

FACILITY PREPARATION FOR TRAUMA SITE SURVEY FACILITY WALK THROUGH

State of Wisconsin

The following are some (not all) questions that may be asked by a site reviewer during a Trauma Care Facility site review visit.

EMERGENCY ROOM

The entire survey team will visit the Emergency Room! *You may be asked to initiate a trauma activation to assemble individual team members for questions.*

Management Questions

- How are trauma activations initiated?
- Are guidelines posted?
- Is staff aware of the activation protocols?
- Who initiates the trauma activation? How do you communicate with Emergency Medical Services (EMS)?
- How have you educated your staff on their role in trauma activation and resuscitation of trauma patients?
- Where is the posted call schedule for trauma?
- Where is the back up schedule for trauma?
- Where is the posted call schedule for neurosurgery, orthopedic surgery?
- Define roles and relationships between trauma surgeons and emergency medicine physicians.
- Are response times monitored? By who?
- Describe how delays are addressed.
- Does the Emergency Department participate in Trauma Performance Improvement and Patient Safety?
- If a specific PIPS issue arose for a trauma patient who would you address this with?
- Name your Trauma Program Manager.
- Name your Trauma Medical Director.
- What is turn around time for labs, CT scans, portable films?
- Do you have an over read process for X-rays? Describe.
- When was your last disaster drill? What lessons did you all learn from it?
- How is EMS integrated in the Performance Improvement Patient Safety (PIPS) process?

Staff Questions

- What are the most common causes of delays in the evaluation and disposition of trauma patients?
- Are the surgeons responding in the defined times?
- How many nurses respond to trauma resuscitations?
- Describe what extra training you have had to care for trauma patients.
- What is the turn around times for CT scans?
- Who goes to CT with the patient and is the patient monitored?
- How do you get drugs for rapid sequence intubations?
- What are the documentation requirements for patients who travel to the CT scanner?
- How is additional staff acquired?
- Show me the equipment for pediatric patients.
- Can you regulate the temperature in the trauma room?
- Where are the trauma standards of care?
- What continuing trauma education have you attended in the past 6 months?
- What is your role in disaster management?
- Show me the following equipment...may look for specific equipment.

IF THE TRAUMA TEAM IS ACTIVATED IT WILL BE FOR A LEVEL ONE (FULL TRAUMA TEAM RESPONSE)

FACILITY PREPARATION FOR TRAUMA SITE SURVEY FACILITY WALK THROUGH

State of Wisconsin

The reviewer will record the time of the call and the time team members arrive. Their name and roles will be identified. They will be asked the following:

- What is your role in resuscitation of trauma patients?
- What training have you been given to respond to trauma resuscitations?

RADIOLOGY

Purpose: The review team may split up to maximize time; they will be looking at reviewing the physical layout, services, manpower and hours of operation for the Radiology department.

- What is the turn around time for a portable film?
- Is there a radiology response time established for trauma activations?
- Does radiology participate in Trauma Performance Improvement and Patient Safety?
- Is the CT technician in house 24/7?
- Who accompanies the patient to the CT scan?
- When was the last time you had an incident with a trauma patient in the CT scanner, such as a cardiac arrest?
- Where is the resuscitation equipment?
- What number do you call for cardiac arrest?
- Do you use nighthawk-reading service? If so what is the turn around time for a CT scan?
- Describe your over read process.
- If you had a performance improvement or patient safety issue for a trauma patient who would you contact to report this?

BLOOD BANK

Purpose: To review the number of units available, procedure for obtaining uncross matched blood, and to review the massive transfusion protocol.

- What is the turn around time for uncross matched blood for trauma patients in Emergency Department (ED), Operating Room (OR), and/or Intensive Care Unit (ICU)?
- What is the procedure to obtain uncross matched blood in the ED/OR for trauma patients?
- Is blood sent to the ED for a Level 1 alert?
- If so, how much?
- Who initiates the massive transfusion protocol?
- What products are released with the massive transfusion protocol?
- Do you have factor VII?

PATHOLOGY

- What are the hours of operation?
- What is the turn around times for blood gasses?
- Can you do blood alcohol screening?
- What is the turn around times for clotting studies?

RESPIRATORY THERAPY

The team will usually not visit the department but will ask questions in the ED/ICU.

- How are you integrated into the trauma activation process?
- What is your role in trauma resuscitations?
- How are you prepared and credentialed to participate in the trauma activations and in the care of trauma patients through the continuum of care?

FACILITY PREPARATION FOR TRAUMA SITE SURVEY FACILITY WALK THROUGH State of Wisconsin

- How do you monitor end tidal CO₂?
- Are you integrated in the trauma PI process?

