Facility: _____ **Date:** _____

SITE SURVEY REPORT

PEDIATRIC TRAUMA CENTER

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT

KEY: **N/A** = NOT APPLICABLE
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IDENTIFY COMMENTED AREAS RESPONSIBLE FOR BY THE POSITION ABBREVIATION
FTMD = FLORIDA TRAUMA MEDICAL DIRECTOR
DH = DEPARTMENT OF HEALTH
TS = TRAUMA SURGEON
NS = NEUROSURGEON
EP = EMERGENCY PHYSICIAN
TN = TRAUMA NURSE
CR = CREDENTIAL REVIEWER

STANDARD I -- ADMINISTRATIVE			**N/A**	**A**	**C**	**U**
A.	Demonstrated commitment to pediatric trauma care.					
FTMD	1.	A board of directors' resolution of commitment of hospital financial, human, and physical resources to treat all trauma patients at the level of hospital's approval, regardless of color creed, sex, nationality, place of residence, or financial class.				
FTMD	2.	A board of directors' resolution of commitment to participate in the state regional trauma system and the local or regional trauma system, if one exists.				
FTMD DH	3.	A trauma budget that provides sufficient support to the trauma service and program within the hospital.				
FTMD DH	4.	Institution of procedures to document and review all transfers with neighboring hospitals and trauma centers for transfers into and out of the hospital.				
FTMD DH	5.	Policies and procedures for the maintenance of the services essential to a trauma center and system.				
FTMD	6.	Providing patient care data as requested by the department or its agent.				
FTMD	7.	Formal written patient transfer agreements with neighboring hospitals and trauma centers.				
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STANDARD I – ADMINISTRATIVE (continued)		**N/A**	**A**	**C**	**U**
B. **FTMD TS**	The hospital's chief executive officer (CEO) has overall responsibility for compliance with all pediatric trauma center standards. The CEO or his or her designee shall ensure that all staff involved with the care of the pediatric trauma patient is aware of their responsibilities as required by the trauma center standards.				
C. **FTMD TS**	The hospital shall ensure that the trauma medical director is responsible and accountable for administrating all aspects of trauma care. Therefore, the trauma medical director shall be empowered to enforce the trauma center standards with other medical and clinical departments in the hospital. The trauma program manager shall perform under the direction of the trauma medical director and shall interact with all departments on behalf of the medical director.				
D. **FTMD TS**	When there are issues that the trauma medical director has been unable to resolve through the hospital's organizational structure, the hospital shall provide a specific mechanism to ensure that the medical staff or CEO address such unresolved issues. This mechanism shall include direct consultation with the affected services, including, but not limited to, trauma and emergency services.				

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STANDARD I – ADMINISTRATIVE (continued)		**N/A**	**A**	**C**	**U**
E. **FTMD** **TS**	The trauma service medical director is responsible for credentialing and attesting to the medical ability of all personnel who provide trauma services. Appointment or removal of personnel from the trauma service shall be done by the trauma service medical director pursuant to procedures, policies, or bylaws of the hospital.				
F. **FTMD** **TS**	The hospital shall ensure that the procedures, policies, or bylaws address circumstances in which the trauma service medical director determines that an attending physician's actions compromise the health, safety, or welfare of trauma patients. In such case, procedures, policies, or bylaws shall address options such as temporary or permanent removal of the physician from the trauma service, or other appropriate remedial measure.				
G. **FTMD** **TS**	The trauma medical director shall have oversight responsibility for trauma patient care and shall monitor trauma patient care on an ongoing basis as delineated in Standard XVIII.				
H. **FTMD** **TS**	When the trauma medical director is unavailable to the trauma service (such as vacation, out-of-town conference, or illness), the medical director shall delegate authority to another trauma surgeon to carry out the above administrative functions.				

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STANDARD II -- TRAUMA SERVICE			**N/A**	**A**	**C**	**U**
A.		Organizational Requirements – Dedicated and defined service.				
TS	1.	A designated medical director contracted to direct and oversee the operation of the trauma service. The medical director position for the trauma service shall be paid by the hospital and documented by a written job description and organizational chart.				
TN	2.	A designated trauma program manager for the trauma service. The trauma program manager position for the trauma service shall be paid by the hospital and documented by a written job description and organizational chart.				
TN	3.	A trauma registrar for the trauma service. The trauma registrar position for the trauma service shall be paid by the hospital and documented by a written job description and organizational chart. a. A recommended staffing model is: one full time equivalent trauma registrar will be required to process more than 750 to 1,000 patients annually.				
TN	a.	A recommended staffing model is: one full time equivalent trauma registrar will be required to process more than 750 to 1,000 patients annually.				
TS	4.	At least one qualified trauma surgeon (as described in Standard III.A) to be on primary trauma call at all times to provide trauma service care.				
TS	5.	At least one qualified trauma surgeon (as described in Standard III.A) to be on backup trauma call at all times to provide trauma service care.				
TS	6.	At least one qualified pediatric trauma surgeon for the trauma service (as described in Standard III.A.3.b).				

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	STANDARD II -- TRAUMA SERVICE (continued)	**N/A**	**A**	**C**	**U**
B.	Administrative Requirements -- The trauma service medical director shall ensure the following:				
	1. The following physicians participating on the trauma service meet and maintain the qualifications, certifications, and trauma-related continuing medical education (CME) data as required in Standards III.A and B and Standard V.B:				
TS	a. Pediatric and general trauma surgeons.				
TS	b. Emergency physicians.				
TS	2. As surgeons change, the trauma medical director must ensure that the new surgeons have the qualifications delineated in Standard III.A.3 and that they sign the General Surgeons Commitment Statement. The trauma service shall keep a current and up-to-date commitment statement on file in the hospital's trauma center application at all times for Department of Health review.				
TS	3. The trauma service maintains morbidity and mortality information, including discussions and actions by the quality management committee described in Standard XVIII.				
CR	4. Nursing personnel have completed their trauma-related continuing education requirements as delineated in Standard VIII.				
FTMD	5. Evidence is on file of active membership of the trauma service medical director and the trauma program manager in the local or regional trauma agency, or local health planning council or advisory group if no trauma agency exists.				
FTMD	6. A written plan is on file that describes the hospital's interaction with the local or regional trauma agency, if one exists, and other county and regional medical response or treatment resources during disaster and mass casualty situations.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
FTMD	7.	The hospital submits trauma data to the state Division of Emergency Preparedness and Community Support, Trauma Section, trauma registry in accordance with "The Florida Trauma Registry Manual, adopted by Rule 64J-2.006, Florida Administrative Code.				
FTMD	8.	The trauma service has a current and up-to-date trauma center application on file and available at all times for Department of Health review.				
TS	9.	If the hospital is a general acute care facility, the trauma center shall provide pediatric trauma patient care services, from emergency department admission through rehabilitation, that are separate and distinct from adult patient care services.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
C.	Medical and Patient Care Requirements					
	1.	The trauma service medical director shall ensure that patient care protocols exist for a minimum of the following departments:				
TS	a.	Trauma Resuscitation Area.				
TS	b.	Pediatric Intensive Care Unit.				
TS	c.	Operating Room and Post-Anesthesia Recovery/Post-Anesthesia Care Unit.				
TS	d.	Medical Surgical Unit.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
	2.	The trauma service medical director shall ensure that policies and protocols are developed for a minimum of the following:				
TS	a.	Priority admission status for pediatric trauma patients.				
TS	b.	Patient transfers into and out of the hospital.				
TS	3.	The trauma service medical director shall approve all pediatric trauma-related patient care protocols before implementation.				
TS	4.	The trauma service medical director in coordination with the trauma program manager shall monitor compliance with pediatric trauma-related protocols through the trauma quality management process.				

