

Mississippi Trauma Care System Tertiary Pediatric Trauma Application

Mississippi Department of Health
Bureau of Acute Care Systems – Trauma

Revised 2/21/2017

Hospital ID:

Hospital Name:

Mailing Address:

County:

Region:

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/49,0,305.html. Reference numbers are noted following each section of this application.

HOSPITAL ORGANIZATION (Subchapter 1)

Hospital Departments (Tab A) Rule 6.1.2

1. Attach a list or organization chart of the hospital's departments, divisions, or sections.
2. Attach hospital demographic information, i.e., licensed beds and average daily and annual census.

Trauma Program (Tab B) Rule 6.1.3

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.
3. Attach description of administrative involvement of the budgetary support for the trauma system.
4. Documentation of trauma center representative attendance at the regional trauma advisory committee meetings must be available AT THE TIME OF INSPECTION. (Do not attach)

Trauma Service (Tab C) Rule 6.1.4

1. Attach a narrative description of how the trauma team members are activated when a trauma patient presents to the Emergency Department. Include an (a) overview of your trauma triage system, (b) trauma team activation and authority (c) members of the trauma team in trauma resuscitation, (d) how you assure all multiple system trauma patients or major injury victims are evaluated, and (e) preparations for transfer to a higher level trauma center.
2. Policies, procedures, and guidelines for the care of the trauma patient must be available at the time of inspection.

Medical Director/TMD (Tab D) Rule 6.1.5

1. Attach a copy of the Trauma Medical Director's Curriculum Vitae and job description.
2. Attach an organization chart depicting the relationship of the Trauma Medical Director's position to other Medical Departments within the hospital.
3. At the time of inspection, have the Trauma Medical Director's annual reviews of the members of the trauma panel available.

Trauma Program Manager/TPM (Tab E) Rule 6.1.6

1. Attach a copy of the TPM's Curriculum Vitae and job description.
2. Attach an organizational chart depicting TPM reporting structure.

Trauma Team (Tab F) Rule 6.1.7

1. Attach the policy that describes the roles and responsibilities of team members responding to each activation level.
2. List the number of ED visits in the last 12 months.
3. Attach activation criteria.

Multidisciplinary Trauma Committee (Tab G) Rule 6.1.8

1. List members of the committee, a description of the committee, and the committee's role in PI. Have committee minutes available at the time of inspection.
2. Provide evidence based trauma management guidelines at the time of inspection.

CLINICAL COMPONENTS (Subchapter 2)

Qualifications of Physicians on the Trauma Team (Tab H) Rule 6.1.9/6.1.10/6.1.11

1. Complete and attach Table A for Pediatric Emergency Medicine physicians.
2. Complete and attach Table B for General/Pediatric Surgeons taking trauma call.
3. Complete and attach Table C for Orthopedic Surgeons taking trauma call.
4. Complete and attach Table D for Neurosurgeons taking trauma call
5. Complete and attach Table E for Anesthesiologists taking trauma call.
6. Highlight the Multidisciplinary Trauma Committee representative on each table. Have each representative's CV available at the time of inspection.
7. Attach a copy of the policy addressing anesthesia coverage (including CRNAs).
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.
9. Attach your hospital's credentialing policy for all physicians serving on the trauma team.
10. At the time of inspection, have available all trauma related CMEs for trauma team physicians.

FACILITY STANDARDS (Subchapter 3)

Emergency Department (Tab I) Rule 6.1.12

1. Attach a list of RN's assigned or practicing in the ER including TNCC completion.
2. Attach trauma flow sheet.

Surgical Suites/Anesthesia (Tab J) Rule 6.1.13

1. Describe the OR staffing pattern, and attach the policy regarding activation of on-call personnel.

PACU (Tab K) Rule 6.1.14

1. Describe the PACU function in trauma including the hours of operation, and attach the policy regarding activation of on-call personnel.

PICU (Tab L) Rule 6.1.15

1. Attach the protocol for the care of the trauma patient in the PICU.
2. List PICU surgical physicians with critical care credentials.

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 6.1.16)
- Radiological (Rule 6.1.17)
- Clinical Lab (Rule 6.1.18)
- Hemodialysis (Rule 6.1.19)
- Burn Care transfer protocol (Rule 6.1.20)
- Rehabilitation/Social Service transfer protocol, if applicable (Rule 6.1.21)
- Prevention/Public Outreach (Rule 6.1.22)

Transfer Guidelines (Tab N) Rule 6.1.23

1. Attach guidelines for the transfer of trauma patients to a higher level of care or 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.
5. Attach bypass/diversion protocol.
Complete Table F regarding trauma bypass/divert occurrences.

Performance Improvement/Evaluation (Tab O) Rule 6.1.24

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 two PI issues; one system related and one clinically related. Indicate the PI issue and the six step process: (Problem identification, Analysis, Preventability, Action plan, Implementation, and Re-evaluation), or any recognized PI process that is used to resolve PI issues.
4. PI reports, minutes, etc. should be available **at the time of inspection**,

Trauma Registry (Tab P) Rule 1.4.1/6.1.24

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. Describe the trauma deaths review process in detail.

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

Education (Tab Q) Rule 6.1.25

1. Submit a list of educational offerings during the designation period.
2. Attach a copy of the facility's internal trauma education plan.

Research (Tab R) Rule 6.1.26

1. Attach a list of documented trauma research and projects completed in your institution within the designation period.

SIGNATURE PAGE

1. The undersigned makes application to the Mississippi Trauma Care System for consideration of Tertiary Pediatric 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:

TRAUMA CARE REGIONS

EAST CENTRAL

Director: David Bonner
134 Mount Horeb Road
Meridian, MS 39301
David.bonner@meridianweight.com

DELTA

Director: Cherri Rickels
P.O. Box 458
Drew, MS 38737
Deltaregion10@yahoo.com

NORTH

Director: Donna Grisham
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New Albany, MS 38652
donnagrishmanorthmstrauma@gmail.com

CENTRAL

Director: Norman Miller
133 Executive Drive, Suite G
Madison, MS 39110
norm.miller@centraltrauma.org

SOUTHWEST

Director: Jimmy McManus
P.O. Box 17709
Natchez, MS 39122
smtcr@hotmail.com

SOUTHEAST

Director: Wade Spruill
P.O. Box 17889
Hattiesburg, MS 39404
wades@aaaambulance.net

COAST

Director: Gail Thomas
2512 Redwood Avenue
Pascagoula, MS 39567
coastaltrauma@bellsouth.net

Table A
EMERGENCY MEDICINE LIST (Pediatrics)

List all Emergency Medicine Physicians

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 (Pediatrics)

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 (Pediatrics)

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 (Pediatrics)

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 (Pediatrics)

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 <i>(If Applicable)</i>

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?			_____