



Office of Community Health Systems
P.O. Box 47853
Olympia, WA 98504-7853
360-236-2874

Trauma Service Designation Application

Facility Name:

City, State:

Level of Designation Applying for:

Adult:

Pediatric:

Application Due Date: 12/20/2023



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Trauma Designation Applications Instructions

Official Application

This is the official Adult and Pediatric Acute Trauma Service Designation Application for all facilities in the Washington State Emergency Medical Service and Trauma Care System. This is the only version the department will accept. The department has the authority to change the application at any time, and if relevant, will send the trauma program manager (TPM) a revised copy immediately. Changes to the application during the designation period will be avoided if possible. Rare exceptions may include information gaps, widely inconsistent responses, or frequently-asked questions from facilities.

Application Schedule

The application submission due date for the facilities in each emergency medical service (EMS) and trauma care region, and the statewide area, is noted on the published designation schedule for trauma service and trauma rehabilitation designation. A copy of the schedule is on the department's [website](#).

Facilities will have 90 days to submit the completed designation application. The schedule specifies all action steps needed to apply for trauma designation. Applicants are required to meet all deadlines. The process of trauma designation is detailed in Washington Administrative Code (WAC) at [WAC 246-976-580](#).

Withdrawing a Submitted Application

To withdraw a submitted application, send a written request to the department's trauma designation administrator (TDA) or trauma nurse consultant (TNC) any time before the application submission date. It must be signed by a person with signature authority. Facilities may re-submit a new application at any time up to the application due date for that region.

Completing the Application

Trauma Designation Application Workshop: The department conducts a trauma designation application workshop in each region early in the trauma designation cycle. All TPMs and their supervisors are urged to attend. Workshop content includes:

- Designation process and schedule
- Trauma service WAC standards
- Application requirements
- Formatting instructions
- Registry data for the application
- Definitions
- Site review preparations
- Resources available.

The workshop announcement will be sent to all TPMs. Or contact the Department of Health TDA or TNC for workshop details.

Read and adhere to instruction details carefully. This ensures all application requirements are complete, and supports efficiency by the department and site reviewers.

Tabbed divider pages, inserted before each section, are required, and enable reviewers to locate information quickly.

Omit the table of contents, instructions, Glossary and Exhibits sections, and intentionally blank pages from the submitted application.

Page numbers in the submitted application are essential for ease of review and security of the complete document. Once the application content is complete, hand-write page numbers on the bottom outside corner of all the pages (ignore or overwrite the computer page numbers included in this blank application). Include all application sections so that the pagination is sequential throughout the entire application.

- 1) An application title page is required. A template is included in the application. Use heavy paper (a clear plastic cover is suggested also) and include:
 - Facility name
 - Facility town, state
 - Intended designation: Acute or rehabilitation, adult (general) and/or pediatric and level of designation applying for
 - Due date of the application
- 2) Application Sections:
 - a) Trauma Service Profile:
 - Pull this information from your facilities registry. Help in retrieving this information is available from our trauma registry administrator, Donna Bybee (donna.bybee@doh.wa.gov).
 - b) Administrative Assurances:
 - Must be signed by the facility representatives whose titles are listed on the form.
 - Original signatures are required on the department's copy of the submitted application.
 - Obtain signatures early to avoid issues with representatives being unavailable near the application submission date.
 - When application is completed, obtain signatures from the chief nursing officer (CNO), TPM, and TMD indicating that the document has been reviewed.
 - c) Trauma Scope of Service:
 - WAC minimum standards for trauma designation are included as a reference in the Scope template.
 - Include items beyond WAC's minimum standards to demonstrate the facility capabilities which exceed the minimum requirements.
 - d) Trauma Care Standards Sections (e.g., 4. Trauma Service Administration and Leadership, 5. Trauma Quality Improvement Program, etc.)
 - These are the required WAC minimum standards of designated trauma services.
 - These trauma care standards can also be found at [WAC 246-976-700](#), and [WAC 246-976-800](#)

- Each WAC requirement has a check box and is labeled as “Section Item.”
- 3) Section Responses:
 - a) If currently meeting a standard, click to place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review.
 - b) All Section Item action plans and expected compliance dates have character (word) limits. Bullet format responses are preferred.
 - 4) Additional Documents:
 - a) Facility documents are required to be added in several sections to support/confirm compliance.
 - b) All facility documents (policies, protocols, procedures, standards, plans, guidelines, etc.) must include documentation of Multidisciplinary Trauma Quality Improvement Committee (MTQIC) approval date.
 - c) Approval dates must be within the past three years, or as specified in the Section Item.
 - 5) Education and Training Forms:
 - a) WAC 246-976-580 specifies 90 percent of personnel must meet education and training standards. This standard allows for influx of new personnel (i.e., up to 10 percent of staff members are allowed to be pending completion of education standards within 18 months of employment).
 - b) All applicable personnel must meet the standards.
 - c) List first and last name and other information as requested on the form.
 - 6) Glossary
 - a) Contains acronyms, abbreviations, definitions as used in this application.
 - b) The Glossary Section should not be included in the submitted application.

Computer Form Instructions

This application is designed to be completed as a computerized form. There are several ways to navigate and enter information into the form.

- a. First, save a copy of the original application to a secure location on the computer network.
- b. Then, save each work session with the current date and time to guard against inadvertent loss.
- c. To navigate the application form areas, tab from one text box (gray field) to the next. Type response in the gray space provided; or
- d. Use the mouse cursor and click where information needs to be entered. The gray text boxes will only allow responses up to the preset character (word) limit.
- e. Check boxes: To fill in a check box, click on the box and an “X” will appear. Click a second time; the “X” will disappear.

Application Submission Instructions

Please submit the completed application via the Department of Health's hosted Box.com platform or an equivalent online platform approved by your facility's information technology department (i.e., SharePoint).

All communication regarding the application, the designation process, and any requests for additional materials should be directed to the department staff members listed below. Any oral communication not confirmed in writing is unofficial and not binding.

Tim Orcutt, MSN, RN
Trauma Nurse Advisor
tim.orcutt@doh.wa.gov
(360)628-0583

Anthony Partridge, MPPA
Trauma Designation Program Administrator
anthony.partridge@doh.wa.gov
(360)584-6232

Confidential and Proprietary Content

The designation application is confidential until the contract between the facility and the department is signed by the Department of Health contracts officer. The application then becomes public record per Chapter 42.56 RCW. Portions of the application claimed exempt from disclosure under RCW 42.56 must contain the word "Confidential" printed or stamped in the upper right-hand corner of each page to be considered for exemption.

The department considers the request for confidential status based on applicable laws. Claiming an entire application as confidential will not be honored. Responses for a request to view or copy an application are made in accordance with the department's public disclosure procedures. If anything is marked proprietary, it will not be made available until the facility has an opportunity to seek a court order preventing disclosure.

Site Review

Applicants for adult and/or pediatric level I, II, or III acute trauma service designation will have an on-site review. Site reviewers are contracted by the department as per WAC 246-976-580. The site review team includes a surgeon and nurse who are clinical experts in trauma care. The team will review the application and conduct the facility site review evaluating the appropriateness and quality of the facility's trauma care in alignment with WAC 246-976-700 trauma care standards. The site review team:

- Reviews the submitted application
- Attends a tour of the facility
- Verifies equipment
- Verifies physician and nurse education and training
- Interviews personnel
- Conducts a medical record review
- Reviews the trauma quality improvement program and documents
- Reviews protocols, policies, and guidelines

- Reviews other documents as requested

Using their expertise and findings from the site visit, reviewers provide feedback, and recognize best practices and areas identified for improvement. Initial findings are presented at the closing session at the end of the site visit day.

Facilities are notified of the site reviewers' names in advance of the site visit. The department's TNC or TDA must be notified within 10 days of receipt of this notification if there is objection to any team member.

Site Review Fee

Facilities applying for acute adult and/or pediatric level I, II, or III trauma service designation must submit a site review fee prior to the site review per WAC 246-976-990. This fee covers the department's cost to conduct the site review. Notification of the fee amount is sent to the facility's trauma program manager by the department's credentialing unit immediately upon receipt of the facility's letter of intent to apply for designation. Submit the fee payment per the instructions on that credentialing department email.

Administrative Evaluation

Department staff members conduct an administrative evaluation of the written application for compliance with trauma care standards, completeness, and the relevance of supporting documentation.

Final Report

Facilities applying for acute adult and/or pediatric level I, II, or III trauma service designation will receive a written final report summarizing both the department's and site review team's evaluation within 120 days of the site review date. Level IV, V, and all rehab services will receive a final report no more than 60 days from the date of the designation decision announcement.

Department of Health Designation Decision-Making Process

Decisions are announced for each region on the date specified in the designation schedule posted on the department's website.

Designation decisions are made by the department after all applications have been evaluated and required site reviews have been completed within a region. The department designates the most qualified facilities with the ability to provide trauma care based on quality of performance in relation to the following:

- Submitted application, documents, data and other information verifying compliance
- Compliance with trauma standards
- Site review team recommendations
- Trauma patient outcomes
- Compliance with the trauma designation contract with the department if previously designated. This includes submission of final report requirements, maintaining compliance with WAC designation standards, trauma registry record submissions, participation in regional QI meetings, notifying the department of trauma service changes, and effective quality improvements
- Alignment with EMS/trauma council regional and state plans
- Impact of designation on the Washington State trauma system

- Regional patient volumes
- Number, level, and geographical distribution of trauma designated services

Trauma System History and Department of Health Authority

In 1990, the Washington State Legislature passed RCW 70.168, the Statewide Emergency Medical Services (EMS) and Trauma Care System Act. This act directed the Department of Health to develop and maintain a comprehensive EMS and trauma care system. This system spanned the care continuum from injury prevention, emergency medical services, acute trauma care, through trauma rehabilitation.

The trauma designation process rule, WAC 246-976-580, directs the department to evaluate facilities applying to participate in the state trauma system as adult and/or pediatric trauma centers.

Min/Max Numbers and Levels

Washington State is divided into eight EMS and trauma care regions. A state map that shows each region is on the department's website. Each region's EMS and trauma care council recommends the minimum/maximum (min/max) numbers and levels of trauma services needed within a region. This document can be obtained by contacting the TDA.

A facility may apply for trauma service designation or change its existing designation at any time if the regional min/max numbers reflect an opening.

Competitive Designation Application

Competition for trauma designation exists when the number of facilities applying for the same level of designation exceeds the maximum number allowed in the region per the regional and state plans. When competition exists and the department's evaluation of each applicant produces equal results, the department will award designation to the facility that will optimally benefit the trauma system.

Unsuccessful applicants will receive an accounting from the department regarding procedures and criteria used in the decision-making process.

Trauma Service Standards

Current Washington State trauma service standards, WAC 246-976-700, became effective on 01-03-2019. Any other versions of WAC prior to this date are nullified. All facilities applying for trauma designation must meet these trauma service standards to participate in the trauma system. This application was developed using these standards.

Provisional Designations

To ensure availability of trauma care in a particular region of the state, the department may provisionally designate a facility not able to fully meet all applicable trauma service standards. A provisional designation is valid for a maximum of two years. See WAC 246-976-580 for details.

To Appeal a Denial Decision

Facilities not awarded a trauma service designation will receive written notice. Facility administration has 28 days from receipt of the denial letter to appeal the decision and to request an adjudicative proceeding, per the Administrative Procedure Act, RCW 34.05 and WAC 246-10.

Designation Contract

A successful facility applicant must enter into a contractual agreement with the department to provide trauma services. The contract designation period is three years. Once awarded trauma service designation, the facility must adhere to the contract requirements. Any significant changes to the trauma service must be communicated to the department within 10 days of the change. This includes turnover in any of the administrative positions, e.g. trauma medical director, trauma program director, trauma registrar, facility administrator, facility name, address, and interruption in any required resource (e.g., loss of surgical capability).

Non-Endorsement

Trauma designation by the department neither endorses nor suggests a facility is the best or only trauma service. No reference to the department or the state in any literature, promotional material, brochures, sales presentation or other like materials can be made without the express written consent of the department.

