Mississippi Trauma Care System
Level III Trauma Application

**Mississippi State Department of Health
Bureau of Acute Care Systems – Trauma**
Revised 10-13-2021

Hospital ID:

Level of Pediatric Application:

Hospital Name:

Mailing Address:

County:

Hospital Website:

Chief Administrative Officer:

E-Mail Address:

Main Telephone Number:

Name of person completing this application and job title:

E-mail Address:

Telephone/Fax Number:

Date Application Submitted:

The following questions are based on the Rules and Regulations set forth by the MSDH. Rules and Regulations can be found on the MSDH website: http://msdh.ms.gov/msdhsite/_static/resources/7361.pdf Reference numbers are noted following each section of this application.

I.   HOSPITAL ORGANIZATION (Subchapter 1)

Hospital Departments (Tab A) Rule 5.1.2
1. Attach organization chart of the hospital's departments, divisions, or sections
2. Attach hospital demographic information such as
    a. licensed beds
    b. average daily and annual census
    c. ED volume and trauma volume for the last 12 months

Trauma Service (Tab B) Rule 5.1.4
1. Attach a narrative description of how the trauma team members are activated when a trauma patient presents to the Emergency Department.
    a. Include:
        1. Overview of your trauma triage system
        2. Trauma team activation and authority
        3. Members of the trauma team in trauma resuscitation
        4. How you assure all multiple system trauma patients or major injury victims are evaluated
        5. Preparations for transfer to a higher level trauma center.
2. Attach a bullet point listing of current policies and procedures in place related to the care of the trauma patient.
    a. Policies, procedures, and guidelines for the care of the trauma patient must be available at the time of inspection.

Trauma Program (Tab C) Rule 5.1.3
1. Attach resolution dated within the last three years supporting the trauma service by the hospital's governing body AND the medical staff.
2. Attach the organizational chart that reflects the administrative reporting structure of the trauma program (be sure to include TMD, TPM, and reflect the Trauma Service).
3. Attach description of administrative involvement of the budgetary support for the trauma system.
4. Attach list of internal hospital committees in which the TPM is actively involved, and/or hospital committees in which the trauma program is integrated.
5. Attach a list of internal hospital committees the TPM is involved or actively participate in on behalf of the trauma program.
6. At time of inspection (do not attach now), attach documentation of trauma center representative(s) attendance at the system trauma advisory committee meetings must be available at the time of inspection. (Do not attach). Documentation should include a bullet point list with the following information:

a. How often the meetings occur
b. Attendance during the past 12 months
c. Title of the person in attendance.

<u>Trauma Medical Director/TMD</u> (Tab D) Rule 5.1.5
1. Attach a copy of the Trauma Medical Director's Curriculum Vitae and job description.
2. Trauma Medical Director's annual review process for physician team members:
    a. Describe the process used by the TMD to recommend appointment and removal of physicians from the trauma team.
    b. Attach a copy of the form used for the annual review process.
    c. Describe process for assignment if using alternate criteria in lieu of board certification and attach copy of form used.
    d. At the time of inspection, have the Trauma Medical Director's annual reviews of the members of the trauma panel available.

<u>Trauma Program Manager/TPM</u> (Tab E) Rule 5.1.6
1. Attach a copy of the TPM's Curriculum Vitae and job description.
2. Is the TPM a full time position? (If no, please describe other duties)

<u>Trauma Team</u> (Tab F) Rule 5.1.7
1. Attach the policy that describes the roles and responsibilities of team members responding to each activation level.
2. Attach activation criteria if there are any modifications from the State Trauma Activation Criteria and Destination Guidelines.

<u>Multidisciplinary Trauma Committee</u> (Tab G) Rule 5.1.8
1. List:
    a. Description of the committee
    b. How often the meetings occur
    c. List members of the committee (provide full name, title, department)
    d. The committee's role in PI, including how findings from this committee are reported to the overall PI Program
2. At time of inspection, have committee minutes available.

