Trauma Program Onboarding Toolkit

This document is an overview of the Wisconsin Trauma Care System (WTCS). The intent of this document is to provide guidance for new trauma program staff. A variety of staff roles are addressed throughout this document, such as trauma medical director, trauma program manager, trauma coordinator, trauma registrar, and others defined in the Acronyms and Definitions table below. Since each facility defines these roles differently, it is the responsibility of the facility to assign tasks accordingly.

***Note:** This document was created by the Statewide Trauma Advisory Council (STAC) trauma coordinators subcommittee in conjunction with the Wisconsin Department of Health Services (DHS) trauma program. The trauma program toolkit was reviewed and endorsed by STAC on March 1, 2023. For any questions, clarifications, or updates please email the DHS Trauma Team at DHSTrauma@dhs.wisconsin.gov.

Acronyms and Definitions:

ACS: American College of Surgeons
AIS: Abbreviated injury score
ASPR: Administration for strategic preparedness and response
CD: Criterion deficiency
CMO: Chief medical officer
CNO: Chief nursing officer
CRC: Classification Review Committee
DHS: Wisconsin Department of Health Services
E Code: External cause code
ED LOS: Emergency department length of stay
FV: Focus visit
GCS: Glasgow Coma Scale
GPR: General purpose revenue
HERC: Healthcare emergency readiness coalition
HRSA: Health resources and services administration
HPP: Hospital preparedness program
ICD-10: International Classification of Disease, Tenth Edition
IP: Injury prevention
ISS: Injury severity score
MTP: Massive transfusion protocol
MOA: Method of arrival
MOI: Mechanism of injury
NEMSIS: National Emergency Medical Services Information System
NTDB: National Trauma Data Bank
NTDS: National Trauma Data Standard
OFI: Opportunity for improvement
PIPS: Performance improvement and patient safety
PI: Performance improvement
PRQ: Pre-review questionnaire

RTAC: Regional Trauma Advisory Council
RTS: Revised trauma score
STAC: Statewide Trauma Advisory Council
TAA: Trauma team activation
TCF: Trauma care facility
TC: Trauma coordinator
TMD: Trauma medical director
TPM: Trauma program manager
TQIP: Trauma Quality Improvement Program
WARDS: Wisconsin Ambulance Run Data System
WTCS: Wisconsin Trauma Care System

Contents

Advisory Councils and Coalitions

Statewide Trauma Advisory Council (STAC)

STAC members are appointed by the DHS secretary as advisory board members (Per Wis. Stat. § 15.197(25)(a)). The 13 advisory board members consist of four physicians who represent urban and rural areas; two registered nurses (As defined in Wis. Stat. § 146.40(1)(r); two pre-hospital emergency medical services providers, including one representative of a municipality; two representatives of a rural hospital; two representatives of an urban hospital; and one member of the emergency medical services boards. The STAC advisory board is driven by the following vision, mission, and purpose.

Vision: The Wisconsin Trauma Care System's vision is to ensure that all trauma patients in the state of Wisconsin receive comprehensive trauma care.
Mission: Members of STAC are dedicated to reducing the death and disability resulting from traumatic injuries and mass casualty events by providing a comprehensive and integrated system of care.
Purpose: The purpose of STAC is to advise and provide leadership to DHS on issues related to the development, operation, and evaluation of the statewide trauma care system.

Statewide trauma meetings are open to the public and include STAC advisory board and its subcommittee meetings, including trauma coordinators, data management, performance improvement, and injury prevention. Meetings are scheduled quarterly.

For the most robust information, STAC advisory board meetings will give you an overview of each committee and additional discussion. At minimum, attending the STAC advisory board meeting is encouraged. The STAC advisory board meeting is typically held with first Wednesday of March, June, September, and December from 1–2:30 p.m.

Subcommittees

The subcommittee meetings provide more intensive information within their scope.

- **Injury Prevention:** This subcommittee provides injury prevention activity recommendations for the state, regional, and hospital levels.
- **Data Management:** This subcommittee provides recommendations related to the Wisconsin Trauma Registry and Wisconsin State Trauma Registry Data Dictionary.
- **Trauma Coordinators:** This subcommittee provides support and education to trauma program staff.
  Performance Improvement: This subcommittee provides performance improvement recommendations for the state, regional, and hospital level.

More information about STAC can be found on the DHS STAC webpage.

