



# State of New Hampshire

## Department of Safety



Division of Fire Standards and Training & Emergency Medical Services  
 Richard M. Flynn Fire Academy  
 98 Smokey Bear Boulevard, Concord, New Hampshire  
 Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002

John J. Barthelmes  
*Commissioner*

Deborah A. Pendergast  
*Director*

### NH Level 3 and 4 TRAUMA CENTER APPLICATION and Pre-Review Questionnaire

**INSTRUCTIONS:** Please complete this packet, attach copies of required documentation, and return to:

Trauma Coordinator, Bureau of EMS  
 NH Department of Safety  
 Division of Fire Standards and Training and EMS  
 33 Hazen Drive  
 Concord, NH 03305

**Electronic versions are preferred and may be emailed to Vicki.blanchard@dos.nh.gov**

**Renewal applications are due six months prior to expiration of current trauma assignment.**

Application Date: \_\_\_\_\_ Type: Initial Review \_\_\_\_\_ Renewal \_\_\_\_\_

Select an adult and pediatric level Adult 3\_\_\_ Adult 4\_\_\_ Pediatric 3\_\_\_ Pediatric 4\_\_\_

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Trauma Medical Director	Trauma Program Manager / Coordinator
Pediatric Trauma Medical Director	ED Nursing Director
ED Medical Director	EMS Coordinator
Chief Executive Officer	Chief Medical Officer

Hospital Beds (Do not include neonatal beds)

Hospital Beds	Adult	Pediatric	Total
Licensed			
Staffed			
Average Census			
ICU Beds			
Operating Rooms			

I hereby make application on behalf of this hospital for assignment as a NH trauma hospital. I have read and understand all of the criteria requirements pertaining to this application. To the best of my knowledge the information provided in or with this application is truthful and accurate, and the hospital meets or exceeds the criteria set forth therein.

\_\_\_\_\_  
 CEO signature

\_\_\_\_\_  
 Date



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### REQUIRED ATTACHMENTS FOR APPLICATION

The following supporting documents must be included with the application (submitted 6 months prior to expiration of current designation). Please identify each attachment with the appropriate letter, and if the attachment is more than one page indicate "page (page number) of (total number of pages in attachment)" as footer.

- Attachment A 1.01 A copy of a resolution(s) supporting the hospital's commitment to active participation as both an adult and pediatric trauma hospital signed by:
  - a) The governing board, and
  - b) The medical staff
- Attachment B 1.04/  
1.18 A copy of the Trauma Team Activation Criteria & supporting guideline/policy
- Attachment C 1.05 A copy of the hospital's Transfer Guidelines for adult and pediatric
- Attachment D 1.10 A copy of the Trauma Medical Director and Pediatric Trauma Medical Director (may  
1.12 be same person) Curriculum Vitae, and proof of current ATLS
- Attachment E 1.22 A copy of the Trauma Program Manager / Coordinator Curriculum Vitae
- Attachment F 3.03 A copy of the hospital's guidelines for the assessment, treatment and transfer ( if not  
addressed in Transfer Guideline) of the **Brain Injured Patient**.
- Attachment G 8.23 A copy of the hospital's guidelines for the assessment, treatment and transfer ( if not  
addressed in Transfer Guideline) of the **Burn Patient**
- Attachment H 8.33 A copy of the hospital's Massive Transfusion Guideline/Protocol (Level III only)
- Attachment I A map of the hospital's referral area, indicating EMS Units that utilize the facility as a  
Medical Resource Hospital.



