2 Program Scope and Governance

2.1 - State and Regional Involvement (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's participation in the regional and/or statewide trauma system. *[Text box]*

*2. Upload documentation that demonstrates participation. *[Attachment]*

2.2 - Hospital Regional Disaster Committee (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe your center's participation in preparations for a regional disaster response (for example, committee participation or involvement with health care coalitions). *[Text box]*

*2. Describe your center's participation in regional mass casualty exercises over the course of the Reporting Period. *[Text box]*

2.3 - Disaster Management Planning (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload attendance records or meeting minutes demonstrating trauma surgeon participation and orthopaedic surgeon participation (LI, PTCI) in disaster committee meetings over the course of the Reporting Period. *[Attachment]*

*2. Upload your hospital's disaster plan that includes a surgical response and the following elements of orthopaedic trauma care: definition of critical personnel requirements and means of contact, initial triage of orthopaedic patients, and coordination of secondary procedures. *[Attachment]*

*3. Upload the completed 'Drills and Activations' template. *[Attachment]*

*4. Highlight any challenges or gaps that have been identified in your center's disaster response and outline the plans to address them. *[Text box]*

2.4 - Level I Adult Trauma Patient Volume Criteria (Type I)
Applicable Levels

LI

PRQ Question Text *[Field Type]*

*1. Does your trauma center care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year? *[Radio button]*

*2. Enter your facility's total admissions by ISS score over the Reporting Period in the table below. *[Table]*

ISS	Total Number of Admissions
0–9	
10–15	
16–24	
25+	
Total	

2.5 - Level I Pediatric Trauma Patient Volume Criteria (Type I)
Applicable Levels

PTCI

PRQ Question Text *[Field Type]*

*1. Does your trauma center care for 200 or more injured patients under 15 years of age per year? *[Radio button]*

*2. Enter your facility's total admissions (under 15 years of age) by ISS score over the Reporting Period in the table below. *[Table]*

ISS	Total Number of Admissions
0–9	
10–15	
16–24	
25+	
Total	

2.6 - Adult Trauma Centers Admitting Pediatric Patients (Type I)
Applicable Levels

LI, LII, LIII

PRQ Question Text *[Field Type]*

*1. How many children under the age of 15 did your adult trauma center admit during the Reporting Period? *[Number]*

*2. Does your trauma center have a pediatric emergency department area? *[Radio button]*

*3. Does your trauma center have a pediatric intensive care area? *[Radio button]*

*4. Does your trauma center have appropriate resuscitation equipment (as outlined in the pediatric readiness toolkit)? *[Radio button]*

2.7 - Trauma Multidisciplinary PIPS Committee (Type I)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload terms of reference (policy) that define the committee's scope, membership, frequency of meetings, and decision-making process. *[Attachment]*

2.8 - Trauma Medical Director Requirements (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload evidence of board certification or board eligibility for the TMD. *[Attachment]*

*2. Upload the roles and responsibilities document for the TMD's position. (This question is shared between Standards 2.8 and Standard 2.9). *[Attachment]*

*3. Upload the TMD's credentialing letter. *[Attachment]*

*4. Upload evidence of ATLS certification for the TMD. *[Attachment]*

*5. Upload call schedules over the course of the Reporting Period. *[Attachment]*

*6. Upload the TMD's trauma CME certificates and Maintenance of Certification transcripts obtained during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*

*7. Upload appointment letter and attendance records from national or regional trauma organization during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*

*8. Is the pediatric TMD board-certified or board-eligible in pediatric surgery? *[Radio button]*

If no, please answer the questions below:

8a. Upload evidence of PALS certification for the pediatric TMD. *[Attachment]*

8b. Upload written affiliation agreement and evidence of participation of the affiliate pediatric TMD in process improvement, guideline development, and complex case discussions. *[Attachment]*

8c. Does the affiliate pediatric TMD attend at least 50% of trauma multidisciplinary PIPS committee meetings? *[Radio button]*

8d. Upload attendance records (including meeting dates) demonstrating the affiliate pediatric TMD's participation in PIPS committee meetings over the course of the Reporting Period. *[Attachment]*

2.9 - Trauma Medical Director Responsibility and Authority (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the roles and responsibilities document for the TMD's position. (This question is shared between Standard 2.8 and Standard 2.9). *[Attachment]*

2.10 - Trauma Program Manager Requirements (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the responsibilities of the TPM and estimate their FTE commitment associated with these responsibilities. *[Text box]*

*2. Upload the roles and responsibilities document for the TPM's position, including allocation of FTE across roles described above. *[Attachment]*

*3. Upload the TPM's CE certificates or transcripts obtained during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. *[Attachment]*

*4. Upload appointment letter from national or regional trauma organization. *[Attachment]*

2.11 - Trauma Program Manager Responsibilities and Reporting Structure (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload the relevant organizational chart from your trauma center. *[Attachment]*

*2. Upload the role profile of the TPM. *[Attachment]*

2.12 - Injury Prevention Program (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe the impact your center's injury prevention program has had in its community. *[Text box]*

*2. Upload the job description for relevant staff. *[Attachment]*

*3. Upload graphs/tables highlighting recent injury mechanism trends in your center's trauma registry. *[Attachment]*

*4. Upload the completed "Injury Prevention Activities Report" template. *[Attachment]*

*5. Upload materials related to your trauma center's injury prevention initiatives (such as posters, flyers, and press releases). *[Attachment]*

2.13 - Organ Procurement Program (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload OPO affiliation agreement. *[Attachment]*

*2. Upload regional OPO notification policy. *[Attachment]*

*3. Upload protocol for brain deaths. *[Attachment]*

2.14 - Child Life Program (Type II)
Applicable Levels

PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Briefly describe the scope of your center's child life program. *[Text box]*

*2. Upload the roles and responsibilities document for the position responsible for administering the child life program. *[Attachment]*

2.3 - Disaster Management Planning (Type II)

Enter the dates and nature of drills or activations completed during the Reporting Period in the table below

Date	Drill or Activation	Description of Event

2.12 - Injury Prevention Program (Type II)

Complete the chart below for injury prevention activities implemented during the Verification Cycle or Reporting Period for centers undergoing a consultation or initial verification review. Partnerships with community organizations can be noted in the "Participation Data" column.

Activity Name	Description of Activity/Objectives	Activity Date	Injury Trend Addressed	Participation Data	Evaluation of Outcomes
Stop the Bleed Course	Taught students how to recognize life-threatening bleeding and three techniques to control bleeding	8/9/2021	Penetrating Trauma	15 students from Fremd High School	100% of students passed a brief post-activity assessment