# NH TRAUMA CENTERS CRITERIA CHECKLIST

The following section is intended to serve as a checklist of the standards required for the different levels of the adult and pediatric trauma hospital. Active trauma hospitals within the NH trauma System may use this section to continually verify that they meet the requirements of the level of assignment currently held. Unassigned hospitals considering active participation in the NH Trauma System should use this section as a self-assessment of their ability to meet the requirements, or in which areas they need to improve to successfully meet the requirements.

Seriously injured children present a physiological complexity that is different than that of adults. Medical providers must be diligent in preparations to effectively deal with seriously injured children, despite the infrequency of such events. A regionalized approach to pediatric trauma care is sensible, but geographical access to such resources in NH must be considered. Rural hospitals play an important role in the NH Trauma System. All hospitals including those with limited pediatric capability will be called upon to resuscitate severely injured children.

Although all acute care hospitals must be capable of resuscitation and stabilization, comprehensive pediatric services are limited to a few regional pediatric hospitals. As such, an important part of the pediatric trauma system is the development of well-defined written guidelines for the rapid identification of injured children exceeding a hospital's capability and for streamlining the process for transfer of pediatric trauma patients to facilities capable of providing comprehensive pediatric care

**Hospitals seeking Level I or II Trauma Center status must be verified by the American College of Surgeons (ACS) beginning January 2015. Those hospitals that have current State Level I & II designations will continue to carry their designation until the 5 year expiration.**

**Hospitals seeking Level III and Level IV Adult / Peds status will now be on a 3 year cycle once designated.**

An 'X' in the field means this is a requirement for this Level of Designation. If the field is blank - then this should be considered a recommendation, but not a requirement.

The Second Column is Titled "Type I": If field is marked with a "I" then this criteria is considered critical and is given a Type I status. Failure to meet this requirement would lead to a Type I deficiency. All other blank fields in this column are considered Type II. Failure to meet this requirement would lead to a Type II deficiency.

**At time of review, 1 Type I deficiency would automatically prevent a hospital from becoming that specific Level Trauma Center Designation.**
**At time of review, if the hospital receives 1 - 4 Type II deficiencies, then they will receive a 1 year Trauma Center designation, and will need to either show proof of fixing the deficiencies within that 1 year, or receive a focused site visit - whichever the reviewers deem appropriate.**

Promptly available implies response within 30 minutes

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|---|---|---|---|---|---|---|---|---|
| | | | | III | IV | III | IV | |
| **Section 1** | | | **Trauma Services** | | | | | |
| 1.01 | **S** | **I** | Hospital has the written commitment of the institutional governing body and the medical staff to be an assigned trauma hospital | X | X | X | X | **Attachment A** |
| 1.02 | **M/R/S** | **I** | There is a multidisciplinary peer review Trauma Performance Improvement and Patient Safety (PIPS) Program with participation from general surgery, orthopedic surgery, neurosurgery (if applicable), pediatrics, emergency medicine, anesthesia, administration and nursing services. | X | X | X | X | |
| 1.03 | **M/R/S** | | Hospital has an organized trauma service that has formal responsibility for the management and coordination of the care of multiple-system or major injury patients | X | X | X | X | |
| 1.04 | **S** | **I** | Criteria for graded activations are clearly defined (Under guideance of NH EMS Trauma Triage protocols for the initial triage of trauma patients, including pediatric patients. (Activation Criteria) | X | X | X | X | **Attachment B** |
| 1.05 | **S** | **I** | Hospital has written, well defined guidelines for the transfer of trauma patients to other facilities, including pediatric-specific guidelines | X | X | X | X | **Attachment C** |
| 1.06 | **M/R** | | Decision to transfer an injured patient to a specialty care facility is based solely on the needs of the patient. | X | X | X | X | |
| 1.07 | **S** | | Published on-call schedules are maintained for surgeons, neurosurgeon *(if applicable),* orthopedic surgeons and other specialists | X | X | X | X | **Have available** |
| 1.08 | **M/R** | | Hospital follows NH EMS protocols regarding air medical transport | X | X | X | X | |
| 1.09 | **M/R** | | The hospital has telephone consultation with a physician who is board certified/eligible in pediatrics or pediatric emergency medicine - available 24 hours per day | | | X | X | |
| | | | | | | | | |
| | | | **TRAUMA MEDICAL DIRECTOR** | | | | | |
| 1.10 | **S** | **I** | There is a physician Trauma Medical Director and Pediatric Trauma Medical Director ** Can be the same person* | X* | X* | X* | X* | **Attachment D -CV** |