OPERATING ROOM

Purpose: To assess Operating Room readiness, the Operating Room triage process, and the trauma attending presence in the Operating Room.

This extremely important visit is usually completed by a trauma surgeon.

- Do you have a trauma room open 24/7?
- Which one is it? (They may put on a jump suit and go to the room.)
- How is uncross matched blood accessed in the OR?
- Do you have a massive transfusion protocol?
- Who initiates the protocol?
- Are you integrated in the Performance Improvement Patient Safety (PIPS) process?
- What are your educational requirements to care for trauma patients?
- Where do you recover a sick trauma patient?
- Who triages the trauma patients in the event of multiple patients?
- What is your role in a disaster?
- The OR log may be reviewed.
- Do you have warming equipment in the OR?
- Are IV pumps, etc. from the ED still able to be used?
- How many anesthesiologists are in the hospital after hours?
- What is the process for calling the “next” OR team?
- How many OR teams are there in house?
- Do you provide OR coverage 24/7?

INTENSIVE CARE UNIT

Purpose: To review the Intensive Care Unit team’s role in trauma management.

- Describe critical care bed triage, resource availability and education/credentialing of staff.
- Who evaluates the bed status and can open beds for trauma patients?
- What is your nurse to patient ratio?
- Which physician provides oversight for trauma patients?
- Is the trauma physician available when called?
- A patient has fractured ribs; lung contusion with emphysema and during the night de-saturates, has diminished lung sounds on the affected side and is hypotensive. Who will you call?
- What is your turn over ratio?
- Do you have multi disciplinary rounds? Do nurses participate?
- Do you have access to continuing trauma education?
- What is your role in organ donation?
- Are you familiar with the massive transfusion protocol?
- Does physical therapy participate in rounds every day?
- Is the ICU integrated in the PIPS process?
- Where are the trauma standards of care?
- Do nutritional services consult on the trauma patient?
- Define the pharmacy role in the ICU.
- What resources are available for psychosocial issues in your unit?
- Is there any best practice guideline followed in the ICU?
- What would make your job easier?

FACILITY PREPARATION FOR TRAUMA SITE SURVEY FACILITY WALK THROUGH

State of Wisconsin

PATIENT UNIT

Purpose: To review the in-patient unit role in trauma management resources availability, protocols, discharge planning, and access to rehabilitation.

- What are the experience and credential requirements for nurses to work on your unit?
- Is continuing trauma education available to your staff?
- Does staff have the opportunity to participate in injury prevention and outreach education?
- What is your role in disaster management?
- Do you attend the PIPS meetings for trauma?
- Explain the discharge process?
- How are alcohol injuries addressed?
- Is trauma management integrated in the orientation process?
- Who coordinates discharge planning?
- Are social services involved and available for trauma patients?
- Where are trauma standards of care?
- Define the orthopedic surgeons' participation with trauma patients on the unit.
- Are there problems accessing rehabilitation beds?
- Are there standards for deep venous thrombosis prevention in trauma patients?
- Are there established procedures for spinal cord injuries?
- Are there established protocols for head injuries?
- Describe the C-spine clearance protocol.

ADMINISTRATION

- Does the board of managers support the trauma program?
- Does the medical staff support the trauma program?
- Do you have written resolutions for these?
- Do you have transfer agreements for trauma?
- Do you have written transfer agreements for pediatric patients?
- How many trauma patients were transferred out in the last 12 months?
- Do you have a strategic plan?
- Is trauma in the strategic plan?
- What regional and state committees do your trauma staff participate in?
- Define your facilities role in disaster management
- Define your facilities role in regional and state system trauma development.
- How have you educated your board on trauma?
- Do you charge UB64X for trauma activations?
- Does trauma have its own budget?
- Do you allow your staff to sit on regional and state committees for trauma?
- Do you facilitate trauma education?

INJURY PREVENTION

- Do you have an injury prevention officer?
- Is this a funded position?
- Is it full time?
- How do you define which programs you target?
- Are injury prevention activities evaluated for effectiveness?
- How are alcohol injuries addressed?
- What multi-institutional activities have you participated in during the last 12 months?

**FACILITY PREPARATION FOR TRAUMA SITE SURVEY FACILITY WALK THROUGH
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TRAUMA EDUCATION AND OUTREACH

- Define trauma outreach programs the facility has sponsored.
- Define follow up that is provided to hospitals that transfer patients to you.

TRAUMA PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS)

- Who manages the PIPS process?
- Define how a process is reviewed and processed.
- Define improvements made as a result of the trauma performance improvement process.
- Define indicators used.
- Define physician involvement in the process.