NORTH DAKOTA TRAUMA CENTER APPLICATION

ND DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 61132 (9/2016)

INSTRUCTIONS: This form may be completed and submitted in two different methods.
1. You may print this form. Complete in handwriting and submit it to the address listed above
2. You may fill this form out electronically. Save the file on your computer and submit it to the e-mail address listed below.
PLEASE NOTE: In order to do this you will need to have a current version of Adobe Acrobat Reader installed on your computer.

NOTE: All essential criteria must be met before submitting application.
(E) Essential (D) Desirable

Questions and comments can be directed to:
Nicole Brunelle, RN BSN
State Trauma System Coordinator
701.328.1026
nbrunelle@nd.gov
https://www.health.nd.gov/epr/emergency-medical-systems/trauma-system/

Date of Application	Level Applied For: ☐ Level IV ☐ Level V	
Name of Facility		
Address		
City	State	ZIP Code
Hospital Administrator		
Telephone Number	Email Address	
Trauma Coordinator (E)		Years in Position
Telephone Number	Email Address	
Trauma Registrar		Years in Position
Telephone Number	Email Address	
Trauma Medical Director		Years in Position
Telephone Number	Email Address	
PI Personnel evaluating the trauma program (E) (can be Trauma Coordinator / Registrar or PI Personnel)		

Hospital Statistics/Organization/Personnel

Do you have an emergency department: (E) ☐ Yes ☐ No

Number of acute beds:	Number of ED beds:	Number of ED beds setup for trauma:

List all Physicians taking ED call and their specialty: (E - Level IV)

NOTE: Submit copy of current ATLS certification cards for each provider taking ED call (E)

1.	4.
2.	5.
3.	6.

Continuing Education required for Physicians (D) ☐ Yes ☐ No List required education below (ATLS, PALS etc)

1.	3.
2.	4.

List all Midlevel Providers (Nurse Practitioners and Physician Assistants) taking ED call and their specialty: (E - Level V)

NOTE: Submit copy of current ATLS certification cards for each provider taking ED call (E)

1.	4.
2.	5.
3.	6.

Continuing Education required for Midlevel Providers (D) ☐ Yes ☐ No List required education below (ATLS, PALS etc)

1.	3.
2.	4.

NOTE: Submit call schedule for past three months listing all providers covering ED trauma call: (E)

Where is the provider call schedule posted? (E)

Total number of nurses staffing the ED:

Number of ED nursing staff who are TNCC/ATCN verified: (D)

Continuing Education required for Nurses (D) ☐ Yes	☐ No List required education below (TNCC, PALS etc)
1.	3.
2.	4.

EMS services transporting patients to the ED:

1.

2.

3.

Continuing education required for EMS or other allied health personnel (D) ☐ Yes ☐ No List required education below	
1.	3.
2.	4.

Lab Department: (E) ☐ Yes ☐ No	24 hour coverage ☐ Yes ☐ No

Hours staffed in house

Coverage when not in house

Response time

Standard analysis of blood, urine and other body fluids: (D) ☐ Yes ☐ No

Blood typing and cross matching: (D) ☐ Yes ☐ No

Blood Products - Number of units available:

A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB- ☐ O+ ☐ O- ☐ FFP ☐

Comprehensive blood bank or access to blood bank: (D) ☐ Yes ☐ No

Coagulation studies (PT/PTT): (D) ☐ Yes ☐ No

Blood gases and pH determinations: (D) ☐ Yes ☐ No

Microbiology: (D) ☐ Yes ☐ No

Drug and alcohol screening: (D) ☐ Yes ☐ No

Radiology Department: (D) ☐ Yes ☐ No	24 hour coverage ☐ Yes ☐ No
Hours staffed in house	
Coverage when not in house	
Response time	
Portable x-ray equipment ☐ Yes ☐ No	
CT scanner ☐ Yes Slices _____ ☐ No	Pediatric Settings ☐ Yes ☐ No
Surgical Department: ☐ Yes ☐ No	
Operating Room available for emergencies: (D) ☐ Yes ☐ No	
If yes, explain staffing:	
Anesthesia Coverage on-call for trauma cases: (D) ☐ Yes ☐ No	
If yes, explain coverage:	
Submission of data to the State Trauma Registry: (E) ☐ Yes ☐ No	Current with data submission: ☐ Yes ☐ No
If no, explain:	
Specify the 12 months utilized for this review: (answer questions below based upon this time period)	From: To:
Number of ED visits due to **injury** during period noted above (includes pts DC to home): **(includes trauma as well as minor injuries)**	
Number of **trauma** patients admitted to your facility during period noted above: **(based upon your facility definition of trauma patient)**	
Number of **trauma** patients transferred to a Level I/II/III trauma center during period noted above: **(based upon your facility definition of trauma patient)**	
Number of **trauma deaths** at your facility, including DOA's, in the last **three years:**	
Number of patients meeting trauma code activation criteria in the last year: **(See boxes 1, 2, & 3 of the Trauma Triage Activation Scheme)**	
Number of "Trauma Codes/Alerts" activated in the last year: **(All Trauma Codes/Alerts activated using boxes 1-4 of the Trauma Triage Activation Scheme)**	
Number of trauma patients meeting the definition for registry inclusion criteria **(Registry inclusion criteria noted below)**	

All Trauma Codes/Alerts or any level of trauma team activation (regardless of ICD9 code)

ICD - 9 codes of 800 - 959.9 and 991.0 - 3 (frostbite) and one of the following:
- Trauma deaths that are registered to the hospital
- Inter-facility transfers by ambulance that are admitted to the receiving hospital
- Trauma patients transferred out by ambulance
- Trauma patients admitted from ED to ICU
- Trauma patients admitted to the hospital for > 48 hours

The following are excluded from the criteria:
- Same level falls with isolated hip fractures in patients 60 years of age or older (ICD9 code: 820 - 821)
- Inhalation of food/object (ICD9 code: 933 - 938)
- Late effects/complications from previous trauma (ICD9 code: 905 - 909)

These are not included in the trauma registry, unless they are a trauma code/alert or they have additional an injury code:
- Poisoning (960 - 989.9)
- Hanging (994.7)
- Adult and child maltreatment (995.5 - 995.8)
- Drowning (994.1)

North Dakota Trauma
INCLUSION/EXCLUSION CRITERIA -ICD-10
Patients to Be Downloaded to the State

INCLUDED

- All Trauma Codes/Alerts or any level of trauma team activation (regardless of ICD-10)

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):
  - **S00-S99 with 7th character modifier of A, B or C ONLY** (Injuries to specific body parts - initial encounter):
  - **T07** (Unspecified multiple injuries);
  - **T14** (Injury of unspecified body region);
  - **T20-T28 with 7th character modifier of A ONLY** (Burns by specified body parts - initial encounter);
  - **T30-T34** (Burn by TBSA percentage);
  - **T79.A1-T79.A9 with 7th character modifier of A ONLY** (Traumatic compartment syndrome - initial encounter)

    And one or more of the following

  - Deaths that are registered to the hospital
  - Inter-facility transfers by ambulance that are admitted to the receiving hospital
  - Transfers out by ambulance
  - Patients admitted for > 48 hours
  - Patients admitted from the ED to ICU

EXCLUDED

These are excluded from the trauma registry unless they are a trauma code/alert or they have an additional injury code.

- Same level falls with isolated hip fractures in patients 70 years of age or older
  - **72.00-S72.26**, fracture of head/neck of femur *ONLY IF age >70 AND it resulted from slipping, tripping, stumbling or a same level fall (**W01.0, W18.30, W18.31, W18.39**);*
- Superficial Injuries
  - **S00, S10, S20, S30, S40, S50, S60, S70, S80, S90** (Patients with a superficial injury that were transferred in/out for treatment of injuries or died because of injuries would be included in the registry)
- Late effects
  - **7th character modifiers of D through S** (Late effects)

Performance Improvement Program (E)

Submit a list of trauma audit filters currently used for the PI programs (forms) (E)

Describe the process for review of hospital trauma patient care: (E)
(which charts are audited, by whom and what happens to the data obtained etc)

Describe the process for review of pre-hospital trauma patient care: (E)
(which charts are audited, by whom and what happens to the data obtained etc)