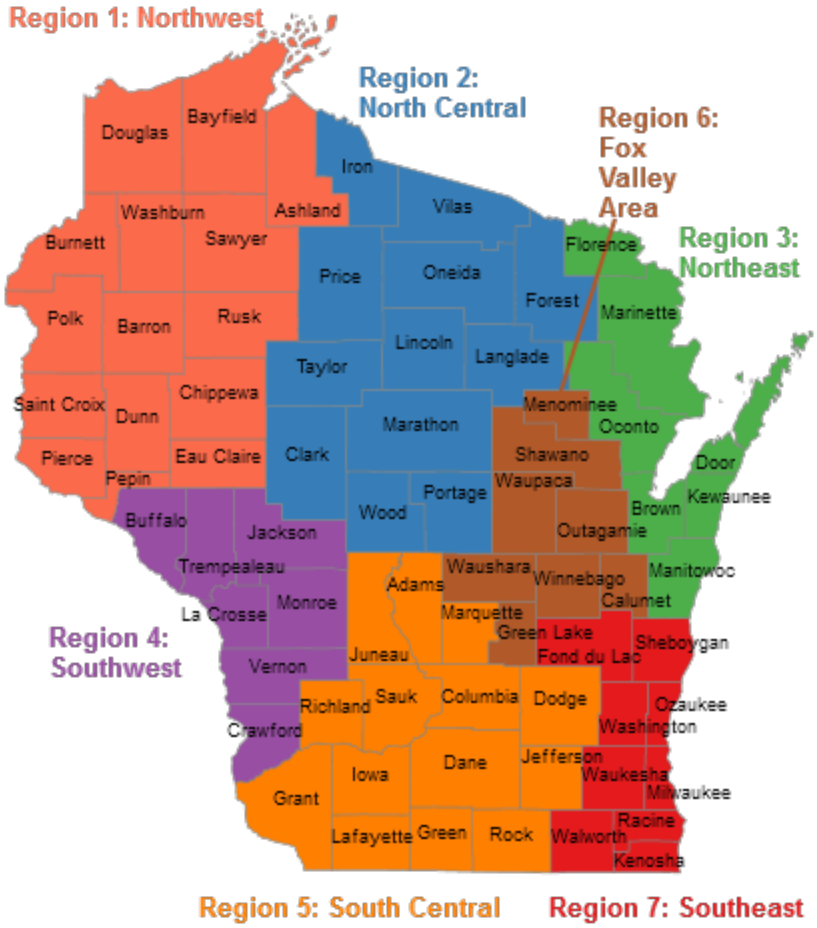
Agenda and previous meeting minutes can be found on Wisconsin Public Meeting Notices and Minutes website.

To sign up to receive invites and information related to STAC, join our email list here.

Regional Trauma Advisory Council (RTAC)

The state of Wisconsin is divided into seven trauma regions under the Regional Trauma Advisory Council, referred to as RTACs. RTACs are an integral part of the Wisconsin Trauma Care System. Since the commencement of RTACs in 2001, members and key partners have collaborated to improve the care of trauma patients across the continuum of care, in each region and throughout Wisconsin. RTACs primarily partner with hospitals and emergency medical services. Additionally, the RTACs partner with local public health departments, public safety entities, educational institutions, emergency management, and the local healthcare emergency readiness coalition (HERC). Each RTAC receives General Purpose Revenue (GPR) funding each year, which is spent according to the specific RTAC's budget. Each RTAC is supported by a DHS contracted coordinator.

For continuity of the regional and statewide trauma system, please notify your RTAC coordinator when there is a change in trauma program staff.



Region	Coordinator
1- Northwest	Robert Goodland
2- North Central	Michael Fraley
3- Northeast	Del Zuleger
4- Southwest	Greg Breen
5- South Central	Dan Williams
6- Fox Valley	Jason Selwitschka
7- Southeast	Tom Thrash

***Note:** Per Wis. Admin. Code § DHS 118, Appendix A, Criterion 1(a), the TPM, TMD, or trauma registrar must attend at least 50% of the TCF's RTAC meetings annually. The TPM, TMD, or trauma registrar may not represent more than three TCFs at any one RTAC meeting. This is applicable to level III and IV state classified trauma centers. This is considered a type 2 criterion deficiency if attendance requirements are not met.

Healthcare Emergency Readiness Coalition (HERC)

A healthcare emergency readiness coalition (HERC) is comprised of a core group of hospitals and health care organizations, local and tribal public health agencies, state, regional, and local and tribal emergency management, and emergency medical services, as well as additional members. These partners collaborate for the common goal of making their communities safer, healthier, and more resilient. Wisconsin has seven regional HERCs that support communities before, during, and after disasters and other health-related crises.

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) funds Wisconsin's HERCs. ASPR leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR's HPP enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.

HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs). In Wisconsin, these are known as HERCs.

The overall goal of the HERC is to help Wisconsin communities prepare for, respond to, and recover from a disaster as quickly as possible. Through coordinated preparation, response, and recovery efforts, HERC members work to create a more resilient Wisconsin.

To learn more about your regional HERC, contact your local HERC coordinator.

Hospital Classification

Background

The purpose of Wisconsin's statewide trauma care system is to reduce death and disability resulting from traumatic injury by providing optimal care of trauma patients and their families, as well as collecting and analyzing trauma-related data (Wis. Admin. Code § DHS 118.01.).

Wisconsin has 117 of 130 potential hospitals participating in its trauma system, with 12% of them being American College of Surgeons verified level I or II and the remaining 88% being a Level III or IV trauma care facility designated by the state as a part of their voluntary participation in the state trauma system. Hospitals are reviewed on a three-year cycle.

The state has focused efforts on strengthening communications to maintain relationships and interest in the system at the state level and on increased visibility at the regional level. At times, key constituents, such as EMS medical directors, emergency room physicians, and trauma surgeons, find it difficult to participate due to heavy workloads and competing priorities.

Wisconsin's integrated system of trauma care requires the identification of hospitals as trauma care facilities by using the Level I, II, III, IV or "unclassified" structure. This inclusive system recognizes that all hospitals in Wisconsin (and neighboring states) have an important role in providing optimal treatment to the injured patient. It is imperative that patients are delivered in a timely manner to the closest appropriate hospital matching resources to the needs of the severely injured patient.

For information on hospitals' designations, view the Trauma Care System Hospital Map.

