

Application Instruction Packet for Oregon Trauma Center Categorization



Oregon Health Authority, Public Health Division
Health Care Regulation and Quality Improvement
EMS and Trauma Systems
Trauma Program

(Updated Mar 2016)

**Application Packet
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Introduction

A systematic approach to trauma care provides the best means to protect the public from premature death and prolonged disability. A trauma care system reduces death and disability by identifying the causes of injury and responding promptly with the appropriate resources. The trauma care system instills practice that continually undergoes performance improvement, promotes activities to prevent injury from occurring, and has the necessary infrastructure in place for optimal trauma care.

History

In 1985, the Oregon Legislature enacted a trauma system statute which directed the Oregon Health Authority (OHA) to develop a comprehensive emergency medical services and trauma system (Senate Bill 147). OHA, in conjunction with the Oregon State Trauma Advisory Board (STAB) and the seven Area Trauma Advisory Boards (ATABs), developed statewide objectives and standards for the comprehensive care of severely injured patients. These objectives and standards were adapted from the American College of Surgeons (ACS) Committee on Trauma to meet Oregon's diverse demographic and geographic needs. These standards were adopted into rule by the Oregon Secretary of State in 1987, making Oregon one of the earliest states in the nation to approach trauma care in a systematic manner.

The original legislation has been amended over the years, and is presently codified as Oregon Revised Statutes (ORS) 431.607 to 431.635. The implementing regulations, first promulgated by the Oregon Health Authority on September 20, 1985, are set forth as Oregon Administrative Rules (OAR) Chapter 333, Division 200 and 205.

Designation and Categorization

The designation process uses trauma rules and ATAB plans to outline specific criteria by which to categorize trauma centers. OHA reviews, surveys and categorize trauma centers (OAR 333-200-0090) based on resources, trauma patient volume, and compliance with trauma rules and standards.

Enclosed are instructions to complete the application for trauma center categorization. The submitted application materials will inform site surveyors in their review and assessment of the hospital's resources and capacity to meet and maintain their desired trauma level according to Oregon Revised Statutes (ORS) 431.607 to 431.635 and Oregon Administrative Rules (OAR) 333-200-000 and OAR 333-200-205.

Categorization - Levels of Care

Trauma centers are distinguished from other facilities in that they guarantee the immediate availability of skilled providers (included but not limited to surgeons, emergency department physicians, anesthesiologists, physician specialists, nurses, ancillary personnel), resuscitation and life support equipment, and medications 24-hours-a-day. Trauma centers are categorized as Level I, II, III, or IV. Level I and II centers offer the highest level of care. Oregon has adopted, with a few modifications, the American College of Surgeons' "Optimal Standards of Care of the Trauma Patient - 2014" as the minimal acceptable standards.

Level I Trauma Center

The role of the Level I trauma center is to provide the highest level of definitive, comprehensive care for the severely injured adult and pediatric patient with complex, multi-system trauma. A Level I facility is the regional resource trauma center in the system and has the capability of providing total patient care for every aspect of injury from prevention through rehabilitation. Highly specialized care for pediatric trauma, burns, spinal cord injury, eye injury, limb reimplantation, and other clinical problems is available at the Level I center. An emergency physician, general surgeon, anesthesiologist, and nursing and ancillary personnel who can initiate immediate surgery are in-house and available to the patient upon arrival to the emergency department. A neurosurgeon is on-call and promptly available to the patient. A broad range of sub-specialists are on-call and promptly available to provide consultation or care. In addition, to direct patient care, Level I trauma centers are responsible for general surgery resident training, injury prevention programs, outreach activities, public education and research.

Level II Trauma Center

The role of the Level II trauma center is to provide definitive care for severely injured adult and pediatric patients with complex trauma. The services available at a Level II trauma facility and the resource requirements are similar to those at a Level I trauma center. An emergency physicians, nurses, and ancillary staff are in-house and immediately available to initiate resuscitative measures. A board certified general surgeon, neurosurgeon, anesthesiologist or certified registered nurse anesthetist are on-call and available to the patient. There is a broad range of specialists available for consultation or care, and comprehensive diagnostic capabilities and supportive equipment are available. Level II trauma centers serve as regional resource centers. They have injury prevention programs, do outreach activities and public education.

Level III Trauma Center

The role of the Level III trauma center is to provide initial evaluation and stabilization, including surgical intervention, of the severely injured adult or pediatric patient. A Level III trauma center provides comprehensive inpatient services to those patients who can be maintained in a stable or improving condition without specialized care. Critically injured patients who require specialty care are transferred to a higher level

trauma system hospital in accordance with criteria established in the area trauma plan. An emergency physicians, nurses, and ancillary staff are immediately available upon arrival of the patient to the emergency department. Surgery and anesthesiology are available. Level III trauma centers also provide coordinate and participate in community activities.

Level IV Trauma Center

The role of the Level IV trauma center is to provide resuscitation and stabilization of the severely injured adult or pediatric patient prior to transferring the patient to a higher level trauma system hospital. Resuscitation and stabilization may involve surgical intervention if available. Trauma trained nursing personnel are immediately available to initiate life-saving maneuvers. Emergency physicians, nurses, and ancillary personnel are on-call and promptly available to provide patient resuscitation, and in most cases are present upon patient arrival to the emergency department. Level IV trauma centers have all of the appropriate equipment and diagnostic capabilities to resuscitate the severely injured patient. Most Level IV trauma facilities provide community education and injury prevention resources.

