Edition 2025

Level III Trauma Center

2025 Renewal Application

IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

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About the Idaho TSE System

Why a TSE Branch?

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 (a.k.a. STEMI). 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 Branch work?

The Idaho Military Division provides support for the day-to-day operation of the Time Sensitive Emergency (TSE) Branch. A governor-appointed TSE Council made up of healthcare providers and administrators and EMS agencies representing both urban and rural populations is responsible for establishing Rules and Standards for the Idaho 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 TSE Regional Committee made of EMS providers, healthcare 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 TSE Regional Committees will have the ability to establish guidelines that best serve their specific community as well as providing a feedback loop for EMS and healthcare providers.

What guiding principles are the foundation of the Idaho TSE System?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wanting 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 is a center verified, and how much does it cost?

A center is verified every three years and an onsite survey is required for every verification process. The onsite survey fee is $3,000 and must be submitted with the application. Once the center is designated, the designation fee can be in three annual payments of $8,000.

Whom do I contact about the application process?

Idaho Time Sensitive Emergency Branch
4732 S. Ingalls St., Bldg. 668
Boise, ID 83705-5004
tse@dhw.idaho.gov
https://tse.idaho.gov

TSE Branch Chief Melissa Ball
Melissa.Ball@dhw.idaho.gov
(208) 334-2124

TSE Program Specialist Maegan Kautz
Maegan.Kautz@dhw.idaho.gov
(208) 334-4904

Please do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you in meeting these standards.

Application Process

National Verification

To apply for a designation as a Level III Trauma Center in Idaho **using an approved national accredited body for verification**, please do the following:

1. Complete an online application in IGEMS. Submit one application per facility.
   A completed application includes:
   a. Personnel and Facility Profiles
   b. Certification Statement
   c. A copy of the verification letter
2. Obtain the required signatures on the Certification Statement.
3. Once the application has been submitted, please contact Maegan Kautz maegan.kautz@dhw.idaho.gov to obtain an invoice.
4. Mail the 1st year designation fee ($8,000) to:

   Make checks payable to Bureau of Emergency Medical Services

   Idaho Military Division
   Bureau of Emergency Medical Services
   Attn: Time Sensitive Emergency Branch
   4732 S. Ingalls St., Bldg. 668
   Boise, ID 83705

The TSE Branch staff will notify you within 10 business days to confirm the receipt of the application and check.

State Verification

To apply for a designation as a Level III Trauma Center in Idaho **using the State of Idaho for verification**, the facility has two options to submit their application.

1. **Option 1**: Print and complete the application in a binder with labeled, tabbed dividers between each section. Mail the binder to address listed below.
2. **Option 2**: Compile the required documents electronically in a folder and ZIP drive the folder and email it. Contact Maegan Kautz maegan.kautz@dhw.idaho.gov if you would like assistance how to ZIP drive a folder.
3. A completed application includes the following:
    a. Personnel and Facility Profiles
    b. Certification Statement
    c. Pre-Survey Questionnaire (PSQ)
    d. Required attachments
4. Obtain the required signatures on the Certification Statement.
5. Use the current edition of the TSE Standards Manual as a reference to understand the designation criteria.
6. Once the application is complete, contact Maegan Kautz to obtain an invoice.
7. Mail the completed application and onsite site survey fee ($1,500) to:

    Make checks payable to Bureau of Emergency Medical Services

    Idaho Military Division
    Bureau of Emergency Medical Services
    Attn: Time Sensitive Emergency Branch
    4732 S. Ingalls St., Bldg. 668
    Boise, ID 83705

The TSE Branch staff will notify you within 10 business days to confirm the receipt of the application and check.

Application

Answer every question (circle either yes or no) and label all attachments. If you require additional space, please include a separate sheet. Utilize the Trauma Clarification Document for more details. Once completed, print and sign the application (i.e. Certification Statement). Please contact the TSE Branch staff if you have any questions or concerns regarding your application.

