



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

Robert L. Quinn
Commissioner

Richard C. Bailey, Jr. and Perry E. Plummer
Assistant Commissioners

Deborah A. Pendergast
Director

NEW HAMPSHIRE TRAUMA CENTER APPLICATION AND PRE-REVIEW QUESTIONNAIRE (PRQ)

For Level III and IV Adult and Pediatric Trauma Centers

INSTRUCTIONS: Please complete this application packet, including all required attachments and return to:

New Hampshire Bureau of Emergency Medical Services ATTN: CLINICAL SYSTEMS
 New Hampshire Dept. of Safety
 Division of Fire Standards and Training and EMS
 33 Hazen Drive
 Concord, NH 03305

Electronic Applications Preferred. Email to: trauma@dos.nh.gov

RENEWAL APPLICATIONS ARE DUE SIX MONTHS PRIOR TO EXPIRATION OF CURRENT TRAUMA ASSIGNMENT

Application Date: _____ **Review Type (Circle):** INITIAL | RENEWAL | PEDI ONLY*

*If applying for a pediatric only review: facility **MUST** attach confirmation of ACS-COT adult trauma review date and time. State pediatric designation review will occur at time of ACS adult review

Select Designation Level* (Circle): ADULT III | ADULT IV | PEDI III | PEDI IV **Requested Review Date:** _____

*Unless applying for a pediatric only review, facility **MUST** select an adult and pediatric designation level

Hospital Information:

Hospital Name:	
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 New Hampshire 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 TRAUMA CENTER APPLICATION

The following supporting documents must be included with the application for trauma center designation. Attachments A-I are due at the time of application (for renewal applications: no less than six (6) months prior to expiration of current trauma designation). The PRQ and attachments J-Q are due no later than thirty (30) days prior to review date. Please identify each attachment with the appropriate letter, and page indicate "page (page number) of (total number of pages in attachment)" as footer.

** If applying for a Pediatric Only Designation: Complete attachments marked with an asterisk **

Attachment	Required Documentation	Due
*Attachment A	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	At time of application
*Attachment B	A copy of the Trauma Team Activation Criteria & supporting guideline/policy	At time of application
*Attachment C	A copy of the hospital's Transfer Guidelines for adult and pediatric	At time of application
Attachment D	A copy of the Trauma Medical Director and Pediatric Trauma Medical Director (may be same person) Curriculum Vitae, and proof of current ATLS	At time of application
Attachment E	A copy of the Trauma Program Manager/Coordinator's Curriculum Vitae	At time of application
Attachment F	A copy of the hospital's guidelines for the assessment, treatment and transfer (if not addressed in Transfer Guideline) of the Brain Injured Patient .	At time of application
Attachment G	A copy of the hospital's guidelines for the assessment, treatment and transfer (if not addressed in Transfer Guideline) of the Burn Patient	At time of application
*Attachment H	A copy of the hospital's Massive Transfusion Guideline/Protocol (<i>Level III only</i>)	At time of application
Attachment I	A map of the hospital's referral area, indicating EMS Units that utilize the facility as a Medical Resource Hospital.	At time of application
Pre-Review Questionnaire (PRQ)		Thirty (30) days before review
Attachment J	<p>Address the following questions regarding trauma data:</p> <ol style="list-style-type: none"> Total number of trauma-related ED visits for the same reporting year with the following ICD 10 codes: S00-S99, T07, T14, T20-28, T30-32 & T79.A1-T79.A9 <i>EXCLUDE CODES: S00, S10, S20, S30, S40, S50, S60, S70, S80, & S90</i> Total number of patients included in the trauma registry for the reporting year Disposition from ED for trauma patient admissions: ED to OR _____ ED to ICU _____ ED to Floor _____ Number of Interfacility trauma transfers for the reporting year: <ol style="list-style-type: none"> Transfers IN by air: _____ Transfers IN by ground: _____ Transfers OUT by air: _____ Transfers OUT by ground: _____ 	Thirty (30) days before review
Attachment K	Attach an over and under triage grid for the reporting period	Thirty (30) days before review
Attachment L	<p>Address the following questions regarding trauma team activation:</p> <ol style="list-style-type: none"> Number of trauma team activation within the reporting year, broken down by highest level and lower level activations (if two-tiered response used). Method of activation trauma team (i.e. group page, telephone, other). Describe which trauma team members respond to each level of activation. 	Thirty (30) days before review