Status

Trauma center categorization and status is based on the application and site visit. Compliance with standards and measures are evaluated based on interviews with hospital personnel, review of hospital documents, and evaluation of clinical management of trauma patients. The survey team will use the guidelines below to make a recommendation on the status of categorization to OHA.

Full Status

Trauma level categorization with full status is awarded as a result of having:

- no severe finding for a critical measure or
- no more than two moderate findings for critical measures.
- It is allowable to have minor and moderate findings for any measure as long as the program can maintain the quality and commitment to trauma care.

Award: 3 year certificate. A corrective action plan may be required to address findings.

Full status with 12 month self assessment:

A full status may be granted with a self assessment if:

- There are no more than three moderate findings for critical measures which are already in the process of being corrected, or do not pose immediate, direct impact on quality of care.
- Only one of the three quality improvement components are averaged as moderate, or
- The quality improvement program has adequate capability and resources of the hospital to adequately address quality improvement deficiencies in 12 months.

Award: 3 year certificate. A corrective action plan may be required to address findings. A self assessment is required at 12 months. Proof of correcting deficiencies must be evident for continued full categorization. If OHA determines the deficiencies have not been satisfactorily corrected, a focused review will be issued in approximately 12 months.

Probation status

Trauma level categorization is temporarily approved as a result of having:

- one or more severe findings for any measures,
- four or more moderate findings for critical measures, or
- if two of the three components of quality improvement are assessed as moderate.
- Probationary status is indicated when a combination of findings may lead to deterioration in quality and commitment to trauma care if not addressed.

Award: 2 year certificate. A corrective action plan is required within 60 days along with a focus review in approximately 12 months.

Suspension status

Trauma level categorization is temporarily on hold as a result of having:

- severe findings in any measure that cause immediate deterioration in quality and commitment to trauma care.

Award: Not granted. A corrective action plan is required within 45 days along with a focus review within 12 months.

Revocation status

A status of probation or suspension may lead to revocation if a trauma center has continually failed to correct findings or does not comply with trauma rules and statutes.

Withdrawal

At any time a trauma center may, without cause, terminate its trauma center status upon 90 days written notice to OHA and the ATAB's list of interested parties.

Level I: APPLICATION PROCESS

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Site Visit Preparation

OHA will accept the ACS report for state categorization. For this to occur, OHA will participate in the ACS review.

The e-application and instructions can be accessed at anytime at www.healthoregon.org/trauma under the Trauma Coordinator and Registrar Corner. It is encouraged that hospitals do an early review of the application process and do a self assessment using the rules and exhibits.

Follow the steps below for the state application process:

1. Inform OHA when the ACS site visit is being scheduled to avoid scheduling conflicts with other state hospital reviews. Forward agendas and information about the site visit to OHA at 971-673-0540 or ems.trauma@state.or.us.
2. OHA will accept the ACS Pre-Review questionnaire as the state trauma center designation application, but may request additional information or forms be completed once the site visit is confirmed.

At least one month prior to the survey month, a log-in will be issued to the hospital in order to submit the hospital's ACS Pre-Review Questionnaire application and other documents in Dropbox.

For security purposes, applying hospitals will have a defined time to upload application documents. All application materials must be submitted at least three weeks before the scheduled survey date. The survey team will be accessing application documents after the deadline to review and prepare for the site visit.

Amendments to the Application

If there are institutional changes affecting the trauma program after the application has been submitted and before the site visit, please inform OHA at 971-673-0540 or ems.trauma@state.or.us.

Withdrawal of Application

Facilities choosing to withdraw their application must do so three weeks before the confirmed site visit date. Cancellations may incur a fee to the hospital to cover the cost of reserved contractors.

Proprietary Information/Public Disclosure

The submitted hospital applications become the property of OHA and becomes public record at the end of the designation process; subject to the laws and rules applicable to public records.

Day of site survey

OHA staff will participate in the ACS review:

- The state survey team will review medical records and trauma related documents. If electronic medical records are used, please have a station available for OHA staff.
- Survey team members will participate in the tour. The surveyors may wish to independently interview hospital staff.

Post survey

Final Report

The applicant must forward a copy of the ACS report within 30 days from when it was received. Once the ACS report is received, a state categorization report will be written with final state results within approximately 10 weeks. This report is confidential and will be made available only to the applicant hospital by certified letter.

If an action plan is required, instructions will accompany the report along with a deadline.

Reconsideration/Informal Dispute Resolution

If an applicant is dissatisfied with a decision of OHA regarding the applicant's categorization status, the applicant may request that OHA reconsider its decision and may request a meeting with OHA staff. The applicant must request reconsideration and a meeting if desired, in writing, within 20 days of the date OHA's final report was mailed. The request must contain a detailed statement with supporting documentation explaining why the applicant believes OHA's final report is in error. OHA will issue a written decision on reconsideration following review of the materials submitted by the applicant and a meeting with the applicant, if applicable. A request for reconsideration stays the deadline for requesting a hearing.

