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Hospital Departments (Tab A) Rule 5.1.2

1. Attach organization chart of the hospital's departments, divisions, or sections
2. Attach hospital demographic information such as
  - a. licensed beds
  - b. average daily and annual census
  - c. ED volume and trauma volume for the last 12 months

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Trauma Service (Tab B) Rule 5.1.4


1. Attach a narrative description of how the trauma team members are activated when a trauma patient presents to the Emergency Department.

a. Include:

1. Overview of your trauma triage system
2. Trauma team activation and authority
3. Members of the trauma team in trauma resuscitation
4. How do you assure all multiple system trauma patients or major injury victims are evaluated
5. Preparations for transfer to a higher-level trauma center.


2. Attach a bullet point listing of current policies and procedures in place related to the care of the trauma patient.

a. Policies, procedures, and guidelines for the care of the trauma patient must be available at the time of inspection.

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Trauma Program (Tab C) Rule 5.1.3

1. Attach resolution dated within the last three years supporting the trauma service by the hospital's governing body AND the medical staff.
2. Attach the organizational chart that reflects the administrative reporting structure of the trauma program (be sure to include TMD, TPM, and reflect the Trauma Service).
3. Attach a description of administrative involvement of the budgetary support for the trauma system.
4. Attach a list of internal hospital committees in which the TPM is actively involved and/or hospital committees in which the trauma program is integrated.
5. Attach a list of internal hospital committees the TPM is involved or actively participating in on behalf of the trauma program.
6. At the time of inspection (do not attach now), attach documentation of trauma center representative(s) attendance at the regional trauma advisory committee meetings must be available at the time of inspection. (Do not attach). Documentation should include a bullet point list with the following information:
  - a. How often do the meetings occur
  - b. Attendance during the past 12 months
  - c. Title of the person in attendance.

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Trauma Medical Director/TMD (Tab D) Rule 5.1.5

1. Attach a copy of the Trauma Medical Director’s Curriculum Vitae and job description.
2. Trauma Medical Director’s annual review process for physician team members:
  - a. Describe the process used by the TMD to recommend appointment and removal of physicians from the trauma team.
  - b. Attach a copy of the form used for the annual review process.
  - c. Describe the process for assignment if using alternate criteria in lieu of board certification and attach a copy of the form used.
  - d. At the time of inspection, have the Trauma Medical Director’s annual reviews of the members of the trauma panel available.

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Trauma Program Manager/TPM (Tab E) Rule 5.1.6

1. Attach a copy of the TPM's Curriculum Vitae and job description.
2. Is the TPM a full-time position? (If no, please describe other duties)

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Trauma Team (Tab F) Rule 5.1.7


1. Attach the policy that describes the roles and responsibilities of team members responding to each activation level.
2. Attach activation criteria if there are any modifications from the State Trauma Activation Criteria and Destination Guidelines.

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Multidisciplinary Trauma Committee (Tab G) Rule 5.1.8

1. List:


- a. Description of the committee
  - b. How often do the meetings occur
  - c. List members of the committee (provide full name, title, department)
  - d. The committee's role in PI, including how findings from this committee are reported to the overall PI Program
2. At the time of inspection, have committee minutes available.

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Qualifications of Physicians on the Trauma Team (Tab H) Rule 5.2.1


1. Complete and attach Table A for Emergency Medicine physicians.
2. Complete and attach Table B for General/Trauma Surgeons taking trauma call.
3. Complete and attach Table C for Orthopedic Surgeons taking trauma call.
4. Complete and attach Table E for Anesthesiologists/CRNAs taking trauma call.
5. Highlight the Multidisciplinary Trauma Committee representative on each table.
  - a. Have each representative's CV available at the time of inspection.
6. Attach a copy of the policy addressing anesthesia coverage (including CRNAs).
7. Attach your hospital's credentialing policy for all physicians serving on the trauma team. Do not include entire hospital bylaws, only include applicable pages.
8. AT THE TIME OF INSPECTION, have available the most recent three-month call schedules for all physicians on the trauma team. Have back-up call schedules if applicable. At the time of inspection, have available all trauma-related CMEs for trauma team physicians.



