



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
TRAUMA CENTER SITE REVIEW CRITERIA CHECK SHEET – LEVEL I

19CSR 30-40.430

NAME OF HOSPITAL	LOCATION	DATE
(I) GENERAL STANDARDS FOR TRAUMA CENTER DESIGNATION 19 CSR 30-40.430 (I)		
DOCUMENTATION	MET	NOT MET
1. Board resolution to demonstrate commitment to quality trauma care. Methods of demonstrating the commitment shall include, but not be limited to: (1) (A) a) Policy and procedures for the maintenance of services essential for a trauma center b) Assure that all trauma patients will receive medical care at the level of the hospital's designation c) Commit the institution's financial, human and physical resources as needed for the trauma program d) Establish a priority admission for the trauma patient to the full services of the institution.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Accepts all trauma victims appropriate for the level of care provided at the hospital level of care provided at the hospital, regardless of race, sex, creed or ability to pay. (1) (B)	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrate evidence of a trauma program that provides the trauma team with appropriate experience to maintain skill and proficiency in the care of trauma patients. Such evidence shall include: a) Meeting of continuing education unit requirements by all professional staff. b) Documented regular attendance (not less than fifty (50%) percent) by all core trauma surgeons and liaison representation at the trauma program performance improvement and patient safety program meetings.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Lighted designated helicopter landing area a) Landing area shall serve solely as receiving and take off area for medical helicopters. b) Shall be on the hospital premises and no more than 3 minutes from the emergency room (1) (D) 1,2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Trauma Medical Director 1 (E) a) Job description and organizational chart depicting relationship to other services Trauma Medical Director (1) (E)1 b) Board certified surgeon (1) (E) 2 c) Member of the surgical call roster (1) (E) 2 d) Responsible for education/training of the medical and nursing staff in trauma care (1) (E) 3 e) Document a minimum average of 16 hours of CME every year (1) (E) 4 f) Participates in the centers research and publication projects (1) (E) 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Trauma Nurse Coordinator/Program Program Manager 1 (F) a) Job description and organizational chart depicting relationship to other services Trauma Nurse Coordinator/Trauma Nurse Program Manager (1) (F)1 b) Document a minimum average of 16 hours of continuing education every year (1) (F) 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Surgical Trauma Call Roster a) At the time of initial review, all members of the surgical trauma call shall be ATLS certified or be registered for a provider course (1) (G) b) Documented a average of 8 hours of CME in trauma care every year (1) (H) c) If adult/pediatric centers 4 hours of the 8 hours of education per year must be applicable to pediatric trauma. (1) (H)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Demonstrate a plan for adequate for post discharge follow-up on trauma patients, including rehabilitation. (1) (I)	<input type="checkbox"/>	<input type="checkbox"/>
9. Missouri Trauma Registry current and complete (1) (J)	<input type="checkbox"/>	<input type="checkbox"/>

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(1) GENERAL STANDARDS FOR TRAUMA CENTER DESIGNATION 19 CSR 30-40.430 (1) (CON'T)			
10. Trauma Team Activation Protocol a) Establishes the criteria used to rank trauma patients according to severity and type of injury and identifies the persons authorized to notify trauma team members when a severely injured patient is en route or has arrived at the trauma center. (1) (K)	MET	NOT MET	
11. Organ/Tissue Procurement a) Shall have a plan to notify an organ or tissue procurement organization and cooperate in the procurement of anatomical gifts (1) (L)	<input type="checkbox"/>	<input type="checkbox"/>	
(2) HOSPITAL ORGANIZATION STANDARDS FOR TRAUMA CENTER DESIGNATION 19 CSR 30-40.430 (2)			
