

Facility: _____ Date: _____

SITE SURVEY REPORT--LEVEL I TRAUMA CENTER

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
Division of Emergency Preparedness and Community Support**

KEY: N/A = NOT APPLICABLE
 A = EVIDENCE OF SUBSTANTIAL COMPLIANCE WITH THE STANDARDS
 C = EVIDENCE OF SOME DEGREE OF COMPLIANCE WITH THE STANDARD SUCH THAT THE FACILITY IS WILLING AND ABLE TO COME INTO SUBSTANTIAL COMPLIANCE WITHIN 6 MONTHS
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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 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.				
DEFICIENCIES:						
COMMENTS:						

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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 trauma center standards. The CEO or his or her designee shall ensure that all staff involved with the care of the 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 administering 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 (continued)

	N/A	A	C	U
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.				
FTMD 7. The hospital submits trauma data to the state Division of Emergency Preparedness and Community Support, Bureau of Emergency Medical Oversight, Trauma Program, trauma registry program 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. The TC shall provide, within the facility, pediatric trauma patient care services, from emergency department admission through rehabilitation, that are separate and distinct from adult trauma patient care services.				
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. Intensive Care Unit and Pediatric Intensive Care Unit.				
TS c. Operating Room and Post-Anesthesia Recovery/Post-Anesthesia Care Unit.				
TS d. Medical Surgical Unit.				
DEFICIENCIES:				
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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 trauma patients.				
TS	b. Patient transfers into and out of the hospital.				
TS	3. The trauma service medical director shall approve all 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 trauma-related protocols through the trauma quality management process.				
DEFICIENCIES:					
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STANDARD II -- TRAUMA SERVICE (continued)					
D. Qualifications of Leadership Staff -- At a minimum, this evidence shall include the following:					
	1. Trauma Medical Director	N/A	A	C	U
TS CR	a. Proof of board certification in general surgery.				
TS CR	b. Documentation that the hospital granted the medical director full and unrestricted privileges to provide general surgical and trauma care surgical services for adult and pediatric patients.				
TS CR	c. Documentation that the medical director manages a minimum of 28 trauma cases per year (average of seven trauma cases per quarter), at least eight of which are pediatric if the medical director manages pediatric trauma patients. These cases may include operative and non-operative interventions.				
TS CR	d. Documentation of a minimum of ten Category I CME credits every year in trauma-related topics, five of which shall be in pediatric trauma if the medical director manages pediatric trauma patients.				
TS CR	e. 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 patients, both adult and pediatric, with neural trauma.				
TS CR	f. 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.			
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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 (in-hospital) and backup trauma coverage 24 hours a day at the trauma center when summoned. Pursuant to Standard II.A.6, there shall be at least one qualified pediatric trauma surgeon for the trauma service.			
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 2032-E, January 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 in-hospital or backup trauma call, the trauma surgeon agrees to the conditions listed below:			
a. Primary trauma call:					
TS	1.	To be physically present in-hospital to meet all trauma alert patients in the trauma resuscitation area at the time of the trauma alert patient's arrival.			
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 calls or trauma calls at any other facility while on trauma call at the primary facility.			
DEFICIENCIES:					
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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (continued)

b. Backup trauma call		N/A	A	C	U
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 calls or trauma calls 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 -- STAFFING AND ORGANIZATION (continued)

3. Trauma surgeon qualifications.		N/A	A	C	U
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 Level I Trauma Center. In rare cases in a Level I 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 adult and pediatric patients.				
TS CR	(3) Documentation that the general surgeon manages a minimum of 28 trauma cases per year (average of seven trauma cases per quarter), at least eight of which are pediatric if the general surgeon manages pediatric trauma patients. 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 if the general surgeon manages pediatric trauma patients. The general surgeon may apply CME credits earned during any given year for the completion of ATLS certification toward meeting this requirement.				

