



Please answer **all** questions appropriate to your trauma center designation level. Do not use abbreviations. After completing the questionnaire, save the form naming the file as - hospital name - date – PRQ.

Email the completed form and requested documentation to karen.digmon@adph.state.al.us no later than one month prior to your site visit

1. Type of trauma visit (CHECK ONE):
- State designation-first visit _____
 - Renewal visit _____
 - Date of last visit _____

2. Level (CHECK ONE):
- Level I _____
 - Level II _____
 - Level III _____

3. Primary membership of Regional Advisory Council (CHECK ONE):
- North _____
 - East _____
 - BREMSS _____
 - West _____
 - Southeast _____
 - Gulf _____

4. Trauma Coordinator: _____ Phone _____

5. Trauma Numbers: major trauma patients based on trauma registry inclusion criteria.
 *See Appendix for definitions. **ALL DATA CAN BE EXTRACTED FROM THE TRAUMA REGISTRY.**

Total number of trauma patients in previous calendar year:	
Number admitted to your facility:	
Number transferred to higher level trauma center:	
Number of trauma deaths at your facility:	
Number of patients ISS>15	

****Data collection date range: From: _____ To: _____**



6. Published surgery back-up call schedule or written back-up method (essential for all designation levels). Please provide a copy. Do not write schedule on application.

(CHECK ONE): Yes _____ No _____

7. Members of the trauma team certifications (*Ex: Surgeon Board Certification; EM Physicians EM Board Certification or ATLS Certification*).

Please provide a copy of each trauma surgeon, emergency physician’s neurosurgeon, and orthopedic surgeon certification.

8. Transfer arrangement with facilities listed below: (*Written agreement is not required*)

CHECK ONE): Yes _____ No _____

- a. Hemodialysis (essential for LEVEL I)
- b. Burn care *Can be handled by ATCC*
- c. Acute spinal cord management (essential for Level I) *Can be handled by ATCC*
- d. Rehabilitation center (essential for Level I)

9. Performance Improvement Policy (essential for all designation levels). Please provide a copy.

10. Continuing Education/Outreach (required for Level I)

List current trauma related educational programs:

11. Collaboration with existing regional, state, or national Injury Prevention programs. (*Ex: working with local agencies to implement bicycle helmet used campaign*, essential for all designation levels, CHECK ONE): Yes _____ No _____

12. Designated prevention coordinator-spokesman for injury control.



13. Community injury prevention activities: List current activities (essential for all designation levels).

14. Comments:

Signature/Title of person completing this questionnaire

Facility Name



*Appendix

The registry inclusion criteria are:

At least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

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)

Excluding the following isolated injuries:

ICD-10-CM:

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.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO ICD-10 CODE(S):

- Assigned an Alabama Trauma Communication Number (ATCC) – **this only applies after ATS certification**
- Admitted to the hospital for 24 hours or greater
- Transferred from one hospital to another hospital or
- Death resulting from traumatic injury (independent of hospital admission or hospital transfer status)