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Attachment	Required Documentation	Due
Attachment M	<p>Address all the following questions regarding the trauma performance improvement and patient safety (PIPS) program:</p> <ol style="list-style-type: none"> 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? 	Thirty (30) days before review
Attachment N	<p>Discuss the trauma programs involvement with prehospital trauma care.</p> <ul style="list-style-type: none"> • 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. 	Thirty (30) days before review
*Attachment O <i>(If Pedi Only: Provide Pedi Specific Examples)</i>	<p>Provide a description of the trauma education program, including examples:</p> <ol style="list-style-type: none"> 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. 	Thirty (30) days before review
Attachment P	Describe your hospital's injury prevention activities.	Thirty (30) days before review
Attachment Q	<p>Attach a list with the names of the following providers for board certification verification:</p> <ol style="list-style-type: none"> 1. Pediatric telephone consultation physician(s) <i>(Pediatric level III/IV)</i> 2. General surgeon(s) who participate in the care of trauma patients 3. Neurosurgeon(s) who participate in the care of trauma patients 4. Orthopedic surgeon(s) who participate in the care of trauma patient 5. All Emergency Department Physicians 6. Anesthesiologist(s) who participate in the care of trauma patients 7. All ICU/Critical Care Physicians 8. Pediatric Department Chair/Pediatric Inpatient Director <i>(Pediatric level III/IV)</i> 	Thirty (30) days before review



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PRE-REVIEW QUESTIONNAIRE (PRQ) FOR LEVEL III & IV TRAUMA CENTERS

Please answer the following questions and tables in their entirety. Attach answers and supporting documentation as needed. Submit this PRQ thirty (30) days prior to trauma site review. Updates may be submitted, as needed, at any time.

If applying for a Pediatric Only designation: Respond to the PRQ based on your facility's pediatric trauma response.

1. **What is the reporting year for this review? (Must be 12 consecutive months beginning no sooner than 15 months prior to the review date)**
 Beginning month/year: _____ Ending month/year: _____
2. **What was the date of your most recent review?**
 - a. Briefly list any deficiencies found in that review and how they were corrected.
 - b. Briefly list any weaknesses found in that review and how they were addressed.
3. **Please describe any program changes that have occurred since your last review.**
4. **Complete the following table, for the reporting year, with the number of trauma cases in each category. Do not include ICD-10 codes**

Category	Value
Total Number of ED Visits Related to Trauma:	
Trauma Patient Disposition	
Admitted ED Trauma Patients (regardless of service):	
Admitted to ICU:	
Admitted to floor:	
Admitted to OR:	
Discharged from ED:	
Transferred out from ED:	
Died in ED:	
Cause of Injury Percentages	
Percentage of patients with Blunt Trauma:	
Percentage of patients with Penetrating Trauma:	
Percentage of patients with Thermal Trauma:	

5. **Complete the following table, for the reporting year, with the number of trauma patients admitted by service.**

Service	Number of Admissions
Trauma/General Surgery:	
Orthopedic:	
Neurosurgery:	
Non-Surgical/Hospitalist/Intensivist:	
Total Trauma Admissions:	

6. **Does your facility accept trauma direct admissions?**
 - a. If yes, how are direct admissions monitored?
 - b. If yes, what is the total number of trauma direct admissions to your facility?
7. **Please complete the following table for the reporting year based on the injury severity and mortality of trauma patients.**

Injury Severity Score (ISS)	(A) Total number of Admissions	(B) Total Number of deaths from admissions by ISS	Percent Mortality <i>(Subtract column B from column A)</i>
0-9:			
10-15:			
16-24:			
≥ 25:			
Total:			

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8. During the reporting year, what percentage of the time was the attending trauma surgeon present in the ED:
 - a. On patient arrival?
 - b. Within thirty (30) minutes of patient arrival?
9. Complete the following table, for the reporting year, with the number of trauma patient transfers.

Transfer Category	Number Transferred Out <24 Hours of Arrival	Number Transferred Out >24 Hours of Arrival
Pediatrics:		
Hand:		
Spine:		
Orthopedics: <i>If Applicable</i>		
Neurosurgery: <i>If Applicable</i>		
Re-Implantation:		
Vascular/Aortic Injuries:		
Cardiac (Bypass):		
Facial Trauma:		
Burns:		
Health Plan Repatriation:		
Other: <i>Please Specify</i>		
Total		

10. During the reporting year, what percentage of the time was your facility on diversion?

Questions 11-13 pertain to General Surgery:

11. Do the surgeons covering trauma call have current ATLS certification OR eight (8) hours of trauma related CME's per year?
 - a. *Please have proof of ATLS or CMEs available at time of review.*
12. Are the surgeons taking trauma call dedicated to your facility while on call?
13. Does each surgeon taking trauma call meet the response time requirement for the highest level of activation (Goal: 30 minutes, 80% of the time)?
 - a. *Please have proof of response times available at time of review.*

Questions 14-18 pertain to Neurosurgery:

If your facility does not have neurosurgical capabilities, skip to question 19

14. Is there a mechanism in place to monitor the neurosurgeons response time (Goal: within 30 minutes based on the institution's criteria)?
 - a. List the general criteria that have been identified for the neurosurgeon's response.
 - b. How are response times monitored through the PIPS program?
 - c. *Please have proof of response times available at time of review.*
15. Do the neurosurgeons covering trauma call have current ATLS certification OR eight (8) hours of trauma related CME's per year?
 - a. *Please have proof of ATLS or CMEs available at time of review.*
16. Are the surgeons taking trauma call dedicated to your facility while on call?
 - a. If not, is there a published back up call schedule?
17. During the reporting year, how many TBI patients received emergency craniotomies within 24 hours of admission?
18. During the reporting year, what percentage of Severe TBI patients had ICP monitors inserted, within 48 hours of admission?

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Questions 19-22 pertain to Orthopedic Surgery:

19. Is there an orthopedic surgeon promptly available when consulted (Goal: within 30 minutes based on the institution's criteria)?
 - a. List the general criteria that have been identified for the Orthopedic Surgeon's response.
 - b. How are response times monitored through the PIPS program?
 - c. Please have proof of response times available at time of review.
20. Do the orthopedic surgeons covering trauma call have current ATLS certification OR eight (8) hours of trauma related CME's per year?
 - a. Please have proof of ATLS or CMEs available at time of review.
21. During the reporting year, what was the average time to first antibiotic administration for open tibial fractures?
22. During the reporting year, how many of the following operations were performed secondary to traumatic mechanisms, excluding isolated hip fractures:
 - a. Pelvic ring injuries
 - b. All acetabular fracture patterns

Questions 23-27 pertain to Emergency Medicine:

23. Do the emergency physicians have current ATLS Certification OR eight (8) hours of trauma related CME's per year (all MUST have taken ATLS at least once)?
 - a. Please have proof of ATLS or CMEs available at time of review.
24. Do advanced practice providers (PA, APRN) cover the Emergency Department (ED) without a physician?
 - a. If yes, are these advanced practice providers currently certified in ATLS?
 - b. Please have proof of ATLS certification available at time of review.
25. Complete the following table, for the reporting year, with the percentage of ED Nursing Staff with the following education:

Course	Percentage
TNCC:	
ATCN:	
ENPC:	
TCAR:	
PCAR:	
PALS:	
ACLS:	

26. Complete the following table, for the reporting year, with the percentage of ED Nursing Staff with the following certifications:

Certification	Percentage
CEN:	
CPEN:	
CCRN:	
Other: Please Specify	

27. Do paramedics provide care in the Emergency Department?
 - a. If so, do the paramedics hold current ITLS/PHTLS certification OR proof of annual trauma education?
 - b. Please have proof of ITLS/PHTLS or Trauma Education available at time of review.

Anesthesiology

28. Is there an anesthesiologist or certified nurse anesthetist on call and promptly available (within 30 minutes) 24 hours a day?

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Surgical and Non-Surgical Collaborative Services:

29. Complete the following table regarding the availability of the following specialty services at your facility:

Specialty	Available	Not Available
Cardiology		
Gastroenterology		
Hand Surgery		
Infectious Disease		
Internal Medicine		
OB/GYN		
Ophthalmic Surgery		
Oral and Maxillofacial Surgery		
Pediatric Hospitalist/Pediatrician		
Plastic Surgery		
Thoracic Surgery		
Urologic Surgery		

Questions 30-33 pertain to Perioperative Services:

- 30. Is OR staff on-call and promptly available (within 30 minutes) 24/7?**
 - a. How are response times monitored through the PIPS program?
 - b. Please have proof of response times available at time of review.
- 31. Describe your facility's method for prompt mobilization of consecutive OR teams in the case of multiple trauma patients.**
- 32. Is a Registered Nurse present in the OR during all surgeries?**
- 33. Is PACU staff on call and promptly available (within 30 minutes) 24/7?**
 - a. How are response times monitored through the PIPS program?
 - b. Please have proof of response times available at time of review.

