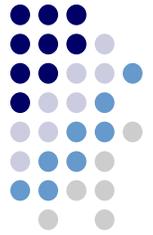


Wyoming Trauma Center Verification & Designation

Facility Site Pre-Review Questionnaire



Wyoming Department of Health

Office of Emergency Medical Services

Wyoming Trauma Program



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Trauma Facility Designation Pre-Review Questionnaire

version 2015

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Instructions

In order to prepare for your on-site review, please complete the pre-review questionnaire (PRQ) and attach the required documentation. Descriptions of various aspects of your facility's trauma program are requested. The purpose of PRQ is twofold; to ensure the minimum criteria for level of facility designation prior to the site visit and to allow the site reviewer team to become familiar with your trauma program before they arrive at your facility. For these reasons, be brief yet detailed in your descriptions. When completing the forms, copy and attach additional pages if necessary. Mark the attachments clearly, as indicated in the application. If additional pages are needed, please attach to the PRQ.

Please do not hesitate to contact the Trauma Program Manager listed on this document for assistance if you have questions while completing this application.

*When you have completed the pre-review questionnaire please send electronic copy to the Wyoming Trauma Program for initial review. When all corrections have been made, **please execute in hard copy, collate the attachments, clearly label and mail three (3) copies** to the Wyoming Trauma Program at the address on the title page.

Thank you,
Wyoming Trauma Program

PRE-REVIEW QUESTIONNAIRE TRAUMA CENTER DESIGNATION

NAME OF FACILITY:

FACILITY ADDRESS:

Contact Person:

Email Address:

Telephone:

I. PURPOSE OF SITE REVIEW

A. Level of Review

- Trauma Receiving Facility
- Community Trauma Hospital
- Area Trauma Hospital

B. Specify the 12- 18 month period used to respond to the pre-review questions.

II. HOSPITAL INFORMATION

A. Chief Executive Officer (CEO) name:

B. Describe the governance for your facility.

C. Is your facility a Critical Access Hospital? Yes No

D. Hospital Beds

Hospital Beds	Totals
Licensed Beds	
Beds Staffed	
Average Census	

E. What is your payer mix?

Payer	All Patients (%)	Trauma Patients (%)
Commercial		
Medicare		
Medicaid		
HMO/PPO		
Uncompensated		
IHS		
Other		
TOTAL		

F. Hospital Commitment

1. Is there a resolution within the past three years supporting the trauma program by the hospital's board of directors? Yes No

- If "Yes" attach the resolution to this application as **Attachment #1**. It is desirable to have the entire board sign resolution.
- If "No" please explain:

2. Is there a medical staff resolution within the past three years supporting the trauma program? Yes No

- If "Yes" attach the resolution to this application as **Attachment #2**.
- If "No" please explain:

3. Is there specific budgetary support for the trauma program such as personnel, education, and equipment? Yes No

- If "Yes" briefly describe:
- If "No" please explain:

III. PREHOSPITAL SYSTEM

A. List the EMS services that transport patients to your facility.

Name of Agency	Medical Director	Paramedic Service	Inter-mediate Service	Basic Service

B. In which agency is 911 PSAP/dispatch located? Do the dispatchers for EMS have Emergency Medical Dispatch (EMD) training?

Yes No

C. Do your EMS services have triage criteria for scene helicopter activation? Yes No

- If "Yes" attach the criteria to this application as **Attachment #3.**

D. Do your EMS services have triage criteria to activate the trauma team at your facility?

Yes No

- * If "Yes" attach the criteria to this application as **Attachment #4.**

E. Is EMS represented on your multidisciplinary trauma committee?

Yes No

F. Does your hospital currently participate in prehospital performance improvement and education? Yes No

- * If "Yes" please describe.