Maintaining Compliance

The hospital's commitment of resources and personnel made in the application are expected to remain in effect during the award period. OHA may inspect, review, evaluate, and/or audit trauma patient discharge summaries, trauma patient care logs, medical records, trauma quality improvement (QI) committee minutes, and other documents relevant to trauma care at any time to verify compliance with trauma system standards. If the hospital is unable to maintain services according to their trauma center level, the hospital shall notify OHA immediately. Confidentiality of these records shall be maintained in accordance with state law.

Level II, III, IV: APPLICATION PROCESS

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Initiating the application process

OHA will notify trauma centers at least four months before the survey is due to initiate the application process and schedule a site visit, if the facility has not done so already. The e-application and instructions can be accessed at anytime at www.healthoregon.org/trauma under the Trauma Coordinator and Registrar Corner. It is encouraged that hospitals do an early review of the application and do a self assessment using the rules and exhibits. This will support completion of the e-application and preparation for the site visit.

Trauma Survey Team

During the scheduling of the site visit, OHA will appoint individuals as reviewers to conduct the site surveys. The trauma survey team evaluates compliance with Oregon Administrative Rules (OAR) 333-200-000 and OAR 333-200-205 by reviewing medical records, evaluating staff rosters and schedules, reviewing quality improvement committee minutes and other documents relevant to trauma care. The team will also tour the hospital's physical plant, looking for necessary equipment and conducting formal and informal interviews with hospital personnel. The team formally reports its findings and interpretations to OHA.

Hospitals may object to the appointment of any accreditation team member, but must do so in writing within ten (10) working days of receipt of the list of team members. OHA will consider an objection only if it can be clearly shown that there exists a substantial conflict of interest on the part of an accreditation team member, such as potential financial or personal gain, past or potential employment, or gain from the use of confidential information.

Contact with trauma review team members

The administration, faculty, medical staff, employees and representatives of a hospital are prohibited from having any contact with any accreditation team member prior to the date of the survey, except as directed by OHA. A violation of this provision may be grounds for dismissing the surveying team member and may disqualify the hospital from further consideration under this application. Contact is permitted only if necessary in an unrelated line of business and if OHA is informed. Questions regarding the survey can be sent to OHA and follow up with surveyors will occur as necessary.

E-Application for Level II, III and IV trauma centers

At least one month prior to the survey month, an email will be sent to the hospital with a link to Dropbox to set up an account. This is where you will upload the application documents for survey. All application materials must be submitted at least three weeks before the scheduled survey date. OHA staff will be accessing applications after this period for review.



Each hospital will only have access and authority to submit the e-application and appendices in their designated folder.

OHA staff are available from 8am to 5pm, Monday through Friday, at 971-673-0540 to answer questions about the application and/or Dropbox.

E-Application

The hospital is encouraged to utilize the OAR 200 and 205 to reference in completing the application. Compliance to trauma rules will be based on the information submitted in the application and the site survey. A complete and thorough application will support the preparation for the site survey. The submission of an incomplete or outdated application, or amendments without an application, will not be accepted. The application is evaluated on substance, not length. Refer to the [Application Instructions](#) to complete the e-application.

Amendments to the Application

If there are institutional changes affecting the trauma program after the application has been submitted and before the site visit, please inform OHA at 971-673-0540 or ems.trauma@state.or.us.

Withdrawal of Application

Facilities choosing to withdraw their application must do so three weeks before the confirmed site visit date. Cancellations may incur a fee to the hospital to cover the cost of reserved contractors.

Proprietary Information/Public Disclosure

The submitted hospital applications become the property of OHA, and becomes public record at the end of the designation process, subject to the laws and rules applicable to public records.

SITE VISIT

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Preparation for each stage of the site visit

A. Opening remarks

Survey Room

Reserve a private conference room with sufficient space for the survey team and the hospital staff who will attend the opening and closing sessions. Documents that need to be available should be organized and placed in the room prior to the arrival of the survey team. These are identified in the application instructions.

Opening remarks should be succinct (five to ten minutes) and give a good overview of the hospital's trauma program. Include: actions taken to address previously identified weaknesses, current strengths, improvements since the last survey, and activities of the trauma Continuous Quality Improvement (CQI) Program.

Trauma Service and Hospital Staff Participation

The following personnel should be available for the opening session of the survey visit. Prepare a list of these key hospital personnel with name, title, and phone or pager number.



The survey team may need to contact these individuals during the review:

- Trauma Medical Director
- Trauma Coordinator/ Program Manager
- Emergency Department Medical Director
- Quality Improvement Coordinator
- Trauma Registrar
- Hospital Administrator or designee
- Nurse Executive or Director of Nursing
- Managers of ED, ICU, PACU, OR, and Med/Surg unit(s)
- Medical Director of Surgery, Neurosurgery, Orthopedics, Anesthesiology, and Pediatrics as requested.
- Directors of Medical Records, Social Services, Clinical Laboratory, Blood Bank, and Radiology

B. Medical record reviews

The surveyors may request review of medical records and trauma related documents without hospital staff present. The Trauma Coordinator/Program Manager should be available during the medical record review. The survey team may have questions for members of the hospital staff, such as the Quality Improvement Coordinator, Trauma Registrar, or the Trauma Director. Individuals should be available by phone or pager to respond to questions as needed.

