Designation Application Notebook
Introduction

The Level IV Trauma Centers in Mississippi provide a foundation for providing optimal care of our injured patients. As a rural state with large areas of sparse population Level IVs are the predominant healthcare resource throughout the state. A notable majority of hospitals and emergency rooms in Mississippi fall into the category of Level IV Trauma Centers.

The 2020 Mississippi Trauma Rules and Regulations describes Level IV Trauma centers as generally licensed, small, rural facilities.

Changes in healthcare often result from staffing, management reorganization, regulations, and resource availability. In order to provide a consistent, robust, effective trauma system with an eye to performance improvement, the Mississippi Trauma Care System Foundation (MTCSF) felt a need to develop this document as a resource for Level IV Trauma programs.

1. Utilize a standard 4" loose-leaf notebook
2. Place lettered tab dividers in a notebook
3. In the front section, place
   a. This introduction of Purpose
   b. Mississippi Trauma Rules and Regulations
   c. Copy of blank application

   The Purpose of this manual is to serve as a resource for:
1. Moving toward designation
2. Organizing your Level IV program
3. Preparing for redesignation

Tab A - Provide an overview of your hospital, including the number of licensed beds and the average census in the past 12 months. Rule 6.1.1/6.1.2

Tab B - Trauma Program Rule 6.1.3

1. Resolution(s) 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.

3. Describe your involvement in the trauma care system.
   Attach documentation of the trauma center representative's attendance at the advisory meetings. Documentation should include a bullet point list with the following information:
   a. How often the meetings occur
   b. Attendance during the past 12 months
   c. Title of the person in attendance.

Tab C -Medical Director/TMD Rule 6.1.4

1. Attach a copy of the Trauma Medical Director's Curriculum Vitae and job description.

2. Attach documentation of current ATLS completion or Board Certification in General Surgery or Emergency Medicine.

3. Describe the Trauma Director's annual assessment of the trauma team members.

Tab D- Trauma Program Manager/TPM Rule 6.1.5

1. Attach a copy of the Trauma Program Manager's Curriculum Vitae and job description.

2. Attach a copy of the TPM's TNCC certification.

3. Attach documentation of the TPM's 4 hours of annual trauma-related education.

Tab E- Trauma Team Rule 6.1.6

1. Attach the trauma team criteria policy, which includes the trauma team activation authority and activation process, with a list of the trauma team members in trauma resuscitation and the duties/roles of each member.

2. Attach an overview of your trauma triage system and assessment to assure all multiple system trauma patients or major injury victims are evaluated and preparations for transfer to a higher level of care trauma center.

3. Attach a copy of your facility's bypass/diversion policy.

Tab F -Multidisciplinary Trauma Committee / Performance Improvement Rule 6.1.7, 2.4.1, 2.4.2, 2.4.3 **(Do not attach any PI minutes)**

1. Attach a copy of your PI plan.

2. Attach a composition of the hospital's committee responsible for oversight of trauma PI.

    3. Describe how trauma patient care is reviewed.

4. Describe two PI issues within the last 12 months: one system-related and one clinically related. Indicate the PI issue and the six-step process – Problem identification, Analysis, Preventability, Action Plan, Implementation, and Re-evaluation – or any recognized PI process that is used to resolve PI issues.

5. Attach dates and attendance records from the past 12 months of your PI committee.

Tab G - Emergency Department Rule 6.2.1, 6.3.1

1. Attach a list of ED practitioners to include MD's and Mid-Level Providers. Provide documentation of provider's certification in ATLS / RTTDC or Board Certification in General Surgery or Emergency Medicine.

2. Attach past three month's call schedule for ED.

3. Attach a list of RN's assigned or practicing in the ED, including TNCC, ATCN, or RTTDC completion.

4. Attach policy stating TNCC requirements for ED nurses.

Tab H - Describe your hospital's resources to meet the needs of the trauma patient for the following services, if available: Rule 6.4.1

1. Respiratory

2. Radiological

3. Clinical Lab

4. Hemodialysis - There must be a written protocol to transfer the patient to a facility that provides this service if this service is not available at the Level IV Trauma Center.

<u>Tab I</u> - Prevention / Public Outreach Rule 6.4.3

1. Describe all trauma education programs for physicians, nurses, and pre-hospital providers, including how it is funded.

2. Describe community outreach and prevention program activities.

Tab J - Transfer Guidelines Rule 6.4.2, 6.4.4

1. Attach trauma patient treatment guidelines or policies for the following:
(a) Pediatrics
(b) Burns
(c) Surgical
(d) Orthopedics
(e) Neurological

2. Attach transfer guidelines regarding the transfer of the following trauma patients to a higher level of care:
(a) Pediatrics
(b) Burns
(c) Surgical
(d) Orthopedics
(e) Neurological

Tab K- Education Rule 6.4.5

1. Attach a copy of the facility's trauma education plan/protocol to include trauma-specific education for ED nurses, physicians, and mid-level providers.

2. Submit a list of educational offerings during this designation period, if applicable.

Tab L - Trauma Registry Rule 1.4.1/1.4.2/1.4.3

1. List the number of deaths for the last 12 months.

2. Describe the trauma deaths review process in detail at your facility.

3. Attach the name of your hospital's registrar.

4. Attach the following data for the last 12 months:
    - ☐ Number of trauma activations
    - ☐ Number of trauma patients who met trauma registry inclusion criteria
    - ☐ Number of trauma patients admitted to your hospital
    - ☐ Number of trauma patients transferred to other hospitals
    - ☐ Number of diversion/bypass occurrences

Tabs A through L concludes the material required for the application. Additional tabs listed below are materials that may be maintained in the manual for reference

Tab M place a copy of the Essentials and Desirable chart followed by a listing of your equipment from the list stating whether it is an essential or desirable and where it is in your facility.

Update the information behind the tabs on a regular basis, the idea being on any given day, if a surveyor were to walk in, the binder could be pulled out and current documentation provided. Keeping the record up to date in this manner helps to focus the program and prevents overload that occurs with attempting to assemble the information all at once.

Tab N Your annual education plan with approval and signatures of the Multidisciplinary Trauma Committee (TMD, TPM), and any additional approval signatures required by your organization. Make sure your meeting minutes have a record of the committee review and approval.

Tab O -Your PI plan with approval and signatures of the Multidisciplinary Trauma Committee (TMD, TPM) and any additional approval signatures required by your organization. Make sure your meeting minutes have a record of the committee review and approval. In the PI plan, utilize the PI process outlined in the state PI plan and Tab F unless your facility follows a different plan.

Tab P -Multidisciplinary Trauma Committee meeting minutes for the last three years. Minutes should reflect the Committee's involvement in the PI process and their review of identified cases (make sure the cases identified in TAB F are documented in the minutes).