12. Hospital Organization Standards a) Delineation of privileges by the medical staff credentialing committee (2) (A) b) All members of the surgical trauma call roster shall comply with availability and response requirements (2) (B) c) Surgeons who are board-certified or board-admissible or complete an alternate pathway as documented and defined by the trauma medical director using the criteria established by the American College of Surgeons (ACS) in the current Resource for Optimal Care Document in the following specialties for trauma care shall be on the trauma center staff and/or be available to the patient as indicated. (2) (C) <input type="checkbox"/> General Surgery I/H (Trauma surgeon immediately available and in attendance with patient when senior resident fulfils availability requirements) (2) (1) <input type="checkbox"/> Neurologic Surgery I/H (2) (2) <input type="checkbox"/> Cardiac/Thoracic Surgery P/A (2) (3) <input type="checkbox"/> Obstetric/Gynecologic Surgery P/A (2) (4) <input type="checkbox"/> Ophthalmic Surgery P/A (2) (5) <input type="checkbox"/> Orthopedic Surgery P/A (2) (6) <input type="checkbox"/> Maxillofacial Surgery P/A (2) (7) <input type="checkbox"/> Otorhinolaryngologic Surgery P/A (2) (8) <input type="checkbox"/> Pediatric Surgery/Trauma surgeon I/A (waived for adult only centers) (2) (9) <input type="checkbox"/> Plastic Surgery P/A (2) (10) <input type="checkbox"/> Urologic Surgery P/A (2) (11) <input type="checkbox"/> Emergency Medicine I/H (2) (12) <input type="checkbox"/> Cardiology P/A (2) (13) <input type="checkbox"/> Chest Pulmonary Medicine P/A (2) (14) <input type="checkbox"/> Gastroenterology P/A (2) (15) <input type="checkbox"/> Hematology P/A (2) (16) <input type="checkbox"/> Infectious Diseases P/A (2) (17) <input type="checkbox"/> Internal Medicine P/A (2) (18) <input type="checkbox"/> Nephrology P/A (2) (19) <input type="checkbox"/> Pathology P/A (2) (20) <input type="checkbox"/> Pediatrics P/A (2) (21) <input type="checkbox"/> Psychiatry P/A (2) (22) <input type="checkbox"/> Radiology P/A (2) (23) <input type="checkbox"/> Anesthesiology I/H (2) (24) *General surgery requirement may be fulfilled by a Senior Resident credentialed in general surgery, including trauma care and Advanced Trauma Life Support (ATLS) if the trauma surgeon is immediately available and in attendance with the patient. * Neurology requirement may be fulfilled by a surgeon who is credentialed by the chief of Neurosurgery for the care of patients with neural trauma. *Anesthesiology requirement may be met by CRNA as long as staff anesthesiologist is immediately available and the CRNA is capable of assessing emergent situations, initiating care and treatment or may be fulfilled by anesthesiologist assistants with anesthesiologist supervision.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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(2) HOSPITAL ORGANIZATION STANDARD FOR TRAUMA CENTER DESIGNATION 19 CSR 30-40.430 (2) (CON'T)		
13. The following specialists credentialed by the hospital for trauma care available in-house 24 hours a day: <input type="checkbox"/> General Surgery (2) (1) <input type="checkbox"/> Neurologic Surgery (2) (2) <input type="checkbox"/> Emergency Medicine (2) (12) <input type="checkbox"/> Anesthesiology (2) (24)	MET <input type="checkbox"/>	NOT MET <input type="checkbox"/>
14. The following specialists credentialed by the hospital for trauma care promptly available: (2)(C)3-23 <input type="checkbox"/> Cardiac/Thoracic Surgery (2) (3) <input type="checkbox"/> Obstetric/Gynecologic Surgery (2) (4) <input type="checkbox"/> Ophthalmic Surgery (2) (5) <input type="checkbox"/> Orthopedic Surgery (2) (6) <input type="checkbox"/> Maxillofacial Surgery (2) (7) <input type="checkbox"/> Otorhinolaryngologic Surgery (2) (8) <input type="checkbox"/> Plastic Surgery (2) (10) <input type="checkbox"/> Urologic Surgery (2) (11) <input type="checkbox"/> Cardiology (2) (13) <input type="checkbox"/> Chest Pulmonary Medicine (2) (14) <input type="checkbox"/> Gastroenterology (2) (15) <input type="checkbox"/> Hematology (2) (16) <input type="checkbox"/> Infectious Diseases (2) (17) <input type="checkbox"/> Internal Medicine (2) (18) <input type="checkbox"/> Nephrology (2) (19) <input type="checkbox"/> Pathology (2) (20) <input type="checkbox"/> Pediatrics (2) (21) <input type="checkbox"/> Psychiatry (2) (22) <input type="checkbox"/> Radiology (2) (23)	<input type="checkbox"/>	<input type="checkbox"/>
(3) STANDARDS FOR SPECIAL FACILITIES/RESOURCES CAPABILITIES 19 CSR 30-40.430 (3)		
EMERGENCY DEPARTMENT (3) (A)		
15. The hospital shall meet emergency department standards for trauma designation	<input type="checkbox"/>	<input type="checkbox"/>