Medical records will be chosen from patients receiving care since the last site survey. These are patients out of the Oregon Trauma Registry (OTR). Examples of types of

records requested include adult and pediatric patients who sustained head, chest, abdominal, spinal cord, orthopedic or multi-system injury.

There will be a list of at least 12 charts requested for review. A list will be sent to the hospital at least two weeks prior to the survey. In addition, select one medical record the survey team can review as an example of organ procurement, if available.

Well organized charts will support a smooth chart review. This includes printing patient summaries and organizing the medical records to show progression of care, see below. Have these and relevant chart materials readily available in the survey conference room.

PRINT patient summaries from the Oregon Trauma Registry (OTR)

For each chart, print a patient summary. Follow these steps to run patient summaries identified for medical review:

1. Open the patient record.
2. Click on Discharge tab page.
3. Click Patient summary report button.

The screenshot shows a software interface titled "Discharge Assessment". At the top is a table with the following columns: #, Phase, Date, Feed, Stat, Locomo, Stat, Express, Stat, Total. Below the table are several input fields: "Record Complete?" with a dropdown menu showing "N" and an "Edit Check" button; "Complete Date" with a date input field showing " / /"; "Due Date" with a date input field showing " / /" and an "NTDB" button. A prominent button labeled "Patient Summary Report" is located below the date fields, with a red arrow pointing to it from above. Below this button is another button labeled "PATIENT NOTES".

If you have any questions or need help running these reports, please call OHA staff at 971-673-0540 or ems.trauma@state.or.us.

ORGANIZING the medical records

Organization of the records will facilitate a smooth review process. **Please tab sections accordingly.** Arrange the documents in a way that shows the sequence of care given. Each chart should be a complete packet. This may include:

1. Patient summary from OTR
2. Prehospital forms
3. History and physical assessments
4. Trauma flow sheets
5. ED records and summaries,
6. Radiology reports,
7. Consults,
8. Op notes,
9. Transfer documents,
10. Discharge summary,

11. Transfer facility feedback or report from receiving hospital,
12. Documentation of QI (all QI documents, including reviews and discussions, action plans implemented and documentation of loop closure, and other QI pertinent documents)*, and
13. Any other documents to demonstrate the care rendered.

*Please copy and attach relevant QI documents to the chart. Highlight information directly related to the trauma case for ease of review.

If the hospital uses electronic medical records (EMR), please print the relevant information and tab as instructed. In addition, have available two stations with access to the electronic medical records with appropriate staff to help the survey team navigate the EMR and find information if necessary.

The survey team may request for additional documentation or medical records during the review.

C. Tour

The hospital representatives below should be available to tour the facility or meet with survey team members:

- Trauma Medical Director
- Trauma Coordinator/ Program Manager
- Emergency Department Medical Director
- QI Coordinator
- Trauma Registrar

Below are areas that will be visited:

- a. Entrance/ helipad
- b. Emergency room
 1. Inspect facility, trauma room/resuscitation area, equipment, protocols, staffing, trauma call
 2. Staff interviews (emergency physician, emergency nurse)
 3. Review prehospital interaction, performance improvement
 4. References to trauma activations
 5. Review communication from and to prehospital and receiving facility
 6. Emergency plans, decontamination
- c. Radiology
 1. Inspect facility, patient monitoring, staffing
 2. Staff interviews (radiologist, technician)
 3. Review communications with teleradiology and physicians
- d. Operating Room/PACU
 1. Inspect staffing and scheduling
 2. Staff interview (nurse manager, anesthesiologist/CRNA)
- e. ICU/PICU
 1. Inspect facility, equipment
 2. Staff interview (medical director, nurse manager, nurses)
 3. Review patient management and consults

- f. Lab/Blood bank
 - 1. Inspect facility
 - 2. Staff interview (technicians)
 - 3. Review availability of blood products and mass transfusion policy

D. Exit interview

The Trauma Survey Team will require time and privacy to review survey findings before the exit interview. The exit interview will include initial assessments in strengths, weaknesses, deficiencies, and recommendations to OHA for categorization status.

A final review will be completed by OHA and a final report sent to the hospital. The final report may differ from the initial findings at the exit interview.

Day of site survey

Provide a list of key hospital personnel with name, title, and phone/pager number.



Level II – Agenda

Trauma Hospitals will receive a seven-hour survey. The below is a typical schedule.

- a. *Opening Remarks – 1 hour*
OHA staff will provide a short introduction of the survey team members and the survey process. The hospital representative will introduce trauma team personnel, and present a brief (5-10 minute) executive overview of the hospital's trauma program and the trauma CQI program.
- b. *Medical Records & Document Review - 4 hours*
Surveyors may request to review medical records and trauma related documents without hospital staff present. During this review the trauma coordinator should be available by phone, pager, or in a nearby area to answer questions.
- c. *Hospital Tour - 1 hour*
Surveyors will tour the facility with hospital representatives. They may independently interview hospital staff.
- d. *Exit Interview - 1 hour*
A confidential exit interview will be offered at the conclusion of the survey day.

Level III and IV – Agenda

Trauma Hospitals will receive a five-hour survey. The below is a typical schedule.

