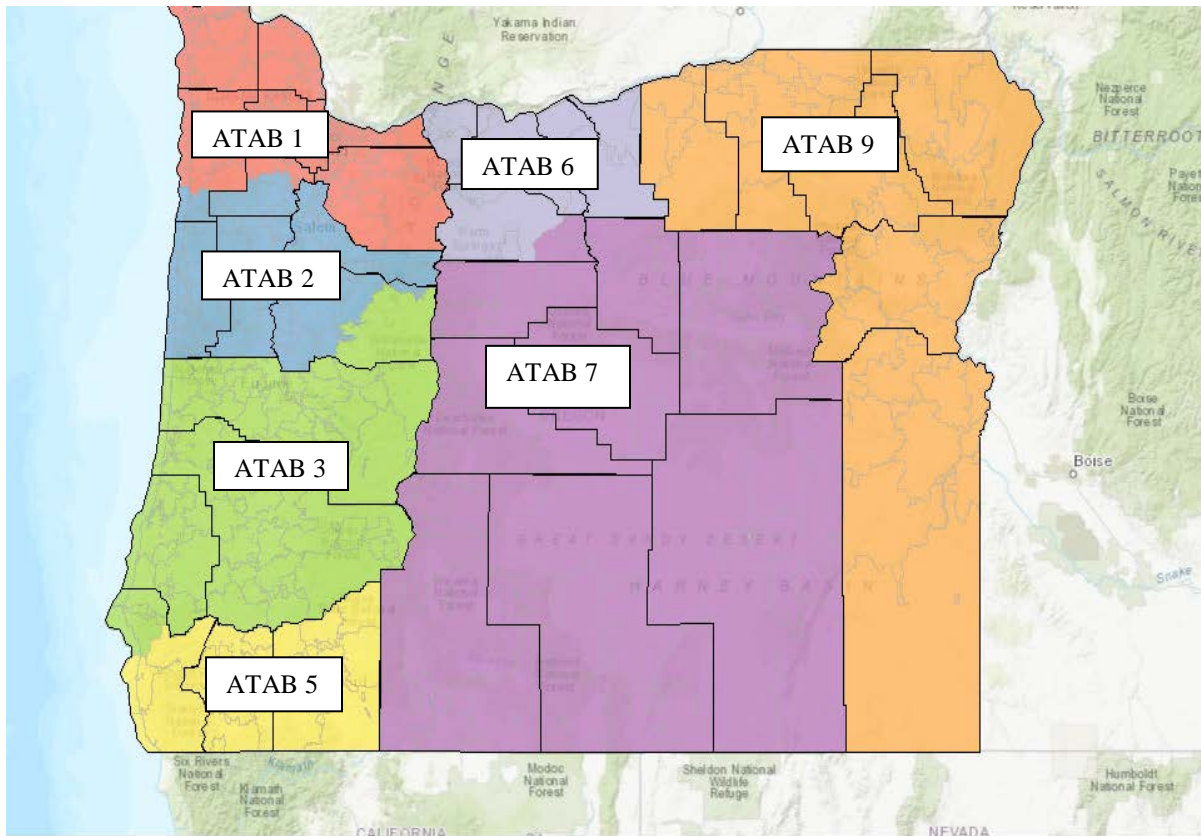


Application Instruction Manual for Oregon Trauma Center Categorization

Oregon Trauma System



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Benefits of a Trauma System

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. A trauma care system establishes 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 adopted 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 categorizes trauma centers based on resources, trauma patient volume, and compliance with trauma rules and standards (OAR 333-200-0090).

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 the desired trauma level according to ORS 431.607 to 431.635 and OAR 333-200-0000 to 333-200-0295.

Trauma Center 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, and 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 - 2006" as the minimal acceptable standards.

