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SITE SURVEY REPORT
LEVEL II TRAUMA CENTER

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT

IDENTIFY COMMENTED AREAS RESPONSIBLE FOR BY POSITION ABBREVIATION

FTMD = FLORIDA TAUMA MEDICAL DIRECTOR
DH = DEPARTMENT OF HEALTH STAFF
TS = TRAUMA SURGEON
NS = NEUROSURGEON
EP = EMERGENCY PHYSICIAN
TN = TRAUMA NURSE
CR = CREDENTIALING REVIEWER

STANDARD I -- ADMINISTRATIVE

			N/A	A	C	U
A.		There shall be demonstrated commitment to trauma care by the hospital's board of directors, administration, medical staff, and nursing staff to treat any trauma patient presented to the facility for care. Methods of demonstrating commitment to the trauma center and system by the hospital shall include, but not be limited to, the following:				
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.				

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STANDARD I – ADMINISTRATIVE (continued)

			N/A	A	C	U
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:**						
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 are 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.				
DEFICIENCIES: **COMMENTS:**						

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STANDARD I – ADMINISTRATIVE (continued)

		N/A	A	C	U
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.				
E. **FTMD TS**	The trauma 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 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 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 that 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.				

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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. 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.				
FTMD	7.	The hospital submits trauma data to the state Division of Emergency Preparedness & Community Support, Bureau of Emergency Medical Oversight, Data Section in accordance with "The Florida Trauma Registry Manual, adopted by Rule 64J-2.006, Florida Administrative Code.				

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STANDARD II -- TRAUMA SERVICE (continued)

				N/A	A	C	U
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.				
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:							
COMMENTS:							
	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 medical director shall approve all trauma-related patient care protocols before implementation.				
TS	4.		The trauma medical director in coordination with the trauma program manager shall monitor compliance with trauma-related protocols through the trauma quality management process.				
DEFICIENCIES:							
COMMENTS:							

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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				
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).				
TS CR		d.	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics.				
TS CR		e.	A written attestation from the Chief of Neurosurgery indicating that the trauma medical director 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		f.	Current ATLS instructor certification.				

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STANDARD II -- TRAUMA SERVICE (continued)

2.	Trauma Program Manager		N/A	A	C	U
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.				

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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION

A.	General Surgery	**N/A**	**A**	**C**	**U**
FTMD TS	1. 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.				
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. 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:				
	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 at any other facility or trauma call at any other facilities while on trauma call at the primary facility.				

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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)

			N/A	A	C	U
3.	Trauma surgeon qualifications.					
CR	a.	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. **Please see DOH Pamphlet 150-9, January 2010 for the alternate criteria for the non-board-certified general surgeon in a Level II trauma center.**				
CR	b.	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	c.	Documentation that the general surgeon manages a minimum of 28 trauma cases per year (average of seven trauma cases per quarter).				
TS CR	d	Documentation of a minimum of ten Category I CME credits every year in trauma-related topics.				
TS CR	e.	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	f.	Current ATLS provider certificate.				

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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 be on-call and arrive promptly when summoned to provide trauma coverage 24 hours a day at the TC.				
	2.		Qualifications of each neurosurgeon who takes trauma call.				
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. **Please see DOH Pamphlet 150-9, January 2010 for the alternate criteria for the non-board-certified neurosurgeon in a Level II trauma center.**				
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 on trauma call may fill the on-call neurosurgeon requirement **only** if the trauma service 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.				

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STANDARD III -- SURGICAL SERVICES -- STAFFING AND ORGANIZATION (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.	Obstetric/gynecologic surgery.				
CR	2.	Ophthalmic surgery.				
CR	3.	Oral/maxillofacial surgery.				
CR	4.	Orthopedic surgery.				
CR	5.	Otorhinolaryngologic surgery.				
CR	6.	Pediatric surgery. (See Note #2 in the standards)				
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 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	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.	Internal medicine.				
FTMD	5.	Nephrology.				
FTMD	6.	Pathology.				
FTMD	7.	Pediatrics.				
FTMD	8.	Pulmonary medicine.				
FTMD	9.	Radiology.				
C. **FTMD**		All specialists staffing the services listed in B.1-9 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.				

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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.		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	3.		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	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						
EP	1.		Designated Emergency Department Medical Director				
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.				
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.				
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:					
	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. **Please see DOH Pamphlet 150-9, January 2010 for the alternate criteria for the non-board-certified emergency physician in a Level II trauma center.**				
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	b.	Documentation of a minimum of five Category I CME credits every year in trauma-related topics.					
CR	c.	Documentation that the hospital granted privileges to the emergency physician to provide trauma and other emergency care services for adult and pediatric patients.					
CR	d.	Current ATLS 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 provider certification.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

C.	Resuscitation Area Nursing and Support Personnel Staffing Requirements						
	1.	Resuscitation area nursing staff		**N/A**	**A**	**C**	**U**
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.				
TN	2.	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)

			D. Resuscitation Area Documentation Requirements	N/A	A	C	U
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.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

D.	Resuscitation Area Documentation Requirements (continued)		**N/A**	**A**	**C**	**U**
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.	Immobilization measures.				
EP	l.	Total burn surface area and fluid resuscitation calculations for burn patients.				