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STANDARD II -- TRAUMA SERVICE (continued)				**N/A**	**A**	**C**	**U**
D.	Qualifications of Leadership Staff -- At a minimum, this evidence shall include the following:						
	1.	**Trauma Medical Director**					
		a.	**For a general surgeon:**				
TS CR		(1)	Proof of board certification in general surgery.				
TS CR		(2)	Documentation that the hospital granted the medical director full and unrestricted privileges to provide general surgical and trauma care surgical services for pediatric patients.				
TS CR		(3)	Documentation that the medical director manages a minimum of 12 pediatric trauma cases per year (average of three trauma cases per quarter). These cases may include operative and non-operative interventions.				
TS CR		(4)	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics, five of which shall be in pediatric trauma. The medical director may apply CME credits earned during any given year for the completion of Advanced Trauma Life Support (ATLS) certification toward meeting this requirement.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
TS CR	(5)	A written attestation from the Chief of Neurosurgery indicating that the trauma service medical director is capable of providing initial stabilization measures and instituting diagnostic procedures for pediatric patients with neural trauma. This statement shall be on file and available for Department of Health review.				
TS CR	(6)	Current ATLS instructor certification.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
	b.	**For a pediatric surgeon:**				
TS CR	(1)	Proof of board certification in pediatric surgery.				
TS CR	(2)	Documentation that the hospital granted the medical director full and unrestricted privileges to provide general surgical and trauma care surgical services for pediatric patients.				
TS CR	(3)	Documentation that the medical director manages a minimum of 12 pediatric trauma cases per year (average of three trauma cases per quarter). These cases may include operative and non-operative interventions.				
TS CR	(4)	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics, five of which shall be in pediatric trauma. The medical director may apply CME credits earned during any given year for the completion of Advanced Trauma Life Support (ATLS) certification toward meeting this requirement.				
TS CR	(5)	A written attestation from the Chief of Neurosurgery indicating that the trauma service medical director is capable of providing initial stabilization measures and instituting diagnostic procedures for pediatric patients with neural trauma. This statement shall be on file and available for Department of Health review.				
TS CR	(6)	Current ATLS instructor certification.				

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STANDARD II -- TRAUMA SERVICE (continued)			**N/A**	**A**	**C**	**U**
	2.	**Trauma Program Manager**				
TN CR	a.	Documentation of current Florida Registered Nurse licensure.				
TN CR	b.	Documentation of current Emergency Nurses Association Trauma Nursing Core Course (TNCC) training or equivalent.				
TN CR	c.	Documentation of a minimum of ten contact hours every year in trauma-related topics, five of which must be in pediatric trauma. The trauma program manager may apply contact hours earned during any given year for the completion of TNCC toward meeting this requirement.				

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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION			**N/A**	**A**	**C**	**U**
A.	**General or Pediatric Surgery**					
FTMD TS	1.	There shall be a minimum of five qualified trauma surgeons, assigned to the trauma service, with at least two trauma surgeons available to provide primary and backup trauma coverage 24 hours a day at the trauma center when summoned. If the trauma medical director is not a pediatric surgeon, then at least one of the five must be a pediatric surgeon.				
FTMD TS	2.	Each trauma surgeon who is a member of the trauma service and takes trauma call shall sign the Department of Health's General Surgeons Commitment Statement, DH Form 1721-E, December 2010, which becomes part of the facility's official application packet on file with the Department of Health. The commitment statement stipulates that during his or her scheduled period of primary trauma call or backup trauma call the trauma surgeon agrees to the conditions listed below:				

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STANDARD III -- SURGICAL SERVICES (continued)				**N/A**	**A**	**C**	**U**
	a.	**Primary Trauma Call**					
TS		(1)	To be on trauma call and to arrive promptly at the trauma center when summoned.				
TS		(2)	To perform no elective surgery or procedures, during the on-call period, that would render the trauma surgeon unavailable to arrive promptly to a trauma alert patient.				
TS		(3)	To refrain from taking general surgery emergency call or trauma call at any other facility while on trauma call at the primary facility.				
	b.	**Backup Trauma Call**					
TS		(1)	When the trauma surgeon on primary call takes a trauma patient to surgery, the trauma surgeon on backup trauma call shall become the primary trauma surgeon and shall arrive promptly when summoned.				
TS		(2)	To perform no elective surgery or procedures, during the on-call period, that would render the trauma surgeon unavailable to become the primary trauma surgeon.				
TS		(3)	To refrain from taking general surgery emergency call or trauma call at any other facility while on trauma call at the primary facility.				
TS		(4)	To refrain from any activity that would delay or prohibit the trauma surgeon from becoming the primary trauma surgeon when notified.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
	3.	Evidence shall be on file that clearly describes the qualifications of each trauma surgeon to be a member of the trauma service and to take trauma call. At a minimum, this evidence shall include the following:				
	a.	**For a general surgeon:**				
CR	(1)	Proof of board certification or actively participating in the certification process with a time period set by each specialty board in general surgery, or proof of meeting the definition of alternate criteria. Alternate Criteria for the Non-Board-Certified General Surgeon in a Pediatric Trauma Center. In rare cases in a Pediatric trauma center, a non-board-certified general surgeon who meets all 4 of the following criteria may be included on the trauma call panel: 1. Has provided exceptional care of trauma patients 2. Has numerous publications and presentations 3. Has published excellent research 4. Is documented to provide excellent teaching.				
CR	(2)	Documentation that the hospital granted the general surgeon full and unrestricted privileges to provide general surgical and trauma care surgical services for pediatric patients.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
TS CR	(3)	Documentation that the general surgeon manages a minimum of 12 trauma cases per year (average of three trauma cases per quarter). These cases may include operative and non-operative interventions.				
TS CR	(4)	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics, five of which shall be in pediatric trauma. The general surgeon may apply CME credits earned during any given year for the completion of ATLS certification toward meeting this requirement.				
TS CR	(5)	A written attestation from the Chief of Neurosurgery indicating that the general surgeon is capable of providing initial stabilization measures and instituting diagnostic procedures for pediatric patients with neural trauma.				
TS CR	(6)	Current ATLS provider certification.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
	b.	**For a pediatric surgeon:**				
TS CR	(1)	Proof of board certification or actively participating in the certification process with a time period set by each specialty board in pediatric surgery, or proof of meeting the definition of alternate criteria. Alternate Criteria for the Non-Board-Certified General Surgeon in a Pediatric Trauma Center. In rare cases in a Pediatric trauma center, a non-board-certified general surgeon who meets all 4 of the following criteria may be included on the trauma call panel: 1. Has provided exceptional care of trauma pts 2. Has numerous publications and presentations 3. Has published excellent research 4. Is documented to provide excellent teaching				
TS CR	(2)	When the number of pediatric surgeons on staff is too few to sustain the pediatric trauma panel, general surgeons who are board-certified or actively participating in the certification process with a time period set by each specialty board may serve on the trauma team.				
TS CR	(3)	Documentation that the hospital granted the pediatric surgeon full and unrestricted privileges to provide general surgical and trauma care surgical services specific to pediatric patients.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
TS CR	(4)	Documentation that the pediatric surgeon manages a minimum of 12 pediatric trauma cases per year (average of three trauma cases per quarter). These cases may include operative and non-operative interventions.				
TS CR	(5)	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics, five of which shall be in pediatric trauma. The pediatric surgeon may apply CME credits earned during any given year for the completion of ATLS certification toward meeting this requirement.				
TS CR	(6)	A written attestation from the Chief of Neurosurgery indicating that the pediatric surgeon is capable of providing initial stabilization measures and instituting diagnostic procedures for pediatric patients with neural trauma.				
TS CR	(7)	Current ATLS provider certification.				

