Basic Trauma Center Site Visit Report

Name of Hospital: ____

Hospital Address: ____
Address City State Zip

Date: ________________________________

I. PURPOSE OF REVIEW

Level of Review: Consultation Designation

During this visit, the site reviewers listed below met with the following members of the trauma program (attach additional sheet as needed):

Participant	Title
Site Review Team	
State Representatives	

II. HOSPITAL INFORMATION

Number of Licensed Beds	
Average Daily Census	
Name of Trauma Medical Director (TMD)	
Name of Trauma Coordinator (TC)	
Name of Emergency Department Medical Director	
Number of Physicians on Staff	
Number of Advanced Practice Providers (APP)	
Owned by / Profit Status (City, County, For profit…)	

III. TRAUMA CENTER REQUIREMENTS

The following is a list of requirements based on the Basic Trauma Center Requirements as written in the *2011 Nebraska Statewide Trauma System Regulations pages 20-29*.

Requirements Elements		
INSTITUTIONAL ORGANIZATION		
Institutional support	Met	Not Met
Written commitment by hospital's governing body	Met	Not Met
Written commitment by medical staff	Met	Not Met
Hospital administrator working in concert with Trauma Medical Director (TMD)	Met	Not Met
Financial support	Met	Not Met
Placement of the trauma program within the organization structure of the facility so the program has equal authority with other departments – organizational chart identifying the trauma medical director and team members	Met	Not Met
Administrative services such as human resources, educational activities, community outreach activities and community cooperation	Met	Not Met
Trauma program (meaning multiple disciplines or departments working together to ensure optimal, timely care)	Met	Not Met
Trauma team (a trauma team consisting of physicians, APPs, nurses and allied health professionals)	Met	Not Met

The trauma team is under the leadership of an Emergency Department (ED) physician or other qualified physician surrogate who is responsible for activating the trauma resuscitation team	Met	Not Met
The minimum trauma team includes an emergency physician or physician surrogate and Emergency Department (ED) nurse	Met	Not Met
Trauma team activation criteria	Met	Not Met
Trauma Multidisciplinary Review Committee	Met	Not Met
Trauma Medical Director (TMD)	Met	Not Met
Trauma Medical Director job description with required verbiage	Met	Not Met
Trauma Coordinator (TNC)	Met	Not Met
Trauma Coordinator job description with required verbiage	Met	Not Met
PREHOSPITAL		
Communication with Emergency Medical Services (EMS) vehicles	Met	Not Met
Run review provision for out-of-hospital personnel	Met	Not Met
CLINICAL CAPABILITIES		
Services on-call and available within 30-minutes 24 hours a day, 7 days a week (24/7)		
Emergency medicine	Met	Not Met
Radiology	Met	Not Met
CLINICAL QUALIFICATIONS		
General/Trauma Surgeon (if on staff and active in trauma call)		
16-Hours trauma Continuing Medical Education (CME)/four years N/A	Met	Not Met
Advanced Trauma Life Support (ATLS) verification N/A	Met	Not Met
Emergency Medicine Licensed Independent Practitioner Covering the Emergency Department		
ATLS Verification for Physicians, APPs, all locum tenens	Met	Not Met
A representative attending Peer Review Committee Meetings at least 50%	Met	Not Met
FACILITIES/RESOURCES/CAPABILITIES		
Presence of surgeon at operative procedure N/A	Met	Not Met