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### PRE-REVIEW QUESTIONNAIRE FOR APPLICATION

The following questions list **Type 1** requirements for the Level of Trauma Center Designation being sought. Please mark **'Met'** or **'Not Met'** and send form in with application

A – Adult, P – Pedi

CD	Level	Meet	Not Meet	Standard
1.01	A 3, 4 P 3, 4			Does the hospital have the written commitment of its institutional governing body and its medical staff to be an assigned trauma hospital?
1.02	A 3, 4 P 3, 4			Is there 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?
1.04	A 3, 4 P 3, 4			Does the hospital have clearly defined criteria for graded activations for adult and pediatric trauma patients that follow NH EMS Trauma Triage Protocols for the initial triage of trauma patients?
1.05	A 3, 4 P 3, 4			Does the hospital have well-defined written guidelines for the transfer of adult and pediatric trauma patients to other facilities?
1.10	A 3, 4 P 3, 4			Does the hospital have a Trauma Medical Director and a Pediatric Trauma Medical Director? (can be the same person)
1.14	A 3, 4 P 3, 4			Is the Trauma Medical Director responsible for the trauma PIPS Program?
1.18	A 3, 4 P 3, 4			Does the hospital have written guidelines for the composition and activation of the trauma team for adult and pediatric patients
1.21	A 3 P 3			Does the general surgeon participate in the highest level of trauma activation?
1.22	A 3, 4 P 3, 4			Is there an Adult and Pediatric Trauma Program Manager / Coordinator? (may be same person)
2.03	A 3 P 3			Is there a surgeon on-call and promptly available?
2.04	A 3 P 3			Is the surgeon on-call dedicated to the trauma hospital while on duty?
3.03	A 3, 4 P 3, 4			Does the hospital have a written plan addressing the assessment, treatment and transfer of traumatic brain injured patients including written transfer agreements in place?
4.02	A 3 P 3			Is there an orthopedic surgeon on-call and promptly available?
4.03	A 3 P 3			Is there an orthopedic surgeon designated as liaison to the trauma PIPS Program?
5.02	A 3 P 3			Is there an emergency physician in-house 24 hours a day?
5.03	A 4 P 4			Is the emergency department staffed 24 hours a day by a physician or physician assistant, or a nurse practitioner with a full-time commitment to emergency medicine?
6.03	A 3 P 3			Is there an anesthesiologist or certified nurse anesthetist on-call and promptly available 24 hours a day?
6.04	A 3 P 3			Is an anesthesiology provider designated as liaison to the Trauma PIPS Program?
8.07	A 3			Are Operating Room Personnel on-call and promptly available 24/7?



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	P 3			
8.09	A 3, 4 P 3, 4			Is there a Registered Nurse available in the OR during surgery?
8.13	A 3			Is there an ICU physician on-call and promptly available 24 hours a day?
8.15	A 3, 4* P3*			Is the ICU staffed by Registered Nurses with critical care training per hospital guidelines? (* ) Denotes if the hospital has this service
8.17	A 3 P 4			Is there a Respiratory Therapist on-call and promptly available
8.24	A 3, 4 P 3, 4			Are Radiologists promptly available in person or by tele radiology for the interpretation of images?
8.25	A 3, 4 P 3, 4			Is there a Radiology Technician on-call and promptly available 24 hours a day?
8.26	A 3, 4 P 3, 4			Is there a CT Technician on-call and promptly available 24 hours a day?
8.28	A 3, 4 P 3, 4			Are clinical laboratory services available 24 hours a day?
8.29	A 3, 4 P 3, 4			Are laboratory services able to conduct analyses of blood, urine and other body fluids?
8.30	A 3, 4 P 3, 4			Are laboratory services able to conduct blood typing and cross-matching?
8.31	A 3, 4 P 3, 4			Are laboratory services able to conduct coagulation studies?
8.32	A 3, 4 P 3, 4			Does the Blood Bank have red blood cells and plasma available for the injured patient and a system for timely re-supply?
8.33	A 3 P 3			Does the hospital have a Massive Transfusion Protocol or Guideline?
8.34	A 3, 4 P 3, 4			Is the hospital able to run arterial blood gas analyses?
8.36	A 3, 4 P 3, 4			Can Laboratory Services alcohol and drug screening?
9.01	A 3, 4 P 3, 4			Does the hospital provide physical therapy services within its facility?
10.01	A 3, 4 P 3, 4			Does the hospital have a clearly defined PIPS Program for the trauma population?
10.02	A 3, 4 P 3, 4			Is the PIPS Program supported by a reliable method of data collection that consistently gathers valid and objective information necessary to identify opportunities for development
10.07	A 3, 4 P 3, 4			Are results of analysis and review used to define the corrective strategies required?