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STANDARD III -- SURGICAL SERVICES (continued)				**N/A**	**A**	**C**	**U**
	4.	Senior surgical residents (PGY-4 or above) 24 hours a day to arrive promptly when summoned for a pediatric trauma alert, the trauma medical director shall ensure the following:					
TS CR	a.	A qualified general surgeon or pediatric surgeon is on trauma call and shall arrive promptly at the trauma center when summoned.					
TS CR	b.	The trauma medical director attests in writing that each resident is capable of the following:					
TS CR		(1)	Providing appropriate assessment and responses to emergent changes in patient condition.				
TS CR		(2)	Instituting initial diagnostic procedures.				
TS CR		(3)	Initiating surgical procedures.				
TS CR		This statement shall be on file and available for DOH review for each general surgical resident that fills this requirement.					
TS CR	c.	When a trauma alert patient is identified, the attending trauma surgeon shall be summoned and take an active role by participating in patient care during the resuscitation.					
TS CR	d.	The attending trauma surgeon shall also accompany the senior surgical resident to the operating room.					
TS CR	e.	Each general surgical resident has current ATLS provider certification.					

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STANDARD III -- SURGICAL SERVICES (continued)				**N/A**	**A**	**C**	**U**
B.	Neurological Surgery						
NS	1.	There shall be a minimum of one qualified neurosurgeon to be on call and arrive promptly when summoned to provide trauma coverage 24 hours a day at the trauma center.					
	2.	Evidence shall be on file that clearly describes the qualifications of each neurosurgeon who takes trauma call. At a minimum, this evidence shall include the following:					
NS	a.	Proof of board certification or actively participating in the certification process with a time period set by each specialty board in neurosurgery, or proof of meeting the following definition of alternate criteria. Alternate Criteria for Non-Board-Certified Neurosurgeon in a Pediatric trauma center. In rare cases in a pediatric trauma center, a non-board-certified specialist who does not meet all of the following 9 criteria:					
NS		(1)	A letter by the trauma medical director indicating this critical need in the trauma program because of the physician's experience or the limited physician resources in general surgery within the hospital trauma program.				
NS CR		(2)	Evidence that the neurosurgeon completed an accredited residency training program in that specialty. This completion must be certified by a letter from the program director.				
NS CR		(3)	Documentation of current status as a provider or instructor in the Advanced Trauma Life Support (ATLS) program.				
NS CR		(4)	A list of the 48 hours of trauma-related continuing medical education (CME) during the past 3 years.				
NS		(5)	Documentation that the neurosurgeon is present for at least 50% of the trauma performance improvement and educational meetings.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
NS	(6)	Documentation of membership or attendance at local, regional, and national trauma meetings during the past 3 years.				
NS	(7)	A list of patients treated during the past year with accompanying Injury Severity Score and outcome data.				
NS	(8)	Performance improvement assessment by the trauma medical director demonstrating that the morbidity and mortality results for patients treated by the neurosurgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.				
NS	(9)	Licensed to practice medicine and approved for full and unrestricted neurosurgical privileges by the hospital's credentialing committee.				
NS	b.	Documentation that the hospital has granted the neurosurgeon privileges to provide neurosurgical and trauma care services for adult and pediatric patients.				
3.		General trauma surgeons (or the senior surgical residents, PGY-4 or above, who are fulfilling the in-hospital requirement as described in Standard III.A.4) on trauma call may fill the in-hospital neurosurgeon requirement **only** if the trauma medical director and the Chief of Neurosurgery ensure the following:				
NS	a.	An attending neurosurgeon is on trauma call and shall arrive promptly at the trauma center when summoned.				
NS	b.	The Chief of Neurosurgery shall provide written protocols for the general trauma surgeons regarding the initiation of neurologic resuscitation and evaluation for head and spinal cord injuries. The protocols shall also include criteria for immediate summoning of or consultation with the attending on-call neurosurgeon.				

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STANDARD III -- SURGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
C.		Surgeons in the following specialties shall be available to arrive promptly at the TC when summoned:				
CR	1.	Cardiac surgery.				
CR	2.	Hand surgery.				
CR	3.	Ophthalmic surgery.				
CR	4.	Oral/maxillofacial surgery.				
CR	5.	Orthopedic surgery.				
CR	6.	Otorhinolaryngologic surgery.				
CR	7.	Plastic surgery.				
CR	8.	Thoracic surgery.				
CR	9.	Urologic surgery.				
D. **CR**		All surgeons staffing the services listed in items C.1-9 above shall be board certified or actively participating in the certification process with a time period set by each specialty board for certification in their respective specialties, and granted privileges by the hospital to care for pediatric patients.				

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	STANDARD IV -- NON-SURGICAL SERVICES -- STAFFING AND ORGANIZATION	**N/A**	**A**	**C**	**U**
A. **TS**	Anesthesia -- An anesthesiologist shall be in-hospital and promptly available for trauma patient care 24 hours a day. The anesthesiologist shall be board certified or actively participating in the certification process with a time period set by each specialty board and have privileges from the hospital to provide anesthesia and trauma care services for adult and pediatric patients. A certified registered nurse anesthetist (C.R.N.A.) or a senior anesthesia resident (CA-3 or above) may, however, fill the in-hospital anesthesiologist requirement **only** if the trauma medical director ensures the following:				
TS	1. A staff anesthesiologist is on trauma call and available to arrive promptly at the trauma center when summoned.				
	2. The trauma medical director and the Chief of Anesthesiology attest in writing that each C.R.N.A. or resident is capable of the following:				
TS	a. Providing appropriate assessment and responses to emergent changes in patient condition.				
TS	b. Starting anesthesia for any trauma patients that the attending trauma surgeon determines are in need of operative care (pending the arrival of the anesthesiologist on trauma call).				
TS	This statement shall be on file and available for Department of Health to review for each C.R.N.A. or senior anesthesia resident that fills the anesthesiologist requirement.				
TS	3. Evidence is on file that that each resident has completed at least 24 months of clinical anesthesiology.				

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STANDARD IV -- NON-SURGICAL SERVICES (continued)		**N/A**	**A**	**C**	**U**
B.	The following non-surgical specialties shall be available 24 hours a day to arrive promptly at the TC when summoned:				
FTMD	1. Cardiology.				
FTMD	2. Hematology.				
FTMD	3. Infectious diseases.				
FTMD	4. Nephrology.				
FTMD	5. Pathology.				
FTMD	6. Pediatrics.				
FTMD	7. Pulmonary medicine.				
FTMD	8. Radiology.				
C. **FTMD**	All specialists staffing the services listed in B.1-8 above shall be board certified or actively participating in the certification process with a time period set by each specialty board in their respective specialties, and granted medical staff privileges by the hospital to care for pediatric patients.				