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| 1.11 | S | | The director is a board certified surgeon<br>** Can be a physician with demonstrated competence in trauma care* | X | X* | X | X* | **Attachment D -CV** |
| 1.12 | S | | The trauma medical director is current in ATLS (PALS or APLS for Peds) | X | X | X | X | **Attachment D** |
| 1.13 | M | | The director participates in the instruction of trauma surgeons and other providers | X | X | X | X | |
| 1.14 | M | I | The director is responsible for the trauma PIPS Program | X | X | X | X | |
| 1.15 | M | | The director has administrative authority to evaluate trauma team members and provide on-going education services. | X | X | X | X | |
| | | | | | | | | |
| | | | **TRAUMA TEAMS** | | | | | |
| 1.16 | M/R | | The trauma service has an organized trauma and pediatric trauma response | X | X | X | X | |
| 1.17 | M/R | | The trauma response team is directed by a general surgeon or emergency physician | X | X | X | X | |
| 1.18 | S | I | Written guidelines for the composition and activation of the trauma team and pediatric trauma team are in place. | X | X | X | X | **Attachment B** |
| 1.19 | M/R | | A record of Trauma Activations will be maintained | X | X | X | X | **Have available** |
| 1.20 | | | Trauma team members will satisfy credentialing requirements as specified in each clinical specialty section | X | X | X | X | |
| 1.21 | M/R | I | The highest level of activation requires the participation of a general surgeon.<br>*Level IV Trauma Centers it is strongly recommended but not required to have a surgeon respond to the highest level activation. | X | * | X | * | |
| | | | **TRAUMA COORDINATOR / PROGRAM MANAGER** | | | | | |
| 1.22 | S | I | There is a trauma coordinator (May be same person for both adults and peds) | X | X | X | X | **Attachment E** |
| 1.23 | R | | The trauma coordinator is actively involved in clinical activities- establishing protocols, monitoring care and assisting trauma staff | X | X | X | X | |

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| 1.24 | R | | The trauma coordinator participates / assures in the education of professional staff & EMS | X | X | X | X | |
| 1.25 | R | | The trauma coordinator participates in activities such as protocol design, data collection, analysis and reporting | X | X | X | X | |
| 1.26 | R | | The trauma coordinator participates in performance improvement activities, developing audit filters, audits and case reviews | X | X | X | X | |
| 1.27 | R | | The trauma coordinator is responsible for the trauma registry (*See Section 11) | X | X | X | X | |
| | | | | | | | | |
| **Section 2** | | | **GENERAL SURGERY** | | | | | **Have documentation available** |
| 2.01 | S | | If the surgeon participates in the trauma team they are board certified or eligible (1) or is an ACS fellow; and credentialed to practice in the facility. | X | X | X | X | |
| 2.02 | S | | The surgeon meets trauma credentials (note) | X | | X | | |
| 2.03 | M | I | The surgeon is on-call and promptly available (2) | X | | X | | |
| 2.04 | M | I | The surgeon on call is dedicated to the trauma hospital while on duty | X | | X | | |
| | | | (1) Board eligible surgeons must become board certified within five years | | | | | |
| | | | (2) “Promptly available” means for a Level III and IV the maximum allowable time of surgeon arrival is 30 minutes, tracked from patient arrival in the ED, with 80% compliance tracked by PIPS program. | | | | | |
| | | | Note – “Appropriately credentialed” is defined as: | | | | | |
| | | | ATLS certified or, Sixteen hours over a two year period of trauma | | | | | |
| | | | | | | | | |
| **Section 3** | | | **NEUROSURGERY** | | | | | **Have documentation available** |