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Section 1: Trauma Service Profile

This content provides reviewers with demographic, volume, and resource information about the facility, trauma program, and community.

Demographic Information:			
Facility Name:		EMS/TC Region:	
Mailing Address:		City:	Zip Code:
Physical Address:		City:	State: Zip Code:
Facility Phone:		County:	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> For profit <input type="checkbox"/> Non-profit	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban There are no required criteria for rural, urban, or, suburban. Facility is welcome to self-determine.	
Personnel Information:			
Hospital Administrator/CEO:			
Phone:		Email (required):	
Trauma Medical Director:			
Phone:		Email (required):	
Trauma Program Manager/Director:			
Phone:		Email (required):	
Trauma Registrar:			
Phone:		Email (required):	
ED Medical Director:			
Phone:		Email (required):	
ED Nurse Manager/Director:			
Phone:		Email (required):	
Critical Care Medical Director:			
Phone:		Email (required):	
Chief Nursing Officer:			
Phone:		Email (required):	
FTE, Hours Dedicated to Trauma Duties:			
Trauma Medical Director: Average hours/month dedicated to trauma duties:			
Trauma Program Manager/Director: FTE: . Average hours/month dedicated to trauma duties:			
Does the Trauma Program Manager have duties outside of trauma? (If yes, explain):			
Registrar Staff: FTE: . Average hours/month dedicated to trauma duties:			
Community, Hospital, and Trauma Service Information:			
City population:	Patient catchment area (sq. miles):	Annual ED census:	
	Facility is welcome to self-determine its patient catchment area.		
Licensed hospital beds:	Staffed beds:		
	Staffed ED beds:		
	Number for trauma:		
Staffed Critical Care Unit Beds (avg):	Number of OR's:		
	Number for trauma:		
Total number of physicians on medical staff:	Number of EMS agencies that deliver trauma patients:		

Trauma Registry Data		
Use trauma registry data to complete the table(s) that are applicable to your trauma service. The trauma registry data used must be from the prior full calendar year, from January 1 to December 31.		
Total Number of Patients (adult + pediatric) who met the Washington Trauma Registry Inclusion Criteria:	Average ISS:	Average ED LOS (in hours):
Adult Patients (age 15 and older years). Percentages are based on total number of adult trauma patients that met inclusion criteria.		
Number, percent of adult patients:	Average ISS:	Average ED LOS (in hours):
Number of adult full trauma team Activations:	Average ISS:	Average ED LOS (in hours):
Number of adult modified trauma team activations:	Average ISS:	Average ED LOS (in hours):
Number of adult trauma patients transferred-in:	Average ISS:	Average ED LOS (in hours):
Number of adult trauma patients transferred-out:	Average ISS:	Average ED LOS (in hours):
Number of adult trauma patients admitted:	Average ISS:	Average ED LOS (in hours):
Number and percent of adult patients admitted (excludes transferred-out patients) from ED To OR: To ICU: To Floor: To other acute unit:		
Number and percent of adult trauma patients who died (excludes transferred-out patients): In ED: In OR: In ICU: In Floor: In other acute unit:		
Top 3 mechanisms of injury for adult patients: 1. 2. 3.		
Pediatric Patients (age 0 through 14 years). Percentages are based on total number of pediatric trauma patients that met inclusion criteria.		
Number, percent of pediatric patients:	Average ISS:	Average ED LOS (in hours):
Number of pediatric full trauma team activations:	Average ISS:	Average ED LOS (in hours):
Number of pediatric modified trauma team activations:	Average ISS:	Average ED LOS (in hours):
Number of pediatric trauma patients transferred-in:	Average ISS:	Average ED LOS (in hours):
Number of pediatric trauma patients transferred-out:	Average ISS:	Average ED LOS (in hours):
Number of pediatric trauma patients admitted:	Average ISS:	Average ED LOS (in hours):
Number and percent of pediatric trauma patients (age 0-14 years) admitted from ED to the ICU:		
Number and percent of pediatric trauma patients who died (excludes transferred-out patients): In ED: In OR: In ICU: In Floor: In other acute unit:		
Top 3 mechanisms of injury for pediatric patients: 1. 2. 3.		

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Section 2: Administrative Assurances

This Section represents commitment throughout the facility and staff.

We the undersigned recognize that the truthfulness of, and the compliance with, the facts affirmed here are conditions to the award of a contract for trauma service designation with the Washington State Department of Health. We make the following administrative assurances:

- 1) We support our facility's participation and role in the statewide trauma system.
- 2) We approve and fully support our application for, and maintenance of, trauma service designation.
- 3) We understand that the submission of this application does not obligate the department to designate or contract with our facility.
- 4) We understand that a designation resulting from this application is applicable only to the one facility located at the address provided in this application.
- 5) We will not hold the department responsible for any omissions, errors, or misrepresentations in our designation application.
- 6) Our trauma service designation application is accurate and true. If, for any reason, what we have presented in this application changes over the new three-year designation period, resulting in no longer meeting a standard, we will communicate the change to the department in writing within 10 days of our being made aware of the issue/change, per our contract with the department.
- 7) We understand that the department will not reimburse us for any costs we incur in the preparation of our application, and once submitted, it becomes the property of the department. We therefore claim no proprietary rights to the ideas, writings, or other materials within our application.
- 8) If designated, we will comply with all rules in chapter 246-976 Washington Administrative Code (WAC), any requirements in our designation final report, our contract with the department, and any contract amendment—including the general terms, conditions, and statement of work.
- 9) We ensure the commitment of our facility's financial, human, and physical resources to treat all trauma patients at the level of designation approved and awarded by the department.
- 10) We are committed to providing injury prevention education to the members of our community and professional outreach and education to health care providers giving care to our trauma patients.

Chair of Governing Entity (Board)	Date	Trauma Medical Director	Date
Hospital Administrator	Date	Trauma Program Manager	Date
Chief Nursing Officer	Date		

Trauma Designation Application Review by Facility Leadership

I acknowledge review of this application for trauma designation.

Chief Nursing Officer (or executive delegate)	Title	Date
---	-------	------

Trauma Medical Director		Date
-------------------------	--	------

Trauma Program Manager/Director		Date
---------------------------------	--	------

Section 3: Trauma Scope of Service

The intent is to present an overall picture of consistent resources and capabilities available for trauma care, and compliance with standards in WAC 246-976-700. The facility is requested to include related capabilities beyond the WAC requirements available for trauma patient care to contribute to the statewide composition.

Base responses to the items below on a snapshot of any one recent week.

Emergency Department Services

Section Item 1: ☐ Yes ☐ No Are board-certified (B/C) emergency medicine (EM) physicians in the ED 24/7?

Section Item 2: If Item 1 is No, state the average total number of hours per week B/C EM physicians cover the ED: _____
Or; ☐ No B/C physicians on staff

Section Item 3: Check medical specialties of non-B/C emergency physicians with average total weekly hours.

☐ Internal Medicine Hours _____

☐ Family Practice Hours _____

List other specialties:

_____ Hours _____

_____ Hours _____

_____ Hours _____

Section Item 4: ☐ Yes ☐ No Do advanced practitioners (physician assistants and nurse practitioners) participate in the direct resuscitation and treatment of trauma patients?

Section Item 5: ☐ Yes ☐ No Do all advanced practitioners who participate on the trauma team have current ATLS certification?

☐ N/A - Advanced practitioners do not participate on the trauma team.

Section Item 6: ☐ Yes ☐ No Are all advanced practitioners who participate on the trauma team current in ACLS?

☐ N/A - Advanced practitioners do not participate on the trauma team.

If Item 5 or 6 is no, please provide with your submitted application a plan of correction, outlining how you will come into compliance with this WAC requirement. Advanced practitioners, who turn over the management of patients who meet trauma team activation criteria to a physician, do not have to have ATLS.

Section Item 7: ☐ Yes ☐ No Are resident physicians assigned to the ED? If No, skip to General Surgery below.

Section Item 8: ☐ Yes ☐ No Does a resident physician initiate trauma care in the ED until the emergency physician arrives at the bedside?

Section Item 9: If Item 8 is Yes, indicate the type and graduate level of the resident physicians who provide initial care to the trauma patient in the ED: _____

Section Item 10: Check the specialties of resident physicians assigned to the ED, and include their hours per week:

	Total Weekly Hours:
<input type="checkbox"/> EM	_____
<input type="checkbox"/> General Surgery	_____
<input type="checkbox"/> Family Practice	_____
<input type="checkbox"/> Internal Medicine	_____
<input type="checkbox"/> List other specialties:	
Specialty:	Total Weekly Hours:
_____	_____
_____	_____
_____	_____

General Surgery

☐ General surgery services are not provided (skip this subsection)

Section Item 11: ☐ Yes ☐ No Does your trauma service provide general surgery services 24/7? If no, explain: _____

Section Item 12: How many general surgeons who cover trauma call are board-certified (B/C)? _____

Section Item 13: How many general surgeons who cover trauma call are not B/C? _____

Section Item 14: ☐ Yes ☐ No Are the general/trauma surgeons provided compensation for taking trauma call?

Section Item 15: ☐ Yes ☐ No Do general surgeons perform elective surgery at this hospital when on trauma call?

Section Item 16: ☐ Yes ☐ No Do general surgeons perform elective surgery at another facility when on trauma call?

Section Item 17: If Item 16 is Yes, explain (limit response to 500 characters): _____

Section Item 18: ☐ Yes ☐ No When on trauma call, does the general surgeon respond to the ED within the WAC required timeframe?

Section Item 19: If Item 18 is No, explain: (limit response to 500 characters): _____

Section Item 20: ☐ Yes ☐ No Does a surgery resident physician initiate trauma care until a general surgeon arrives?

Section Item 21: If Item 20 is Yes, indicate the specialty and graduate level of the resident physicians who provide initial care to the trauma patient in the absence of a general surgeon.

Specialty: _____ PGY: _____
Specialty: _____ PGY: _____
Specialty: _____ PGY: _____
Specialty: _____ PGY: _____

Section Item 22: ☐ Yes ☐ No Does the general surgeon respond to the ED upon patient arrival when given a 15-minute notification for activation and a PGY four-year or higher surgical resident initiates evaluation and treatment?

Section Item 23: ☐ Yes ☐ No Is general surgeon compliance to the response requirements (five, 15, or 30 minutes) monitored in the QI Program?

Section Item 24: If Item 23 is No, explain how the trauma service ensures timely general surgeon response for activations (limit response to 500 characters): _____

Section Item 25: ☐ Yes ☐ No Do any general surgeons take emergency or trauma call at other facilities?

Section Item 26: If Item 25 is yes, list surgeon and facility:

Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____
Surgeon Name: _____ Facility: _____

Section Item 27: ☐ Yes ☐ No Does the trauma service ensure general surgeons are not on-call simultaneously at another facility?

Section Item 28: If Item 27 is no, explain how the trauma service ensures general surgeons are available for activations (limit response to 500 characters). Include provisions for those instances in the General Surgeon Back-up Plan in Section 13 _____.

Orthopedic Surgery

☐ Orthopedic surgery services are not provided (skip this subsection)

Section Item 29: How many orthopedic surgeons cover trauma call? _____.

Section Item 30: ☐ Yes ☐ No Are orthopedic surgeons provided compensation for taking trauma call?

Section Item 31: ☐ Yes ☐ No When on trauma call, does the orthopedic surgeon respond to the ED at the trauma leaders request, within the WAC specified timeframe?

Section Item 32: If Item 31 is No, explain (limit response to 500 characters):_____

Section Item 33: ☐ Yes ☐ No Do orthopedic surgeons take call at other facilities?

Section Item 34: If Item 33 is Yes, explain (limit response to 500 characters):_____

Section Item 35: ☐ Yes ☐ No Do orthopedic surgeons perform elective surgery at another facility when on trauma call?

Section Item 36: If Item 35 is Yes, explain (limit response to 500 characters):_____

Section Item 37: ☐ Yes ☐ No Is orthopedic surgeon compliance to the WAC response requirement monitored in the Trauma QI Program?