Level I Trauma Centers

The role of Level I trauma centers is to provide the highest level of definitive, comprehensive care for severely injured adult and pediatric patients with complex, multi-system trauma. Level I trauma centers are the regional resource trauma centers in the system and have 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 are available at Level I trauma centers. An emergency physician, general surgeon, anesthesiologist, nursing and ancillary personnel who can initiate immediate surgery are in-house and available to patients upon arrival to the emergency department. A neurosurgeon is immediately available 24 hours per day. 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 Centers

The role of Level II trauma centers is to provide definitive care for severely injured adult and pediatric patients with complex trauma. The services available at Level II trauma centers and the resource requirements are like those at a Level I trauma center. 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 patients. 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. Level II trauma centers are responsible for injury prevention programs, outreach activities and public education.

Level III Trauma Centers

The role of Level III trauma centers is to provide initial evaluation and stabilization, including surgical intervention, of severely injured adult or pediatric patients. Level III trauma centers provide comprehensive inpatient services to those patients who can be maintained in a stable environment or have an improving condition without need of specialized care. Critically

injured patients who require specialty care are transferred to a higherlevel trauma center in accordance with criteria established in the area trauma plan. Emergency physicians, nurses, and ancillary staff are immediately available upon arrival of the patient to the emergency department. Surgery and anesthesiology are available when needed. Level III trauma centers also provide, coordinate and participate in community activities.

Level IV Trauma Centers

The role of Level IV trauma centers is to provide resuscitation and stabilization of severely injured adult and pediatric patients prior to transferring the patient to a higher-level trauma center. Resuscitation and stabilization may involve surgical intervention if available. Trauma trained nursing personnel are immediately available to initiate life-saving treatment. 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 appropriate equipment and diagnostic capabilities to resuscitate severely injured patients. Level IV trauma facilities provide community education and injury prevention resources.

Trauma Center Categorization Status

Trauma center categorization status is based on the submitted application and site visit. Compliance with standards and measures is evaluated based on interviews with hospital personnel, review of hospital documents, and evaluation of the clinical management of trauma patients. The survey team will use the guidelines below to make a recommendation on the categorization status to OHA. Refer to Prereview Questionnaire for description of Critical Type. Each criterion in Exhibit 4 corresponds to a specific critical type, type I deficiency or type II deficiency.

Full Status

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

- Met all the requirements of OAR 333-200
- No type I deficiencies
- No more than three (3) type II deficiencies

Award: 3-year Categorization

** A corrective action plan may be required to address deficiencies and findings.*

Probation Status

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

- Met all the requirements of OAR 333-200
- No type I deficiencies
- No more than three (3) type II deficiencies

Award: 1-year Categorization

** A corrective action plan is required within 60 days and a focused review will be scheduled in approximately 12 months.*

Trauma hospitals that are found to have Type I deficiencies, or failure to correct all deficiencies when on probationary status may result to suspension status.

Revocation Status

A status of probation or suspension may lead to revocation if a trauma center has failed to correct findings during the resurvey or per OAR 333-200-0295 (6).

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 per OAR 333-200-0090 (6).

Application Process for Level I Trauma Centers

OHA may accept the ACS verification if the verification is recognized by the Public Health Division as addressing the ACS trauma system standards and any additional state standards per OAR 333-200-0250 (5). For this to occur, OHA must participate in the ACS review.

- The OHA survey team will review medical records and trauma-related documents. If electronic medical records are used, a station must be available for OHA survey team.
- OHA survey team members will participate in the tour. The surveyors may also independently interview hospital staff.

Follow the steps below for the state application process:

1. Inform OHA of the ACS site visit date to avoid scheduling conflicts with other trauma center reviews. Forward agendas and information about the site visit to OHA 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 ACS site visit date a log-in will be issued to the trauma center with a link to Dropbox to set up an account. This is where you will upload the ACS Pre-Review Questionnaire application for survey.

For security purposes, trauma centers will have a defined time to upload application documents. All application materials must be submitted at least one month prior to the scheduled survey date. The survey team will review application documents to prepare for the site visit.

Categorization Letter

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 status letter will be written and sent to the trauma center with final state results within 60 days. If an action plan is required, instructions will accompany the letter along with a deadline for submission.

