

<i>This Pre-Review Questionnaire is designed to accompany the spread sheet appropriate for the Trauma Center being reviewed</i>			
For use with review of Level IV Trauma Center			
<i>This document is a compilation of Title 22 requirements using a modified American College of Surgeon's Pre-review Questionnaire. Each LEMSA can tailor this template to meet their needs and add contractual language as appropriate.</i>			
All references in this questionnaire should relate to the 12 month time frame provided by the [LEMSA] including your call panels, PI, Education, Outreach efforts and charts pulled for review. Please use this document template to gather your hospital information and submit to [local EMS agency] 60 days prior to the site review.	<i>Note: LEMSA to send PRQ to Trauma Center 6 months prior to survey.</i>		
Trauma Center Pre-Review Questionnaire	Notes	Title 22	LEMSA Contract
A. Background Information			
a. Please describe your expectations for this review.	<i>Note: Not part of the written response. Can be a verbal response to the survey team. Use with consultative review. May not be used with a "mature" TC review.</i>		
B. Hospital Information			
a. Type of facility: community for profit <input type="checkbox"/> , community <input type="checkbox"/> , not for profit <input type="checkbox"/> , public entity <input type="checkbox"/>			
b. Accredited by which CMS deemed authority? _____ Year _____	<i>provide copy of accreditation (Exhibit 1)</i>	X	
c. Hospital beds:			
Licensed: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU _____			
Staffed: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU _____			
Average Census: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU _____			
c. Commitment: Resolutions from the hospital administration and medical staff supporting the trauma program.	<i>provide copy (Exhibit 2)</i>		
d. Describe how the hospital administration supports the trauma program.			
e. Describe how the medical staff supports the trauma program.			

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C. Pre-hospital Information			
a. Describe your pre-hospital EMS system. Include the number and location of other hospitals within a 50-mile radius.			
b. Provide a map of the area. Include the location of other trauma centers	<i>Exhibit 3</i>		
c. Describe your ground and air transportation systems. If you are not the Base Hospital, provide name of Base Hospital(s) that provide medical control for the trauma patients you			
d. Briefly describe the trauma program's involvement with pre-hospital training.		X	
e. Describe the EMS bypass/diversion policy for trauma. Is there a policy? Yes ___ No ___	<i>provide copy of policy and trauma diversion hours for the reporting period if applicable (Exhibit 4)</i>		
D. Trauma Service			
a. Do you have a Trauma Medical Director job description? Yes ___ No ___	<i>provide copy including CV (Exhibit 5)</i>	X	
b. Briefly describe the Trauma Medical Director's reporting structure.	<i>may be provided as an organizational chart. (Exhibit 5)</i>		
c. Do you have a Trauma Program Manager job description? Yes ___ No ___	<i>provide copy including CV/Resume (Exhibit 6)</i>	X	
d. Briefly describe the Trauma Program Manager's reporting structure.	<i>may be provided as an organizational chart. (Exhibit 7)</i>		
e. Physician Information	<i>Attachment A</i>		
Emergency Medicine Physicians		X	
If a physician is not a "qualified specialist" as defined in Title 22 §100242, describe how each of the physicians meet §100242 (a) including substantiation of need.	<i>Attachment B</i>	X	
f. Please describe your trauma team activation policy. Who responds to the ED when a trauma patient arrives? How do you activate the team? Who has the authority to activate the team in-house?	<i>provide policy (Exhibit 8)</i>		
g. Please provide statistics for your trauma team responses for the reporting year and who responded	<i>see attachment C</i>		
h. What is your total number of emergency department (ED) visits for the reporting year?			
i. What is your total number of injury related (800-959.9) visits for the reporting year?			
j. What is your total number of trauma registry patients-(provide inclusion criteria used) for the reporting year?			