Heliport or landing zone located close enough to permit the facility to receive or transfer patients by air		Met	Not Met
RN-Trauma Nurse Core Course (TNCC) verified or equivalent		Met	Not Met
Trauma Education 8 Hours/2 Year for RN (at least 2 hours in pediatrics)		Met	Not Met
Designated physician director for ED		Met	Not Met
Equipment for resuscitation for patients of all ages		Met	Not Met
Airway control and ventilation equipment		Met	Not Met
Pulse oximetry		Met	Not Met
Suction devices		Met	Not Met
Electrocardiograph-Oscilloscope-Defibrillator		Met	Not Met
Standard IV fluids and administration sets		Met	Not Met
Large bore intravenous catheters		Met	Not Met
Airway control / cricothyrotomy		Met	Not Met
Thoracostomy		Met	Not Met
Drugs necessary for emergency care		Met	Not Met
X-ray availability 24/7		Met	Not Met
Broselow tape		Met	Not Met
Thermal control for patient		Met	Not Met
Qualitative end-tidal CO_2 determination		Met	Not Met
POST ANESTHETIC RECOVERY ROOM (SICU is acceptable)			
Monitoring equipment	N/A	Met	Not Met
Pulse oximetry	N/A	Met	Not Met
Thermal control	N/A	Met	Not Met
PEDIATRIC PATIENTS IN AN ADULT CENTER			
Pediatric resuscitation equipment in all applicable patient care areas		Met	Not Met

Microsampling	Met	Not Met
Equipment for monitoring pediatric resuscitation	Met	Not Met
Pulse oximetry	Met	Not Met
Thermal control	Met	Not Met
Pediatric-Specific Performance Improvement Program (part of General Performance Improvement Program) – pediatric means less than age 16. Include two pediatric audit filter	Met	Not Met
Pediatric Intensive Care Unit Available on-site or by Emergency Medical Treatment and Labor Act (EMTALA) Guidelines established referral patterns for trauma	Met	Not Met
RADIOLOGICAL SERVICES AVAILABLE 24 HOURS/DAY		
On-call radiology - available within 30 minutes	Met	Not Met
CLINICAL LABORATORY SERVICE AVAILABLE 24 HOURS/DAY		
Standard analyses of blood, urine and other body fluids including microsampling when appropriate	Met	Not Met
Two or more units of O negative blood available or rapidly released in an alternate system	Met	Not Met
Laboratory technologist available within 30 minutes of patient's arrival	Met	Not Met
ACUTE HEMODIALYSIS		
EMTALA Regulations established referral patterns for trauma	Met	Not Met
BURN CARE		
EMTALA Regulations established referral patterns for trauma	Met	Not Met
ACUTE SPINAL CORD MANAGEMENT/HEAD INJURY MANAGEMENT		
In-house or EMTALA Regulations established referral patterns for trauma	Met	Not Met
REHABILITATION SERVICE		
In-house or EMTALA Regulations established referral patterns for trauma	Met	Not Met
Social service or designee	Met	Not Met
PERFORMANCE IMPROVEMENT (PI)		
Performance Improvement Program – analyzes mortality, morbidity and functional status. Process and outcome measures that encompass out-of-hospital (prehospital) and hospital are concurrently tracked and reviewed. Loop closure is demonstrated.	Met	Not Met

Pediatric-Specific Performance Improvement Program (part of General Performance Improvement Program) – pediatric means less than age 16.	Met	Not Met
Trauma Peer Review	Met	Not Met
Audit of all trauma deaths. Deaths are categorized as: Mortality without opportunity for improvement Mortality with opportunity for improvement Unanticipated mortality with opportunity for improvement	Met	Not Met
Morbidity Review – complications or untoward events	Met	Not Met
Trauma Multidisciplinary Review Committee – composed of trauma team members that review trauma indicators, morbidity, mortality and quality issues in a system or hospital	Met	Not Met
Medical/Nursing/Allied Health Participation	Met	Not Met
Participation in State, Local or Regional Registry	Met	Not Met
Trauma Registry	Met	Not Met
PREVENTION		
Coordination and/or participation in community prevention activities	Met	Not Met
RESEARCH		
Trauma registry performance improvement activities	Met	Not Met
REGIONAL/STATE COMMITTMENT		
Participation in regional activities/board when appointed	Met	Not Met

IV. PRE-HOSPITAL – State EMS Coordinator from review team will complete this section
List of services who transport to and from the hospital include (attach additional sheet as needed):

Name of Squad	Medical Director	ALS	BLS	QRT/First Responders

A. EMS personnel dispatched to the scene of an injury

EMS Center or 911 Centers | Fire Department

Law Enforcement Agency | Other, describe:

B. EMS squads have triage criteria for scene helicopter activation Yes No

C. EMS squads have triage criteria for direct transport to the regional trauma center Yes No

D. Hospital currently participates in prehospital training and prehospital performance improvement Yes No

E. Hospital provides patient follow-up to EMS Yes No

F. EMS documentation is adequate based on case reviews Yes No

G. Hospital conducts disaster drills Yes No

H.

