**Trauma Center Designation Application Packet Checklist**

Complete and submit this application checklist to attest to reviewing your VDH/OEMS Trauma Designation File and you are submitting a complete application packet to the VDH/OEMS. A complete application packet is required to be submitted no later than 60 days prior to your confirmed site review date.

I,       have reviewed my hospital’s VDH/OEMS Trauma Designation File and addressed any discrepancies with OEMS staff.

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Hospital Representative Signature       Date

(Check box indicating item was submitted)

  Acknowledgement that the OEMS Trauma Designation File has been reviewed.

  Submissions to the Statewide Trauma Registry are up to date as of the most recent quarter.

 Criterion Article V. Section 5.01(e) Data must be submitted to the Statewide Trauma Registry

 within 30 days from the end of the quarter.

* January – March / Due April 1st
* April – June / Due July 1st.
* July – September / Due October 1st
* October – December / Due February 1st.

 Signed Trauma Center Code of Conduct (electronic form provided)

 Completed Trauma Center Capabilities Form (electronic form provided)

 Current Organizational Chart describing the relationship of the trauma program within the hospital

 organizational structure for each applied for designation. (2.1)

  Impact Statement (see page 60 of the designation manual for instructions) (2.9)

 Long-term plan (2.10)

 Criteria Checklist (electronic form provided)

  Completed Trauma Center Questionnaire (electronic form provided)

 Current complete list of Emergency Physicians

 Current complete list of Surgeon’s performing trauma call

 Copy of the Trauma call schedule for the most recent three consecutive months (6.8)

 Trauma Team Activation/Alert Criteria for your hospital (5)

 Trauma Team Roles & Responsibilities

 Trauma Alert Policies

 Trauma Medical Director Job Description (2.11-2.20)

 Evidence of Trauma Medical Director’s: Copy of board certification (9.2)

 Evidence of Trauma Medical Director’s: current ATLS (9.5)

 Evidence of Trauma Medical Director’s: CME (9.8)

 Evidence of Trauma Medical Director’s: Attendance at a national conference attendance (9.4)

 Evidence of Burn Medical Director’s: Copy of board certification (if applicable) (9.12)

 Evidence of Burn Medical Director’s: CME (if applicable) (9.14)

 Trauma Program Manager’s Job Description (include Org. Chart) (2.23)

 Evidence of Trauma Nurse Coordinator’s Trauma Education Hours (7.3)

 Evidence of Trauma Nurse Coordinator’s Attendance at a national conference attendance (7.4)

 Burn Manager’s Job Description (if applicable) (7)

 Evidence of Burn Manager’s Burn Education Hours (if applicable) (7.6)

 Trauma Registrar Job Description (7)

 Trauma Registrar Evidence of CE requirements (7.7)

 Current and complete list of nursing staff that serve as the primary trauma team nurse in the trauma

 resuscitation room. The list of trauma team nurses should include whether the nurse possess active

 TNCC or ATCN (7.10)

 Emergency Medical Director’s Board Certification (9.24)

 Emergency Medical Director’s evidence of CME (9.25)

 Emergency Medical Director’s current ATLS or the identified designee’s current ATLS (9.23)

Performance Improvement Process Flow Diagram includes how issues get reported to its highest

 level (10)

 Performance Improvement Worksheet/Tracking Sheet

 Performance Improvement Plan/Policy (10)

 Pediatric Trauma Medical Director’s: job description (4.3)

 Pediatric Trauma Medical Director’s: copy of board certification (9.2)

 Pediatric Trauma Medical Director’s: copy of CME and national conference (9.21)

 Pediatric Trauma Medical Director’s: current ATLS (9.5)

 Pediatric TPM job description/organizational chart (4.4)

 Pediatric TPM CE and national conference (7.4)

 Pediatric trauma registrar job description (4.6)

 Pediatric trauma registrar CE (7.7)

 Pediatric trauma specific PI plan (10.11)

 Individual appointments made for Administrative Reviewer with CEO, CNO and direct report for

 trauma program

**The application must be submitted electronically by sending the documents by CD, DVD, thumb drive, e-mail, etc.**

Completed Applications should be submitted to:

Virginia Office of Emergency Medical Services

Attn: Robin Pearce, Trauma/Critical Care Coordinator

1041 Technology Park Drive

Glen Allen, Virginia 23059