TENNESSEE HEALTH FACILITIES COMMISSION

TRAUMA CENTER SITE VISIT
REQUESTED INFORMATION AND MATERIALS

A. Hospital Demographics:

1. Hospital _____ Level _____
2. Trauma Coordinator _____ Phone _____
3. Date of original designation _____ Prior site visits _____
4. Number of trauma surgeons taking trauma calls _____
5. Payor source - % of total by group.
   a. Please provide payor source from last visit as well as current yearly %

Self-Pay	Commercial Inc.	M-Care	M-Caid	TennCare	Work. Comp
_____	_____	_____	_____	_____	_____

6. Primary Trauma Service personnel currently authorized:

Position (✓ if present)		Name	Funded But Unfilled (Y/N)	% Time Committed to Trauma Program
☐	Trauma Director			
☐	Assoc. Director			
☐	Trauma Manager			
☐	Surgical Critical Care Director			
☐	Admin. responsible for Trauma			
☐	Trauma Registrar			
☐	Assist. Registrar			
☐	Trauma Adm. Asst.			
☐	Outreach Program			
☐	Educator			
☐	Trauma Nurse/Clinician			
☐	Other			

B. Call Schedules/Protocol

1. Provide all call schedules for the following subspecialties:

    a. Cardiothoracic Surgery
    b. General Surgery
    c. Neurologic Surgery
    d. Obstetrics-Gynecologic Surgery
    e. Ophthalmic Surgery
    f. Oral and Maxillofacial Surgery - Dentistry
    g. Orthopedic Surgery
    h. Otorhinolaryngologic Surgery
    i. Pediatric Surgery
    j. Plastic Surgery
    k. Urologic Surgery
    l. Surgical Critical Care
    m. Emergency Medicine
    n. Microsurgery capabilities
    o. Hand Surgery

2. Provide transfer agreements for Pediatrics, Burns, and Hand Surgery, if applicable.

3. Is there Oral and Maxillofacial Service Coverage? ☐ Yes ☐ No
   If yes, provide a written plan or call schedule.

4. Provide the following Non-Surgical Specialty call Schedules:

    a. Anesthesia
    b. Cardiology
    c. Chest (pulmonary) Medicine
    d. Gastroenterology
    e. Hematology
    f. Infectious Diseases
    g. Internal Medicine
    h. Nephrology
    i. Pathology
    j. Pediatrics
    k. Psychiatry
    l. Radiology

5. Provide ICU Call Schedule

6. Provide Organ Donation Protocol & Dashboard of referred cases

C. Staff Information

Provide verification of the following information:

1. Trauma Medical Director:
    a. Board certified general surgeon
    b. 48 hours of category I trauma/critical care CME every 3 years or 16 hours each year and attend one national meeting whose focus is trauma or critical care
    c. Participation in call
    d. Maintains a current certification of ATLS and participates in the provision of trauma-related instruction to other health care personnel
    e. Is involved in trauma research (Level I facilities only)

2. Attending Surgeons by name:
   a. Board Certified or Board eligible in General Surgery
   b. Current certification as an ATLS provider
   c. Trauma specific CME 16 hours/year or 48 hours every 3 years

3. Emergency Department Physicians by name:
   a. Board Certified or Board eligible in Emergency Medicine
   b. Current certification as an ATLS provider

4. Trauma Nurse Coordinator/Trauma Program Manager:
   a. Must have a defined job description and organizational chart delineating the TNC/TPM role and responsibilities
   b. Curriculum Vitae
   c. Must be a Registered Nurse licensed by the TN Board of Nursing
   d. Shall attend one national meeting within the 3 year verification cycle

5. Trauma Registrars:
   a. Names of Trauma Registrars
   b. Proof of completion of 4 hours of registry-specific continuing education per year

D. Quality Assurance/Chart Review

Provide the following for the index year as identified by the State Trauma System Manager:

ISS data:

Tot. Adm.	ISS 0-15	ISS 16-25	ISS 26-40	ISS 40+	AVE. ISS
_____	_____	_____	_____	_____	_____

1. At minimum, 10 medical records (from the reporting period) for each of the categories listed below should be available at the time of the site visit. If there are not 10 patients in each category, please provide what you have.

