



# Idaho Time Sensitive Emergency Program

## Level V Trauma Center

---

### Application & Resource Tool Kit

P.O. Box 83720

Boise, ID 83720-0036

Phone: (208) 334-4000

Fax: (208) 334-4015

E-mail: [tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov)

Website: <http://tse.idaho.gov/>

# Table of Contents

TSE Frequently Asked Questions	Page 3
Application Process	Page 5
Application:	Page 6
A. Hospital and Personnel Profile	Page 6
B. Certification Statement	Page 7
C. Criteria Checklist/Documentation/Resources	Page 8
Additional Resources	Page 31

# TSE Frequently Asked Questions

## Why a TSE program?

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

## How does the TSE program work?

The Idaho Department of Health and Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of health care providers, EMS agencies, and administrators of hospitals representing both urban and rural populations is responsible for establishing Rules and Standards for the TSE system. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a Regional TSE Committee made up of EMS providers, hospital providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The Regional TSE Committees will have the ability to establish guidelines that best serve their specific community, in addition to providing a feedback loop for EMS and hospital providers.

## What guiding principles are the foundation of the TSE system?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wishing to participate;
- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

**How often does a center need to be verified?**

Every three years.

**How much does it cost to be verified and designated?**

Verification is done once every three years. The on-site survey fee is \$1,500 and must be submitted with the application. Designation is valid for three years. The designation fee may be paid in three annual payments of \$1,000 or in one payment of \$3,000.

**Whom do I contact if I have questions about the application process?**

**Idaho Time Sensitive Emergency Program**

P.O. Box 83720  
Boise, ID 83720-0036  
tse@dhw.idaho.gov  
<http://tse.idaho.gov/>

**Program Manager**

Christian Surjan  
surjanc@dhw.idaho.gov  
(208) 334-6564

**Program Specialist**

Erin Shumard  
shumarde@dhw.idaho.gov  
(208) 334-2124

**Nicole Noltensmeyer**

Administrative Assistant  
noltensn@dhw.idaho.gov  
(208) 334-4904

Please do not hesitate to contact us with any questions or concerns regarding the application process. We would be happy to help you in any way we can. We may also be able to direct you to additional resources to assist you in meeting these standards.

# Application Process

To apply for designation as a Level V Trauma Center in Idaho:

1. Complete and print the application. Submit one application per facility. A completed application includes:
  - A. Facility and Personnel Profile;
  - B. Certification Statement; and
  - C. Supporting Documentation
2. Obtain the required signatures on the Certification Statement.
3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification, and Supporting Documentation.
4. Mail the completed application to:

Bureau of EMS and Preparedness  
Time Sensitive Emergency Program  
P.O. Box 83720  
Boise, ID 83720-0036

Or for FedEx, UPS, etc.:  
2224 E. Old Penitentiary Road  
Boise, ID 83712

TSE Program staff will notify you within 10 business days of receipt of the application and confirm that the application is complete.

# Application for Level V Trauma Center Designation

## A. Hospital and Personnel Profile

<b>Hospital Name:</b>		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
<b>Application Contact and Title:</b>		
Phone:	E-Mail:	

<b>Hospital Administrator/Chief Executive Officer:</b>	
Phone:	E-Mail:
<b>Trauma Program Manager:</b>	
Phone:	E-Mail:
<b>Trauma Medical Director:</b>	
Phone:	E-Mail:
<b>Emergency Department Medical Director:</b>	
Phone:	E-Mail:
<b>Emergency Department Nursing Director:</b>	
Phone:	E-Mail:

## B. Certification Statement

I, \_\_\_\_\_ (CEO/COO), on behalf of \_\_\_\_\_ (hospital), voluntarily agree to participate in the Idaho Time Sensitive Emergency system as a Level V Trauma Center. We will work with emergency medical services and other hospitals in our area to streamline triage and transport of trauma patients and participate in our Regional Time Sensitive Emergency Committee.

I certify that:

- A. The information and documentation provided in this application is true and accurate.
- B. The facility meets the State of Idaho criteria to be designated as a Level V Trauma Center.
- C. We will participate in the Idaho TSE Registry; and
- D. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of trauma service we have committed to in this application.

\_\_\_\_\_  
Chair, Governing Entity (Hospital Board)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trauma Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Department Medical Director

\_\_\_\_\_  
Date

# Level V Trauma Center

E = Essential element for designation      D = Desired element for designation

In order to assist Idaho facilities seeking TSE designation, the TSE Program has compiled the following lists and/or resources. Please note that the items contained in this document are provided for informational or demonstration purposes only. The TSE Council does not require facilities to utilize these specific resources, nor does the TSE Program recommend any one over another on this list. These resources are listed solely as a courtesy to facilities seeking TSE designation.