- a. *Opening Remarks – 30 min.*
OHA staff will provide a short introduction of the survey team members and the survey process. The hospital representative will introduce trauma team personnel, and present a brief (5-10 minute) executive overview of the hospital's trauma program and the trauma CQI program.
- b. *Medical Records & Document Review - 2 hours 30 min.*
Surveyors may request to review medical records and trauma related documents without hospital staff present. During this review the trauma coordinator should be available by phone, pager, or in a nearby area to answer questions.
- c. *Hospital Tour – 1 hour*
Survey team member will tour your facility with a hospital representative. The surveyors may wish to independently interview hospital staff.

d. Exit Interview – 1 hour

A confidential exit interview will be offered at the conclusion of the survey day.

Post survey

Final Report

The applicant will receive a written report of the survey results within approximately 10 weeks. This report is confidential and will be made available only to the applicant hospital by certified letter.

If an action plan is required, instructions will accompany the report along with a deadline.

Reconsideration/Informal Dispute Resolution

If an applicant is dissatisfied with a decision of OHA regarding the applicant's categorization status, the applicant may request that OHA reconsider its decision and may request a meeting with OHA staff. The applicant must request reconsideration and a meeting if desired, in writing, within 20 days of the date OHA's final report was mailed. The request must contain a detailed statement with supporting documentation explaining why the applicant believes OHA's final report is in error. OHA will issue a written decision on reconsideration following review of the materials submitted by the applicant and a meeting with the applicant, if applicable. A request for reconsideration stays the deadline for requesting a hearing.

Maintaining Compliance

The hospital's commitment of resources and personnel made in the application are expected to remain in effect during the award period. OHA may inspect, review, evaluate, and/or audit trauma patient discharge summaries, trauma patient care logs, medical records, trauma QI committee minutes, and other documents relevant to trauma care at any time to verify compliance with trauma system standards. If the hospital is unable to maintain services according to their trauma center level, the hospital shall notify OHA immediately. Confidentiality of these records shall be maintained in accordance with state law.

E-APPLICATION Instructions

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Introduction

The e-application is based on the trauma rules, Oregon Administrative Rules Division 200 and 205, which include Exhibits 1 to 5. The e-application and instructions can be accessed at anytime at www.healthoregon.org/trauma under the Trauma Coordinator and Registrar Corner.

The hospital is encouraged to utilize the rules to reference while completing the application. Compliance to trauma rules will be based on the information submitted in the application and the site survey. The submission of an incomplete or outdated e-application, or amendments without an e-application, will not be accepted. Follow the instructions starting on the following page to complete the e-application.

As a reminder, application materials must be submitted at least three weeks before the scheduled site survey. OHA staff will be accessing application documents after the deadline to review and prepare for the site visit.

OHA staff are available from 8am to 5pm, Monday through Friday, at 971-673-0540 or ems.trauma@state.or.us to answer questions about the application and/or Dropbox.

KEY



= Documents to submit with the e-application.
Re-title documents as specified in the instructions and upload these as instructed into Dropbox. These will align with the e-application.



= Documents to have available during the site visit.
Have these documents organized and accessible to the survey team.

APPLICATION INSTRUCTIONS

Refer to Oregon Administrative Rules Division 200 and 205, which include Exhibits 1 to 5, for compliance.

Below are instructions to complete the e-application. Appendices that need to be submitted or available during the site visit are indicated in the last two columns. These are also identified with the appropriate icons in the e-application. In addition:

- Documents to be submitted into Dropbox with the e-application need to be PDFs and named accordingly.
Example: [Appendix-1.pdf](#) or [Appendix-1a](#) and [Appendix-1b](#)
- **Do not save the e-application as a PDF. Submit as a Word document.**

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Application Section	Instructions	 Submit appendices Title PDFs as:	 Have available during site survey
Index	Provides hyperlinks to quickly get you to the section you are working on.		
Title page	Enter the hospital name and date of application.		
Facility Profile	Fill in the information. Indicate which accreditation level is being applied for.		
	General Hospital Information Use 12 months of data, starting 3 months from month of submission. For example, if you are submitting in April 2013 for a May 2013 survey, the data should include information from Jan. 1, 2012 to Jan. 1, 2013.		
Verification and Affirmation	Print Verification.-Affirmation.pdf and acquire appropriate signatures. Submit a scanned PDF.	Appendix-1.pdf	

Local System Commitment	Administrative commitment Provide a brief description of administrative commitment. Optional: Include a letter of support.		1 Administration letter
	Surgical and Emergency Department (ED) leadership commitment Provide a brief description of medical staff commitment to the trauma program. Include leadership engagement and presence in the trauma program's performance improvement and patient safety activities. Optional: Have available a letter of support.		2 Sur/ED letter
	Prehospital and Emergency Medical Services (EMS) commitment Provide a brief description of prehospital and EMS commitment. Who provides air transport? Are they hospital employees, volunteers, private agencies? Are they included in trainings and performance improvement processes. Who provides medical control? Optional: Have available a letter of support.		3 EMS letter
Trauma Program	Trauma Service Area Provide brief description of the trauma service area. Include population served, hospital area and referral areas. Optional: If maps are available to describe trauma service, have them available.		4 Maps
	Program summary Provide brief description of the program. Include updates in personnel, practice, or the facility since the last review. Include any updates to ATAB plans that should be considered when reviewing the application.	Appendix-2.pdf	

