Level IV Trauma Care Facility Self-Assessment Categorization Application (SACA)

Complete all sections of the application that apply and *use N/A as indicated* (Several fields may not be applicable to all Level IV facilities). The SACA may be completed as an electronic form (save to computer) or printed and completed legibly by hand. If additional space is needed to answer questions, further supporting documentation may be submitted with the application.

Application submission, questions, and comments can be directed to:

Jill Wheeler, RN, BSN, CCRN, SCRN, TCRN
Trauma Nurse Coordinator
(515) 201-4735
jill.wheeler@idph.iowa.gov

Hospital Information		
Name of Facility:	Date of application:	
Address:	City:	Zip:
Hospital Board President/Chair:	Email:	
Hospital Administrator:	Email:	
Trauma Program Manager:	Email:	
Trauma Coordinator:	Email:	
Trauma Medical Director:	Email:	
Trauma Medical Director Board Certification:		
Trauma Registrar(s):	Email:	
Trauma Support Staff (injury prevention, quality, etc.)		
Attach a Trauma Care Facility staff resolution letter, current written resolution supporting the Trauma Care Facility from the hospital board and administration, CEO and Board President, Chief Nursing Officer, Trauma Nurse Coordinator, Trauma Program Manager, Trauma Medical Director, and ED Medical Director.		
Attach formal job descriptions for the TMD and TPM.		
Attach the Trauma specific Organizational Chart *and* the Facility Organizational Chart.		

Emergency Department					
# of Acute beds in the facility:		# of ED beds:		# of ED beds set up for trauma:	
ED Medical Director:					
ED Liaison:			ED Liaison Alternate:		
List all physicians providing trauma care in the ED. Attach copies of ATLS certificates with SACA.					
Physician	Board Certification	ATLS Expiration	Physician	Board Certification	ATLS Expiration
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
List all Advanced Practice Clinicians (ARNP, PA) taking ED call. Attach copies of ATLS certificates with SACA.					
Provider		ATLS Expiration	Provider		ATLS Expiration
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
Submit a call schedule for the past 3 months listing all providers covering ED trauma call					
Where is the ED provider call schedule posted?					
Attach a copy of the Hospital's Credentialing Policy with SACA.					
Attach a sample of Annual Reviews (OPPE equivalent) of trauma providers & APP's by the TMD.					

Total number of RNs on the ED roster:		# of RNs who are TNCC/ATCN certified:	
List required education for ED RNs (ACLS, PALS, TNCC, etc.)			
1	4	7	
2	5	8	
3	6	9	

Telehealth Services		
Does the facility utilize telehealth services?　　Yes　　No		Name of service:
If yes, describe the integration of telehealth services in the ED with trauma patients, as well as the incorporation into the hospital's Performance Improvement process.		

Emergency equipment available in the hospital					
	Yes	No		Yes	No
Pulse oximetry			Emergency care drugs		
Airway control & ventilation (laryngoscopes, ET tubes, BVM, pocket masks, & oxygen)			Sterile surgical kits for airway control, vascular access, and chest tube placement		
End-tidal CO2			Equipment for spinal motion restriction		
Pelvic Immobilizer			Pediatric weight/length-based drug dosage and equipment system		
Rapid infuser system			Thermal control equipment for patients		
Suction devices			Thermal control equipment for fluids		
Monitor / Defibrillator			Internal paddles		
Large-bore IV catheters			CVP monitoring		
IO access device			Arterial catheters		
Gastric decompression			Ultrasound / FAST		
Endoscope			Bronchoscope		

Alcohol Screening
Describe the facility's process and documentation for drug and alcohol screening of injured patients.

Prehospital / EMS / Transfer						
List all EMS services transporting patients to the ED, level of service, and Medical Director.						
EMS Service		Level of Service (EMT, AEMT, Paramedic)			Medical Director	
1						
2						
3						
4						
5						
6						
Is continuing education required for EMS?					Yes	No
List required EMS education:						
Is there a copy of state-approved protocols for each service available?					Yes	No
Is service director & state EMS field coordinator contact information available?					Yes	No
Explain two-way communication with EMS (types, locations, any concerns).						
Is there immediate phone contact availability with a Level I or II trauma care facility?					Yes	No
Explain the immediate phone contact availability with a Level I or II trauma center. List the trauma care facilities. Any issues or concerns?						
Are there transfer agreements with a Level I or II trauma care facility? Attach all with SACA.					Yes	No
Transfer agreements include:	Burn Care:	Yes	No	Head/Spinal care:	Yes	No
Attach Burn care policy with SACA.			Attach Spinal care policy with SACA.			
Is there a helicopter landing site available?			Location:			
Attach Trauma Transfer Guidelines/Policy with SACA.						
Attach Bypass/Diversion policy and log with SACA.						
Attach Trauma Team Activation Policy (when to activate, who responds) with SACA.						
Attach Mass Casualty / Hospital Disaster Protocols with SACA						
Attach a list of participation in Hospital-specific and Regional disaster drills with SACA.						