IV. TRAUMA PROGRAM

- A. Is there a trauma program at the facility? Yes No
- B. Show how trauma services are included in the organization chart. Please attach a hospital organization chart as **Attachment #5**.
- C. Is there a method to identify trauma patients admitted to the facility, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners? Yes No
- If "Yes" please describe:
- D. Has the trauma program instituted any evidenced-based trauma protocols/clinical guidelines?
 Yes No
- *If "Yes" please list and have available for the site review.*
 - Briefly describe how compliance with the practice guidelines is monitored?
- E. Does the facility have a protocol/clinical care guideline trauma manual? Yes No
- *If "Yes" have available for the site review.*
- F. Are there inter-facility transfer guidelines that define injured patients that are appropriate for inter-facility transfer? Yes No
- *If "Yes" have available for the site review.*
- G. **Trauma Medical Director (TMD)**
1. Trauma medical director (TMD) name:
 2. Place the trauma medical director's job description as **Attachment #6**
 3. Place a **brief** curriculum vitae (CV) for the trauma medical director as **Attachment #7**.
 4. Is the trauma medical director a board-certified or board-eligible general surgeon?
 Yes No

5. Is the trauma medical director a board-certified or board-eligible physician?
 Yes No
6. Is the trauma medical director current in Advanced Trauma Life Support?
 Yes No
7. Does the trauma medical director have sufficient authority to set credentialing criteria for medical providers involved in trauma care, (i.e. attainment of ATLS, continuing trauma education and trauma peer review attendance)? Yes No
8. Does the structure of the trauma program allow the trauma medical director to have oversight authority for the care of injured patients who may be admitted by another physician? Yes No
9. Who does the trauma medical director report to within the medical staff structure?
10. Is the trauma medical director a member/active participant in national, state or regional trauma organizations/activities? Yes No

H. **Trauma Program Manager/Coordinator (TPM)**

1. Trauma program manager/coordinator (TPM) name:
2. Place the trauma program manager's job description as **Attachment #8**.
3. Place a **brief** curriculum vitae (CV) for the trauma coordinator as **Attachment #9**.
4. Who does the trauma program manager report to within the hospital administrative structure?
5. Is the TPM a full-time position? Yes No
 - If "No", explain the amount of time and FTE provided for the trauma program.
6. List the number of support personnel including names, titles, and FTE for trauma program activities (i.e. trauma registrars, assistants, clerical staff).

7. Does the TPM actively participate in state and regional trauma meetings?
 Yes No
8. Does the facility support the TPM in the requirement to participate in these trauma meetings with funds and time for travel and attendance? Yes No
 • If "Yes", please describe.

I. **Trauma Team**

1. Are there written roles and responsibilities for the trauma team members?
 Yes No
 • Please have available for the site review.
2. Do you have written triage criteria for trauma team activation? Yes No
 • If "Yes", please place as **Attachment #10**.
3. What personnel respond to each level of trauma activation in table below?

(If your facility has a single trauma team activation level use the Full column)

Personnel	Expected Response Times	
	Full/Level I Activation	Partial/Level II Activation
Physician Assistant		
Nurse Practitioner		
Family Practice Physician		
Emergency Physician		
General Surgeon		
Staff Nurses		
Emergency Nurses		
Respiratory therapists		
X-Ray Technologist		
CT Technologist		
Laboratory Technician		
Anesthesiologist		
CRNA		
OR Staff		
Nursing Supervisor		
Chaplain/Social Services		
Other		

4. Identify those who have authority to activate the trauma team?
- Law Enforcement
 - EMS
 - ED Nurse
 - ED Physician
 - Other (please describe):

V. MEDICAL PROVIDERS

A. Emergency Department Medical Providers

- Complete this section and **TABLE A** at the end of questionnaire.
1. Is there in-house medical coverage for the emergency department at all times?
 Yes No
 2. If "No" do you have documentation of ED physician/midlevel provider notification and response times to the ED for trauma team activation? Yes No
 - Are these times followed for trauma performance improvement? Yes No
 - Please have available for the site review.
 3. Is there a designated emergency department medical provider liaison to trauma program/committee? Yes No
Name:
 4. Does the designated emergency department medical provider liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No
 5. Do all emergency physicians/providers have documented acquisition of 10 hours of trauma continuing medical education (CME) per year on average, **or** have participated in internal trauma education based on trauma performance improvement (i.e. participation in multidisciplinary trauma committee and/or trauma peer review where trauma education provided, trauma grand rounds, etc.)? Yes No