Please have on site 2 examples of patients that underwent PIPS review and had an impact on your PI process and had adequate loop closure. Please include 1 systems issue and 1 patient care issue

2. Level I & II centers:
   a. ISS > 25 W/Survival
   b. Pediatric patients < 15 years (for adult centers that admit children)
   c. Epidural/subdural hematoma (GCS< or = 8 in the ED) admitted to the ICU
   d. Thoracic/cardiac injuries with an AIS code of 3 or greater (include aortic injuries)
   e. Spleen and liver injuries: Grade III or higher and requiring surgery, embolization, or transfusion.
   f. Pelvis/femur fractures;
      i. Include unstable pelvic fractures with hypotension requiring embolization, surgery, Resuscitative endovascular balloon occlusion of the aorta (REBOA), or transfusion
      ii. Open femur fractures
   g. Transfers out for the management of acute injury
   h. Adverse events
      i. Adverse events are defined as anything that may have resulted in a death, major complication which required further treatment or monitoring due to the event
   i. Trauma patients admitted to non-surgical services with ISS > 9
   j. Last 15 mortalities from the reporting period:
      i. 5 deaths ISS Score 0-15
      ii. 5 deaths ISS Score 16-25
      iii. 5 deaths ISS Score >25

3. Level III centers:
    a. Transfers out for the management of acute injury
    b. Trauma patients admitted to a surgical-service with ISS > 9
    c. Trauma patients admitted to a non-surgical service with ISS > 9
    d. Any trauma surgical operative cases either admitted or transferred out
    e. Trauma Mortalities in-house or in ED from the reporting period:
        i. 5 deaths ISS Score 0-15
        ii. 5 deaths ISS Score16-25
    f. Adverse events in the ED or on the floor/ICU
        i. Adverse events are defined as anything that may have resulted in a death, major complication which required further treatment or monitoring due to the event

4. Level IV centers:
    a. Transfers out for the management of acute injury (*Need 20 Charts)
    b. Any Trauma Mortalities in house or in ED from the reporting period:
        i. 5 deaths ISS Score 0-15
        ii. 5 deaths ISS Score16-25
    c. Adverse events in the ED or on the floor/ICU
        i. Adverse events are defined as anything that may have resulted in a death, major complication which required further treatment or monitoring due to the event
    d. Any trauma patients admitted to the facility

5. Put all charts required in separate stacks or electronic files labeled with ISS and which follows the outline below:
    a. Prehospital
        i. EMS run sheet
        ii. Transferring facility ED info
    b. Trauma Flow Sheet
    c. H&P
    d. Consults
    e. Op notes
    f. Discharge Summaries
    g. Autopsy reports, if available
    h. Copies of PI documentation and other related information, if applicable to the case

6. Electronic Medical Records:
    a. Hospitals with electronic medical records must have computers available for each of the site surveyors and there must be one person available for each of the surveyors that are proficient and knowledgeable in both the electronic medical record system and with the trauma registry data collection software.
    b. All information pertaining to PI can be provided in electronic or hard copy format for the site surveyors.
    c. The hospital may provide hard copies of other documents from electronic medical records for the surveyors at their own discretion.

7. Q/A records
    a. List Programs for Quality Assurance
        i. How often they meet
        ii. Attendees present
        iii. Supply minutes and any documentation on action taken
    b. Death audit reviews
    c. Morbidity/complications
    d. Response times
        i. Trauma team
        ii. Trauma Surgeon
        iii. Consults
    e. Transfers: Review times and reasons for transfer of injured patients
    f. Other hospital committees related to trauma e.g. trauma executive committee

E. Operational Performance Improvement

1. Provide documentation of the following:

   a. Diversion log specific to trauma diversion only, plus data summary for past year indicating number of times on diversion, total hours on diversion, and reason for diversion
   b. List of outreach programs - Dates and attendees
   c. Public education - Dates and attendees
   d. Trauma system development
   e. Institutional participation as members of the Trauma Care Advisory Council
   f. Documentation of clearly defined graded activation criteria

F. Current Trauma Service Structure

1. Provide the following

   a. Organization chart including:
      i. Placement
      ii. Reporting
         - Professionally
         - Administratively in the hospital structure
   b. Support statement by hospital administration
   c. Evidence of annual budget for Trauma Program
   d. Allocation of monies received from the Trauma Fund