## 1. Center Mission

1.1 Center is a health care facility (as defined in section 10 of the TSE Rules) with the commitment, medical staff, personnel, and training necessary to provide initial care and stabilization of the trauma patient.	<b>E</b>
---	----------

<p>Requirements:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Letter (or minutes) from governing board supporting the trauma program.</li> <li><input type="radio"/> Letter from the CEO/Chief Administrator supporting the trauma program.</li> <li><input type="radio"/> Letter from the Chief of Staff supporting the trauma program.</li> </ul>	<p>Resources:</p> <ul style="list-style-type: none"> <li>• <a href="http://adminrules.idaho.gov/rules/current/16/0201.pdf">http://adminrules.idaho.gov/rules/current/16/0201.pdf</a></li> <li>• See samples on pages 16 &amp; 17</li> </ul>
---	---

1.2 Center provides initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care.	<b>E</b>
--	----------

<p>Requirements:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Criteria for response to each graded activation must be clearly defined by the trauma center.</li> </ul>	<p>Sample:</p> <p>Pages 18-21</p>
--	-----------------------------------

1.3 The decision to transfer an injured patient rests with the attending provider and is based solely on the needs of the patient.	<b>E</b>
--	----------

<p>Requirement:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Copy of transfer protocols based on criteria found in 1.2.</li> </ul>	<p>Sample:</p> <p>Page 22</p>
--	-------------------------------

1.4 The center works collaboratively with state agencies and other trauma centers to develop transfer protocols and a well-defined transfer sequence.	<b>E</b>
---	----------

<p>Requirement:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Copy of current transfer agreements.</li> </ul>	<p>Resources:</p> <ul style="list-style-type: none"> <li>• <a href="http://tse.idaho.gov/">http://tse.idaho.gov/</a></li> <li>• See sample on pages 23 &amp; 24</li> </ul>
--	--

1.5 The center must participate in their Regional Time Sensitive Emergency (TSE) Committee.		<b>E</b>
Requirement: <input type="radio"/> Documentation of participation in at least 50% of Regional TSE Committee meetings.	Resources: <a href="http://tse.idaho.gov/">http://tse.idaho.gov/</a>	

## 2. Center Organization

### Trauma Program Medical Director

2.1 The Trauma Medical Director is trained, experienced, and committed to the care of the trauma patient.		<b>E</b>
Requirement: <input type="radio"/> CV of Trauma Medical Director supporting training and experience.	Resources: <a href="http://www.traumacenters.org/?page=EducOpps">http://www.traumacenters.org/?page=EducOpps</a>	

2.2 The Trauma Medical Director is responsible for developing and directing the quality improvement program.		<b>E</b>
Requirements: <input type="radio"/> Trauma Medical Director job description. <input type="radio"/> Letter of appointment from center administration.	Sample: Pages 25 & 26	

2.3 The Trauma Medical Director is accountable for all trauma care and exercises administrative authority for the trauma program.		<b>E</b>
Requirements: <input type="radio"/> Organizational chart.		

2.4 The Trauma Medical Director is given administrative support for implementation of requirements as outlined in this document.		<b>E</b>
Requirement: <input type="radio"/> Documentation outlining the authority of the Trauma Medical Director.		

2.5 The Trauma Medical Director maintains personal involvement in patient care, staff education, and professional organizations.	<b>E</b>
<p>Requirements:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Copy of call schedule.</li> <li><input type="radio"/> Documented participation in staff education.</li> <li><input type="radio"/> Proof of involvement in professional organizations.</li> <li><input type="radio"/> Proof of 4 hours per year of trauma related CME.</li> </ul>	

2.6 The Trauma Medical Director is current in Advanced Trauma Life Support (ATLS).	<b>E</b>
<p>Requirement:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Copy of current ATLS certification card.</li> </ul>	<p>Resources:</p> <p><a href="http://web20.facs.org/atls_cr/ATLS_Course_Search.cfm">http://web20.facs.org/atls_cr/ATLS_Course_Search.cfm</a></p>

<b>Trauma Team</b>	
2.7 The center’s policy and procedures describe the role of all personnel on the Trauma Team.	<b>E</b>
<p>Requirement:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Copy of center’s Trauma Manual.</li> </ul>	<p>Resources:</p> <p>A sample Trauma Manual can be found at <a href="http://www.mc.uky.edu/traumaservices/TraumaProtocolManualfinal2012Word.pdf">http://www.mc.uky.edu/traumaservices/TraumaProtocolManualfinal2012Word.pdf</a></p> <p>(Note that this is for reference only, and is more comprehensive than the TSE Council would expect of a Level V Trauma Center.)</p>

2.8 At a minimum, the Trauma Team consists of:	
a. A physician or midlevel provider; and	<b>D</b>
b. A registered nurse.	<b>E</b>
<p>Requirement:</p> <ul style="list-style-type: none"> <li><input type="radio"/> See 2.7.</li> </ul>	

**Trauma Team Qualifications**

2.9 Where midlevel providers (Nurse Practitioners or Physician Assistants) staff the emergency department (ED), there must be documentation of training and knowledge of care for the trauma patient.

**E**

Requirement:

- Copy of certification/CE related to trauma care.