Drill Type	Date

I. Disaster drills include EMS Yes No

V. TRAUMA CARE

A. Trauma Medical Director

1. Curriculum Vitae (CV) on file Yes No
2. ATLS current Yes No
3. Other duties:

Chief Medical Officer (CMO) | ED Medical Director | Other:

B. Trauma Coordinator

1. CV on file Yes No
2. TNCC current Yes No

3. Number of hours per week, per month allotted to trauma program: hours per

4. TC feels they have adequate amount of time to fulfill duties Yes No

5. Other duties:

Chief Nursing Officer (CNO) Staff Nurse ED Manager Other:

C. Trauma Statistics

1. Total number of ED trauma-related visits for reporting year

ED Visits	Total
Transferred to another acute care hospital/burn center	
Died in ED	
Died in OR	
Admitted to hospital	
Discharged from ED to home (include skilled nursing facility, assisted living, jail, etc.)	
Total	

2. Total number of patients entered into registry for reporting year:

3. Total number of trauma team activations:

Level	Total
Full	
Limited / Partial (if applicable)	

4. Number of trauma patients transferred to another acute care hospital:

By Air	By Ground	Total

5. Trauma response times

Personnel	Responds	Expected response times (minutes)
Advanced Practice Provider (APP)		
Family Practice Physician		
Emergency Physician		
General Surgeon		
Staff Nurses		
Emergency Department Nurses		
Respiratory Therapists		
X-ray Technologist		
CT Technologist		
Laboratory Technician		
CRNA		
Anesthesiologist		
Nursing Supervisor		
OR Nurse		
Chaplain		
Other:		

Team member response times are monitored in the PI process Yes No

6. Trauma Team Activation

a. Written activation policy in place Yes No

b. Activation criteria posted in ED Yes No

c. Activation criteria posted at nurse's station Yes No

d. Activation criteria shared with EMS Yes No

e. Team activated via: check all that apply

Cell phone Pager Overhead page Other:

f. Authority to activate the trauma team:

ED Nurse Physician APP EMS Other:

g. EMS notification to hospital via:

Cell phone EMS Radio Landline Other:

7. Hospital has a general surgeon on staff actively involved in trauma care	Yes	No
If yes, surgeon attends a minimum of 50% of Trauma Peer Review Meetings, where patient care is discussed	Yes	No
8. Hospital has an orthopedic surgeon on staff actively involved in trauma care	Yes	No
If yes, do they attend a minimum of 50% of Trauma Peer Review Meetings, where patient care is discussed	Yes	No
9. Trauma patients routinely admitted to the hospital	Yes	No

If yes, patients commonly admitted for:

Fractured hip Pain control

Other orthopedic Concussion

Observation Other:

10. Trauma Coordinator identifies trauma patients in the system via:

ED Log Electronic Medical Record (EMR) report Other:

VI. HOSPITAL FACILITIES

A. Emergency Department

1. Helicopter landing zone location:

2. All required equipment verified	Yes	No
3. Required equipment easily located	Yes	No
4. Hospital has a ventilator	Yes	No

If yes, ventilator managed by

MD APP CRNA RT Other:

5. Practitioner responsible for intubation

MD APP CRNA RT Other:

6. Decontamination Equipment Fixed Portable

Location:

Waste disposal:

Fixed tank Barrels Other:

Last decontamination drill Date:

7. ED Staffing Pattern
   a. Nursing

      RN 24/7 in ED Floor nurse assigned to cover ED

      Combination of in department and assigned:

      Other:

   b. Provider

      RN calls provider on-call to see patient Provider assigned in ED 24/7

      Combination of in department and on-call:

      Other:

8. Locum Tenens utilized by hospital Yes No

9. ATLS current for all providers covering ED NA Yes No

10. TNCC or Advanced Trauma Care for Nurses (ATCN) current for all RNs covering the ED NA Yes No

11. Educational requirements met for all RNs covering ED NA Yes No

12. Trauma competencies conducted at least yearly Yes No

13. Trauma Flow Sheet utilized for all activations Yes No

If yes, EMR Paper

14. Trauma Flow Sheet includes Decision to Transfer time Yes No

15. PI Process tracks time to transfer Yes No

If yes, percentage who transfer out within 2 hours %

16. Written policy for physician back up for APPs including criteria for MD arrival to ED Yes No

17. Hospital stocks anti-coagulant reversal agents Yes No

If yes, Prothrombin complex concentrate (PCC) Vitamin K

Fresh Frozen Plasma (FFP) Tranexamic acid (TXA) Other:

18. Patients are routinely transferred out to:

Bryan Medical Center – West, Lincoln

Nebraska Medicine, Omaha

CHI-CUMC-Bergan, Omaha

Regional West Medical Center, Scottsbluff

CHI-Good Samaritan Hospital, Kearney

Children's Hospital and Medical Center, Omaha

Other:

B. Radiology

1. Radiology technologist available 24/7 Yes No

2. Hours technologist in-house

__________ am to __________ pm Monday-Friday

__________ am to __________ pm weekends

3. Computerized tomography (CT) scanner Yes No

a. If yes, size? slice

b. Technologists cross-trained in CT Yes No

c. Resuscitation equipment in CT scanner (adult and pedi Ambu® bags, suction equipment, O2) Yes No

d. Nearest crash cart to CT scanner

Radiology ED Nurse's station OR Other:

4. Radiologist:

a. Radiologist available via tele-radiology Yes No

b. Radiologist on staff Yes No

i. If yes, attends a minimum of 50% of Trauma Peer Review Meetings, where patient care is discussed Yes No

ii. If yes, in house:

__________ am to __________ pm Monday-Friday

__________ am to __________ pm weekends Other

5. Average time to obtain a radiologist reading of an x-ray:

6. PI process in place to monitor changes to interpretation between preliminary and final reads Yes No

7. Other radiology equipment:

Ultrasound Focused Abdominal Scan for Trauma (FAST) in ED Magnetic Resonance Imaging (MRI)

C. Operating Room

1. OR in hospital Yes No

2. OR utilized for emergent trauma patients Yes No

If yes,

a. Number of rooms

b. Response times of on-call OR staff monitored Yes No

c. OR staff receive trauma training Yes No

TNCC, ATNC or Transport Professional Advanced Trauma Course (TPATC) Trauma Competencies

Trauma Care After Resuscitation (TCAR) Other:

d. Patients recovered in:

Post Anesthesia Care Unit (PACU) ICU Other:

e. Appropriate equipment in recovery area Yes No

f. PACU staff receive trauma training Yes No

TNCC, ATNC or TPATC Trauma Competencies Other:

D. Intensive Care Unit (ICU)

1. ICU in hospital Yes No

2. ICU utilized for trauma patients Yes No

If yes,

a. Number of rooms

b. Appropriate equipment in ICU Yes No

c. ICU staff receive trauma training Yes No

TNCC, ATNC or TPATC Trauma Competencies TCAR Other:

E. Clinical Laboratory

1. Laboratory technologist available 24/7 Yes No

2. Hours in house

__________ am to __________ pm Monday-Friday

__________ am to __________ pm weekends Other

3. Capability for standard analysis of:

Blood Urine Body fluids Microsampling

4. Two or more units of O negative blood in stock Yes No

5. Process for emergency release of uncrossmatched blood in which nursing staff can access blood prior to arrival of blood bank personnel Yes No