The following defines each level for trauma care facilities:

- **Level I**: Hospital is characterized by capability to provide leadership and total care for every aspect of traumatic injury from prevention through rehabilitation, including research.
- **Level II**: Hospital provides the initial definitive trauma care regardless of the severity of injury but differs from Level I in teaching and research capability.
- **Level III**: Hospital provides assessment, resuscitation, stabilization, and emergency surgery and arranges transfer to a Level I or II facility for definitive surgical and intensive care as necessary.
- **Level IV**: Facility provides stabilization and advanced trauma life support prior to patient transfer to a Level I or II.
- **Unclassified**: Hospital has chosen not to be part of the WTCS or has not been approved as a Level I, II, III or IV.

***Note:** Wisconsin Admin. Code ch. DHS 118, Appendix A is based on the Resources for Optimal Care of the Injured Patient (2014). The new edition of Resources for Optimal Care of the Injured Patient (2022) is applicable to level I and II facilities starting September of 2023.

Useful documents:
- Current classification criteria can be found in Wis. Admin. Code ch. DHS 118, Appendix A.
- Trauma Care Facilities (TCF) Classification Process
- Level III Criteria Quick Guide
- Level IV Criteria Quick Guide

Training

Wisconsin Admin. Code ch. DHS 118, Appendix A was updated October of 2021. Cinda Werner, site reviewer and classification review committee member, provided a training and overview of the new PRQ and classification criteria.

For data and trauma registry training, please see the Wisconsin Trauma Registry page.

Pre-review questionnaire tips

- Consider the PRQ a living document and update as needed.
- Start working on your PRQ early as multiple departments may need to provide feedback for submission.
- Ensure your trauma and hospital statistical data tables are providing consistent numbers.
- Ensure the document is reviewed by several people prior to submission.
- For clarifying questions, please review the FAQ first and then email additional questions to the DHS trauma team at DHSTrauma@dhs.wisonsin.gov.

Day-of site review tips

Chart review

Plan for at a minimum, the TMD and TPM to attend the chart review. Select your charts in advance, as indicated in the TCF Classification Site Review Agenda.

If printing your documents:
- Print the required documents and place in order in a designated folder. It is helpful to have them divided into sections (prehospital, emergency department, transfer, inpatient, other).

- Place all performance improvement documentation, such as checklists or multidisciplinary meeting minutes, pertaining to that issue in the patient-specific folder.

If sharing your documents electronically:

- Ensure you have at least two individuals who are familiar with your system and charts available to assist each of the site reviewers with navigation.
- Ensure you have all sections of care (prehospital, emergency department, transfer, inpatient, other) readily available.
- Ensure you have all performance improvement documentation, such as checklists or multidisciplinary meeting minutes, pertaining to that issue readily available for review.

Other

The TMD, TPM, and an administration representative (CMO, CNO, or director) should be available for the duration of the day. Requiring other attendees to observe is at the discretion of each facility.

If you have special instructions for the site reviews, such as a place to park or meet, ensure this is communicated via email or phone ahead of time.

Post-review

After your review, a final report is generated by your site reviewers within two weeks and submitted to DHS. At the next CRC meeting, this report is presented and a classification recommendation is reached. This meeting is a closed DHS contracted partner meeting, comprised of the state trauma care facility site reviewers. These meetings occur the first Thursday of the month. The recommendations from this meeting are sent to DHS and reviewed by our chief medical officer or designated medical advisor. Then, a final letter and potential certificate will be provided to the TPM electronically. You can expect your final letter and report eight to ten weeks after your site visit date.

*__Note:__ Please ensure you are confirming receipt of this information. Additionally, a survey link is provided with your letter post-review. Please consider providing feedback to DHS on your process. Additional information

All pre-packet information is online at our DHS Trauma: Wisconsin Admin. Code § DHS 118 under site review documents. This includes:

- TCF Site Review Agenda
- TCF Classification Site Review Introduction PowerPoint Outline
- Required documents checklist
- Pediatric equipment checklist
- Level III or IV PRQ