Resources:

<http://www.traumacenters.org/?page=EducOpps>

2.10 Trauma Team physicians and midlevel providers are credentialed by the medical staff and governing board.

**E**

Requirement:

- Copy of credentials/privileges.

2.11 Trauma Team physicians who are not board-certified or board eligible are reviewed by the trauma medical director and credentialed by the medical staff and governing board.

**E**

Requirements:

- Copy of credentials/privileges.
- Copy of reviews performed by the Trauma Medical Director of participating physicians/midlevel providers.

2.12 Trauma Team members participate in multi-disciplinary trauma committee and the quality improvement process.

**E**

Requirement:

- Copies of minutes from the previous 3 months of the multi-disciplinary trauma committee.

2.13 The center has written protocols to determine which types of patients are admitted and which are transferred.

**E**

Requirements:

- See 1.2 and 1.3.

Sample:

Page 22

2.14 Trauma providers must have documentation of training and knowledge of care for the trauma patient.

**E**

Requirement:

- Copy of trauma related CME/CE/CEU.

<b>Trauma Program Manager</b>	
2.15 The center has a Trauma Program Manager. The Trauma Program manager shows evidence of educational preparation and clinical experience caring for injured patients.	<b>E</b>
Requirements: <input type="radio"/> Copy of job description. <input type="radio"/> Copy of current trauma related CEU.	Resources: <ul style="list-style-type: none"> <li>• <a href="http://www.amtrauma.org/?page=TPMCourse">http://www.amtrauma.org/?page=TPMCourse</a></li> <li>• See sample on pages 27 &amp; 28</li> </ul>

2.16 The Trauma Program Manager works with the Trauma Medical Director to address the multidisciplinary needs of the trauma program.	<b>E</b>
Requirement: See 2.15.	

2.17 The Trauma Program Manager is responsible for the use of trauma registry data for quality improvement and trauma education.	<b>E</b>
Requirement: <input type="radio"/> See 2.15.	

2.18 The Trauma Program Manager serves as a liaison to local EMS agencies and accepting centers.	<b>E</b>
Requirement: <input type="radio"/> See 2.15.	

### **3. Clinical Components**

3.1 During hours of operation, the center has a health care provider(s) (MD, DO, FNP, PA) available. The provider must be on-site within 30 minutes of patient arrival with an 80% achievement rate.	<b>E</b>
Requirement: <input type="radio"/> Copy of response time for the previous 3 months prior to submission of the application.	

3.2 The center has a posted list of specialists who are promptly available from inside or outside of the center.	<b>E</b>
Requirement: <input type="radio"/> Copy of call schedule.	

## 4. Center Standards

4.1 The center is staffed to ensure immediate and appropriate care to trauma patients during hours of operation.

**E**

Requirements:

- Copy of staffing matrix.
- Copy of QI minutes from previous 3 months.

4.2 The center has established standards to ensure immediate and appropriate care of the adult and pediatric trauma patient.

**E**

Requirement:

- See 1.2.

4.3 The Trauma Medical Director participates in the internal trauma QI process by attending at least 50% of meetings.

**E**

Requirement:

- Copy of QI minutes from previous 3 months.

4.4 The center is staffed by registered nurses during hours of operation at levels necessary to meet the needs of the trauma patient.

**E**

Requirement:

- Copy of staffing matrix.

4.5 The center's registered nursing staff must participate in the internal trauma QI program.

**E**

Requirement:

- Copy of QI minutes from previous 3 months.

## 5. Clinical Support Services

5.1 The center has a written policy to delineate the availability of CT services to the trauma patient.

**E**

Requirement:

- Copy of CT protocols.

<b>Transfer Protocols</b>		
5.2 There are transfer protocols in place with higher level Trauma Centers as well as specialty referral centers (e.g. burn, pediatric, and rehabilitation centers).		<b>E</b>
Requirement: <input type="radio"/> Copy or protocols or agreements.	Sample: Pages 23 & 24	
5.3 There is a feedback loop with higher level Trauma Centers to facilitate a good understanding of patient outcome.		<b>E</b>
Requirements: <input type="radio"/> Samples (de-identified) of feedback from previous 3 months from higher level of care centers. <input type="radio"/> Copy of QI minutes showing review of feedback.		
5.4 The center must have guidelines addressing which patients (including pediatric patients) should be transferred and the safe transport of those patients.		<b>E</b>
Requirement: <input type="radio"/> Copy of guidelines.	Resources: <ul style="list-style-type: none"><li><a href="http://www.ncbi.nlm.nih.gov/pubmed/14707589">http://www.ncbi.nlm.nih.gov/pubmed/14707589</a></li></ul>	
5.5 Trauma centers that refer burn patients to a designated burn center must have in place written transfer protocols with the referral burn center.		<b>D</b>
Requirement: <input type="radio"/> Copy of transfer protocols.	Sample: Pages 23 & 24	
<b>Performance Improvement (PI)</b>		
5.6 Data are submitted to the Idaho TSE Registry. At least 80% of trauma cases must be entered into the registry within 180 days of treatment.		<b>E</b>
Requirement: <input type="radio"/> Letter from Idaho Trauma Registry confirming compliance.	Resources: <a href="http://www.idahotrauma.org/">http://www.idahotrauma.org/</a>	

