



# ONE YEAR PROGRESS REPORT FOR “IN THE PROCESS” LEVEL III TRAUMA CENTER

State Form 55789 (R / 8-15)



### APPLICANT INFORMATION

Legal name of hospital
Previously known as <i>(if applicable)</i>
Mailing address <i>(no PO Box) (number and street, city, state, and ZIP code)</i>
Date “In the Process” status was granted for Level III Adult <i>(month, day, year)</i>
Hospital’s status in applying for ACS verification as a trauma center <i>(including Levels being pursued and date of scheduled ACS verification visit)</i>

### TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION

Name		Title
Office telephone number ( )	Cellular telephone / pager number ( )	E-mail address

### TRAUMA PROGRAM MANAGER / COORDINATOR INFORMATION

Name		Title
Office telephone number ( )	Cellular telephone / pager number ( )	E-mail address

### ATTESTATION

In signing this application, we are attesting that all of the information contained herein is accurate and that we and our attending hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and Indiana State Department of Health regarding our status under this program.

Signature of chief executive officer	Printed name	Date <i>(month, day, year)</i>
Signature of trauma medical director	Printed name	Date <i>(month, day, year)</i>
Signature of trauma program manager	Printed name	Date <i>(month, day, year)</i>

Hospitals that were granted status as an "in the process" Level III Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health (ISDH) and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

<p><b>1. Trauma Medical Director.</b> The Trauma Medical Director must maintain an appropriate level of trauma-related extramural continuing medical education (Sixteen (16) hours annually or forty-eight (48) hours over three (3) years).</p>	
<p>Has the Trauma Medical Director maintained sixteen (16) hours of trauma related extramural continuing medical education since granted "in process" Level III Trauma Center status?</p> <p><i>Provide the Trauma Medical Director's certificates for continuing medical education events since granted "in process" Level III Trauma Center status.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2. Submission of trauma data to the State Registry.</b> The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within thirty (30) days prior to application submission to ISDH and at least quarterly thereafter.</p>	
<p>Has your hospital submitted trauma data to the State Registry quarterly since granted "in process" Level III Trauma Center status?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3. Trauma Registrar.</b> Evidence must be submitted that the trauma registrar has attended two courses within twelve (12) months of being hired.</p>	
<p>1. American Trauma Society's Trauma Registrar Course or equivalent provided by state trauma program. AND</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Association of the Advancement of Automotive Medicine's Injury Scaling Course.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Trauma Surgeon response times.</b> Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons.</p>	
<p>Have your Trauma Surgeon's maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted "in process" Level III Trauma Center status?</p> <p><i>Provide your hospital's Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).</i></p> <p><i>Provide your hospital's monthly Trauma Surgeon physician call schedules since granted "in process" Level III Trauma Center status</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have the Trauma Surgeons maintained sixteen (16) hours of trauma related extramural continuing medical education since granted "in process" Level III Trauma Center status?</p> <p><i>Provide the Trauma Surgeons' certificates for continuing medical education events since granted "in process" Level III Trauma Center status.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5. Diversion policy.</b> The hospital must not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.</p>	
<p>Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status?</p> <p><i>Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>6. In-house Emergency Department physician coverage.</b> The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.</p> <p><b>Neurosurgery, if applicable.</b> The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. If neurologically injured patients are admitted for at your facility, please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status.</p> <p><b>Orthopedic Surgery.</b> There must be an orthopedic surgeon on call and promptly available twenty-four (24) hours per day.</p> <p><b>Critical Care Physician coverage.</b> Physician coverage of the ICU must be available within thirty (30) minutes, with a formal plan in place for emergency. There must be emergency coverage in-house twenty-four (24) hours per day.</p>	
<p>Have your Emergency Department have the appropriate number of physicians to ensure immediate care for injured patients?</p>	<p>Emergency Medicine: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>If neurologically injured patients are admitted for at your facility, <i>please provide your hospital's Neurosurgery physician call schedules since granted "in process" Level III Trauma Center status.</i></p>	<p>Neurosurgeons: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage twenty-four (24) hours per day since granted "in process" Level III Trauma Center status?</p>	<p>Orthopedic Surgeons: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><i>Provide your hospital's monthly Emergency Medicine, Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.</i></p>	<p>Critical Care Physicians: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

**7. Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee that meets at least quarterly.

Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level III Trauma Center status?  Yes  No

*Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).*

**8. Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses. This committee must meet at least quarterly.

Has your Trauma Peer Review Committee met at least quarterly since granted "in process" Level III Trauma Center status?  Yes  No

Have the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status?

*Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).*

Trauma Medical Director:  Yes  No

General Surgeon:  Yes  No

Orthopedic Surgeon:  Yes  No

Neurosurgeon:  Yes  No

Emergency Medicine:  Yes  No

Anesthesia:  Yes  No

**9. Trauma Volumes.** Complete the following tables. Do not include DOA's and direct admits.

Injury Severity and Mortality					
ISS	Total Number of Admissions	Number of Deaths from Total Trauma Admissions	Percent Mortality from Trauma Admissions	Number Admitted to Trauma Service	Number of Trauma Patients Transferred Out
0-9					
10-15					
16-24					
≥ 25					
Total					

Total Number of Trauma Patients Transferred Out	Average Time to Transfer (Arrival to Transfer)	Total Number of Trauma Patients Transferred after 120 Minutes	Total Number of Trauma Patients Admitted to Your Facility with an ISS >25
	minutes		

# TRAUMA PEER REVIEW COMMITTEE MEETINGS

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Total number of Trauma Peer Review  
Committee meetings held last year:

1. Please enter the total number of Trauma Peer Review Committee Meetings held.
2. Place all meeting dates in the Date columns.
3. List all committee members in the first column with their attendance recorded in appropriate columns.
4. Enter the number of meetings attended in the Overall Attendance column. To calculate the Overall Attendance Percentage, divide the Overall Attendance by the total number of meetings held.

Name of Committee Member	Specialty Represented	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Overall Attendance	Overall Attendance Percentage

**OPERATIONAL PROCESS PERFORMANCE  
COMMITTEE MEETINGS**

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Total number of Operational Process  
Performance Committee meetings  
held last year:

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1. Please enter the total number of Operational Process Performance Committee Meetings held.
2. Place all meeting dates in the Date columns.
3. List all committee members in the first column with their attendance recorded in appropriate columns.
4. Enter the number of meetings attended in the Overall Attendance column. To calculate the Overall Attendance Percentage, divide the Overall Attendance by the total number of meetings held.

Name of Committee Member	Specialty Represented	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Date <i>(month, day, year)</i>	Overall Attendance	Overall Attendance Percentage

## **RESPONSE TIMES**

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<b>Name</b>	<b>Number of Highest Level Actions</b>	<b>Number with Surgeon Response within Required Timeframe</b> ( <i>Fifteen (15) minutes for Levels 1 and 2, thirty (30) minutes for Level 3.</i> )	<b>Percentage within Required Response Timeframe</b> ( <i>ACS Benchmark = &gt;80% compliance</i> )

**EMERGENCY DEPARTMENT PHYSICIANS**

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<b>Name</b>	<b>Type of Board Certification</b>	<b>Date of Expiration (month, day, year)</b>	<b>Advanced Trauma Life Support (ATLS) Status (In = Instructor; P = Provider)</b>	<b>Date of Expiration (month, day, year)</b>

**DIVERSION LOG**

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Day of Week	Date ( <i>month, day, year</i> )	Time On	Time Off	Total Time on Diversion	Reason