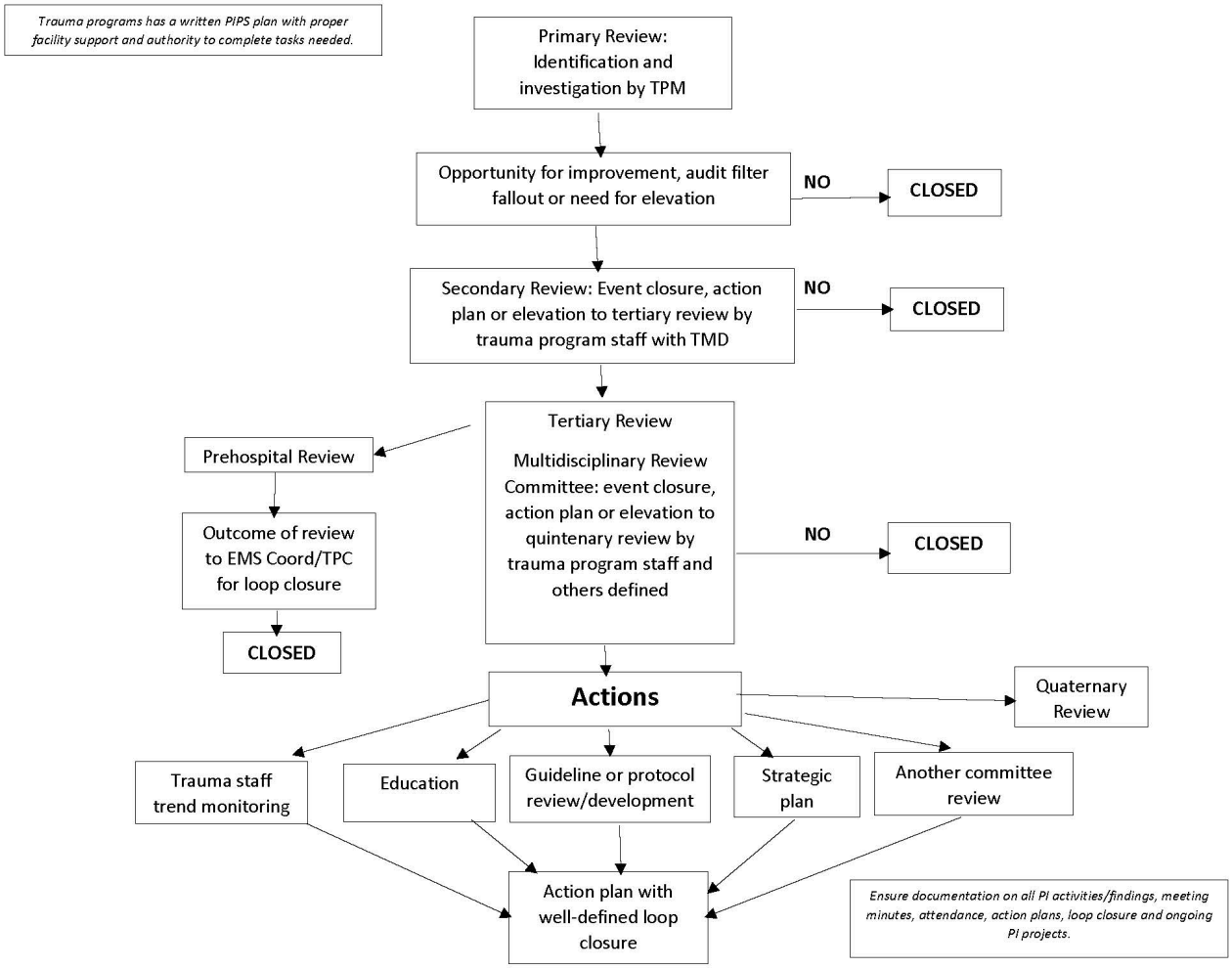
***Note:** On the DHS Trauma webpage, there is a "criteria highlights" and "frequently asked questions" section for reference. To receive the criteria highlights in your inbox, subscribe here.

Performance Improvement and Patient Safety (PIPS)

Performance improvement and patient safety (PIPs) is essential to a successful trauma program. Additionally, deficiencies with trauma PIPS programs are the most cited issue in feedback reports.

All topics within this area and the compliment example forms is a starting point for PIPS programs and should be tailored to your facility. These lists are not exhaustive and should be considered suggestions.

Flow Chart



PIPS and Wis. Admin. Code ch. DHS 118

The criteria outlined in Wisconsin Admin. Code ch. DHS 118, Appendix A provides guidance for setting up your trauma PIPS program and items for consideration during each case review.

General PIPS program

Level	Criteria Reference	Type of Criteria	Action Item	Sample Document to Reference
III, IV	15(a)	2	Established a written trauma PIPS program. This document should outline your PIPS process in its	Flow chart, expand with further

			entirety. Below is additional items to have in your plan.	descriptions per your facility.
III, IV	2(o)	2	Establish who should be involved within each level of review. Include within your written trauma PIPS plan.	Criteria highlight 2(o)
III, IV	15(c)	2	Include facility quality and patient safety within your PIPS program structure with clearly defined roles per written trauma PIPS plan. Ensure this show reporting structure and alliance to the quality department.	Appendix A: Trauma Integration into Hospital Quality Example
III, IV	15(h)	2	Operational events include the review of trauma diversions.	
III, IV	15(g)	2	Have an established event identification process. Define a trauma patient and locate the patient in your hospital. Cases can be found through daily rounding/spreadsheet, TTA charge-nurse spreadsheets, retrospective chart review or other means.	Statewide Performance Improvement Indicators

Case review considerations

Level	Criteria Reference	Type of Criteria	Action Item	Level of Review	Sample Document to Reference
III, IV	15(d)	2	Once a case is identified, it should undergo a primary review. This should include identification of an audit filter fall out, care concern, system concern/operational event. If anything is identified, the case should be referred to the next level.	Primary	Appendix B: Sample Investigation Questions
	Best Practice		Suggested level for automatic secondary review: admission, TTA, direct to the OR with positive audit filter and deaths	Secondary	
III, IV	15(f)	2	Automatic tertiary review: trauma deaths Suggested level for automatic tertiary review: complications (DVT, missed injured, etc),	Tertiary	