Application Process for Level II, III & IV Trauma Centers

Initiation of the Application Process

OHA will contact trauma centers to initiate the application process and schedule a site visit. The e-application and instruction manual may be accessed at any time at www.healthoregon.org/trauma under the Trauma Coordinator and Registrar Corner. It is encouraged that trauma centers perform an early review of the application and complete the self-assessment using the rules and exhibits for reference. This will support completion of the e-application and prepare the trauma center for the site visit.

Prior to the survey date, an email will be sent to the trauma center with a link to Dropbox to set up an account. This is where application materials will be uploaded for survey. All application materials must be submitted at least one month prior to the scheduled survey date. The survey team will review application documents to prepare for the site visit.

Each trauma center will have access and authority to submit the application materials in their designated folder.

OHA staff are available from 9am to 3pm, Monday through Friday, at 971-673-0520 to answer questions about the application and/or Dropbox.

Trauma Survey Team

During the scheduling of the site visit, OHA will appoint contracted surveyors to conduct the site surveys. The OHA survey team evaluates compliance with OAR 333-200-000 and OAR 333-200-205 by reviewing medical records, evaluating staff rosters and schedules, and 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 will formally report findings and interpretations to OHA.

Hospitals may object to the appointment of any survey team member but must do so in writing within ten (10) working days of receipt of the list of team members in accordance with OAR 333-200-0245 (3). OHA will consider an objection only if it can be clearly shown that there exists a substantial conflict of interest exists on the part of a survey 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 survey 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 survey 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 of the contact. Questions regarding the survey may be sent to OHA and follow-up with surveyors will occur as necessary.

Amendments to the Application

If there are institutional changes affecting the trauma center after the application has been submitted but before the site visit, please inform OHA at 971-673-0520 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. Hospitals may be subject to cancellation fees to cover the cost of contracted surveyors.

Proprietary Information/Public Disclosure

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

Oregon Administrative Rules and Exhibits 1 to 5

[OAR 333-200 and OAR 333-205](#)

[Exhibit 1 Oregon Trauma System Area Map](#)

[Exhibit 2 Guideline to Field Triage of Injured Patients](#)

[Exhibit 3 Oregon Hospital Trauma Team Activation Criteria](#)

[Exhibit 4 Oregon Trauma Hospital Resource Standards](#)

[Exhibit 5 Oregon Criteria for Consideration of Transfer to a Level I or II Trauma Center](#)

Application Material/Prereview Questionnaire (PRQ)

The PRQ is designed to walk the applicant through “Exhibit 4 Oregon Trauma Hospital Resource Standards.” The PRQ is a separate document that needs to be submitted at least one month prior to the survey date, and must include all supporting documents. Please do not embed any document that has patient information/identifiers; this includes the Trauma Band #, Medical Record # and admission date. The PRQ is in an excel document. The required documents need to be filled out with *met/not met* documented. Not met requires a short statement of the issue and action plan to address the issue. Refer to the *PRQ Addendum* document posted on our [website](#) for a list of documents to be embedded and on-site documents.

Preparation for Site Survey

Meeting Room Setup

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.

There are two options available for medical records review. These options are discussed further under the Medical Records Review section. Have three stations available for full survey and two stations for focused survey, with access to the EMR and have available staff who are well-versed in EMR trauma documentation for each workstation. Staff will help the survey team navigate the EMR and find information if necessary. It is highly recommended that these staff be other than the trauma coordinator or registrar whom might be otherwise occupied during the survey.

Trauma Service and Hospital Staff Participation

The following is a list of personnel who must 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. An updated Facility Profile needs to be submitted for full and focused surveys. If these personnel are not available at the time of the survey, a designee must be named that has the authority to speak for them.