B. General Surgery

1. Do you have general surgeons taking emergency/trauma call? Yes No
 - If "Yes" complete this section and **TABLE B** at the end of questionnaire.
 - If "No" skip this section.
2. Is the general surgeon dedicated to a single hospital when on-call? Yes No
3. Is there a published backup call schedule for the general surgeon? Yes No
4. Do you have documentation of general surgeon notification and response times to the ED for trauma team activation? Yes No
 - Are these times followed for trauma performance improvement? Yes No

- *Please have available for the site review.*
5. Do the general surgeons attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No
 6. Do the general surgeons have documented acquisition of 10 hours of trauma continuing medical education (CME) per year on average, **or** have participated in internal trauma education based on trauma performance improvement (i.e. participation in multidisciplinary trauma committee and/or trauma peer review where trauma education provided, trauma grand rounds, etc.)? Yes No

C. Orthopaedic Surgery

1. Do you have orthopaedic surgeons taking emergency/trauma call? Yes No
 - *If "Yes" complete this section and **TABLE C** at the end of questionnaire.*
 - *If "No" skip this section.*
2. Is the orthopaedic surgeon dedicated to a single hospital when on-call? Yes No
 - *If "No" briefly describe:*
3. Do you have documentation of orthopaedic surgeon notification and response times to the ED for trauma patient consultations? Yes No
 - *Are these times followed for trauma performance improvement?* Yes No
 - *Please have available for the site review.*
4. Is there a designated orthopaedic surgeon liaison to trauma program/committee? Yes No
5. Does the orthopaedic surgeon liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No
6. Do the orthopaedic surgeons have documented acquisition of 10 hours of trauma continuing medical education (CME) per year on average, **or** have participated in internal trauma education based on trauma performance improvement (i.e. participation in multidisciplinary trauma committee and/or trauma peer review where trauma education provided, trauma grand rounds, etc.)? Yes No

D. Anesthesiology

1. Do you have any anesthesiologists or CRNAs taking emergency call? Yes No
 - *If "Yes" complete this section and **TABLE D** at the end of questionnaire.*
 - *If "No" skip this section.*
2. Is the anesthesiologist/CRNA dedicated to a single hospital when on-call? Yes No

- If 'No' briefly describe:
3. Do you have documentation of anesthesiologist/CRNA notification and response times to the ED for trauma patient consultations? Yes No
 - Are these times followed for trauma performance improvement? Yes No
 - *Please have available for the site review.*
 4. Is there a designated anesthesiologist/CRNA liaison to trauma program/committee? Yes No
 5. Does the anesthesiologist/CRNA liaison attend a minimum of 50% of the multidisciplinary trauma committee meetings? Yes No

E. Surgical Specialists and Medical Consultants

Which following surgical specialists are available for the trauma patient?

- Thoracic surgery
- Vascular surgery
- Plastic surgery
- Obstetric and Gynecologic surgery
- Ophthalmology
- Oral / maxillofacial surgery
- Urology
- Critical Care Medicine/Intensivist
- Internal Medicine
- Pediatrics
- Gastroenterology
- Infectious Disease
- Neurology
- Hospitalist

VI. TRAUMA/HOSPITAL STATISTICAL DATA

- A. Total number of ED visits for the reporting year?
 - Of that total, number of pediatric patients:
- B. Total number of injury related ED visits for the reporting year?
 - Of that total, number pediatric injured patients:
- C. Total number of trauma patients meeting trauma registry criteria and submitted to the statewide trauma registry?
 - Of that total, number of pediatric patients:
- D. Percentage of trauma registry patients for the following categories:
 - Blunt trauma:
 - Penetrating trauma:

- Thermal trauma:
- Other (*please define*):

E. Does the facility have a multi-level trauma team activation structure? Yes No

(If your facility has a single level of trauma team activation use Full column only.)