5.7 The center participates in their Regional TSE Committee.		<b>E</b>
Requirement: <input type="radio"/> Documentation of participation (at least 50%).	Resources: <a href="http://tse.idaho.gov/">http://tse.idaho.gov/</a>	

5.8 There is evidence that the center supports public education and awareness.		<b>E</b>
Requirement: <input type="radio"/> Record of outreach/education.	Sample: <a href="http://montana.providence.org/hospitals/st-patrick/services/emergency-department/level-ii-trauma/education/">http://montana.providence.org/hospitals/st-patrick/services/emergency-department/level-ii-trauma/education/</a>	

5.9 The center has a functioning internal QI process that:		
a. Has clearly stated goals and objectives;	<b>E</b>	
b. Develops standards of care;	<b>E</b>	
c. Has a process to credential trauma providers;	<b>D</b>	
d. Has explicit quality indicators and filters;	<b>E</b>	
e. Has a peer review process that includes prehospital providers;	<b>E</b>	
f. Has a method for comparing patient outcomes with computed survival probability; and	<b>E</b>	
g. Autopsy information on all trauma deaths.	<b>D</b>	
Requirement: <input type="radio"/> Copy of QI policy that includes a-g.	Sample: Pages 29 & 30	

## Sample Hospital Board Resolution

WHEREAS, traumatic injury is the leading cause of death for Idahoans between the ages of 1 and 44 years; and

WHEREAS, [HOSPITAL] strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the Idaho Time Sensitive Emergency System will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the board of directors of [HOSPITAL] resolve to provide the resources necessary to achieve and sustain a Level V Trauma Center designation.

IN WITNESS THEREOF, I have hereunto subscribed my name this [DAY] day of [MONTH], [YEAR].

---

Chairman of the Board

# Sample Medical Staff Resolution

WHEREAS, traumatic injury is the leading cause of death for Idahoans between the ages of 1 and 44 years; and

WHEREAS, [HOSPITAL] strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the Idaho Time Sensitive Emergency System will result in an organized and timely response to patients' needs, a more immediate determination of patients' definitive care requirements, improved patient care through the development of the hospital's performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the medical staff of [HOSPITAL] resolves to support the hospital's trauma program and to participate with initiatives in the furtherance of the standards published by the Idaho Time Sensitive Emergency System for Level V Trauma Centers.

IN WITNESS THEREOF, I have hereunto subscribed my name this [DAY] day of [MONTH], [YEAR].

---

Chief of Staff

# Trauma Triage Guidelines

*These guidelines were approved for statewide use by the Idaho Time Sensitive Emergency Council on July 14, 2015.*

## Priority 1

- SBP of 90 or less, respiratory rate <10 or >30
- Tachycardia HR >130 AND meet Priority 2 criteria
- Age specific hypotension in children
  - <70mmHg + 2 x age)
  - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation
- Inter-facility transfer patients receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also meets Priority 3 criteria
- Open skull fracture

## Priority 2

- GCS 9 to 13
- Chest tube/ needle thoracotomy
- Pelvic fracture (suspected)
- Two obvious long bone fractures (femur/ humerus)
- Flail chest
- Near drowning
- Ejection from ENCLOSED vehicle
- Burns > 20% BSA OR involvement of face, airway, hands, or genitalia
- Sensory deficit of an extremity

## Priority 3

- Death of same car occupant
- Extrication time > 20 minutes
- Fall 2 x patient's height
- Auto vs. bike OR auto vs. pedestrian
- Non-enclosed wheeled or mechanized transport > 20 mph
- Horse ejection or rollover
- 12" intrusion into occupant space or vehicle
- "Star" any window or windshield
- Rollover
- Broken/bent steering wheel
- Trauma mechanism w/ change in LOC
- Amputation of one or more digits
- 10-20% TBSA (second or third degree)

# Response to Graded Activation

For each priority activation, the Trauma Team members are:

## Priority-1 Activation

- Emergency provider (present within 15 minutes of patient's arrival)
- Two emergency department RNs
- Nursing supervisor
- Emergency department tech or EMT
- Respiratory therapy
- Laboratory technician
- Radiology technician
- Emergency department HUC

## Priority-2 Activation

- Emergency provider (present within 15 minutes of patient's arrival)
- Emergency department RN
- Emergency department tech or EMT
- Radiology technician
- Laboratory technician
- Emergency department HUC

## Priority-3 Activation

- Emergency provider (present within 15 minutes of patient's arrival)
- Emergency department RN
- Emergency department tech or EMT

# Trauma Team Members & Their Roles/Responsibilities

The individual roles of the team members are subject to change based on the needs of the patient and resources available during the resuscitation. Below is a guideline. The provider leading the resuscitation may modify the duties of any team member if in the best interest of the patient.