PERSONNEL PROFILE

Facility Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact:		
Phone:	Email:	

Hospital Administrator/CEO:	
Phone:	Email:
Trauma Program Manager	
Phone:	Email:
Trauma Medical Director	
Phone:	Email

FACILITY PROFILE

Number of ED Beds:

Number of ED Beds Designated for Critical Patients (Trauma, Stroke, STEMI):

Number of Inpatient Beds:

Number of ICU Beds:

Annual ED Volume:

Annual Trauma Volume:

Number of OR Suites:

Local Population Size the Facility Supports:

Name of Nearest Tertiary Facility:

Number of Miles and Approx. Time by Ground:

CERTIFICATION STATEMENT

On behalf of _____ (facility), we voluntarily agree to participate in the Idaho Time Sensitive Emergency System and Idaho TSE Registry as a Level III Trauma Center. We will work with Emergency Medical Services (EMS) and other facilities 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 III Trauma Center.
C. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of service we have committed to in this application.

Chair, Governing Entity/Board	Date
Chief Executive Officer	Date
Chief of Medical Staff	Date

PRE-SURVEY QUESTIONNAIRE

1. Trauma System

1.1 Does the center's trauma program staff have sufficient involvement in regional trauma system planning, development, and operation? Yes No

1.2 Is there a current resolution supporting the trauma center from the medical staff? Yes No

The Certification Statement will suffice as supporting documentation.

1.3 Is there a current resolution supporting the trauma center from the hospital board? Yes No

The Certification Statement will suffice as supporting documentation.

1.4 Is there sufficient infrastructure, staff, equipment, and support to the trauma program to provide adequate care? Yes No

Explain:

1.5 Does the trauma program have adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care? Yes No

Attach supporting documentation.
Organizational Chart

2. Description of the Trauma Center

2.1 Are all trauma facilities on the same campus? Yes No

2.2 Is the trauma program empowered to address issues that involve all applicable disciplines? Yes No

2.3 Does the center provide 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 or admission? Yes No

2.4 Do you admit more than 100 injured children annually? Yes No

If yes, do you have a pediatric Emergency Department (ED) area, a pediatric intensive care area, appropriate resuscitation equipment, and a pediatric-specific trauma Performance Improvement and Patient Safety (PIPS) program? Yes No

Provide annual volume of admitted children.

Annual Volume: _____

2.5 Does the center provide some means of referral and access to trauma center resources? Yes No

Explain:

Trauma Leadership

2.6 Does the trauma program have a Trauma Medical Director with the authority and administrative support to lead the program? Yes No

Attach supporting documentation, if changed in the last 3 years.
Trauma Medical Director Job Description & CV

2.7 Is the Trauma Medical Director a board-certified surgeon or an American College of Surgeons (ACS) Fellow? Yes No

2.8 Is the Trauma Medical Director current in Advanced Trauma Life Support (ATLS)? Yes No

Attach supporting documentation.
Trauma Medical Director ATLS

2.9 Has the Trauma Medical Director accrued 36 hours in 3 years of trauma-related Continuing Medical Education (CME)? Yes No

Attach supporting documentation.
Trauma Medical Director CME

2.10 Does the Trauma Medical Director participate in trauma call? Yes No

Attach supporting documentation, if changed in the last 3 years.
Trauma Medical Director Call Schedule

2.11 Does the Trauma Medical Director maintain personal involvement in patient care, staff education, and professional organizations? Yes No

2.12 Does the Trauma medical Director have sufficient authority to set specified criteria for the trauma panel members? Yes No

2.13 Are the roles of emergency physicians and trauma surgeons defined, agreed on, and approved by the Trauma Medical Director? Yes No

2.14 Does the Trauma Medical Director have the authority to correct deficiencies in trauma care and to exclude from trauma call the trauma team members who do not meet specified criteria? Yes No

Attach supporting documentation if not covered in job description.

2.15 Does the Trauma Medical Director have the authority to recommend changes for the trauma team based on performance review? Yes No

Attach supporting documentation if not covered in job description.

2.16 Does the Trauma Medical Director have the responsibility and authority to determine each general surgeon's ability to participate on the Trauma Team through the PIPS program and hospital policy? Yes No

Attach supporting documentation if not covered in job description.