Trauma Team Activation & Patient Distribution from ED			
Trauma Patient Destination from ED	Number of Trauma Patients	% Trauma Team Activation	
		Full	Partial
Death in ED			
ED to OR			
ED to ICU			
ED to Floor			
Discharged Home			
Inter-facility Transfer			
Total			

Injury Severity, Mortality & Trauma Team Activation				
Injury Severity Score (ISS) Groups	Number of Patients	Number of Deaths	% of Patients with Trauma Team Activation	
			Full	Partial
0-8				
9-15				
16-24				
= or > 25				
Total				

Total Number of Trauma Patient Admissions to the Facility by Admitting Service	
Admitting Service	Number of Trauma Patients Admitted
General Surgeon	
Orthopaedic Surgeon	
Other Surgical Services	
Non-Surgical Services	
Total Trauma Admissions	

VII. INTER-FACILITY TRANSFER

TRANSFERS	AIR	GROUND	TOTAL
Trauma Patients Transferred Out			
Trauma Patients Transferred In			

- A. Do you have transfer agreement with a Regional Trauma Center for acceptance of your trauma patients? Yes No
 - Does this agreement have pediatric specific language? Yes No
 - *If "Yes" have available for the site review.*

- B. Do you have transfer agreements with facilities that refer trauma patients **to** your facility? Yes No
 - *If "Yes" have available for the site review.*

- C. Do you have transfer agreements with a Burn Center for burn patients? Yes No
 - *If "Yes" have available for the site review.*

VIII. DIVERSION

- A. Does the facility have a diversion protocol? Yes No
 - *If "Yes" have available for the site review.*

- A. Has the facility gone on trauma bypass/diversion during the previous year? Yes No
 - *If "Yes" have available for the site review.*

- B. The trauma medical director is involved in the development of the facility's bypass protocol? Yes No

IX. EMERGENCY PREPAREDNESS

- A. Is an emergency department physician or general surgeon a member of the hospital's emergency preparedness committee? Yes No

- B. Does your hospital have an emergency response plan which includes:
 - An emergency response plan in the hospital policy procedure manual Yes No
 - Evacuation plan Yes No
 - Shelter in place plan Yes No
 - Fatality management plan Yes No
 - Pandemic Influenza plan Yes No
 - There is at least one drill that involves the community plan Yes No
 - Does your facility have at least three exercises per year and include a mass casualty drill? Yes No
 - There is an action review following all drills. Yes No

- C. Does your facility participate in the statewide "HAvBED" patient tracking system?
 Yes No
- Is your "HAvBED" tracking system updated on a daily basis? Yes No
- D. What percentage of your hospital personnel have completed HICS (Hospital Incident Command System) training?

X. HOSPITAL FACILITIES

A. Emergency Department

1. Do you have a designated emergency department medical director? Yes No
 - Name:
2. Number of nurses who staff the emergency department?
3. Are nursing personnel available to provide continual care and monitoring of the trauma patient from emergency department arrival to discharge? Yes No
4. Does your ED have the appropriate pediatric equipment, supplies medications and current Broselow tape for all ages and sizes as recommended by the AAP, ACEP, ENA, and EMSC? (you may find a list on these organizational websites) Yes No
5. Are devices available for warming? Yes No
(Check all available)
 - Patient
 - Fluids
 - Rooms
5. Does your facility have a heliport or landing zone? Yes No
Where is it located?
6. Is respiratory therapy available 24 hours per day to provide pulmonary support care to the trauma patient? Yes No
7. Attach a copy of ED trauma flow sheet as **Attachment #11**.
8. Briefly describe in-house continuing trauma-related education for the nurses working in ED. Please include annual competency training.
9. Extra current certifications for ED nursing staff:
 - TNCC %:
 - ATCN %:
 - Audit ATLS %:
 - ENPC %:

- PALS %:
- ACLS %:
- CEN %:
- Other (enter description and percentage):

B. Radiology

1. Is there a radiologist at the facility? Yes No
 - Is this a fulltime position? Yes No
2. Are radiologists promptly available, in person or by tele-radiology when requested for the interpretation of radiographs? Yes No
3. Is there a radiologist who is appointed as liaison to the trauma program? Yes No
 - Name:
4. Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes No
5. Are conventional radiography and computed tomography available 24 hours per day? Yes No
6. Do you have digital radiography available? Yes No
7. Is there an in-house radiology technician 24 hours per day? Yes No
 - If "No" what hours are they in-house:
 - Are RT response times to trauma activation followed for performance improvement? Yes No
8. Is there an in-house CT technician 24 hours per day? Yes No
 - If "No" what hours are they in-house:
 - Are CTT response times to trauma activation followed for performance improvement? Yes No
9. Are FAST exams done at your facility? Yes No
 - Who provides FAST for trauma patients? (*Check all that apply*)
 - ED Physician
 - General Surgeon
 - Radiology Staff
10. Is there a performance improvement process for changes between preliminary and final interpretations of films? (over-reads) Yes No
 - If "Yes" briefly describe:

11. Does the facility ensure that trauma patients are accompanied by appropriately trained staff during transportation and while in the radiology department?
 Yes No

C. Laboratory / Blood Bank

1. Are laboratory services available 24 hours per day for the following tests, including microsampling? *(Check all available)*
 - Standard analysis of blood, urine and other body fluids: Yes No
 - Coagulation studies: Yes No
 - Microbiology: Yes No
 - Arterial blood gases: Yes No

2. Is there a laboratory technician available in hospital 24 hours per day? Yes No
 - If "No" what hours are they in-house:
 - Are on-call response times followed for performance improvement? Yes No

3. Does the facility have uncrossed-matched blood immediately available? Yes No

4. What is the average turn around time (from order to patient) for:
 - Type specific blood (minutes):
 - Full cross-match (minutes):

5. Does the blood bank have a supply of blood products? *(Check all available and indicate number of units stocked)*
 - Packed Red Blood:
 - Fresh Frozen Plasma:
 - Platelets:

6. Does the facility have a massive or rapid transfusion protocol? Yes No
 - *If "Yes" please have available for the site review.*

7. Does the facility have an anticoagulation reversal protocol? Yes No
 - *If "Yes" please have available for the site review.*

8. Does the facility have a trauma panel ordered upon patient arrival? Yes No
 - *If "Yes" please have available for the site review.*

D. Operating Room

1. Do you have operating rooms available for the trauma patient? Yes No
 - *If "No" skip this section **and** Section E for Post-Anesthesia Care Unit.*
2. Number of operating rooms:
3. Is the operating room adequately staffed 24 hours per day? Yes No
 - What hours are OR staff routinely in-house:
 - Are on-call trauma team activation response times followed for performance improvement? Yes No
 - *Please have available for the site review.*
4. Briefly describe your mechanism of OR availability for emergent trauma cases.

E. Post-Anesthesia Care Unit (PACU)

1. Number of beds:
2. Can the PACU serve as an overflow for the ICU? Yes No
3. Does the PACU have the necessary equipment to monitor and resuscitate patients?
 Yes No
4. Does the PACU have qualified nurses available 24 hours per day when needed for the patient's post-anesthesia recovery phase? Yes No
5. Extra current certifications for PACU staff:
 - TNCC %:
 - ATCN %:
 - ACLS %:
 - PALS %:
 - Audit ATLS %:
 - CCRN %:
 - CPAN %:

F. Intensive Care Unit (ICU)

1. Does your hospital have an ICU? Yes No
 - *If "No" skip this section.*
2. Number of ICU beds:
3. Do you have a step-down unit? Yes No Number of beds:

4. Is there a medical director of the ICU? Yes No
Name:
5. Is there a surgical director of the ICU? Yes No
Name:
6. Does the trauma surgeon remain in charge of trauma patients in the ICU?
 Yes No
7. When a patient is critically ill, is there a mechanism in place to provide prompt availability of physician coverage 24 hours per day? Yes No
- If "Yes" please describe:
8. The patient/nurse ratio does not exceed 2:1 for critically ill patients in the ICU.
 Yes No
- If "No" please describe:
9. Briefly describe continuing trauma-related education for the nurses working in ICU.
Please include annual competency training.
10. Extra current certifications for ICU nursing staff:
- TNCC %:
 - ATCN %:
 - PALS %:
 - ACLS %:
 - Audit ATLS %:
 - CCRN %:
 - Other:
11. Are nutritional support services available? Yes No
- If "Yes", when and how does a nutritional consult take place for trauma patients?

- D. Do you have pediatric-specific audit filters for trauma performance improvement?
 Yes No
- E. Is there a multidisciplinary trauma committee for review of process and operational issues?
 Yes No
- F. Is there a trauma peer review committee for clinical care issues? Yes No
- G. How is trauma performance improvement integrated with the overall hospital quality review program?
- H. Regarding trauma patients that are transferred to a higher level of care, do you receive a report from that facility on patient outcome? Yes No
- I. Does the facility employ the use of a trauma registrar? Yes No
- Name:
 - FTE for trauma registry activities:
- J. Does the trauma registry support the facility's PI process? Yes No
- Please briefly describe one example:
- K. What is the average time from patient discharge to data into the trauma registry?
- L. What is the average time from patient discharge to the start of the trauma performance improvement process?
- M. Are there strategies for monitoring data validity for the trauma registry? Yes No
- If Yes please describe:
- N. How many trauma deaths were there during the reporting year (include deaths occurring during inpatient admission)?

- O. List the number of deaths categorized as preventable, non-preventable, and possibly preventable.
- Mortality without opportunity for improvement (Non-preventable):
 - Anticipated mortality with opportunity for improvement (Possibly preventable):
 - Unanticipated mortality with opportunity for improvement (Preventable):
- P. Number of autopsies performed on what percentage of the facility's trauma deaths?
- Are the autopsy findings reported to the trauma program? Yes No

XII. TRAUMA COMMITTEES

(Complete Table E)

- A. Do identified process and systems issues go to a multidisciplinary trauma committee for tertiary review? Yes No
- Please describe your process:
-
- B. Do identified clinical care issues go a trauma peer review committee for tertiary review?
 Yes No
- Please describe your process:
-
- C. Does the trauma medical director ensure and document dissemination of information and findings from peer review and trauma committee meetings to the physicians not attending who are involved in the care of the trauma patient? Yes No
- If "Yes" please describe:

 - If "No" please describe how medical staff is appraised of peer review findings:

XIII. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

- A. Other than previously answered, does the hospital provide a mechanism for trauma-related education for physicians involved in trauma care? Yes No
- If "Yes" briefly describe.
- B. Other than previously answered, does the hospital provide a mechanism for trauma-related education for nurses involved in trauma care? Yes No
- If "Yes" briefly describe.
- C. Does the hospital provide a mechanism for trauma-related education for allied health personnel involved in trauma care? Yes No
- If "Yes" briefly describe.

XIV. INJURY PREVENTION

- A. Is there a designated injury prevention coordinator? Yes No
- If "Yes" name:
 - FTE or hours provided for injury prevention activities:
- B. Does the trauma facility provide any injury prevention activities/education for the community? Yes No
- C. Are injury prevention priorities determined by local/emergency department/trauma registry data?
 Yes No
- D. List and briefly summarize current injury prevention activities both internally and in the community.

PRE-REVIEW ATTACHMENT CHECKLIST

(To be included with the pre-review questionnaire.)