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STANDARD V -- EMERGENCY DEPARTMENT				**N/A**	**A**	**C**	**U**
A.	Facility Requirements						
FTMD EP	1.		An easily accessible and identifiable resuscitation area designated for pediatric trauma alert patients. This area shall be large enough to allow assembly of the full trauma team.				
FTMD EP	2.		The pediatric trauma resuscitation area shall be of adequate size and contain adequate trauma care equipment and supplies to simultaneously perform at least two multi-system pediatric trauma alert patient resuscitations.				
FTMD EP	3.		There shall be evidence of security measures in place in the resuscitation area designed to protect the life and well-being of assigned trauma center staff, patients, and families (for example, a silent or overt alarm system or an assigned security guard).				
FTMD EP	4.		Facilities to accommodate the simultaneous unloading of two EMS ground units.				
FTMD EP	5.		There shall be a helicopter landing site in close proximity to the resuscitation area. Close proximity means that the interval of time between the landing of the helicopter and the transfer of the patient into the resuscitation area will be such that no harmful effect on the patient's outcome results. All helicopter landing sites shall also meet the following requirements:				
FTMD EP		a.	The site shall be licensed by the Florida Department of Transportation.				
FTMD EP		b.	Use of the air space shall be approved by the Federal Aviation Administration.				
FTMD EP		c.	Documentation shall be on file with the trauma service indicating that the TC develops and maintains protocols and provides training during employee orientation regarding the safe loading and unloading of patients from a helicopter, as well as precautions to ensure the safety of staff or bystanders while in the vicinity of the aircraft.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)			**N/A**	**A**	**C**	**U**
B.	Physician Requirements					
	1.	Emergency Department Medical Director: Evidence shall be on file indicating that the trauma center has designated a medical director for the emergency department. Evidence shall also be on file that describes the qualifications of the medical director to provide trauma-related medical and organizational leadership to physician, nursing, and hospital staff. At a minimum, this evidence shall include the following:				
EP CR	a.	Proof of board certification in emergency medicine or pediatric emergency medicine.				
EP	b.	Documentation that the hospital granted privileges to the emergency department medical director to provide trauma and other emergency care services for pediatric patients.				
EP CR	c.	Documentation of a minimum of five Category I CME credits every year in trauma-related topics, at least two of which are in pediatric trauma.				
EP	d.	Documentation of a full-time practice in emergency medicine (may include both administrative and patient care hours).				
EP CR	e.	Current ATLS or Advanced Pediatric Life Support provider certification.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)			**N/A**	**A**	**C**	**U**
EP	2.	Emergency Physicians -- At least one emergency physician is on duty in the emergency department 24 hours a day to cover pediatric trauma patient care services. The emergency department medical director shall ensure that the emergency physicians, during their assigned shift, comply with the following conditions:				
EP	a.	To be physically present in-hospital to meet all pediatric trauma alert patients in the trauma resuscitation area at the time of the trauma alert patient's arrival.				
EP	b.	To assume trauma team leadership if the trauma surgeon on trauma call is not physically present at the time of the trauma alert patient's arrival in the trauma resuscitation area.				
EP	c.	To transfer the care of the pediatric trauma patient to the attending trauma surgeon upon his or her arrival in the resuscitation area.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)				**N/A**	**A**	**C**	**U**
	3.	Evidence shall also be on file that clearly describes the qualifications of the emergency physicians working in the resuscitation area. At a minimum, this evidence shall include the following:					
	a.	Certification and experience					
CR		(1)	Proof of board certification or actively participating in the certification process with a time period set by each specialty board in emergency medicine or pediatric emergency medicine, or proof of meeting the following definition of alternate criteria: Alternate Criteria for a Non-Board-Certified Emergency Physician in a pediatric trauma center. In rare cases in a Pediatric trauma center, a non-board-certified specialist who meets all 4 of the following criteria may be included on the trauma panel: 1. Has provided exceptional care of trauma patients. 2. Has numerous publications and presentations. 3. Has published excellent research. 4. Is documented to provide excellent teaching. ***OR***				
CR		(2)	Board certification in a primary care specialty and a written attestation by the emergency department medical director that the physician has worked as a full-time emergency physician for at least three out of the last five years.				
CR	b.	Documentation of a minimum of five Category I CME credits every year in trauma-related topics, at least two of which are in pediatric trauma.					
CR	c.	Documentation that the hospital granted privileges to the emergency physician to provide trauma and other emergency care services for pediatric patients.					
CR	d.	Current ATLS or Advanced Pediatric Life Support provider certification.					
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	STANDARD V -- EMERGENCY DEPARTMENT (continued)			**N/A**	**A**	**C**	**U**
	4.	A PGY-3 emergency medicine chief resident or emergency medicine fellow may fill the requirements of meeting trauma alert patients in the resuscitation area only if the emergency department medical director ensures the following:					
EP	a.	An attending emergency physician, who meets the qualifications delineated in items B.2 and 3, is in the emergency department 24 hours per day.					
	b.	The trauma service medical director and the emergency department medical director attest in writing that each participating resident or fellow is capable of the following					
EP		(1)	Providing appropriate assessment and responses to emergent changes in patient condition.				
EP		(2)	Instituting initial diagnostic procedures.				
EP		(3)	Providing definitive emergent care.				
EP	c.	Documentation on file indicating that each PGY-3 resident or fellow has completed at least 24 months of emergency medicine experience and has current ATLS or Advanced Pediatric Life Support provider certification.					

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STANDARD V -- EMERGENCY DEPARTMENT (continued)				**N/A**	**A**	**C**	**U**
C.	Resuscitation Area Nursing and Support Personnel Staffing Requirements						
	1.	Resuscitation area nursing staff					
TN		a.	At a minimum, two nurses (R.N.s) per shift shall be in-hospital and taking primary assignment for the pediatric resuscitation area.				
TN CR		b.	All pediatric resuscitation area nurses shall fulfill all initial and recurring training requirements as delineated in Standard VIII within the time frames provided.				
	2.	Other nursing and technical support staff					
TN		a.	The number of nursing personnel and technical staff members assigned to provide patient care in the resuscitation area (in excess of the minimum requirement provided in item C.1.a above) shall be established by each trauma center and shall ensure adequate care of the trauma patient.				
TN		b.	The trauma center shall have a designated and trained staff member to record pertinent patient information on a trauma flow sheet during each trauma alert (may be one of the nurses specified in item C.1.a above).				

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			STANDARD V -- EMERGENCY DEPARTMENT (continued)	**N/A**	**A**	**C**	**U**
D.			Resuscitation Area Documentation Requirements				
EP	1.		The trauma team shall use a trauma flow sheet of one or more pages to document patient care in the resuscitation area.				
	2.		The trauma flow sheet shall provide a sequential account of the following:				
EP		a.	The time EMS called trauma alert.				
EP		b.	The time of the trauma alert patient's arrival in the resuscitation area.				
EP		c.	The prehospital or hospital reason for the trauma alert being called.				
EP		d.	The time of arrival for each trauma team member and physician consultant.				
EP		e.	Serial physiological measurements and neurological status.				
EP		f.	All invasive procedures performed and results.				
EP		g.	Laboratory tests.				
EP		h.	Radiological procedures.				
EP		i.	The time of disposition and the patient's destination from the resuscitation area.				
EP		j.	Complete nursing assessment.				
EP		k.	Weight for pediatric trauma patients.				
EP		l.	Immobilization measures.				
EP		m.	Total burn surface area and fluid resuscitation calculations for burn patients.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)				**N/A**	**A**	**C**	**U**
E	Emergency Department Responsibilities						
EP	1.	The emergency department shall summon the pediatric trauma team when the facility is notified of a trauma alert en route that meets state/regional trauma alert criteria.					
EP	2.	The emergency department physician shall evaluate all pediatric trauma patients not identified as a trauma alert utilizing pediatric trauma scorecard methodology (See Rule 64J-2.005, Florida Administrative Code.). Once the emergency department physician identifies the patient as a trauma alert patient, they shall call an in-hospital trauma alert and summon the trauma team.					
EP	3.	The trauma team, physician consultants, and other support personnel shall arrive promptly when notified of a trauma alert and summoned. The trauma team, physician consultants, and other support personnel shall ensure that their response times are documented in each patient's record on the trauma flow sheet.					
	4.	The trauma team shall include, at a minimum, the following:					
EP		a.	A trauma surgeon (as team leader).				
EP		b.	An emergency physician.				
EP		c.	At least two trauma resuscitation area registered nurses.				
The trauma medical director may also require other disciplines to participate on this team.							