2.17 Does the structure of the trauma program allow the Trauma Medical Director to have oversight authority for care of injured patients who may be admitted to individual surgeons? Yes No

Attach supporting documentation if not covered in job description.

2.18 Does the Trauma Medical Director have responsibility and authority to ensure compliance with designation requirements? Yes No

Attach supporting documentation if not covered in job description.

2.19 Is the Trauma Medical Director involved in the development of the center's bypass protocol? Yes No

2.20 Does the Trauma Medical Director ensure dissemination of information to the committees that comprise the PIPS program? Yes No

Explain:

2.21 In circumstances when attendance is not mandated, does the Trauma Medical Director ensure dissemination of information from the PIPS program? Yes No

2.22 Is the Trauma Medical Director accountable for all trauma care and exercises administrative authority for the trauma program?	Yes	No
2.23 Does the Trauma Medical Director participate in the Performance Improvement and Patient Safety (PIPS) program by attending at least 60% of meetings? Attach supporting documentation. *Trauma Medical Director PIPS Attendance*	Yes	No
2.24 Does the Trauma Medical Director approve the design of any sub-specialty backup call system?	Yes	No
2.25 Does the Trauma Medical Director approve all sub-specialty liaisons for the program?	Yes	No
2.26 Is the PIPS program, comprised of at minimum the Trauma PI and Trauma Operations Committees, chaired by the Trauma Medical Director or their designee? In the Trauma Medical Director's absence, a designee must be identified.	Yes	No
2.27 Does the Trauma Program Manager have 1.0 full-time equivalent (FTE) commitment to the trauma program? Attach supporting documentation, if changed in the last 3 years. *Trauma Program Manager Job Description & CV*	Yes	No
2.28 Has the Trauma Program Manager accrued 36 hours in 3 years of trauma-related continuing education? Attach supporting documentation. *Trauma Program Manager CE*	Yes	No
2.29 Is the Trauma Program Manager responsible for the use of trauma registry data for quality improvement and trauma education?	Yes	No
2.30 Does the Trauma Program Manager work with the Trauma Medical Director to address the multidisciplinary needs of the trauma program?	Yes	No
2.31 Does the Trauma Program Manager serve as a liaison to local Emergency Medical Services (EMS) agencies and referring/accepting centers?	Yes	No

Explain:

3. Clinical Functions

3.1 Is the criteria for graded activation clearly defined by the center and reviewed annually, with the highest level of activation including the seven required criteria listed in Table 1? Yes No

Attach supporting documentation.
Criteria of Graded Activation

3.2 Is the center staffed to ensure immediate and appropriate care to trauma patients during hours of operation? Yes No

3.3 Does the trauma service retain responsibility for its patients and coordinates all therapeutic decisions? Yes No

3.4 Is the center able to provide the necessary human and physical resources to properly administer acute care consistent with ATLS? Yes No

3.5 Does the center have written protocols to determine which types of patients are admitted and which are transferred? Yes No

Attach supporting documentation.
Patient Admission & Transfer Protocol

3.6 Is the trauma surgeon kept informed of and concurs with major therapeutic and management decisions made by the Intensive Care Unit (ICU) team? Yes No

3.7 Is there a method to identify injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners? Yes No

Explain:

3.8 Is the center the local trauma authority and assume the responsibility for providing training for prehospital and hospital-based providers? Yes No

Attach supporting documentation.
EMS Agencies Training & Education

3.9 Does the center have established protocols to ensure immediate and appropriate care of adult and pediatric trauma patient? Yes No

Attach supporting documentation, if changed in the last 3 years.
Immediate Patient Care Protocols

Trauma Team

3.10 Is the team response to all trauma priority levels defined and reviewed annually? Yes No

Attach supporting documentation.
Trauma Team Response

3.11 Have all trauma/general surgeons, emergency physicians, and advanced practice providers who participate as a member of the Trauma Team completed ATLS at least once? Yes No