16. Emergency department staffing ensures immediate and appropriate care of the trauma patient (3) (A) 1 a. Physician director board certified or board admissible in emergency medicine (3)(A)1A b. Physicians competent in emergency care on duty in ED 24 hours a day (3)(A)1B c. All emergency department physicians shall be certified in ATLS at least once. Physicians who are certified by boards other than emergency medicine who treat trauma patients in the emergency department are required to have current ATLS status (3) (A) 1 C d. Written protocols defining the relationship of ED physicians to other physician members of the trauma team. (3) (A) 1D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17. All registered nurses assigned to the emergency department shall be credentialed in trauma nursing by the hospital within one (1) year of assignment. (3) (A) 1E a. Registered nurses credentialed in trauma nursing shall document a minimum of eight (8) hours trauma-related continuing nursing education per year. (3) (A) 1E (I) b. Registered nurses credentialed in trauma care shall maintain current provider status in the Trauma Nurse Core Curriculum or Advanced Trauma Care for Nurses and either PALS, APLS, or ENPC within one (1) year of employment in the emergency department. (3) (A) 1E (II)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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(3) STANDARDS FOR SPECIAL FACILITIES/RESOURCES CAPABILITIES 19 CSR 30-40.430 (3) (CON'T)			
18. Equipment for resuscitation and life support with age appropriate sizes for the critically or seriously injured shall include the following: (3) (A) 2 <input type="checkbox"/> Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator (3) (A) 2 A <input type="checkbox"/> Suction devices (3) (A) 2 B <input type="checkbox"/> Electrocardiograph, cardiac monitor and defibrillator (3) (A) 2 C <input type="checkbox"/> Central line insertion equipment (3) (A) 2 D <input type="checkbox"/> All standard intravenous fluids, administration devices and IV catheters (3) (A) 2 AE <input type="checkbox"/> Sterile surgical sets for procedures standard for the ED (3) (A) 2 F <input type="checkbox"/> Gastric lavage equipment (3) (A) 2 G <input type="checkbox"/> Drugs and supplies necessary for emergency care (3) (A) 2 H <input type="checkbox"/> Two-way radio linked with EMS vehicles (3) (A) 2 I <input type="checkbox"/> End-tidal CO2 monitor (3) (A) 2 J Mechanical Ventilators (3) (A) 2 J <input type="checkbox"/> Temperature control devices for patient, parenteral fluids and blood (3) (A) 2 K <input type="checkbox"/> Rapid infusion system for parenteral infusion (3) (A) 2 L <input type="checkbox"/> There shall be documentation that all equipment is checked according to the hospital preventive maintenance schedule. (3) (A) 3	MET	NOT MET	
19. There shall be a designated trauma resuscitation area in the emergency department. (3) (A) 4	<input type="checkbox"/>	<input type="checkbox"/>	
20. There shall be X-ray capability in house and immediately available with 24 hour coverage by technicians. (3) (A) 5	<input type="checkbox"/>	<input type="checkbox"/>	
21. Nursing documentation for the trauma patient shall be on a trauma flow sheet approved by the trauma medical director and trauma nurse coordinator/trauma program manager. (3)(A) 6	<input type="checkbox"/>	<input type="checkbox"/>	
ICU 22. The hospital shall meet intensive care unit (ICU) standards for trauma center designation. (3) (B)	<input type="checkbox"/>	<input type="checkbox"/>	
23. There shall be a designated surgeon medical director for the ICU. (3) (B) 1	<input type="checkbox"/>	<input type="checkbox"/>	
24. A physician who is not the emergency department physician shall be on duty in the ICU or available in-house 24 hours a day. (3) (B) 2	<input type="checkbox"/>	<input type="checkbox"/>	
25. The minimum registered nurse/trauma patient ratio used shall be one to two (1:2). (3) (B) 3	<input type="checkbox"/>	<input type="checkbox"/>	
26. Registered nurses shall be credentialed in trauma care within one (1) year of assignment documenting a minimum of eight (8) hours of trauma related continuing nursing education per year. (3) (B) 4	<input type="checkbox"/>	<input type="checkbox"/>	
27. Nursing care documentation shall be on a patient flow sheet. (3) (B) 5	<input type="checkbox"/>	<input type="checkbox"/>	
28. At time of initial review, nursing assigned to ICU shall have successfully completed or be registered for provider ACLS course. May be waived in pediatric centers where policy exists diverting injured adults to adult trauma center. (3) (B) 6	<input type="checkbox"/>	<input type="checkbox"/>	