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STANDARD VI -- OPERATING ROOM AND POST-ANESTHESIA RECOVERY AREA				**N/A**	**A**	**C**	**U**
A.	Operating Room						
FTMD TS	1.	At least one adequately staffed operating room immediately available for pediatric trauma patients 24 hours a day.					
FTMD TS	2.	A second adequately staffed operating room available within 30 minutes after the primary operating room is occupied with a pediatric trauma patient.					
	3.	The operating team shall consist minimally of the following:					
TS		a.	One scrub nurse or technician.				
TS		b.	One circulating registered nurse.				
TS		c.	One anesthesiologist immediately available.				
TS	4.	All nursing staff members involved in trauma patient care shall satisfy all initial and recurring training requirements in the time frames provided in Standard VIII.					
B.	Post-Anesthesia Recovery (PAR)						
TN	1.	The PAR area (the surgical intensive care unit is acceptable) is adequately staffed with registered nurses and other essential personnel 24 hours a day.					
FTMD TS	2.	A physician credentialed by the hospital to provide care in the ICU or emergency department shall be in-hospital and available to respond immediately to the PAR for care of pediatric trauma patients 24 hours a day.					
TS CR	3.	All nursing staff members involved in trauma patient care shall satisfy all initial and recurring training requirements in the time frames provided in Standard VIII.					

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		STANDARD VII -- PEDIATRIC INTENSIVE CARE UNIT (PICU)	**N/A**	**A**	**C**	**U**
A.		Physician Requirements				
TS	1.	The trauma service medical director or trauma surgeon designee is responsible for pediatric trauma patient care in the PICU. Part of these responsibilities include ensuring that an attending trauma surgeon or pediatric surgeon remains in charge of the pediatric patient's care to coordinate all therapeutic decisions. The attending trauma surgeon or pediatric surgeon shall obtain consolations from medical and surgical specialist as needed to provide specific expertise.				
TS	2.	An attending trauma surgeon or pediatric surgeon may transfer primary responsibility for a stable pediatric patient with a single-system injury (for example, neurological) from the trauma service if it is mutually acceptable to the attending trauma surgeon or pediatric surgeon and the surgical specialist of the accepting service.				
TS	3.	A licensed physician shall be available from within the hospital, 24 hours a day, to arrive promptly for trauma patients in the PICU for emergent situations when the trauma service medical director or trauma surgeon designee is not available. This coverage is not intended to replace the primary admitting trauma surgeon in caring for the patient in the PICU; it is to ensure that the patient's immediate needs will be met while the primary surgeon is being contacted. If the physician is an emergency physician, there must be at least two emergency physicians on duty in the emergency department to ensure proper coverage of the PICU and the emergency department.				

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STANDARD VII -- PEDIATRIC INTENSIVE CARE UNIT (PICU) (continued)			**N/A**	**A**	**C**	**U**
TS	4.	The trauma center shall track by way of the trauma registry all pediatric trauma patients, whether under the primary responsibility of the trauma service or of another surgical or non-surgical service, through the quality management process to evaluate the care provided by all health care disciplines.				
B.	Nursing Requirements					
TN	1.	The ratio of nurses to trauma patients in the PICU shall be a minimum of 1:2, and shall be increased above this as dictated by patient acuity.				
TN CR	2.	The PICU nursing staff shall satisfy all initial and recurring training requirements, as listed in Standard VIII, in the time frames provided.				
C. **TN**	Nursing documentation in the PICU shall be on a 24-hour patient flow sheet.					
D. **TN**	There shall be immediate access to clinical laboratory services.					

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STANDARD VIII -- TRAINING AND CONTINUING EDUCATION PROGRAMS			**N/A**	**A**	**C**	**U**
A.		Registered nurses assigned to following departments shall obtain the specified number of trauma-related contact hours:				
CR	1.	ED/trauma resuscitation area -- 16 contact hours every two years.				
CR	2.	Operating room and post-anesthesia recovery -- eight contact hours every two years.				
CR	3.	Pediatric intensive care unit – eight contact hours every two years.				
CR	4.	Medical surgical/step down unit -- eight contact hours every two years.				
CR	5.	Rehabilitation unit -- eight contact hours every two years.				
CR	6.	Burn unit -- eight contact hours every two years.				
B. **CR**		Licensed practical nurses assigned to the above departments shall complete eight contact hours every two years.				
C. **CR**		Paramedics assigned to the above departments shall complete four contact hours of trauma-related continuing education every two years.				
D. **CR**		At least half of the contact hours mentioned in A.1-5, B, and C shall be in pediatric trauma.				

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	STANDARD IX -- EQUIPMENT		**N/A**	**A**	**C**	**U**
A.	Trauma Resuscitation Area					
EP	1.	Airway control and ventilation equipment, including various sizes of laryngoscopes and endotracheal tubes, bag valve mask resuscitator, mechanical ventilator oxygen masks and cannulae, and oxygen.				
EP	2.	Autotransfusion.				
EP	3.	Cardiopulmonary resuscitation cart, including emergency drugs and equipment.				
EP	4.	Doppler monitoring capability.				
EP	5.	Electrocardiograph/oscilloscope/defibrillator.				
EP	6.	Monitoring equipment for blood pressure and pulse and an electrocardiogram (ECG).				
EP	7.	Pacing capability.				
EP	8.	Pulse oximetry.				
EP	9.	Skeletal traction devices.				
EP	10.	Standard devices and fluids for intravenous (IV) administration.				
EP	11.	Sterile surgical sets for airway, chest, vascular access, diagnostic peritoneal lavage, and burr hole capability.				
EP	12.	Suction devices and nasogastric tubes.				
EP	13.	Telephone and paging equipment for priority contact of trauma team personnel.				
EP	14.	Thermal control devices for patients, IV fluids, and environment.				
EP	15.	Two-way radio communication with prehospital transport vehicles (radio communications shall conform to the State EMS Communications Plan).				

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STANDARD IX – EQUIPMENT (continued)			**N/A**	**A**	**C**	**U**
B.	Operating Room					
TS	1.	Airway control and ventilation equipment, including various sizes of laryngoscopes and endotracheal tubes, bag valve mask resuscitator, mechanical ventilator suction devices, oxygen masks and cannulae, and oxygen.				
TS	2.	Anesthesia monitoring equipment.				
TS	3.	Autotransfusion.				
TS	4.	Cardiopulmonary bypass capability.				
TS	5.	Cardiopulmonary resuscitation cart, including emergency drugs and equipment.				
TS	6.	Craniotomy/burr hole and intracranial monitoring capabilities.				
TS	7.	Endoscopes.				
TS	8.	Invasive hemodynamic monitoring and monitoring equipment for blood pressure, pulse, and ECG.				
TS	9.	Orthopedic equipment for fixation of pelvic, longbone, and spinal fractures and fracture table.				
TS	10.	Pacing capability.				
TS	11.	Standard devices and fluids for IV administration.				
TS	12.	Thermal control devices for patients, IV fluids, and environment.				
TS	13.	X-ray capability.				