Section Item 38: If Item 37 is No, explain how the trauma service ensures orthopedic surgeons are available within the WAC required timeframe (limit response to 500 characters):_____

Neurosurgery

☐ Neurosurgical services are not provided (skip this subsection)

Section Item 39: How many B/C or Board Qualified (B/Q) neurosurgeons cover trauma call?

Section Item 40: How many neurosurgeons who provide trauma call are not B/C or B/Q in neurosurgery? _____

Section Item 41: ☐ Yes ☐ No Are neurosurgeons provided compensation for taking trauma call?

Section Item 42: ☐ Yes ☐ No Do neurosurgeons perform elective surgery at this hospital when on trauma call?

Section Item 43: If Item 42 is Yes, explain: (limit response to 500 characters): _____

Section Item 44: ☐ Yes ☐ No Do neurosurgeons perform elective surgery at another facility when on trauma call?

Section Item 45: If Item 44 is Yes, explain: (limit response to 500 characters): _____

Section Item 46: ☐ Yes ☐ No When on trauma call, is the neurosurgeon able to respond to the ED within the WAC specified timeframe?

Section Item 47: If Item 46 is No, explain: (limit response to 500 characters): _____

Section Item 48: ☐ Yes ☐ No Does the neurosurgeon respond to the ED within 30 minutes of trauma team leader's request when a PGY four-year or higher neurosurgical resident initiates evaluation and treatment?

Section Item 49: If Item 48 is No, explain (limit response to 500 characters): _____

Section Item 50: ☐ Yes ☐ No Is neurosurgeon compliance to the 5 minute and 30 minute response requirements monitored in the Trauma QI Program?

Section Item 51: If Item 50 is No, explain how the trauma service ensures neurosurgeons are available within the WAC required timeframe (limit response to 500 characters) _____.

Section Item 52: ☐ Yes ☐ No Do neurosurgeons take call at other facilities?

Section Item 53: If Item 52 is Yes, explain: (limit response to 500 characters): _____

Other Surgical Services

Section Item 54: Check all services on-call and available at the trauma team leader's request (bedside response) and all of the services on-call for consultation or management (no bedside response required) at the trauma team leaders request 24/7:

Cardiac surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters): _____.

☐ N/A

Microsurgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters): _____.

[Microsurgery includes surgical reattachment or replantation of an amputated part such as a digit or extremity,]

☐ N/A

Obstetric surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters): _____.

☐ N/A

Thoracic surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters): _____.

☐ N/A

On-call and
available for
patient
management
(bedside
response)

☐☐☐☐

On-call and
available for
consult (no
bedside
response
required)

☐☐☐☐

Urologic surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Vascular surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Cranio-facial surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Gynecologic surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Ophthalmic surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Plastic surgery, number who take trauma call ____.
If not 24/7, explain (limit response to 200 characters):

☐☐

☐ N/A

Operating Room

☐ Surgical services are not provided (skip this subsection)

Section Item 56: ☐ Yes ☐ No A staff member is designated to open an OR within five minutes of notification.

Section Item 57: If Item 56 is No, explain (limit response to 500 characters): _____.

Section Item 58: ☐ Yes ☐ No Are all on-call OR staff able to respond within 15 minutes (level I and II) or 30 minutes (level III) of notification?

Section Item 59: If Item 58 is No, explain (limit response to 500 characters): _____.

Section Item 60: ☐ Yes ☐ No Is there a second or backup OR crew available?

Section Item 61: If Item 60 is No, explain (limit response to 500 characters): _____.

Anesthesiology

☐ Anesthesia services are not provided (skip this subsection)

Section Item 62: ☐ Yes ☐ No Are anesthesiology services available at the team leader's

request, within the WAC required timeframe for trauma patients (all ages)?

Section Item 63: If Item 58 is No, explain (limit response to 500 characters): _____.

Section Item 64: How many B/C anesthesiologists provide trauma call? _____

Section Item 65: How many non B/C anesthesiologists provide trauma call? _____

Section Item 66: How many CRNAs provide trauma call? _____

Post-Anesthesia Care Services

☐ Post-anesthesia services are not provided (skip this subsection)

Section Item 67: ☐ Yes ☐ No Is a post-anesthesia care RN available 24/7?

Section Item 68: If Item 67 is No, explain (limit response to 500 characters): _____

Critical Care Services

☐ Critical care services are not provided (skip this subsection)

Section Item 69: ☐ Yes ☐ No Are general surgeons the only physicians admitting adult trauma patients to the critical care unit?

Section Item 70: ☐ Yes ☐ No Are intensivists a primary admitting physician for adult trauma patients in the critical care unit?

Section Item 71: List other physician services that are primary admitting physicians for CCU adult trauma patients:

- ☐ Neurosurgery
- ☐ Orthopedic surgery
- ☐ Cardiac surgery
- ☐ Urology
- ☐ Thoracic surgery
- ☐ Pediatric surgery
- ☐ Plastic surgery
- ☐ Other, (list) _____

Pediatric Critical Care Unit

☐ Pediatric critical care services are not provided (skip this subsection)

Section Item 72: Check the unit(s) admitting pediatric trauma patients needing critical care services:

- ☐ Pediatric Critical Care Unit (PCCU)
- ☐ Adult Critical Care Unit
- ☐ Other, list _____

Section Item 73: ☐ Yes ☐ No Do general surgeons admit all pediatric critical care trauma patients?

Section Item 74: If Item 73 is No, explain (limit response to 500 characters): _____

Section Item 75: ☐ Yes ☐ No Are pediatric intensivists the primary admitting physician caring for pediatric trauma patients?

Section Item 76: If Item 75 is No, explain (limit response to 500 characters): _____

Medical Services

Standard: The following services on-call for consultation or patient management.

Section Item 77: Place a checkbox for all medical services available for trauma patient care. If any service is not available 24/7, explain the coverage, and how this service is provided to trauma patients (limit response to 200 characters).

- ☐ Cardiology _____
- ☐ Gastroenterology _____
- ☐ Hematology _____
- ☐ Infectious disease specialist _____
- ☐ Internal medicine _____
- ☐ Nephrology _____
- ☐ Neurology _____
- ☐ Pathology _____
- ☐ Pediatrician _____
- ☐ Pulmonology _____
- ☐ Psychiatry _____ or;
- ☐ A plan for management of the psychiatric trauma patient

Diagnostic Imaging

Section Item 78: ☐ Yes ☐ No Is a radiologist in-house 24/7?

Section Item 79: If Item 78 is No, list the hours in-house: _____

Section Item 80: ☐ Yes ☐ No Is a teleradiology service used?

Section Item 81: If Item 80 is Yes, list the name of the service, and the hours used. _____

Section Item 82: ☐ Yes ☐ No Are all of the required diagnostic imaging services listed below in-house 24/7? If a service is not available 24/7, indicate which, and hours available:

Service:	Hours of availability:
<input type="checkbox"/> Routine radiological capabilities	_____
<input type="checkbox"/> Angiography	_____
<input type="checkbox"/> MRI	_____
<input type="checkbox"/> Sonography	_____
<input type="checkbox"/> Interventional radiology	_____

Section 4: Trauma Service Administration and Leadership

This section demonstrates compliance with WAC 246-976-700 requirements for trauma program organization, direction, leadership, and education of leaders.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain on a separate page the plan of action and expected compliance date. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Section Item 1:

- ☐ A trauma medical director responsible for the organization and direction of the [adult] trauma service, who:

Level: I, II

- ☐ Is a board-certified general surgeon, current in Advanced Trauma Life Support (ATLS)

Level III

- ☐ Is a general surgeon, ACLS trained and current in ATLS

Level: IV

- ☐ Is a board-certified general surgeon, emergency physician, a general surgeon ACLS trained with current certification in ATLS or a physician ACLS trained and current certification in ATLS.

Level: V

- ☐ Is an emergency physician or a physician assistant or advanced registered nurse practitioner ACLS trained who is current in ATLS.

Level: All

- ☐ Meets the pediatric education requirement (PER) (five hours) every three-year designation period.

Level: I and II

- ☐ Completes thirty-six hours in three years of verifiable, external, trauma-related continuing medical education (CME).

Level: All

- Is the TMD compensated for providing trauma service and quality improvement leadership? ☐ Yes ☐ No

Section Item 2: ☐ A pediatric trauma medical director responsible for the organization and direction of the [pediatric] trauma service, (skip to Item 3 if not applicable) who:

Level: I and II

- ☐ Is a board-certified pediatric surgeon, current in ATLS; or a board-certified general surgeon with special competence in the care of pediatric patients, Current in ATLS or;

Level III

- ☐ Is a general surgeon, with special competence in the care of pediatric patients, who is ACLS trained and current in ATLS;

Level: All

- ☐ Who meets the pediatric education requirement (PER) (seven hours) every three-year designation period.

Is the TMD compensated for providing trauma service and quality improvement leadership? ☐ Yes ☐ No

Section Item 3: ☐ A trauma program manager, or ☐ trauma service coordinator responsible for the overall operation of the [adult] trauma service who:

Level: All

- ☐ Is a registered nurse
☐ Has taken ACLS
Has taken ☐ PALS, or ☐ ENPC, [for adult trauma service] and;
☐ Thereafter meets the PER contact hours (☐ five or ☐ seven hours) every three-year designation period. Current certification in PALS or ENPC meets the PER for adult trauma service]

Section Item 4: The [adult] trauma program manager has attended:

Level: All

- ☐ A trauma program manager orientation course provided by the department, or:
☐ A department-approved equivalent, within the first 18 months in the role.

Section Item 5: The [adult] trauma program manager has successfully completed:

Level: All

- ☐ TNCC, or a department approved equivalent course.

☐ Thirty-six hours of trauma-specific education every three-year designation period in either external continuing education or in an internal education process conducted by the trauma program.

Level: All

(Note: Maintenance of TNCC no longer meets the complete continuing education requirement for the TPM, but the hours do count towards the thirty-six hour total).

Section Item 6: ☐ A trauma program manager, or ☐ trauma service coordinator responsible for the overall operation of the [pediatric] trauma service who: (Skip to Response Item 1 if not pediatric designated or if your service does not have a separate pediatric TPM).

Level: Pediatric, All

- ☐ Is a registered nurse
☐ Has taken ACLS
Has current ☐ PALS, or ☐ ENPC certification

Section Item 7: The [pediatric] trauma program manager has attended:

Level: Pediatric, All

- ☐ A trauma program manager orientation course provided by the department, or
☐ A department-approved equivalent, within the first 18 months in the role.

Section Item 8: The [pediatric] trauma program manager has successfully completed:

Level: Pediatric, All

- ☐ PALS or ENPC, or a department approved equivalent course, and there after:
 - ☐ Maintains PALS
 - ☐ Maintains ENPC
 - ☐ Completes 7 hours of continuing pediatric trauma education every three-year designation period.

Section Item 9:

Level: Pediatric, All

The pediatric trauma program manager has successfully completed:

- ☐ TNCC, or a department approved equivalent course.
- ☐ Thirty-six hours of trauma-specific education every three-year designation period in either external continuing education or in an internal education process conducted by the trauma program.

Level: All

(Note: Maintenance of TNCC no longer meets the complete continuing education requirement for the TPM, but the hours do count towards the thirty-six hour total).

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: List below only the significant trauma service accomplishments during the past three-year designation cycle. Use bulleted format. Response is limited to 1,500 characters with spaces.

Response Item 2: In the following pages, insert the clearly labeled adult and/or pediatric trauma medical director job descriptions.

Response Item 3: In the following pages, insert the clearly labeled adult and/or pediatric trauma program manager job descriptions.

Response Item 4: In the following pages, insert the clearly labeled organizational chart showing how the individuals who serve as adult and pediatric TMDs and TPMs report to an administrator.

Response Item 5: In the following pages, insert the clearly labeled organizational chart or diagram showing which departmental lead position the trauma service reports to. The chart must show the trauma service, the facility's governing entity (CEO, administrator), and/or board.

Response Item 6: Designation Grant Expenditure Plan: The intent of the trauma designation participation grant is to help offset the costs of 24/7 readiness and

participating in the trauma system. The expectation is that these funds are allotted to any expense needed to support the sustainability of your trauma service. This could include costs for trauma staff FTEs, trauma physician call payments, trauma-related accreditation fees, or trauma care-specific equipment, supplies, or training and education. It is expected that costs associated with meeting trauma program WAC requirements will be high priority.

