

Appendix B - APPLICATION FOR SURVEY ATTACHMENT AND REPORT LIST

Trauma Program Overview	Signed copy of the survey eligibility requirements
	Summary of the trauma program
	Does not require attachment to the AFS, but payer mix data is from Report Writer report = Core Measures and AFS Report
	Optional: Policy on the frequency of policy, guideline, job description review
	Variance Approval Letter (if applicable)
	Alternate Pathway Approval Letter (if applicable)
Standard 1: Commitment	Board and Medical Staff resolution
	PA Department of Health License
	The Joint Commission or Accrediting Agency for Acute Care Hospital's certificate of accreditation
	Organizational chart showing the relationship of the trauma program to the institution
	Policy(s) for admission of the trauma patient to the institution
	Policy(s) indicating the Trauma Activations Criteria, Minimal arrival time expectations for all level "team activations" including Trauma Consults when applicable, Role/duties for responding personnel, and arrival time expectations for the Emergency Medicine provider to trauma ED patients in Level IV center.
	Does not require attachment to the AFS, but ED Responses and alert level distribution data are from Report Writer report = Core Measures and AFS Report
	Report/Query from Report Writer: 'Site Survey Report - Trauma Alert Upgrades' report for this reporting period to identify upgrades in trauma alerts
	Optional: Attachment describing who is responsible for airway management during the trauma resuscitation
	Optional: Attachment describing the role of the Emergency Department Attending and/or ED resident/AP in the resuscitative phase of care in the Trauma Resuscitation Area
Level III and IV: Formal written agreement(s) with a Level I or II trauma center to provide on-going mentoring	
Standard 2: Capacity and Ability	Does not require attachment to the AFS, but age distribution data is from Report Writer report = Core Measures and AFS Report
	Does not require attachment to the AFS, but transfers in and out data, and reason for transfers out data are from Report Writer report = Transfer Summary Statistics Report
	Does not require attachment to the AFS, but total PTOS cases transferred out (excluding pediatric and burn) data is from Report Writer report = Transfer Summary Statistics Report
	Report/Query from Report Writer: 'Transfer In/Transfer Out (Double Transfer) Patient Data Report' to demonstrate patients transferred into this trauma center from another hospital and then transferred out within 24 hours (aka double transfers)

	Total Number of Patients who double transferred data is from this report
	If applicable the transfer plan and/or agreement for: Burn Patients, Cardiopulmonary Bypass, Hemodialysis Patients, Obstetric/Labor & Delivery Injured, Pediatric Patients, Spinal Cord Injured, and Other Specific Injured Populations
	Transfer plan and/or agreement with EMS to facilitate timely transportation for trauma patients requiring transfer out.
	Policy for formal consultation with institutions requesting transfer to this trauma center
	Policy explaining how the Emergency Department mobilizes resources for multiple simultaneous traumas (prior to activation of disaster plan)
	Policy(s) for Emergency Department diversion. This must include trauma diversion, CT diversion and neurosurgical diversion plans
	Hospital-Wide Disaster Plan
Standard 3: Trauma Program Medical Director	TPMD's CV
	TPMD job description
	TPMD continuing education for this survey cycle (Template Available)
	Institutional organization chart including the relationship between the TPMD, hospital governance, administration, nursing administration and other services
Standard 4: Trauma Program Manager	TPM CV
	TPM job description
	TPM continuing education for this survey cycle (Template Available)
	Institutional organization chart including the relationship between the TPM and other services and units including the Administration, TPMD, Department of Nursing and Trauma Program Staff (including registry)
Standard 5: Registry	Organizational chart for the trauma registry. This must depict the relationship between the trauma registry, trauma program medical director, trauma program manager and the trauma program
	Job description for a Trauma Registrar
Standard 6: Performance Improvement	CV for each PI Coordinator
	Job description for the PI Coordinator(s)
	PIPS plan
	Committee Attendance Log Template for the Multidisciplinary Peer Review PI Meeting (The required template is available on the PTSF Website and Central Site Portal home page)
	Patient management guidelines. This must include at a minimum: Open fracture management; Unstable pelvic fracture management; Long bone fracture management; Cervical spine clearance; Trauma resuscitation management; DVT prophylaxis; and TBI management
	Optional: 2 Practice management guidelines compliance tracking and results (This can be a tracking tool or report created by the Trauma Program)
	Optional: 1 Document pertaining to the PI project described in the AFS