Attach supporting documentation.
ATLS Tracking Log

3.12 Do the Trauma Team members participate in both the Trauma PI and Trauma Operations Committees? Yes No

3.13 Are the Trauma Team physicians and advanced practice providers credentialed by the medical staff and governing board? Yes No

Emergency Department (ED)

3.14 Does the ED have a designated Emergency Physician Director supported by an appropriate number of additional physicians to ensure immediate care of injured patients? Yes No

3.15 If emergency physicians cover in-house emergencies, is there a PIPS process in place demonstrating the efficacy of this practice? Yes No

3.16 Are all emergency physicians board-certified, board-eligible, or meet the Alternate Pathway criteria* (Table 3)? Yes No

3.17 Are emergency physicians on the call panel regularly involved in the care of injured patients? Yes No

3.18 Does the emergency medicine PIPS liaison or designee participate in both the Trauma PI and Trauma Operations Committees, and attends a minimum of 50% of these meetings? Yes No

Attach supporting documentation.
Emergency Medicine PIPS Liaison Attendance

3.19 Does the ED evaluate its pediatric readiness and have a plan to address any deficiencies? Yes No

Explain:

General Surgery

3.20 Do all trauma surgeons have privileges in general surgery? Yes No

3.21 Do the trauma surgeons respond promptly to activations and participate in PIPS activities? Yes No

3.22 Are trauma surgeons in adult trauma centers that admit more than 100 injured children annually credentialed for pediatric trauma care by the center's credentialing body? Yes No

3.23 Does the center have general surgical coverage 24/7? Yes No

3.24 Is the trauma surgeon on-call dedicated to the trauma center while on duty? Yes No

Attach supporting documentation.
Trauma Surgeon On-call Schedule

3.25 Are seriously injured patients admitted to and/or evaluated by the trauma service? Yes No

3.26 Is the trauma surgeon present in the ED within 30 minutes of patient arrival for highest level of activation 24/7 with an 80% achievement rate as monitored by the PIPS program? Yes No

Provide data metrics from the last 12 months.

Percentage: _____ Median (min): _____

3.27 Is the trauma surgeon on-call involved in decisions regarding diversion? Yes No

3.28 Do all trauma surgeons participate in both the Trauma PI and Trauma Operations Committees, and attend a minimum of 50% of these meetings? Yes No

Attach supporting documentation.
Trauma Surgeons PIPS Attendance

3.29 Is a general surgeon covering trauma call board-certified, board-eligible, meet the Alternate Pathway criteria * (Table 3), or an ACS Fellow? Yes No

Orthopedic Surgery

3.30 Does the center have orthopedic surgery available 24/7? Yes No

3.31 Is an orthopedic surgeon present in the ED within 30 minutes of request with an 80% achievement rate? Yes No

Provide data metrics from the last 12 months.

Percentage: _____ Median (min): _____

3.32 Does the orthopedic surgeon have privileges in general orthopedic surgery? Yes No

3.33 Are orthopedic surgeons who care for injured patients board-certified, board-eligible, or meet the Alternate Pathway criteria* (Table 3)? Yes No

3.34 If orthopedic surgery is not dedicated at their institution, is there a backup call system in place? Yes No

Attach supporting documentation.
Backup Call Schedule

3.35 Does the orthopedic surgery PIPS liaison or designee participate in both the Trauma PI and Trauma Operations Committees, and attends a minimum of 50% of these meetings? Yes No

Attach supporting documentation.
Orthopedic Surgery PIPS Liaison Attendance

Anesthesia

3.36 Are anesthesia services on-site within 30 minutes of notification for emergency operations and airway problems 24/7? Yes No

3.37 Does an anesthesia PIPS liaison or designee participate in both the Trauma PI and Trauma Operations Committees, and attends a minimum of 50% of these meetings? Yes No

Attach supporting documentation.
Anesthesia PIPS Liaison Attendance

3.38 Does the PIPS program review the availability of anesthesia services in patient care areas and any delays in care due to lack of anesthesia resources? Yes No

Operating Room (OR)

3.39 Is the Operating Room (OR) adequately staffed and available within 30 minutes? Yes No

Attach supporting documentation, if changed in the last 3 years.
OR Staffing Plan

3.40 Are operating rooms adequately staffed and available within 30 minutes of surgeon decision for emergency operative intervention for musculoskeletal injuries? Yes No

3.41 Does the OR have all of the following essential equipment? Yes No

a. rapid infusers;
b. thermal control equipment and resuscitation fluids;
c. intraoperative radiologic capabilities;
d. equipment for fracture fixation; and
e. equipment for endoscopic evaluation (bronchoscopy and gastrointestinal endoscopy).