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| | | | | III | IV | III | IV | |
| 3.01 | S | | If Neurosurgeons are involved in the care of trauma patients, then those Neurosurgeons are board certified or eligible neurosurgeons (1) and credentialed to practice in the facility. | X | X | X | X | |
| 3.02 | M | | There is a neurosurgeon on-call and promptly available 24 hours a day | | | | | |
| 3.03 | S | I | The facility has a written plan on how traumatic brain injured patients are assessed, treated and/or transferred, with written transfer agreements in place | X | X | X | X | **Attachment F** |
| 3.04 | M | | The neurosurgeon is credentialed to practice in the facility and meets trauma credentials (note) | X | | | | |
| | | | (1) Board eligible surgeons must become board certified within five years | | | | | |
| | | | Note – "Appropriately credentialed" is defined as: | | | | | |
| | | | ATLS certified or, | | | | | |
| | | | Sixteen hours over a two year period of trauma focused CMEs. | | | | | |
| | | | | | | | | |
| **Section 4** | | | **ORTHOPEDIC SURGERY** | | | | | **Have documentation available** |
| 4.01 | S | | If Orthopedic surgeons care for trauma patients, they are board certified or eligible (1) and credentialed to practice in the facility. | X | X | X | X | |
| 4.02 | M | I | An orthopedic surgeon is on-call and promptly available | X | | X | | |
| 4.03 | M | I | An orthopedic surgery liaison to the PIPS program is designated | X | | X | | |
| | | | (1) Board eligible surgeons must become board certified within five years | | | | | |
| | | | | | | | | |
| **Section 5** | | | **EMERGENCY MEDICINE** | | | | | **Have documentation available** |
| 5.01 | S | | The emergency department is staffed by board certified physicians and credentialed to practice in the facility (note). | X | | X | | |

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| | | | | III | IV | III | IV | |
| 5.02 | M | I | The emergency physician is in-house 24 hours a day | X | | X | | |
| 5.03 | M | I | The emergency department may be staffed in-house 24 hours a day by a physician or physician assistant or nurse practitioner with a full- time commitment to emergency medicine. | | X | | X | |
| 5.04 | M | | An emergency medicine liaison to the PIPS program is designated | X | X | | | |
| 5.05 | M | | Designated physician director | X | X | X | X | |
| 5.06 | M | | An ED Provider is a designated member of the trauma response team | X | X | X | X | |
| 5.07 | M | | Midlevel providers providing sole ED coverage for trauma patients must have current ATLS and PALS. | | X | | X | |
| | | | *Note - Appropriately "Credentialed" is defined as boarded in emergency medicine and successfully completed ATLS (& PALS for pediatrics) at least once. Physicians certified by boards other than emergency medicine must have current ATLS and PALS status.* | | | | | |
| **Section 6** | | | **ANESTHESIOLOGY** | | | | | **Have documentation available** |
| 6.01 | S | | Anesthesiologists who care for trauma patients are board certified or eligible | X | X | X | X | |
| 6.02 | M | | There is an anesthesiologist is in-house 24 hours a day | | | | | |
| 6.03 | M | I | There is an anesthesiologist or certified nurse anesthetist on-call and promptly available 24 hours a day. | X | | X | | |
| 6.04 | M | I | An anesthesiology liaison to the PIPS program is designated | X | | X | | |
| | | | | | | | | |
| **Section 7** | | | **Collaborative Medical Services** | | | | | |
| | | | **SURGICAL SUBSPECIALTIES On Call and Promptly Available** | | | | | |

