	Notes	Title 22	LEMSA Contract	ACS
This Pre-Review Questionnaire is designed to accompany the spread sheet appropriate for the Trauma Center being reviewed				
For use with review of Level I or II Trauma Center with *no American College of Surgeons' participation*	*Level I only criteria*			
This document is a compilation of Title 22 requirements using a modified American College of Surgeon's Pre-review Questionnaire (ACS components identified but are not complete). Each LEMSA can tailer this template to meet their needs and add contractual language as appropriate.				
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 hosptial information and submit to [local EMS agency] 60 days prior to the site review.	*Note: LEMSA to send PRQ to Trauma Center 6 months prior to survey.*			

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A. Background Information				
a. Please describe your expectations for this review.	*written response. Can be a verbal response to the survey team. Use with consultative review. May not be*			
b. Provide a brief history of past reviews, purpose of review and dates. Include a summary of recommendations made at the conclusion of your last review, efforts to correct deficiencies and/or address recommendations based on review. (include only those efforts affecting trauma services.)	*Note: Include only those reviews and related information if the LEMSA did not participate in the review (e.g. ACS consultation)*			
B. Hospital Information				
a. Type of facility: community for profit □, community □, not for profit □, public entity □				
b. Academic Association		X		X
c. Accredited by which CMS deemed authority? _____Year_____	*provide copy of accreditation (Exhibit 1)*	X		
d. Hospital beds:				
Licensed: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU _____				
Staffed: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU _____				
Average Census: Adult _____ Pediatric _____ Adult ICU _____ Pediatric ICU				
e. Commitment: Resolutions from the hospital administration and medical staff supporting the trauma program.	*provide copy (Exhibit 2)*			X
f. Describe how the hospital administration supports the trauma program.				X
g. Describe how the medical staff supports the trauma program.				X
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. Map of the area. Include the location of other trauma centers	*provide map (Exhibit 3)*			
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 receive?				
d. Briefly describe the trauma program's involvement with pre-hospital training.		X		
e. Does the trauma program participate in LEMSA committee(s) that develop pre-hospital protocol/policy?				X

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f. Describe the EMS bypass/diversion policy for trauma. Is there a policy? Yes _____ No_____	*provide copy of policy and trauma diversion hours for the reporting period if applicable (Exhibit 4)*			X
D. Trauma Service				
a. Do you have a Trauma Medical Director job description? Yes _____ No _____	*provide copy including CV (Exhibit 5)*	X		X
b. Briefly describe the Trauma Medical Director's reporting structure.	*may be provided as an organizational chart. (Exhibit 6)*			
c. Do you have a Trauma Program Manager job description? Yes _____ No _____	*provide copy including CV/Resume (Exhibit 7)*	X		
d. Briefly describe the Trauma Program Manager's reporting structure.	*may be provided as an organizational chart. (Exhibit 8)*			
e. Provide surgical specialty call panel calendars for [ ] for the following:	*LEMSA to provide random dates for review (Exhibit 9)*			
1. Trauma Surgeon		X		X
2. Anesthesiologist		X		X
3. Cardiothoracic Surgery (Level I only)		X		X
4. Neurosurgery		X		X
5. OB/GYN		X		X
6. Ophthalmology		X		X
7. Oral or Maxillofacial or head and neck		X		X
8. Orthopaedic		X		X
9. Pediatrics (Level I only)		X		
10. Plastic Surgery		X		X
11. Urology		X		X
12. Reimplantation/microsurgery or written transfer agreement		X		X
If residents are utilized for any of the above specialties, how does their schedule ensure senior resident level coverage? Describe how the trauma service complies with Title 22 §100259 (a) (8) (C) and §100259 (a) (9) (B) related to resident coverage.		X		X
f. Physician Information	*Attachment A*			
1. Trauma Surgeons		X		X
2. Neurosurgeons		X		X
3. Orthopedic Surgeons		X		X
4. Anesthesiology		X		X
5. Emergency Medicine Physicians		X		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.	*Attachment B*	X		
e. Provide non-surgical specialty call panel calendars for [ ] for the following:	*LEMSA to provide random dates for review (Exhibit 10)*			
1. Cardiology		X		X
2. Gastroenterology		X		X
3. Hematology		X		
4. Infectious Disease		X		X
5. Internal Medicine		X		X
6. Nephrology		X		X
7. Neurology		X		
8. Pathology		X		
9. Pulmonary Medicine		X		X