Surgical Services (if routinely involved in trauma care)					
List all surgeons participating in trauma care and their specialty. Attach copies of ATLS certificates with SACA.					
Physician	Specialty	ATLS Expiration	Physician	Specialty	ATLS Expiration
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		
Attach call schedules for the past 3 months with surgery, ortho, neurosurgical, and anesthesia trauma coverage.					
Where are these provider call schedules posted?					
Orthopedic Liaison:			Ortho Liaison Alternate:		
Anesthesia Liaison:			Anesthesia Liaison Alternate:		
Neurosurgery Liaison:			Neurosurgery Liaison Alternate:		
Anesthesia services available 24/7?			Anesthesia response time:		
OR RNs available 24/7 (in-house or on-call)?			PACU RNs available 24/7 (in-house or on-call)?		
Explain staffing on-call policy and monitoring of response times (for anesthesia, PACU, OR, RT, etc.)					

Intensive Care Unit (if applicable)			
# of ICU beds in the facility:	Staffing ratios in the ICU:		
ICU RNs available 24/7 (in-house or on-call)?		Yes	No
ICU Medical Director:	Board Certification:		
ICU Co-Director:	Board Certification:		
ICU Liaison:	ICU Liaison Alternate:		
Respiratory Therapy services available 24/7 (in-house or on-call)?		Yes	No
Is a General Surgeon with Critical Care Privileges available and on-call to the ICU 24/7?		Yes	No

Laboratory Services			
Laboratory Liaison:			
In-house coverage:		On-call response time:	
Standard analysis of blood, urine, microsampling, & other body fluids		Yes	No
Comprehensive blood bank or access to blood bank		Yes	No
Coagulation Studies		Yes	No
Blood gasses & pH determinations		Yes	No
Microbiology		Yes	No
Drug & alcohol screenings		Yes	No
Blood-typing & cross-matching		Yes	No
Massive Transfusion Policy (Attach with SACA)		Yes	No
Emergency Blood Release Policy (Attach with SACA)		Yes	No
Blood Product Availability			

A+	A-	B+	B-	AB+	AB-	O+	O-	FFP	Plts

Radiology Services					
Radiology Liaison:					
24/7 Radiology Tech coverage? Yes No					
Hours staffed in-house:			Response time:		
Coverage when out-of-house:			Response time:		

	Yes	No		Yes	No
Sonography			Angiography		
Portable x-ray			CT		
24-hour image reads			MRI		
Explain the 24-hour read process and critical result reporting.					

Rehabilitation Services					
	Yes	No		Yes	No
Physical Therapy			Occupational Therapy		
Speech Therapy			Social Services		
Explain the integration of Rehabilitation Services within the trauma team.					

Explain the integration of Social Services within the trauma team.