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| | | | There are signed agreements which commit the following surgical and medical specialties to be on-call and promptly available: | | | | | |
| 7.01 | M | | Hand Surgery* | | | | | |
| 7.02 | M | | Obstetric/Gynecologic Surgery* | | | | | |
| 7.03 | M | | Ophthalmic Surgery* | | | | | |
| 7.04 | M | | Oral/Maxillofacial Surgery* | | | | | |
| 7.05 | M | | Plastic Surgery* | | | | | |
| 7.06 | M | | Thoracic Surgery* | | | | | |
| 7.07 | M | | Urologic Surgery* | | | | | |
| 7.08 | P | | Pediatric Hospitalist / Pediatrician* | | | X | | |
| 7.09 | M | | There is an identified process utilized in the ED or by the trauma service to alert the above-listed physician specialties to respond | X | X | X | X | |
| | | | "*" If not available transfer guidelines must be in place | | | | | |
| | | | | | | | | |
| | | | **NON-SURGICAL SUBSPECIALTIES On-Call and Available for Consultation** | | | | | |
| 7.10 | M | | Cardiology* | | | | | |
| 7.11 | M | | Gastroenterology* | | | | | |
| 7.12 | M | | Infectious Disease* | | | | | |
| 7.13 | M | | Internal Medicine / Family Practice | X | X | | | |
| 7.14 | M | | There is an identified process utilized in the ER or by the trauma service to alert the above-listed physician specialties to respond. | X | X | X | X | |
| | | | "*" The consultants may be from another hospital | | | | | |
| | | | | | | | | |
| **Section 8** | | | **Collaborative Clinical Services** | | | | | |
| | | | **EMERGENCY DEPARTMENT PERSONNEL** | | | | | **Have documentation** |

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| | | | | III | IV | III | IV | |
| 8.01 | R | | Registered Nursing personnel must hold current TNCC/ATCN certification or show evidence of of trauma education annually | X | X | X | X | |
| 8.02 | R | | Registered Nurses are Immediately available in ED | X | X | X | X | |
| 8.03 | R | | If paramedic providers are utilized in ED, must hold current ITLS/PHTLS certification or show evidence of of trauma education annually | X | X | X | X | |
| 8.04 | R | | The hospital has capacity & equipment for pediatric resuscitation | | | X | X | |
| 8.05 | R | | Registered Nursing personnel must hold current ENPC or PALS certification or show current TNCC/ ATCN or evidence of trauma education annually | | | X | X | |
| 8.06 | R | | If paramedic providers are utilized, must hold current certification in PALS or show evidence of of trauma education annually | | | X | X | |
| | | | | | | | | |
| | | | **OPERATING ROOM PERSONNEL** | | | | | |
| 8.07 | R | I | On-call and promptly available 24 / 7 | X | | X | | |
| 8.08 | R | | A documented method for prompt mobilization of consecutive OR teams for additional trauma patients | X | | X | | |
| 8.09 | R | I | Registered nurse available in OR during surgery | X | X | X | X | |
| | | | | | | | | |
| | | | **POST ANESTHESIA RECOVERY UNIT PERSONNEL** | | | | | |
| | | | Registered nurses and other essential personnel: | | | | | |
| 8.10 | R | | On-call and promptly available | X | | X | | |
| | | | | | | | | |
| | | | **ICU PERSONNEL** | | | | | **Have documentation** |
| 8.11 | S | | There is a designated physician director of the ICU | X | | | | |
| 8.12 | S | | The ICU is staffed by physicians board certified or board eligible in critical care, pulmonary medicine, cardiology or surgery | X | | | | |
| 8.13 | R | I | An ICU physician is on-call and promptly available 24 hours a day | X | | | | |