3.42 Is there a mechanism in place for documenting the attending surgeon's presence in the OR for all trauma operations? Yes No

3.43 Does the PIPS program evaluate OR availability and delays? Yes No

Post-Anesthesia Care Unit (PACU)

3.44 Does the PACU have the necessary equipment to monitor and resuscitate patients? Yes No

3.45 Does the PACU have qualified nurses available 24/7 as needed during the patient's post-anesthesia recovery phase? Yes No

3.46 If the PACU is covered by a call team from home, is there documentation by the PIPS program that nurses are available and delays are not occurring? Yes No

Radiology

3.47 Are conventional radiography and CT services available in-house 24/7 or on-call within 30 minutes? Is there documentation by the PIPS program that technicians are available and delays are not occurring? Yes No

3.48 Does the center have staff available on-site or via telemedicine within 30 minutes of notification for the interpretation of radiographs 24/7 with an 80% achievement rate? Yes No

Provide data metrics from the last 12 months.

Percentage: _____ Median (min): _____

3.49 Is critical information verbally communicated to the Trauma Team? Yes No

Explain:

3.50 Is diagnostic information communicated in a written form and in a timely manner? Yes No

Explain:

3.51 Are changes in interpretation monitored by the PIPS program? Yes No

Explain:

3.52 Do final reports accurately reflect communications, including changes between preliminary and final interpretations? Yes No

3.53 Does the center have policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to and while in the Radiology Department? Yes No

3.54 Does a radiologist PIPS liaison or designee participate in both the Trauma PI and Trauma Operations Committees? Yes No

Attach supporting documentation.
Radiologist PIPS Liaison Attendance

Intensive Care Unit (ICU)

3.55 Does the ICU have the necessary equipment to monitor and resuscitate patients? Yes No

3.56 If the center admits neurotrauma patients, is intracranial pressure monitoring equipment available? Yes No

3.57 Is a qualified nurse available 24/7 to provide care during the ICU phase? Yes No

3.58 Is the patient/nurse ratio does not exceed 2:1 for critically ill patients in the ICU? Yes No

3.59 When a patient is critically ill, is there a mechanism in place to provide prompt availability of ICU physician coverage 24/7? Yes No

3.60 Does the trauma surgeon remain in charge of patient in the ICU? Yes No

3.61 Does the center have a surgical director or co-director for the ICU who is responsible for setting policies and administration related to trauma ICU patients? Yes No

Attach supporting documentation, if changed in the last 3 years.
ICU Surgical Director/Co-director Job Description

Other Surgical Specialists

3.62 Does the center have a list of specialists who are promptly available from inside and outside of the center? Yes No

Attach supporting documentation.
Surgical Sub-specialists List

3.63 Does the center have the following surgical specialists? Yes No

a. Orthopedic surgery.

3.64 Does the center have a list of internal medicine specialists who are promptly available from inside and outside of the center? Yes No

Other Services

3.65 Is a respiratory therapist available in-house or on-call 24/7? Yes No

3.66 Are laboratory services available 24/7 for the standard analysis of blood, urine, and other body fluids, including microsampling when appropriate? Is the blood bank capable of blood typing and cross matching? Yes No

Attach supporting documentation, if changed in the last 3 years.
Lab Scope of Services Policy

3.67 Does the center have the capability for coagulation studies, blood gases, and microbiology? Yes No

3.68 Does the blood bank have an adequate amount of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, or appropriate coagulation factors to meet the needs of injured patients? Yes No

3.69 Does the center have a transfusion protocol developed collaboratively between the trauma service and the blood bank? Yes No