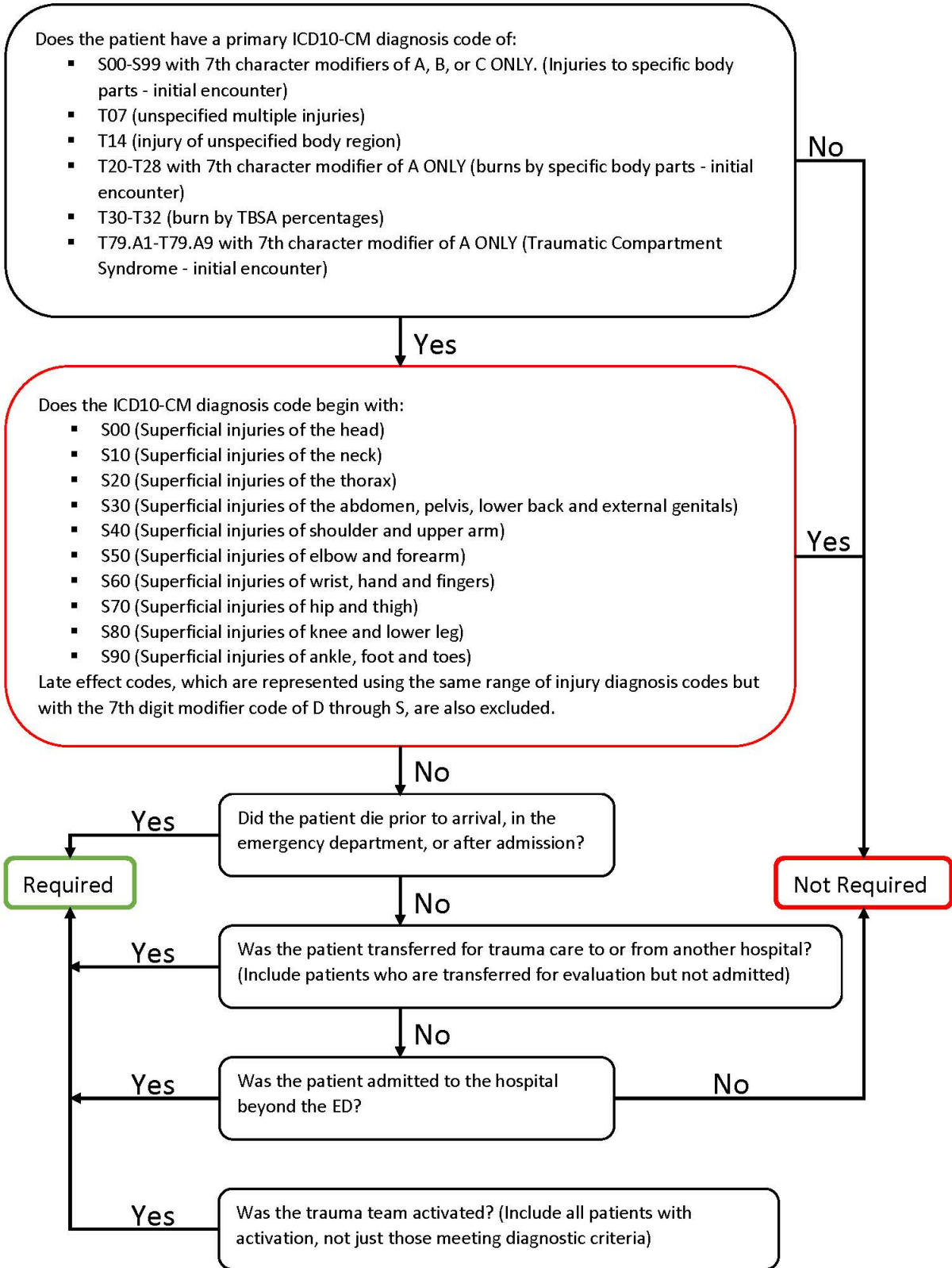| Trauma Registry and Data Reporting					
Hours dedicated to the trauma registry. Example: 1 full-time (1.0 FTE registrar or 2 part-time 0.5 FTE registrars, etc.):					
Attach a list of completed registry education/training with SACA.					
Submission of electronic data into the State Trauma Registry	Yes	No	Data submission within 60 days of patient discharge (report will be pulled by IDPH)	Yes	No
If no, please explain.					
Is trauma registry data submitted to the National Trauma Data Bank annually? (Not required)				Yes	No
Is the facility utilizing a risk adjusted benchmarking system? (TQIP and/or State)				Yes	No
What trends have been identified in the facility's trauma registry? (Special populations, pediatrics, elderly, specific injuries, mechanisms of injury, opportunities for improvement, etc.) Explain how the trauma program has identified injury prevention priorities and performance improvement/patient safety initiatives based on these registry findings.					

Answer the following questions based on a 12-month period of your choosing (ex: 11/01/20 – 10/31/21). (Provide the Trauma Services Summary Report from ImageTrend based on this 12-month period)		
Date range	**From:**	**To:**
Number of ED visits (includes patients discharged to home)		
Number of patients meeting the definition for trauma registry inclusion (Registry inclusion criteria listed on next page)		
Number of patients meeting Trauma Alert/Activation criteria		
Number of Trauma Alerts/Activations		
Number of **trauma** patients *admitted* to the facility		
Number of **trauma** patients *transferred* to a Level I or II trauma center		
Number of **trauma deaths** at the facility, including DOA's		
Percent of autopsies performed on trauma deaths		
Number of trauma referrals made to the regional organ procurement organization		
How many trauma patient donors in the last 12 months		
Submit a copy of the Organ Procurement and Brain Death Determination policy.		