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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (continued)

			N/A	A	C	U
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 patients, both adult and pediatric, with neural trauma. This statement shall be on file and available for Department of Health review.				
TS CR	(6)	Current ATLS provider certificate.				
DEFICIENCIES:						
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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (continued)

			N/A	A	C	U
b. For a pediatric surgeon:						
TS CR	(1)	<p>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.</p> <p>Alternate Criteria for the Non-Board-Certified Pediatric Surgeon in a Level I Trauma Center. In rare cases in a Level I trauma center, a non-board-certified general surgeon who meets all 4 of the following criteria may be included on the trauma call panel:</p> <ol style="list-style-type: none"> 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. 				
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.				
DEFICIENCIES:						
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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (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. (See Note #1.)				
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. This statement shall be on file and available for Department of Health review.				
TS CR	(7)	Current ATLS provider certification.				
DEFICIENCIES:						
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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (continued)

		N/A	A	C	U
B.	Neurological Surgery				
NS	1. Minimum of one qualified neurosurgeon to provide in-hospital 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 definition of alternate criteria. Alternate Criteria for Non-Board-Certified Neurosurgeon in a Level I trauma center. In rare cases in a Level I 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 meeting.				
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. OR				

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STARNDARD III-SURGICAL SERVICES—STAFFING & ORGANIZATION (continued)		N/A	A	C	U
NS	May be included on the trauma panel if he or she meets the following criteria: 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.				
NS	b Documentation that the hospital has granted the neurosurgeon privileges to provide neurosurgical and trauma care services for adult and pediatric patients.				
3.	Senior neurosurgical residents, PGY-2 or above, 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 available to arrive promptly at the TC to provide stabilization, diagnostic procedures, or definitive operative care.				
	b. The trauma medical director and the Chief of Neurosurgery attest in writing that the senior neurosurgical resident is capable of the following:				
NS	(1) Providing appropriate assessment and responses to emergent changes in patient condition.				
NS	(2) Instituting initial diagnostic procedures.				
NS	This statement shall be on file and available for department review for each senior neurosurgical resident that fills the neurosurgeon requirement.				
NS	c. There is evidence on file that each resident has completed at least two years of neurosurgical training.				
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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (continued)

		N/A	A	C	U
4. 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) 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 TC 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.				
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. Microsurgery capabilities.				
CR	4. Obstetric/gynecologic surgery.				
CR	5. Ophthalmic surgery.				
CR	6. Oral/maxillofacial surgery.				
CR	7. Orthopedic surgery.				
CR	8. Otorhinolaryngologic surgery.				
CR	9. Plastic surgery.				
CR	10. Thoracic surgery.				
CR	11. Urologic surgery.				
D. CR	All surgeons staffing the services listed in items C.1-11 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 adult and 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 service medical director ensures the requirements in the standards document.				
TS	1. A staff anesthesiologist is on trauma call and available to arrive promptly at the TC when summoned.				
	2. The trauma service 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). This statement shall be on file and available for Department of Health review for each C.R.N.A. or senior anesthesia resident that fills the anesthesiologist requirement.				
TS	This statement shall be on file and available for department review for each CRNA 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.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD IV -- NON-SURGICAL SERVICES -- (continued)

B.	The following non-surgical specialties shall be available 24 hours a day to arrive promptly at the TC when summoned:	N/A	A	C	U
FTMD	1. Cardiology.				
FTMD	2. Gastroenterology.				
FTMD	3. Hematology.				
FTMD	4. Infectious diseases.				
FTMD	5. Internal medicine.				
FTMD	6. Nephrology.				
FTMD	7. Pathology.				
FTMD	8. Pediatrics.				
FTMD	9. Psychiatry.				
FTMD	10. Pulmonary medicine.				
FTMD	11. Radiology.				
FTMD	C. All specialists staffing the services listed in B.1-11 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 adult and pediatric patients.				
DEFICIENCIES:					
COMMENTS:					

KEY: N/A = NOT APPLICABLE

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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 trauma alert patients. This area shall be large enough to allow assembly of the full trauma team.			
FTMD, EP	2.	Resources, staff, and equipment necessary to treat the pediatric trauma patient.			
FTMD, EP	3.	The trauma resuscitation area shall be of adequate size and contain adequate trauma care equipment and supplies to simultaneously perform at least two multi-system trauma alert patient resuscitations.			
FTMD, EP	4.	Security measures in place in the resuscitation area designed to protect the life and well-being of assigned TC staff, patients, and families.			
FTMD, EP	5.	Facilities to accommodate the simultaneous unloading of two EMS ground units.			
FTMD, EP	6.	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.			
DEFICIENCIES:					
COMMENTS:					