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Emergency Department (Tab I) Rule 5.3.1

1. Complete and attach TNCC Table for RN's assigned or practicing in the ER
2. Attach trauma flow sheet, if utilized.

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Surgical Suites/Anesthesia (Tab J) Rule 5.3.2

1. Describe the OR staffing pattern
2. Attach the policy regarding activation of on-call personnel.
3. At the time of inspection, the OR supervisor must be prepared to discuss and be able to demonstrate a prioritization scheme to assure the availability of an operating room for the emergent trauma patient during a busy operative schedule.

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PACU (Tab K) Rule 5.3.3

1. Describe the PACU function in trauma, including the hours of operation.
2. Attach the policy regarding activation of on-call personnel.

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ICU (Tab L) Rule 5.3.4

1. Identify the surgical director or co-director
2. Describe responsibilities of the surgical director/co-director
3. At the time of inspection, be prepared to describe the process when a trauma patient's condition deteriorates in ICU.

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1. Describe your hospital's resources to meet the needs of the trauma patient for the following services: **Refer to the specific requirements for each of the following departments as noted in the Regulations.** (Tab M)

- Respiratory (Rule 5.4.1)
- Radiological (Rule 5.4.2)
- Clinical Lab (Rule 5.4.3)
- Hemodialysis (Rule 5.4.4)
- Burn Care transfer protocol (Rule 5.4.5)
- Rehabilitation/Social Service transfer protocol, if applicable (Rule 5.4.6)
- Prevention/Public Outreach (Rule 5.4.7)

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Transfer Guidelines (Tab N) Rule 5.4.8

1. Attach guidelines:
  - a. for the transfer of trauma patients to a higher level of care
  - b. acceptance of transfers to your facility
2. Explain the feedback loop for the primary provider.
3. List the number of trauma transfers **in and out** for the past 12 months.
4. At the time of inspection, have documentation of PI tracking of the appropriateness of all transfers-out.
5. Attach bypass/diversion protocol. (Trauma)
6. Complete Table F regarding trauma bypass/divert occurrences.

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Performance Improvement (Tab O) Rule 2.3.1 (**Do not send any PI minutes.**)

1. Attach a copy of your PI plan, including all PI filters.
2. Describe how trauma patient care is reviewed.
3. Describe the trauma mortality review process in detail.
4. Describe two PI issues; one system-related and one clinically related.
  - a. Indicate the PI issue and the six-step process
    - i. Problem identification
    - ii. Analysis
    - iii. Preventability
    - iv. Action plan
    - v. Implementation
    - vi. Re-evaluation
    - vii. or any recognized PI process that is used to resolve PI issues.
5. At the time of inspection, have available PI reports, minutes, etc., to support the documentation listed above.

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Trauma Registry (Tab P) Rule 1.4.1/1.4.2/1.4.3

1. Attach a report from the trauma registry for all patients **from the past 12 months**. The list should contain the following:

- Date of admit
- Mechanism of Injury
- Time of admit to ED
- Time of transfer out of facility/discharged/death
- Age
- GCS
- Admitting Systolic BP
- ISS
- TRISS (probability of survival)
- Outcome (Live/Die)
- Discharge destination
- Admitting destination (when admitted)


2. Explain how your trauma center has remained current in the timeliness of data submission to the State, including with responding to QA inquiring.

In the past 12 months, has the trauma center submitted data to the central site trauma registry on time?

- NOTE: The following reports will be included to inspectors from the State Registry
  - i. Demographic Summary with the Mini Trauma Summary
  - ii. Mortality
  - iii. ISS Listing
  - iv. State QA Reports


3. List the registry number of all deaths with TRISS >.5 **from the past 12 months**.



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Education (Tab Q) Rule 5.4.9

1. Submit a list of educational offerings during the last 12 months.
2. Attach a copy of the facility's internal trauma education plan.

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**Tab R**

**SIGNATURE PAGE**

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**Tab S**

**Tables**