**Indiana Department of Homeland Security**

**One Year Progress Report for “in the process” Level III Trauma Center**

Hospitals that were granted status as an “in the process” Level III Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Trauma Medical Director.** The Trauma Medical Director must maintain an appropriate level of trauma-related extramural continuing medical education (16 hours annually or 48 hours over 3 years)

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| Has the Trauma Medical Director maintained 16 hours of trauma-related extramural continuing medical education since granted “in process” Level III Trauma Center status?*Provide the Trauma Medical Director’s certificates for continuing medical education events since granted “in process” Level III Trauma Center status.* |  [ ]  YES [ ]  NO |

1. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days prior to application submission to ISDH and at least quarterly thereafter.

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| Has your hospital submitted trauma data to the State Registry quarterly since granted “in process” Level III Trauma Center status? |  [ ]  YES [ ]  NO |

1. **Trauma Registrar.** Evidence must be submitted that the trauma registrar has attended two courses within 12 months of being hired.

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| 1. American Trauma Society’s Trauma Registrar Course or equivalent provided by state trauma program.AND2. Association of the Advancement of Automotive Medicine’s Injury Scaling Course. |  [ ]  YES [ ]  NO [ ]  YES [ ]  NO |

1. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons.

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| Have your Trauma Surgeon’s maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted “in process” Level III Trauma Center status?*Provide your hospital’s Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).**Provide your hospital’s monthly Trauma Surgeon physician call schedules since granted “in process” Level III Trauma Center status.*Have the Trauma Surgeons maintained 16 hours of trauma-related extramural continuing medical education since granted “in process” Level III Trauma Center status?*Provide the Trauma Surgeons’ certificates for continuing medical education events since granted “in process” Level III Trauma Center status.* |  [ ]  YES [ ]  NO [ ]  YES [ ]  NO |

1. **Diversion policy**. The hospital must not be on diversion status more than 5% of the time. The hospital’s documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

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| Has your hospital maintained a diversion status of less than 5% of the time since granted “in process” Level III Trauma Center status?*Provide your hospital’s diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).* |  [ ]  YES [ ]  NO |

1. **In-house Emergency Department physician coverage.** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

**Neurosurgery, if applicable.**  The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. If neurologically injured patients are admitted for at your facility, please provide your hospital’s Neurosurgery physician call schedules since granted “in process” Level III Trauma Center status.

**Orthopedic Surgery.** There must be an orthopedic surgeon on call and promptly available 24 hours per day.

**Critical Care Physician coverage.** Physician coverage of the ICU must be available within 30 minutes, with a formal plan in place for emergency. There must be emergency coverage in-house 24 hours per day.

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| Have your Emergency Department have the appropriate number of physicians to ensure immediate care for injured patients?If neurologically injured patients are admitted for at your facility, *please provide your hospital’s Neurosurgery physician call schedules since granted “in process” Level III Trauma Center status.*Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted “in process” Level III Trauma Center status?*Provide your hospital’s monthly Emergency Medicine, Orthopedic and Critical Care physician call schedules since granted “in process” Level III Trauma Center status.*  | Emergency Medicine:  [ ]  YES [ ]  NONeurosurgeons:  [ ]  YES [ ]  NO [ ]  N/AOrthopedic Surgeons:  [ ]  YES [ ]  NOCritical Care Physicians: [ ]  YES [ ]  NO |

1. **Operational process performance improvement committee**. There must be a trauma program operational process performance improvement committee that meets at least quarterly.

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| Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted “in process” Level III Trauma Center status?*Provide your hospital’s committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).* |  ☐ YES ☐ NO |

1. **Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses. This committee must meet at least quarterly.

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| Has your Trauma Peer Review Committee met at least quarterly since granted “in process” Level III Trauma Center status?Have the trauma medical director and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted “in process” Level III Trauma Center status?*Provide your hospital’s committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).* |  ☐ YES ☐ NO Trauma Medical Director:  ☐ YES ☐ NOGeneral Surgeon:  ☐ YES ☐ NOOrthopedic Surgeon:  ☐ YES ☐ NONeurosurgeon:  ☐ YES ☐ NOEmergency Medicine: ☐ YES ☐ NOAnesthesia:  ☐ YES ☐ NO |

1. **Trauma Volumes.** Complete the following tables. Do not include DOA’s and direct admits.

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| Injury Severity and Mortality |
| ISS  | Total Number of Admissions | Number of Deaths from Total Trauma Admissions | Percent Mortality from Trauma Admissions | Number admitted to Trauma Service | Number of Trauma Patients Transferred out  |
| 0-9 |  |  |  |  |  |
| 10-15 |  |  |  |  |  |
| 16-24 |  |  |  |  |  |
| > or/= 25 |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total # of Trauma Patients Transferred Out  | Average Time to Transfer (Arrival to Transfer) | Total # of Trauma Patients transferred after 120 minutes | Total # of Trauma Patients admitted to your facility with an ISS >25 |
|  |  (min) |  |  |

**Additional Information Necessary**

Hospital Name and Mailing Address (no PO Box):

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Previously known as (if applicable):

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Date the “In the Process” status was granted:

 Level Three Adult \_\_\_\_\_\_\_\_\_\_\_

Hospital’s status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

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Trauma Medical Director:

 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trauma Program Manager/Coordinator:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTESTATION**: In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

Chief Executive Officer Signature Printed Date

Trauma Medical Director Signature Printed Date

Trauma Program Manager Signature Printed Date