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

		N/A	A	C	U
B. Physician Requirements					
	1.	Designated 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 physicians, nursing, and hospital support staffs. At a minimum, this evidence shall include the following:			
EP CR	a.	Proof of board certification in 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 adult and 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 provider certification.			
EP	2.	Emergency Physicians -- At least one emergency physician is on duty in the emergency department 24 hours a day to cover adult and pediatric trauma patient care services. The emergency department medical director shall ensure that the emergency physicians, during their assigned shifts, comply with the following conditions:			
EP	a.	During assigned shifts, must be physically present in-hospital to meet all trauma alert patients in the trauma resuscitation area at the time of the trauma alert patient's arrival.			
EP	b.	During assigned shifts, must 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.	During assigned shifts, must transfer the care of the trauma patient to the attending trauma surgeon upon his or her arrival in the resuscitation area.			
DEFICIENCIES:					
COMMENTS:					

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

N/A A C U

3. 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 proof of meeting the definition of alternate criteria. Alternate Criteria for the Non-Board-Certified Pediatric Surgeon in a Level I Trauma Center. In rare cases in a Level I 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.				
DEFICIENCIES:					
COMMENTS:					

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			N/A	A	C	U
STANDARD V -- EMERGENCY DEPARTMENT (continued)						
CR	(2)	Board certification or actively participating in the certification process with a time period set by each specialty board 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	a.	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 if the emergency physician cares for pediatric trauma patients.				
CR	b.	Documentation that the hospital granted privileges to the emergency physician to provide trauma and other emergency care services for adult and pediatric patients.				
CR	c.	Current ATLS provider certification.				
DEFICIENCIES:						
COMMENTS:						

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

		N/A	A	C	U
4. For emergency physicians who care for only pediatric trauma patients, the 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 pediatric emergency medicine, or proof of meeting the following definition of alternate criteria: The non-board-certified physician must have completed an approved residency program. The physician must be licensed to practice medicine and approved for emergency medicine privileges by the hospital's credentialing committee. The physician must meet all criteria established by the trauma director and emergency medicine director. The physician must have experience in caring for trauma patients, which must be tracked by the PI program. The trauma director [and] emergency medicine director must attest to this physician's experience and quality of patient care as a part of the recurring granting of trauma team privileges consistent with the hospital's policy. This individual is expected to meet all other qualifications for members of the trauma team.			
CR	(2)	Board certification in a primary care specialty or emergency medicine 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	a.	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	b.	Documentation that the hospital granted privileges to the emergency physician to provide trauma and other emergency care services for pediatric patients.			
CR	c.	Current ATLS provider certification.			
DEFICIENCIES:					
COMMENTS:					

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

		N/A	A	C	U
5.	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 provider certification.				
C. Resuscitation Area Nursing and Support Personnel Staffing Requirements					
1.	Resuscitation Area Nursing and Support Personnel Staffing Requirements.				
TN	a. At a minimum, two nurses (R.N.s) per shift shall be in-hospital and taking primary assignment for the resuscitation area.				
TN CR	b. All resuscitation area nurses shall fulfill all initial and recurring training requirements as delineated in Standard VIII within the time frames provided.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

				N/A	A	C	U
2. Other nursing and technical support staff							
TN		a.	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).				

DEFICIENCIES:

COMMENTS:

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STANDARD V -- EMERGENCY DEPARTMENT (continued)			N/A	A	C	U
E.	Emergency Department Responsibilities		N/A	A	C	U
EP	1.	The emergency department shall summon the 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 trauma patients not identified as a trauma alert utilizing trauma scorecard methodology. (See Rules 64J-2.004 and 64J-2.005, Florida Administrative Code.) Once the emergency department physician identifies the patient as a trauma alert patient, he or she 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.						
DEFICIENCIES:						
COMMENTS:						

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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 adult and 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 an adult or 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.				
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 adult and pediatric trauma patients 24 hours a day.				
DEFICIENCIES:						
COMMENTS:						