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If residents are utilized for any of the above specialties, how does their schedule ensure senior resident level coverage? Describe how the trauma service complies with Title 22 §100259 (a) (8) (C) and §100259 (a) (9) (B) related to resident coverage.		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.		X		
g. Please describe your trauma team activation policy. Do you have a multi-tiered response system? 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? Do you have a policy for isolated trauma?	provide policy (Exhibit 11)			
h. Please provide statistics for level of response for the reporting year and who responds to each activation level.	see attachment C			
i. What is your total number of emergency department (ED) visits for the reporting year?				
j. What is your total number of injury related (800-959.9)visits for the reporting year?				
k. What is your total number of trauma registry patients (defined as LEMSA inclusion criteria if part of contract; otherwise provide trauma center definition;) for the reporting year?				
l. What is your total number of transfers into the ED for the reporting year	may include chart of sending facilities if requested by LEMSA (Exhibit 12)			
1. # from non-Trauma Center				
2. # from lower level Trauma Center				
3. method of transport (air vs. ground; count per each)				
m. ED Distribution (trauma 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 out				
i. Higher Level of Care (Trauma Center)				
ii. Burn Center				
iii. Repatriation				
iv. Other				
n. Provide ISS breakdown and mortality for trauma registry patients for each Service (for reporting year)	see attachment D			
E. Patient Volumes (Level I only):				
a. Total Trauma Program hospital admissions _____		X		X
b. Total Trauma Program patients with ISS >15 _____		X		X
c. If unable to a or b, provide list of Trauma Surgeons with total # of trauma patients with ISS >15	see attachment E	X		X
F. Hospital Facilities				
Emergency Department				
a. Provide the ED Trauma Liaison physician CV if applicable				
b. Do the ED physicians respond to or cover in-house emergencies?	provide policy if applicable (Exhibit 13)			
No ____				
Yes ____ Is there a PI process demonstrating the efficacy of this process? Please describe.				X
c. Do all the ED physicians care for trauma patients? Yes ____ No ____				
d. Describe the credentialing requirements for nurses who care for trauma patients in the ED.	provide policy if applicable (Exhibit 14)			
e. Who does FAST exams?				
Is there a credentialilng process? If yes, please describe.				
Radiology				
a. Is there a radiologist who is the liaison to the trauma program? Yes ____ No ____				

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b. Does the radiologist attend the physician peer review meeting? Yes _____ No _____				X
c. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes _____ No _____				
d. Are plain films and CT scan available 24/7? Yes _____ No _____		X		X
e. Are the following services promptly available?				
1. Angiography Yes _____ No _____		X		X
2. Ultrasound Yes _____ No _____		X		X
Are the radiologists in-house 24/7? Yes _____ No _____ If not, briefly describe the process for who reads films after hours?				X
f. 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 _____	*provide policy (Exhibit 15)*			X
OR/PACU				
a. Is the operating room staffed 24/7? Yes _____ No _____				
Immediately available unless operating on a trauma patient (Level I only) Yes _____ No _____		X		X
Promptly available unless operating on a trauma patient Yes _____ No _____		X		X
b. Is there a mechanism for opening the OR if the team is not in-house 24/7. Yes _____ No _____				X
c. Is an OR suite available for a trauma patient at all times (unless being used for a trauma patient? Yes _____ No _____		X		
d. Does a credentialing process exist for the nursing staff caring for trauma patients in the OR/PACU? Yes _____ No _____				
e. Is the following available in the OR (Level I only)?				
1. Cardiopulmonary bypass equipment Yes _____ No _____		X		X
2. Operating microscope Yes _____ No _____		X		X
f. Are the anesthesia services present for all operations? Yes _____ No _____		X		X
g. Are anesthesiologists immediately available (Level I only)? Yes _____ No _____		X		X
h. Are anesthesiologists promptly available? Yes _____ No _____		X		X
i. Are anesthesiologists promptly available for airway problems in the hospital? Yes _____ No _____				X
Intensive Care Unit				
a. Do you have a pediatric ICU? Yes _____ No _____				
1. If no, do you have a transfer agreement with a facility with a PICU? Yes _____ No _____	*provide listing of facilities (Exhibit 16)*	X		
2. If yes, is it approved by CCS? Yes _____ No _____		X		
b. Do you have a surgical director or co-director for the ICU who is responsible for setting policies related to ICU patients? Yes _____ No _____				X
c. Does the trauma surgeon remain in charge of patients in the ICU? Yes _____ No _____				X
d. Does the ICU have a qualified specialist immediately available (Level I only) Yes _____ No _____		X		X
e. Does the ICU have a qualified specialist promptly available? Yes _____ No _____		X		X
f. Describe how quality of care issues are managed and resolved in the ICU.				
g. Does a credentialing process exist for the nursing staff caring for trauma patients in the ICU? Yes _____ No _____				
Blood Bank				
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:				