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	STANDARD IX – EQUIPMENT (continued)		**N/A**	**A**	**C**	**U**
C.	Post-Anesthesia Recovery					
TS	1.	Airway control and ventilation equipment, including various sizes of laryngoscopes and endotracheal tubes, bag valve mask resuscitator, mechanical ventilator suction devices, oxygen masks and cannulae, and oxygen.				
TS	2.	Autotransfusion.				
TS	3.	Cardiopulmonary resuscitation cart, including emergency drugs and equipment.				
TS	4.	Intracranial pressure monitoring.				
TS	5.	Invasive hemodynamic monitoring and monitoring equipment for blood pressure, pulse, and ECG.				
TS	6.	Pacing capability.				
TS	7.	Pulse oximetry.				
TS	8.	Standard devices and fluids for IV administration.				
TS	9.	Sterile surgical sets for airway and chest.				
TS	10.	Thermal control devices for patients and IV fluids.				

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STANDARD IX – EQUIPMENT (continued)			**N/A**	**A**	**C**	**U**
D.	Pediatric Intensive Care Unit					
TS	1.	Airway control and ventilation equipment, including various sizes of laryngoscopes and endotracheal tubes, bag valve mask resuscitator, mechanical ventilator suction devices, oxygen masks and cannulae, and oxygen.				
TS	2.	Auto transfusion.				
TS	3.	Cardiopulmonary resuscitation cart, including emergency drugs and equipment.				
TS	4.	Compartment pressure monitoring devices.				
TS	5.	Intracranial pressure monitoring capabilities.				
TS	6.	Invasive hemodynamic monitoring.				
TS	7.	Orthopedic equipment for the management of pelvic, longbone, and spinal fractures.				
TS	8.	Pacing capabilities.				
TS	9.	Pulse oximetry.				
TS	10.	Scales.				
TS	11.	Standard devices and fluids for IV administration.				
TS	12.	Sterile surgical sets for airway and chest.				
TS	13.	Thermal control devices for patients, IV fluids, and environment.				
E.	Medical Surgical Unit					
TS	1.	Airway control and ventilation equipment, including laryngoscopes, endotracheal tubes of all sizes, bag-mask resuscitator, and sources of oxygen.				
TS	2.	Cardiopulmonary resuscitation cart, including emergency drugs and equipment.				
TS	3.	Standard devices and fluids for IV administration.				
TS	4.	Suction devices.				

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STANDARD X -- LABORATORY SERVICES				**N/A**	**A**	**C**	**U**
A.	Service Capabilities -- The TC shall have the following laboratory capabilities for pediatric trauma alert patients available in-hospital 24 hours per day:						
	1.	Services for the prompt analysis of the following:					
TS TN		a.	Blood, urine, and other body fluids.				
TS TN		b.	Blood gases and pH determination within five minutes 90 percent of the time.				
TS TN		c.	Coagulation studies.				
TS TN		d.	Drug and alcohol screening.				
TS TN		e.	Microbiology.				
TS TN		f.	Serum and urine osmolality.				
	2.	Appropriately staffed blood bank. The blood bank shall, at a minimum, be capable of providing the following:					
TS TN		a.	Blood typing, screening, and cross-matching.				
TS TN		b.	Platelets and fresh frozen plasma.				
TS TN		c.	At least 10 units of type "O" blood, three of which shall be "O negative."				
TS TN	3.	Written protocols ensuring that pediatric trauma patients receive priority over routine laboratory tests.					
B. **TS TN**	Staffing Requirements: A laboratory technician shall be available in-hospital 24 hours per day to conduct laboratory studies for pediatric trauma alert patients.						

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STANDARD XI –ACUTE HEMADIALYSIS CAPABILITY		**N/A**	**A**	**C**	**U**
A. **TS TN**	Service Capabilities -- The TC shall have the following laboratory capabilities for pediatric trauma alert patients available in-hospital 24 hours a day:				
COMMENTS:					
DEFICIENCIES:					

STANDARD XII -- RADIOLOGICAL SERVICES			**N/A**	**A**	**C**	**U**
A.	Service Capabilities – The following radiological service capabilities for pediatric trauma alert patients shall be available in-hospital 24 hours per day:					
TS NS	1.	Angiography (of all types) with a maximum response time until the start of the procedure of 60 minutes.				
TS NS	2.	Computerized tomography (CT).				
TS NS	3.	Routine radiological studies.				
B.	Staffing Requirements – Radiological staff needed to perform radiological services for pediatric trauma alert patients shall be available 24 hours a day. At a minimum, this includes the following:					
TS NS	1.	A radiologist, board certified or actively participating in the certification process with a time period set by each specialty board, and granted privileges by the hospital to provide radiological services for pediatric patients, shall be on trauma call and shall arrive promptly at the TC when summoned.				
TS NS	2.	A CT technician shall be in-hospital 24 hours a day.				
TS NS	3.	A radiological technician shall be available in-hospital 24 hours per day.				
DEFICIENCIES:						
COMMENTS:						

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STANDARD XII -- RADIOLOGICAL SERVICES (continued)			**N/A**	**A**	**C**	**U**
C.	CT Scanner Requirements					
TS NS	1.	At least one CT scanner shall be available for pediatric trauma alert patients, and be located in the same building as the resuscitation area. Ct scanners located in remote areas of the hospital campus (that requires moving the patient from one building to another), in mobile vans, or in other institutions do not meet this requirement.				
TS NS	2.	If the trauma center has only one CT scanner, a written plan shall be in place describing the steps to be taken if the apparatus is in use or becomes temporarily inoperable. The plan must include trauma patient transfer agreements.				
DEFICIENCIES:						
COMMENTS:						

STANDARD XIII -- ORGANIZED BURN CARE			**N/A**	**A**	**C**	**U**
A. **TS EP**	The trauma center shall have written policies and procedures for triage, assessment, stabilization, emergency treatment, and transfer (either into or out of the facility) of pediatric burn patients. Policies and procedures shall also be written regarding in-hospital management, including rehabilitation, of burn patients.					
B.	The trauma center is capable of providing specialized care, dedicated beds, and supplies or equipment appropriate for the care of a patient with major or significant burns (See Note #6) when the facility meets one of the following criteria:					
TS EP	1.	Is verified by the American Burn Association Committee on Burn Center Verification of the American College of Surgeons.				
	2.	Demonstrates that the facility and burn center staff meet the following qualifications:				
TS EP	a.	The facility shall admit an average of 60 or more pediatric patients with acute burn injuries annually. At least 40 patients shall meet the major or significant burn criteria.				
TS EP	b.	General surgeons or plastic surgeons who are the primary managing physicians managing burn cases shall obtain a minimum of two burn-related CMEs each calendar year as part of their total CMEs.				

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STANDARD XIII -- ORGANIZED BURN CARE (continued)			**N/A**	**A**	**C**	**U**
TS EP	c.	Each general surgeon or plastic surgeon who is the primary managing physician shall participate in the management of burn patient admissions or resuscitations.				
TS EP	d.	Burn unit nursing staff shall obtain a minimum of two burn-related contact hours each calendar year.				
TS EP	e.	The facility shall provide at least one burn-related community education or prevention program each calendar year.				
C. **TS EP**		If the trauma center is not capable of providing specialized care, dedicated beds, and supplies or equipment appropriate for the care of a patient with major or significant burns (See Note #6), the facility shall have a written transfer agreement with such a facility. The trauma center shall also have written medical transfer policies and protocols to ensure the timely and safe transfer of the burn patient.				
DEFICIENCIES:						
COMMENTS:						

