



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 [altraumasystem@adph.state.al.us](mailto:altraumasystem@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:

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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.

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

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14. Comments:

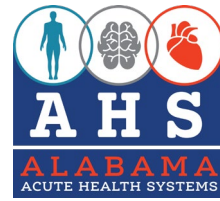
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\_\_\_\_\_  
Signature/Title of person completing this questionnaire

\_\_\_\_\_  
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 7<sup>th</sup> 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 7<sup>th</sup> character modifier of A ONLY** (burns by specific body parts – initial encounter)

**T30-T32** (burn by TBSA percentages)

**T79.A1-T79.A9 with 7<sup>th</sup> 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 7<sup>th</sup> 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)