			unexpected outcomes, and sentinel events		
III, IV	15(i)	2	If an opportunity for improvement is identified at any level of review, a written action plan should be created. Actions plans should be measurable over time with a goal and utilize the trauma registry data or hand collected date. Action plan interventions can include education, resource adjustments, protocols revisions, or other appropriate interventions.	Primary/ Secondary/ Tertiary	
III, IV	15(b)	2	If an action plan is created, it can be divided into two categories, in progress and closed with documented loop closure. Loop closure is the ultimate resolution to an identified opportunity for improvement. This closure is to demonstrate mitigation steps (action plan) taken to reduce the likelihood of this event occurring again. This can be demonstrated through data or other cases throughout time.	Secondary/ Tertiary	Appendix C: Sample Action Plan
III, IV	15(e)	2	At least annually, the trauma PIPS program must review all process and outcome measures and ensure documentation.	Annually	
III IV, if providing surgical services	15(j)	2	Attendance and meeting minutes of all meetings should be well documented. If a member is unable to attend, it is best practice to ensure they have a way to review meeting minutes. If the trauma center providers general surgery for trauma patients, through the written trauma PIPS program, the program must demonstrate how they provide trauma surgeons taking call the meeting minutes if they are	Post Tertiary Meetings	Appendix D: Sample Agenda Appendix E: Sample Meeting Minutes

			unable to attend the multidisciplinary meeting.		

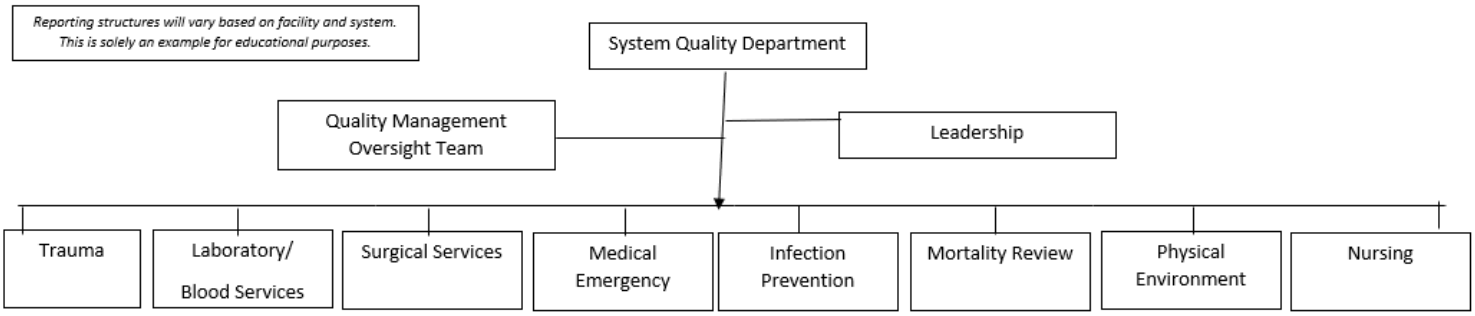
Inpatient rounding

A trauma care facility must have an integrated concurrent trauma PIPS program (Per Wisconsin Admin. Code § DHS 118, Appendix A, Criterion 2(a)). Concurrent inpatient rounding is essential to ensure the care of trauma patients. By doing concurrent rounding, this allows the facility to track outcomes in real time and potentially intervene. Ensure that the inpatient rounding process is defined and has a written outline at your facility. Inpatient rounding can be done in a variety of ways and by a variety of people, all items are meant as a guide, however, utilize what works for your facility.

Most facilities develop an inpatient rounding tool like Appendix F: Sample Inpatient Rounding Tool. This document is intended to stay with the patient and to be filled out by multiple people involved in the care of the trauma patient. Appendix G: Sample Inpatient Rounding Tool Tracker is intended for the trauma program staff utilization. This is a tracker that allows for the information provided on the inpatient rounding tool to be monitored. Both items are examples, and it is highly encouraged for the facility to create their inpatient rounding flow and documentation.

Sample documents

Appendix A: Trauma integration into hospital quality example



Appendix B: Sample investigation questions

Review investigation questions for consideration, not required to ask for every case review

- Analysis and issue identification should happen. What audit filter is being triggered from this case?
- Investigation: review charts, research, and reaching out to care providers to answer the following questions:
  - Was the standard of care followed (ATLS, CALS, TNCC)?
  - Were institutional guidelines and protocols followed?
  - Were policies followed?
  - What additional circumstances existed at the time (other patients, staffing, other)?
  - Were there system failures?
  - Was supervision adequate?
  - What were the pre-existing conditions?
  - What was the outcome?
- Review of trauma registry reports

- The investigation should lead to a particular issue. Was it a process or system issue? Disease related? Provider related?

Appendix C: Sample action plan

SAMPLE ACTION PLAN WITH LOOP CLOSURE

Review Date	**Patient Name** Select One	**MRN #**	**Additional Patient Information (if applicable)**

Review of Facts

EMS:

ED:

Level of Activation:

Injury Severity Score (if available):

Inpatient Stay:

Admission Service:

Case Review Findings

Primary:

Secondary:

Tertiary:

Quaternary:

Action Plan and Loop Closure

Planned Prevention or Mitigation Activities:

Implementation Timeline:

Measure of Success:

Loop Closure Notes:

[*insert hospital approved peer review protection clause*]

Appendix D: Sample agenda

TRAUMA PROGRAM MULTIDISCIPLINARY SAMPLE MEETING AGENDA

[Date of Meeting]