Describe the process for morbidity and mortality review of trauma care for all trauma deaths: (E)
(who reviews the cases, what happens with the information obtained, are the deaths graded, etc)

Describe the multidisciplinary trauma committee and their review of trauma patients: (E)
(who are the committee members, how often do they meet and which cases are discussed etc)

Describe the process for assuring and documenting occurrence resolution (loop closure): (E)
(what happens with issues identified and how is this documented as completed etc)

Level V: Describe the process for assuring that an ATLS physician reviews all trauma codes managed by a Nurse Practitioner or Physicians Assistant within 72 hours: (E) **Provide a copy of form being used.**

How do you monitor Trauma Team Leader on-site within 20 minutes 24/hours per day: (E)
(and how are issues or concerns addressed)

Trauma Code Activation Protocol (E) (when to activate and who responds)	☐ Yes ☐ No
Note: Submit a copy of Trauma Team Activation Protocol	

Note: Submit a copy of Electronic Flow Sheet and/or Paper Trauma Flow Sheet

Trauma Transfer Protocol: (E)	☐ Yes ☐ No
Note: Submit a copy of the Trauma Transfer Protocol	
Mass Casualty/Disaster Protocols: (D)	☐ Yes ☐ No
Transfer agreement with a Regional Trauma Center (Level I or II): (E)	☐ Yes ☐ No
Transfer agreement with the following specialties: (D)	
Burn care ☐ Yes ☐ No	Head/spinal care ☐ Yes ☐ No

Note: Submit a copy of all current Transfer Agreements on file
Immediate phone contact with a Level II Trauma Center (E) (Which facility, any issues or concerns)

EMS communication (two-way communication with EMS): (E)	☐ Yes ☐ No
Explain types, location and concerns	

Helicopter landing site available: (D)	☐ Yes ☐ No
Explain location	

Prevention / Public Education

Public education relating to trauma: (D)
(Programs, outreach activities (facility-wide and community), collaboration with other institutions, participation in community prevention activities, public education offered related to trauma, effectiveness of prevention programs if monitored etc)

Equipment (E)

Indicate whether ED has the following appropriate equipment for patients of all ages:

Airway control and ventilation equipment: including laryngoscopes, ET tubes, bag-valve-mask, pocket masks and oxygen (in all sizes)	☐ Yes	☐ No
Pulse Oximetry	☐ Yes	☐ No
End-Tidal CO2 determination	☐ Yes	☐ No
Suction Devices	☐ Yes	☐ No
Monitor-Defibrillator	☐ Yes	☐ No
IV fluids and administration devices, including large-bore IV catheters	☐ Yes	☐ No
Gastric Decompression	☐ Yes	☐ No
Drugs necessary for emergency care	☐ Yes	☐ No
Surgical Airway Control: Cricothyrotomy / Trach kit	☐ Yes	☐ No
Surgical Vascular Access Central line / Cut-down kits	☐ Yes	☐ No
Surgical chest decompression, including an insertion tray, chest tubes (up to size 36 Fr.) and drainage system	☐ Yes	☐ No
Spinal immobilization	☐ Yes	☐ No
Current pediatric weight/length based system for drug dosage and equipment	☐ Yes	☐ No

Thermal control equipment for patient	☐ Yes	☐ No
Explain		
Thermal control equipment for blood and fluids	☐ Yes	☐ No
Explain		

List weaknesses and recommendations given at your last trauma designation site visit and indicate how they have been addressed within your trauma program. (A copy of your last survey can be sent to you upon your request).

Items that must be submitted with this application
☐ Current ATLS Certifications for ALL providers covering the ED
☐ Call Schedule for Physicians/Midlevels from the last 3 months
☐ Trauma Audit Filters (forms) for PI process
☐ Trauma Team Activation Protocol
☐ Trauma Transfer Protocol
☐ Transfer Agreements
☐ All Trauma Forms Being Used (copy)

I have read and understand the requirements for trauma level designation. All of the information contained in this application is truthful and accurate to the best of my knowledge.	
This application was prepared by:	
Telephone Number	Email
Signed	Date

Completed and signed application should be returned to:

North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, ND 58504
ATTN: Trauma System Coordinator