6. Units of blood hospital stocks on a routine basis:

O negative O positive

A negative A positive

B negative B positive

AB negative AB positive

Fresh frozen plasma Platelets

F. Pediatric Care

1. Pediatric resuscitation equipment in all patient care areas? Yes No

2. Pediatric patients transferred to:

Bryan Medical Center – West, Lincoln

Nebraska Medicine, Omaha

CHI-CUMC-Bergan, Omaha

Regional West Medical Center, Scottsbluff

CHI-Good Samaritan Hospital, Kearney

Children's Hospital and Medical Center, Omaha

Other:

3. Minimum two pediatric PI audit filters Yes No

Filters: list

G. Respiratory Therapy

1. Respiratory Therapy Services available in hospital Yes No

If yes,

a. Responds to activations Yes No

b. Hours in-house

__________ am to __________ pm Monday-Friday

__________ am to __________ pm weekends Other

H. Rehabilitation Services

1. Physical Therapy Yes No

2. Occupational Therapy Yes No

3. Speech Therapy Yes No

4. Social Work Yes No

I. Burn Patients

Burn patients transferred to

CHI-Saint Elizabeth Burn Center Other:

J. Spinal Care Injuries

SCI patients transferred to

Bryan Medical Center – West, Lincoln

CHI-CUMC-Bergan, Omaha

CHI-Good Samaritan Hospital, Kearney

Nebraska Medicine, Omaha

Regional West Medical Center, Scottsbluff

Children's Hospital and Medical Center, Omaha

Other:

K. Acute Hemodialysis

Acute hemodialysis patients transferred to:

Bryan Medical Center – West, Lincoln
Nebraska Medicine, Omaha

CHI-CUMC-Bergan, Omaha
Regional West Medical Center, Scottsbluff

CHI-Good Samaritan Hospital, Kearney
Children's Hospital and Medical Center, Omaha

Other:

VII. EDUCATIONAL ACTIVITIES / OUTREACH PROGRAMS

A. Integrated or Affiliated specialty residency programs Yes No

B. Hospital pays for staff to attend trauma education Yes No

ATLS TNCC, ATCN or TPATC Trauma Symposiums

Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC)

Other:

C. Trauma education programs hospital offers or hosts:

Case Reviews Run Reviews Trauma Lectures Other:

VIII. PERFORMANCE IMPROVEMENT

A. Hospital has a Hospital PI program Yes No

B. Hospital has a Trauma PI program Yes No

C. Trauma PI program reports to Yes No

Hospital Quality Medical Executive Nursing Other:

D. Hospital has written Trauma PI Plan Yes No

If yes, plan describes PI and loop closure process for review of trauma patients from EMS through in-patient admission or transfer Yes No

E. Trauma PI Program is integrated into Hospital PI Program Yes No

F. Hospital has trauma PI filters Yes No

EMS:

ED:

In-patient:

G. Responsibility for loop closure of both systems and peer review issues

TC TMD Quality office Other

H. Hospital has a Multi-disciplinary Trauma PI Committee Yes No

1. Committee meets

Monthly Quarterly Bi-annually Yearly

2. Chair of committee

TC TMD Other

3. Membership

TC TMD ED Manager Radiology Laboratory

EMS Quality Office Nursing Other

4. Minimum attendance is required Yes No

If yes, for TC TMD All Members Other:

If yes, 25% 50% 75% Other:

5. EMS is invited to attend meetings Yes No

6. Minutes are frank and detailed Yes No

7. Loop closure is demonstrated Yes No

8. Nursing issues reviewed in Trauma PI Committee Yes No

If no, where?