Continuous Members	Ad-Hoc Members	Other
☐Person A, [title]	☐Person A, [title]	☐Person A, [title]
☐Person B, [title]	☐Person B, [title]	☐Person B, [title]
☐Person C, [title]	☐Person C, [title]	☐Person C, [title]
☐Person D, [title]	☐Person D, [title]	☐Person D, [title]

i. Call to Order
ii. Attendance
iii. Review of previous meeting minutes
iv. Review of ongoing PI project
    a. Statistics
    b. Action plans
v. Review of Trauma Registry Data
vi. Site Review and Wis. Admin. Code DHS 118 Criteria Check In
vii. Policy and procedure review
viii. Department updates
ix. Cases for review

[*insert hospital approved peer review protection clause*]

Appendix E: Sample meeting minutes

TRAUMA PROGRAM MULTIDISCIPLINARY SAMPLE MEETING MINUTES

Continuous Members	Ad-Hoc Members	Other
☒Person A, [title]	☒Person A, [title]	☒Person A, [title]
☒Person B, [title]	☒Person B, [title]	☒Person B, [title]
☒Person C, [title]	☒Person C, [title]	☐Person C, [title]
☒Person D, [title]	☐Person D, [title]	☐Person D, [title]

i. Call to Order
[Date] [start time] [end time] [location]
ii. Attendance
[*enter discussion highlights here*]
iii. Review of previous meeting minutes
[*enter discussion highlights here*]
iv. Review of ongoing PI project
    a. Statistics
    [*enter discussion highlights here*]
    b. Action plans
    [*enter discussion highlights here*]
v. Review of Trauma Registry Data
[*enter discussion highlights here*]
vi. Site Review and Wis. Admin. Code DHS 118 Criteria Check In
[*enter discussion highlights here*]
vii. Policy and procedure review
[*enter discussion highlights here*]
viii. Department updates
[*enter discussion highlights here*]
ix. Cases for review

Case (MRN #)	Presentation of Case Findings	Discussion	Conclusion and Action Plan	Responsible Party	Timeline

Prepared by: *on*

These meeting minutes will be distributed to [facility specific hospital organizational flow].

[*insert hospital approved peer review protection clause*]

Appendix F: Sample inpatient rounding tool

[Facility]- Trauma Patient Rounding Form

The following are considered a **trauma patient** and require this form to be **sent with them** for rounding

Emergency RN: Please check the box(s) related to the trauma admission

☐	Head Bleed Type:	☐	Rib Fracture Quantity:	☐	Intraabdominal Trauma Type:	☐	Laceration
☐	Skull Fracture	☐	Orthopedic Fracture Type:	☐	Spinal Fx: Location:	☐	Other:

Charge Nurse of Health Unit Coordinator (HUC)

When calling for an inpatient or observation bed, ensure House Supervisor is alerted to the patient's trauma status.

Admission Date: _____ Room Number: _____

Nurse Checklist- To be completed at time of admission

☐Initial GCS	☐Full Assessment	☐Repeat GCS	☐Alcohol Screening
Completed By:		Date:	

Procedures completed in ED? (Central line, intubation, sedation, chest tube, splinting, etc):
Comments:

After completion of initial sections, keep in the room with patient and chart.

[*insert hospital approved peer review protection clause*]

Patient Sticker

[Facility]- Trauma Patient Rounding Form

Inpatient Form

To be completed daily by inpatient RN, quality RN, trauma coordinator, or another designated nurse

	Day 0:	**Day 1:**	**Day 2:**	**Day 3:**	**Day 4:**	**Day 5:**	**Day 6:**	**Day 7:**
Patient Location	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor	☐ICU ☐Floor
Intubated?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
DVT Prophylaxis?	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:	☐SCD ☐None ☐Med If yes, list specific med:
Pertinent Labs	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:	HGB: HCT: BNP: WBC:
Any procedures?								
Complications?								
Other significant events?								
Notes								
RN Initial of completion								

Procedure examples: PT, OT, Surgery, IR, OR, other beside procedures.

Complications of interest: Infection, unplanned ICU admission, unplanned OR, fall, VAP, mortality.

[*insert hospital approved peer review protection clause*]

Patient Sticker

D/C Date and Time:	**Disposition:**	
	☐Home w/o home health services	☐Nursing Home
	☐Home w/ home health services	☐Transfer to acute care facility
	☐Short term rehab	☐AMA
		☐Morgue

[*insert hospital approved peer review protection clause*]

Appendix G: Sample inpatient rounding tool tracker

[insert hospital approved peer review protection clause]

Inpatient	D/C	Readmit	Complete					Non-surgical admit with consult	Surgical Admit
Date of Adm	Date of D	Pt Nam	MRN	Readmission?	ISS	TTA	Diagnosis	Admit Unit	Admit Provider

Consult 1	Consult 2	Alcohol Screen	Pt Location	Intubated	DVT Prophylaxis	Pertinant Labs	Procedures	Complications	Other Signifcant Events	Notes	D/C Disposition

Trauma Program Responsibilities

The items proposed within this section are for reference and should be tailored to your facility.

Trauma program manager responsibility

The following table contains items from the trauma care facility classification criteria that call out the specific TPM role. This does not encompass all aspects of the job, however, is intended to provide some clarification of what is written in classification criteria.