	Optional: Policy/description of Multidisciplinary forum to address trauma program operational/system issues
	Optional: Attendance log for required attendance at the multidisciplinary operational meeting for the reporting period (must include TPMD, TPM and Trauma PI Coordinator) (This can be a tracking tool created by the Trauma Program, which includes the % attendance to demonstrate compliance of each mandatory participant)
	Does not require attachment to the AFS, but Mortality (total deaths; deaths by ISS group; timing of death; mortality age distribution) data is from Report Writer report = Core Measures and AFS Report
	Does not require attachment to the AFS, but Mortality Categorization of Deaths data is from V5 Outcomes Report Writer report = 'OUTCOMES: Event Statistics (Excel)'
	Report/Query from Report Writer: 'Over/Under Triage Analysis: Initial Activation Level – Arrival Month/Year' AND 'Over/Under Triage Analysis: Initial Activation Level – Arrival Year' - for this reporting period. Over Triage Rate and Under Triage Rate data is obtained from the annual report
	Optional: Other means of evaluating over/under triage utilized, including compliance with activation criteria and/or Report Writer Over/Under triage report (This can be a tool or report created by the Trauma Program)
	Optional: Report/Query from Report Writer to obtain Number of times unplanned transfer to a higher level of care within the institution occurred (unplanned upgrades in care) Number of unplanned transfers to a higher level of care can be obtained from the standard report in Collector Report Writer: Hospital Events Report. Alternately, a user data table report can be created that lists basic demographics of each patient with an unplanned admission to ICU. Suggest query of only PTOS patients + unplanned admission to ICU
	Optional: Number of severe TBI (GCS less than nine) on admission for the reporting period (This can be a report created by the Trauma Program, see Frequency Asked Questions section question #12 for recommendations)
	Optional: Percentage of severe TBI patients (GCS less than nine) who had ICP monitoring within 48 hours of admission (This can be a report created by the Trauma Program, see Frequency Asked Questions section question #12 for recommendations)
	Optional: PTOS non-surgical service admissions by ISS distribution (This can be a tool, graph or report created by the Trauma Program)
	Does not require attachment to the AFS, but Total # of PTOS Admissions and # of PTOS Patients Admitted to a Non-Surgical Service data is from Report Writer report = Core Measures and AFS Report
	Does not require attachment to the AFS, but the top three occurrences based upon number/frequency data is from Report Writer report = Core Measures and AFS Report
	NEW Most recent TQIP Benchmark Report
	Optional: One example of how a risk-adjusted benchmarking report (aka TQIP report) is utilized in the PI activities for this trauma center.
	Optional: Other documents demonstrating risk-adjusted benchmarking