I. Trauma Peer Review Committee

A. Hospital has a Trauma Peer Committee Yes No

1. If yes,

a. Meeting is conducted within

Med Executive Trauma PI Trauma Peer Review (separate meeting)

Other:

b. Attendance required for

TMD Physicians APPs TC Other:

c. TMD attends a minimum of 50% of meetings Yes No

d. Committee meets

Monthly Quarterly Bi-annually Yearly

e. Minutes are recorded for this meeting in a separate section devoted to trauma Yes No

f. Minutes are frank and detailed Yes No

g. Information from this meeting is relayed to the TC Yes No

h. Committee reports to

Hospital Quality Medical Executive Board of Directors

Other:

2. If no, where do physicians and APPs review the care of trauma patients

Describe

3. Hospital has a mechanism in place for outside review of charts by reviewers familiar with trauma and ATLS Yes No

J. Trauma Death Audits

1. Trauma deaths during the reporting year

Dead on Arrival (DOA) ED In-hospital (includes OR)

2. Deaths are categorized as:

Mortality without room for improvement Total

Anticipated mortality with room for improvement Total

Unanticipated mortality with room for improvement Total

3. Mechanism in place to obtain autopsy from coroner Yes No

K. Trauma Registry

1. Trauma registry utilized Yes No

a. Registry program

Image Trend V5 Collector Other:

b. Trauma Registrar

TC Health Information Management (HIM) Staff Staff nurse

Other:

c. Registry is up to date Yes No

d. Data is sent to state Yes No

e. Registry used for PI Program Yes No

IX. PREVENTION ACTIVITIES

A. Hospital participates in community trauma prevention activities Yes No

B. Activities target mechanisms of injury for trauma patient population Yes No

X. REGIONAL AND STATE ACTIVITIES

Hospital participates in state and regional activities Yes No

EXIT INTERVIEW

Strengths:

Criteria Deficiencies:

Weaknesses:

Recommendations:

Trauma Program Coordinator Report

Name of Hospital: ____

Hospital Address: ____
Address City State Zip

Date: ________________________________

I. PURPOSE OF REVIEW Orientation Focused Review

During this visit, the educator(s) listed below met with the following members of the trauma program:

Participant	Title
Educators	
State Representatives	

During the visit, the following items were reviewed and discussed with the TPC.

II. NEBRASKA STATE TRAUMA SYSTEM

A. State and regional activities summarized Yes No

B. Education reimbursement available through state (trauma and EMS) Yes No

C. State of Nebraska Rules and Regulations 2011 Yes No

D. Image Trends training sources Yes No

E. EMS Specialist role Yes No

III. TRAUMA PROGRAM

A. TPC job description Yes No

B. Trauma Program Coordinator

1. TNCC current Yes No

2. Number of hours per week per month allotted to trauma program hours per

3. Other duties:

Chief Nursing Officer (CNO) ED Manager Staff Nurse

Other:

C. Trauma Medical Director (TMD) role Yes No

IV. TRAUMA EDUCATION

A. TNCC requirements Yes No

B. Nursing continuing education requirements Yes No

C. ATLS requirements Yes No

D. Physician CME requirements Yes No

E. Locum Tenens N/A Yes No

F. Traveling nurses N/A Yes No

V. TRAUMA PROCESS IMPROVEMENT

A. Written plan	Yes	No
B. Trauma team response time monitoring	Yes	No
C. Monitoring of transfer out times (< 2 hours)	Yes	No
D. PI filters (EMS, ED, pediatric, inpatient)	Yes	No
E. Under triage monitoring	Yes	No
F. PI tracking / loop closure	Yes	No
G. Process for outside review of chart	Yes	No
H. Process for obtaining autopsies	Yes	No
I. PI Meetings		
1. Purpose	Yes	No
2. Frequency	Yes	No
3. Membership (includes EMS)	Yes	No
4. Minutes frank and detailed	Yes	No
J. Trauma Peer Review		
1. Purpose	Yes	No
2. Death audit and verbiage	Yes	No
3. Frequency	Yes	No
4. Attendees	Yes	No
5. Attendance requirements	Yes	No
6. Minutes frank and detailed	Yes	No

VI. REGISTRY

A. Identification of trauma patients — Yes No

B. Chart abstraction and data entry — Yes No

C. Submission to state — Yes No

D. Report writer — Yes No

VII. OUTREACH AND PREVENTION

A. EMS education and run reviews — Yes No

B. Community prevention targeting population — Yes No

VIII. SUMMARY

Criteria weaknesses:

Education / Recommendations: (list any additional items as appropriate from review)

- PI Process
  - Assure minutes are frank and detailed and include opportunities for improvement, conclusions, recommendations, action plans and loop closure.
  - Demonstrate loop closure in minutes or PI system logs.
  - PI indicators should include EMD, ED and inpatient.
    - A minimum of two pediatric PI indicators is required.
    - PECARN (Pediatric Emergency Care Applied Research Network) head CT algorithm is highly recommended as one of the pediatric PI filters.
    - Indicators should evaluate care from all disciplines.
- Peer Review Process
  - Focus is on education and improvement care, not punitive.
  - Assure minutes are frank and detailed as above.
  - Assure deaths are categorized as:
    - Mortality without room for improvement
    - Anticipated mortality with room for improvement
    - Unanticipated mortality with room for improvement

- EMS
    - Share trauma activation criteria with EMS.
    - Maintain a log of EMS run reviews and education including name of service, date, topic or cases reviewed and number of attendees.
    - EMS Specialist is ___________________________. Contact to assist with obtaining EMS reports, EMS education and funding, encouraging EMS attendance at run reviews.
    - EMS must be invited to PI meetings even if they do not attend.
    - Assure EMS run sheets are obtained (either through the service or printed from ENARSIS) and included in the patient's chart.
- Registry
    - Registry contacts for the state are Diane Schoch, RN, State Trauma Nurse Specialist and/or Andrew Ngochoch, State Trauma Registrar. They can assist with education on the registry and report writer.
- Education
    - At a minimum, assess continuing education requirements for nursing, physicians and APPs on a yearly basis to assure compliance.
    - Maintain a log for nursing education with totals for all hours as well as pediatric and adult education hours and TNCC expiration dates. Include date of hire on the log as well as title of specific courses attended and number of contact hours for each course.
    - Hours for nurses and physicians will be pro-rated to years of service if employed less than 4 years.
    - New hires (less than 1 year) do not need to meet educational requirements.
    - Locum Tenens physicians and travel nurses MUST have ATLS and TNCC upon date of hire.
- Other
    - Maintain a prevention log with date, topic, where presented and number of attendees. Count all prevention conducted by hospital personnel (not just TPC or TMD).
    - Maintain a log of disaster drills including typed of drill, date and entities involved (EMS, local businesses, local schools, law enforcement, etc.).
    - Review last hospital designation report and address and weaknesses listed.
    - Conduct regular competencies for low volume/high risk procedures.
    - Contact Diane Schoch or regional trauma program manager, _________________________________, for any questions, concerns or template/forms. Do not reinvent the wheel. They are eager to assist you!
    - Contact Sherri Wren for availability of state funds for reimbursement for trauma education such as TNCC, ATLS, PALS. This must be requested at least 30 days prior to the start of the class.
    - Both the Resources of Optimal Care of the Injured Patient 2014 and the National Trauma Data Standard Data Dictionary are valuable resources. They can be downloaded at no cost from the American College of Surgeon's website at www.facs.org.
    - The form to request state funds for trauma are located on the EHS Trauma website at http://dhhs.ne.gov/Pages/EHS-Statewide-Trauma-System-of-Care.aspx.
    - The State Data Dictionary is located at the EHS Trauma website at http://dhhs.ne.gov/OEHS%20Program%20Documents/Trauma%20Registry%20Data%20Dictionary.pdf.
    - The form to request EMS education is located at http://dhhs.ne.gov/OEHS%20Program%20Documents/EMS%20Tuition%20Reimbursement.pdf.
    - The EMS and trauma classes are located at http://dhhs.ne.gov/Pages/EHS-Training-and-Education.aspx.

At the conclusion of this visit, the educator(s) feels _____________________________________, __________________ a good understanding of their role as TPC.

The reviewer ____________________ a focused review is needed. If needed, in approximately ____ months.