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### SUBMIT THE FOLLOWING – 30 DAYS PRIOR TO REVIEW DATE

**Year of Review Dates:** \_\_\_\_\_  
 12 consecutive months, starting no sooner than 15 months prior to review

**Attachment J** Address the following questions regarding trauma data:

- 1) Total number of trauma-related ED visits for the same reporting year with ICD-9 codes between 800.00 and 959.9, or corresponding ICD-10
- 2) Total number of patients included in the trauma registry for the reporting year
- 3) Disposition from ED for trauma patient admissions:
- 4) ED to OR \_\_\_\_\_ ED to ICU \_\_\_\_\_ ED to Floor \_\_\_\_\_
- 5) Number of interfacility trauma transfers for the reporting year
  - a) Transfers IN by air \_\_\_\_\_ Transfers IN by ground \_\_\_\_\_
  - b) Transfers OUT by air \_\_\_\_\_ Transfers OUT by ground \_\_\_\_\_

**Attachment K** Attach an over and under triage grid for the reporting period

**Attachment L** Address all the following questions regarding trauma team activation:

- 1) Number of trauma team activation within the reporting year, broken down by highest level and lower level activations (if two-tiered response used).
- 2) Method of activation trauma team (i.e. group page, telephone, other).
- 3) Describe which trauma team members respond to each level of activation.

**Attachment M** Address all the following questions regarding the trauma performance improvement and patient safety (PIPS) program:

- 1) Describe the hospital's Trauma Performance Improvement and Patient Safety Plan
- 2) Demonstrate how the hospital is able to separately identify the trauma patient population for review
- 3) Describe how the trauma PI problems are identified, tracked, documented and discussed.
- 4) Describe the staffing and administrative support for the PIPS process.
- 5) Describe how loop closure (resolution) is achieved.
- 6) List at least two examples of loop closure (for trauma care) during the reporting year.
- 7) Describe how trauma PI is integrated with the overall hospital PIPS program.
- 8) Are trauma registry data collected and analyzed?
- 9) List the selection criteria for patient entry into the trauma registry.
- 10) Describe how the trauma medical director ensures and documents dissemination of information and findings from the trauma PIPS meetings to the non-core clinicians on the trauma call panel?

**Attachment N** Discuss the trauma programs involvement with prehospital trauma care. Provide specific information about the number, types, and average attendance of training provided to EMS. Describe how EMS is involved in the PIPS process, injury prevention, or other aspects of the trauma program.

**Attachment O** Provide a description of the trauma education program, including examples;

- 1) Describe the types of educational offerings provided for physicians and nurses and indicate how often each are held. (Be prepared to provide specific information about attendance if requested.)
- 2) Describe how the hospital demonstrates collaboration with or participation in national, regional, or state trauma programs.

**Attachment P** Describe your hospital's injury prevention activities.



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### MATERIALS TO BE AVAILABLE AT TIME OF REVIEW

The materials listed below are requested to be available to the On-Site Review Team in the room where the chart review will take place. It would be helpful to have a room with a conference style table and adequate space for the team members to comfortably complete the review of the charts.