## **ED Provider**

- Perform primary and secondary survey
- Perform or delegate airway management
- Perform procedures as needed such as chest tube insertion, central venous access, ultrasound exam
- Order appropriate lab and radiographs
- Responsible for all medications and fluids given
- Make triage and transfer decisions
- Determine the need for and mode of inter-facility transfer (air vs. ground) early in resuscitation course
- Communicate directly with receiving physician at trauma hospital regarding transfer
- Document case (complete trauma flow sheet, dictate emergency department note)
- Complete and sign patient transfer form

## **ED Nurse**

- Attach BP, cardiac and oximetry monitors to the patient.
- Obtain initial vital signs and report out loud to emergency department provider. (BP, HR, RR, SpO<sub>2</sub> and temp (core temp if hypothermia is considered).
- Maintain and monitor all intravenous lines. Obtain fluid resuscitation orders and IV rate from emergency department provider. Report to recorder (at end of emergency department course) total IV intake and urine output.
- Set up fluid and blood warmer. Start blood transfusion as ordered.
- Remain at patient bedside throughout the emergency department course.
- Draw up and label airway drugs (succinylcholine, etomidate, etc.). Be prepared to administer drugs as ordered by the emergency department provider.
- Obtain IV access if needed. (If primary IV is done, place 2nd IV and draw blood).
- Insert Foley catheter when authorized by the emergency department provider.
- Set up chest tube drainage system if needed.
- Assist emergency department provider with procedures as needed.
- Administer tetanus booster and antibiotics when ordered by emergency department provider.
- Initially document emergency department course by filling out the trauma resuscitation record.
- Record vital signs initially and every 5 minutes; make sure that provider in charge is aware of any significant changes in the patient's status.
- Accompany patient out of department for any diagnostic procedures.

## **Nursing Assistant or EMT**

- Assist with transfer from the EMS gurney to the trauma bed.
- Assist in removing patient's clothing; covers patient immediately with warm blankets.
- Assist with intubation: provide in-line cervical spine immobilization or Sellick's maneuver as directed.
- Assist with procedures as needed.
- Assist with transport of patient to X-ray.
- Check airway equipment before the patient's arrival. (i.e., suction, laryngoscopes, ambu bag, O<sub>2</sub>)
- Maintain oxygen; insure SpO<sub>2</sub> unit functions properly; assist ventilation with BVM as necessary and as directed by emergency department provider.

## **Laboratory Technician**

- Obtain pre-labeled blood tubes from trauma room; attach ID bracelet to patient.
- Obtain syringes from IV start (by RN) or perform venipuncture to obtain blood for trauma battery.
- Determine availability of blood; bring O negative blood to trauma room immediately if requested.
- Obtain urine from Foley insertion and run UA on all patients. Run urine HCG on all females in reproductive age group.
- Run ABGs.
- Perform ECG if requested.

## **Radiology Technician**

- Respond immediately to trauma team activation page; transfer portable x-ray machine to trauma room, insure enough film plates for basic trauma radiographs (e.g., lateral c-spine, chest, pelvis).
- Place chest plate on trauma cart under backboard before patient arrives.
- Determine radiographic priorities per physician in charge.
- Ensure at least 2 additional aprons are in trauma room and available for emergency department staff.
- Develop films and immediately take them to the trauma room.
- Inquire if CT will be needed; call in/notify CT tech to prepare for emergency scan.
- Copy radiographs if patient will be transferred; ensure originals accompany the patient.

## **Health Unit Coordinator**

- Activate trauma team upon notification of TTA for the field; confirm all team members have arrived. Record arrival times.
- Determine if additional medical staff will be needed.
- Contact receiving trauma hospital as directed by emergency department provider.
- Assemble and copy all documentation for transport team, e.g., chart, labs, x-ray.
- Direct family members to family support person.
- Prepare patient transfer forms and obtain emergency department provider signature if patient is transferred.
- Request security to secure the helicopter landing pad.
- Meet family members; escort them to the family consultation room.
- If the patient is transferred, ensure that family members have transportation and directions to receiving facility.

# Criteria for Consideration of Transfer

## Central Nervous System

- Penetrating injury/open fracture, with or without cerebrospinal fluid leak
- Depressed skull fracture
- GCS <14 or deterioration
- Spinal cord injury or major vertebral injury

## Chest

- Major chest wall injury or pulmonary contusion
- Wide mediastinum or other signs suggesting great vessel injury
- Cardiac injury
- Patients who may require prolonged ventilation

## Pelvis/Abdomen

- Unstable pelvic ring disruption
- Pelvic fracture with shock or other evidences of continuing hemorrhage
- Open pelvic injury
- Solid organ injury

## Major Extremity Injuries

- Fracture/dislocation with loss of distal pulses
- Open long-bone fractures
- Extremity ischemia