	Optional: Trauma Performance Improvement Medical Director / Associate Medical Director CV and job description
	Job description for the Injury Prevention Coordinator(s)
	Optional: Organizational chart with reporting structure for the Injury Prevention Coordinator
	Does not require attachment to the AFS, but the top three leading causes of injury in the institution's trauma patient population data is from Report Writer report = Core Measures and AFS Report
	Optional: Public injury prevention activities for the reporting period
	Policy for how trauma patients undergo evaluation (screening) for investigation of causes or injury/abuse. This includes but is not limited to physical, verbal, sexual, emotional, domestic, child and elder abuse
	Optional: Policy on institution's child protective service/team
	Policy for screening and referral/intervention for trauma patients who are at risk for substance abuse (This must include alcohol and drugs)
	Optional: Report with compliance of SBIRT screening (This can be a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #9 for recommendations on creating a report)
	Data required for # of patients who received a screening per policy and # of patients eligible for screening (This can be obtained from the tracking tool/report mentioned in row above)
	Optional: Report with compliance of SBIRT intervention (This can be a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #9 for recommendations on creating a report)
	Data required for # of patients who received an intervention and # of patients who screened positive (This can be obtained from the tracking tool/report mentioned in row above)
	Optional: Plan to evaluate, support and provide services for Post-Traumatic Stress Disorder
	Level 1: Each research article listed by the Trauma Program will require an attachment of the published article
	Optional: Add in "Additional Attachments" a document with additional research beyond 25 listed in research table in AFS (Template available)
	Anesthesiology Liaison(s) CV
	Optional: Policy/Guideline stating parameters of emergent response (within 30-minutes) for emergencies (outside of the resuscitative phase of care) based on level of acuity
	Data required for Anesthesiologists % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or custom element in Collector with a report created by the Trauma Program. See Frequency Asked Questions for instructions on how to create reports utilizing custom elements)
	Optional: Names and dates for the anesthesiologists who provide coverage for the trauma call roster during this survey cycle (Template Available)
	Emergency Medicine Liaison(s) CV
Standard 8: Injury Prevention	
Standard 9: Research	
Standard 10: Physicians	

	Optional: If > 20 providers names and dates for the attending emergency department physicians who provide coverage for the trauma call roster during this survey cycle (Template Available)
	Level IV: Data required for Emergency Medicine Physicians % response time to the first/highest level activation within 30 minutes. (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #11 for recommendations on creating a report)
	Optional: Process assuring immediate and appropriate care of trauma patients in the emergency department
	Level III & IV: Data required for the # of times the ED physician had to leave the ED to attend in-house emergencies exceeding 45-minutes. (This can be obtained from a tracking tool or adding a custom element in Collector and utilizing the custom element in a report created by the Trauma Program. See Frequently Asked Questions for instructions on how to use custom elements in reports)
	Data required for each General Surgeon's total # of first/highest level trauma activations, and % response time to the first/highest level activation within 15 minutes (L I/II) or 30 minutes (L III). (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #10 for recommendations on creating a report)
	ICU Director/Co-Director CV
	ICU Intensivist Liaison(s) CV
	Neurosurgery Liaison(s) CV
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for neurosurgical issues
	Data required for Neurosurgeons % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #8 for recommendations on creating a report)
	Orthopedic Surgery Liaison(s) CV
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for orthopedic issues
	Data required for Orthopedic Surgeon % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #8 for recommendations on creating a report)
	Radiology Liaison(s) CV
	Optional: Names and dates for the radiologists who provide coverage for the trauma call roster. Include any provider who participated in trauma care during this site survey cycle (Template Available)
	Level IV: Medical Service Liaison(s) CV
Standard 11: Advanced Practitioners	Attach the job description for the General Surgery/Trauma Nurse Practitioner
	Attach the job description for the General Surgery/Trauma Physician Assistant
	Attach the job description for the Neurosurgery Nurse Practitioner
	Attach the job description for the Neurosurgery Physician Assistant
	Attach the job description for the Orthopedic Surgery Nurse Practitioner
	Attach the job description for the Orthopedic Surgery Physician Assistant
	Attach the job description for the Emergency Medicine Nurse Practitioner