CLINICAL COMPONENTS (Subchapter 2)

<u>Qualifications of Physicians on the Trauma Team</u> (Tab H) Rule 5.2.1
1. Complete and attach Table A for Emergency Medicine physicians.
2. Complete and attach Table B for General/Trauma Surgeons taking trauma call.
3. Complete and attach Table C for Orthopedic Surgeons taking trauma call.
4. Complete and attach Table E for Anesthesiologists/CRNAs taking trauma call.
5. Highlight the Multidisciplinary Trauma Committee representative on each table.
    a. Have each representative's CV available at the time of inspection.
6. Attach a copy of the policy addressing anesthesia coverage (including CRNAs).

7. Attach your hospital's credentialing policy for all physicians serving on the trauma team. <u>Do not include entire hospital bylaws, only include applicable pages.</u>
8. AT THE TIME OF INSPECTION, have available the most recent three months call schedules for all physicians on the trauma team. Have back-up call schedules if applicable. At the time of inspection, have available all trauma related CMEs for trauma team physicians.

FACILITY STANDARDS (Subchapter 3)

<u>Emergency Department</u> (Tab I) Rule 5.3.1
1. Complete and attach TNCC Table for RN's assigned or practicing in the ER
2. Attach trauma flow sheet, if utilized.

<u>Surgical Suites/Anesthesia</u> (Tab J) Rule 5.3.2
1. Describe the OR staffing pattern
2. Attach the policy regarding activation of on-call personnel.
3. At time of inspection, the OR supervisor must be prepared to discuss and be able to demonstrate a prioritization scheme to assure the availability of an operating room for the emergent trauma patient during a busy operative schedule.

<u>PACU</u> (Tab K) Rule 5.3.3
1. Describe the PACU function in trauma including the hours of operation.
2. Attach the policy regarding activation of on-call personnel.

<u>ICU</u> (Tab L) Rule 5.3.4
1. Identify the surgical director or co-director
2. Describe responsibilities of the surgical director/co-director
3. At time of inspection, be prepared to describe the process when a trauma patient's condition deteriorates in ICU.

CLINICAL SUPPORT SERVICES (Subchapter 4)

1. Describe your hospital's resources to meet the needs of the trauma patient for the following services: **Refer to the specific requirements for each of the following departments as noted in the Regulations.** (Tab M)
- Respiratory (Rule 5.4.1)
- Radiological (Rule 5.4.2)
- Clinical Lab (Rule 5.4.3)
- Hemodialysis (Rule 5.4.4)
- Burn Care transfer protocol (Rule 5.4.5)
- Rehabilitation/Social Service transfer protocol, if applicable (Rule 5.4.6)
- Prevention/Public Outreach (Rule 5.4.7)

Transfer Guidelines (Tab N) Rule 5.4.8
1. Attach guidelines:
    a. for the transfer of trauma patients to a higher level of care
    b. acceptance of transfers to your facility
2. Explain the feedback loop for the primary provider.
3. List the number of trauma transfers **in and out** for the past 12 months.
4. At the time of inspection, have documentation of PI tracking of appropriateness of all transfers-out.
5. Attach bypass/diversion protocol. (Trauma)
6. Complete Table F regarding trauma bypass/divert occurrences.

Performance Improvement (Tab O) Rule 2.2.1; 2.3.1; 2.3.2; 2.3.3 (**Do not send any PI minutes**.)
1. Attach a copy of your PI plan including all PI filters.
2. Describe how trauma patient care is reviewed.
3. Describe the trauma mortality review process in detail.
4. Describe two PI issues; one system related and one clinically related.
    a. Indicate the PI issue and the six step process
        i. Problem identification
        ii. Analysis
        iii. Preventability
        iv. Action plan
        v. Implementation
        vi. Re-evaluation
        vii. or any recognized PI process that is used to resolve PI issues.
5. At time of inspection, have available PI reports, minutes, etc. to support documentation listed above.