In the following pages, insert a list of top priorities for how your trauma service will use its annual participation grants for the next three years of designation (one full designation cycle). You do not need to submit dollar amounts, just a brief plan (list) of allotment, arranged by priority.

Section 5: Trauma Quality Improvement Program

The purpose of this section is to demonstrate the trauma facility's approach to the rigorous and continuous improvement of its system of trauma care in WAC 246-976-700. Quality Improvement (QI) includes documentation of the evaluation of care quality, the identification of areas for improvement, and efficient correction to achieve the best possible outcomes for patients.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain on a separate page the plan of action and expected compliance date. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

A multidisciplinary trauma quality improvement program that must:

Level: All

Section Item 1: ☐ Be led by the multidisciplinary trauma service committee with the trauma medical director(s) as chair of the committee.

Section Item 2: ☐ Demonstrate a continuous quality improvement process supported by a reliable method of data collection that consistently obtains the information necessary to identify opportunities for improvement.

Section Item 3: ☐ Have membership representation and participation that reflects the facility's trauma scope of service.

Section Item 4: ☐ Have an organizational structure that facilitates the process of quality improvement, with a reporting relationship to the hospital's administrative team and medical executive committee that ensures adequate evaluation of all aspects of trauma care.

Section Item 5: ☐ Have authority to establish trauma care standards and implement patient care policies, procedures, guidelines, and protocols throughout the hospital and the trauma service must use clinical practice guidelines, protocols, and algorithms derived from evidence-based validated resources.

Section Item 6: ☐ Have a process to monitor and track compliance with the trauma care standards using audit filters and benchmarks.

Section Item 7: ☐ Have a process in which outcome measures are documented within the trauma quality improvement programs written plan which must be reviewed and updated at least annually. Outcome measures will include, at a minimum:

- ☐ Mortality (with and without opportunities for improvement)
- ☐ Trauma surgeon response time (If general surgery services are

- provided)
- ☐ Undertriage rate
- ☐ Emergency department length of stay greater than three hours for patients transferred out.
- ☐ Missed injuries
- ☐ Complications

Section Item 8: ☐ Have a process to evaluate the care provided to trauma patients and to resolve identified pre-hospital, physician, nursing, or system issues.

Section Item 9: ☐ Have a process for correcting problems or deficiencies.

Section Item 10: ☐ Have a process to analyze, evaluate, and measure the effect of corrective actions to determine whether issue resolution was achieved.

Section Item 11: ☐ Have a process to continuously evaluate compliance with full and modified (if used) trauma team activation criteria.

Section Item 12: ☐ Have assurance from other hospital quality improvement committees, including peer review if conducted separately from the trauma committee, that resolution was achieved on trauma related issues. The following requirements must also be satisfied:

- ☐ Peer review must occur at regular intervals to ensure that the volume of cases is reviewed in a timely fashion;
- ☐ A process must be in place to ensure that the trauma program manager receives feedback from peer review for trauma-related issues;
- ☐ All trauma-related mortalities must be systematically reviewed and those mortalities with opportunities for improvement identified for peer review;
- ☐ This effort must involve the participation and leadership of the trauma medical director and any departments, such as: General surgery, emergency medicine, orthopedics, neurosurgery, anesthesia, critical care, lab and radiology;
- ☐ The multidisciplinary trauma peer review committee must systematically review significant complications and process variances associated with unanticipated outcomes and determine opportunities for improvement.

Section Item 13: ☐ Have a process to ensure the confidentiality of patient and provider information, in accordance with RCW 42.56 and RCW 70.168.090.

Section Item 14: ☐ Have a process to communicate with, and provide feedback to, referring trauma services and trauma care providers.

Section Item 15: ☐ Have a current trauma quality improvement plan that outlines the trauma service's quality improvement process, as defined in this subsection.

Section Item 16: ☐ Participation in the regional quality improvement program as defined in WAC 246-976-910.

Section Item 17: ☐ Use risk-adjusted data for the purposes of benchmarking and performance improvement. For level I and II trauma services, the risk-adjusted benchmarking system must be the American College of Surgeons Trauma Quality Improvement Program (TQIP). For level III-V, risk-adjusted data reports that are provided from the state.

Level: III, IV, V

Section Item 18: ☐ Trauma services with a total annual trauma volume of fewer than 100 patients may integrate trauma quality improvement into the hospital's quality improvement program; however, trauma care must be formally addressed in accordance with the quality improvement requirements above. In this case, the trauma medical director is not required to serve as chair.

Level: All

Section Item 19: ☐ Have a pediatric-specific trauma quality improvement program for a trauma service admitting at least one hundred pediatric trauma patients annually. For a trauma service admitting less than one hundred pediatric trauma patients annually, **or**
☐ Trauma services that are transferring pediatric trauma patients, the trauma service must review each case for timeliness and appropriateness of care;

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Include an organizational chart or diagram that shows the Multidisciplinary Trauma Quality Improvement Committee's (MTQIC) reporting structure within the facility. The chart should show the facility's governing entity and how each MTQIC reports to that entity—along with the relationship to the Medical Executive Committee, the departmental committees of Surgery, Emergency Medicine, Critical Care, and other major departments or service line committees.

Response Item 2: Submit the most recent Trauma QI Program Plan with date of MTQIC approval. The plan must demonstrate process and flow, and can be easily applied to issue, action, and resolution. See Exhibits for an example.

Response Item 3: Provide MTQIC attendance records for the most recent two-year period, with legible names, and each representative's title and department or service (See Exhibits for a table example). For level I-III services, the requirement is that there are Identified medical staff representatives or their designees from departments of general surgery, emergency medicine, orthopedics, neurosurgery, anesthesiology, critical care, and radiology who must participate actively in the multidisciplinary trauma quality improvement program with at least fifty percent attendance.

Response Item 4: ☐ Yes ☐ No Has lack of attendance at MTQIC been an issue? If No, skip

to Item 7.

Response Item 5: ☐ Yes ☐ No If Item 4 is Yes, has lack of attendance at MTQIC been addressed?

Response Item 6: ☐ Yes ☐ No Has improvement in MTQIC attendance been noted?

Response Item 7: ☐ Yes ☐ No ☐ N/A If trauma peer review is conducted separately from MTQIC, provide attendance records from the most recent two-year period, with legible names or each representative's title and department or service. For level I and II trauma services, the program must be able to demonstrate a minimum of 50% attendance from all of the general surgeons who participate on the trauma panel. For level III trauma services, If at least fifty percent of the general surgeons did not attend the peer review committee meetings, then the trauma service must be able to demonstrate that there is a formal process for communicating information from the committee meetings to the group of general surgeons.

Response Item 8: Process and outcome measures, referred to as audit filters, require defined criteria and metrics. In the following pages, insert a clearly labeled summary of results for each adult and/or pediatric audit filter (outcome measures) used to review trauma care during the current designation cycle. This summary should include, at a minimum, the results for the WAC required outcome measures prescribed in WAC 246-976-700(4)(i)(i-vi) (Section Item 7). Dashboard summaries require a bulleted explanation of results. See Exhibits for an example.

Response Item 9: Insert clearly labeled case summaries, from the current designation cycle:

- Level IV and V: 1 completed trauma QI issue review from the categories below
- Level I-III: 3 completed trauma QI issue reviews for adult trauma patients.
- Dual designated facilities should have a total of six completed case summaries; three adult and three pediatric.
- Pediatric-only designated facilities should submit three pediatric case summaries.

These summaries should include:

- ☐ A system issue affecting trauma care in the facility.
- ☐ A physician or nursing trauma practice issue in the facility.
- ☐ A trauma patient death in the facility. This should be an unexpected or preventable death, or a non-preventable death with opportunities for improvement.

For Item 9, mark submitted documents as confidential. Include all auditing and tracking documents used.

Each QI review in Item 9 must include the following (check the boxes below to indicate each is included in both Item responses):

- ☐ Issue identification
- ☐ Discussion and conclusions
- ☐ Action plans: Goals, audit filter or quality indicator developed, steps to goal
- ☐ Implementation details of action plan

- ☐ Evaluation and measurement results
- ☐ Adjustments or re-evaluation
- ☐ Issue resolution (loop closure, the positive outcome of QI efforts from MTQIC minutes).

Response Item 10: For level III-V trauma services, submit a summary that demonstrates how the trauma program is using the state provided risk-adjusted data reports to improve outcomes. For level I and II trauma services, submit the most recent TQIP reports available.

Response Item 11: List all Washington state regional QI meetings for the past two years of your current designation—indicate the TMDs and TPMs attendance. Attendance is required in accordance with WAC 246-976-910.

Response Item 12: List how the trauma service participates in regional QI meetings (check all that apply):

- ☐ Share findings from the facility trauma program's QI processes to benefit regional partners
- ☐ Contribute to problem-solving of regional system issues
- ☐ Maintain currency of the facility's specialty physician availability on a state- or region-wide website (e.g., WaTRAC, RAMSES, etc.)
- ☐ Maintain currency of the facility's bed availability on a state- or region-wide website (e.g., WaTRAC, RAMSES, etc.)
- ☐ Use state or regional trauma data to drive regional QI priorities
- ☐ Other Explain; limit response to 750 characters. _____

Response Item 13: ☐ Yes ☐ No Does the trauma service have a process to receive feedback from receiving facilities on a trauma patient transferred-out to an acute care facility?

Response Item 14: ☐ Yes ☐ No Does the trauma service use that feedback information in the trauma QI program? Check all that apply:

- ☐ Review data accuracy
- ☐ Determine loop closure
- ☐ Identify missed diagnoses
- ☐ Check compliance with facility's clinical guidelines, standards, protocols, or procedures
- ☐ Evaluate appropriateness of transfer
- ☐ In QI case review
- ☐ Review patient outcomes
- ☐ Other. Explain; limit response to 500 characters. _____

Response Item 15: ☐ Yes ☐ No ☐ N/A Does the trauma service provide feedback to referring (sending) facilities?

Response Item 16: ☐ Yes ☐ No If received or obtained, is the receiving facility's injury severity scores (ISS) entered into the patient record in the collector trauma registry software?

Response Item 17: ☐ Yes ☐ No Does the receiving facility's ISS information trigger a re-review in the trauma QI program?

Response Item 18: Check all that apply. The trauma QI Plan includes:

- ☐ A process to continuously evaluate compliance with full trauma team activation criteria.
- ☐ Measurement of compliance to FTTA criteria
- ☐ FTTA issue identification
- ☐ FTTA action plans
- ☐ Implementation of FTTA action plan
- ☐ Re-evaluation of FTTA compliance measurement
- ☐ MTQIC's conclusion of the outcome's effectiveness for loop closure

Response Item 19: ☐ Yes ☐ No Is under-triage measured for full TTAs?

Response Item 20: ☐ Yes ☐ No Is over-triage measured for all TTAs? If over-triage is not currently measured for all TTAs, the trauma program will demonstrate over-triage in the next trauma designation application.

Response Item 21: ☐ Yes ☐ No Does the trauma service use modified TTAs?

Response Item 22: ☐ Yes ☐ No Is under-triage measured for modified TTAs?

Response Item 23: Report below the number and percentage of over- and under- triaged trauma patients. Over-triage means the patient did not meet criteria, but received a TTA (full or modified). Under-triage means the patient met criteria, but did not receive a TTA (full or modified). It is required that manual calculation of under/overtriage be done by reviewing each individual medical record in comparison with the facilities trauma team activation criteria. This is the most accurate means of calculation. Supplemental analysis, such as the use of trauma registry reports or the Cribari matrix is encouraged.

Date range used (list here which recent 12 months were used):

Number of actual full TTAs:
Number of patients who met full TTA criteria:
Percent Full TTA Under-triaged:
Percent Full TTA Over-triaged:

Number of actual modified TTAs:
Number of patients who met modified TTA criteria:
Percent of Modified TTA Under-triaged:
Percent of Modified TTA Over-triaged:

In the response field provided, detail the methodology used to determine undertriage:

Section 6: Trauma Registry

This section demonstrates compliance with WAC 246-976-420, 246-976-430, and 246-976-700 requirements for trauma registry case selection, data abstraction, data entry, data validation, and submission of trauma registry data to the Department of Health.