Submit hospital organization chart showing the relationship of the Trauma Program to other departments.		
Submit Trauma program organization chart.	Appendix-3.pdf	
Improvements since the last survey designation Briefly describe deficiencies corrected, improvements made since the last survey, and current activities.	Appendix-4.pdf	
Submit the latest action plan.		
Have available supporting documents for at least one current activity.		5 Current AP activities
Transfer partners. List partners. Describe how hospital accepts transfers or sends transfers (adult and pediatric patients).		
Submit transfer policies.	Appendix-5.pdf	
Have available all current transfer agreements.		6 Transfer agreements
Credentialing Submit credentialing policy for physicians and nurses caring for trauma patients.	Appendix-6.pdf	
Additional policies. Submit activation protocols.	Appendix-7.pdf	
Submit on-call policy.	Appendix-8.pdf	
Submit diversion policy.	Appendix-9.pdf	
Disaster Plan policy.		7 Disaster plan
Diversion Report Complete diversion Report.		8 Diversion reports

	<p>At the bottom, count the number of times the facility was on divert within the 12 month time period and the total number of hours.</p> <p>Have available any other documents to support the report.</p>		
Trauma Service Statistics	<p>Use Trauma One Reports Instructions to retrieve information that will need to be inputted into this chart. Save these reports and have these available during the site visit.</p> <p>Use 12 months of data, starting 3 months from month of submission. For example, if you are submitting in April 2013 for a May 2013 survey, the data should include information from Jan. 1, 2012 to Jan. 1, 2013.</p> <p>Numbers and percentages should equal total trauma patients and percentages.</p>		9 Trauma Reports
Trauma Director	List the number of trauma related CME hours for the past 3 years (Example: 5 / 2013) and/or expiration date of current ATLS certification (Example: Jan/ 2014).		
	Describe who the trauma director reports trauma program activities to. May include hospital administration or others.		
	Describe how the director oversees the coordination of trauma patient care, continuing medical education of personnel, and trauma quality improvement process.		
	Complete the attendance of the trauma director at ATAB and STAB for the past 2 years.		

Additional documents to submit.	Submit the trauma director's job description. Job description should include roles and activities of the trauma director.	Appendix-10.pdf	
	Submit the trauma director's resume or curriculum vitae.	Appendix-11.pdf	
Trauma Coordinator/Program Manager	Indicate the amount of time the trauma coordinator/program manager has been in this position. Specify months or years.		
	List the number of CME hours for the past 4 years and/or expiration of current TEAM or TNCC certification.		
	Describe how and who the trauma coordinator/program manager reports trauma program activities to.		
	Describe the role and activities of the trauma coordinator/program manager.		
	Complete the attendance of the trauma coordinator/program manager at ATAB and STAB in the last 2 years.		
Additional documents to submit.	Submit the trauma coordinator/program manager's job description. Job description should include roles and activities of the trauma coordinator/program manager.	Appendix-12.pdf	
	Submit the trauma coordinator/program manager's job description, and resume or curriculum vitae.	Appendix-13.pdf	
Trauma Registrar	Indicate if one or more staff are trained in the trauma registry.		
	If the trauma registrar and coordinator/program manager roles are inclusive, please indicate this. The remaining sections do not need to be completed and appendix 16a and 16b do not need to be submitted. Note: The trauma coordinator/program manager's job		

	<p>description should include roles and activities of the trauma registrar.</p> <p>If the positions are separate, continue completing the remaining sections.</p>		
	Describe how and who the trauma registrar reports trauma program activities to.		
	Describe the role and activities of the trauma registrar.		
	Submit the trauma registrar's job description.	Appendix-14.pdf	
	Submit the trauma registrar's resume or curriculum vitae.	Appendix-15.pdf	
Hospital clinical capabilities and resources -Pt 1	Check yes or no to each department or specialty available for trauma service.		
Hospital clinical capabilities and resources -Pt 2	This is a summary of departments involved in trauma care.		
ED coverage	Describe staffing for ED trauma coverage.		10 ED MD coverage
	Have available surgical and ED physician on-call schedule for the last 6 months.		
	Describe the communication that occurs between the ED liaison and the trauma program; give examples to show this relationship.		
	Describe the communication between the trauma program leadership and ED leadership for identifying and addressing issues. If the leadership is the same, describe communication between the trauma program with ED staff for quality improvement.		

Additional documents to submit.	Submit ED organizational chart.	Appendix-16.pdf	
	Submit ED trauma flow sheet. If the hospital is on an electronic health record, please submit an example.	Appendix-17.pdf	
	Submit any trauma specific policies and procedures.	Appendix-18.pdf	
	Have available, ED patient logs for the last 3 months.		11 ED log
Radiology	Describe radiology coverage for both ED and ICU.		12 Radiology coverage
	Have available radiology call schedule for the last 6 months.		
	Describe the process of notifying the physician of a misread and how misreads.		13 Rad variance
	Have available any forms used to track variances.		
	Describe the process for monitoring and resolving discrepancies between preliminary and final interpretations.		
	Describes how radiology is involved in program improvements.		
	Check radiology capabilities available in the ED and ICU.		
Operating room (OR)	Describe coverage for the OR. Include how back up is called and availability of the OR for trauma cases.	Appendix-19.pdf	
	Submit policy/procedures to ensure adequate staffing/surgical teams for back-up, days/eve/nights, weekends, holidays, or for multiple trauma patients.		
	Submit policy/procedures to ensure availability of surgical suites for trauma cases.		