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| 8.14 | R | | There is an ICU physician liaison to the trauma PIPS program | X | | | | |
| 8.15 | R | I | The ICU is staffed by registered nurses with critical care training per hospital guidelines | X | X* | X* | | |
| 8.16 | R | | ICU nurses who care for trauma patients must show current TNCC/ ATCN or evidence of trauma education annually | X | | X* | | |
| 8.17 | R | I | A respiratory therapist is on-call and promptly available | X | | X | | |
| | | | ** Denotes if Trauma Center has this service* | | | | | |
| | | | | | | | | |
| | | | **INPATIENT PEDIATRIC SERVICE** | | | | | **Have documentation** |
| 8.18 | P | | The hospital has Inpatient Pediatric Services | | | X | | |
| 8.19 | P | | There is a Pediatric Dept. Chair or Pediatric Inpatient Director who is board certified in Pediatrics | | | X | | |
| 8.20 | P | | There are Pediatric Hospitalists / Pediatricians who are board certified or eligible in Pediatrics, credentialed by the hospital, and current in PALS | | | X | | |
| 8.21 | P | | Nurses who care for pediatric trauma patients must hold current ENPC or PALS certification, or show evidence of pediatric trauma education annually | | | X | | |
| | | | | | | | | |
| | | | **OTHER TRAUMA-RELATED PROGRAMS** | | | | | |
| 8.22 | S | | The hospital has acute hemodialysis capability or a transfer agreement with a dialysis center | X | | X | | |
| 8.23 | S | | The hospital has written guidelines for burn center referral and transfer criteria | X | X | X | X | **Attachment G** |
| | | | | | | | | |
| | | | **RADIOLOGY SERVICES** | | | | | |
| 8.24 | M | I | Radiologists are promptly available, in person or by teleradiology, for the interpretation of images. | X | X | X | X | |

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| 8.25 | M | I | The hospital has a radiology technician on-call and promptly available 24 hours a day | X | X | X | X | |
| 8.26 | M | I | There is a CT Technician on-call & promptly available 24 hours a day | X | X | X | X | |
| 8.27 | M | | A radiology liaison to the PIPS program is designated | X | | X | | |
| | | | | | | | | |
| | | | **CLINICAL LABORATORY SERVICES** | | | | | |
| 8.28 | P | I | Clinical laboratory services are available 24 hours a day | X | X | X | X | |
| 8.29 | P | I | Able to conduct standard analyses of blood, urine, and other body fluids | X | X | X | X | |
| 8.30 | P | I | Able to conduct blood typing and cross-matching | X | X | X | X | |
| 8.31 | P | I | Able to conduct coagulation studies | X | X | X | X | |
| 8.32 | P | I | The blood bank must have available red blood cells & plasma for the injured patient, and a system for timely resupply. | X | X | X | X | |
| 8.33 | S | I | Must have a Massive Transfusion Protocol | X | | X | | **Attachment H** |
| 8.34 | P | I | Able to determine blood gases | X | X | X | X | |
| 8.35 | P | | Able to conduct microbiology studies | X | X | X | X | |
| 8.36 | P | I | Able to conduct drug and alcohol screening | X | X | X | X | |
| | | | | | | | | |
| **Section 9** | | | **REHABILITATION SERVICES** | | | | | |
| 9.01 | S | I | The hospital has physical therapy services within its facility | X | X | X | X | |
| 9.02 | S | | The hospital has patient and family / social services. | X | X | X | X | |
| 9.03 | S | | The hospital has occupational therapy services. | X | | | | |
| 9.04 | S | | The hospital has speech therapy services. | X | | | | |
| 9.05 | S | | The hospital has a mechanism in place to transfer patients to a freestanding rehabilitation hospital. | X | X | X | X | |
| 9.06 | S | | There are adult & child abuse policies & procedures | X | X | X | X | |
| | | | | | | | | |

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| **Section 10** | | | **PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS)** | | | | | |
| 10.01 | **M/R** | **I** | The facility demonstrates a clearly defined PIPS program for the trauma population | X | X | X | X | |
| 10.02 | **M/R** | **I** | The PIPS program is supported by a reliable method of data collection that consistently gathers valid and objective information necessary to identify opportunities for improvement | X | X | X | X | |
| 10.03 | **M/R** | | Scheduled multi-disciplinary trauma review, to include analysis, case reviews and system process issues. | X | X | X | X | |
| 10.04 | **M/R** | | The program is able to demonstrate that the trauma registry supports the PIPS process | X | X | X | X | |
| 10.05 | **M/R** | | The PIPs process must include an analysis of over / under triage. | X | X | X | X | |
| 10.06 | **M/R** | | The process of analysis occurs at regular intervals to meet the needs of the program | X | X | X | X | |
| 10.07 | **M/R** | **I** | The results of analysis / review define what corrective strategies are required. These are then documented | X | X | X | X | |
| 10.08 | **M/R** | | Problem resolution, outcome improvements and assurance of safety (loop-closure) must be readily identifiable though methods of monitoring, reevaluation, and documentation | X | X | X | X | |
| 10.09 | **M/R** | | The program demonstrate concurrent method for identifying opportunites for improvement and problem resolution. | X | X | X | X | |
| 10.10 | **M/R** | | The trauma program is empowered to address issues that involve multiple disciplines | X | X | X | X | |
| **Section 11** | | | **TRAUMA REGISTRY** | | | | | |
| 11.01 | **M/R/S** | | Trauma registry data are collected and analyzed | X | X | X | X | |
| 11.02 | **M/R/S** | | Data elements required by the NH Trauma Medical Review Committee are submitted as per State Trauma System Plan | X | X | X | X | |
| 11.03 | **M/R/S** | | Data is submitted to the NTDB | X | | X | | |
| 11.04 | **M/R/S** | | The facility uses the registry to support the PIPS process | X | X | X | X | |

