Virginia Office of Emergency Medical Services

Trauma Center Designation Application Questionnaire

Effective Date: February 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 (if applicable):

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 (if applicable):

Burn Program Manager 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 (if applicable):

Intensive Care Medical Director:

Pediatric Intensive Care Medical Director (if applicable):

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 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 trauma program. (i.e. addition or subtraction of helicopter service, new trauma programs in the area, withdrawal of programs etc.)

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 trauma service?

1. Describe, in narrative form, the commitment your administration has to being a designated trauma center. Submit evidence of your facility’s Board of Directors support for all applicable levels of trauma designation.

1. Please list the names of the President/CEO, Vice President of Nursing and the direct report for the 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 Trauma Service organizational chart and a hospital organizational chart showing how the Trauma 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 Trauma Service including how the Trauma Medical director oversees all aspects of the multidisciplinary care from the time of injury through discharge.

1. Is the Trauma Program Manager a full time or part time position? Position is required to be full time as of 3/19/2015.

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

1. Describe your Trauma 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 trauma specific education to physicians, nurses, and prehospital providers.

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

# Trauma Team Response

1. Describe the personnel on the trauma team for each level of response.

1. Who has the authority to activate a trauma team response?

1. When a critically injured patient arrives at your hospital, who takes direct charge?

1. How do you assure that the trauma/general surgeon is in-hospital prior to the arrival of the patient?

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

# Medical/Surgical Services Availability

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 pediatric 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 pediatric ED area.

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

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

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

1. Who provides in-hospital medical oversight of trauma patients while in the Intensive Care Unit environment? In the Pediatric Intensive Care 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 trauma patients? If so, please describe.

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

1. How does you facility manage ICU bed control; describe how the ICU level trauma patient is admitted if all your ICU beds are currently full? If all of your PICU beds are currently full?

# Ancillary Services

1. Do policies exist to assure trauma 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 patients being transported or undergoing procedures such as CT Scans, Angiograms etc.? Is this policy different for pediatric patients?

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

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

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

1. When are rehabilitative services initiated?

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

# 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 that occur in the Emergency Department?

1. Describe your trauma 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 trauma 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 trauma 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 your Trauma Service.

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

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

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

1. Describe the process your Trauma 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 your Trauma Service communicates PI issues to the primary EMS agencies that transport to your facility.

1. Detail you trauma center’s participation in prehospital training and performance improvement.

# Disaster Planning and Management

1. Describe your Trauma 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 your injury prevention program.

1. Describe how your trauma center is involved in the community.

1. How is the focus of your 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 trauma program that is not discussed elsewhere in the application?

Hospital Representative Printed

Hospital Representative Signature Date

     

OR

Hospital Representative Digital Signature Date

     