Trauma Registry (Tab P) Rule 1.4.1/1.4.2/1.4.3
1. Attach a report from the trauma registry for all patients **from the past 12 months.** The list should contain the following:

    - Date of admit
    - Mechanism of Injury
    - Time of admit to ED
    - Time of transfer out of facility/discharged/death
    - Age
    - GCS
    - Admitting Systolic BP
    - ISS
    - TRISS (probability of survival)
    - Outcome (Live/Die)
    - Discharge destination
    - Admitting destination (when admitted)

2. Explain how your trauma center has remained current in timeliness of data submission to the State including with responding to QA inquiring?

In the past 12 months, has trauma center submitted data to the central site trauma registry on time?
- NOTE: The following reports will be included to inspectors from the State Registry
    i. Demographic Summary with the Mini Trauma Summary
    ii. Mortality
    iii. ISS Listing
    iv. State QA Reports

3. List the registry number of all deaths with TRISS >.5 **from the past 12 months.**

Education (Tab Q) Rule 5.4.9
1. Submit a list of educational offerings during last 12 months.
2. Attach a copy of the facility's internal trauma education plan.

SIGNATURE PAGE

1. The undersigned makes application to the Mississippi Trauma Care System for consideration of Level III Trauma Center designation.
2. The institution represents that to the best of its ability it meets the Regulations set forth by the Mississippi Trauma Care System.
3. The institution agrees to submit to a site survey if requested by the Mississippi Trauma Care System after careful review of this application.
4. I have reviewed the information contained in the application and certify that the information is true and correct.
5. I further certify that the institution agrees to adhere to the designation program of the Mississippi Trauma Care System.

_____   _____

Signature, Administrator   Date

Contact Information:
Name:
Phone:
Email:
Fax:

_____   _____

Signature, Trauma Medical Director   Date

Contact Information:
Name:
Phone:
Email:
Fax:

_____   _____

Signature, Trauma Program Manager   Date

Contact Information:
Name:
Phone:
Email:
Fax:

Table A
EMERGENCY MEDICINE LIST
List all Emergency Medicine Physicians (ATLS not required if Board in EM)

Name	Board Certification: Emergency Medicine, Surgery, Internal Medicine, Family Medicine, Non-Boarded, etc.	ATLS Expiration (mo/year)

Shaded row denotes Multi-Disciplinary Trauma Committee representative

Table B
TRAUMA SURGERY
List all surgeons currently taking trauma call
(ATLS required for TMD and all Non-Board Certified/Non-Board Eligible Surgeons)

Name	Board Certification: General Surgery yes or no	ATLS Expiration (mo/year)

Shaded rows denote Multi-Disciplinary Trauma Committee representatives

Table C
ORTHOPEDIC SURGERY
Please list all orthopedic surgeons taking trauma call

Name	Board Certification: Orthopedics yes or no	Board Eligible yes or no

Shaded rows denote Multi-Disciplinary Trauma Committee representatives

Table D
NEUROSURGERY
Please list all neurosurgeons taking trauma call

Name	Board Certification: Neurosurgery yes or no	Board Eligible yes or no

Shaded rows denote Multi-Disciplinary Trauma Committee representatives

Table E
ANESTHESIOLOGY

Name	Board Certification: Anesthesiology yes or no

Shaded rows denote Multi-Disciplinary Trauma Committee representatives

TNCC

List all Nurses assigned to the Emergency Department

Name	Date Assigned to the ED	Expiration (mo/year)	Date scheduled for completion/renewal *(If Applicable)*

Table F

TRAUMA BYPASS/DIVERT OCCURRENCES
Please complete if you have gone on trauma bypass/divert during the previous year

Date of Occurrence	Time on Bypass	Time Off Bypass	Reason for Bypass

Total number of occurrences of bypass during reporting period?

Total number of hours on diversion during reporting period? _____