29. There shall be separate pediatric and adult ICUs or a combined ICU with nurses trained in pediatric intensive care. Nurses providing pediatric care shall maintain PALS, APLS, or ENPC. (3) (B) 7	<input type="checkbox"/>	<input type="checkbox"/>	
30. There shall be beds for trauma patients or comparable level of care provided until space is available in ICU. (3) (B) 8	<input type="checkbox"/>	<input type="checkbox"/>	

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(3) STANDARDS FOR SPECIAL FACILITIES/RESOURCES CAPABILITIES 19 CSR 30-40.430 (3) (CON'T)			
31. Equipment for resuscitation and life support with age appropriate sizes for the critically or seriously injured shall include the following: (3) (A) 2 <input type="checkbox"/> Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator (3) (B) 9 A <input type="checkbox"/> Oxygen source with concentration controls (3) (B) 9 B <input type="checkbox"/> Cardiac emergency cart, including medications (3) (B) 9 C <input type="checkbox"/> Temporary transvenous pacemakers (3) (B) 9 D <input type="checkbox"/> Electrocardiograph, cardiac monitor and defibrillator (3) (B) 9 E <input type="checkbox"/> Cardiac output monitoring (3) (B) 9 F <input type="checkbox"/> Electronic pressure monitoring and pulse oximetry (3) (B) 9 G <input type="checkbox"/> End-tidal CO2 monitor and Mechanical Ventilators (3) (B) 9 H <input type="checkbox"/> Patient weighing devices (3) (B) 9 I <input type="checkbox"/> Temperature control devices for patient, parenteral fluids and blood (3) (B) 9 J <input type="checkbox"/> Drugs, intravenous fluids and supplies (3) (B) 9 K <input type="checkbox"/> Intracranial pressure monitoring devices (3) (B) 9 L <input type="checkbox"/> There shall be documentation that all equipment is checked according to the hospital preventive maintenance schedule. (3) (B)10	MET	NOT MET	
PAR 32. The hospital shall meet post-anesthesia recovery room (PAR) standards for trauma center designation. (3) (C)	<input type="checkbox"/>	<input type="checkbox"/>	
33. Registered nurses and other essential personnel who are not on duty shall be on call and available within 60 minutes. (3) (C) 1	<input type="checkbox"/>	<input type="checkbox"/>	
34. Equipment for resuscitation and life support with age appropriate sizes for the critically or seriously injured shall include the following: (3) (C) 2 <input type="checkbox"/> Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator (3) (C) 2 A <input type="checkbox"/> Suction devices (3) (C) 2 B <input type="checkbox"/> Electrocardiograph, cardiac monitor and defibrillator (3) (C) 2 C <input type="checkbox"/> Apparatus to establish central venous pressure monitoring (3) (C) 2 D <input type="checkbox"/> All standard intravenous fluids, administration devices and IV catheters (3) (C) 2 E <input type="checkbox"/> Sterile surgical sets for procedures standard for the ED (3) (C) 2 F <input type="checkbox"/> Drugs and supplies necessary for emergency care (3) (C) 2 G <input type="checkbox"/> Temperature control devices for patient, parenteral fluids and blood (3) (C) 2 H <input type="checkbox"/> Temporary pacemaker (3) (C) 2 I <input type="checkbox"/> Electronic pressure monitoring and pulse oximetry (3) (C) 2 J <input type="checkbox"/> Pulmonary function measuring devices (3) (C) 2 K	<input type="checkbox"/>	<input type="checkbox"/>	
35. The hospital shall have acute hemodialysis capability or a written transfer agreement. (3) (D)	<input type="checkbox"/>	<input type="checkbox"/>	
36. The hospital shall have a physician-directed burn unit or a written transfer agreement. (3) (E)	<input type="checkbox"/>	<input type="checkbox"/>	
37. The hospital shall have injury rehabilitation capability or a written transfer agreement. (3) (F)	<input type="checkbox"/>	<input type="checkbox"/>	
38. The hospital shall possess pediatric trauma management capability or maintain written transfer agreements. (3) (G)	<input type="checkbox"/>	<input type="checkbox"/>	

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(3) STANDARDS FOR SPECIAL FACILITIES/RESOURCES CAPABILITIES 19 CSR 30-40.430 (3) (CON'T)		
