



Binder Organization Guideline Checklist Level III Facility

Organized facility preparation before a scheduled site visit is important to ensure a smooth site visit. This document contains information on the nine binders a facility must prepare before the site visit. Note, the content can vary depending on the facility. Each notebook should be labeled and contain the following information:

Education:

- Documentation of all pre-hospital education including: in-services, conferences, and memos
- Documentation of IEP (Internal Education Program): Advanced Trauma Life Support (ATLS), Advanced Trauma Care for Nurses (ATCN), Trauma Nursing Core Course (TNCC), and Emergency Nursing Pediatric Course (ENPC), etc.
- One page sheet documenting two facility disaster drills from the last full calendar year

Injury Prevention (IP):

- Documentation of all IP programs the facility or staff participates in, sponsors, or supports within the community
- Evidence of involvement in regional injury prevention

Credentialing of Providers:

- Spreadsheet of providers participating in the initial resuscitation and evaluation of trauma patients indicating credentials (MD, DO, PA, NP, APN), board certification, ATLS/TNCC/ATCN or any other certification. Include written procedure for orientation, skills maintenance, and annual reviews for emergency department (ED) providers, trauma surgeons, mid-levels, orthopedic surgeons, and neurosurgeons
- Copies of Trauma Program Manager (TPM), Trauma Medical Director (TMD), and Trauma Registrar job descriptions
- Schedules (last 3 months): copies of ED coverage (nursing and physicians), radiology, including back-up schedules
- Documentation of completion of (1) the American Trauma Society's Trauma Registrar Course or equivalent provided by the state; and (2) the Association of the Advancement of Automotive Medicine's Injury Scaling Course

Resolutions:

- Copies of resolutions from the Medical Executive Board and the Hospital Executive Board
- Copy of the PRQ

PI & Peer Review:

- Copy of PI plan. Must include in plan level of reviews, resolution, loop closures, all audit filters, how events are identified, methods of monitoring, and annual updates
- Peer Review Committee: list of members, attendance log, and meeting dates
- Sectioned by month, include a spreadsheet/dashboard for audit filters, minutes from Peer Review Committee, handouts, evidence of loop closure in the form of letters and memos, attendance record, agenda (include operational systems), and peer review cases
- Evidence of involvement in regional performance improvement

Bypass and Diversion:

- Copy of bypass protocol
- Copy of diversion policy and diversion log (include process of notifying pre-hospital, any diversion events and trauma patients affected)



Binder Organization Guideline Checklist Level III Facility

Trauma Protocols and Policies:

- Include all trauma protocols, policies and guidelines. All policies will have signatures from stakeholders such as ED Medical Director, TMD and administration. Example: One policy should be trauma team activation criteria guidelines
- Trauma registry data entry policy should include:
 - At a minimum, 80 percent of cases entered within 60 days of discharge
 - Use of current NTDB data elements
 - Quarterly data submission to the Michigan Department of Health and Human Services: March 15th, June 15th, September 15th, and December 15th
- Chart audit process
- Policy on the process of radiologists notifying physician of critical readings/information and changes in interpretation of radiographs, misreads, and missed injuries
- Policy stating when trained personnel are to accompany injured patient to radiology

Transfer Plans and Guidelines:

- Trauma transfer plans and guidelines have signature of the TMD and at least one of the transfer policies will state “physician to physician” communication is required for patient transfer
- Burn and dialysis transfer plan
- Guidelines for transfer of patients with specific injuries
- List of required documentation for transfer
- Include a policy stating “physician to physician” communication is required for patient transfer
- Documentation of process of providing feedback to pre-hospital agencies
- Documentation of process of receiving feedback from accepting hospitals, physicians, etc.
- Policy and procedure identifying clinical criteria and confirmatory tests for brain death
- Document local and regional organ procurement agency information and process of notifying

Lab & Radiology:

- Radiology schedule showing 24/7 coverage
- Massive Transfusion Protocol

Non-Board Certified Physicians (*if applicable*)

- Section by physician name and include the following documentation:
 - Residency program in surgery, neurosurgery, orthopedic surgery, or emergency medicine
 - Current ATLS certification
 - 48 hours of trauma-related CME during the past 3 years
 - 50 % attendance at trauma education and performance improvement meetings
 - Attendance at local, regional or national trauma meetings during the past 3 years
 - List of patients the physician treated for injury during the past year with corresponding injury severity score and outcome data
 - Morbidity and mortality results compared against other members of the call panel
 - A copy of the physicians medical license
 - Unrestricted privileges by the hospital credentialing committee