- Listing of the hospital's trauma activity for one year:  
 Intramural education offered– physicians, nurses and local EMS  
 Extramural education offered– physicians, nurses and local EMS  
 Community outreach / injury prevention activities
- Records regarding trauma-related credentials and education for all providers as described in the trauma plan **must be available for audit if requested.**
- Copy of the call schedule for three months prior to the review: general surgery, orthopedic surgery, pediatrics, anesthesia, laboratory, radiology, OR team.
- Trauma Performance Improvement and Patient Safety program  
 Minutes of all trauma related QI/QA meetings for the past six meetings  
 Attendance for all trauma related QI/QA meetings  
 Any trauma related data and/or statistics collected at your facility  
 Evidence of review of over and under triage
- Medical Records\*\* for Chart Review – 10 of each if possible
  - Trauma deaths
  - Trauma transfers
  - Trauma Admission
  - Pediatric trauma admissions
  - Any additional records demonstrating good PI
  - Abdominal injuries
  - Head injuries
  - Chest injuries
  - Femur / Pelvic Injuries

\*\*Provide one paper copy of each medical record presented for review. Must include the following:

- EMS report, if applicable
- Trauma flow sheet (or other applicable ED form if flow sheet not used)
- ED RN notes
- ED physician notes
- Note from surgeon responding to trauma activation, if applicable
- Final radiologist's report from ED films
- Admission H&P, if applicable
- Discharge Summary, if applicable
- Any operative/procedure notes from within the first 24 hours
- Any notes related to patient's transfer, if applicable



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### DESCRIPTION OF NH TRAUMA SYSTEM ON-SITE REVIEW

Following the self-assessment and submission of the application, the Trauma Medical Review Committee will review the application and contact the hospital regarding a site visit. The site visit committee, at a minimum, consists of two physicians (at least one of whom is a surgeon), a trauma nurse, and the state trauma coordinator.

The general purpose of the on-site review process is to verify your hospital's compliance with the NH trauma hospital classification standards and to provide consultative services. The on-site surveyors are charged with the responsibility of obtaining an accurate assessment of your hospital's capabilities. For this reason, we ask that hospital and trauma program personnel prepare for the visit by having all documents and medical records organized and accessible to the surveyors. Please be aware that surveyors may look beyond the requested documents and medical records if they feel the need for additional validation of compliance with the standards.

The on-site review will last approximately six to eight hours. The review will consist of a tour of the facility involving each of the major areas where treatment of trauma patients occurs, personal interviews of persons providing or directing the care of trauma patients, a review of major documents and a chart review of the medical records of trauma patients. Please have one or more staff members available to accompany the surveyors on the facility tour.

#### Orientation Meeting: - 30 minutes

- Introduction of on-site team members and hospital staff. Hospital staff to include, at a minimum: Hospital administrator, trauma medical director, ED medical director, trauma program manager / coordinator, ED nurse manager, senior nursing official, hospital QI coordinator.
- Discussion of the process of the visit
- Question and answer period

#### Chart Review / QI – 3 hours

- Review QI documents
- Review medical records

#### Facility Tour – one to two hours

##### Emergency Department (ED)

- Review ED facility, resuscitation area, equipment, protocols, flow sheets, staffing, trauma call, trauma team activations
- Interview ED physicians and nurses
- Review prehospital interaction and quality improvement

##### Operating Room / PACU

- Interview OR Nurse Manager and Anesthesiologist
- Check OR schedule
- Determine how a trauma OR suite is opened STAT
- Review equipment availability

##### Intensive Care Unit (ICU)

- Inspect facility and review equipment
- Review flow sheets
- Interview Medical Director / Nurse Manager / Staff Nurse
- Discuss patient triage and bed availability

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### Radiology

- Inspect facility
- Interview Radiologist and Technician
- Discuss the selection of imaging techniques based on patient's needs
- Determine patient monitoring policy

### Blood Bank / Laboratories

- Inspect facility
- Interview Technicians
- Determine availability of blood products and massive transfusion protocols

Other areas as requested by facility

### **Continued Chart / Documentation Review– one to two hours**

**Exit Interview – 30 minutes.** Please note - this is the hospital's only opportunity to hear the review team's findings prior to their report to the TMRC.

- Discharge Summary, if applicable
- Any operative/procedure notes from within the first 24 hours
- Any notes related to patient's transfer, if applicable