



## Trauma Care Facility (Level IV) Self-Assessment Categorization Application

Iowa Department of Public Health  
 Bureau of Emergency and Trauma Services  
 321 E. 12<sup>th</sup> St.  
 Des Moines, IA 50319-0075  
[www.idph.state.ia.us](http://www.idph.state.ia.us)

**INSTRUCTIONS:** This form may be completed and submitted using two different methods. You may print this form, complete by hand, and submit it to the address listed above. You may also fill this form out electronically. Save the file on your computer and submit it to the e-mail address listed below. **PLEASE NOTE:** In order to do this, you will need to have Adobe Acrobat Reader 7.0 or higher installed on your computer.

Questions and comments can be directed to:

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 State Trauma Coordinator  
 515-443-9428  
[michelle.fischer@idph.iowa.gov](mailto:michelle.fischer@idph.iowa.gov)

### Hospital Information

Date of Application		
Name of Facility		
Address		
City	State	Zip
Hospital Administrator:	Email	Phone
Trauma Nurse Coordinator (TNC):	Email	Phone
Trauma Registrar (may also be TNC):	Email	Phone
Trauma Medical Director:	Email	Phone
Emergency Department Medical Director (may also be TMD):	Email	Phone
Orthopedic Liaison (if routinely available):		
Anesthesia Liaison (if routinely available):		
Radiology Liaison:		
Laboratory Liaison:		
ED Physician Liaison:		
Neurosurgical Liaison (if routinely available):		
Performance Improvement (PI) Personnel evaluating the Trauma Program (can be TN/TNC/Registrar or PI personnel)		

### Hospital Statistics / Organization / Personnel

# of Acute beds in facility	# of ED beds	# of beds set up for Trauma
<b>List all <u>physicians</u> providing trauma care in ED and their specialty</b>		
1.	2.	
3.	4.	
5.	6.	
<b>Provide documentation of 24 hours of trauma-related physician continuing education every four years: 8 formal hours and 16 informal hours and ATLS. Continuing education required for Physicians, General/Trauma and Orthopedic Surgeons (if routinely available-respond to trauma patients and have direct patient care of trauma patients)</b>		

List all mid-level providers (NP, PA) taking ED call and their specialty:	
1.	2.
3.	4.
5.	6.
Provide documentation of 24 hours of CEUs obtained in the last four years. 16 informal hours, 8 formal hours and ATLS (if mid-level provider is identified as a member of the trauma program/team).	

Note: Submit call schedule for past three months listing all providers covering ED trauma call.
Where is the provider call schedule posted:

Total number of nurses staffing the ED:	
Number of ED nursing staff who are TNCC/ATCN verified:	
Please list required education below (ATLS, PALS, Etc.)	
1.	2.
3.	4.

EMS Services transporting patients to the ED			
1.	2.		
3.	4.		
5.	6.		
Is continuing education required for EMS or other allied health personnel?	Yes	No	
If Yes, please list required education below			
1.	2.		
3.	4.		
Is there a copy of state-approved protocols for each service on file?	Yes	No	
Is there a list of services and their authorization levels, including state EMS field coordinator contact information on file?	Yes	No	

Lab Department	Yes	No	24 Hour Coverage?	Yes	No
Hours staffed in-house					
Coverage when not in house					
Response time					
Standard analysis of blood, urine, micro sampling and other body fluids	Yes	No			
Blood typing and cross matching	Yes	No			

Blood Products and Number of Units Available								
A+	A-	B+	B-	AB+	AB-	O+	O-	FFP
Comprehensive blood bank or access to blood bank				Yes	No			
Coagulation Studies				Yes	No			
Blood gasses and pH determinations				Yes	No			
Microbiology				Yes	No			
Drug and Alcohol screenings				Yes	No			

<b>Radiology Department</b>	Yes	No	24 Hour Coverage- Radiology Tech	Yes	No
Hours staffed in-house					
Coverage when not in use					
Response time					
Portable x-ray equipment	Yes	No	CT Scanner	Yes	No
24 hour Image Reads	Yes	No	24 Hour Coverage CT Tech	Yes	No

Note: If General/Trauma Surgery is routinely involved in the care of the trauma patient the following shall apply:

<b>Surgical Department (if surgery routinely available in the care of the injured patient)</b>	Yes	No	
OR-Registered nurses available 24 hours per day (in house or on call)	Yes	No	
OR available for emergencies	Yes	No	
ICU	Yes	No	
ICU Medical Director (provide name and credentialing)			
ICU Co-Medical Director (provide name and credentialing)			
ICU-Registered nurses available 24 hours per day (in house or on call)	Yes	No	
PACU	Yes	No	
PACU-Registered nurses available 24 hours per day (in house or on call)	Yes	No	
If Yes, explain staffing:			

<b>Anesthesia coverage for on-call trauma cases</b>	Yes	No
If Yes, explain coverage:		

