Virginia Office of Emergency Medical Services

Burn Center Designation Application Questionnaire

Effective Date: March 1, 2016

 Virginia Department of Health

 Office of Emergency Medical Services

 1041 Technology Park Drive

 Glen Allen, Virginia 23059

 (804)888-9100

 [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)

Applicant must complete this questionnaire in its entirety. The questionnaire should be submitted electronically along with your other application documents. An application checklist is available to assure that complete applications are submitted.

**Contact Information**

Name of Hospital:

Name of Parent Organization (if applicable):

Hospital Address

 Street:

 Street2:

 City:

 State:

 Zip:

Name and Title of Person Completing Application:

CEO/President:

CEO/President’s Address

 Street:

 Street2:

 City:

 State:

 Zip:

E-mail Address:

Telephone Number:

Chairperson of the Board of Directors:

Nurse Executive:

Administrator in charge of Trauma Service:

Trauma Program Medical Director Name:

Trauma Program Medical Director E-mail Address:

Trauma Program Medical Co-director Name (if applicable):

Burn Medical Director:

Burn Program Medical Director Email Address:

Pediatric Trauma Medical Director (if applicable):

Pediatric Trauma Medical Director Email Address:

Trauma Program Director/Manager Name:

Trauma Program Director/Manger Email Address:

Burn Program Manager:

Burn Program Manager Email Address:

Burn Registrar:

Burn Registrar Email Address:

Pediatric Program Manager (if applicable):

Pediatric Program Manager Email Address:

Trauma Registrar Name(s):

Primary Trauma Registrar Contact Phone number:

Primary Trauma Registrar Email Address:

Pediatric Trauma Registrar (if applicable):

Pediatric Trauma Registrar Email Address:

Emergency Department Medical Director Name:

Emergency Department Designee for ATLS:

Pediatric Emergency Department Medical Director:

Intensive Care Medical Director:

Pediatric Intensive Care Medical Director:

Pediatric Intensive Care Surgical Director:

Emergency Department liaison:

Orthopedic liaison:

Anesthesia liaison:

Neurosurgical liaison:

Radiology liaison:

**PURPOSE OF SITE REVIEW**

**Type of Review** **Level of Review**

   

 

 

1. What was the date of your hospital’s last review?

1. Have you reviewed your VDH/OEMS trauma center designation electronic file? (Submit a signed Application Checklist and Acknowledgement.)

1. Provide an update on the actions and status of all critical, non-critical deficiencies and recommendations noted during your last site review (if applicable).

1. List any current issues at your hospital that are, or potentially are, problems for the Pediatric Trauma Service and those actions that are in progress for remediation. Examples would include but not be limited to actions by the VDH’s Office of Licensure and Certification, Joint Commission, or other accrediting body.

1. Describe any addition or loss of hospital capabilities since your last review (i.e. closing of labor and delivery).

1. Describe any other items that significantly impact the burn and trauma program. (i.e. addition or subtraction of helicopter service, new burn services/trauma programs in the area, withdrawal of programs etc.) Please place focus on items that could impact the burn program.

1. Describe any organizational or administrative changes that have occurred at your facility since your last site review. (Include changes in ownership of the hospital, mergers and acquisitions of other hospitals/health facilities, key staffing changes, changes in departmental or divisiona1 status.)

1. What was the date of your last Joint Commission survey?

1. When do anticipate your next Joint Commission visit?

1. Have you had any recent negative or pending potentially negative findings from any licensing, accrediting, or other similar bodies?

1. What other accreditations does your hospital hold from other bodies? (I.e. ACS trauma designation, Magnet status, Stroke Accreditation, etc.)

1. Provide the cities and counties that you consider your hospital’s primary catchment area.

# Organizational Requirements

1. Describe how your hospital has a distinct and recognizable burn service?

1. Describe, in narrative form, the commitment your administration has to being a designated burn center. Submit evidence of your facility’s Board of Directors support.

1. Please list the names of the President/CEO, Vice President of Nursing and the direct report for the Pediatric Trauma Program Manager/Director. On the date of the survey the Administrative reviewer must have a thirty minute interview scheduled with each of these individuals. This may not be a group interview.

1. Attach a Burn Service organizational chart and a hospital organizational chart showing how the Burn Service is positioned within the institution.

1. Describe the decision making process for the expenditures of trauma funds. Who are the key decision making personnel? What factors are taken into consideration?

# Trauma Service Infrastructure

1. Describe the Burn Service including how the Burn Medical director oversees all aspects of the multidisciplinary care from the time of injury through discharge.

1. Is the Burn Program Manager a full time or part time position?

1. Describe any additional key Burn Service staffs other than those listed in the contact information section above, that are a part of your service.

1. Describe your Burn Service’s participation in the regional trauma system. Please provide details such as committee names, meeting dates, and who represented your service on this committee(s).

1. Describe how your hospital provides burn specific education to physicians, nurses, and prehospital providers.

1. Do you have treatment protocols for the care of burn patients? If so, please submit them with this application.

1. How is your TMD involved in research? Please submit a listing of publications and presentations for the last three years.