Questions 34-36 pertain to Critical Care Services:

- 34. Is an ICU Physician on-call and promptly available (within 30 minutes) 24/7?**
 - a. How are response times monitored through the PIPS program?
 - b. Please have proof of response times available at time of review.
- 35. Complete the following table, for the reporting year, with the percentage of ICU Nursing Staff with the following education:**

Course	Percentage
TNCC:	
ATCN:	
ENPC:	
TCAR:	
PCAR:	
PALS:	
ACLS:	

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36. Complete the following table, for the reporting year, with the percentage of ICU Nursing Staff with the following certifications:

Certification	Percentage
CEN:	
CPEN:	
CCRN:	
Other: <i>Please Specify</i>	

Questions 37-39 pertain to Process Improvement

- 37. For the reporting year, what was the percentage of non-surgical admissions?
- 38. Please attach a Cribari Grid demonstrating the over and under triage rates for the reporting year. (Overtriage is ideally ≤ 50% Undertriage is ideally ≤ 5%)
- 39. For the reporting year, what percentage of time did the CT Technician respond within 30 minutes?

Questions 40 & 41 pertain to Trauma Registry

If your facility directly enters data to the New Hampshire Trauma Registry, skip to question 42

- 40. For the reporting year, what percentage of trauma cases were entered into the trauma registry within 60 days of discharge (Goal: 80% of cases entered within 60 days of discharge)
 - a. *Please have proof of case entry available at time of review.*
- 41. Describe your trauma registry's data validation strategies.

Disaster Management and Planning

- 42. Please describe the trauma program's involvement in hospital-wide emergency management.



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DESCRIPTION OF THE NEW HAMPSHIRE TRAUMA SYSTEM 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 New Hampshire 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 site visit process
- Question and answer period

Chart Review / QI (3 hours)

- Review QI documents
- Review medical records

Facility Tour (1 - 2 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

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

Working Lunch with Hospital Leadership (1 Hour)

- Opportunity for site surveyors to ask hospital staff questions that arise during chart review and tour
- The Trauma program medical director and trauma program manager/coordinator must be in attendance
- Other members of the hospital administration and PIPS committee are encouraged to attend

Continued Chart Review / QI (1-2 hours)

Exit Interview (30 minutes)

- **Please note** - This is the facility's only opportunity to hear the review team's findings prior to the formal report made to the Trauma Medical Review Committee. Hospital staff members who met with the review team in the morning are strongly encouraged to attend.



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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.

If applying for a Pediatric Only Designation: Make available any and all pediatric records that meet the following criteria.

1. Listing of the hospital's trauma activity for one year:
 - a. Intramural education offered– physicians, nurses and local EMS
 - b. Extramural education offered– physicians, nurses and local EMS
 - c. Community outreach / injury prevention activities
2. Records regarding trauma-related credentials and education for all providers as described in the trauma plan
3. Copy of the call schedule for three months prior to the review. Include the following specialties:
 - a. General surgery
 - b. Orthopedic surgery
 - c. Pediatrics,
 - d. Anesthesia,
 - e. Laboratory
 - f. Radiology
 - g. OR team.
4. Trauma Performance Improvement and Patient Safety program:
 - a. Minutes of all trauma related QI/QA meetings for the past six meetings
 - b. Attendance for all trauma related QI/QA meetings
 - c. Any trauma related data and/or statistics collected at your facility
 - d. Evidence of review of over and under triage
5. Medical Records for Chart Review *: **10 of each if possible:**
 - a. Trauma deaths
 - b. Trauma transfers
 - c. Trauma Admission
 - d. Pediatric trauma admissions
 - e. Abdominal injuries
 - f. Head injuries
 - g. Chest injuries
 - h. Femur / Pelvic Injuries
 - i. Any additional records demonstrating good PI

**Provide one paper copy of each medical record, presented for review. Include the following documents in the order listed:*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> a. Case Summary (can be printed from registry) b. EMS report, if applicable c. Trauma flow sheet (or other applicable ED form if flow sheet not used) d. ED RN notes e. ED physician notes f. Note from surgeon responding to trauma activation, if applicable g. Final radiologist's report from ED films h. Admission H&P, if applicable | <ol style="list-style-type: none"> i. Discharge Summary, if applicable j. Any operative/procedure notes from within the first 24 hours k. Any notes related to patient's transfer, if applicable l. Minutes of PI meeting where the case was discussed, if applicable (may be listed on case summary) m. Evidence of loop closure, if applicable (may be listed on case summary) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|