Hospital personnel or designee that must be present for the trauma survey:

- Trauma Medical Director
- Trauma Program Manager/Trauma Nurse Coordinator
- Trauma Registrar
- Hospital Administrator

Other individuals identified below should be available for interviews with the survey team:

- QI Coordinator
- Vice President/Director of Nursing
- Clinical Manager/Head Nurse of: Emergency Department, Intensive Care Unit, Post Anesthesia Recovery Room, Operating Room, and Medical/Surgical Unit
- Medical Director of: Surgery, Neurosurgery, Orthopedics, Anesthesiology, and Pediatrics
- Support Services Director or designee: Medical Records, Social Services, Clinical Laboratory, Blood Bank, and Radiology

Hospital Tour

Below are areas that will be visited:

- a. Entrance/Ambulance bay and helipad
- b. Decontamination/Mass Casualty area

- c. Emergency Room
 - 1. Inspect facility, trauma room/resuscitation area, equipment, protocols, flow sheet, staffing, and trauma call
 - 2. Staff interviews (emergency physician, emergency nurse)
 - 3. Review prehospital interaction and performance improvement
 - 4. References to trauma activations
 - 5. Review communication from and to prehospital and receiving facility
 - 6. The emergency department schedule should be available for review. There may be additional documentation requested on-site by the surveyors.
- d. Radiology
 - 1. Inspect facility, patient monitoring, staffing
 - 2. Staff interviews (radiologist, technician)
 - 3. Review communications with teleradiology and physicians
- e. Operating Room/PACU
 - 1. Inspect staffing and scheduling
 - 2. Staff interview (nurse manager, anesthesiologist/CRNA)
- f. ICU/PICU
 - 1. Inspect facility, equipment
 - 2. Staff interview (medical director, nurse manager, nurses)
 - 3. Review patient management and consults
- g. Lab/Blood Bank
 - 1. Inspect facility
 - 2. Staff interview (technicians)
 - 3. Review availability of blood products and mass transfusion policy

Medical Record Review

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 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.

The charts should cover the following areas:

For Level I and II - Include at least one of each category if available

Outcome:

Deaths

Readmission

Trauma PI

Non-surgical admit

Injury:

Polytrauma (ISS > 24)

Neuro

Cardiothoracic

Abdominal

Pelvic/Femur

Pediatric

Note: there should be a minimum of 30 charts.

For Level III and IV

All deaths

All readmissions

All transfers in

All OR or ICU then transfer out

Polytrauma

Neuro

Cardiothoracic

Abdominal

Pelvic/Femur

Pediatric

Non-surgical admit

Note: there should be a minimum of 20 charts.

Level III: Pick charts that show PI with problem resolution, outcome improvements, and assurance of safety (“loop closure”) through methods of monitoring, reevaluation, and benchmarking.

Level IV: Pick charts that show PI with event identification, levels of review, development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking.

In available, select one medical record the survey team can review as an example of organ procurement.

There are two options available for medical records review.

Option 1: Paper chart review

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. Summary from consultants
8. Operating Room notes
9. Transfer documents
10. Discharge summaries
11. Transfer facility feedback or reports from receiving hospitals
12. Documentation of PI (detailed recording of the PI outcomes discussed during the multidisciplinary trauma peer review committee meetings should be included as part of the PIPS documentation in the patient's chart. This would include all PI documents, reviews and discussions, action plans implemented, documentation of loop closure, and other PI pertinent documents).
13. Any other documents to demonstrate the care rendered.

Option 2:

Electronic Medical Record (EMR) review. If the above documents under Option 1 can be accessed electronically, these documents do not need to be printed. If the documents are not accessible electronically, then they need to be printed and available to the reviewers. Dedicated staff proficient in navigating the EMR need to be assigned, one per surveyor, and will be responsible in presenting the EMR records to the surveyors.

Level II Agenda

- 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 (10-20 minute) executive overview of the hospital's trauma program and the trauma PIPS program.
- b. *Hospital Tour - 1 hour*
Surveyors will tour the facility with hospital representatives. They may independently interview hospital staff.
- c. *Medical Records & Document Review – 3.5 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 to answer questions.
- d. *Pre-exit Interview – 1 hour*
The survey team will review and discuss findings without hospital staff present.
- e. *Exit Interview – 30 minutes*
A confidential exit interview will be offered at the conclusion of the survey.