<b>Submission of electronic data to the State Trauma Registry</b>	Yes	No	Current with data submission (Data must be submitted within 60 days of patient discharge)	Yes	No
If No, explain:					

Answer the questions below based on the dates specified. From: \_\_\_\_\_ To: \_\_\_\_\_

Number of ED visits during period noted above (includes pts DC to home):		
Number of <b>trauma</b> patients admitted to your facility during period noted above:		
Number of <b>trauma</b> patients transferred to a Level I/II/III trauma center during period noted above: <b>(based upon your facility definition of trauma patient)</b>		
Number of <b>trauma deaths</b> at your facility, including DOA's, in the last <b>three years</b> :		
Percent of autopsies performed on trauma deaths:		
How many trauma referrals were made to the regional organ procurement organization in the last 12 months:		
How many trauma patient donors in the last 12 months:		
Number of patients meeting trauma code activation criteria in the last year:		
Number of "Trauma Codes/Alerts" <u>activated</u> in the last year:		
Number of trauma patients meeting the definition for registry inclusion criteria: <b>(Registry inclusion criteria noted in following pages)</b>		
Number of times air services called to transport a patient to definitive care due to refusal or unavailability of critical care ground transport:		
Number of Pediatric Trauma Patient visits during period noted above (includes pts DC to home):		
Number of Pediatric Trauma Patients admitted to your facility during period noted above:		
Number of Pediatric Trauma Patients transferred to a Level I/II/II trauma center during period noted above:		
Number of Pediatric Trauma deaths at your facility, including DOAs in the last three years:		
Does your facility have weight/length based resuscitation equipment:	Yes	No
If Yes, where is equipment located?		

## Iowa Inclusion/Exclusion Criteria

### Definition:

*At least one* of the following injury diagnostic codes as follows:

International Classification of Diseases, Tenth Revision (**ICD-10-CM**):

- **S00-S99 with 7th character modifiers of A, B, or C ONLY.** (Injuries to specific body parts - initial encounter)
- **T07** (unspecified multiple injuries)
- **T14** (injury of unspecified body region)
- **T20-T28 with 7th character modifier of A ONLY** (burns by specific body parts - initial encounter)
- **T30-T32** (burn by TBSA percentages)
- **T79.A1-T79.A9 with 7th character modifier of A ONLY** (Traumatic Compartment Syndrome - initial encounter)

**Excluding the following isolated injuries:**

**ICD-10-CM:**

- **S00** (Superficial injuries of the head)
- **S10** (Superficial injuries of the neck)
- **S20** (Superficial injuries of the thorax)
- **S30** (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- **S40** (Superficial injuries of shoulder and upper arm)
- **S50** (Superficial injuries of elbow and forearm)
- **S60** (Superficial injuries of wrist, hand and fingers)
- **S70** (Superficial injuries of hip and thigh)
- **S80** (Superficial injuries of knee and lower leg)
- **S90** (Superficial injuries of ankle, foot and toes)
- **Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.**

**AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32, and T79.A1-T79.A9):**

- Hospital admission as defined by your trauma registry inclusion criteria
  - **and/or:**
- Patient transfers via EMS transport (including air ambulance) from one hospital to another hospital (even if later discharged from the emergency department)
  - **and/or:**
- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status)
  - **and/or:**
- Trauma alert activation (even if later discharged from the emergency department)

## Performance Improvement Program

Submit a list of trauma audit filters currently used for the PI programs (forms)

Describe the process for review of **hospital** trauma patient care:  
(which charts are audited, by whom, and what happens to data obtained)

Describe the process for review of **pre-hospital** trauma patient care:  
(which charts are audited, by whom, and what happens to data obtained)

Describe the process for **morbidity and mortality review** of trauma care for all trauma deaths:  
(who reviews the cases, what happens with the information obtained, are the deaths graded)

Describe the process for assuring and documenting **occurrence resolution** (loop closure):  
 (what happens with issues identified and how is this documented as completed)

Describe the process for assuring that an **ATLS physician reviews all trauma codes** managed by a Nurse Practitioner or Physician's Assistant within 72 hours:

How do you monitor **Trauma Team Leader on-site within 30 minutes** 24/hours per day:  
 (and how are issues or concerns addressed)

Trauma Activation Protocol (when to activate, who responds)	Yes	No
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Submit a copy of Trauma Team Activation Protocol

Trauma Transfer Protocol	Yes	No
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Submit a copy of Trauma Transfer Protocol

Mass Casualty / Disaster Protocols	Yes	No
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Transfer agreement with a Regional Trauma Center (Level I or II)	Yes	No
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Does transfer agreement include the following specialties

Burn Care	Yes	No	Head/Spinal care	Yes	No
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Submit a copy of all transfer agreements on file

<b>Two-way communication with EMS</b>	Yes	No
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Explain types, locations, and concerns			
<b>Immediate phone contact with a Level I or II trauma center</b>	Yes	No	
Which facility, any issues or concerns			
<b>Helicopter landing site available</b>	Yes	No	
Explain location			

### Prevention & Public Education

Please describe your facility's public education program related to trauma: programs, outreach, facility and community activities, collaboration with other institutions, participation in community prevention activities, public education related to trauma, effectiveness of programs, etc.

