

SOUTH DAKOTA TRAUMA RECEIVING HOSPITAL (CTH) SITE SURVEY REPORT



D = Desirable

E = Essential

Y = Yes

N = No

Facility:

Facility Participants:

Reviewers:

The following is a list of requirements based upon SD Trauma System Administrative Code 44:68:02:07 with guidance from the American College of Surgeons (ACS) recourse book.

CRITERIA	D/E	Y/N	COMMENTS
Trauma Program / System			
Trauma Program w/physician medical director and trauma nurse leader <i>Who?</i> <i>How long in position?</i> <i>Time Trauma RN Coordinator dedicated to position?</i>	E		
Multidisciplinary Operational and PI Review Committee (may be combined with another PI committee est. by hospital) <i>Multidisciplinary?</i> <i>Defined purpose and meeting format?</i> <i>Who are the committee members?</i> <i>Is there critical review of trauma care by providers?</i> <i>Are there meeting minutes that include identified issues and actions taken and follow-up?</i>	E		
Hospital-specific definition of a trauma team alert patient <i>Posted?</i>	E		
Defined trauma team roles and responsibility <i>Who do they include?</i>	E		

Defined trauma team activation guidelines/process <i>Posted?</i> <i>How is team activated?</i> <i>Is trauma team activation documented?</i>	E		
Defined trauma transfer protocols <i>Updated q 5 years?</i> <i>Reviewed annually?</i>	E		
Prior recommendations/opportunities for improvement addressed from last site visit	D		
Hospital Statistics <i>Variances or clarifications from the volumes noted in the application</i>	D		
Emergency Medical Services <i>Pertinent details</i>	E		
A collaborative involvement in pre-hospital care protocols <i>Partner with EMS?</i>	E		
Medical Capabilities			
Anesthesia services, which includes coverage by a licensed anesthesia provider pursuant to SDCL chapter 36-9A and SDCL chapter 36-4	E		
Trauma or general surgeon coverage to the ED at least 292 days per calendar year	E		
If the trauma or general surgeon is on-call, the surgeon shall arrive within 30 minutes of patient arrival at least 85% of the time	E		
Referral protocols in place for those times no surgeon is available	E		
Emergency Department Capabilities			
EMS communication-two way communication with vehicles of emergency transport <i>Which EMS services?</i> <i>Relationship with EMS?</i> <i>Is EMS documentation available?</i>	E		

<p><i>Where are the radios located?</i> <i>How is cell phone service?</i> <i>Can nurses hear it at night?</i></p>			
<p>Emergency Department Details</p> <p><i>How many beds?</i> <i>How many set up for trauma?</i> <i>How do they staff the ED?</i></p>	E		
<p>24/7 operation</p>	E		
<p>Designated emergency department medical director</p>	E		
<p>Published on-call schedule for trauma team members</p>	E		
<p>Physician coverage of the emergency department for all trauma team activations 24/7. If physician is on-call, the physician shall arrive within 15 minutes of patient arrival 85% of the time. Response time documented and monitored.</p>	E		
<p>A Registered Nurse available in hospital and promptly available to the ED</p>	E		
<p>Ambulance Bay Details</p> <p><i>Enclosed?</i> <i>Close to ED?</i></p>	D		
<p>Disaster/Mass Casualty Protocol</p> <p><i>Do you have disaster protocols?</i> <i>What is your role in disaster management?</i> <i>When was your last disaster drill?</i></p>	D		
<p>Single Patient Decontamination Unit</p> <p><i>Where is it located?</i> <i>Does it have a direct entrance into the hospital?</i></p>	D		
Emergency Department Equipment			
<p>Thermal control equipment</p> <p><i>Room temp adjustment? Bair Hugger?</i> <i>Warm blankets? Fluid/blood warmer?</i></p>	E		