<p>39. Radiological capabilities for trauma center designation including a mechanism for timely interpretation to aid in patient management shall include:</p> <ul style="list-style-type: none"> a. Angiography with interventional capability available 24 hours a day with a one (1) hour maximum response time from time of notification. (3) (H) 1 b. Sonography available 24 hours per day with 30 minutes maximum response time, (3) (H) 2 c. Resuscitation equipment available to radiology department (3) (H) 3 d. Adequate physician and nursing personnel present with monitoring equipment to fully support the trauma patient and provide documentation of care during the time the patient is physically present in the radiology department and during transportation to and from the radiology department. Nurses providing care for the trauma patients that are not accompanied by trauma nurse while in the radiology department during initial evaluation and resuscitation shall maintain the same credentialing required of emergency department nursing personnel. (3) (H) 4 e. In-house computerized tomography. (3) (H) 5 f. Computerized tomography technician. I/H (3) (H) 6 	<p>MET</p> <p>NOT MET</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>40. There shall be documentation of adequate support services in assisting the patient's family from the time of entry into the facility to the time of discharge. (3) (I)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
MEDICAL SURGICAL		
<p>41. Medical surgical floors of a designated trauma center shall have the following personnel and equipment: (3) (J)</p> <ul style="list-style-type: none"> a. Registered nurses and other essential personnel on duty 24 hours a day. (3) (J) 1 b. Equipment for resuscitation and to provide support for the injured patient including but limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Airway control and ventilation equipment including laryngoscopes, endotracheal tubes of all sizes, bag-mask resuscitator, sources of oxygen, (3) (J) 2A <input type="checkbox"/> Suction devices (3) (J) 2 B <input type="checkbox"/> Electrocardiograph, cardiac monitor and defibrillator (3) (J) 2 C <input type="checkbox"/> All standard intravenous fluids, administration devices and IV catheters (3) (J) 2 D <input type="checkbox"/> Drugs and supplies necessary for emergency care (3) (J) 2 E <input type="checkbox"/> Documentation that all equipment is checked according to the hospital preventive maintenance schedule. (3) (J) 3 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
OR		
<p>42. The operating room personnel, equipment, and procedures of a trauma center shall include, but not limited to: (3) (K)</p> <ul style="list-style-type: none"> a. An operating room adequately staffed in-house 24 hours a day. (3) (K) 1 b. Equipment including, but not limited to: (3) (K) 2 <ul style="list-style-type: none"> <input type="checkbox"/> Operating microscope (3) (K) 2A <input type="checkbox"/> Thermal control equipment for patient, parenteral fluids, and blood (3) (K) 2B <input type="checkbox"/> X-Ray capability (3) (K) 2C <input type="checkbox"/> Endoscopic capabilities, all varieties (3) (K) 2D <input type="checkbox"/> Instruments necessary to perform an open craniotomy (3) (K) 2E <input type="checkbox"/> Monitoring equipment (3) (K) 2F <input type="checkbox"/> Equipment checked according to hospital preventive maintenance schedule (3) (K) 3 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

NAME OF HOSPITAL	LOCATION	DATE
(4) STANDARDS FOR PERFORMANCE IMPROVEMENT, PATIENT SAFETY, OUTREACH, PUBLIC EDUCATION AND TRAINING 19 CSR 30-40.430 (4)		
<p>43. The following clinical laboratory services available 24 hours a day: (3) (L)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard analyses of blood, urine and other body fluids (3) (L) 1 <input type="checkbox"/> Blood typing and cross matching (3) (L) 2 <input type="checkbox"/> Coagulation studies (3) (L) 3 <input type="checkbox"/> Comprehensive blood bank or access to community central blood bank and adequate hospital blood storage facilities (3) (L) 4 <input type="checkbox"/> Blood gases and pH determinations (3) (K) 5 <input type="checkbox"/> Serum and urine osmolality (3) (L) 6 <input type="checkbox"/> Microbiology (3) (L) 7 <input type="checkbox"/> Drug and alcohol screening (3) (L) 8 <input type="checkbox"/> A written protocol that the trauma patient receives priority (3) (L) 9 	<p>MET</p> <p>NOT MET</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>44. There shall be an ongoing performance improvement and patient safety program designed to objectively and systematically monitor, review, and evaluate the quality and appropriateness of patient care, and opportunities to improve patient care, and resolve identified problems. (4) (A)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>45. The following additional performance measures shall be required: (4) (B)</p> <ul style="list-style-type: none"> a. Regular reviews of all trauma-related deaths. (4) (B) 1 b. A regular morbidity and mortality review, at least quarterly (4) (B) 2 c. A regular multidisciplinary trauma conference that includes representation of all members of the trauma team, with minutes of the conference to include attendance and findings.