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STANDARD VII -- INTENSIVE CARE UNIT (ICU) AND PEDIATRIC INTENSIVE CARE UNIT (PICU)

		N/A	A	C	U
A.	The adult ICU must be separate and distinct from the PICU.				
B.	Adult ICU				
	1. Physician Requirements:				
TS	a. The trauma medical director or trauma surgeon designee is responsible for adult trauma patient care in the ICU. Part of these responsibilities includes ensuring that an attending trauma surgeon remains in charge of the patient's care to coordinate all therapeutic decisions. The attending trauma surgeon shall obtain consultations from medical and surgical specialists as needed to provide specific expertise.				
TS	b. An attending trauma surgeon may transfer primary responsibility for a stable adult patient with a single-system injury (for example, neurological) from the trauma service if it is mutually acceptable to the attending trauma surgeon and the surgical specialist of the accepting service.				
TS	c. The in-hospital trauma surgeon, or the general surgical resident fulfilling the in-hospital requirement (See Standard III.A.4), shall be available from within the hospital to arrive promptly for adult trauma patients in the ICU for emergent situations when the trauma service medical director or trauma surgeon designee is not available.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD VII -- ICU AND PICU (continued)

		N/A	A	C	U
TS	d. The TC shall track by way of the trauma registry all adult 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.				
2. Nursing Requirements					
TN	a. The ratio of nurses to trauma patients in the ICU shall be a minimum of 1:2, and shall be increased above this as dictated by patient acuity.				
TN, CR	b. The ICU nursing staff shall satisfy all initial and recurring training requirements, as listed in Standard VIII, in the time frames provided.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD VII -- ICU AND PICU (continued)

C. Pediatric ICU							
1. Physician Requirements				N/A	A	C	U
TS	a.	The trauma medical director or trauma surgeon designee is responsible for pediatric trauma patient care in the PICU. Part of these responsibilities includes 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 consultations from medical and surgical specialists as needed to provide specific expertise.					
TS	b.	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	c.	The in-hospital trauma surgeon, or the general surgical resident fulfilling the in-hospital requirement (See Standard III.A.4), shall be available from within the hospital to arrive promptly for pediatric trauma patients in the PICU for emergent situations when the trauma service medical director or trauma surgeon designee is not available.					
TS	d.	The TC 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.					
DEFICIENCIES:							
COMMENTS:							

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STANDARD VII -- ICU AND PICU (continued)

	2.	Nursing Requirements	N/A	A	C	U
TN	a.	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	b.	The PICU nursing staff shall satisfy all initial and recurring training requirements, as listed in Standard VIII, in the time frames provided.				
D. TN		Nursing documentation in the ICU and PICU shall be on a 24-hour patient flow sheet.				
E. TN		There shall be immediate access to clinical laboratory services.				

DEFICIENCIES:

COMMENTS:

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STANDARD IX – EQUIPMENT (continued)

		N/A	A	C	U
D. Intensive Care Unit and 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.				
DEFICIENCIES:					
COMMENTS:					

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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 adult and 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 trauma patients receive priority over routine laboratory tests.				
B.	A laboratory technician shall be available in-hospital 24 hours per day to				
TS,TN	conduct laboratory studies for trauma alert patients.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD XI—ACUTE HEMODIALYSIS CAPABILITY

		N/A	A	C	U
A. TS,TN	Acute hemodialysis capability shall be available for trauma patients 24 hours a day.				
DEFICIENCIES:					
COMMENTS:					

STANDARD XII -- RADIOLOGICAL SERVICES

		N/A	A	C	U
A.	Service Capabilities – The following radiological service capabilities for 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.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD XII -- RADIOLOGICAL SERVICES (Continued)		N/A	A	C	U
B.	Staffing Requirements – Radiological staff needed to perform radiological services for 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 adult and pediatric patients, shall be in-hospital and promptly available 24 hours a day. A chief radiology resident may fill the in-hospital requirement only if the trauma service medical director ensures the following:				
TS,NS	a. A staff radiologist is on trauma call and available to arrive promptly at the TC when summoned.				
	b. The trauma service medical director and the Chief of Radiology attest in writing that each participating resident is capable of the following:				
TS,NS	(1) Authorizing any radiological studies required for adult and pediatric trauma alert patients.				
TS,NS	(2) Providing appropriate evaluation of adult and pediatric trauma alert patient radiological studies.				
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.				
C.	CT Scanner Requirements				
TS,NS	1. At least one CT scanner shall be available for 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 TC 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:					

