

Pre-Review Questionnaire (PRQ) for Trauma Facility Designation

Regional Trauma Center (RTC)



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

**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 of CEO
- Email Address of Trauma Med Dir.
- Email Address of Trauma Coord.
- 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) Hospital Beds

Hospital Beds	Totals
Licensed	
Beds Staffed	
Average Census	

c) What is the hospital Payer Mix (use whole numbers, do not include percent sign):

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

*Define other if used:

d) Describe any program changes (Administrative) that have occurred since the last review.

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) Complete the tables below using the total number of emergency department (ED) trauma visits for the reporting year following the National Trauma Data Standard (NTDS)/ Montana Trauma Registry Inclusion Criteria.

	Totals
Admitted ED Trauma Visits (Regardless of Service)	
Blunt Trauma Percentage	
Penetrating Trauma Percentage	
Thermal Percentage	

c) Disposition ED Trauma Visits

Discharged	
Transferred out	
Admitted	
Died in the ED, excluding DOAs	
DOAs	
Total	

d) Total Trauma Admissions by Service

Service	Number of Admissions
Trauma	
Orthopedic	
Neurosurgery	
Other surgical	
Burn	
Non-surgical	
Total Trauma Admissions	

e) Based on the number of Non-surgical admits (NSA) from above Table d, please complete the following:

Non-surgical Admissions	ISS 0-9	ISS 10-15	ISS 16-24	ISS ≥ 25
Number of patients admitted to a non-surgical service				
Percent of total NSA				
Total NSA w/trauma consult				
Total NSA w/any surgical consult (including trauma)				
Total NSA secondary to single level falls				
Total mortality (for each ISS category)				

f) Does the trauma program admit more than 10% of injured patients to non-surgical services? Yes No

g) Were all patients in table e reviewed by the TPM and TMD Yes for appropriateness of admission and other opportunities for improvement? Yes No
Please have documentation available at time of the visit

h) Total number of direct admissions:

i) Injury Severity and Mortality

ISS	Total Number of Admissions	Total Number of Deaths	Number admitted to trauma service
0-9			
10-15			
16-24			
≥25			
Total			

The total admissions for Tables d and i should be the same. If there is an inconsistency in the totals, please explain.

j) Did the facility care for 100 or more injured children under age 15 years of age who meet trauma registry inclusion requirements Yes No

k) Pediatric Trauma Admissions

Service	Number of Admissions
Pediatric Trauma Surgery	
Orthopedic	
Neurosurgical	
Other Surgical	
Burn	
Non-Surgical	
Total Pediatric Trauma Admissions	

i) Has the facility evaluated pediatric readiness and has a plan to address any deficiencies? (*Pediatric readiness refers to the infrastructure, administration and coordination of care, personnel, pediatric-specific policies and equipment to ensure the center is prepared to provide care to an injured child.*) Yes No
If "Yes", please describe

m) Geriatric Trauma Admissions

ISS	Total Number of Admissions (a)	Total Number of Deaths	Number admitted to trauma service	Number admitted to other surgical service	Number admitted to non-surgical service (e)
0-9					
10-15					
16-24					
≥25					
Total					

n) From the total number of geriatric trauma patients admitted (column (a) from above table), the number of patients admitted after a fall from standing height, excluding patients with isolated hip fractures.

- Number of isolated hip fractures included in your registry:

o) Were all patients in above table NSA column (e), reviewed by the TPM and TMD for appropriateness of admission and other opportunities for admission? Yes No

p) Are there any standardized treatment protocols for geriatric trauma patients?
 Yes No
If 'Yes', please describe:

q) Do your nurses caring for geriatric trauma patients receive any geriatric trauma training?
 Yes No
If 'Yes', please describe:

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.

Briefly describe the administrative commitment to the trauma program. (*List items by number or bullet point.*)

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.