(4) (B) 3 d. Regular reviews of the reports generated by the Department of Health and Senior Services from the Missouri trauma registry and the head and spinal cord injury registry. (4) (B) 4 e. Regular reviews of pre-hospital trauma care including inter-facility transfers and all adult patients seen in pediatric centers. (4) (B) 5 f. Participation in reviews of regional systems of trauma care as established by the Department of Health and Senior Services. (4) (B) 6 g. Trauma patients remaining greater than six hours prior to transfer will be reviewed as a part of the performance improvement and patient safety program. (4) (B) 7 	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>46. An outreach program shall be established to assure 24 hour availability of telephone consultation with physicians in the outlying region. (4) (C)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>47. A public education program shall be established to promote injury prevention and trauma care and to resolve problems confronting the public, medical profession, and hospitals regarding optimal care for the injured. These must address major trauma issues as identified in that program's performance improvement and patient safety process. (4) (D)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>48. The hospital shall be actively involved in local and regional emergency medical services systems by providing training and clinical resources. (4) (E)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

NAME OF HOSPITAL	LOCATION	DATE	
(4) STANDARDS FOR PERFORMANCE IMPROVEMENT, PATIENT SAFETY, OUTREACH, PUBLIC EDUCATION AND TRAINING 19 CSR 30-40.430 (4) (CON'T)			
<p>49. There shall be a hospital-approved procedure for credentialing nurses in trauma care. (4) (F)</p> <p>a. All nurses providing care to severely injured patients and assigned to the emergency department or ICU shall complete a minimum of 16 hours of trauma nursing courses to become credentialed in trauma care. (4) (F) 1</p> <p>b. The content and format of any trauma nursing courses developed and offered by a hospital shall be developed in cooperation with the trauma medical director. A copy of the course curriculum used shall be filed with the EMS Bureau. (4) (F) 2</p> <p>c. Trauma nursing courses offered by institutions of higher education in Missouri such as the Advanced Trauma Care for Nurses, Emergency Nursing Pediatric Course, or the Trauma Nurse Core Curriculum may be used to fulfill this requirement. To receive credit for this course, a nurse shall obtain advance approval for the course from the trauma medical director and trauma nurse coordinator/trauma program manager and shall present evidence of satisfactory completion of the course. (4) (F) 3</p>	<p>MET</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NOT MET</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>50. Hospital diversion information must be maintained to include date, length of time, and reason for diversion. This must be monitored as a part of the Performance Improvement and Patient Safety program and available when the hospital is site reviewed. (4) (G)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>51. Each trauma center shall have a disaster plan. A copy of this disaster plan must be maintained within the trauma center policies and procedures and should document the trauma services role in planning and response. (4) (H)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
(5) STANDARDS FOR THE PROGRAMS IN TRAUMA RESEARCH 19 CSR 30-40.430 (5)			
<p>52. The hospital and its staff shall support a research program in trauma as evidenced by any of the following: (5) (A)</p> <p>a. Publications in peer reviewed journals. (5) (A) 1</p> <p>b. Reports of findings presented at regional or national meetings. (5) (A) 2</p> <p>c. Receipt of grants for study of trauma care. (5) (A) 3</p> <p>d. Production of evidence-based reviews. (5) (A) 4</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>53. The hospital shall agree to cooperate and participate with the EMS Bureau in conducting epidemiological studies and individuals case studies for the purpose of developing injury control and prevention programs. (5) (B)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
REMARKS			