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c. Is the blood bank capable of blood typing and cross matching? Yes _____ No _____				X
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 _____				X
e. Is there 24/7 availability for coagulation studies, blood gases and microbiology? Yes _____ No _____				X
Rehabilitation Services				
a. Does the hospital have an in-house rehabilitation unit? Yes _____ No _____				
If no, do you have a transfer agreement with a Rehabilitation Center? Yes _____ No _____	*If yes, provide listing of facilities (Exhibit 17)*	X		X
b. Does the hospital provide rehabilitation services for the trauma patient? Yes _____ No _____				
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 _____		X		X
2. Occupational therapy Yes _____ No _____		X		X
3. Speech therapy Yes _____ No _____		X		X
4. Dysphagia evaluations Yes _____ No _____				
5. Social Services Yes _____ No _____		X		X
6. Nutritional services Yes _____ No _____				X
Other Services				
a. Is there acute hemodialysis capability? Yes _____ No _____		X		X
b. Do you have a multidisciplinary team to manage child abuse and neglect? Yes _____ No _____		X		
c. Acute spinal cord injury management? Yes _____ No _____		X		
If no, do you have a transfer agreement to provide the services? Yes _____ No _____	*If yes, provide listing of facilities (Exhibit 18)*	X		
Disaster Plan				
a. Is a trauma panel surgeon a member of the hospitals disaster committee? Yes _____ No _____				X
b. Does the hospital meet the disaster related requirements of The Joint Commission? Yes _____ No _____				X
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 _____				X
If so, is there a role for the trauma service specified in the plan? Yes _____ No _____				X
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 _____	*if yes, provide policies (Exhibit 19)*	X		X
d. Does the PI program review the organ donation rate? Yes _____ No _____				X
e. Is there a written policy for declaration of brain death? Yes _____ No _____	*if yes, provide policy (Exhibit 20)*			X
G. Performance Improvement Program				
a. Describe the Performance Improvement/Quality Plan.				
Include how issues are identified				X
Include how loop closure achieved				X
b. List one example of loop closure involving peer review issues during the reporting year.				X
c. Are nursing issues reviewed in the trauma PI process? Yes _____ No _____				
If yes, give example				
d. What trauma registry are you using?				
e. Describe how the trauma registry supports the PI program.	*provide a description of the inclusion criteria for your registry*			X
f. Describe how you monitor the validity of the registry data.				X

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g. How many trauma related death were there during the reporting year? (Include ED deaths and in-house deaths)	*see attachment F*			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		X
l. Describe your multidisciplinary systems meeting.		X		X
m. Do you participate in a multi-center case review process Yes _____ No _____ or regional case review? Yes _____ No _____ Please explain.		X		
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.	*provide policy (Exhibit 21)*	X		
o. Please pull charts for the site review team and provide all PI documentation with each case if applicable.	*Attachment G*			
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		X
H. Education, Prevention and Outreach Activities				
a. List the education you have provided during the reporting year	*Attachment H*			X
b. Do you have a trauma research program? Provide documentation of research during the reporting year	*Attachment I*	X		X
c. Do you have an ACGME approved surgical residency program (Level I only)? Yes _____ No _____ Provide appropriate documentation		X		X
d. Describe one prevention strategy or program you implemented during the reporting year.		X		X
e. Do you have the capability of providing Telephone and on-site consultation with physicians in the community Yes _____ No _____		X		X
f. Describe one outreach activity you provided during the reporting year.		X		
Attachments				
Attachment A Board Certification information				
Attachment B Qualified Specialist information				
Attachment C Level of Response				
Attachment D ISS Breakdown				
Attachment E Volume Report				
Attachment F Trauma Deaths				
Attachment G Charts for survey team				
Attachment H List of Education provided				
Attachment I Trauma Research Program Information				
Exhibits				
Exhibit 2 Copy of Accreditation				
Exhibit 2 Resolutions				
Exhibit 3 Map				
Exhibit 4 Copy of policy and trauma diversion hours				
Exhibit 5 Trauma Medical Director job description				
Exhibit 6 Trauma Medical Director reporting structure; may be provided as an organizational chart				
Exhibit 7 Trauma Program Managers job description				
Exhibit 8 Trauma Program Managers reporting structure; may be provided as an organizational chart				
Exhibit 9 Surgical Call panel calendars				
Exhibit 10 Non-Surgical Call panel calendars				
Exhibit 11 Trauma Team activation policy				
Exhibit 12 Chart of sending facilities (transfer in)				
Exhibit 13 Policy for ED response to in-house emergencies				
Exhibit 14 Credentialing policy for ED nurses				
Exhibit 15 Policies for monitoring while in radiology				