Attach supporting documentation, if changed in the last 3 years.
Massive Transfusion Policy

3.70 Does the center have a rapid reversal protocol in place for patients on anticoagulants? Yes No

Attach supporting documentation.
Anticoagulation Reversal Protocol

3.71 Are nutrition support services available? Yes No

3.72 Does the center have social services? Yes No

3.73 Does the center screen all admitted trauma patients for alcohol misuse and provide a brief intervention if appropriate? Yes No

Attach supporting documentation, if changed in the last 3 years.
Alcohol Screening Process

3.74 Does the center have a protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider when required? Yes No

Attach supporting documentation.
Psychological Sequelae Screening Process

3.75 Does the center have a process in place to assess pediatrics for nonaccidental trauma (NAT)? Yes No

Attach supporting documentation.
Pediatric NAT Process

3.76 Does the center have either dialysis capabilities or a transfer agreement with a facility that has dialysis capabilities? Yes No

Written agreements must be available at time of site survey.

3.77 Does the center have physical therapy services? Yes No

3.78 Does the center have either rehabilitation services within its facility or a transfer agreement to a freestanding rehabilitation hospital? Yes No

Written agreements must be available at time of site survey.

Additional Capabilities

3.79 Do centers offering services beyond those required for their level of designation have a written plan for provision and monitoring of those services? Yes No

Attach supporting documentation, if changed in the last 3 years.
Additional Capabilities Plan

4. Prehospital Trauma Care

4.1 Does the center collaborate with EMS agencies and provide feedback on patient care? Yes No

5. Interhospital Transfer

5.1 Is the decision to transfer an injured patient to a specialty care facility in an acute situation based solely on the needs of the patient? Yes No

5.2 Are there transfer agreements in place with higher level trauma centers as well as specialty referral centers? Yes No

Written agreements must be available at time of site survey.

5.3 Is there a mechanism for direct physician-to-physician contact present for arranging patient transfer? Yes No

5.4 Does the center have guidelines addressing which patients should be transferred and the safe transport of those patients? Yes No

6. Performance Improvement

6.1 Does the trauma PIPS program have a clearly defined relationship with the hospital's Performance Improvement/Quality Improvement Department? Yes No

6.2 Does the center have a written and clearly defined PIPS plan that is updated annually? Yes No

The program must ensure optimal care through continuous clinical review as well as operational procedures and must:

a. outline the organizational structure of the PIPS process;
b. specify the processes of event identification;
c. include audit filters;
d. define levels of review; and
e. specify the members of the PIPS Committee.

Attach supporting documentation for criteria 6.2 and below.
PIPS Program Plan

6.3 Is the PIPS program supported by a reliable method of internal data collection? Yes No

6.4 Is the PIPS program, at minimum, comprised of two committees: Trauma Performance Improvement (PI) and Trauma Operations? Yes No

6.5 Is the Trauma PI Committee a multidisciplinary committee that meets regularly to: Yes No

a. address patient care processes and outcomes;
b. identify patient care opportunities for improvement; and
c. reduce variability in care.

6.6 Is the Trauma Operations Committee a multidisciplinary committee that meets regularly to: Yes No

a. correct program deficiencies and optimize patient care;
b. addresses system and processes issues; and
c. includes all program-related services.

6.7 Does the process of multidisciplinary review and analysis occur at regular intervals to meet the needs of the program, take attendance, and record minutes? Yes No

All major disciplines within the center that are caring for trauma patients must be represented in the process.