Instructions: If currently meeting a standard, place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

The designated trauma facility’s responsibilities include:

Level: All

Section Item 1: ☐ All trauma care providers must protect the confidentiality of data in their possession and as it is transferred to the department.

Section Item 2: ☐ Have a person identified as responsible for coordination of trauma registry activities.

Level: I-III, Adult and Pediatric

☐ The registrar has completed the abbreviated injury scale (AIS) course within eighteen months of hire. If this requirement has not been completed, at the end of this section, submit a plan of correction with anticipated course completion date.

Section Item 3: ☐ Report data elements shown in WAC 246-976-430 for all patients defined in WAC 246-976-420.

Section Item 4: ☐ Report patients in a calendar quarter in a department-approved format by the end of the following quarter.

Section Item 5: ☐ All trauma care providers must correct and resubmit records which fail the department's validity tests described in WAC 246-976-420.

Section Item 6: ☐ You must send corrected records to the department within three months of notification.

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Include the trauma registrar (TR) job description, including any training and certifications required (such as collector software, ICD10 coding, AIS coding, anatomy, medical terminology, other software for generating

reports, TOPIC, CSTR, CAISS, etc.). This document should include a description of how the TR supports the trauma QI program.

Response Item 2: Include an organization chart showing to whom the TR reports.

Response Item 3: Check the functions that the TR performs:

- ☐ Case finding
- ☐ Data abstraction
- ☐ Data entry
- ☐ Data validation
- ☐ Error correction
- ☐ Record submission
- ☐ Report writing
- ☐ QI screening
- ☐ QI data analysis
- ☐ Other (limit response to 100 characters): _____

Response Item 4: ☐ Yes ☐ No Trauma registry records have been submitted to the department on-time over the past 12 months. (The standard is to report patients in a calendar quarter in a department-approved format by the end of the following quarter)

Response Item 5: The majority of trauma registry records are completed:

- ☐ Concurrently (begun while patient is in hospital, and finalized within seven days of discharge.)
- ☐ Within one month of patient discharge
- ☐ Within two months of patient discharge
- ☐ Within three months of patient discharge
- ☐ More than three months after patient discharge

Response Item 6: The trauma registry data is used:

- ☐ To educate physicians, nurses, and staff
- ☐ To conduct trauma quality improvement activities
- ☐ To identify records for enhanced trauma fund payments for physicians
- ☐ To identify records for enhanced trauma fund payments for the hospital
- ☐ To prioritize injury prevention education
- ☐ To support outreach and marketing
- ☐ To measure resource utilization
- ☐ To support clinical research
- ☐ In financial analysis
- ☐ For strategic planning
- ☐ Other: (limit response to 100 characters) _____

Response Item 7: Provide a brief summary of the process that the program uses to validate its registry. Include any details regarding the percentage of records and data points reviewed.

Section 7: Trauma Patient Transfer and Diversion

This section demonstrates compliance with WAC 246-976-700 requirements for trauma patient transfer and diversion.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Level: All

Section Item 1: ☐ Written transfer-in guidelines consistent with the facility's designation level and trauma scope of service. If you do not accept patient transfers in, skip to Section Item 3.

Section Item 2: ☐ The guidelines must identify the type, severity and complexity of injuries the facility can safely accept, admit, and provide with definitive care.

Section Item 3: ☐ Written transfer-out guidelines consistent with the facility's designation level and trauma scope of service.

Section Item 4: ☐ The guidelines must identify the type, severity and complexity of injuries that exceed the resources and capabilities of the trauma service.

Section Item 5: ☐ Interfacility transfer agreements with all trauma services that receive the facility's trauma patients.

Section Item 6: ☐ Agreements must have a process to identify medical control during the interfacility transfer, and address the responsibilities of the trauma service, the receiving hospital, and the verified prehospital transport agency.

Section Item 7: ☐ All trauma patients must be transported by a trauma verified prehospital transport agency.

Section Item 8: ☐ An air medical transport plan addressing the receipt or transfer of trauma patients with a heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer trauma patients by fixed-wing or rotary-wing aircraft.

Section Item 9: ☐ A written diversion protocol for the ED to divert trauma patients from the field to another trauma service when resources are temporarily unavailable.

Section Item 10: The process must include (check the boxes below to indicate each is included):

- ☐ Trauma service and patient criteria used to decide when diversion is necessary;
- ☐ How divert status will be communicated to nearby trauma services & prehospital agencies;
- ☐ How diversion will be coordinated with the appropriate prehospital agency;
- ☐ A method of documenting and tracking when the trauma service is on trauma divert, including the date, time, duration, reason, and decision maker.

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Provide the trauma transfer-out guideline(s) for adult patients and for pediatric patients with needs exceeding the facility's capabilities listed in the trauma scope of service. Include the receiving facilities for specific injury types (e.g., burns, neurotrauma, spine, hand, etc.), and for specific populations (e.g., pediatric, geriatric, etc.). (The state pediatric transfer guideline can be found here: [Pediatric Consultation & Transfer Guideline](#).) As a Level I, this may be where you would send your patients if a mass casualty occurred.

Response Item 2: Provide a summary of issues regarding patients transferred-out from your facility for both adult and pediatric patients, (e.g., patients transferred to a non-trauma designated facility, double-transfers, inappropriate transfers, transfers with ED LOS >3 hours.) (Limit response to 1,000 characters): _____.

Response Item 3: ☐ Yes ☐ No Does the trauma service QI review all adult and pediatric patients transferred out?

Response Item 4: Explain what was done to develop relationships with facilities that receive this facility's trauma patients (Limit response to 500 characters): _____

Response Item 5: ☐ Yes ☐ No Does the trauma service QI review all patients transferred in? Skip to Section 8 if your facility does not receive trauma patients transferred in.

Response Item 6: ☐ Yes ☐ No Does the trauma service reach out to other facilities that could potentially transfer trauma patients to this facility?

Response Item 7: What percentage of the time was the facility on trauma divert in the most recent 12-months? _____

Section 8: Trauma Team Activation

The intent of this section is to demonstrate compliance with WAC 246-976-700 regarding activation of the trauma team, patient criteria, general surgeon response, trauma team membership, and monitoring of activations.

Instructions: If currently meeting a standard, place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Level: All

Section Item 1: ☐ A trauma team activation protocol consistent with the facility's trauma scope of service. The protocol must:

- ☐ Define the physiologic, anatomic, and mechanism of injury criteria used to activate the full and modified (if used) trauma teams.
- ☐ Identify members of the full and modified (if used) trauma teams consistent with the provider requirements of this chapter

Section Item 2: ☐ Define the process to activate the trauma team. The process must:

- ☐ Consistently apply the trauma service's established criteria.
- ☐ Use information obtained from prehospital providers or an emergency department assessment for patients not delivered by a prehospital agency.
- ☐ Be applied regardless of time post injury or previous care, whether delivered by prehospital or other means and whether transported from the scene or transferred from another facility.
- ☐ Include a method to initiate and/or upgrade a trauma activation when newly acquired information warrants additional capabilities and resources.

Section Item 3: ☐ Yes ☐ No Staff and providers have easy access to the activation tool/form with criteria for all TTAs.

Level: I-III

Section Item 4: ☐ For full trauma team activations, include the mandatory presence of a general surgeon. The general surgeon assumes leadership and overall care using professional judgment regarding the need for surgery and/or transfer.

Level: Pediatrics, All

Section Item 5: For trauma team activations in pediatric designated trauma services, one of the following pediatric physician specialists must respond (within five minutes

for level I). Check all that apply; skip to response item 1 if not pediatric designated.

- ☐ A pediatric surgeon;
- ☐ A pediatric emergency medicine physician;
- ☐ A pediatric intensivist;
- ☐ A pediatrician;
- ☐ A postgraduate year two or higher pediatric resident.

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Note: Only facilities with general surgeons are expected to have full trauma team activations (FTTA). Facilities with no general surgeons can have only modified trauma team activations (MTTA). Facilities with general surgeons can choose to have MTTA as well as FTFA.

Response Item 1: Provide the adult and/or pediatric trauma team activation (TTA) protocol(s), outlining the full and modified teams and responses for both. Include the items below in the protocol. Check the boxes indicating items included:

- ☐ Staff/providers authorized to activate the trauma team.
- ☐ Adult and pediatric trauma patient physiologic, anatomic, and/or mechanism of injury criteria for full and modified TTA.
(Consider the Department of Health FTFA Criteria guideline as a basis to develop FTFA criteria. See Glossary).
- ☐ List members of the full trauma team required to respond for the activation.
- ☐ List members of the modified trauma team (if used) required to respond for the activation.
- ☐ Procedure to upgrade to a full trauma team activation when newly acquired information warrants additional resources.
- ☐ How a “walk-in” patient is evaluated to determine need for TTA.
- ☐ How a patient transferred-in from another facility is evaluated for TTA (if applicable).

Section 9: Emergency Department Services

The purpose of this section is to show compliance with WAC 246-976-700 emergency department standards.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Level: All

Section Item 1: ☐ Emergency care services available 24 hours every day, with:

Section Item 2: ☐ An emergency department.

Level: Adult, I-V

Section Item 3: ☐ The ability to resuscitate and stabilize adult and pediatric trauma patients in a designated resuscitation area.

Level: Adult, All

Section Item 4: ☐ A medical director, who:

- ☐ Is board-certified in emergency medicine, or
- ☐ Is board-certified in general surgery or
- ☐ Is board-certified in another relevant specialty practicing emergency medicine as their primary practice
- ☐ Physician ACLS trained with current certification in ATLS
- ☐ Physician assistant or advanced registered nurse practitioner ACLS trained who maintains ATLS certification.

Level: Pediatric, All

- ☐ A medical director, who (skip to item 6 if not applicable):
 - ☐ Is board-certified in pediatric emergency medicine or
 - ☐ Board-certified in emergency medicine with special competence in the care of pediatric patients or
 - ☐ Board-certified in general surgery with special competence in the care of pediatric patients or
 - ☐ A general surgeon ACLS trained with current certification in ATLS and with special competence in the care of pediatric patients
 - ☐ Board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients.

Level: Adult, All

Section Item 5: ☐ Emergency physicians [for the adult trauma service] who:

- ☐ Are board-certified in emergency medicine or
- ☐ Board-certified in a relevant specialty practicing emergency medicine as their primary practice or
- ☐ Physician practicing emergency medicine as their primary practice

- with current certification in ACLS and ATLS or
- ☐ Physician assistant or advanced registered nurse practitioner ACLS trained who maintains ATLS certification.
- ☐ This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident working under the direct supervision of the attending emergency physician. The resident must be available within five minutes of notification of the patient's arrival to provide leadership and care until arrival of the general surgeon.
- ☐ Are available within five minutes of notification of the patient's arrival in the emergency department.
- ☐ Are currently certified in ACLS and ATLS. This requirement applies to all emergency physicians and residents who care for trauma patients in the emergency department except this requirement does not apply to physicians who are board-certified in emergency medicine or board-certified in another relevant specialty and practicing emergency medicine as their primary practice.
- ☐ Meet the PER [five hours contact hours during each three-year designation period. Current certification in ATLS, PALS, or APLS, and other options, meet PER.]

Level: Pediatric, All

Section Item 6: ☐ Emergency physicians [for the pediatric acute trauma service] (skip to Section Item 8 if not applicable) who:

- ☐ Are board-certified in pediatric emergency medicine or
- ☐ Board-certified in emergency medicine with special competence in the care of pediatric patients, or
- ☐ Board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients.
- ☐ Physician ACLS trained with current certification in PALS/ATLS, with special competence in the care of pediatric patients
- ☐ This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident with special competence in the care of pediatric trauma patients and working under the direct supervision of the attending emergency physician.
- ☐ The resident must be available within five minutes of notification of the patient's arrival in the emergency department to provide leadership and care until arrival of the general surgeon.
- ☐ Are currently certified in PALS/ATLS. This requirement applies to all emergency physicians and residents who care for pediatric trauma patients in the emergency department except this requirement does not apply to physicians who are board-certified in pediatric emergency medicine or board-certified in another relevant specialty and practicing emergency medicine as their primary practice.
- ☐ Meet the PER [seven hours contact hours during each three-year designation period. Current certification in ATLS, PALS, or APLS, and other options, meet PER.]

