



TRAUMA CENTER DESIGNATION SCORING TOOL LEVEL IV

**Bureau of Emergency Medical Services and Trauma System
150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007
(602) 364-3158**

Health Care Institution Information

Name of Health Care Institution:

Address:

City:

County:

State:

Zip:

Phone No.:

Fax No.:

Institution AZ License No.:

Administrative Unit of the U.S. Government (specify):

Administrative Unit of a Sovereign Tribal Nation (specify):

Date of Site-Survey:

Survey Team Members:

Print Name:

Signature:

Print Name:

Signature:

Print Name:

Signature:

Print Name:

Signature:

Print Name:

Signature:

SITE REVIEWER INSTRUCTIONS

The Arizona Department of Health Services (ADHS), Bureau of Emergency Medical Services and Trauma System, is requesting your assistance in meeting two goals during trauma center designation application review.

- The first goal is to determine whether the facility has the required resources and commitment for Level IV trauma center designation.
- The second goal is to provide information so the facility may improve trauma patient care.

The following scoring tool was designed to assess a facility's ability to meet the state standards. The facility must show commitment to providing the necessary resources for trauma patient care according to the criteria listed in Exhibit I of the Trauma Center Designation rules. To fully assess whether a facility has met the state standards for trauma center designation, the following sources of information may be used: 1) facility staff interviews; 2) a physical tour of the facility; and 3) patient medical records, quality improvement documents; 4) CME and credentialing files; and 5) other pertinent documents related to the facility's trauma care provided by the facility except for peer-reviewed documents privileged under A.R.S. §§ 36-445.01 and 36-2403, including quality management reports and supporting documentation for the reports.

The ADHS will use your information and recommendations in its trauma center designation decision. These legal decisions may be controversial and could result in appeal and/or further review. Careful documentation is imperative, as your descriptions will validate ADHS decisions. Whenever possible, please refer specifically to people (by name or title), locations, documents, or medical records.

1. Familiarize yourself with this document before the review date.
2. Print legibly.
3. Read each standard carefully, and ask the state observer for clarification when necessary.
4. Check either **Met**, **Met with Reservations**, or **Not Met** for each standard. Document the rationale for any **Met with Reservations or Not Met** ratings. Include evidence to substantiate your findings. Comments must be objective and concise. **Met with reservations** should be used in cases where performance is acceptable with improvement recommended, i.e., where there is evidence of some degree of compliance with standards, but a plan of action/correction is required for full compliance.

NOTE: The ADHS requires 100% compliance for a facility to receive and maintain its trauma center designation. The designation decision process provides an opportunity for facilities to institute corrective action in response to deficiencies identified during the site survey, prior to the Department's final decision.

Trauma Facilities Criteria			
Institutional Organization	Met	Met With Reservations	Not Met
1. Trauma Team			
2. Trauma Coordinator/Trauma Program Manager (Not Required to be full-time)			
Clinical Qualifications	Met	Met With Reservations	Not Met
1. General/Trauma Surgeon			
• ATLS certification			
<p>Note: Not required to have trauma surgeon(s). If general/trauma surgery is provided, this criterion applies. Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.</p>			
2. Emergency Medicine			
• ATLS certification			
<p>Note: This does not apply if emergency medicine physicians do not participate in the care of a hospital's trauma patients. Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.</p>			
Facilities/Resources/Capabilities	Met	Met With Reservations	Not Met
1. Presence of surgeon at operative procedures			
2. Emergency Department			
• Resuscitation Equipment for Patients of All ages			
- Airway control and ventilation equipment			
- Pulse Oximetry			
- Suction Devices			
- Electrocardiograph-oscilloscope-defibrillator			
- Standard intravenous fluids and administration sets			
- Large-bore intravenous catheters			
- Sterile surgical sets for:			
* Airway Control/Cricothyrotomy			
* Thoracostomy			

* Venous cutdown			
- Drugs necessary for emergency care			
- Broselow tape			
- Thermal control equipment			
* For patient			
* For fluids and blood			
- Rapid infuser system			
- Qualitative end-tidal CO2 determination			
• Communication with EMS vehicles			
• Capability to resuscitate, stabilize, and transport pediatric patients			
Note: A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.			
3. Operating Room			
• Thermal Control Equipment			
- For patient			
- For fluids and blood			
• Rapid infuser system			
4. Postanesthetic Recovery Room (SICU is acceptable)			
• Equipment for monitoring and resuscitation			
- Pulse oximetry			
- Thermal control			
5. Clinical Laboratory Service (Available 24 hours/day)			
• Standard analyses of blood, urine, & other body fluids, including microsampling when appropriate			
• Coagulation studies			
• Blood gases and pH determinations			

6. Acute Hemodialysis			
• Transfer agreement			
7. Burn-Care – Organized			
• In-house or transfer agreement with burn center			
8. Acute Spinal Cord Management			
• In-house or transfer agreement with regional acute spinal cord injury rehabilitation center			
Rehabilitation Services	Met	Met With Reservations	Not Met
1. Transfer agreement to an approved rehabilitation facility			
Performance Improvement	Met	Met With Reservations	Not Met
1. Performance Improvement Programs			
2. Trauma Registry			
• In-house			
• Participation in state, local, or regional registry			
3. Audit of all trauma deaths			
4. Morbidity and mortality review			
5. Medical Nursing Unit			
6. Review of times and reasons for transfer of injured patients			
Prevention	Met	Met With Reservations	Not Met
1. Collaboration with existing national, regional, state, and community programs			
Note: This requirement is met through participating in a prevention program organized at the national, regional, state, or local community level.			
Additional Requirements For Trauma Centers Represented As Caring For Pediatric Trauma Patients	Met	Met With Reservations	Not Met
1. Pediatric-specific performance improvement program			
Note: A trauma center is required to comply with all the requirements above, in addition to the requirements (A) through (J) in Exhibit I of the Trauma Center Designation Rules, if the trauma center is represented as caring for pediatric trauma patients. "Represented as caring for pediatric trauma patients" means that a trauma center's availability or capability to care for pediatric trauma patients is advertised to the general public, health care providers, or emergency medical services providers through print media, broadcast media, the Internet, or other means such as the EMSsystem® administered by the Department.			