

Pre-Review Questionnaire (PRQ) for Trauma Facility Designation

Trauma Receiving Facility (TRF)



**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) Number of licensed hospital beds:
- c) Number of staffed hospital beds:
- d) Average facility census:
- 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
- h) 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) 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.
 - i. Number of patients that did not receive a trauma team activation
- g) Indicate the number of trauma deaths (meeting trauma registry criteria) at the facility in the past 12 months?

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 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) Has the trauma program instituted any 'evidenced-based' trauma management practice guidelines? Yes No
(Examples include anticoagulation reversal, rib fracture management, antibiotic administration in open fractures etc.)
If 'Yes', briefly describe.
- c) Briefly describe how compliance with the practice guidelines are monitored?
- d) 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.
- e) 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) 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) 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) Do you have signed and current transfer agreements in place for hemodialysis, neuro-care, pediatrics, burn care and acute spinal cord injury? Yes No

If 'Yes', list center names. (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.)

d) 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

Attach a copy of the trauma program medical director job description AND Continuing Medical Education 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. How many years has the TMD been at that position or date of appointment to this position?

5. 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
6. Who does the trauma medical director report to within the medical staff structure?
7. Did the TMD attend at least 60% of all multidisciplinary trauma committee meetings?
 Yes No
8. Is the trauma medical director an active participant in state or regional trauma activities?
 Yes No
9. 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
10. Please provide evidence of 36 hours in 3 years of verifiable external trauma-related CME or maintenance of successful completion of the most recent edition of ATLS.

➤ **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 AND Continuing Education 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. How many years has the trauma coordinator been at that position or date of appointment to this position?
- 3. Who does the coordinator report to within the hospital administrative structure?
- 4. Number of dedicated hours allocated to the trauma program (weekly, monthly etc...):
- 5. Please provide evidence of 24 hours of trauma-related continuing education during the last 3 years.
- 6. Is the trauma coordinator an active participant in state or regional trauma activities?
 Yes No

Trauma Registrar/Registry

Name of registrar (may be the trauma coordinator):

- 1. Is a minimum of 80% of patient records complete in the trauma registry within 60 days of the patient discharge date? Yes No
- 2. 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.
- 3. 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.
- 4. Did the Trauma Registrar 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) 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 Designation Criteria? Yes No
- d) 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
- e) Is there a process in place to assess children for non-accidental trauma? Yes No
If "Yes", please describe
- f) Are there any standardized treatment protocols for geriatric trauma patients? Yes No
If "Yes", please have available at the time of the site visit.
- g) Are devices available for warming? Yes No (Check and list all available)
 Patient:
 Fluids:
 Rooms
- h) Name of the Emergency Department liaison to Multidisciplinary Trauma Committee
- i) Have all ED providers attended a minimum of 50% of Trauma Peer Review Committee meetings? Yes No Please *list in Table 1*
- j) 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*
- k) Did any providers substitute CALS for ATLS during the review period? Yes No
If "Yes", please list.

Clinical Qualification for Emergency Department Medical Providers

Table 1

Name of medical provider	Board Certification/ Specialty Type	Board Certification Expiration Date	ATLS expiration date	% Attendance at multi-disciplinary trauma committee / peer review meetings
				/
				/
				/
				/
				/
				/
				/
				/

Continuing Education

- a) *Do all nurses covering the emergency department have the required current TNCC/ATCN or equivalent? Yes No
- b) *Do all nurses covering the emergency department have the required 6 hours of trauma related education annually? Yes No
In "No", what percentage meet the required education?
- c) Briefly describe the continuing trauma-related education for nurses working in the ED.
- d) Briefly describe the trauma-related orientation occurs for new nurses and providers working in the ED.
- e) Date of last Montana Trauma TEAM course?

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

2) Radiology

- a) Describe how the radiology department is staffed and the process used to monitor response times for on-call coverage.
- b) Describe the radiologist coverage.
- c) Are conventional radiography and computed tomography available 24 hours per day?
 Yes No
- d) Is there the ability to reduce the CT radiation dosage for pediatrics? Yes No
- e) Is FAST provided for trauma patients? Yes No
- f) Are radiologists promptly available, in person or by tele-radiology, when requested for the interpretation of radiographs? Yes No If 'Yes', please specify
- g) Is there a PI process for changes between preliminary and final interpretations of films?
 Yes No
- h) 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
- i) Is documentation of the final interpretation of CT scans available no later than 12 hours after completion of the scan? 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.
- k) Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes No
- l) Does a radiologist representative attend trauma peer review meetings? Yes No

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. 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	

- e) What is the average turnaround time for:
- Type specific blood (minutes)
 - Full cross-match (minutes)
 - Thawing FFP (minutes) & Method for thawing
- f) If both blood and FFP are available, is there a rapid or massive 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) Do you have any products for rapid anticoagulation reversal other than Vitamin K and/or fresh frozen plasma (if available)? Yes No
Please list products (*example Kcentra, Praxbind etc.*)
- i) Does the facility have a TXA policy? Yes No
If 'Yes', please have available at the time of the site visit.
- j) Does the facility have the ability to screen for drugs and/or alcohol? Yes No

4) Allied Health Services

- a) Which of the following services are available for trauma patients? (Check all available)
- Nutrition Support
 - Physical Therapy
 - Occupational Therapy
 - Social Services
 - 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) Who is responsible for loop closure of both system and peer review issues?
- c) Describe how your PI plan incorporates or assigns levels of review (primary, secondary, tertiary) for events/issues identified through the PI process.

- d) List at least 3 adult or pediatric specific PI filters:
- e) Briefly describe how problem resolution, outcome improvements, and loop closure are readily identifiable through methods of monitoring, reevaluation, benchmarking, and documentation
- f) Do identified problems go to multidisciplinary trauma committee and trauma peer review for review? Yes No
If 'Yes', please describe:
- g) How are nursing issues reviewed in the trauma PI process?
- h) How are prehospital issues reviewed in the trauma PI process?
- i) List and describe 2 examples of loop closure (PI issues that your facility resolved) involving clinical care issues during the reporting year.
- j) Please describe how the trauma PIPS program integrates with the hospital quality and patient safety efforts:
- k) Is telehealth for collaborative care of the trauma patient included in the PI process?
 Yes No
If 'Yes', please describe:
- l) Is feedback from the receiving facility available for PI on patients that were transferred?
 Yes No
Please describe:

Trauma Deaths

- m) How many trauma deaths were there during the reporting year?
- n) List the number of deaths categorized as mortality, with or without opportunity for improvement:
Mortality with opportunity for improvement
Mortality without opportunity for improvement
- o) Autopsies have been performed on how many trauma deaths?
- p) For each death, was an organ procurement organization notified? Yes No
If 'Yes', were any tissues/organs procured?

2) Multidisciplinary Trauma Review

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.

- a) Are the rates of undertriage and overtriage monitored and reviewed? Yes No
If 'Yes', please describe.
- b) Are nursing issues reviewed in the trauma PI Process? Yes No
- c) 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.
- d) 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 of Injury Prevention professional (may be the trauma coordinator):

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

Biological Yes No

Radioactive Yes No

Chemical Yes No

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

Signature Page

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

I certify that:

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

I make the above assertions.

I do not do not make the above assertions.

CEO Signature

Documentation Checklist

Please collate and clearly label the attachments.

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