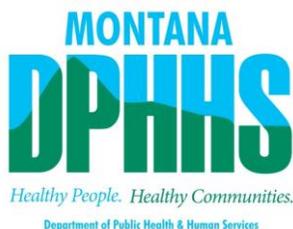# Trauma Designation Performance Improvement Report

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)	**Best practice/Excellent** • 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	**Capable** • 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)	**Developing** • 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)	**Unaware or limited capability** • 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	**There is either:** • 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

Introduction:

Hospital Overview:

Requirement	Resource Criteria	Compliance
	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.	
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.	
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 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.	
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.	
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.	
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.	
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.	

Requirement	Resource Criteria	Compliance
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.	
E	**Trauma Committee** *Multidisciplinary Trauma Program Performance* 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	*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.	
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.	
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. Signed inter-facility transfer agreements in place for transfer of special population trauma patients to a higher level of care.	
D	**Burn Care – Organized** In-house or transfer agreement with Burn Center	
D	**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	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	

Emergency Medical Services/Prehospital:

	CLINICAL CAPABILITIES	
E	Emergency Department coverage may be physician, Physician Assistant, or Nurse Practitioner on-call and promptly available.	
	CLINICAL QUALIFICATIONS	
	EMERGENCY MEDICINE	
E	Emergency Department Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	
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.	
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 | |
D	Attendance of an Emergency Medicine representative at a minimum of 50% multidisciplinary peer review committee meetings	
	Personnel:	
D	Designated physician director	
E	Emergency Department coverage may be physician, physician assistant, or nurse practitioner on-call and promptly available	
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.	
D	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient	
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	
D	End-tidal CO_2 detector	
E	Cardiac monitor and defibrillator	
E	Standard IV fluids and administration sets	
E	Large bore intravenous catheters	
	Sterile surgical sets for:	
E	Airway control/cricothyrotomy	
E	Thoracostomy (chest tube insertion)	
E	Drugs necessary for emergency care (includes RSI medications)	
E	Cervical stabilization collars	
E	Pelvic stabilization method	
E	Pediatric equipment appropriately organized
Current pediatric length based resuscitation tape	
D	Intraosseous Insertion Device	
D	Thermal control equipment – Blood and Fluids	

E	Thermal control equipment - Patient	
D	Thermal control equipment - Resuscitation Room	
E	Rapid infuser system (can include pressure bags)	
E	Communication with EMS vehicles	
	RADIOLOGICAL SERVICES	
D	Radiology technologist available in-house or on-call 24 hours / day	
E	Radiologists are promptly available for interpretation of radiographic studies	
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	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	Laboratory technician available in-house or on-call 24 hours / day	
D	Must routinely monitor on-call technician institutionally agreed upon response time and must be reviewed for reasons for delay and opportunities for improvement.	
D	Standard analysis of blood, urine, and other body fluids, including micro sampling when appropriate	
D	Coagulation Studies	
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.	
D	Process of care for rapid reversal of anticoagulation	
	REHABILITATION SERVICES	
D	Physical Therapy	
D	Social Services	

Emergency Department:

Radiology:

Laboratory:

Requirement		Compliance
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	
CONTINUING EDUCATION / OUTREACH		
D	The trauma center will participate in TEAM course every 3 years or when significant change in staff warrants additional training	
INJURY PREVENTION		
D	The trauma center participates in injury prevention	
D	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	
TRAUMA SYSTEM PARTICIPATION		
E	There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development and operation	
DISASTER PREPAREDNESS		
E	There is a written emergency operations plan that is updated and exercised routinely	
E	Active hospital representation on the Local Emergency Planning Committee (LEPC)	
E	Routine participation in community disaster drills	

Trauma Program:

Performance Improvement:

Trauma Education & Prevention:

Disaster Management:

DEFICIENCIES

1.

STRENGTHS

2.

OPPORTUNITIES FOR IMPROVEMENT

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:_____