Pediatric resuscitation equipment <i>Broslow/Weight based cart?</i> <i>Broslow bag?</i> <i>Current Broslow tape?</i>	E		
Airway control and ventilation equipment (all sizes) <i>Laryngoscope</i> <i>Video guidance</i> <i>ETT (adult and peds)</i> <i>King tube/rescue airway</i> <i>Bag-mask resuscitator</i> <i>Pocket masks</i> <i>Oxygen</i> <i>Bougie</i>	E		
Pulse oximetry	E		
End-tidal CO2 <i>Adult?</i> <i>Peds?</i>	E		
Suction devices <i>Rigid?</i> <i>Flexible?</i>	E		
Sterile surgical sets including <i>Airway control, Cricothyrotomy,</i> <i>Thoracotomy, Tracheostomy</i> <i>Vascular access</i> <i>Needle decompression or chest tubes</i> <i>(various sizes, preferably w/o trocars)</i>	E		
Monitor/defibrillator	E		
Standard IV fluids and administration devices <i>Fluids</i> <i>Large bore IVs</i> <i>IO systems</i> <i>IO use and education</i>	E		
Vascular Doppler	E		
Gastric decompression <i>NG, OG</i>	E		

Tourniquets <i>How many?</i>	D		
Urinary Catheter and Drainage Device <i>Foley?</i> <i>Straight Cath?</i>	D		
Decision to transfer times <i>Are times documented?</i>	D		
Drugs for emergency care <i>How often checked and restocked?</i> <i>How do you obtain meds for DAI (RSI)?</i> <i>Where do they keep fridge medications?</i>	D		
Spinal immobilization <i>Cervical collars?</i> <i>Adult and peds?</i> <i>Long Back Board?</i>	D		
Surgical Services			
An operating room team on-call with a maximum 30 minute response time, 85% of the time. Response times to be documented and monitored.	E		
Thermal control equipment for patients, as well as for blood and fluids	E		
Rapid infuser system which may include pressure bags	E		
Post-anesthesia Care Unit Services			
A registered nurse available 24 hours a day, 7 days a week. On-call availability is acceptable. Times shall be documented and monitored	E		
Pulse oximetry	E		
End-tidal carbon dioxide detection	E		
Patient re-warming and thermal control monitoring	E		
Intensive Care Unit Services			
Trauma surgeon director or co-director	E		
Pulse oximetry	E		
End-tidal carbon dioxide detection	E		
Patient re-warming and thermal control monitoring	E		

Diagnostic Imaging			
X-ray availability 24 hours a day, seven days a week	E		
Conventional radiography <i>Staff hours?</i> <i>Response times?</i> Portable x-ray?	E		
A radiology technologist on-call with a maximum 30 minute response time. Response times shall be documented and monitored	E		
CT Scanning (if available) <i>How many slice CT scanner?</i> <i>Who reads scans?</i> <i>Protocols?</i> <i>Contrast used?</i> <i>Pediatric considerations?</i> <i>Any delays noted in transferring patient due to CT scanning?</i>	D		
Laboratory Services			
Available 24 hours per day, 7 days a week <i>Staff hours?</i> <i>Response times?</i>	E		
Standard analysis of blood, urine, fluids <i>Result times?</i>	E		
O-negative blood supply <i>Units?</i>	E		
Blood gases and pH determination <i>Who performs?</i> <i>Time to results?</i>	E		
Coagulation studies (PT/PTT)	E		
Blood typing ___ A+ ___ A- ___ B+ ___ B- ___ FFP ___ AB+ ___ AB- ___ O+ ___ O- <i>Factor VII?</i>	D		

Comprehensive blood bank or access <i>Policy for emergency release of uncross-matched blood?</i> <i>Regional Blood Bank Source?</i>	D		
Microbiology <i>Grow or send out?</i>	D		
Drug and alcohol screening	D		
Trauma Lab Panel	D		
TXA (Tranexamic Acid)	D		
Hospital Support Services			
Respiratory Services <i>Available Services?</i>	E		
Acute hemodialysis capability, either available on-site or via a transfer agreement	E		
Performance Improvement and Patient Safety Program			
Organized and Structured Performance Improvement Program with Injury Prevention component	E		
Performance Improvement Review of hospital and pre-hospital trauma care <i>Patient care issues reviewed?</i> <i>System issues reviewed?</i> <i>How do you determine which issues to address?</i> <i>Do you see resolution (loop closure) on issues identified?</i>	E		
An operation performance improvement program including notification and arrival times for the following team members... <i>A Trauma Surgeon</i> <i>An anesthesiologist or certified CRNA</i> <i>On-call physician, physician assistant, or nurse practitioner?</i> <i>Radiology technologist?</i> <i>Laboratory technician?</i> <i>A surgery team</i>	E		

