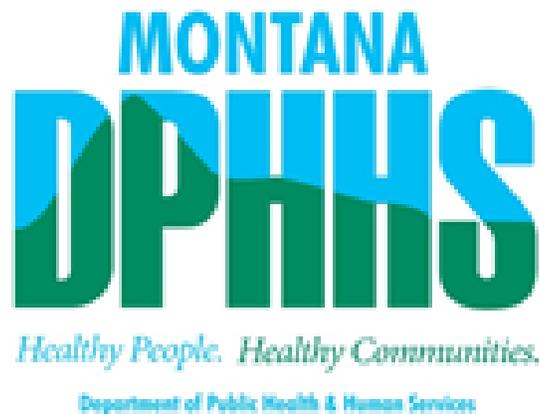# Pre-Review Questionnaire for Trauma Facility Designation

Trauma Receiving Facility

version 2018

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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) Is there a designated critical care bed/ICU bed? ☐Yes   ☐No

g) Is there an operating room? ☐Yes   ☐No

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 advanced practice clinician 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, within the last 3 years, 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, within the last 3 years, in place for hemodialysis, neuro-care, pediatrics, 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, neuro-care, pediatrics 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. One must be live. ☐ 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, inconjunction with LEPC.
☐ 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. Other trauma related education:

3. Describe clinical experience with trauma care.

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

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

6. Is the trauma medical director an active participant in state or regional trauma activities?
    ☐ Yes   ☐ No

> ➤ **If the Trauma Medical Director is a physician:**

1. Medical school:

2. Year graduated:

3. Residency location:

4. Board certified?   ☐Yes   ☐No   Date: Specialty:

5. Boards in progress?   ☐Yes   ☐No   Date: Specialty:

> ➤ **If the Trauma Medical Director is a nurse practitioner or physician assistant:**

1. Post graduate school attended:

2. Year graduated:

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:

5. Is the trauma coordinator an active participant in state or regional trauma activities? ☐ Yes ☐ No

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
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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) Does the facility have a RSI policy? ☐ Yes ☐ No (please have available at the time of the site visit)

e) Are devices available for warming? ☐ Yes ☐ No (Check and list all available)
   ☐ Patient:
   ☐ Fluids:
   ☐ Rooms

Clinical Qualification for Emergency Department Medical Providers

Table 1

Name of medical provider	Board Certification/ Specialty	ATLS expiration date	Hours of continuing trauma education in the last year	% Attendance at multi-disciplinary trauma committee / peer review meetings

Nursing

a) What percentage of nurses covering the emergency department have the required 6 hours of trauma related education annually?

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

2) 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) Is there the ability to reduce the CT radiation dosage for pediatrics? ☐ Yes   ☐ No

d) Describe how the radiology department is staffed and the process used to monitor response times for on-call coverage.

e) Describe the radiologist coverage.

f) Do you have digital radiography available?   ☐ Yes   ☐ No

g) Is FAST provided for trauma patients? ☐ Yes   ☐ No

h) Are radiologists promptly available, in person or by tele-radiology, when requested for the interpretation of radiographs? ☐ Yes   ☐ No If 'Yes', please specify

i) Is there a PI process for changes between preliminary and final interpretations of films?
    ☐ Yes   ☐ No

j) 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.

3) 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 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.

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 anticipated mortality, with or without
opportunity for improvement or unanticipated mortality.
Anticipated mortality, no opportunity for improvement:
Anticipated mortality, opportunity for improvement:
Unanticipated mortality:

   j)   Autopsies have been performed on how many trauma deaths?

k) 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 ED providers at the multidisciplinary peer review committee?   ☐ Yes   ☐ No
Percentage of attendance should be entered in Table 1.

3) Trauma Peer Review

a) Is there 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

b) Does the trauma medical director ensure and document dissemination of information and findings from the peer review meetings to those not in attendance that are involved in the care of the trauma patient?   ☐ Yes   ☐ No
If 'Yes', please describe:

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 uncalbe 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