Level: All

Section Item 7: ☐ Emergency care registered nurses (RNs), who:

- ☐ Are in the emergency department and available within five minutes of

- notification of patient's arrival.
- ☐ Have current certification in ACLS.
- ☐ Meet the PER [☐ five or ☐ seven contact hours during each three-year designation period. Current certification in PALS or ENPC, and other options, meet PER] [☐]
- ☐ Have successfully completed a trauma nurse core course (TNCC), or a department approved equivalent course;

The department interpretation for the below standard is: once TNCC (or department approved equivalent) is completed, ED RN's need only to complete one of the below trauma-specific education options every three-year designation period.]

- ☐ Have completed 12 hours of trauma related education every designation period. The trauma education must include, but is not limited to, the following topics:
 - ☐ Mechanism of injury
 - ☐ Shock and fluid resuscitation
 - ☐ Initial assessment
 - ☐ Stabilization and transport
- Or
- ☐ Maintain current TNCC (ENPC or PALS for pediatric designation) certification.

Level: All

Section Item 8: ☐ Standard emergency equipment for the resuscitation and life support of adult and pediatric trauma patients, including:

Section Item 9: Immobilization devices:

- ☐ Back board.
- ☐ Cervical injury.
- ☐ Long-bone.
- Infusion control device:
 - ☐ Rapid infusion capability (Adult/Pediatrics, level I-III).
- ☐ Intraosseous devices.
- ☐ Sterile surgical sets:
 - ☐ Chest tubes with closed drainage devices.
 - ☐ Emergency transcutaneous airway.
- ☐ Peritoneal lavage (Adult, level I-IV; Pediatrics, All)
- ☐ Thoracotomy (Adult/Pediatrics, level I-III).
- ☐ Thermal control equipment:
 - ☐ Blood and fluid warming.
 - ☐ Devices for assuring warmth during transport.
 - ☐ Thermometer capable of detecting hypothermia.
 - ☐ Patient warming and cooling.
- ☐ Other equipment:
 - ☐ Medication chart, tape or other system to assure ready access to information on proper doses-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients.
- ☐ Pediatric emergency airway equipment readily available or transported in-house with the pediatric patient for evaluation, treatment or diagnostics, including:
 - ☐ Bag-valve masks.

- ☐ Face masks.
- ☐ Oral/nasal airways.

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Include the cervical spine clearance policy/guideline/protocol including the below nursing and provider responsibilities, throughout the ED and inpatient stay. Check the boxes indicating items included:

- ☐ MTQIC approval date
- ☐ Criteria used to identify a patient at risk for cervical spine injury.
- ☐ How the patient is protected from further injury.
- ☐ The method to assess cervical spine injury in an alert vs. altered level of consciousness patient
- ☐ Who decides that cervical spine injury is ruled out.
- ☐ Who removes the patient's cervical spine precautions.
- ☐ How cervical spine injury clearance is documented.
- ☐ The care provided for a patient with diagnosed cervical spine injury.

Response Item 2: Include the policy, guideline, or protocol for adult and pediatric trauma resuscitation (either as combined or separate documents.) The document must show the MTQIC approval date.

Response Item 3: Include the policy, guideline, or protocol for adult and pediatric burn patient care (either as combined or separate documents). The document must show the MTQIC approval date.

Response Item 4: Include the guideline or protocol for reversal of anti-coagulants in traumatic brain-injured patients. The document must show the MTQIC approval date.

Response Item 5: Include the massive transfusion policy, protocol, or procedure.

Emergency Department Physician—Education and Training

Base responses to the items below on a snapshot of any one recent week.

Board-certified ED physicians:	
If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.	
Number of ED physicians board-certified in emergency medicine:	
Number of physicians board-certified in a relevant specialty who's primary practice is emergency medicine:	

Percentage who have accomplished the pediatric education requirement (PER's):	
Non-board-certified ED physicians and advanced practitioners:	
If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.	
Number of non-board-certified physicians who participate in the initial care or evaluation of trauma activated patients:	
Number of advanced practitioners who participate in the initial care or evaluation of trauma activated patients:	
Percentage of non-board-certified physicians and/or advanced practitioners who are current in ATLS and ACLS	
Percentage of non-board-certified physicians and/or advanced practitioners who have accomplished PER's:	
ED resident physicians, not board-certified:	
If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.	
Number of ED residents:	
Percentage of ED residents who are current in ACLS and ATLS:	
Percentage of ED residents who have accomplished PER's:	

Emergency Department Registered Nurse Education and Training

If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.

Total number of ED RNs:	
Percentage who are current in ACLS:	
Percentage who have passed TNCC:	
Percentage of ED RNs who are current in TNCC, or who have completed 12 hours of trauma education:	
Percentage of ED RNs who have completed PER:	

Section 10: Diagnostic Imaging

This section demonstrates compliance with WAC 246-976-700 requirements for diagnostic imaging personnel and resources.

Instructions: If currently meeting a standard, place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Diagnostic imaging services, with:

Level: Adult/Pediatric, I-III

Section Item 1: A radiologist:

- ☐ In person, or by
- ☐ Teleradiology,
 - ☐ Who is on-call and available within 20 minutes of the trauma team leader's request.
 - ☐ Who is on-call and available within 30 minutes of the trauma team leader's request.
 - ☐ N/A-Not required for level IV and V trauma services.

Level: All

Section Item 2: ☐ Personnel able to perform routine radiological capabilities, who are

- ☐ available within five minutes of notification of the patient's arrival.
- ☐ on-call and available within 20 minutes of the trauma team leader's request.

Level: Adult/Pediatric, I-III

Section Item 3: ☐ A technologist able to perform computerized tomography, who is

- ☐ available within five minutes of the trauma team leader's request.
- ☐ on-call and available within 20 minutes of the trauma team leader's request.
- ☐ N/A-Not required for level IV and V trauma services

Level: Adult/Pediatric, I, II

Section Item 4: ☐ Angiography with a technologist on-call and available within 30 minutes of the trauma team leader's request.

- ☐ N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 5: ☐ Magnetic resonance imaging with a technologist on-call and available within 60 minutes of the trauma team leader's request.

- ☐ N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 6: ☐ Sonography with a technologist on-call and available within 30 minutes of

the trauma team leader's request.

☐ N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 7: ☐ Interventional radiology services on-call and available within 30 minutes of the trauma team leader's request.

☐ N/A-Not required for level III-V trauma services

Level: Adult/Pediatric I, II, III

Section Item 8: ☐ A radiologic peer review process in place that reviews routine interpretations of images for accuracy, with determinations related to trauma patients communicated back to the trauma program quality committee

Response Item 1: Submit the overall error read rates from your facilities radiologic peer review process.

Section 11: Laboratory Services

This section demonstrates compliance with WAC 246-976-700 requirements for laboratory services in trauma programs

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Clinical laboratory services, with (Check all that apply. Consult WAC 246-976-700(17-18) for specific requirements for your designation level):

- Section Item 1:** ☐ Lab services available within five minutes of notification of the patient's arrival.
☐ Lab services on-call and available within 20 minutes of notification of the patients arrival

Section Item 2: ☐ Blood gases and pH determination.

Section Item 3: ☐ Coagulation studies.

Section Item 4: ☐ Drug or toxicology measurements.

Section Item 5: ☐ Microbiology.

Section Item 6: ☐ Serum alcohol determination.

Section Item 7: ☐ Serum and urine osmolality.

Section Item 8: ☐ Standard analysis of blood, urine, and other body fluids.

Blood and blood-component services with:

Section Item 9: ☐ Ability to obtain blood typing and cross-matching.

Section Item 10: ☐ Auto transfusion.

Section Item 11: ☐ Blood and blood components available from:
☐ In-house or
☐ through community services, to meet patient needs.

Section Item 12: ☐ Blood storage capability.

Section Item 13: ☐ Non cross-matched blood available on patient arrival in the emergency department.

Section Item 14: ☐ Policies and procedures for massive transfusion.

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: ☐ Yes ☐ No Was a massive transfusion protocol (MTP) implemented for any trauma patient during the past three years? (If no, skip to Section 12)

Response Item 2: If Item 1 is Yes, number of trauma cases receiving an MTP in past three years ____.

Response Item 3: How many MTPs were initiated in the past 12 months for trauma patients?

Response Item 4: ☐ Yes ☐ No Was a QI process initiated for a trauma patient receiving an MTP in the past three years?

Response Item 5: ☐ Yes ☐ No Does the trauma service practice MTP drills?

Response Item 6: ☐ Yes ☐ No Does the facility have a methodology other than MTP for meeting trauma patient needs for emergent blood products?

Response Item 7: For the site review, provide one trauma patient chart from the previous 12 months who received a massive transfusion. Label this chart, "Massive Transfusion Protocol record." If no MTPs were initiated in the past 12 months for a trauma patient, do not provide an MTP chart at the site review.

Section 12: Other Trauma Patient Care Services

This section demonstrates compliance with WAC 246-976-700 requirements for patient care services in trauma programs.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Level: Adult/Pediatric, All

- Section Item 1:** ☐ Written trauma service standards of care to ensure appropriate care throughout the facility for adult and/or
☐ Pediatric trauma patients.

Level: Adult/Pediatrics, I-III

- Section Item 2:** ☐ Respiratory therapy services (skip to Section Item 3 if not applicable), with a respiratory care practitioner available within five minutes of notification of patient's arrival.

Level: Adult/Pediatrics, I-III

- Section Item 3:** Anesthesiology services, with
☐ Board-certified anesthesiologists, [who]
☐ Are available within five minutes of the trauma team leader's request.
☐ Are ACLS trained except this does not apply to physicians board-certified in anesthesiology.
☐ Meet the PER [☐ five or ☐ seven hours every three-year designation period].

Or

- ☐ Certified registered nurse anesthetists (CRNAs), who:
☐ Are available within five minutes of the trauma team leader's request.
☐ Are on call and available within 20 minutes of the trauma team leader's request.
☐ Are on call and available within 30 minutes of the trauma team leader's request

And who:

- ☐ Are ACLS trained (does not apply to board-certified anesthesiologists)
☐ Meet the PER [☐ five or ☐ seven hours every three-year designation

period].

Level: Adult/Pediatrics, I-III

- Section Item 4:** Operating room services, with:
☐ Hospital staff responsible for opening and preparing the operating room available within five minutes of notification.
☐ Operating room staff on-call and available within 20 minutes of notification.

- ☐ Operating room staff on-call and available within 30 minutes of notification
- ☐ A written plan to mobilize additional surgical team members for trauma patient surgery.

Level IV trauma services that provide surgical services must meet all level III operating room service standards.

- ☐ Surgery services are not provided. All patients requiring surgery are transferred out to a designated trauma service with surgical services.

Section Item 5: Standard surgery instruments and equipment needed to perform operations on:

- ☐ Adult and/or
- ☐ Pediatric patients, including:
 - ☐ Autologous blood recovery and transfusion
 - ☐ Bronchoscopic capability
 - ☐ Cardiopulmonary bypass
 - ☐ Craniotomy set
 - ☐ Endoscopes
 - ☐ Rapid infusion capability
 - ☐ Thermal control equipment:
 - ☐ Blood and fluid warming
 - ☐ Patient warming and cooling

Level: Adult/Pediatrics, I-III

Section Item 6: Post anesthesia care (PACU) services with:

- ☐ At least one registered nurse available 24 hours every day.
- ☐ At least one registered nurse on-call and available 24 hours every day.
- ☐ Registered nurses who are ACLS trained.

For level IV trauma services, PACU services must meet all level III standards if the facilities scope of care includes general surgery services 24 hours every day.

- ☐ PACU services not provided. All patients transferred to a designated trauma service with surgery services available.