## Multiple-System Injury

- Head injury combined with face, chest, abdominal, or pelvic injury
- Burns with associated injuries
- Multiple long-bone fractures
- Injury to more than two body regions

## Co-morbid Factors

- Age >55 years
- Children  $\leq$ 5 years of age
- Cardiac or respiratory disease
- Insulin-dependent diabetes, morbid obesity
- Pregnancy
- Immunosuppression

## Secondary Deterioration (Late Sequelae)

- Mechanical ventilation required
- Sepsis
- Single or multiple organ system failure (deterioration in central nervous, cardiac, pulmonary, hepatic, renal, or coagulation systems)
- Major tissue necrosis

# Transfer Agreement Example

This agreement is made and entered into by and between YOUR FACILITY NAME, CITY, STATE, a nonprofit corporation (hereinafter called "YOUR FACILITY") and RECEIVING FACILITY NAME, CITY, STATE, a nonprofit corporation, (hereinafter called "RECEIVING FACILITY"):

WHEREAS, both YOUR FACILITY and RECEIVING FACILITY desire, by both means of this Agreement, to assist physicians and the parties hereto in the treatment of trauma patients (e.g., burn, traumatic brain injuries, spinal cord injuries, pediatrics); and whereas the parties specifically wish to facilitate: (a) the timely transfer of patients and information necessary or useful in the care and treatment of trauma patients transferred, (b) the continuity of the care and treatment appropriate to the needs of trauma patients, and (c) the utilization of knowledge and other resources of both facilities in a coordinated and cooperative manner to improve the professional health care of trauma patients.

IT IS, THEREFORE, AGREED by and between the parties as follows:

**PATIENT TRANSFER:** The need for transfer of a patient from YOUR FACILITY to RECEIVING FACILITY shall be determined and recommended by the patient's attending physician in such physician's own medical judgment. When a transfer is recommended as medically appropriate, a trauma patient at YOUR FACILITY shall be transferred and admitted to RECEIVING FACILITY as promptly as possible under the circumstances, provided that beds and other appropriate resources are available. Acceptance of the patient by RECEIVING FACILITY will be made pursuant to admission policies and procedures of RECEIVING FACILITY.

YOUR FACILITY agrees that it shall:

Notify RECEIVING FACILITY as far in advance as possible of transfer of a trauma patient.

Transfer to RECEIVING FACILITY the personal effects, including money and valuables and information relating to same.

Make every effort within its resources to stabilize the patient to avoid all immediate threats to life and limbs. If stabilization is not possible, YOUR FACILITY shall either establish that the transfer is the result of an informed written request of the patient or his or her surrogate or shall have obtained a written certification from a physician or other qualified medical person in consultation with a physician that the medical benefits expected from the transfer outweigh the increased risk of transfer.

Affect the transfer to RECEIVING FACILITY through qualified personnel and appropriate transportation equipment, including the use of necessary and medically appropriate life support measures.

YOUR FACILITY agrees to transmit with each patient at the time of transfer, or in the case of emergency, as promptly as possible thereafter, pertinent medical information and records necessary to continue the patient's treatment and to provide identifying and other information.

RECEIVING FACILITY agrees to state where the patient is to be delivered and agrees to provide information about the type of resources it has available.

Bills incurred with respect to services performed by either party to the Agreement shall be collected by the party rendering such services directly from the patient, third party, and neither party shall have any liability to the other for such charges.

This agreement shall be effective from the date of execution and shall continue in effect indefinitely. Either party may terminate this agreement on thirty (30) days notice in writing to the other party. If either party shall have its license to operate revoked by the state, this Agreement shall terminate on the date such revocation becomes effective.

Each party to the Agreement shall be responsible for its own acts and omissions and those of their employees and contractors and shall not be responsible for the acts and omissions of the other institutions.

Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any hospital or nursing home on either a limited or general basis while this agreement is in effect.

Neither party shall use the name of the other in any promotional or advertising material unless review and written approval of the intended use shall first be obtained from the party whose name is to be used.

This agreement shall be governed by the laws of the State of Minnesota. Both parties agree to comply with the Emergency Medical Treatment and Active Labor Act of 1986, and the Health Insurance Portability and Accountability Act of 1996 and the rules now and hereafter promulgated thereunder.

This Agreement may be modified or amended from time to time by mutual agreement of the parties, and any such modification or amendment shall be attached to and become part of the Agreement.

YOUR FACILITY

RECEIVING FACILITY

SIGNED BY:

SIGNED BY:

DATE:

DATE:

# Sample Trauma Program Medical Director Job Description

**Job Title:** Trauma Program Medical Director

**Reports to:** Chief of Medical Staff

## **Qualifications:**

1. MD, PA or NP.
2. Member in good standing of the hospital or clinic medical staff.
3. Currently certified in Advanced Trauma Life Support (ATLS).
4. Three years clinical experience in emergency/trauma care.
5. Two years administrative experience.
6. Ability to establish and maintain effective interpersonal relationships.
7. Ability to accept and implement change.
8. Ability to solve problems and make decisions.
9. Demonstrated history of positive relations with colleagues, support staff, hospital-based providers, administrators, and patients.

