

KEY: NA = NOT APPLICABLE
 ND = NOT DOCUMENTED*
 A = ACCEPTABLE-MEETS STANDARDS
 C = ACCEPTABLE WITH CORRECTIONS*
 U = UNACCEPTABLE-DOES NOT MEET STANDARDS*

MED REC # _____

SURVEY CHART # _____

Revised 01/10

TRAUMA SURGEON

		NA	ND	A	C	U
A.	EMERGENCY DEPARTMENT/RESUSCITATION AREA; DOCUMENTATION OF:					
	1. TRAUMA ALERT					
VE2	a. APPROPRIATELY CALLED					
VE3	b. TIMELINESS OF TRAUMA SURGEON RESPONSE & MEDICAL DECISION MAKING					
	2. DIAGNOSTIC PROCEDURES (LAB, X-RAY, CT SCAN, ETC.)					
	a. APPROPRIATENESS OF TESTS					
	b. TIMELINESS/RESULTS OF TESTS:					
VD2h	1. RADIOLOGY					
VD2g	2. LAB					
	3. CONSULTATION/NEUROSURGEON					
III B1	a. TIMELINESS OF NOTIFICATION AND RESPONSE:					
VD2 (a-l) or (a-m)	4. DOCUMENTATION OF E.D. EPISODE					
COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."						

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TRAUMA SURGEON (continued)			NA	ND	A	C	U
B.	OPERATING ROOM:						
IIc1c	1.	QUALITY OF PATIENT MANAGEMENT BY ANESTHESIOLOGY					
IVa1	2.	APPROPRIATENESS OF PATIENT MANAGEMENT BY ANESTHESIOLOGY					
VIa3	3.	DOCUMENTATION OF OPERATIVE EPISODE (1 SCRUB NURSE OR TECHNICIAN, 1 CIRCULATING RN, 1 ANESTHESIOLOGIST)					
VIB2	4.	PAR – TIMELINESS OF NOTIFICATION AND RESPONSE					
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TRAUMA SURGEON <i>(continued)</i>		NA	ND	A	C	U
C.	POST ANESTHESIA CARE UNIT (PAR):					
HC1c	1. QUALITY OF CARE (PROTOCOLS)					
VIB2	2. DOCUMENTATION OF CARE					
COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."						

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TRAUMA SURGEON (continued)		NA	ND	A	C	U
D. INTENSIVE CARE:						
IIc1b	1. QUALITY OF PATIENT MANAGEMENT					
VIIc (L2,LP) VIIId (L1)	DOCUMENTATION OF INTENSIVE CARE EPISODE					
VIIb1a (L1) VIIA1 (L2,LP)	2. DIRECTOR OF TRAUMA SERVICE RESPONSIBLE FOR CARE					
VIIb1c (L1) VIIA3 (L2,LP)	3. LICENSED PHYSICIAN IMMEDIATELY AVAILABLE					
COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."						
E. BURN UNIT/CENTER:						
XIIIA	1. EARLY TRANSFER TO BURN UNIT/CENTER INITIATED					
XIIIA	2. DOCUMENTATION OF BURN UNIT/CENTER EPISODE					
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TRAUMA SURGEON <i>(continued)</i>		NA	ND	A	C	U
F.	ACUTE REHABILITATIVE SERVICES:					
xvb	1. COMPREHENSIVE PLAN DEVELOPED AND DOCUMENTED WITHIN 7 DAYS IF ADMISSION					
xvc	2. DOCUMENTATION OF REHABILITATION SHORT- OR LONG-TERM REHABILITATION GOALS AND PLANS					
xvd	3. DOCUMENTATION OF ASSESSMENT AND RECOMMENDATIONS WITHIN 48 HOURS					
xvic	4. SOCIAL WORK AND DRUG & ALCOHOL ADDICTION SERVICES AVAILABLE FROM ADMISSION THROUGH DISCHARGE (PATIENTS AND FAMILIES).					
xvib	5. PASTORAL CARE, PATIENT ADVOCATES, PSYCHOLOGISTS, SOCIAL WORKERS AVAILABLE TO PATIENTS AND FAMILIES.					
COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."						

IDENTIFY AND SUPPORT WITH DOCUMENTATION ANY ITEMS NOT IN COMPLIANCE WITH THE STANDARDS.

INSTRUCTIONS TO SURVEYORS:

IF YOU MARKED ANY ITEMS ON PREVIOUS PAGES EITHER "C" OR "U," YOU MUST REFER TO YOUR COMMENTS ON THIS SUMMARY SHEET AND MAY NOT MARK "A" WITHOUT SIGNIFICANT JUSTIFICATION AND DOCUMENTATION.

QUALITY OF ASSESSMENT	STANDARD	COMMENTS:
ACCEPTABLE		
ACCEPTABLE WITH CORRECTIONS		
UNACCEPTABLE		

APPROPRIATENESS OF CARE	STANDARD	COMMENTS:
ACCEPTABLE		
ACCEPTABLE WITH CORRECTIONS		
UNACCEPTABLE		

DOCUMENTATION OF CARE	STANDARD	COMMENTS:
ACCEPTABLE		
ACCEPTABLE WITH CORRECTIONS		
UNACCEPTABLE		