Note: An additional hour will be added to chart review for hospitals using EPIC.

Level III and IV Agenda

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 (10-20 minute) executive overview of the hospital's trauma program.

b. Hospital Tour – 1 hour

Surveyors will tour the facility with hospital representatives. The surveyors may wish to independently interview hospital staff.

c. Medical Records & Document Review - 3 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 to answer questions.

d. Pre-exit interview – 30 minutes

The survey team will review and discuss findings without hospital staff present.

e. Exit Interview - 30 minutes

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

Note: An additional hour will be added to chart review for hospitals using EPIC.

Post Survey

Final Report

Within 60 days of completing the survey, a written survey report of the on-site survey findings will be provided to the applicant and shall be confidential in accordance with OAR 333-200-0245 (7). If an action plan is required, instructions will accompany the report along with a deadline for submission.

Reconsideration/Informal Dispute Resolution

If an applicant is dissatisfied with a decision of OHA regarding the applicant's categorization status, an applicant shall have 30 days from receipt of the survey report per OAR 333-200-0295 (2) to request a reconsideration of the 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. 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 the reconsideration request following review of the materials submitted by the applicant and if applicable a meeting with the applicant.

If upon receipt of OHA's written response, an applicant wants to dispute any findings including identified deficiencies, per OAR 333-200-0295 (4), the applicant must notify OHA in writing within 10 calendar days after receipt of the written survey report. The written request must include a detailed explanation of why the applicant believes the findings are inaccurate.

Maintaining Compliance

The hospital's commitment of resources and personnel 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.

Action Plan

Action plans need to have clear goals that are Specific, Measurable, Attainable, Realistic and Timely (SMART). The plan should include: identified opportunities for improvement, analysis of supporting data, developed corrective action(s), implemented prevention/mitigation action(s), and means of ensuring event resolution as evidenced by data to demonstrate change in practice after prevention/mitigation (adopted from TOPIC 2017 Edition) .

A sample action plan format is provided for you. You are not required to use this format. You may use your own format as long as you address the following components:

1. Describe how each deficiency will be corrected.
2. Include specific corrective activities to resolve the deficiency.
3. Identify implementation dates and deadlines for these activities.
4. Identify the name and title of the designated person responsible for implementing the activities.
5. Identify what measures will be used to evaluate the success of the corrective actions in resolving the deficiency.

Hospital Name: _____

Survey Date: _____

DEFICIENCY AS CITED IN TRAUMA SURVEY REPORT	CORRECTIVE ACTIONS TO RESOLVE DEFICIENCY (DETAILS)	START DATE	STATUS	RESPONSIBLE INDIVIDUAL(S)	EVALUATION (MEASURES OF EFFECTIVENESS)
1.					
2					

If you have supporting documents that you need to submit along with the action plan, please embed these documents within the action plan table.