Briefly describe the medical staff commitment to the trauma program. (*List items by number or bullet point.*)

c) Is there specific budgetary and administrative 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 your facility have a set of criteria that identifies patients who should be considered to be transferred out of or kept at your facility?
 Yes No
If 'Yes', please have available at the time of the site visit.

c) Is there a written plan approved by the TMD that defines the types of neurotrauma injury that may be treated at the center. Yes No

d) Have program staff participated in at least 50% of the Regional Trauma Advisory Committees? Yes No

3) Trauma Team Roles and Responsibilities

a) Are there clearly 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 clearly written criteria for trauma team activation? Yes No
Attach a copy of the trauma team activation protocols/policies labeled as *ATTACHMENT #5*.

b) Are the required criteria for the highest level of activation included? Yes No

c) Number of levels of activation (include consults) statistics for level of response:

Level	Number of Activations	Percent of Total Activations
Highest		
Intermediate		
Lowest (Consult)		
Total		=100%

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

Personnel	Highest Level Expected Response Times	Intermediate 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		

e) Are response times tracked for PI? Yes No

f) The general surgeon is present in the ED upon patient arrival for all patients meeting hospital specific criteria for the highest level of trauma team activation, given sufficient advance notification or within 15 minutes of notification 80% of the time.

Yes No

g) Who has the authority to activate the trauma team?

EMS
 ED Physician
 ED Nurse
 Other:

5) Trauma Flowsheet

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

6) Trauma Transfer

a) Is there direct physician-to-physician or midlevel contact when patients are transferred out of your facility? Yes No

b) Do you have signed and current 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.

c) Total number of transfers:

Transfer Category	Number of transfers out <24 hours	Number of transfers out >24 hours
Pediatrics		
Hand		

Spine		
Orthopedics*		
Pelvic ring/acetabular fx		
Soft tissue coverage		
Other orthopedics		
Neurosurgery*		
Replantation		
Vascular aortic injuries		
Cardiac (bypass)		
Facial trauma		
Health plan repatriation		
Burns		
Other specialty		
Total		

*Orthopedics and neurosurgery categories should exclude hand and spine injuries.

- d) What is your benchmark for the length of time between patient arrival, decision to transfer, and patient departure?
- e) Is this parameter tracked as a part of the PI process? Yes No
- f) During the review year did the facility ever need to divert patients to another trauma care service when the facility's resources were temporarily unavailable? Yes No
If yes, please list each incident's length of time and reason.

Trauma Medical Director (TMD)

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

Name:

E-mail address:

1. Medical school:

2. Year graduated:

3. Residency location: Year Completed:

4. Board certified? Yes No Current Exp. Date: Specialty:

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

6. Is the TMD a Fellow of American College of Surgeons? Yes No

7. ATLS certified? Yes No Expiration Date:

8. ATLS Instructor or Course Director? Yes No

9. Other trauma related education:
10. Trauma Admissions per year?
11. Number of admits where ISS>15 per year
12. Number of non-trauma operative cases per year
13. Number of trauma operative cases per year (trauma operations limited to those requiring spinal or general anesthesia in the operating room)
14. How many years has the TMD been at that position or date of appointment to this position?

15. Does the TMD direct one trauma center? Yes No If 'No', please explain:
16. Does the trauma medical director 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 ability to set criteria/qualifications for the trauma program members? Yes No
17. Who does the trauma medical director report to within the medical staff structure?

Does the center's PI program have a trauma multidisciplinary peer review committee chaired by the TMD? Yes No
18. Did the TMD attend at least 60% of all multidisciplinary trauma committee meetings?
 Yes No
19. Does the TMD hold active membership in at least one regional, state, or national trauma organization and have attended at least one meeting during the last 3 years?
 Yes No If 'Yes', please describe:
20. Did the TMD attend at least one state trauma meeting during the last 3 years? (Examples include Trauma Systems Conference, Rocky Mountain Rural Trauma Symposium, Rimrock Trauma Conference, Spring Fever Conference etc.) Yes No
21. Please provide evidence of 36 hours in 3 years of verifiable external trauma-related CME and maintenance of successful completion of the most recent edition of ATLS.

Trauma Program Manager (TPM)

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

Name:

Telephone number:

E-mail address:

1. Is the Trauma Program Manager position a full-time dedicated Registered Nurse or Advanced Practice Clinician? Yes No
 - a. Total number of FTE
2. 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:
3. How many years has the TPM been at that position or date of appointment to this position?
4. Who does the TPM report to within the hospital administrative structure?
5. Does the reporting structure include the TMD? Yes No
6. Please provide evidence of 36 hours of trauma-related continuing education during the last 3 years.
7. Is the trauma coordinator an active participant in state or regional trauma activities?
 Yes No
8. Does the TPM hold current membership in a national or regional trauma organization?
 Yes No If 'Yes', please describe:
9. List the number of support personnel including names, titles, and FTE of each position:

Trauma Registrar/Registry

Name and degrees of registrar(s)

1. Is there at least 0.5 FTE dedicated to the trauma registry per 200-300 annual patient entries? Yes No
2. Is at least one Registrar currently a Certified Abbreviated Injury Scale Specialist (CAISS)?
 Yes No
If 'Yes' please provide proof at the time of the site review
3. How many years has the registrar been at that position or date of appointment to this position?
4. Do all staff members who have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting or data validation for the registry completed (1) the most recent version of the AAAM's Abbreviated Injury Scale (AIS) course within 12 months of hire; and (2) participated in a trauma registry course and ICD-10 course or refresher course in the previous 5 years. Yes No
If 'Yes' please provide proof at the time of the site review

5. Is a minimum of 80% of patient records complete in the trauma registry within 60 days of the patient discharge date? Yes No
6. Is the trauma registry current, meaning all cases are in the registry per ARM 37.104.3014, which is 60 days following close of the quarter? Yes No
If no, please explain why.
7. Is there a written data quality plan that details a process for measuring, monitoring, identifying and correcting data quality issues and ensures data is fit for use. Requires at least a quarterly review of data quality. Yes No
If yes, please have a copy available onsite.
8. Did the Trauma Registrar(s) accrue at least 24 hours of trauma-related continuing education (CE) during the previous 3 years. 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
		<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) Does your hospital provide on-line medical control for prehospital trauma patients?
 Yes No
If "Yes", please describe.

e) How does the trauma program participate in the training of prehospital personnel, the development and improvement of prehospital care protocols, and performance improvement and patient safety programs?
Please describe.

f) Do your EMS services utilize trauma triage criteria for trauma team activation at your facility? Yes No
If "Yes", please describe.

g) Does EMS have representation on the multidisciplinary trauma committee or documentation of involvement where perspective and issues are presented and addressed? Yes No
 If "Yes", please describe.

h) Do you provide EMS feedback through the trauma performance improvement program, which includes accuracy of triage and provision of care, outcomes of their patients and any potential opportunities for improvement in initial care? Yes No
 If "Yes", please describe.

Facility Capabilities

1) Emergency Department

a) Are all physicians board-certified or board eligible in emergency medicine?
 Yes No *Please list in Table 1*

b) Is the Emergency Department physician medical director board-certified or board eligible? Name:

c) Is a board-certified or board eligible emergency medicine physician present in the ED at all times? Yes No

d) If the in-house emergency medical provider must be temporarily out of the department to cover in-house emergencies, there must be a Performance Improvement (PI) process in place to assure that care of the trauma patient is not adversely affected Yes No
 If "Yes", please describe.

e) 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.

f) Does the emergency department have the required equipment for resuscitation of patients of all ages as outlined in the Montana Trauma Facility Designation Criteria?
 Yes No

g) Name of the Emergency Department liaison to Multidisciplinary Trauma Committee (complete information below Table 1):

h) Has an emergency physician representative attended a minimum of 50% of Trauma Peer Review Committee meetings? Yes No *Please list in Table 1*

i) Do all Advanced Practitioners who participate in the initial evaluation of a trauma patient hold a current ATLS certification? Yes No *Please list in Table 1*

j) *Do all nurses covering the emergency department have the required current TNCC/ATCN or equivalent? Yes No

k) *Do all nurses covering the emergency department have the required 6 hours of trauma related education annually? Yes No

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

m) Nursing Education

ATCN	%
ENPC	%
TNCC	%
PALS	%
ACLS	%
TCAR	%

Extra Certifications for ED staff

CCRN	%
CEN	%
PCEN	%
CNOR	%
CPAN	%
Other	%

n) Briefly describe the trauma-related orientation occurs for new nurses and providers working in the ED.

*** Please have nursing education records available at the time of the site visit**

2. General Surgery *List the general surgeons providing trauma coverage on TABLE 2.*

a) Are each of the general surgeon(s) board certified or board eligible? Yes No

b) Do each of 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.

c) Are general surgeons dedicated to a single hospital when on call? Yes No
If "No", please describe

d) 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

e) Is there monitoring of surgeon response times when on-call? Yes No

f) Are the general surgeon trauma team members current in board-certification to satisfy CME requirements? Yes No

g) Are shared roles and responsibilities of trauma surgeons and emergency medicine physicians defined in policy and approved by the TMD? Yes No If "Yes", please describe

3. Anesthesiology

List the anesthesiologists and CRNAs providing trauma coverage on TABLE 3.