Iowa Trauma Registry Inclusion Criteria for ICD-10

Does the patient have a primary ICD10-CM diagnosis code of:
- S00-S99 with 7th character modifiers 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 specific body parts - initial encounter)
- T30-T32 (burn by TBSA percentages)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome - initial encounter)

No

Yes

Does the ICD10-CM diagnosis code begin with:
- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

Yes

No

Yes — Did the patient die prior to arrival, in the emergency department, or after admission?

Required

No

Yes — Was the patient transferred for trauma care to or from another hospital? (Include patients who are transferred for evaluation but not admitted)

Not Required

No

Yes — Was the patient admitted to the hospital beyond the ED?

No

Yes — Was the trauma team activated? (Include all patients with activation, not just those meeting diagnostic criteria)

Performance Improvement & Patient Safety (PIPS)			
Attach copies of the following PIPS documents with SACA.			
PIPS policy		Trauma Committee meeting minutes (12 months)	
Trauma audit forms		Peer Review meeting agendas (12 months)	

Describe the process for review of **hospital** trauma patient care. (Which charts are audited, by whom, and what happens to data obtained?)

Describe the process for review of **pre-hospital** trauma patient care. (Which charts are audited, by whom, and what happens to data obtained?)

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

Describe the process for assuring and documenting occurrence resolution (loop closure). What happens with issues identified and how is this documented as completed?

Describe the process for review of all trauma transfers to definitive care and transport activities.

Describe the trauma program's involvement within the Hospital Preparedness Service Area the hospital belongs to.

Describe how the facility prepares for, cares for, and monitors the care of pediatric trauma patients.

Describe the facility's public education program related to trauma. (Programs, outreach, facility and community activities, collaboration with other institutions, participation in community prevention activities, public education related to trauma, effectiveness of programs, etc.

Attach a list of TPM involvement in State, Regional, Service Area, and National Trauma initiatives.	
Attach a list of all trauma-specific education and outreach provided to prehospital providers, hospital staff, and the community within the past 3 years.	

List criteria deficiencies and recommendations given at the last trauma designation site visit. Indicate how they have been addressed within the trauma program. (A copy of the last survey can be sent upon request.)

This application was prepared by: _____ Date: _____

I have read and understand the requirements for trauma level designation. All of the information in this application is truthful and accurate to the best of my knowledge.

Signed _____ Date: _____

Completed and signed application shall be returned to:

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Jill Wheeler, RN, BSN, CCRN, SCRN, TCRN
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(515) 201-4735
State Trauma Nurse Coordinator
Bureau of Emergency and Trauma Services
Iowa Department of Public Health

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Please submit the following supporting documents, along with the completed SACA:

- Trauma Care Facility staff resolution letter
- Job description for Trauma Medical Director (TMD)
- Job description for Trauma Program Manager/Trauma Coordinator
- Trauma Specific Organizational Chart
- Facility Organizational Chart
- ATLS certificates for ED physicians
- ATLS certificates for ED Advanced Practice Clinicians (if applicable)
- Emergency Department provider call schedule for past 3 months
- Hospital Credentialing Policy
- Sample of annual reviews (OPPE equivalent) of trauma providers and APP's by the TMD
- Transfer Agreements (including Burn Center, Head/Spine Center)
- Burn Care Policy
- Spinal Care Policy
- Trauma Transfer Guidelines/Policy
- Bypass/Diversion Policy and Log
- Trauma Team Activation Policy
- Mass Casualty / Hospital Disaster Protocols
- List of participation in Hospital and Regional disaster drills/activations
- ATLS certificates for general surgeons involved in trauma care (if applicable)
- Surgical call schedules for past 3 months (if applicable)
- Organ Procurement / Brain Death Determination Policy
- Performance Improvement & Patient Safety (PIPS) Policy
- Trauma Audit forms
- Trauma Committee meeting minutes (12 months)
- Peer Review meeting agendas (12 months)
- List of TPM/Coordinator involvement in State, Regional, & Service Area trauma initiatives
- List of all trauma-specific education and outreach provided to prehospital providers, hospital staff, and the community within the past 3 years.