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k. ED Distribution (trauma registry patients only)			
1. ED to Home (number of patients)			
2. ED to OR			
3. ED to ICU			
4. ED to Floor/Ward			
5. ED Deaths			
6. ED to Other			
7. ED transfers <u>out</u>	<i>may include chart of facilities if requested by LEMSA (Exhibit 9)</i>		
i. Higher Level of Care (Trauma Center)			
ii. Burn Center			
iii. Repatriation			
iv. Other			
l. Do you have transfer agreements with: ___ Level I Trauma Center ___ Level II Trauma Center ___ Level I Pediatric Trauma Center ___ Level II Pediatric Trauma Center	<i>Provide listing of facilities (Exhibit 10)</i>	X	
m. Provide ISS breakdown and mortality for trauma registry patients (for reporting year)	<i>see attachment D</i>		
F. Hospital Facilities			
Emergency Department (or service/section)			
a. Provide the ED Medical Director CV			
b. Do the ED physicians respond to or cover in-house emergencies?	<i>provide policy if applicable (Exhibit 11)</i>		
No ___			
Yes ___ Is there a PI process demonstrating the efficacy of this process? Please describe.			
c. Do all the ED physicians care for trauma patients? Yes ___ No ___			
d. Describe the credentialing requirements for nurses in the ED.	<i>provide policy if applicable (Exhibit 12)</i>		
e. Who does FAST exams?			
Is there a credentialing process? If yes, please describe.			
Radiology			
a. Does the radiologist attend the physician peer review meeting? Yes ___ No ___			
b. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes ___ No ___			
c. Are plain films available 24/7? Yes ___ No ___			
Is a radiology technician promptly available? Yes ___ No ___		X	
d. Are the following services promptly available?			
1. Angiography Yes ___ No ___			
2. Ultrasound Yes ___ No ___			
3. CT Scan Yes ___ No ___			
Are the radiologists in-house 24/7? Yes No If not, briefly describe the process for who reads films after hours?			

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e. Does the Trauma Center have policies designed to ensure that trauma patients who may require resuscitation and monitored are accompanied by appropriately trained providers during transportation to and while in radiology department Yes ____ No ____	<i>provide policy (Exhibit 13)</i>		

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OR/PACU			
a. Is the operating room staffed 24/7? Yes ___ No ___ if no, promptly available? Yes ___ No ___			
b. Does a mechanism for opening the OR if the team is not in-house 24/7. Yes ___ No ___			
c. Does a credentialing process exist for the nursing staff in the OR/PACU? Yes ___ No ___			
d. Are anesthesiologists promptly available? Yes ___ No ___			
e. Do you use CRNAs? Yes ___ No ___ If yes, what is the role of the staff Anesthesiologist with these cases?			
f. Are anesthesiologists promptly available for airway problems in the hospital? Yes ___ No ___			
Intensive Care Unit			
a. Do you have an intensive Care Unit? Yes ___ No ___ If yes, answer the following questions:			
1. Do you have a surgical director or co-director for the ICU who is responsible for setting policies related to ICU patients? Yes ___ No ___			
2. Does the trauma surgeon remain in charge of patients in the ICU? Yes ___ No ___			
3. Does the ICU have a qualified specialist promptly available? Yes ___ No ___			
4. Describe how quality of care issues are managed and resolved in the ICU.			
5. Does a credentialing process exist for the nursing staff caring for trauma patients in the OR/PACU? Yes ___ No ___			
b. Do you have a transfer agreement with a facility with a PICU? Yes ___ No ___ If yes, is it approved by CCS? Yes ___ No ___	<i>provide listing of facilities (Exhibit 14)</i>		
Blood Bank/Clinical Laboratory			
a. Is your source of blood processed by the hospital or do you use a regional blood bank?		X	
b. Do you have a massive transfusion protocol? Yes ___ No ___ If yes, describe:			
c. Is the blood bank capable of blood typing and cross matching? Yes ___ No ___			
d. Does the blood bank have an adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate and appropriate coagulation factors to meet the needs of the trauma patient? Yes ___ No ___			
e. Is there availability for coagulation studies, blood gases and microbiology? Yes ___ No ___			
f. Are clinical laboratory services promptly available? Yes ___ No ___		X	
Rehabilitation Services			
a. Do you have a transfer agreement with a Rehabilitation Center? Yes ___ No ___	<i>If yes, provide listing of facilities (Exhibit 15)</i>		

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b. Does the hospital provide rehabilitation services for the trauma patient? Yes ____ No ____			