**Nature and Scope:** The Trauma Medical Director is responsible for the ongoing development, growth and oversight/authority of the Trauma Program. The Trauma Medical Director is responsible for promoting high standards of practice through development of trauma policies, protocols and practice guidelines; participating in performance improvement monitoring; and oversee staff education. He/she has authority to act on all trauma performance improvement and administrative issues and critically review trauma deaths and complications that occur within the center. Decisions affecting the care of trauma patients will not be made without the knowledge, input and approval of the Trauma Medical Director.

## **Principal Duties and Responsibilities:**

### Administration:

- Participate in the research, development and writing of trauma policies, protocols and practice guidelines.
- Implement all trauma program policies and procedures as they pertain to patient care.
- Organize, direct and integrate the trauma program with all other departments and services within the hospital.
- Promote a cooperative and collaborative working environment among the clinical disciplines involved in trauma care.
- Maintain an effective working relationship with the medical staff, trauma service staff, administration and other departments.
- Assess need for equipment, supplies, and budget
- Assist the Trauma Program Coordinator in developing and meeting the trauma program budgetary goals.
- Oversee, participate in, and develop projects that ensure the cost-effectiveness of care provided by physicians and hospital.

### Program Initiatives:

- Develop and provide input on the development and maintenance of practice guidelines, policies, and methodologies for medical/surgical trauma care.
- Participate in site review by regulatory agencies.
- Organize, direct and implement departmental practices to assure continued compliance with applicable laws including the guidelines established by the Idaho Time Sensitive Emergency System.
- Demonstrate positive interpersonal relationship with colleagues, referral MDs, hospital personnel, and

patients/families in order to achieve maximum operational effectiveness and customer satisfaction.

- Assure transfer agreements are in place and in good standing; maintain relationship with receiving facilities; and foster collaborative relationships.
- Make appropriate referrals for specialty services and communicate regularly with referring physicians as appropriate.
- Provide trauma care leadership and consultation for emergency, surgery and intensive care unit departments.
- Participate in regional and statewide activities affecting the trauma program.
- Attend local and national meetings and conferences to remain current regarding issues relevant to the performance of duties.
- Demonstrate consistent, efficient, cost effective, and quality trauma care at all times.
- Participate in trauma patient/family satisfaction projects as developed by hospital.

#### Performance Improvement:

- Determine and implement PI activities appropriate to the trauma program.
- Oversee the trauma PI program and participate in other quality initiatives that deal with the care of injured patients.
- Review and investigate all trauma PI inquiries in collaboration with the Trauma Program Manager and refer to the appropriate committees.
- Monitor compliance with trauma treatment guidelines, policies and protocols.
- Assure that the quality and appropriateness of patient care are monitored and evaluated and that appropriate actions based on findings are taken on a consistent basis.
- Report quality of care issues promptly to appropriate individuals, including Trauma Program Manager and hospital administration.
- Identify and correct deficiencies in trauma care policies, guidelines and protocols.
- Consult with appropriate medical staff and administration regarding quality care issues and adverse outcomes; identify areas to improve patient care.
- Assure that continuum of care is maintained.
- Identify representatives from various disciplines appropriate to participate in PI activities.
- Coordinate, schedule, and facilitate the PI peer review process.
- Assist the Trauma Program Manager in evaluating the effectiveness of corrective actions resulting from PI processes.

#### Clinical Education:

- Support the requirements for trauma CME by participating and assisting in the education and training of center personnel physicians and specialists.
- Provide education for hospital staff regarding trauma program policies and appropriate medical practices.

#### Community Outreach:

- Maintain relations with community organizations and legislative bodies whose activities relate to trauma care and injury prevention.
- Participate in hospital outreach activities as requested by administration.
- Develop and participate in trauma community education and injury prevention activities.
- Function as a liaison to other centers within the region.

# Sample Trauma Program Manager Job Description

**POSITION:** *Trauma Program Manager*

**REPORTS TO:** *Trauma Medical Director*

## **KEY RESPONSIBILITIES:**

Provide leadership and support to trauma team and trauma medical director.

Coordinate the allocation of unit resources and nursing staff.

Support a positive, professional working environment.

## **EDUCATION/LICENSURE:**

Graduate from an accredited school of nursing.

Licensed and currently registered as an RN in the state of Idaho.

Must maintain competency and continuing education in area of specialization and in professional practice.

Has taken and passed ACLS and TNCC at least once.

## **QUALIFICATIONS:**

3-5 years of clinical emergency department experience is required.

## **PHYSICAL DEMANDS AND WORK REQUIREMENTS:**

Demonstrate good oral and written communication skills.

Able to care for patients with infectious diseases.

Ability to sit for 3-5 hours per day.

Able to stand for 3-5 hours per day.

Ability to walk for 3-5 hours day.