# Burn Service Infrastructure

1. Describe the policy and procedures for the use of allograft tissues. Please submit a copy of this and all other burn policies and procedures listed in Criteria 3.5.

1. Please detail the method used to determine acuity levels and how this drives staffing needs.

1. Describe the educational program for medical staff members including emergency medicine attending physicians and residents.

# Trauma Team Response

1. Describe the personnel on the trauma team for each level of response. When is the burn service activated?

1. Who has the authority to activate a burn service response?

1. When a critically injured burn patient arrives at your hospital, who takes direct charge in the ED? When is care turned over to the burn service?

1. Describe your hospital’s policy for trauma surgeon/burn service response to critical burn patients. Submit a copy of your surgeon response policy.

# Medical/Surgical Services Availability (complete 1-6 if application is not timed with a trauma designation visit)

1. Describe your orthopedic coverage for trauma. Include any injury types your hospital routinely transfers for definitive care.

1. Describe your neurosurgical coverage for trauma.

1. Describe your policies/capabilities for care of trauma patients.

1. Does your emergency department have a designated area for pediatric patients; please describe?

1. Describe your medical staffing and mid-level staffing for your ED both adult and pediatric.

1. Describe your hospital’s micro vascular/re-implantation capabilities.

1. Describe your policies/capabilities for the care of burn patients.

1. Do you have operating room staffs in hospital 24/7/365?

1. Who provides in-hospital medical oversight of burn patients while in the recovery room/PACU environment?

1. Who provides in-hospital medical oversight of burn patients while in the Pediatric Intensive Care Unit (PICU) environment?

1. How is the surgical director of the Burn ICU/Unit involved in the administration of the Burn ICU/Unit?

1. Do you have a bypass or diversion protocol? If so, briefly describe the reason for bypass/diversion and how many times you went on bypass/diversion in the previous year. Submit a copy of your diversion policy with your application.

# Trauma Nursing

1. Does the nursing service utilize outside staffing sources such as traveling nurses or agency nurses to staff any areas that care for burn patients? If so, please describe.

1. Is there a burn training program for critical care nurses? If so, please describe.

1. How does you facility manage burn bed control; describe how the burn patient is admitted if all your burn beds are currently full?

# Ancillary Services

1. Do policies exist to assure burn patients are seen rapidly by radiology?

1. Describe the availability of radiologists and radiology technicians for trauma team responses.

1. Who interprets radiographs after hours?

1. How is continuous monitoring achieved for critical injured burn patients being transported or undergoing procedures such as CT Scans, Angiograms etc.?

1. How do you assure un-crossmatched blood and other blood blank products are promptly available for burn resuscitation?

1. Do you have a massive transfusion protocol? If so, how is it initiated?

1. How are rehabilitative services provided to your burn patients?

1. When are rehabilitative services initiated?

1. How are members of the rehabilitative service engaged in burn service activities such as PI, staff education, and injury prevention?

1. Describe the availability of social services.

1. Describe the mechanisms in place to assess children for maltreatment.

# Performance Improvement

1. What audit filters do you use on an ongoing basis?

1. What other audit filters has your program been using during this verification cycle? Why or how were they selected?

1. Who audits deaths?

1. Describe your burn PI program and committees including how issues are identified and tracked; include copies of your tracking sheets with your application packet. Submit copies of your PI tracking sheet, PI process flow, and PI Plan/Policies.

1. How does the PI program affect the way burn care is rendered?

1. Describe two occasions that your PI program has resulted in patient care changes. Include the medical record number as reported to the Virginia Statewide Trauma Registry for the two examples provided.

1. List any burn research projects that have been completed during this verification cycle or are currently active.

1. Identify the number, name(s), and Level(s) of other trauma centers in your primary and secondary catchment areas and describe their relationship to the Burn Service.

1. What are the top three referring hospitals that refer patients to the Burn Service?

1. What are the top three hospitals the Burn Service refers patients to?

1. What are the top three injury diagnosis the Burn Service transfers out?

1. Describe the process the Burn Service uses to give and receive PI information the top three referring hospitals or hospitals referred to?

1. Describe the EMS system in your primary and secondary catchment areas.

1. Briefly describe how the Burn Service communicates PI issues to the primary EMS agencies that transport to your facility.

1. Detail the burn center’s participation in prehospital training and performance improvement.

# Disaster Planning and Management

1. Describe the Burn Service’s participation in disaster planning. Please provide details such as committee names, meeting dates, and who represented your service on this committee(s).

1. Describe your hospital’s capability to respond to hazardous materials (radioactive, chemical, biological, and others)

1. List the dates and focus of the last three disaster drills. Where these paper or patient drills?

# Community Outreach/Injury Prevention

1. Describe the burn injury prevention program.

1. Describe how the burn center is involved in the community.

1. How is the focus of the burn program’s injury prevention activities determined?

# Other

1. Describe the Medevac support services available in your primary and secondary catchment areas.

1. Is there hospital-to-field communications system or network? Describe:

1. Is there anything you would like to share about your burn program that is not discussed elsewhere in the application?

Hospital Representative Printed

Hospital Representative Signature Date

OR

Hospital Representative Digital Signature Date