Level	Criteria Reference	Type of Criteria	Description of Criteria
III, IV	1(a)	2	The TPM, TMD or trauma registrar must attend at least 50% of the TCF's RTAC meetings annually. The TPM, TMD or trauma registrar may not represent more than three TCFs at any one RTAC meeting.
III, IV	2(n)	2	A TMD and TPM knowledgeable and involved in trauma care must work together with guidance from the trauma multidisciplinary peer review committee to identify events, develop corrective action plans and ensure methods of monitoring, reevaluating and benchmarking.
III, IV	2(o)(3)	2	Include the TPM, TMD and other key staff and departments involved with care of the trauma patient as members of the committee
III	5(i)	2	The TMD, in collaboration with the TPM, must have the responsibility and authority to report any deficiencies in trauma care and any trauma team members who do not meet specified trauma call criteria to the appropriate person(s)
III, IV	5(k)	1	The TMD and TPM must be granted authority by the hospital governing body to lead the trauma PIPS program. This authority must be evidenced in written job descriptions for both the TMD and TPM.
III	5(p)	2	The TCF may admit injured patients to individual surgeons, but the structure of the trauma program must allow the TMD to have oversight authority for the care of these patients. The TCF must have a process for the TMD and TPM to review inpatient cases through the trauma PIPS program.

III	5(q)	1	The TCF may admit injured patients to individual surgeons, but the structure of the trauma program must allow the TMD to have oversight authority for the care of these patients. The TCF must have a process for the TMD and TPM to review inpatient cases through the trauma PIPS program.
III, IV	5(s)	2	The TPM must show evidence of educational preparation, relevant clinical experience in the care of injured patients and administrative ability. The TCF may determine who meets these requirements. Evidence that a TPM meets these requirements may include a copy of the trauma coordinator job description. The TPM may be a nurse, but does not have to be.

Sample check list

The following is a sample checklist of possible trauma program duties and frequencies.. This was created by a range of trauma program staff throughout the State of Wisconsin and should be tailored to your facility.

Daily

- Find any trauma activations since last shift and review with specific PI audit filters
- Run facility specific report since last shift looking for admissions or transfers with traumatic injury
- Review current admissions in house for facility specific PI filters
- Review available reports to identify trauma patients
- Ensure EMS run sheets are available
- Ensure facility required documentation is completed for activations
- Audit trauma patients brought in by EMS for quality of care

Monthly

- Newsletter or educations items for staff
- Check in with TMD and document discussion
- Check in with additional trauma program staff, including manager and trauma registrar
- Review over and under triage
- Review ongoing PI projects

Other considerations

- Trauma peer review and multidisciplinary meetings
- Regional Trauma Advisory Council
- State Trauma Advisory Council
- System meeting
- Any emergency department meetings

Trauma Registry

Trauma registry and Wis. Admin. Code ch. DHS 118 site reviews

The PRQ requests various trauma registry reports and data. The Trauma Site Review Report Log matches the pre-made reports in ImageTrend to the specific criteria. For step-by-step instruction on how to run these pre-made reports, please utilize Trauma Center Site Review Reports Job Aid.

Required trainings

Wisconsin Admin. Code § DHS 118, Appendix A, Criterion 14(f): At least one staff trauma registrar at each TCF must either have previously attended the following two courses or attend the following two courses within 12 months of being hired:

- The American Trauma Society's two-day, in-person trauma registry course or equivalent provided by a state trauma program.
- The Association of the Advancement of Automotive Medicine's Abbreviated Injury Scale and Injury Scoring: Uses and Techniques course.

These courses are required for level III facilities and strongly recommended for level IV facilities.

Submission requirements

Trauma registry data should be submitted on a quarterly basis. According to criterion 14(e), trauma care facilities must have concurrent registries. A minimum of 80% of cases should be submitted within 60 days of patient discharge.

Quarter	Patient's date of discharge	Data submission due date
Quarter 1	January 1–March 31	May 31
Quarter 2	April 1–June 30	August 31
Quarter 3	July 1–September 30	November 30
Quarter 4	October 1–December 31	February 28

Additional information

ImageTrend

The Wisconsin Trauma Registry took effect in 2018. The trauma registry is hosted through ImageTrend. This platform is free for all Wisconsin facilities.

ImageTrend provides support to users when DHS staff is unavailable on nights, holidays, and weekends to assist with starting a support ticket. For support visit the ImageTrend website or call 888-730-3255.

National trauma data information

The National Trauma Data Standard is the standardization of data elements defined for level I, II, and III trauma care facilities that are verified through ACS for submission into the National Trauma Data Bank. The purpose of the standardization is for improvement of patient care, trauma trainings, and define a measure of care.

International Classification of Diseases, Tenth Edition

ICD-10 is the tenth version of the system used to code all diagnoses, symptoms, and procedures received in patient care. The codes are derived from the World Health Organization and uses alphanumeric codes for diseases, injuries, and procedures. A free reference for ICD-10 medical coding is icd10data.com.

The American Trauma Society (ATS) has a ICD-10 trauma injury coding course and information can be found at https://www.amtrauma.org/page/ICD10Course.

Injury Prevention

The purpose of Wisconsin's statewide trauma care system is to reduce death and disability resulting from traumatic injury by providing optimal care of trauma patients and their families and collecting and analyzing trauma-related data (Wis. Admin. Code § DHS 118.01). Injury prevention activities are a key component to a successful trauma program and system.

Injury prevention and councils

STAC has an injury prevention subcommittee. The purpose of the STAC injury prevention subcommittee is to advise STAC and act as a resource on issues related to advancing injury prevention efforts of the statewide trauma care system. The STAC injury prevention subcommittee's mission is to support effective evidence-based and informed injury prevention programs using a health equity lens and to expand trauma center and community collaborations. The STAC injury prevention subcommittee's vision is to advance injury-free communities throughout the State of Wisconsin.