- a) Anesthesia services are available in-house 24 hours/day. Yes No
Describe anesthesia coverage
- b) Is there an anesthesiologist liaison designated to the trauma program? Yes No
Name: (complete information below Table 3)
- c) Is the trauma liaison board certified or board eligible? Yes No
CRNAs and certified anesthesiologist assistants who are licensed to practice independently can serve as anesthesia liaison.
- d) Does an anesthesiology representative attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No
Percentage of attendance should be entered in TABLE 3.
- e) Are anesthesia services available within 15 minutes of request? Yes No
- f) Is the attending anesthesiologist present within 30 minutes of request of all operations?
 Yes No N/A (not a teaching center)
- g) Is there monitoring anesthesia response times when on-call? Yes No
- h) 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. Neurosurgery (*Skip to 5, if no neurosurgery at facility*)

List the neurosurgeons providing trauma coverage on TABLE 4.

- a) Is coverage continuously available for care of the neurotrauma patient? Yes No
Describe neurosurgical coverage
- b) Are neurosurgeons Board-certified or board-eligible? Yes No
- c) Are the neurosurgeons current with board-certification to satisfy CME requirements?
 Yes No
- d) Is there a neurosurgeon liaison designated to the trauma program? Yes No
Name: (complete information below Table 4)
- e) Does a neurosurgery representative attend a minimum of 50% of the multidisciplinary trauma peer review meetings? Yes No
Percentage of attendance should be entered in TABLE 4
- f) Does Neurosurgical evaluation occur within 30 minutes for any patient with severe TBI (GCS <9), moderate TBI (GCS 9-12) with evidence of intracranial mass lesion, neurologic deficit from spinal cord injury, or at the discretion of the trauma surgeon.
 Yes No

- g) Does the trauma center have the necessary equipment to perform craniotomy?
 Yes No
- h) Is there a protocol that describes the types of neurotrauma injury cases that may be treated at this facility and those that are transferred? Yes No
If "Yes", please describe
- i) Is there a neurotrauma contingency plan for when neurosurgery capabilities are encumbered or overwhelmed? Yes No If "Yes", please describe

5. Orthopaedic Surgery (*Skip to 6, if no orthopedics surgery at facility*)

List the orthopaedic surgeons providing trauma coverage on TABLE 5.

- a) Does this facility have an orthopaedic surgeon on call and promptly available 24 hours a day? Yes No
- b) Describe orthopaedic coverage
- c) 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
- d) Are there treatment guidelines in place for orthopedic injuries, including pelvic ring fractures, long bone fractures, open extremity fractures, and hip fractures in geriatric patients. Yes No If 'Yes', please have available at the time of the site visit
- e) Average time to wash out of open tibial fractures secondary to a blunt mechanism.; report as average and range:
- f) Average time to first antibiotic administration for open tibial fractures secondary to a blunt mechanism.
- g) The number of operations performed at this institution during the reporting year for pelvic ring and acetabular fractures secondary to a trauma mechanism, excluding isolated hip fractures:
 - Pelvic ring injuries:
 - All acetabular fracture patterns:
- h) Percent of femoral shaft fractures (defined as intramedullary rod, external fixation or ORIF) stabilized within 24 hours of admission.
- i) Is there an orthopaedic surgeon liaison designated to the trauma program?
 Yes No
Name: (complete information below Table 5)
- j) Does an orthopaedic surgeon representative attend a minimum of 50% of the multidisciplinary trauma peer review meetings? Yes No
Percentage of attendance should be entered in TABLE 5.

k) Are the orthopaedic surgeons current with board-certification to satisfy CME requirements? Yes No

6. Radiology

a) There is availability of the following services 24 hours/day within time frame specified:

- Conventional radiography (15 minutes) Yes No
- Computed Tomography (CT) (15 minutes) Yes No
- Point of Care Ultrasound (15 minutes) Yes No
- Interventional radiologic procedures (1 hour) Yes No
- MRI (2 hours) Yes No

b) Describe the radiologist coverage.

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

d) Is FAST provided for trauma patients? Yes No

By who:

e) Describe your institution's policy for obtaining FAST exams for injured patients.

f) Describe your institution's QI policy for FAST exams.

