

Attachment Checklist

Texas Trauma Facility Designation Assessment Questionnaire Level IV Managing 101 or More Trauma Patients

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✓	Attachment #	Title
	2	Trauma operational plan
	3	Documentation detailing the process and resources available to emergency and trauma care providers for managing stressful events
	5	Documentation showing RAC participation requirements were met through the designation cycle
	6	Evidence that the facility submits data every 90 days to the State Trauma Registry, following the National Trauma Data Standards (NTDS)
	9	Procedure or guideline that outlines the EMS hand-off process
	11	Location of the helipad or the system for establishing a landing zone
	13a	Trauma Activation and Response Times
	13b	Trauma Resuscitation
	13c	Trauma Documentation
	13d	Trauma Admissions and Transfers
	13e	Documentation for resuscitation through Admission, Transfer or Discharge
	13f	Consultation Services Request and Response
	13g	Massive Transfusion Protocol or Plan
	13h	Screening, management, and appropriate intervention or referral for both suspected and confirmed abuse of all patient populations
	13i	Burn Care and Transfers to Burn Centers
	14	Evidence of the facility-specific trauma patient management guidelines that are evaluated and managed in all nursing units providing trauma care
	16	Policy or procedure that ensures the trauma management guidelines and evidence-based practices are monitored through the trauma performance improvement process
	17	Facility's board resolution.
	18	Medical Staff's Resolution
	24	Documentation of competency skills and training for staff responding to pediatric trauma patients
	26	Monitoring data for documentation of pediatric vital signs, GCS, assessments (including pain), and weight in kilograms for the 12-month reporting period
	26	Documentation of two pediatric simulations and the critique of simulations completed during the 12-month reporting period

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	29	Documented evidence of participation in the after-action-review, if applicable
	34(b)(i)	Physician response times
	34(b)(ii)	Measures to ensure the guidelines and evidence-based practices are monitored through the trauma performance improvement process
	34(b)(iii)	Telemedicine assessments, physician orders, and interventions initiated through telemedicine must be documented in the patient's medical record
	35	Role and expectations of the hospitalist or intensivist in providing care to admitted injured patients who meet trauma activation guidelines and NTDB registry inclusion criteria
	36	Evidence that the Trauma Program Manager (TPM) or their designee participates in the nurse staffing committee
	38	Documentation detailing how medical record documentation for trauma patients is defined, maintained, and monitored for reporting in Trauma Performance Improvement (PI)
	40	Documentation Trauma Medical Director (TMD) oversees the trauma credentialing of all providers involved in trauma activations, trauma resuscitations, and trauma management throughout all phases of care and the trauma credentialing process
	41	Documentation showing the TPM's review of trauma patient care and recommendations to improve care through all phases of care
	42	TPM's organizational reporting structure
	43	Trauma Performance Improvement and Patient Safety (PIPS) plan
	55	Documented evidence of registry data validation and correction of identified errors or blank fields
	59b	Data from the 12-month reporting period that tracks and monitors compliance with current certification requirements for nurses assigned to arriving trauma activation patients
	62	Documentation from the trauma program's last mass casualty training (specifically for surgical surge capacity in the OR, emergency department, and ICU) and include the attendance roster
	63	Job action sheets utilized in mass casualty training
	64	After-action review documents and the attendance roster
	67b	TMD job description or a document outlining their role and responsibilities
	67c	Organizational reporting structure for the TMD
	67d	TMD certificate for completing a trauma performance improvement course
	68a	TPM's certificate specific to completion of a trauma performance improvement course
	68b	TPM's course certificate of completion for a registry AAAM Injury Scoring Course
	68c	TPM's course certificates specific to completion of TNCC or ATCN, ENPC or PALS, and ACLS
	68d	TPM job description with role and responsibilities
	75	Data reflecting the monitoring of trauma transfers for the 12-month reporting period
	79	Program's trauma Ongoing Professional Practice Evaluation (OPPE) form
	80	Minutes from the trauma multidisciplinary peer review committee for the 12-month reporting period
	81	Minutes from the trauma operations committee for the 12-month reporting period

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	82d	Radiology policy, procedure, or guideline that includes the response time interval when service is accessible for conventional radiology, CT scans, and Point-of-Care Ultrasound (POCUS)
	83d	Laboratory policy, procedure, or guideline for responding to trauma patients
	84a	Blood bank's policies and procedures for type and cross-match blood and emergency blood release
	86a	ICU Physician Director's job description
	86b	Trauma-specific protocols and guidelines for the ICU
	86d	ICU physician call schedules for the last three months of the 12-month reporting period
	86e	ICU emergency coverage plan
	88	Organ Procurement Program policy or guideline
	89	Protocol for brain death
	90	Facility's trauma diversion protocol
	92	Facility's trauma diversion tracking and review data