This list is provided to assist you in assuring that your pre-review application is COMPLETE.

1. Hospital's Governing Body Resolution
2. Medical Staff Resolution
3. EMS Triage Criteria for Scene Activation of Helicopter
4. EMS Trauma Team Activation Criteria
5. Organizational Chart
6. Job description for trauma medical director
7. CV: trauma medical director
8. Job Description of Trauma Program Manager/Coordinator
9. CV: Trauma Program Manager/Coordinator
10. Trauma team activation criteria
11. ED trauma flowsheet

SITE REVIEW DOCUMENT CHECKLIST

Have Available at Time of Site Review. *(Do **not** send with the application)*

This list is provided to assist you in assuring that you have all the documents ready for your site visit. There may be additional documents as requested by review team. It may be helpful to have a specific binder for trauma documents.

1. Trauma protocols/clinical care guidelines and trauma manual
2. Inter-facility transfer guidelines
3. Trauma team roles and responsibilities
4. Documentation of medical provider response times to the ED for trauma team activations
5. Transfer agreements
6. Diversion and bypass policies and list of diversion occurrences
7. Documentation of trauma education
8. Massive transfusion or rapid transfusion policy/clinical care guidelines
9. Multidisciplinary Trauma Committee minutes with attendance
10. Trauma Peer Review Committee minutes with attendance
11. Performance Improvement documentation and committee minutes for each trauma patient medical record during the review period identified (primary through tertiary review and loop closure)
12. Examples of trauma registry reports used within the trauma performance improvement process

Table A

EMERGENCY DEPARTMENT MEDICAL PROVIDERS

Please list physicians and midlevel providers providing ED coverage

Name	Residency-where and when completed	Board Certified (type and year)	ATLS: Provider Status & Date of Expiration	Number of trauma CME hours in last 3 years	Frequency of shifts/call per month

Table B
GENERAL SURGEONS

List all general surgeons currently taking trauma/emergency call

Name	Residency-where and when completed	Board Certified (type and year)	ATLS: Provider Status & Date of Expiration	Number of trauma CME hours in last 3 years-hours	Number of patients admitted per year	Number of trauma patients admitted per year ISS >15

Table E
TRAUMA COMMITTEES

Please list all committees that deal with trauma performance improvement issues.
Include committees that deal with systems and process issues such as multidisciplinary trauma committee
and/or clinical care peer committee. If more pages necessary, please attach here.

Name of Committee		
What is the purpose of the committee?		
Name/Title of Chairperson		
Describe committee membership using title/area represented		

How often does the committee meet?		
Are there attendance requirements? If yes, describe:		
Annual attendance of specific members:	General Surgeons % Emergency Providers % Anesthesia % Orthopaedics %	General Surgeons % Emergency Providers % Anesthesia % Orthopaedics %
Committee reports to where/whom?		

Signature Page

I hereby make application on behalf of this hospital for verification in the State of Wyoming as a Designated Trauma Hospital.

I certify that:

- I have read and understand all of the requirements contained in the Wyoming Trauma Rules and Regulations and this facility meets or exceeds the criteria for our designation level.
- The facility will continue to maintain all criteria required their trauma designation.
- I, or my designee will immediately notify the Wyoming Department of Health, Wyoming Trauma Program if the facility becomes unable to provide trauma services commensurate with its designation level for a period of more than one week.
- All information provided in or with this application is truthful and accurate to the best of my knowledge.
- All responses to the questions are full and complete, omitting no material information.
- I understand that all data submitted in or with this application, is public.
- I will allow representatives of the Department of Health, Wyoming Trauma Program and or/review team to perform on-site reviews of the hospital to assure compliance with designation standards.
- Pursuant to the articles of incorporation, bylaws, or resolution of the board of directors that I am authorized to submit this application on behalf of the hospital and bind it.

Name and signature of CEO or designee

Date

**Name and signature of person filling out
questionnaire**

Date