<p><i>A post anesthesia recovery team Respiratory therapist, if part of the trauma team?</i></p>			
<p>A hospital and pre-hospital trauma care performance improvement review with focused audit of selected criteria and patient care of trauma cases</p> <p><i>Which charts are selected for review? Who performs the review?</i></p>	E		
<p>Multidisciplinary performance improvement trauma review committee. The committee may be combined with another performance improvement committee established by the hospital</p> <p><i>If issues identified, are they brought to multidisciplinary trauma committee? Are cases reviewed documented in mtg minutes? Are minutes marked confidential?</i></p>	E		
<p>Quarterly morbidity and mortality case review</p> <p><i>Are deaths reviewed? Were ATLS guidelines followed? Opportunities for improvement identified?</i></p>	E		
<p>The collection and submission of trauma data pursuant to chapter 44:68:04</p> <p><i>Current with data submission? Any issues entering data?</i></p>	E		
<p>Submission of data to trauma registry within < 30 days of incident</p>	D		
<p>Participation in Regional PI Case Review Meetings?</p> <p><i>How many calls participated in last year? Number of cases reviewed? Number of cases submitted to state for review?</i></p>	D		

Trauma Medical Director or designated provider present at 50% of regional Performance Improvement Meetings <i>Documentation of involvement?</i>	D		
Tertiary Facility Feedback <i>Do you receive feedback?</i> <i>Do you receive education?</i> <i>Participation in the PI process?</i>	D		
ATLS physician review of all trauma code cases in which a midlevel practitioner was the team leader (within 72 hours) <i>Is there documentation that midlevel care was reviewed within 72 hours?</i>	D		
Participation in research projects <i>Examples?</i>	D		
Critical Skills Verification <i>Examples?</i>	D		
Trauma Prevention and Outreach			
Injury prevention and public awareness activities-providing public education regarding trauma and injury prevention <i>Fall (i.e. STEADI)</i> <i>Road safety</i> <i>Home safety</i> <i>Newspaper articles</i> <i>Bill stuffers</i> <i>Safety fairs</i> <i>Posters or flyers</i> <i>Giveaway</i>	E		
Collaboration with other institutions <i>SD Department of Health?</i> <i>High school/Elementary school</i> <i>Hunters safety courses</i> <i>Police department</i> <i>EMS</i> <i>Does any of your staff participate in the State or Regional Trauma meetings?</i>	D		

Monitor progress/effectiveness of prevention programs	D		
Hospital Staff Educational Requirements			
Physician Medical Director must have current certification in ATLS	E		<i>Date expires?</i>
The surgeon, if on staff, must: 1. Have current certification in ATLS education ; or 2. Have documentation indicating successful completing of ATLS education at least once and a minimum of 16 hours of trauma continuing medical education credits every 4 years	E		<i>Surgeon on staff? Current?</i>
The physician covering the emergency department must: 1. Have current certification in ATLS education ; or 2. Have documentation indicating successful completing of ATLS education at least once and a minimum of 16 hours of trauma continuing medical education credits every 4 years	E		<i># of physicians covering ED? All current?</i>
The physician assistant or nurse practitioner covering the emergency department must: 1. Have current certification in ATLS education ; or 2. Have documentation indicating successful completing of ATLS education at least once and a minimum of 16 hours of trauma continuing medical education credits every 4 years	E		<i># of mid-levels covering ED? All current?</i>
The trauma coordinator shall be current in TNCC education	E		<i>Expiration? Is TC a TNCC instructor?</i>
Each emergency department nurse shall be current in TNCC education	E		<i># of nurses? All current?</i>

Chart Review Summary:

Number of charts pulled _____

Number of charts reviewed _____

Number of deaths in ER _____

Number of DOA's _____

Patient care/system issues identified and summarized:

Strengths:

Weaknesses:

Recommendations for improvement:

Recommendation on designation by reviewers:

Date of Review: _____

Signature of Reviewer

Signature of Reviewer

Signature of Reviewer