3 Facilities and Equipment Resources

3.1 - Operating Room Availability (Type I)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Upload relevant OR staffing policy that ensures OR availability. *[Attachment]*

*2. Upload documentation of time of notification to time of response. Examples of documentation may include a registry report or a report from the OR database. *[Attachment]*

3.2 - Additional Operating Room (Type II)

Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe how your facility makes an OR available when already encumbered. *[Text box]*

*2. Describe separately your center's OR staffing plans for a weekend night and for a regular working day with elective cases in progress. *[Text box]*

*3. Upload relevant OR staffing policy documentation. *[Attachment]*

3.3 - Operating Room for Orthopaedic Trauma Care (Type II)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Describe how your trauma center makes OR time available to ensure timely care of inpatients with nonemergent orthopaedic trauma. *[Text box]*

*2. Upload OR schedule for orthopaedic trauma care. *[Attachment]*

3.4 - Blood Products (Type I)
Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

*1. Does your trauma center have an adequate supply of blood products available? *[Radio button]*

*2. Describe any challenges in access to blood products over the Reporting Period. What were the circumstances, and how were the challenges addressed? *[Text box]*

LIII, LIII-N:

*1. Does your trauma center have an adequate supply of red blood cells and plasma available? [*Radio button*]

*2. Describe any challenges in access to red blood cells or plasma over the Reporting Period. What were the circumstances, and how were the challenges addressed? *[Text box]*

3.5 - Medical Imaging (Type I)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LI, LII, PTCI, PTCII:

*1. Does your trauma center have conventional radiography available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*

*2. Does your trauma center have computed tomography (CT) available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*

*3. Does your trauma center have point of care ultrasound available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*

*4. Does your trauma center have interventional radiologic procedures available 24 hours per day and accessible for patient care within 1 hour? *[Radio button]*

*5. Does your trauma center have magnetic resonance imaging (MRI) available 24 hours per day and accessible for patient care within 2 hours? *[Radio button]*

*6. Upload conventional radiography policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*7. Upload CT policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*8. Upload point-of-care ultrasound policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*9. Upload interventional radiology policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*10. Upload MRI policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*11. Describe any challenges your center has had with access to medical imaging over the Reporting Period, as well as what your center has done to address these challenges. *[Text box]*

LIII, LIII-N:

*1. Does your trauma center have conventional radiography available 24 hours per day and accessible for patient care within 30 minutes? *[Radio button]*

*2. Does your trauma center have computed tomography (CT) available 24 hours per day and accessible for patient care within 30 minutes? *[Radio button]*

*3. Does your trauma center have point of care ultrasound available 24 hours per day and accessible for patient care within 15 minutes? *[Radio button]*

*4. Upload conventional radiography policy and procedure documentation, including the time interval in which the service is accessible for patient care. *[Attachment]*

*5. Upload CT policy and procedure documentation, including the time interval within which the service is accessible for patient care. *[Attachment]*

*6. Upload point-of-care ultrasound policy and procedure documentation. *[Attachment]*

*7. Describe any challenges your center has had with access to medical imaging over the Reporting Period, as well as what your center has done to address these challenges. *[Text box]*

3.6 - Remote Access to Radiographic Imaging (Type II)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Briefly describe your trauma center's mechanism to remotely view radiographic images. *[Text box]*

3.7 - Cerebral Monitoring Equipment (Type I)

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Briefly describe the modalities for intracranial pressure monitoring available at your center. *[Text box]*

3.8 - Cardiopulmonary Bypass Equipment (Type II)
Applicable Levels

LI, LII, PTCI, PTCII

PRQ Question Text *[Field Type]*

*1. Are cardiopulmonary bypass equipment and relevant staff (such as perfusionists) immediately available when required? *[Radio button]*

2. Upload contingency plan for immediate transfer of patients with time-sensitive cardiovascular injuries. *[Attachment]*