	Have available nursing and physician call schedules for the last 6 months.		14 OR coverage
	Have available the OR daily census or utilization for the past 6 months.		15 OR census
Anesthesiology	Describe coverage for anesthesia.		
	Have on-call schedules and back-up call schedules (if applicable) for the last 6 months.		16 Anesthesia coverage
Post-anesthesia recovery room	Describe coverage for the PACU.		
	Have available nursing on-call schedules the last 6 months.		17 PACU coverage
Intensive or Critical Care Unit (ICU/CCU)	Describe coverage for the ICU/CCU.	Appendix-20.pdf	
	Submit policies or procedures for obtaining additional staff for ICU beds for trauma and making rooms available.		
	Describe how ICU leadership is connected to the trauma program and give examples of collaborative activities, such as development of policies or activities around performance improvements and patient safety.		
	Describe who retains responsibility for the care of trauma patients and what kind of collaboration takes place for optimal patient care.		
	Describe who coordinates care, how referrals or consults are requested, and how communication happens.		
Additional documents to submit.	Submit trauma specific ICU policies and procedures.	Appendix-21.pdf	

	Have available policies and procedures for consultations (nutritional, rehabilitation services or social services).		18 ICU consults
Respiratory therapy	Describe RT coverage.		
	Have available RT on-call for the last 6 months.		19 RT-coverage.pdf
	Describe how RT participates in trauma program improvements.		
Lab and Blood bank	Describe lab coverage.		
	Complete the check list		
	If there is no blood bank on site, please indicate who is used. Have available agreement of services.		20 Blood bank agreement
	Submit list of routine lab services.	Appendix-22.pdf	
	Submit minimum blood product inventory policy.	Appendix-23.pdf	
	Submit policy for obtaining blood.	Appendix-24.pdf	
	Attach policy for uncrossmatched blood administration to trauma patients.	Appendix-25.pdf	
	Mass transfusion policy.	Appendix-26.pdf	
	Acute management of burns	Appendix-27.pdf	
	Spinal cord/head injury acute management	Appendix-28.pdf	
Additional policies to submit.	Cervical spine clearance policy and procedure.	Appendix-29.pdf	
Rehabilitation services	Describe the collaboration between rehabilitation services and the trauma program.		
	Have a copy of transfer agreement with rehabilitation facilities.		21 Rehab agreements
	Have available discharge planning protocols.		22 Rehab referral

Clinical specialties	Describe physician specialty coverage, such as requirements for on-call availability. Have available on-call schedule for the last six months.		23 Specialty coverage
Pediatric services and capabilities	Describe pediatric services available. Have available policies or procedures related to pediatric trauma care for each clinical area if not submitted already.		24 Pediatrics
Organ procurement	Submit organ procurement policy.	Appendix-30.pdf	
	In addition to charts request for review, if there were deaths indicated on the Trauma Service Statistics, please select one chart with organ procurement for review. It can be one of the medical case reviews requested by the state. Include all forms involved in completing the process. Mark on the patient summary, ORGAN PROCUREMENT.		25 Organ proc chart
ED physicians	Complete all the blanks in each row for each physician. Indicate privileges and type of board certificate and the year. Mark yes or no if initial ATLS has been completed. Trauma related CMEs: For Level I and II trauma centers: <ul style="list-style-type: none"> • Indicate “# of hours” in the past 3 years. For Level III and IV trauma centers:	Appendix-31.pdf	

	<ul style="list-style-type: none"> • Enter the expiration date of the current ATLS certification (month/year), or • Indicate “# of hours” in the past 4 years. • Mark yes or no if 2 hours of acute pediatric trauma has been completed. <p>Use Trauma One Reports Instructions to retrieve provider response times, full and modified. Submit these reports.</p> <p>Complete the column “% of time meeting response time” from Report #7 - Team Member Call to Arrival Times, full activation.</p> <p>Submit separate additional forms if needed using “Add-ED-Physicians.doc.”</p> <p>At the bottom of the page, indicate who is the ED trauma liaison.</p>		
	Have available copy of ATLS or CMEs.		26 ED-CME
Trauma surgeons	<p>This may not apply to Level IV trauma centers.</p> <p>Complete all the blanks in each row.</p> <p>Indicate type of board certificate and the year.</p> <p>Mark yes or no if initial ATLS has been completed.</p> <p>Trauma related CMEs: For Level I and II trauma centers:</p> <ul style="list-style-type: none"> • Indicate “# of hours” in the past 3 years. 		