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| 11.05 | **M/R/S** | | The trauma registry has at least 80% of the trauma cases entered within 60 days of discharge. | X | X | X | X | |
| 11.06 | **M/R/S** | | The trauma program ensures that trauma registry confidentiality measures are in place | X | X | X | X | |
| 11.07 | **M/R/S** | | There are strategies for monitoring data validity for the trauma registry | X | X | X | X | |
| | | | | | | | | |
| **Section 12** | | | **Additional Trauma Services** | | | | | |
| | | | **INJURY PREVENTION/ PUBLIC EDUCATION** | | | | | |
| 12.01 | **S** | | The hospital participates in annual injury prevention efforts. | X | X | X | X | |
| | | | | | | | | |
| | | | **CONTINUING EDUCATION** | | | | | |
| | | | Programs of continuing education provided by hospital for: | | | | | |
| 12.02 | **S** | | Physicians | X | X | X | X | |
| 12.03 | **S** | | Nurses | X | X | X | X | |
| 12.04 | **S** | | Allied health care professionals / out of hospital providers | X | X | X | X | |
| | | | | | | | | |
| | | | **ORGAN PROCUREMENT PROGRAM** | | | | | |
| 12.05 | **S** | | The hospital has active participation with the region's organ procurement organization | X | X | X | X | |
| | | | | | | | | |
| | | | **DISASTER PLANNING AND MANAGEMENT** | | | | | |
| 12.06 | **S** | | A representative of the trauma committee is a member of the hospital's disaster committee. | X | X | X | X | |
| | | | | | | | | |

S = State (if Gray check before review with PRQ)
M = Medical Reviewer (Physician)
R = Nurse Reviewer
P = Pediatric Reviewer



TMRC Approved: October 15, 2014
Revised: 12/30/2015

# NH TRAUMA CENTERS CRITERIA CHECKLIST

| | Reviewer | Type I | Requirement | Adult Trauma Center | | Pediatric Trauma Center | | STATE REVIEW |
|---|---|---|---|---|---|---|---|---|
| | | | | III | IV | III | IV | |
| **Section 13** | | | **PEDIATRIC EQUIPMENT** | | | | | |
| 13.01 | **P** | | Organized pediatric emergency cart with sizes for all pediatric patients | | | X | X | |
| 13.02 | **P** | | Pediatric equipment for monitoring, vascular access and fluid resuscitation, and respiratory / airway management per the "Joint Policy Statement - Guidelines for Care of Children in the Emergency Department" Pediatrics, Vol. 124, No 4, Pages 1233-1243. See Attached | | | X | X | |
| 13.03 | **P** | | Pediatric resuscitation drugs | | | X | X | |
| 13.04 | **P** | | Printed drug doses/length-based resuscitation tape | | | X | X | |
| 13.05 | **P** | | Pediatric capable ventilator | | | | | |
| 13.06 | **P** | | Heating source (for infant warming) | | | X | X | |
| 13.07 | **P** | | Fracture management devices and equipment suitable for pediatric immobilization | | | X | X | |
| 13.08 | **P** | | Intraosseus infusion equipment with appropriate size gauges for children | | | X | X | |

Promptly Available = 30 minutes or less

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