STANDARD XIV -- ACUTE SPINAL CORD AND BRAIN INJURY MANAGEMENT CAPABILITY		**N/A**	**A**	**C**	**U**
A. **NS**	The trauma center shall have written policies and procedures for triage, assessment, stabilization, emergency treatment, and transfer (either into or out of the facility) for pediatric brain or spinal cord injured patients. Policies and procedures shall also be written regarding in-hospital management, including rehabilitation, for brain or spinal cord injured patients.				
B. **NS**	The trauma center shall be designated by the Department of Health, Brain and Spinal Cord Injury Program, as a spinal cord injury acute care center or brain injury acute care center, ***Or*** Have a written transfer agreement in place with such a facility, and written medical transfer policies and protocols for when to initiate a transfer to ensure the timely and safe transfer of the pediatric brain or spinal cord injured patient.				
DEFICIENCIES:					
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STANDARD XV -- ACUTE REHABILITATIVE SERVICES			**N/A**	**A**	**C**	**U**
A. **TS**	The trauma medical director shall establish injury categories to identify pediatric trauma patients as candidates for rehabilitative services. At a minimum, the injury categories shall include trauma patients with musculoskeletal, cognitive, and other neurological impairments.					
B.	The trauma service medical director or trauma program manager shall ensure that pediatric trauma patients have an evaluation by any or all of the following (as appropriate to the patient's injury) within 7 days of inpatient admission:					
TS NS	1.	Attending trauma surgeon, neurosurgeon, neurologist, or orthopedic surgeon.				
TS NS	2.	Neuropsychologist.				
	3.	Nursing personnel may include the following:				
TS NS		a. Trauma program manager or designee.				
TS NS		b. Clinical nurse specialist.				
TS NS		c. Rehabilitation nurse.				
TS NS	4.	Occupational therapist.				
TS NS	5.	Physiatrist or medical director of the rehabilitation services department.				
TS NS	6.	Physical therapist.				
TS NS	7.	Speech therapist.				

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STANDARD XV -- ACUTE REHABILITATIVE SERVICES (continued)		**N/A**	**A**	**C**	**U**
C. **TS NS**	The consultant shall document this evaluation in the patient's medical record. Documentation shall include any short- or long-term rehabilitation goals and plan.				
D. **TS NS**	The physician with primary responsibility for the patient shall review the assessment and recommendations within 48 hours and document the review in the patient's medical record.				
E.	The trauma center shall have one of the following for long-term rehab services:				
TS NS	1. A designated rehabilitation unit that is accredited by the Commission on Accreditation of Rehabilitative Facilities.				
TS NS	2. A rehabilitation unit designated by the Department of Health, Brain and Spinal Cord Injury Program as a spinal cord or brain injury rehabilitation center.				
TS NS	3. A written transfer agreement in place with one of the above stated facility types, and written medical transfer policies and protocols for when to initiate a transfer to ensure the timely and safe transfer of the pediatric trauma patient.				

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STANDARD XVI -- PSYCHOSOCIAL SUPPORT SYSTEMS		**N/A**	**A**	**C**	**U**
A. **TN TS**	The trauma center shall have written policies and protocols to provide mental health services, child protective services, and emotional support to pediatric trauma patients or their families. At a minimum, the policies and protocols shall include qualified personnel to provide the services and require that the personnel shall arrive promptly at the TC when summoned.				
B.	Qualified personnel may include, but are not limited to the following:				
TN TS	1. Nurses (in addition to resuscitation area personnel).				
TN TS	2. Pastoral or spiritual care representatives.				
TN TS	3. Patient advocates or representatives.				
TN TS	4. Physician consultants.				
TN TS	5. Psychologists or psychiatrists				
TN TS	6. Social service workers.				
C. **TN TS**	Drug and alcohol counseling and referral services shall be available for patients and their families.				
D. **TN TS**	The personnel listed in B.1-6 shall document these interventions in the patient's medical record.				

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STANDARD XVII -- OUTREACH PROGRAMS		**N/A**	**A**	**C**	**U**
A. **FTMD** **DH**	The trauma service shall have written evidence documenting active involvement in at least two public pediatric education programs and two public pediatric trauma prevention programs per calendar year.				
FTMD **DH**	1. Injury prevention programs shall be chosen based upon the epidemiologic needs of the community served by the trauma center.				
FTMD **DH**	2. Hospital-specific evaluation methods shall be implemented to determine the effectiveness of the injury prevention programs.				
B. **TS EP** **TN**	The trauma service shall provide consultations or feedback to EMS or the transferring hospital regarding any patient admitted to the intensive care unit when performance improvement issues related to prehospital care are applicable.				
C. **TS EP** **TN**	The trauma service shall provide 24-hour availability of telephone consultation with members of the hospital's trauma team and physicians of the community and outlying areas. Scheduled on-site consultations with members of the hospital's trauma team shall be available with physicians of the community and outlying area. Evidence of these consultations shall be documented.				
D. **TS EP** **TN**	Evidence of contact with referring physicians regarding patient transfers shall be documented in all cases.				
E. **TS**	There shall be evidence of a minimum of 10 multidisciplinary conferences conducted per year to provide trauma case review for the purpose of case management and education.				
	1. The conference shall include the review of the following:				
TS	a. The local and regional emergency medical service system.				
TS	b. Individual case management.				
TS	c. The trauma center or system.				
TS	d. Solution of specific problems including organ procurement and donation.				
TS	e. Trauma care education.				

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STANDARD XVII -- OUTREACH PROGRAMS (continued)		**N/A**	**A**	**C**	**U**
	2. In order to be considered a multidisciplinary conference, there shall be at least one representative from the following departments:				
TS	a. Trauma service				
TS	b. Emergency department				
TS	c. Neurosurgery				
TS	d. Orthopedics				
TS	e. Nursing				
TS	f. Social Work				
TS	g. Rehabilitation medicine				
TS	h. Laboratory				
TS	i. X-ray				
TS	j. Prehospital providers				
TS	k. Hospital administration				

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STANDARD XVIII -- QUALITY MANAGEMENT				**N/A**	**A**	**C**	**U**
A.	Written evidence on file indicating the governing body's commitment to the trauma quality improvement program. This evidence shall include the following:						
TS FTMD	1.		The trauma service medical director must have authority and administrative support to implement changes related to the process of care and outcomes across multiple specialty departments.				
TS FTMD	2.		A clearly defined performance improvement program for the trauma population that is integrated into the hospital-wide program. The trauma program's monitoring and evaluation process must show identification of process/outcome issues, corrective actions taken, and loop closure, when applicable, for evaluations of the desired effects.				
B.	Written evidence on file indicating an active and effective trauma quality improvement program. This evidence shall include procedures and mechanisms for at least the following:						
	1.		Population of cases for review -- The trauma service medical director and trauma program manager shall review all trauma patient records from the following categories:				
TS TN EP NS FTMD		a.	All trauma alert cases admitted to the hospital (patients identified by the state trauma scorecard criteria in Rule 64J-2.005, Florida Administrative Code).				
TS TN EP NS FTMD		b.	Critical or intensive care unit admissions for traumatic injury.				
TS TN EP NS FTMD		c.	All operating room admissions for traumatic injury (excluding same day discharges or isolated, non-life threatening orthopedic injuries).				
TS TN EP NS FTMD		d.	Any critical trauma transfer into or out of the hospital.				
TS TN EP NS FTMD		e.	All in-hospital traumatic deaths, including deaths in the trauma resuscitation area.				

