

Bureau of Emergency Medical Services and Trauma System
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248 602-364-3150

Pre-Survey Questionnaire

Health Care Institution

Name of Health Care Institution (HCI):		
Address:		
City:	State:	Zip:
Main Telephone Number:	Fax Number:	

Administrator

Name:	Telephone Number:
Email Address:	Fax Number:

Director of Nursing

Name:	Telephone Number:
Email Address:	Fax Number:

General Facility Information

Number of licensed hospital beds:	Number of beds in the emergency department:
Number of critical care beds:	
Average daily census of health care institution:	Average daily census of ICU:

Community Information

City population:	County population:
Service Area:	

Chief of Medical Staff

Name:	Telephone Number:
Email Address:	Fax Number:

Medical Staff

Number of active licensed physicians on staff:	Number current in ATLS:	Number held ATLS at one time:
Number of trauma/general surgeons:	Number current in ATLS:	Number held ATLS at one time:

Number of mid-level providers:	Number that have had trauma-specific education/training:
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Pre-hospital System

How are EMS personnel dispatched to the scene of an injury?		
What modes of prehospital transportation are available in your area?		
What level of prehospital service is provided in your community?		
How and by whom is EMS dispatched?		
Have EMS received specific trauma training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		
Are there written prehospital trauma team activation criteria?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have EMS received specific trauma activation training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		
Are there quality improvement activities with the health care institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Identify the number and level of other health care institutions capable of providing trauma care within a 50-mile radius of your health care institution:		

Trauma Service/Program

Is there an identifiable trauma service/program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there an identified Trauma Director?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trauma Director's Name:	Telephone Number:	
E-mail Address:	Fax Number:	
Is there an identified Trauma Coordinator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trauma Coordinator's Name:	Telephone Number:	
E-mail Address:	Fax Number:	
Is there an identified Trauma Registrar?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trauma Registrar's Name:	Telephone Number:	
E-mail address:	Fax Number:	
Is there a trauma quality improvement program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Trauma Team

Are there written trauma team activation criteria?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can EMS activate the trauma team from the field?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Are there written trauma team roles and responsibilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there physician response time requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there an emergency department trauma flow-sheet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have trauma team members been provided trauma-specific Training (TNCC, ATS)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		

Specialty Coverage (if applicable)

Do you provide trauma / general surgery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how many surgeons take trauma call:		
Do you provide orthopedic surgery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how many take trauma call:		
Do you have anesthesia services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how many take trauma call:		

Emergency Department

Emergency Department Medical Director's Name:	Telephone Number:	
Email Address:	Fax Number:	
How is the department staffed by nursing and ancillary personnel (number and type of personnel, on-call)?		
How is medical staff coverage provided?		
Is there a patient log?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the log identify the trauma patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are the prehospital providers utilized in the ED during a Trauma resuscitation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there written trauma patient care guidelines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the appropriate trauma resuscitation equipment to manage airway, cervical spine, breathing, and circulation emergencies available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the appropriate trauma resuscitation thermal control equipment available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there trauma-specific education provided for the staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		
Are there quality improvement activities regarding trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Radiology (if applicable)

How is the department staffed (number and type of personnel, on-call)?		
Is portable x-ray available in the ED resuscitation area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Are the films evaluated through a quality improvement process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there computerized tomography available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there MRI available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there tele-radiology available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, percentage of reads that are over-read, and by whom:		
Who accompanies the trauma patient to the radiology department?		
Is there a radiologist on-call?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Laboratory

How is the department staffed (number and type of personnel, on-call)?		
Is there standard analysis of blood, urine, and other body fluid available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the laboratory provide microsampling analysis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there the ability to analyze blood gases?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there blood products available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, what is available?		
Is non-crossmatched blood available for the trauma patient upon admission in the emergency department?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a massive transfusion protocol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Operating Room (if applicable)

How is the department staffed (number and type of personnel, on-call)?		
How is anesthesiology services provided for the facility?		
Is there thermal control equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is trauma related education provided for the staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		
Is there quality improvement activities related to trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Post Anesthesia Recovery Room (if applicable)

How is the department staffed (number and type of personnel, on-call)?		
Where is the critical trauma patient recovered?		
Is there equipment for patient monitoring and patient resuscitation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Critical Care Unit (if applicable)

How is the department staffed (number and type of personnel, on-call)?		
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Are there written trauma patient care guidelines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the appropriate trauma resuscitation equipment to manage airway, cervical spine, breathing, and circulation emergencies available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the appropriate trauma resuscitation thermal control equipment available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there trauma-specific education provided for the staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		
Is there quality improvement activities related to trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Trauma Inter-facility Transfers

Name of facilities routinely involved in inter-facility transfer:		
Are there written transfer agreements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there written trauma patient transfer guidelines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Primary mode of transportation used for inter-facility transfers:		
Name of aero-medical service(s) your facility primarily uses:		
Is there quality improvement activities related to trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Prevention

Does your facility participate in/provide injury prevention activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		

Pediatrics

Are there pediatric specific education courses provided for prehospital personnel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there pediatric specific education courses provided for nursing staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there pediatric specific education courses provided for medical staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there appropriate pediatric resuscitation equipment available in the emergency department?	YES <input type="checkbox"/>	NO <input type="checkbox"/>