	<ul style="list-style-type: none"> • Mark yes or no if 2 hours of acute pediatric trauma has been completed. <p>For Level III and IV trauma centers:</p> <ul style="list-style-type: none"> • Enter the expiration date of the current ATLS certification (month/year), or • Indicate “# of hours” in the past 4 years. • Mark yes or no if 2 hours of acute pediatric trauma has been completed. <p>Complete Avg. days of trauma call per month. Calculate number of trauma patients admitted by each surgeon in the past year.</p> <p>Complete the column “% of time meeting response time” from Report #7 - Team Member Call to Arrival Times, full activation.</p> <p>Submit separately additional forms if needed using “Add-TS.doc.”</p> <p>At the bottom of the chart, indicate who is the neurosurgical and orthopedic trauma liaison.</p>		
	Calculate the percentage of trauma calls the surgical group takes each month.		
	Have available copy of ATLS or CMEs.		27 TS-CME
Anesthesia	<p>Complete all blanks in each row.</p> <p>Indicate privileges.</p> <p>For Level I and II, indicate year of board certificate.</p>		

	<p>Mark yes or no if initial ATLS has been completed.</p> <p>Use trauma one report to determine response rate.</p> <p>At the bottom of the page, indicate who is the anesthesia trauma liaison.</p> <p>Have available copy of ATLS or CMEs.</p>		
ED nurses	<p>Complete all the blanks in each row.</p> <p>Complete the summary of ED nursing certifications.</p> <p>Submit separately additional forms if needed using "Add-ED-Nurses.doc."</p> <p>Have available copies of certifications or CEUs.</p>		28 Anesthesia-CME
ICU/CCU nurses	<p>Complete all the blanks in each row.</p> <p>Complete the summary of ICU/CCU nursing certifications.</p> <p>Submit separately additional forms if needed using "Add-ICU-CCU-Nurses.doc."</p> <p>Have available copies of certifications or CEUs.</p>		29 ED-RN-CME
Additional charts	<p>If you need more forms to list personnel, use the additional forms available on the website.</p> <p>Download the forms, complete, and upload into Dropbox. .</p> <p>.</p>	Add-(form name).pdf	30 ICU-RN-CME

Performance Improvement and Patient Safety	QI/ PI Plan Clearly describe the QI/ PI process and how care or provider issues are communicated to the hospital wide QI program. Describe how decisions are made and communicated back to the trauma program. Describe who has authority to create action plans and is responsible for loop closure.	Appendix-32.pdf	
	Submit QI diagram or pathway to show the relationship of trauma program to other departments.	Appendix-33.pdf	
	Indicate if there are special audits for deaths or sentinel events?		
	Describe if there are any pediatric or elderly specific issues currently being addressed.		
	Submit forms used for QI (QI forms, audit filters, or screening tools).	Appendix-34.pdf	
	Submit list of all trauma cases reviewed in the past 2 years. Indicate deaths.	Appendix-35.pdf	
	Submit list of audit filter analysis and how issues are identified for correction and tracked.	Appendix-36.pdf	
Trauma Peer Review Committee (multidisciplinary committee)	Submit the committee policy that specifies roles and responsibilities.	Appendix-37.pdf	
	List current members and their title.		
	Define how often the committee meets.		
	Describe the relationship and communication between the Trauma Peer Review committee and the trauma program.		31 Multi-disciplinary minutes

	Have available minutes from the multidisciplinary meetings from the past 2 years.		
	For the past 2 years, calculate the attendance at the trauma program operational process performance committee meeting and the trauma program peer review committee meeting.		
Trauma Registry	Submit trauma data entry policy.	Appendix-38.pdf	
	Use Trauma One Reports Instructions to retrieve median number of days for data entry. Use 12 months of data, starting 3 months from month of submission. For example, if you are submitting in April 2013 for a May 2013 survey, the data should include information from Jan. 1, 2012 to Jan. 1 2013.		
Trauma deaths reviewed	Complete chart.		
Continuing education	Complete all blanks in each row.		
	Have examples available.		32 CE examples
Public education	If applicable for the trauma level, complete all the blanks in each row.		
	Submit Injury Prevention Coordinator job description, if applicable.	Appendix-39.pdf	
	List the prevention activities in the past 2 years. Include the event name, year and month and if an evaluation was done. Describe how the issue was identified, list partners and share the outcomes of this event.		
	Have examples available.		33 Edu examples

Trauma One Reports Instructions

Please refer to the “Trauma Coordinator & Registrar Corner” for a list of canned reports available in Trauma One and how to run them. Then log into the registry and follow the step-by-step instructions.

Once you have clicked on the reports, [you will see an alphabetical list](#).

Scroll down to the “S’s” – start with **SUR 1: AGE**.

For the application, use the following reports:

Report Name	Title	Description
SUR 1: AGE	Age	Age by categories
SUR 2: RESPONSE ENTRY	Hospital Response by Trauma System Entry	ED/field activation-full vs modified
SUR 3: ED DISP SUMMARY	ED Disposition Summary	Disposition from ED
SUR 4: Outcome By ISS	Outcome by ISS Grouping	Lived/died by ISS grouping
SUR 5: ED DISP & ISS > 15	Ed Disposition Summary for Patients with ISS > 15	Disposition from ED for patients with ISS > 15
SUR 6: T TEAM SUMMARY	Team Member Role Response Summary-Full Activation & Modified Activation (2 reports)	Response times of trauma team members from patient arrival
SUR 34: DATA RPT TIME	Average Reporting Time: Discharge to Complete Date	Median reporting time from discharged to completed (days)

Dropbox Instructions

A link to Dropbox that is hospital-specific will be sent to the trauma coordinator via email.

Click on the link. You will receive a prompt to set up an account. Use your email address and create your own password (there will be no charge for this account). You will then be able to access your hospital-specific folder to upload the application documents.