Is there any hospital funding for physician, nursing or EMS trauma education? Yes No

If 'Yes', briefly describe:

INJURY PREVENTION

Is there a the designated injury prevention coordinator? Yes No

If 'Yes', name:

FTE:

Does the trauma center demonstrate the presence of prevention activities that center on priorities based on local data? Yes No

Does the trauma center demonstrate collaboration with or participation in national, regional, or state programs? Yes No

List and briefly summarize no more than 3 injury prevention programs. Include any state, regional, or national affiliations.

Have injury prevention program information available on-site.

Name of person filling out questionnaire Title of person filling out questionnaire

Telephone Number E-Mail Address

PRE-REVIEW ATTACHMENT CHECKLIST

(To be completed by the hospital and included with questionnaire.)

This list is provided to assist you in assuring that your pre-review application is COMPLETE.

Hospital's Governing Body Resolution

Medical Staff Resolution

Organizational Chart

Job description for Trauma Medical Director

CV: Trauma Medical Director

Job Description of Trauma Program Manager/Coordinator

CV: Trauma Program Manager/Coordinator

Trauma team activation criteria

ED trauma flowsheet

SITE REVIEW DOCUMENT CHECKLIST

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:

Inter-facility transfer guidelines

Documentation of medical provider response times to the ED for trauma team activations

Transfer agreement with Trauma Center

Transfer agreement for In-patient Rehabilitation

Transfer agreement for Burn Patients

Transfer agreement for Spinal Cord Injured Patients

Transfer agreement for Acute Hemodialysis

Diversion policy

Diversion occurrence list

Massive Transfusion Policy

Multidisciplinary Trauma Committee minutes with attendance

Performance Improvement documentation

TRAUMA SURGEONS

List all surgeons currently taking trauma call

Name	Residency-where and when completed	Board Certified (type and year)	ATLS: Instructor/ Provider Status & Date of Expiration	Number of trauma CME hours in last 3 years-hours	Number of patients admitted per year	Number of trauma patients admitted per year ISS >15

Table C

ORTHOPAEDIC SURGEONS

Please list all orthopaedic surgeons taking trauma call.

Name	Residency-where and when completed	Board Certified (type and year)	ATLS: Instructor/ Provider Status & Date of Expiration	Number of trauma CME hours in last 3 years	Frequency of shifts/call per month

Table D

NEUROSURGEONS

Please list all neurosurgeons taking trauma call.

Name	Residency-where and when completed	Board Certified (type and year)	ATLS: Instructor/ Provider Status & Date of Expiration	Number of trauma CME hours in last 3 years	Frequency of shifts/call per month

PI COMMITTEES

Please list all committees that deal with trauma performance improvement issues.
 Include committees that deal with systems and process issues as well as clinical care peer issues.

Name of Committee			
What is the purpose of the committee?			
Describe the membership using titles			
Name/Title of Chairperson			
How often does the committee meet?			
Are there attendance requirements? If yes, describe:			
Attendance of members:	General Surgeons ____ ____ (%) Emergency Medicine__ __ (%) Anesthesia _____ (%) Orthopedics _____ (%) Neurosurgery _____ (%)	General Surgeons ____ ____ (%) Emergency Medicine__ __ (%) Anesthesia _____ (%) Orthopedics _____ (%) Neurosurgery _____ (%)	General Surgeons ____ ____ (%) Emergency Medicine__ __ (%) Anesthesia _____ (%) Orthopedics _____ (%) Neurosurgery _____ (%)
Committee reports to whom?			

Signature Page

I hereby make application on behalf of this hospital for designation in the State of Montana as a: designated Area Trauma Hospital or Regional Trauma Center.

I certify that:

I have read and understand all of the requirements contained in the Montana Trauma Facility Recourse Criteria and this facility meets or exceeds the criteria for designation as a:

Area Trauma Hospital or Regional Trauma Center set forth therein.

The facility will continue to maintain all criteria required of a:

Area Trauma Hospital or Regional Trauma Center.

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 application 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 application, is public.

I will allow representatives of the Department of Public Health and Human Services, EMS and Trauma Systems Section to perform on-site reviews of the hospital to assure compliance with designation standards.

Pursuant to the articles of incorporation, bylaws, or resolution of the board of directors that I am authorized to submit this application on behalf of the hospital and bind it.

I make the above assertions.

I do not do not make the above assertions.

CEO Name: __ _

Signature: _____