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

h) Does a radiologist have access to patient images and is available for imaging interpretation, in person or by phone, within 30 minutes of request? Yes No

i) There is a mechanism to remotely view radiographic images from referring hospitals within your regional catchment area. Yes No

Please describe:

j) Is the radiologist diagnostic information communicated in a written form in a timely manner and includes evidence that critical findings were communicated to the trauma team? Yes No

k) Is documentation of the final interpretation of CT scans available no later than 12 hours after completion of the scan? Yes No

l) 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.

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

n) Are necessary human and physical resources continuously available to provide endovascular or interventional radiology procedure for hemorrhage control within 60 minutes of request and arterial puncture? Yes No

- o) Does a radiologist representative attend a minimum of 50% of the trauma peer review meetings? Yes No
- p) Is there a radiologist liaison designated to the trauma program? Yes No
Name: (complete information below Table 5)

6) Clinical Laboratory

- a) Is there a lab technologist in house 24 hours/day.
 Yes No Please describe coverage
- 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. Please complete the following chart with the average number of units available

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

- e) What is the average turnaround time for:
 - Type specific blood (minutes)
 - Full cross-match (minutes)
 - Thawing FFP (minutes) & Method for thawing
- f) Is there a massive transfusion protocol (MTP) developed collaboratively between the trauma service and the blood bank?
 Yes No If 'Yes', please briefly describe
- g) Number of times activated in last year?
Describe your PI process, if any, for MTP activations
- h) Does the facility have an anticoagulation in trauma reversal policy? Yes No
If 'Yes', please briefly describe
- i) Which products do you have available for rapid anticoagulation reversal other than Vitamin K and fresh frozen plasma?
- j) Does the facility have a TXA policy? Yes No
If 'Yes', please have available at the time of the site visit.
- k) Does the facility have the ability to screen for drugs and/or alcohol? Yes No
- l) Is there an operating microscope available 24 hours/day? Yes No

7) Operating Room

a) Number of operating rooms:

b) Is the operating room adequately staffed and immediately available within 15 minutes?

Yes No

If "Yes", please describe the process used to notify OR team and who responds

c) 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?
(Any case which exceeds the institutionally agreed upon response time must be reviewed to identify reasons for the delay and opportunities for improvement)

Yes No

Describe the mechanism for opening the OR:

d) Is there a mechanism for documenting trauma surgeon presence in the operating room for all trauma operations? Yes No If "Yes", please describe:

e) Is there a dedicated OR for fracture care of non-emergent orthopedic trauma? Yes
 No

f) 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

g) Cardiopulmonary bypass is available? Yes No

h) Are there trauma-specific training opportunities, applicable to the specialty, available for all RNs working in the OR? Yes No
If "Yes", please describe.

Nursing Education in OR

ATCN	%
ENPC	%
TNCC	%
PALS	%
ACLS	%
TCAR	%

Extra Certifications for OR staff

CCRN	%
CEN	%
PCEN	%
CNOR	%
CPAN	%
Other	%

8) Post Anesthesia Care Unit (PACU)

a) Number of beds:

b) Does the PACU have qualified nurses available when needed for the patient's post-anesthesia recovery phase? Yes No If "Yes", please describe

c) When the nurse is on-call from outside the hospital, is response time monitored by the hospital PI process? Yes No

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

e) 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

f) Intracranial pressure monitoring is available? Yes No

g) Are there trauma-specific training opportunities, applicable to the specialty, available for all RNs working in the PACU? Yes No
If "Yes", please describe.

h) Briefly describe credentialing requirements for nurses who care for trauma patients in PACU.

Nursing Education in PACU

ATCN	%
ENPC	%
TNCC	%
PALS	%
ACLS	%
TCAR	%

Extra Certifications for PACU staff

CCRN	%
CEN	%
PCEN	%
CNOR	%
CPAN	%
Other	%

9) Intensive Care Unit (ICU)

a) ICU Beds (includes medical, coronary, surgical, pediatric etc.)