Level: Adult/Pediatric, All

Section Item 7: ☐ Acute dialysis services, or

- ☐ Must transfer trauma patients needing dialysis.

Section Item 8: ☐ A burn center, in accordance with the American Burn Association (ABA), to care for burn patients, or

- ☐ Must transfer burn patients to a burn center, per ABA transfer guidelines.

Section Item 9: Services on call for consultation or patient management (check all that apply):

- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Hematology
- ☐ Infectious disease specialists

- ☐ Internal medicine [except for the pediatric trauma service]
- ☐ Nephrology
- ☐ Neurology
- ☐ Pediatric neurology
- ☐ Pathology
- ☐ Pediatrician
- ☐ Pulmonology
- ☐ Psychiatry or
- ☐ A plan for management of the psychiatric trauma patient
- ☐ Not applicable (Level IV or V trauma service)

Section Item 10: Ancillary services available for trauma patient care (check all that apply):

- ☐ Adult protective services [except for the pediatric trauma service]
- ☐ Child protective services
- ☐ Chemical dependency services
- ☐ Nutritionist services
- ☐ Occupational therapy services
- ☐ Pastoral or spiritual care
- ☐ Pediatric therapeutic recreation/child life specialist
- ☐ Pharmacy services with an in-house pharmacist
- ☐ Physical therapy services
- ☐ Psychological services
- ☐ Social services
- ☐ Speech therapy services

Base responses to the items below on a snapshot of any one recent week.

Anesthesia—Education and Training

Physicians providing anesthesia care board-certified in anesthesiology

If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months. Limit response to 100 characters.

a) Number of board-certified anesthesiologists providing trauma patient care who have accomplished the pediatric education requirement (PER):	
b) Total number of board-certified anesthesiologists providing trauma patient care:	
c) Percentage of board-certified anesthesiologists providing trauma patient care who have accomplished PER (Line A divided by Line B, then multiplied by 100)	

Physicians providing anesthesia care not board-certified in anesthesiology

If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months. Limit response to 100 characters.

d) Number of physicians, who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients, who have accomplished PER:	
e) Total number of physicians who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients	
f) Percentage of physicians, who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients, and have accomplished PER [Line d divided by Line e, then multiplied by 100]	
g) Number of physicians, who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients, who are ACLS trained:	
h) Total number of physicians who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients (this should be same as Line e. above)	
i) Percentage of physicians, who are not board-certified anesthesiologists and who provide anesthesia care to trauma patients, who are ACLS trained: [Line g divided by Line h, then multiplied by 100]	

Certified Registered Nurse Anesthetists

If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months. Limit response to 100 characters.

j) Number of CRNAs who have accomplished PER:	
k) Total number of CRNAs providing anesthesia care to trauma patients:	

l) Percentage of CRNAs providing anesthesia care to trauma patients who have accomplished PER [Line j divided by Line k, then multiplied by 100]	
m) Number of CRNAs who are ACLS trained:	
n) Total number of CRNAs providing anesthesia care to trauma patients [this should be same as Line k above]	
o) Percentage of CRNAs providing anesthesia care to trauma patients who are ACLS trained[Line m divided by Line n, then multiplied by 100]	

Registered nurses in the Post-Anesthesia Care Unit

If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months. Limit response to 100 characters.

p) Number of post-anesthesia care unit registered nurses (PACU RNs), providing care to trauma patients, who are ACLS trained:	
q) Total number of PACU RNs providing care to trauma patients	
r) Percentage of PACU RNs providing care to trauma patients who are ACLS trained (Line p divided by Line q, then multiplied by 100)	

Section 13: Surgery Services

This section demonstrates compliance with WAC 246-976-700 requirements for surgery personnel and resources.

Instructions: If currently meeting a standard, place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

General surgery services available to trauma patients 24/7, with surgeons who:

☐ Surgery services are not provided. (Skip to Section 14)

Level: Adult/Pediatric, I-III

Section Item 1: ☐ Are board-certified in surgery [for the adult trauma service] and available within: ☐ five minutes (Level I) ; ☐ 15 minutes (Level II); ☐ 30 minutes (Level III) of notification of the patient's arrival when the full trauma team is activated.

Level: Adult, I, II

☐ This requirement can be met by a postgraduate year four or higher surgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the general surgeon. In this case the general surgeon must be available within 20 minutes of notification of patient's arrival.

Level: Pediatric, I, II

Section Item 2: ☐ Are board-certified in pediatric surgery or board-certified in general surgery with special competence in the care of pediatric patients [for the pediatric trauma service] and available within: ☐ five minutes; ☐ 15 minutes; ☐ 30 minutes of the patient's arrival when the full trauma team is activated.

☐ This requirement can be met by a postgraduate year four or higher pediatric surgery resident

☐ Or general surgery resident with special competence in the care of pediatric patients. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the pediatric or general surgeon. In this case the pediatric or general surgeon must be available within twenty minutes of notification of the patient's arrival.

Level: Adult, III

Section Item 3: ☐ Are not board-certified, but trained in ACLS and currently certified in ATLS and available within: ☐ 30 minutes of notification of the patient's arrival when the full trauma team is activated.

Level: Pediatric, III

Section Item 4: ☐ Are not board-certified or board qualified, but trained in ACLS and currently certified in ATLS, with special competence in the care of pediatric patients and available within: ☐ 30 minutes of notification of the patient's arrival when the full trauma team is activated.

Level: Adult/Pediatric, All

Section Item 5: ☐ Meet the PER. [Pediatric Education Requirement is ☐ five or ☐ seven contact hours during the current three-year designation period. Current certification in ATLS, PALS, or APLS, plus other options, meet PER]

Level: I-III, Adult and Pediatric

Section Item 6: ☐ A surgeon from the trauma call panel participates in the hospital's disaster planning process.

Section Item 7: ☐ Yes ☐ No Is the Trauma Surgeon on-call dedicated to a single trauma center while on duty? If no, explain:

Section Item 9: ☐ A published schedule for first call with a written plan for surgery coverage if the surgeon on call for trauma is otherwise clinically engaged.

Section Item 10: The plan must take into consideration (Check the boxes indicating items included):

- ☐ The trauma service's total patient volume,
- ☐ Patient acuity,
- ☐ Geographic proximity to other trauma services,
- ☐ Depth of trauma care resources,
- ☐ And the trauma scope of service.
- ☐ The plan must be monitored through the trauma service's trauma quality improvement program.

Level: Adult/Pediatric, I, II

Section Item 11: Neurosurgery services with neurosurgeons,

- ☐ Who are board-certified or ☐ board-qualified and are
- ☐ Available within five minutes of the trauma team leader's request.
- ☐ On-call and available within 30 minutes of the trauma team leader's request.
 - ☐ This requirement can be met by a postgraduate year four or higher neurosurgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the neurosurgeon. In this case the neurosurgeon must be available within 30 minutes of notification of patient's arrival.
 - ☐ For level III and IV, board-certified or board-qualified and on-call and available within 30 minutes of the trauma team leader's request if the facility's trauma scope of service includes neurosurgery services 24 hours every day

Or

Level: Adult, III-V; Pediatric, III

- ☐ Transfer trauma patients who need neurosurgery services to a designated trauma service with neurosurgery services available.

Level: Adult/Pediatric, I, II

Section Item 12: ☐ A published schedule for first call with a written plan for neurosurgery coverage if the surgeon on call for trauma is otherwise clinically engaged.

Section Item 13: The plan must take into consideration (Check the boxes indicating items included):

- ☐ The trauma service's total patient volume,
- ☐ Patient acuity,
- ☐ Geographic proximity to other trauma services,
- ☐ Depth of trauma care resources,
- ☐ And the trauma scope of service.
- ☐ The plan must be monitored through the trauma service's trauma quality improvement program.

Section Item 14: ☐ Yes ☐ No Does the neurosurgeon cover two trauma services within the same geographic area while on trauma call?

Section Item 15: ☐ Yes ☐ No If Section Item 14 is yes, is there a contingency plan in place?

Level: Adult/Pediatric, I-III

Section Item 16: ☐ Surgical services on-call and available within 30 minutes of the trauma team leader's request for (check all that apply):

- ☐ Cardiac surgery
- ☐ Microsurgery
- ☐ Obstetric surgery
- ☐ Orthopedic surgery
- ☐ Thoracic surgery
- ☐ Urologic surgery
- ☐ Vascular surgery
- ☐ N/A

Section Item 17: ☐ Surgical services on-call for patient consultation or management at the trauma team leader's request for:

- ☐ Cranial facial surgery
- ☐ Gynecologic surgery
- ☐ Ophthalmic surgery
- ☐ Plastic surgery
- ☐ N/A

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Include the written back-up plan for general surgery coverage, if/when the general surgeon on-call for trauma is needed but is unavailable.

Response Item 2: Include the written back-up plan for neurosurgery coverage, for when the neurosurgeon on-call for trauma is needed but is unavailable.

Response Item 3: For the current designation period, submit a summary of the number of full trauma team activations with the total number and percentage of times the general surgeon arrived within the WAC required timeframe. If this percentage of timely surgeon arrival is less than 80%, include a plan of correction indicating the steps that are being taken to come into compliance with WAC 246-976-700(19)(a)(xi). In the response, also include a summary of issues identified that have contributed to the delay in surgeon arrival.

Base responses to the items below on a snapshot of any one recent week

General Surgery—Education and Training

General Surgeons:	
List all physicians on-call for trauma surgery board-certified in general surgery or pediatric surgery. If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months. Limit response to 100 characters.	
Number of general surgeons on-call for trauma surgery:	
Number of general surgeons on-call for trauma surgery who have completed the pediatric education requirement (PER):	
Percentage of general surgeons on-call for trauma surgery who have accomplished the pediatric education requirement (PER's):	
Non-board-certified General Surgeons:	
If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.	
Number of non-board-certified general surgeons who are on-call for trauma surgery:	
Number of non-board-certified general surgeons on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of non-board-certified general surgeons on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of non-board-certified general surgeons on-call for trauma surgery who have accomplished PER's:	
List all physicians and residents on-call for trauma surgery not board-certified:	
If education requirements are not met, in the following pages include an educational plan that will meet compliance within six months.	
Number of physicians and residents who are on-call for trauma surgery:	

Number of physicians and residents on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of physicians and residents on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of physicians and residents on-call for trauma surgery who have accomplished PER's:	

Section 14: Critical Care Services

This section demonstrates compliance with WAC 246-976-700 requirements for adult and pediatric critical care personnel and resources.

Instructions: If currently meeting a standard, place an “X” in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

☐ Critical Care services are not provided. (Skip to Section 15)

Level: Adult/Pediatric, I-III

Section Item 1: ☐ Critical care services, with:

- ☐ A critical care medical director, who is board-certified in
 - ☐ Surgery and critical care [for adult trauma service]
 - ☐ Board-certified in surgery, internal medicine or anesthesiology with special competence in critical care
 - ☐ Pediatric critical care [for pediatric trauma service]
 - ☐ Board-certified in surgery, internal medicine or anesthesiology with special competence in pediatric critical care
- ☐ Responsible for coordinating with the attending physician for trauma patient care.

Section Item 2: Physician coverage of critically ill trauma patients in the intensive care unit (ICU) by appropriately trained physicians who meet the following requirements:

- ☐ Must be available in-house within fifteen minutes, twenty-four hours per day (level I);
- ☐ Must be available within fifteen minutes, twenty-four hours per day (Level II);
- ☐ Must be available within thirty minutes with a formal plan in place for emergency coverage (Level III).

Section Item 3: ☐ Critical care registered nurses, who:

- ☐ Are ACLS trained [for adult trauma service]
- ☐ Have special competence in pediatric critical care [for pediatric trauma service]
- ☐ Have completed a minimum of six contact hours of trauma specific education every three year designation period (Level I and II)
- ☐ Have completed a minimum of three contact hours of trauma specific education every three year designation period (Level III)

Section Item 4: ☐ A physician directed code team.

Level: Pediatric, I, II

Section Item 5: ☐ Pediatric patient isolation capacity.