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STANDARD XIII -- ORGANIZED BURN CARE

		N/A	A	C	U
A.	The TC shall have written policies and procedures for triage, assessment, stabilization, emergency treatment, and transfer (either into or out of the facility) of burn patients. Policies and procedures shall also be written regarding in-hospital management, including rehabilitation, of burn patients.				
TS,EP					
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 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.				
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 as part of their total CMEs.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD XIII -- ORGANIZED BURN CARE (continued)

		N/A	A	C	U
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 TC shall have written policies and procedures for triage, assessment, stabilization, emergency treatment, and transfer (either into or out of the facility) for 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 brain or spinal cord injured patient.				
DEFICIENCIES:					
COMMENTS:					

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STANDARD XV -- ACUTE REHABILITATIVE SERVICES (Continued)

		N/A	A	C	U
D.	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.				
TS,NS					
E.	The trauma center shall have one of the following for long-term rehabilitative 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 trauma patient.				

DEFICIENCIES:

COMMENTS:

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STANDARD XVI -- PSYCHOSOCIAL SUPPORT SYSTEMS

		N/A	A	C	U
A. TN,TS	The TC shall have written policies and protocols to provide mental health services, child protective services, and emotional support to 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.				
DEFICIENCIES:					
COMMENTS:					

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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 Rules 64E-2.017 and 64E-2.0175, 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.			
DEFICIENCIES:					
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 service 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. 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.				
DEFICIENCIES:					
COMMENTS:					

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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 XVIII 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)?				

DEFICIENCIES:

COMMENTS:

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STANDARD XIX -- TRAUMA RESEARCH

		N/A	A	C	U
A.	The trauma service shall conduct ongoing clinical and research programs in trauma patient care and a Level I trauma center program must have:				
1 TS	Three articles published in a 3-year period. These articles must result from work related to the trauma center. Of the three articles, at least 1 must be authored or coauthored by members of the general surgery trauma team. Trauma-related articles co-authored by members of other disciplines or work done in collaboration with other trauma centers; sub-specialists involved in trauma care for examples: neurosurgery, emergency medicine, orthopedics, radiology, anesthesia, and rehabilitation; and participation in multicenter investigations may be included in the remainder, and				
2	Of the 7 following trauma related scholarly activities, 4 must be demonstrated:				
TS	a Leadership in major trauma organizations. There must be evidence of this leadership for a Level I organization. Evidence includes membership in trauma committees of any of the regional and national trauma organizations such as the American Association for the Surgery of Trauma (AAST), Western Trauma Association, Eastern Association for the Surgery of Trauma, and the ACS Committee on Trauma.				
TS	b Peer-reviewed funding for trauma research. There should be demonstrated evidence of funding of the center from a recognized government or private agency or organization.				
TS	c Evidence of dissemination of knowledge to include review articles, book chapters, technical documents, Web-based publications, editorial comments, training manuals, and trauma-related course material.				
TS	d Display of scholarly application of knowledge as evidenced by case reports or reports of clinical series in journals included in MEDLINE.				
TS	e Participation as a visiting professor or invited lecturer at national or regional trauma conferences.				
TS	f Support of resident participation in institution-focused scholarly activity, including laboratory experiences, clinical trials, or resident trauma paper competitions at the state, regional, or national level.				
TS	g Mentorship of residents and fellows, as evidenced by the development of a trauma fellowship program or successful matriculation of graduating residents into trauma fellowship programs.				

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STANDARD XIX -- TRAUMA RESEARCH (Continued)		N/A	A	C	U
B.	The institution will have a designated trauma research director and demonstrate current involvement in and commitment to research in adult and pediatric trauma care.				
TS					
C.	Methods of demonstrating the trauma center's involvement and commitment will include, but not be limited to the following:				
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.				
DEFICIENCIES:					
COMMENTS:					

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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 JACHO Standards.				
DEFICIENCIES:					
COMMENTS:					

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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: _____