- Pediatric ICU beds
- Adult ICU beds
- Do you have a step-down or intermediate care unit? Yes No

b) Is there a designated physician/advanced practice clinician director of ICU?
 Yes No

Name:

c) Briefly describe how quality care issues are resolved in the ICU:

d) Are ICU physicians immediately available within 15 minutes of request? Yes No

e) Is the trauma surgeon kept informed of and concur with major therapeutic and management decisions for the patient? Yes No

f) Is there a critical care/hospitalist trauma liaison? Yes No
 Name: _____ (complete information below Table 5)
 If 'Yes', does this representative attend a minimum of 50% of the trauma peer review committee meetings. Yes No

g) Is the Critical Care surgical director board-certified or board-eligible in general surgery and actively participates in Critical Care administration? Yes No

h) Is at least one intensivist board-certified or board eligible in surgical critical care?
 Yes No

i) Does your institution have palliative care available? Yes No

- i. If 'Yes', please describe how this palliative care team is incorporated into end-of-life issues:
- ii. Total number of trauma related ICU deaths:
- iii. Of these deaths, number of withdraw of care:
- iv. Of these deaths, number of transferred to hospice care:

j) Cardiopulmonary bypass equipment is immediately available when required or a contingency plan exists to provide emergency cardiac surgical care. Yes No

k) The Nurse-to-patient ratio in the ICU is 1:1 or 1:2 depending on patient acuity.
 Yes No

l) Are qualified nurses available 24 hours per day to provide care during the ICU phase?
 Yes No

m) Briefly describe the initial credentialing requirements for nurses who care for trauma patients in the ICU.

n) Nursing staff demographics (use whole numbers):

- i. Average number of years' experience:
- ii. Annual turnover %:
- iii. Percentage of nurses that are travelers:

o) Do ICU nurses receive 6 hours of trauma education annually? Yes No
 Briefly describe continuing trauma-related education for the nurses working in ICU.

Nursing Education in ICU

ATCN	%
ENPC	%
TNCC	%
PALS	%

ACLS	%
TCAR	%

Extra Certifications for ICU staff

CCRN	%
CEN	%
PCEN	%
CNOR	%
CPAN	%
Other	%

p) Does the ICU have the required equipment for resuscitation and monitoring of patients of all ages as outlined in the Montana Trauma Facility Resource Criteria?
 Yes No

q) Is intracranial pressure monitoring equipment available? Yes No

r) Does the PI program review all ICU admissions and transfers of ICU patients to ensure appropriateness of patients being selected to remain at the trauma center vs. being transferred to a higher level of care? Yes No

10) Other Surgical/Medical Specialists

a. Is there a geriatric provider trauma liaison? (*May be a geriatrician, physician with expertise and a focus in geriatrics, or an advanced practice provider with certification and expertise in geriatrics.*) Yes No

Name:

b) Which of the following services are available for trauma patients? (Check all available)

Pain Management (with expertise to perform regional nerve blocks)
 Physiatry
 Psychiatry
 Hand surgery
 Obstetric/Gynecologic surgery
 Ophthalmic surgery
 Plastic surgery
 Replantation Services
 Urologic surgery
 Vascular surgery
 Cardiothoracic surgery
 Craniofacial expertise
 Soft tissue coverage including microvascular for free flap coverage.

c) Is there continuous coverage of the following medical specialists? (Check all available)

Cardiology
 Gastroenterology
 Internal medicine or pediatrics
 Infectious Disease
 Nephrology
 Pulmonary Medicine

11) Respiratory & Renal Therapy

- a) Is a respiratory therapist continuously available in-house to care for trauma patients 24 hours per day? Yes No If 'Yes', please describe staffing:
- b) Is there renal replacement therapy available to support patients with acute renal therapy? Yes No

Allied Health Services

- a) Which of the following services are available for trauma patients? (Check all available)
 - Nutrition Support
 - Physical Therapy (7 days/week)
 - Occupational Therapy (7 days/week)
 - Social Services (7 days/week)
 - Speech Therapy

Performance Improvement and Prevention**1) Performance Improvement (PI) Program**

- a) Is there is a comprehensive, written performance improvement (PI) plan outlining the PI process, organizational structure, event identification, list of audit filters and defined levels of review? Needs to be reviewed annually. Yes No
If 'Yes', please have available at the time of the site visit.
- b) Is there at least 0.5 FTE dedicated PI personnel (if annual volume exceeds 500 patient entries) and 1.0 FTE if volume >1000 patient entries that meet NTDB and State inclusion criteria? Yes No N/A
If 'Yes' Name:
- c) Who is responsible for loop closure of both system and peer review issues?
- d) Describe how your PI plan incorporates or assigns levels of review (primary, secondary, tertiary) for events/issues identified through the PI process.
- e) List at least 3 adult specific PI filters:
- f) List at least 3 pediatric specific PI filters:
- g) Briefly describe how problem resolution, outcome improvements, and loop closure are readily identifiable through methods of monitoring, reevaluation, benchmarking, and documentation
- h) Do identified problems go to multidisciplinary trauma committee and trauma peer review for review? Yes No
If 'Yes', please describe:
 - i) How are nursing issues reviewed in the trauma PI process?
 - j) How are prehospital issues reviewed in the trauma PI process?