Level: Adult/Pediatric, I-III

Section Item 6: ☐ General surgery consults for critical care trauma patients, or
☐ If intensivists are the primary admitting nonsurgical physician caring for trauma patients, the intensivists must complete a minimum of 12 hours of trauma critical care specific continuing medical education (CME) every three year designation period.

Level: Pediatric, I-III

Section Item 7: ☐ PER (☐ five or ☐ seven contact hours every three-year designation period) must be met by any intensivists involved in the resuscitation, stabilization and in-patient care of pediatric trauma patients.

Level: Adult, I-III; Pediatric, I-II

Section Item 8: ☐ Standard critical care equipment for adult and pediatric trauma patients including:
☐ Cardiac devices:
☐ Cardiac pacing capabilities.
☐ Cardiac monitor with at least two pressure monitoring modules (cardiac output and hard copy recording),
☐ With the capability to continuously monitor heart rate, respiratory rate, and temperature.

Level: Adult/Pediatric, I, II

☐ Intracranial pressure monitoring devices.

Level: Adult, I-III; Pediatric, I-II

- ☐ Intravenous supplies:
- ☐ Infusion control device
- ☐ Rapid infusion capability
- ☐ Sterile surgical sets:
 - ☐ Chest tubes
 - ☐ Emergency surgical airway
 - ☐ Thoracotomy
- ☐ Thermal control equipment:
 - ☐ Blood and fluid warming
 - ☐ Devices for assuring warmth during transport
 - ☐ Expanded scale thermometer capable of detecting hypothermia
 - ☐ Patient warming and cooling

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Insert a clearly labeled critical care unit (CCU) adult trauma patient admission policy and protocol that includes (check boxes below to indicate each is included):
☐ A list of the surgical services that admit adult trauma patients to the

CCU.

- ☐ To whom and when the primary physician relinquishes the adult trauma patient's care.
- ☐ Who a nurse would call for an immediate care issue.

Response Item 2: The intensivist role in the CCU for adult trauma patients includes (check all that apply):

- ☐ Primary admitting physician,
- ☐ Consultant
- ☐ Other (list) _____

Response Item 3: If applicable, insert a clearly labeled pediatric critical care unit (PCCU) trauma patient admission policy and protocol that includes (check boxes below to indicate each is included):

- ☐ A list of the surgical services that admit pediatric trauma patients to the PCCU.
- ☐ To whom and when the primary physician relinquishes the pediatric trauma patient's care.
- ☐ The "captain of the ship" (who a nurse would call for an immediate care issue.)
- ☐ N/A – PCCU services are not provided.

Response Item 4: The intensivist role in the PCCU for trauma patients includes (check all that apply):

- ☐ Primary admitting physician,
- ☐ Consultant
- ☐ Other (list) _____

Section 15: Outreach, Injury Prevention, and Education

The intention of this Section is to demonstrate compliance with WAC 246-976-700 regarding outreach, injury prevention, and education.

Instructions: If currently meeting a standard, place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. Standards are grouped by designation level, when applicable. Skip questions that are not applicable. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review. All Section Item action plans and expected compliance dates have a limit of 200 characters with spaces (see Glossary). Bullet format responses are preferred. See Exhibits for examples.

Level: Adult/Pediatric I, II

- Section Item 1:** ☐ A trauma care outreach program, including:
- ☐ Telephone consultations with physicians of the community and outlying areas.
 - ☐ On-site consultations with physicians of the community and outlying areas.
 - ☐ Not required for level III, IV and V

- Section Item 2:** ☐ Injury prevention, including:

Level: Adult/Pediatric, I-III

- ☐ A public injury prevention education program.

Level: Adult/Pediatric, All

- ☐ Participation in community, or
- ☐ Regional injury prevention activities.

- Section Item 3:** ☐ A written plan for drug and alcohol screening and brief intervention and referral.

Level: Adult/Pediatric, I, II

- Section Item 4:** ☐ A formal trauma education training program, for:
- ☐ Allied health care professional
 - ☐ Community physicians
 - ☐ Nurses
 - ☐ Prehospital personnel
 - ☐ Staff physicians
 - ☐ Not required for level IV and Vs

Level: Adult, I-IV; Pediatric, I-III

- Section Item 5:** ☐ Provisions to allow for initial and maintenance training of invasive manipulative skills for prehospital personnel.
- ☐ Not required for level Vs

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Level: All

Response Item 1: ☐ Yes ☐ No Has a screening, brief intervention and referral for treatment (SBIRT) plan been implemented?

Response Item 2: Check all elements included in the plan:

- ☐ The methodology used to screen trauma patients.
- ☐ How SBIRT is documented in the patient medical record.

Response Item 3: Who conducts the brief intervention – check all that apply:

- ☐ Social services or designee
- ☐ ED registered nurse
- ☐ ED physician
- ☐ Ward registered nurse
- ☐ Other (list) _____

Response Item 4: In the previous 12 months,

- ☐ Yes ☐ No Has SBIRT been a QI audit filter?
- ☐ Yes ☐ No Has there been a process for measuring screening encounters?
- ☐ Yes ☐ No Has there been an improvement in the number of screenings?
- ☐ Yes ☐ No Has there been an improvement in the number of appropriate brief interventions/referrals?

Response Item 5: ☐ Yes ☐ No Do all patients who have been screened positive receive intervention by appropriately trained staff?

Response Item 6: In a separate document, please describe the process by which patients are screened and provide the current number and percentage of patients who have tested positive for drugs and/or alcohol that received a brief intervention and referral to for treatment during the current designation period.

Response Item 6: In the table below, list up to 10 adult and/or pediatric injury prevention (IP) activities that the trauma service has been involved in over the past 12 months, including those through sponsorship or partnerships. Ensure that the top three mechanisms of injury from the trauma registry (found in the Trauma Service Profile) are included here.

IP Activity	Target Audience	Estimate # Reached	List any Partners	Mechanism of Injury targeted

Response Item 7: List a minimum of three adult and/or pediatric injury prevention education activities planned for the near future. For each activity, explain how it will relate to or address your facilities current top three mechanisms of injury.

IP Activity	Target Audience	List any Partners	Mechanism of Injury targeted

For level I trauma centers only:

Response Item 8: ☐ Residency programs:
☐ Accredited by the Accreditation Council of Graduate Medical Education (ACGME).
☐ With a commitment to training physicians in trauma management.

Response Item 9: ☐ A trauma research program with research applicable to the adult and pediatric trauma patient population.

Response Item 10: Provide a list of adult and pediatric research currently being conducted to improve adult or pediatric trauma care.

Glossary of Terms

Term	Explanation
# of OR's	Total number of operating rooms available for care, generally.
# of OR's for trauma	Total number of ORs available for trauma care (may be the same as above, but some ORs may not be appropriate for trauma care)
# Staffed ED beds	Number of emergency department beds available for patient care, generally.
# Staffed ED beds for trauma	Number of ED beds staffed and available for trauma care (may be the same, but some rooms may not be appropriate for trauma care)
Admitted	A patient who has in-patient status in a hospital
Adult patient	Age 15 years or greater, meeting Inclusion criteria
Avg (average) ISS	Obtained by dividing the sum of patient ISSs by the total number of patients included.
Avg ED LOS (hrs)	Obtained by dividing the sum of all trauma patients' ED length of stay by the total number of trauma patients included.
Avg hrs/month dedicated to trauma duties	Number of hours generally worked in a month's time that is focused on trauma responsibilities. May exceed 40 hours per seven days.
B/C	"Board certified" or "board-certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this document, references to "board certified" include physicians who are board-qualified.
B/Q	Board-qualified means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education. See also B/C.
Board-certified	See B/C above.
Board-qualified	See B/Q above.
CCU	Critical care unit. May include coronary care unit, cardiac care unit, intensive care unit, intermediate care unit, as defined by facility.
Characters, characters with spaces	<p>There is a limit of spaces, letters, numbers, symbols for fill-in items in the application.</p> <p>Word 2010: To determine the number of character with spaces, in Word 2010, first write the response in a new Word document, then click on File, Info. In the far right hand column, click on the tiny arrow next to Properties. Then click on Advanced Properties, Statistics. Statistic Name is Characters (with spaces).</p> <p>Word 2007: To determine the number of character with spaces, in Word 2007, first write the response in a new Word document, then click on the multi-color Windows button in the</p>

	upper left hand corner of the screen. Click on Prepare, then Properties. In the far left upper corner, click on the tiny arrow next to Document Properties. Click on Advanced Properties, then Statistics. Statistic Name is Characters (with spaces.
Chief Nursing Officer	Director of nursing, nurse executive or director of patient care services in a trauma facility.
Died, patients who	Patients who arrived in the ED with signs of life (vital signs present, on-going CPR or resuscitative efforts) who ultimately expired. Or, patients who expire during their initial inpatient stay for a traumatic injury for which they meet the inclusion criteria.
ED LOS	Time the patient was in the emergency department from entry to disposition out of the ED to discharge home, transfer out of facility, or transport to another care unit in the hospital.
EMS	Emergency medical services. Certified prehospital care providers that use specially equipped motor vehicles to transport patients.
EMS agencies that deliver trauma patients	Certified prehospital care providers that use specially equipped motor vehicles to transport patients.
EMS/TC Region	There are 8 EMS and Trauma Care regions in Washington.
Floor	Non-critical care patient care unit, e.g., medical, surgical, or pediatric nursing care unit..
FTE	Full-time equivalent is a position that works 40 hours in seven days.
FTTA	See full trauma team activation
Full trauma team activation percentage of	Total number of FTTAs that met the inclusion criteria divided by the total number of patients who met inclusion criteria multiplied by 100.
Full trauma team activation	FTTA. An extraordinary ED response to emergent needs of some trauma patients requires prompt response by a general surgeon to the ED. The facility derives the FTTA criteria, and other team membership.
Full trauma team activations, number of	Total number of patients who met the inclusion criteria and received a FTTA.
Inclusion criteria	Document that defines injured cases that are required to be entered into the Washington State Trauma Registry
Modified trauma team activation	MTTAs. An extraordinary ED response to emergent needs of some trauma patients requires prompt response by in-house providers. The facility derives the MTTA criteria and team membership.
Modified trauma team activations, number	Total number of MTTAs that met the inclusion criteria divided by the total number of patients who met Inclusion criteria multiplied by 100.
Modified trauma team activations, percentage of	Total number of MTTAs who met the inclusion criteria divided by the total number of patients who met Inclusion criteria multiplied by 100.
MTTA	See modified trauma team activations
ORs	Operating rooms
Patient catchment area (sq. miles)	A facility's approximation of the area (square miles) from which the majority of its patients arrive, either from being

	brought by EMS or privately owned vehicle.
Patients admitted from ED to acute care:	Patients moved from the ED to any bed in the hospital (including observation and short stay units)
Patients who died	See "died, patients who"
Pediatric patients	All patients age 0-14 years meeting the inclusion criteria for entry into the trauma registry
PER	Pediatric education requirement. Number of education hours focused on pediatric trauma care. See <u>WAC 246-976-700 (27)</u> .
Physicians on medical staff:	Any physician with privileges to work in the facility.
TDA	Trauma designation administrator at the Department of Health.
TNC	Trauma nurse consultant at the Department of Health.
TMD	Trauma medical director at the trauma designated facility.
TPM	Trauma program manager at the trauma designated facility.
Transferred-in trauma patients	Patients transferred either to the emergency department, or to an inpatient unit, directly from another acute care hospital, by emergency medical service ambulance.
Transferred-out trauma patients	Patients transferred from the facility to another acute care hospital, either to/from the ED or an inpatient unit, by EMS
Trauma patient	Only trauma or injured patients meeting inclusion criteria.
Trauma patients transferred-in	See "transferred-in"
Trauma patients transferred-out	See "transferred-out"
Trauma registry inclusion criteria: Link, algorithm	Trauma registry inclusion criteria: http://www.doh.wa.gov/Portals/1/Documents/Pubs/530113.pdf
Trauma Service Profile	Provides demographic, volume, and general resource information
TTA	Trauma team activation, an extraordinary ED response to emergent needs of some trauma patients. Facility derives criteria and team membership.