## **Behavioral Expectations**

- 1.1 Adhere to facility standards for courtesy, respect, privacy, communication, responsiveness, teamwork, professionalism, and safety.
- 1.2 Embrace organization's mission, vision and values.
- 1.3 Act as a role model to staff.

## **Patient Care**

- 2.1 Coordinate with physicians, nurses, and other hospital staff to evaluate and address specific patient care issues.
- 2.2 Assess the needs for policies procedures, guidelines, supplies and equipment relating to the care of

trauma patients in coordination with the Trauma Medical Director, hospital administration and clinicians.

- 2.3 Participate in community trauma education and prevention programs.
- 2.4 Participate in case review.
- 2.5 Responsible for trauma education of nursing staff.
- 2.6 Serve as an internal resource for staff in all departments to network in order to provide high quality trauma patient care.
- 2.7 Act as an extended liaison for EMS agencies and the community.
- 2.8 Develop inter-facility systems with other providers through procedure consistency.
- 2.9 Participate in trauma care at the community, state, and/or national levels.

### **Performance Implementation/Improvement**

- 3.1 Assist the Trauma Medical Director and hospital administration in the development, implementation, and evaluation of a quality plan that is multi-disciplinary and focused on patient outcomes.
- 3.2 Coordinate the identification, investigation, reporting, and follow-up of incidents and quality issues throughout the program, while maintaining confidentiality.
- 3.3 Assist with performance improvement activities on the unit, auditing documentation as appropriate.
- 3.5 Supervise the collecting of data entered into the TSE registry.
- 3.6 Utilize data to facilitate performance improvement activities and trend reports while protecting confidentiality.

### **Education**

- 4.1 Keep abreast of happenings on assigned nursing unit as documented by attendance at 75% of staff meetings or initialing meeting minutes and demonstrating knowledge and understanding of current information.
- 4.2 Complete annual mandatory hospital education.

## Trauma PI Tracking Form

Demographics	Source of Information	Location of Issue
<p>Date of Report:</p> <p>Medical Record #:</p>	<p><input type="radio"/> Trauma Program Manager</p> <p><input type="radio"/> Nurse Manager</p> <p><input type="radio"/> Staff Nurse</p> <p><input type="radio"/> Physician</p> <p><input type="radio"/> Patient relations</p> <p><input type="radio"/> Rounds</p> <p><input type="radio"/> Multi-disciplinary conference</p> <p><input type="radio"/> Registry</p> <p><input type="radio"/> QA/QI chart audit</p> <p><input type="radio"/> Other: _____</p>	<p><input type="radio"/> EMS</p> <p><input type="radio"/> ED</p> <p><input type="radio"/> OR</p> <p><input type="radio"/> ICU/PACU</p> <p><input type="radio"/> Floor</p> <p><input type="radio"/> Radiology</p> <p><input type="radio"/> Lab</p> <p><input type="radio"/> Rehab</p> <p><input type="radio"/> Other: _____</p>
<p>Complication, problem or complaint:</p>		
<p>Date of review:</p>	<p>Reviewed by:</p>	
<p><b>Determination:</b></p> <p><input type="radio"/> System-related</p> <p><input type="radio"/> Disease-related</p> <p><input type="radio"/> Provider-related</p> <p><input type="radio"/> Unable to determine</p>		<p><b>Preventability:</b></p> <p><input type="radio"/> Non-preventable</p> <p><input type="radio"/> Potentially preventable</p> <p><input type="radio"/> Preventable</p> <p><input type="radio"/> Unable to determine</p>
<p><b>Corrective action:</b></p> <p><input type="radio"/> Not necessary</p> <p><input type="radio"/> Trend/track similar occurrences</p> <p><input type="radio"/> Education</p> <p><input type="radio"/> Guideline/protocol</p>		<p><input type="radio"/> Peer review</p> <p><input type="radio"/> Counseling</p> <p><input type="radio"/> Resource enhancement</p> <p><input type="radio"/> Privilege/credentialing review</p> <p><input type="radio"/> Other: _____</p>
<p><b>Action Plan:</b></p>		
<p>Signature:</p>		<p>Date:</p>



# Additional Resources

## Links to Additional Resources

American Burn Association: [www.ameriburn.org](http://www.ameriburn.org)

American College of Surgeons – Committee on Trauma: <http://facs.org/trauma/index.html>

American Trauma Society: [www.amtrauma.org](http://www.amtrauma.org)

Association for the Advancement of Automotive Medicine: <http://aaam.org/>

Centers for Disease Control & Prevention, Guidelines for the Field Triage for the Injured Patient: <http://www.cdc.gov/FieldTriage/>

Eastern Association for the Surgery of Trauma: <http://www.east.org/resources/treatment-guidelines/triage-of-the-trauma-patient>

Emergency Nurses Association: [www.ena.org](http://www.ena.org)

Resources for the Optimal Care of the Injured Patient 2006:

<https://web4.facs.org/ebusiness/ProductCatalog/ProductCategory.aspx?id=26>

Society of Trauma Nurses: <http://www.traumanurses.org/>