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)				**N/A**	**A**	**C**	**U**
	2.	Process/outcome indicators -- The facility shall monitor a total of ten indicators relevant to process or outcome measures.					
	a.	The facility must monitor four state-required indicators relevant to process and outcome.					
DH,TS TN		(1)	All deaths.				
DH,TS TN		(2)	Any trauma patient with an unplanned re-admittance to the hospital within thirty days of discharge.				
DH,TS TN		(3)	Any trauma patient readmitted to ICU, or an unplanned admission to the ICU from a medical/surgical unit.				
DH,TS TN		(4)	The cumulative total of traumatic C1, C2, and/or C3 spinal cord injury patients, permanently dependent on mechanical ventilator support, who are admitted or transferred to the ICU during the quarter and the cumulative total of those that remain in the ICU from this and previous quarters. (See Note #8 for eligibility criteria for the Diaphragm Pacer Program)				
DH,TS TN	As process and outcome issues are resolved through evidence of the implementation of an action plan, evaluation, and closure when applicable, new indicators shall be introduced and monitored for a minimum of at least six months. The identification of indicators shall be based on defined criteria (expectations) that can be determined from consensus institutional guidelines and nationally derived evidence-based guidelines.						
DH,TS TN	b.	The facility must identify and monitor six indicators relevant to its respective facility for a period of six months and submit these indicators to the Department of Health.					
DH,TS TN		The identification of indicators shall be based on defined criteria (expectations) that can be determined from consensus institutional guidelines and nationally derived evidence-based guidelines.					
DH,TS TN		As process and outcome issues are resolved through evidence of the implementation of an action plan, evaluation, and closure when applicable, new indicators shall be introduced and monitored for a minimum of at least six months. New indicators must be submitted to the Department of Health.					

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)			**N/A**	**A**	**C**	**U**
DH,TS TN	3.	Evaluation of cases -- The trauma medical director or trauma program manager shall evaluate each case identified by one of the indicators in Standard XVIII.B.2.a and b to determine whether the case should be referred to the TQM committee for further review. (The trauma medical director and the trauma program manager shall also present a summary of reviewed cases not referred to the TQM committee.)				
DH,TS TN	4.	Committee discussion and action -- The members of the TQM committee shall review and discuss each case referred by the trauma medical director or trauma program manager. The members shall recommend or take action on those cases where the committee finds opportunities for improving performance, system process, or outcomes. (The trauma medical director is responsible for monitoring the outcome of each case referred to persons or committees outside the TQM committee. The medical director is also responsible for providing a comprehensive report to the TQM committee regarding those referrals.)				
DH,TS TN	5.	Resolution and follow-up -- The TQM committee shall evaluate and document the effectiveness of action taken to ensure problem resolution, improvements in patient care, or improved patient outcomes.				
C. **DH TS TN**		The TQM committee shall meet a minimum of 10 times per year to review trauma cases referred by the trauma service medical director or trauma program manager, including cases identified by the indicators listed in and other cases with quality of care concerns, systems issues, morbidity, or mortality.				

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COMMENTS:

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)			**N/A**	**A**	**C**	**U**
D.	The trauma quality management committee shall be composed of at least the following persons:					
FTMD TS. DH	1.	Trauma medical director (as chairperson).				
FTMD TS. DH	2.	Trauma program manager.				
FTMD TS. DH	3.	Medical director of emergency department or emergency physician designee.				
FTMD TS. DH	4.	Trauma surgeon, other than the trauma service medical director.				
FTMD TS. DH	5.	Surgical specialist other than trauma surgeon, such as neurosurgeon, orthopedic surgeon, and pediatric surgeon.				
FTMD TS. DH	6.	Representative from administration.				
FTMD TS. DH	7.	Operating room nursing director or designee.				
FTMD TS. DH	8.	Emergency department nursing director or designee.				
FTMD TS. DH	9.	Pediatric intensive care unit nursing director or designee.				
E. **FTMD TS. DH**	There shall be at least one of the above committee members (there must always be another representative from the trauma service in addition to the trauma medical director) at the trauma quality management committee meetings.					

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)			**N/A**	**A**	**C**	**U**
F.		The trauma service shall maintain written minutes of all TQM committee meetings for at least three years. The trauma service shall have these minutes available for the Department of Health to review upon request. The minutes shall include all items specified in the standards document.				
FTMD TS DH	1.	The names of attendees.				
FTMD TS DH	2.	The subject matter discussed, including an analysis of all issues related to each case referred by the trauma service medical director or the trauma program manager, cases involving morbidity or mortality determining whether they were disease related or provider related and the preventability, and cases with other quality of care concerns.				
FTMD TS DH	3.	A summary of cases with variations not referred to the committee.				
FTMD TS DH	4.	A description of committee discussion of cases not requiring action, with an explanation for each decision.				
FTMD TS DH	5.	Any action taken to resolve problems or improve patient care and outcomes.				
FTMD TS DH	6.	Evidence that the committee evaluated the effectiveness of any action taken to resolve problems or improve patient care and outcomes.				

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	STANDARD XVIII -- QUALITY MANAGEMENT (continued)			**N/A**	**A**	**C**	**U**
	G.	The trauma quality management committee shall prepare and submit a quarterly report to the Department of Health. The reports shall be submitted at the end of each calendar year quarter by the 15th of the month following the end of the previous quarter. The report shall:					
	1.	List every case selected for corrective action by the trauma quality management committee (do not include information that would identify the patient) and shall provide the following regarding each case:					
DH		a.	Hospital case number.				
DH		b.	Description of questionable care.				
DH		c.	Corrective action taken. If corrective action is not necessary, an explanation is required.				
DH	2.	List the clinical indicators with the number of patients per quarter, number identified, and committee involvement.					
DH	3.	List all the complications experienced by trauma patients in the quarter by number of patients and number of total patients in the quarter.					

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)			**N/A**	**A**	**C**	**U**
H.		The trauma service shall maintain an in-hospital trauma registry. The minimum data set for the trauma registry shall include the items specified in the standards document. (Standard XVlll.B.2.a and b.)				
DH	1.	Medical record number?				
DH	2.	Mechanism of injury?				
DH	3.	Injury severity score?				
DH	4.	Discharge diagnosis(es) (narrative description of top 10 minimum)?				
DH	5.	Discharge data?				
DH	6.	Case criterion(a) from section B.1.a-e?				
DH	7.	Applicable indicators that identified cases for review (B.2.a and b)?				
DH	8.	Quality improvement review data?				
DH	9.	Is there a quality improvement review disposition (for example, pending, acceptable, or unacceptable, with preventable, unpreventable, or possibly preventable for all deaths)?				

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	STANDARD XIX -- TRAUMA RESEARCH	**N/A**	**A**	**C**	**U**
A. **TS**	The trauma service shall participate in collaborative research protocols in pediatric trauma patient care.				
B. **TS**	The institution will demonstrate current involvement in and commitment to research in pediatric trauma care.				
C.	Methods of demonstrating the trauma center involvement and commitment may include:				
TS	1. Commitment of resources.				
TS	2. Outcome, mechanism, or process-related studies.				
TS	3. Regular meetings of research group.				
TS	4. Funded studies.				
TS	5. Effort (publications in peer review journal or regional or national presentations).				
TS	6. Multidisciplinary studies.				
TS	7. Concluded studies.				
TS	8. Proposals reviewed by Institutional Review Board.				

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STANDARD XX – DISASTER PLANNING AND MANAGEMENT		**N/A**	**A**	**C**	**U**
A. **DH TS EP**	The trauma center shall meet the disaster related requirements pursuant to s. 395.1055(1)c, F.S., and the Agency for Health Care Administration, Comprehensive Emergency Management Plan, Chapter 59A-3.078, Florida Administrative Code, and Joint Commission on the Accreditation of Healthcare Organizations' Standards.				

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SITE SURVEYOR OVERALL EVALUATION OF COMPLIANCE WITH STATE-APPROVED TRAUMA CENTER STANDARDS

NAME OF FACILITY:

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

DEFICIENCIES/COMMENTS:

SURVEYOR'S NAME: _____

DATE: _____

SURVEYOR'S SIGNATURE: _____

DATE: _____