Embedding Documents

How to embed an object/file in Word

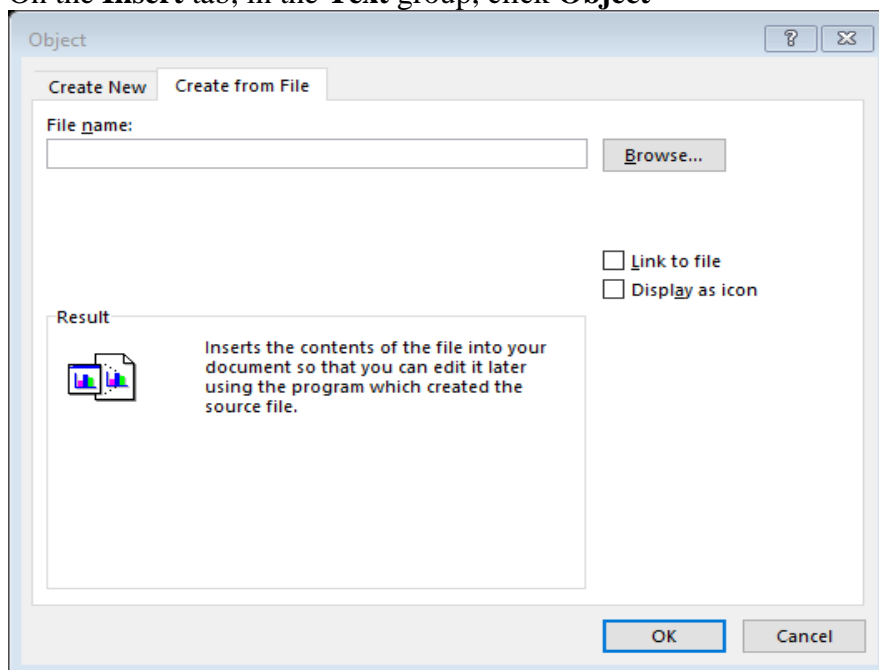
1. Open the Action Plan document.
2. Place the cursor on the column where you want to embed the object/file.
3. From the **Insert** tab, under **Text** group, click on the down arrow next to **Object**.
4. In the **Object** dialogue box, select the **Create from File** and then click **Browse** to find the file you want to insert.
5. Check the **Display as icon** checkbox, then click **OK**.

How to Embed multiple objects/files in Word

1. Open a new Word document.
2. Follow steps 2 to 6 from the previous Embed instructions.
3. Repeat steps 2 to 6 until you have embedded all the files you need.
4. When embedding in Excel, embed the multiple objects/files into a new Word document, and then embed the new Word document into the Excel spreadsheet. By doing this, you will not be embedding numerous files in Excel.

How to embed an object/file in Excel

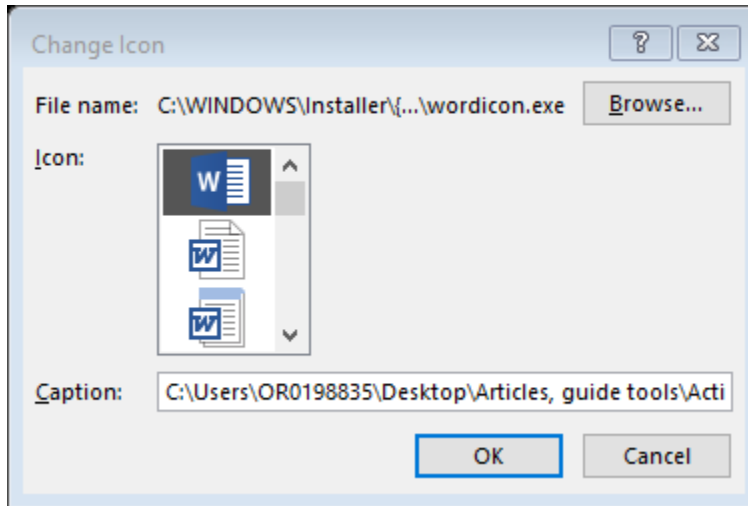
1. Click inside the cell of the spreadsheet where you want to insert the object/file.
2. On the **Insert** tab, in the **Text** group, click **Object**



3. In the **Object** dialog box, click the **Create from File** tab.
4. Click **Browse** and select the file you want to insert.

5. Select the **Display as icon** checkbox.

Note: Before you click **OK**, you can change the caption on the icon by clicking **Change icon** inside the dialog box. Click inside the **Caption** box and type your desired title to the icon. Click **OK**.



6. After you add the icon, you can drag and drop it anywhere on the worksheet. You can also resize the icon by using the resizing handles. To find the handle, click the icon one time.

Note: If you need to embed more than one file, create a new document in Word and then embed the files that you need to meet a specific criterion. If you find yourself needing to embed more than three files, please call us @ 971-673-0520 to confirm and make sure that all of the supporting documents are necessary.