RTACs develop and implement injury prevention and education strategies based on performance improvement findings. With this, each RTAC does have their own regional injury prevention committee (Per Wis. Admin. Code § DHS 118.06(3)(k)).

Injury prevention and trauma care facility site reviews

Level	Criteria Reference	Description of Criteria	Type	Clarifications
III, IV	14(d)	A TCF must use trauma registry data to identify injury prevention priorities that are appropriate for local implementation.	2	
III, IV	17(a)	The TCF must have an organized and effective approach to injury prevention and must prioritize these efforts based on local trauma registry and epidemiologic data.	2	
III, IV	17(b)	The TCF must have someone in a leadership position that has injury prevention as part of his or her job description.	2	Someone within your facility needs to have injury prevention as part of their job description. Ensure the job description is current and approved within your facility.

				Language can include: "Develop, implement, and evaluate injury prevention and community outreach program and activities." If your facility has others who work on injury prevention (for example, PT, OT, geriatric nurse, community outreach) please integrate them into your trauma program as you see fit.
III, IV	17(c)	Universal screening for alcohol use must be performed and documented for all injured patients over 12 years of age. This screening must be done on patients admitted or discharged from the emergency department, but not those transferred to a higher level of care.	2	Frequently Asked Questions document

Resources

Resource Category	Resource	Description
Adult Falls	Wisconsin Institute for Health Aging	Wisconsin Institute for Health Aging (WIHA) hosts a variety of evidence-based health promotion programs for older adults.
	Stepping On	Stepping on is an evidence-based program related to reducing fall risk of older adults.
	Stopping Elderly Accidents, Deaths, and Injuries (STEADI)- CDC	STEADI is a CDC resource for healthcare professions for information related to reducing fall risk among older patients.
ATV/UTV	Wisconsin Department of Natural Resources- ATV/UTV Riding in Wisconsin	The DNR provides information on safety, classes, laws and regulations within Wisconsin.
	ATV Safety Institute	The ATV Safety Institute provides courses and tips to promote safe and responsible ATV use.
Motor Vehicle	SafeKids Worldwide- Child Passenger Safety	SafeKids Worldwide provide car seat safety resources.
	Children's Wisconsin- Impact Teen Driving	Children's Wisconsin hosts a safe teen driving course.
Water Safety	Life Jackets- Wisconsin Department of Natural Resources	Resources related to safety, fit, and laws around life jackets in Wisconsin.

	Sea Tow Foundation	An interactive map of life jacket loaners station.
Blunt or Penetrating Trauma	Stop the Bleed- American College of Surgeon	Stop the Bleed is a program that trains various people how to stop bleeding in a severely injured person.
Pediatric	Safe Kids Wisconsin	Safe Kids Wisconsin has safety topics and recourses related to child passenger, fall, fire and burn, home, pedestrian, play and sport, teen driving, and water safety.
	Child Abuse and Neglect Prevention Board of Wisconsin	This group is focused on research and practices to prevent the occurrence of child maltreatment.
	Safe Routes	This resource provides information and programming related to walk, bike, and roll to school.
	Heads Up- CDC	Information regarding recognizing, responding to, and minimizing the risk of concussion or other serious brain injuries.
	ThinkFirst- National Injury Prevention Foundation	This resource focuses on preventing brain and spinal cord injuries for grades one through college.

If your facility is part of a system that has a level I or II facility, consider reaching out to them, as they have dedicated injury prevention staff with additional resources.

Additional Resources

Contacts

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External resources

The items listed below are not considered a full comprehensive list. These are courses and organizations recommended by various trauma staff throughout the State of Wisconsin.

Trauma registry courses

For level III trauma care facilities, at least one trauma registrar, within 12 months of hire, must have completed the abbreviated injury score training and the ICD-10 trauma injury coding course according to Wis. Admin. Code § DHS 118, Appendix A, Criterion 14(f).

For level IV trauma care facilities, these classes are helpful but not required by the Wisconsin Trauma Program.

- Abbreviated Injury Score Training Courses hosted by Association for the Advancement of Automotive Medicine
- ICD-10 Trauma Injury Coding Course hosted by American Trauma Society (ATS)
- Trauma Registry Professionals Course hosted by American Trauma Society (ATS)

Trauma program courses

These courses have been deemed helpful by other trauma program staff within the State of Wisconsin. These courses are not required by the Wisconsin Trauma Program.

- Trauma Outcomes and Performance Improvement Course (TOPIC) hosted by Society of Trauma Nurses (STN)
- Optimal Trauma Center Organization and Management Course (OPTIMAL) hosted by Society of Trauma Nurses (STN)
- Advanced Trauma Care for Nurses (ATCN) hosted by Society of Trauma Nurses (STN)
- Trauma Program Management Course hosted by American Trauma Society (ATS)

Organizations

These organizations have been deemed helpful by other trauma program staff within the State of Wisconsin.

- American College of Surgeons (ACS)
- Eastern Association for the Surgery of Trauma (EAST)
- Emergency Medical Services for Children (EMSC)
- Pediatric Trauma Society (PTS)
- Trauma Center Association of America (TCAA)
- Trauma Quality Improvement Program (TQIP)
- Western Trauma Association
- WI TRAIN