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STANDARD V -- EMERGENCY DEPARTMENT (continued)

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 Rule 64J-2.004, 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.							

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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 trauma patients 24 hours a day.				

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STANDARD VII -- INTENSIVE CARE UNIT (ICU)

			N/A	A	C	U
A.	Physician Requirements					
TS	1.	Trauma service medical director or trauma surgeon designee is responsible for trauma patient care in the ICU.				
TS	2.	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	3.	A licensed physician shall be available from within the hospital, 24 hours a day, to arrive promptly for trauma patients in the ICU for emergent situations when the trauma service medical director or trauma surgeon designee is not available.				
TS	4.	The TC shall track by way of the trauma registry all 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 ICU shall be a minimum of 1:2, and shall be increased above this as dictated by patient acuity.				
TN **CR**	2.	The ICU 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 ICU 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.	Intensive care unit and pediatric intensive care unit -- eight contact hours every two years.				
CR	4.	Medical surgical/step down unit for both adult and pediatric -- eight contact hours every two years.				
CR	5.	Rehabilitation 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.					

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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 resuscitation cart, including emergency drugs and equipment.				
TS	5.	Craniotomy/burr hole and intracranial monitoring capabilities.				
TS	6.	Endoscopes.				
TS	7.	Invasive hemodynamic monitoring and monitoring equipment for blood pressure, pulse, and ECG.				
TS	8.	Orthopedic equipment for fixation of pelvic, longbone, and spinal fractures and fracture table.				
TS	9.	Pacing capability.				
TS	10.	Standard devices and fluids for IV administration.				
TS	11.	Thermal control devices for patients, IV fluids, and environment.				
TS	12.	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.	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 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.				
TS TN	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. **TS TN**	A laboratory technician shall be available in-hospital 24 hours per day to conduct laboratory studies for trauma alert patients.						

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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

A.		Service Capabilities -- Available in-hospital 24 hours per day:	N/A	A	C	U
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 -- Available 24 hours per day:				
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 on trauma call and 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.				
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STANDARD XII -- RADIOLOGICAL SERVICES (continued)

C.		CT Scanner Requirements	**N/A**	**A**	**C**	**U**
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.				

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STANDARD XIII -- ORGANIZED BURN CARE

			N/A	A	C	U
A. **TS** **EP**	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.					
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.				
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.					

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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:**					

STANDARD XV -- ACUTE REHABILITATIVE SERVICES

			N/A	A	C	U
A. **TS**	The trauma medical director shall establish injury categories to identify trauma patients as candidates for rehab 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 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				

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STANDARD XV -- ACUTE REHABILITATIVE SERVICES (continued)

				N/A	A	C	U
	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.					
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 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.					

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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.				

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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 education programs and two public 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**	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**	24-hour availability of telephone consultation with members of the hospital's trauma team and physicians of the community and outlying areas.					
D. **TS,EP** **TN**	Evidence of contact with referring physicians regarding patient transfers shall be documented in all cases.					

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STANDARD XVII -- OUTREACH PROGRAMS (continued)

		N/A	A	C	U
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.				
	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 Rules 64J-2.0004 and 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 30 days of discharge.				
DH,TS TN		3. Any trauma patient readmitted to the ICU, or an unplanned admission to the ICU from a medical/surgical unit.				
DH,TS TN		4. Percentage of all traumatic C1, C2 and/or C3 spinal cord injury patients permanently dependent on mechanical ventilator support who were admitted or transferred to the ICU during the quarter or who remained in the ICU from the previous quarter; who received the diaphragm pacer surgery and were discharged to a less restrictive facility, home or home-health. (See Note #8 for eligibility criteria for the Diaphragm Pacer Program)				
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.				

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)

			N/A	A	C	U
DH,TS TN	3.	Evaluation of cases -- The trauma service medical director or trauma program manager shall evaluate each case identified by one of the indicators in to determine whether the case should be referred to the TQM committee for further review.				
DH,TS TN	4.	Committee discussion and action -- The members of the TQM committee shall review and discuss each case referred by the trauma service medical director or trauma program manager.				
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.				

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STANDARD XVIII -- QUALITY MANAGEMENT (continued)

			N/A	A	C	U
C. **TS,TN DH**	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.					
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.					

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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 – 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.				

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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: _____