- k) List and describe 2 examples of loop closure (PI issues that your facility resolved) involving system issues during the reporting year.
- l) List and describe 2 examples of loop closure (PI issues that your facility resolved) involving peer review issues during the reporting year.
- m) Please describe how the trauma PI program integrates with the hospital quality and patient safety efforts:
- n) Are all nonsurgical services admissions subject to individual case review to determine rationale for admission onto a non-surgical service, adverse outcomes, and opportunities for improvement. Yes No
- o) Is there a process in place to assess children for non-accidental trauma? Yes No
If "Yes", please describe
- p) Is telehealth for collaborative care of the trauma patient included in the PI process?
 Yes No
If 'Yes', please describe:
- q) Are protocols and processes in place that determine the rehabilitation needs and services required during the acute inpatient stay and to determine the level of care patients require after discharge? Yes No
Please describe:
- r) Is feedback to the transferring facility provided for PI on patients that were transferred to you? Yes No
Please describe:
- s) Are protocols defining clinical criteria and confirmatory tests for diagnosis of brain death available? Yes No
Please briefly describe:

Trauma Deaths

- a) How many trauma deaths were there during the reporting year?

DOA	
Deaths in ED (died)	
In-hospital (include OR)	
Total	

- b) List the number of deaths categorized as mortality, with or without opportunity for improvement:
Mortality with opportunity for improvement
Mortality without opportunity for improvement
- c) Autopsies have been performed on what percentage of trauma deaths?
How are the autopsy findings reported to the trauma program?
- d) For each death, was an organ procurement organization (OPO) notified?
 Yes No

If 'Yes', how many trauma referrals were made to the OPO?

- e) Number of donations from meeting brain death criteria and after cardiac death (excluding eyes and skin)
- f) Are there written protocols defining the clinical criteria and confirmatory tests for the diagnosis of brain death? Yes No
Please briefly describe protocols and who is privileged to declare brain death:
- g) Number of trauma deaths vs. number of organ donation referrals vs. successful donations:

2) Multidisciplinary Trauma Review

- a) Does the trauma committee meet regularly, with a multidisciplinary committee which includes representation from all trauma related services to assess and correct global trauma program process issues? 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) Are the rates of undertriage and overtriage monitored and reviewed? Yes No
If 'Yes', please describe.
- c) Are nursing issues reviewed in the trauma PI Process? Yes No
- d) Briefly describe how 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) 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 medical staff active in trauma resuscitation, including the trauma coordinator, reviews systemic issues and/or provider issues, as well as proposed improvements to the care and safety of the injured? 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

Name, title and FTE of Injury Prevention professional:

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

- b) What are the three leading causes of injury in your community?
- c) Did the trauma center implement at least two activities over the course of the 3-year designation period with specific objectives and deliverables that address separate major causes of injury in the community? List and briefly summarize your injury prevention activities. Include any state, regional, or national affiliations.
- d) Does the center screen at least 80% of all admitted patients over age 12 for alcohol misuse with a validated tool or routine blood alcohol content testing? Yes No
If 'Yes', please describe
- e) Do at least 80% of patients who have screened positive for alcohol misuse receive a brief intervention by trained staff that is documented. Yes No
If 'Yes', please describe
- f) Is there is a protocol to screen patients at high risk for psychological sequelae with referral to mental health provider? Yes No
If 'Yes', please describe
- g) Is there a process for referral to a mental health provider when required? Yes No
If 'Yes', please describe

Please have injury prevention program information available at the time of the site visit.