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c. Describe the role and relationship of the rehabilitation service to the trauma service.			
d. Does the hospital provide any of the following during the acute phase of care?			
1. Physical therapy Yes ___ No ___			
2. Occupational therapy Yes ___ No ___			
3. Speech therapy Yes ___ No ___			
4. Dysphagia evaluations Yes ___ No ___			
5. Social Services Yes ___ No ___			
6. Nutritional services Yes ___ No ___			
Other Services			
a. Do you have a mechanism in place to provide for acute hemodialysis capability? Yes ___ No ___			
b. Do you have a multidisciplinary team to manage child abuse and neglect? Yes ___ No ___			
c. Do you have a transfer agreement to provide spinal cord injury management services? Yes ___ No ___	<i>If yes, provide listing of facilities (Exhibit 16)</i>		
Disaster Plan			
a. Is the Trauma Medical Director or Trauma Nurse Coordinator a member of the hospitals disaster committee? Yes ___ No ___			
b. Does the hospital meet the disaster related requirements of The Joint Commission? Yes ___ No ___			
c. Describe the last drill that tested the hospitals disaster plan with a trauma component.			
d. Does the hospital have a disaster manual? Yes ___ No ___ If so, is there a role for the trauma service specified in the plan? Yes ___ No ___			
Organ Procurement			
a. Does the facility have an organ donor procurement program? Yes ___ No ___			
b. How many trauma patient donors in the reporting year?			
c. Are there written policies for notification of the organ procurement officer? Yes ___ No ___	<i>if yes, provide policies (Exhibit 17)</i>		
d. Does the PI program review the organ donation rate? Yes ___ No ___			
e. Is there a written policy for declaration of brain death? Yes ___ No ___	<i>if yes, provide policy (Exhibit 18)</i>		
G. Performance Improvement Program			
a. Describe the Performance Improvement/Quality Plan. Include how issues are identified Include how loop closure achieved			
b. List one example of loop closure involving peer review issues during the reporting year.			
c. Are nursing issues reviewed in the trauma PI process? Yes ___ No ___ If yes, give example			
d. What trauma registry are you using?			

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e. Describe how the trauma registry supports the PI program.	<i>provide a description of the inclusion criteria for your registry</i>		
f. Describe how you monitor the validity of the registry data.			
g. How many trauma related death were there during the reporting year? (Include ED deaths and in-house deaths)	<i>see attachment E</i>	X	
h. What percentage of trauma deaths had autopsies performed? Describe the process for how the autopsy findings are reported to the trauma center. How do you use the information provided in the autopsy report?			
i. Describe the review process for major complications (include definition).		X	
j. Describe the review process for all interfacility transfers (in and out of the Trauma Center)		X	
k. Describe your peer review meeting. Who attends? How are cases pulled? How are they presented?		X	
l. Describe your multidisciplinary systems meeting.		X	
m. Do you participate in a multi-center case review process Yes ___ No ___ or regional case review? Yes ___ No ___ Please explain.			
n. Provide documentation of your system for patients, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to hospital staff regarding the care provided to a child.	<i>provide policy (Exhibit 19)</i>		
o. Please pull charts for the site review team and provide all PI documentation with each case if applicable.	<i>Attachment F</i>		
p. Describe your participation in the Regional Trauma Coordinating Committee (RTCC)			
q. Describe your participation in the local EMS agency's trauma committee(s)		X	
H. Education, Prevention and Outreach Activities			
a. List the education you have provided during the reporting year	<i>Attachment G</i>	X	
d. Describe one prevention strategy or program you implemented during the reporting year.		X	
c. Do you have the capability of receiving telephone and on-site consultation with physicians at a higher level Trauma Center? Yes ___ No ___		X	
d. Describe one outreach activity you provided during the reporting year.		X	
Attachments			
Attachment A Board Certification information			
Attachment B Qualified Specialist information			
Attachment C Trauma Team Response data			
Attachment D ISS Breakdown			
Attachment E Trauma Deaths			
Attachment F List of Charts for Site Team Review			
Attachment G List of Education provided			

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Exhibits			
Exhibit 1 Copy of Accreditation			
Exhibit 2 Hospital Commitment			
Exhibit 3 Copy of policy and trauma diversion hours			
Exhibit 4 Trauma Medical Director job description; Provide copy including CV			
Exhibit 5 Trauma Medical Director reporting structure; may be provided as an organizational chart			
Exhibit 6 Trauma Program Managers job description; provide copy including CV/Resume			
Exhibit 7 Trauma Program Managers reporting structure; may be provided as an organizational chart			
Exhibit 8 Trauma Team Activation Policy			
Exhibit 9 Listing of receiving facilities for transfers			
Exhibit 10 Transfer agreements			
Exhibit 11 ED response to in-house emergencies policy			
Exhibit 12 Credentialing requirements for ED nurses			
Exhibit 13 Policies for monitoring while in radiology			
Exhibit 14 Transfer agreement with PICU; may include chart of facilities if requested			
Exhibit 15 Transfer agreement with Rehabilitation unit; may include chart of facilities if requested			
Exhibit 16 Transfer agreement for spinal care; may include chart of facilities if requested			
Exhibit 17 Policy for notification of the organ procurement officer			
Exhibit 18 Policy for declaration of brain death			
Exhibit 19 Documentation of your system for patients, parents to provide feedback regarding the care provided to a child.			