### Equipment

Indicate whether the ED has the following appropriate equipment for patients of all ages:

Airway control and ventilation equipment, including laryngoscopes, ET tubes, bag-valve-mask, pocket masks, and oxygen in all sizes.	Yes	No
Pulse Oximetry	Yes	No
End-Tidal CO2 determination	Yes	No
Pelvic Immobilizer	Yes	No
Rapid Infuser System	Yes	No
Suction devices	Yes	No
Monitor-defibrillator	Yes	No
IV fluids and administration devices, including large-bore IV catheters and IO	Yes	No
Sterile Surgical Sets	Yes	No
Gastric decompression	Yes	No

Drugs necessary for emergency care	Yes	No
Surgical sets for airway control, cricothyrotomy, vascular access, and chest decompression including 36 Fr chest tubes, drainage setup, and insertion tray	Yes	No
Spinal Immobilization	Yes	No
Pediatric weight/length-based drug dosage and equipment system	Yes	No
Thermal control equipment for patients	Yes	No
Thermal control equipment for blood/fluids	Yes	No

Please list weaknesses and recommendations given at your last trauma designation site visit; and indicate how they have been addressed within your trauma program. (A copy of your last survey can be sent to you upon request).

**Items that must be submitted with this application:**

- Policies: burn stabilization/transfer, spinal immobilization stabilization/transfer, trauma activation/alert policy, bypass/diversion policy, organ procurement policy, acute hemodialysis, emergency blood release/massive transfusion policy, credentialing policy (for the optimal care of all ages of trauma patients), policy review policy
- TNC-CEUs obtained since last verification-copies of CEUs and detailed spreadsheet of trauma specific education (Current TNCC, 16 hours of total education)
- Current ATLS® certifications for all providers covering the ED (Physicians and mid-levels) (Current ATLS® verification is required for all physicians (as defined by the facilities trauma alert policy) who work in the ED and are boarded in a specialty other than emergency medicine.
- Call schedule for physicians and mid-level providers from last three months
- Trauma audit filters (forms) for PI process, to include both adult and pediatric filters
- Trauma team alert/activation protocol and policy
- Bypass and Diversion Policy
- Formal Job Description for TSMD/TMD and TNC
- Trauma Organizational Chart and Facility Organizational Chart
- Summary Report of trauma data obtained from ImageTrend for 12 months prior to submission of SACA
- Trauma transfer protocols (to include general, burn specific, spine specific and hemodialysis)
- Transfer agreements-General and Specific (burn, spine and hemodialysis)
- Copies of all education provided to hospital staff, community and EMS since last verification (list all staff/physicians/EMS personnel in attendance)

- Documentation of TNC's involvement in trauma at State/Regional Level
- Trauma Care Facility Staff Resolution-Current written resolution supporting the Trauma Care Facility (TCF) from the hospital board and administration, CEO and Board President, Chief Nursing Officer, Trauma Nurse Coordinator , Trauma Program Manager, Trauma Medical Director and ED Medical Director (There must be a current (reaffirmed every three years) written documentation of dedicated financial, physical, human resources, community outreach activities, and educational activities not limited to Trauma Nurse Core Course (TNCC), Advanced Trauma Life Support (ATLS), and/or Rural Trauma Team Development Course)
- Peer Review (12 months)( The peer review committee should be chaired by the TSMD or his/her designee and have representatives from all physicians involved in the care of trauma patients. Attendance requirements should be established for all physicians on the committee at least 50% of the meetings)
- Trauma Committee/PI Committee meeting minutes to include attendance (12 months) (Trauma Committee/PI Committee-General/Trauma Surgeon if routinely available must attend at least 50% of meetings, TSMD/TMD must have 100% attendance, Orthopedic surgeons if routinely available must attend at least 50% of meetings, ED medical director must attend at least 50% of meetings, anesthesia must attend at least 50% of meetings if routinely available in the care of the trauma patient)
- CMEs for all providers who care for the injured patient-to include a detailed spreadsheet and copies of CMEs obtained specific to trauma since last verification (24 hours-8 formal and 16 informal)
- Outside Peer Review-If peer review is routinely outsourced, please provide documentation of process and loop closure.

**This application was prepared by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have read and understand the requirements for trauma level designation. All of the information in this application is truthful and accurate to the best of my knowledge.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Completed and signed application should be returned to:**

**Iowa Department of Public Health  
Bureau of Emergency and Trauma Services  
Attn: Trauma Coordinator  
321 E. 12<sup>th</sup> St.  
Des Moines, IA 50319-0075**