5) Disaster Preparedness

- a) There is a written emergency operation plan that is updated and exercised routinely?
 Yes No
- b) Did the trauma program participate in two (2) hospital drills or disaster plan activations per year that included a trauma response and are designed to refine the hospital's response to mass casualty events? (A facility that is involved in one or more real-world disaster events having a trauma component and requiring activation of the disaster plan is exempt from participating in drills).
 Yes No
Briefly describe most recent two drills (or actual plan activation events) include dates
- c) There is an action review following all drills. Yes No
- d) There is active hospital representation on the Local Emergency Planning Committee?
 Yes No
If 'Yes', provide name/title.
- e) Is a trauma surgeon from the trauma panel included as a member of the hospital's disaster committee and be responsible for the development of a surgical response to a mass casualty event. Yes No
Name:
- f) Has the trauma surgeon liaison to the disaster committee completed the Disaster Management and Emergency Preparedness Course at least once? . Yes No
If 'Yes', date of completion:

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.

EMERGENCY MEDICINE**Please list physicians and midlevel providers providing ED coverage****Table 1**

Name	Residency-where and when completed	Board Certification (Type and expiration year)		ATLS: (Instructor/Provider Status & Expiration)		Number of shifts per month	% attendance at PI meetings
		Type	Exp. Yr.	Status	Exp.		

Emergency Medicine liaison to the trauma program:

Name:

Medical School:

Year graduated:

Post graduate training institution (residency)

Year completed:

Board certified in Emergency Medicine?

If 'Yes' year of current expiration date:

ATLS Certified?

ATLS Level:

Trauma Surgeons**Please list all surgeons taking trauma call****Table 2**

Name	Residency -where and when completed	Board Certification (Type and expiration year)		ATLS: (Instructor/ Provider Status & Expiration)		Frequency of trauma call per month (days)	Number of trauma patients admitted per year	Number of operative cases/yr.		% attendance at PI meetings
		Type	Exp. yr	Status	Exp.			Trauma	Non- trauma	

Anesthesiology**Please list physicians and midlevel providers providing anesthesia coverage****Table 3**

Name	Residency-where and when completed	Board Certification (Type and expiration year)		ATLS: (Instructor/Provider Status & Expiration)		Number of shifts per month	% attendance at PI meetings
		Type	Exp. Yr.	Status	Exp.		

Anesthesiology liaison to the trauma program:**Name:****Medical/Nursing School:****Year graduated:****Post graduate training institution (residency)****Year completed:****Board certified?****If 'Yes' year of current expiration date:****ATLS Certified?****ATLS Level:**

Neurosurgeons: Please list all surgeons taking trauma call

Table 4

Name	Residency-where and when completed	Board Certification (Type and expiration year)		ATLS: (Instructor/ Provider Status & Expiration)		Frequency of trauma calls per month (Days)	Number of Trauma Craniotomies per year	% attendance at PI meetings
		Type	Exp.	Status	Exp.			

Neurosurgeon liaison to the trauma program:

Name:

Medical School:

Year graduated:

Post graduate training institution (residency)

Year completed:

Fellowship (year completed):

Board certified?

If 'Yes' year of current expiration date:

FACS?

Ever ATLS Certified?

ATLS Level:

Orthopedic Surgeons: Please list all surgeons taking trauma call

Table 5

Name	Residency-where and when completed	Board Certification (Type and expiration year)		ATLS: (Instructor/Provider Status & Expiration)		Frequency of trauma calls per month (Days)	% attendance at PI meetings
		Type	Exp. Yr.	Status	Exp.		

Orthopedic surgeon liaison to the trauma program:

Name:

Medical School:

Year graduated:

Post graduate training institution (residency)

Year completed:

Fellowship (year completed):

Board certified?

If 'Yes' year of current expiration date:

FACS?

Ever ATLS Certified?

ATLS Level:

Radiologist liaison to the trauma program:

Name:

Medical School:

Year graduated:

Post graduate training institution (residency)

Year completed:

Fellowship (year completed):

Board certified?

If 'Yes' year of current expiration date:

Ever ATLS Certified?

ATLS Level:

ICU liaison to the trauma program:

Name:

Medical School:

Year graduated:

Post graduate training institution (residency)

Year completed:

Fellowship (year completed):

Board certified?

If 'Yes' year of current expiration date:

FACS?

Ever ATLS Certified?

ATLS Level:

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 Area Trauma Hospitals set forth therein.
- The facility will continue to maintain all criteria required of an Area Trauma Hospital.
- 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 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 & education
- Attachment #8: Trauma coordinator job description & education

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