	Attach the job description for the Emergency Medicine Physician Assistant
	Attach the job description for the Certified Registered Nurse Anesthetist
Standard 12: Residency	Optional: Attachment with Residency specialty, participation in trauma care, fellowship, affiliation and name of residency head.
	General surgery residency program approval letter. This must include date of approval, length in years, comments, and contingencies
Standard 13: Nursing	Letter of accreditation by a professional nursing organization for the institution specific Trauma Nurse Course
	Policy that outlines the requirements for ongoing/annual nursing competency
	If LPNs participate in the care of the trauma patient: policy for RN oversight of care
Standard 15: Helipad	Helipad license
	If the helipad is located off-site, Optional: location of the helipad/landing zone and the procedure to have emergency vehicles readily available to provide proper transport
	Diagram/picture demonstrating the location of the helipad to the resuscitation area
	Policy for transport of the patient to and from the helipad to/from the resuscitation area
	Does not require attachment to the AFS, but Helipad Use Arrival data is from Report Writer report = Core Measures and AFS Report Data required for Helipad Departures (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #13 for recommendations on creating a report)
Standard 16: Emergency Department	Optional: Policy describing the space and equipment to care for multiple trauma patients, including back-up location/area and equipment
	Optional: Policy of trauma resuscitation area's ability to provide care for both adult and pediatric patients
Standard 17: Operating Room	Optional: Policy stating minimal staffing in the operating room to initiate 1 case
	If back-up OR team is not in-house: Policy for activating the back-up on-call team
	Data required for # of times the back-up team was called in (This can be obtained from a tracking tool created by the Trauma Program)
	Level III and IV: Data required for # of times the first OR team was called in (This can be obtained from a tracking tool created by the Trauma Program)
	Optional: Policy of institution assurance that there is availability of operating rooms within 15 minutes (L I/II) or 30 minutes (L III)
Standard 18: PACU	Data required for # of times the PACU was utilized as an overflow ICU due to lack of bed availability (This can be obtained from a tracking tool created by the Trauma Program)

Standard 20: Step-Down Unit	Optional: Policy stating the admission criteria to the Intermediate Care/Step-Down Unit
Standard 22: Laboratory and Blood Bank	Policy stating the trauma patient receives priority in laboratory test handling
	Optional: Policy stating how blood is made available to the trauma resuscitation area for the highest level of activations
	Massive Transfusion Protocol
	Does not require attachment to the AFS, but MTP Utilization data is from Report Writer report = Core Measures and AFS Report
	Anticoagulation reversal protocol
	Policy/guideline for the utilization of Prothrombin Complex Concentrate (PCC) in the care of the injured patient
Standard 23: Radiology	Policy for trauma patient prioritization for radiology studies
	If MRI is not available 24/7 at your institution, policy for expeditious transfer of patients requiring MRI
	Policy(s) depicting which radiologic cases are considered emergent/immediate and require response from request to arrival within 30 minutes or request to arterial puncture within 60 minutes
	Data required for Interventional Radiologist % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or report created by the Trauma Program, see Frequency Asked Questions question #8 for recommendations on creating a report)
	Optional: Policy stating vascular surgeons utilized to cover interventional radiologist for emergent response parameters
	Optional: Policy stating how critical information regarding radiology findings is communicated to the trauma team
	Optional: Policy stating how discrepancies in radiological interpretation are handled including: communication to the care team, documentation, and performance improvement process
	Policy addressing incidental radiologic findings
	Policy that indicates who accompanies and monitors the trauma patient during performance of radiology/CT studies
	Optional: Policy stating mechanism in place to view radiographic imaging from referring hospitals within the catchment area
	Optional: Policy stating institution's credentialing policy for FAST exam privileges
	Optional: Institution's performance improvement policy for FAST exams in relation to false positive/negative findings
Standard 24: Collaborative Clinical Services	Optional: Policy stating institution's plan/procedure to make the patient's discharge summary available to the primary care physician
	Policy explaining the process for how screening and evaluation for nutritional needs are provided to the trauma patient within 72 hours of admission
	Policy triggering the timely notification of the Organ Procurement Organization
	Policy for confirmation of brain death
	Policy explaining the process for how screening and evaluation for rehabilitation needs are provided to the trauma patient within 72 hours of admission

	Optional: Policy stating how spiritual counseling/pastoral care is available to all trauma patients, families, and significant others
Standard 25: Social Services	If Social Work intervention is not available in-house 24/7, Optional: Policy describing social work coverage hours and access availability
	Job description for social work liaison
	CV for the social work liaison
	Organizational chart depicting social work relationship to the trauma program
	Optional: Job description for other trauma social workers (not the liaison) if it is different from the liaison
Standard 26: Case Management	If there is an identified role of Case Management: job description
	If there is an identified role of Case Management: organizational chart
Standard 27: Geriatrics	Geriatric specific patient care/practice management guidelines
Standard 28: Pediatrics	Optional: Pediatric trauma admission policy
	Pediatric specific patient care/practice management guidelines