6.8 Does the process demonstrate effective use of audit filters, problem identification, analysis, proposed corrective actions, resolution, and loop closure? Yes No

6.9 Are all trauma team activations categorized by priority of response and reported by number and percentage of total trauma patients? Yes No

6.10 Does the PIPS program use evidence-based clinical practice guidelines and protocols? Yes No

6.11 Are deaths categorized as mortality with opportunity for improvement or mortality without opportunity for improvement? Yes No

6.12 Does the PIPS program review the organ donation process and rate? Yes No

6.13 Does the center work with sending and receiving facilities to provide and obtain feedback on transferred patients? Yes No

6.14 Does the center work with EMS agencies to provide and obtain feedback on transported patients? Yes No

6.15 Does the PIPS program monitor and confirm the requirement for 80% compliance of surgeon's presence in the ED within 30 minutes of patient's arrival? Yes No

6.16 Does the center have a diversion policy that provides notification for dispatch centers and EMS agencies when on divert and track the occurrence of diversions? Yes No

Attach supporting documentation, if changed in the last 3 years.
Diversion Policy

6.17 Does the PIPS program review the following metrics to ensure appropriateness of care, rationale, adverse outcomes, and identify opportunities for improvement? Yes No

a. delay of timely access to care, equipment, or interventions in all care areas;
b. admissions;
c. transfers;
d. NSS with a goal of <10%; and
e. over/under triage.

6.18 Is there at least 0.5 FTE dedicated Performance Improvement (PI) personnel when the volume of registry patient entries exceeds 500 patients? Yes No

When annual volume exceeds 1,000 registry patient entries, does the trauma center have at least 1.0 FTE PI personnel? Yes No

Attach supporting documentation.
PI Coordinator Job Description & CV

8. Time Sensitive Emergency (TSE) Registry

8.1 Is data submitted to the Idaho TSE Registry per Idaho Code 57-2004? Yes No
At least 80% of cases are submitted within 180 days of hospital discharge.

Attach supporting documentation.
Idaho TSE Registry Letter

8.2 Is there a process in place to verify that TSE Registry data is accurate and valid? Yes No

8.3 Does the trauma program ensure that registry data confidentiality measures are in place? Yes No

8.4 Is there at least 0.5 FTE dedicated to the trauma registry per 200 to 300 annual patient entries? Yes No

Attach supporting documentation, if applicable and changed in the last 3 years.
Registrar Job Description & CV

8.5 Do staff members who have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting, or data validation for the trauma registry fulfill all of the following requirements? Yes No

a. participate in and pass the most recent version of the AAAM's Abbreviated Injury Scale (AIS) course;
b. participate in a trauma registry course that includes all of the following content: abstraction, data management, reports/report analysis, data validation, and HIPPA; and
c. participate in an ICD-10 course or an ICD-10 refresher course every five years.

8.6 Do the Trauma Registrars accrue at least 24 hours of trauma-related continuing education during the verification cycle? Yes No

Attach supporting documentation, if applicable.
Trauma Registrar CE

9. Outreach & Education

9.1 Is the center engaged in trauma-related public outreach and education? Yes No

Attach supporting documentation.
Community Outreach & Education

9.2 Does the center provide a mechanism for trauma-related education for clinical staff involved in trauma care? Yes No

Attach supporting documentation.
Clinical Staff Trauma Education

10. Prevention

10.1 Does the center participate in traumatic injury prevention and base activities on local data? Yes No

It is recommended to have a fall prevention program, but not required.

Attach supporting documentation.
Injury Prevention Activities

10.2 Does the center have someone in a leadership position that has injury prevention as part of their job description? Yes No

Attach supporting documentation, if changed in the last 3 years.
Injury Prevention Job Description

10.3 Does the center demonstrate collaboration with or participation in national, regional, and/or state injury prevention programs? Yes No

11. Disaster Planning and Management

11.1 Does the center have a disaster plan described in its Disaster Manual? Yes No

Disaster Plan must be available at time of site survey.

11.2 Is a surgeon from the trauma panel a member of the center's disaster committee? Yes No

11.3 Are drills that test the individual hospital's disaster plan conducted at least every 6 months? Yes No

Attach supporting documentation.
Disaster Drills List

12. Organ Procurement

12.1 Does the center have an established relationship with a recognized Organ Procurement Organization (OPO)? Yes No

12.2 Are there written policies for triggering notification of the OPO? Yes No

Attach supporting documentation.

Organ Procurement Policy

12.3 Does the center have written protocols for declaration of brain death? Yes No

Attach supporting documentation, if changed in the last 3 years.

Brain Death Protocol