NORTH DAKOTA TRAUMA CENTER APPLICATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS UNIT
SFN 61132 (05/2025)

This form should be completed online and emailed to the North Dakota State Trauma System Coordinator.
Note: All Essential items are marked with an (E). Essential items must be obtained before submitting the application.

Date of Application	Level IV Level V	
Name of Facility	Address	
City	State	Zip Code
Hospital Administrator Name		
Telephone Number	Email Address	
Trauma Coordinator (E)		Years in Position
Telephone Number	Email Address	

Trauma Coordinator education, please include a copy of completion certificate if course completed.

TNCC (E)   Rural TOPIC (D)   Trauma Program Manager's Course (D)   None

Trauma Registrar (E) (May be the trauma coordinator)		Years in Position

Trauma Registrar education, please include a copy of completion certificate if course completed.

AIS-15 (D)   Trauma Registrar Course (D)   ICD-10 Course (D)   None

Telephone Number	Email Address	
Trauma Medical Director (E)		Years in Position
Telephone Number	Email Address	ATLS (E) Include copy of certificate
PI Personnel Evaluating the Trauma Program (E)		Email Address
Pediatric Emergency Care Coordinator Nurse (E)		Years in Position
Pediatric Emergency Care Coordinator Provider (E)		Years in Position

Questions regarding this application can be directed to:
Mary Waldo, MSN, RN, TCRN, CEN, CPEN
ND State Trauma System Coordinator
701-328-1026 / mwaldo@nd.gov

List all physicians taking ED call and their specialty. (E) for Level IV
    Attach a current ATLS certificate for all physicians taking ED call. (E)
    Attach verification of annual critical skills. (E)

Physician	Specialty	ATLS / Annual Critical Skills Verification (E)	
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills

List all advanced practice providers taking ED call. (E)
    Attach a current ATLS certificate for all advanced practice providers taking ED call. (E)
    Attach verification of annual critical skills. (E)

Provider	Specialty / Credentials	ATLS / Annual Critical Skills Verification (E)	
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills
		ATLS	Critical Skills

Formal emergency care education required* by the facility for physician and advanced practice providers taking ED call.(D)   *required = all providers maintain a current certification

    BLS   ACLS   PALS   NRP   None   Other: Please list below

Describe any additional trauma/emergency care educational opportunities for physicians and advanced practice providers taking ED call. (D)

Total number of nurses working in the emergency department:
Total number of nurses who are current in TNCC or ATCN: (E)
Describe staffed nursing hours for the emergency department.

Formal emergency care education required* by the facility for nurses working in the emergency department. (D)
*required = all emergency department nurses maintain a current certification

    BLS   ACLS   PALS   NRP   None   Other: Please list below

Describe any additional required* trauma/emergency care educational opportunities for nurses working in the emergency department. (E)   *required = all emergency department RNs attended or completed the competency

Hands-on skills (E)

Other (D)

Describe any additional educational opportunities provided to emergency department staff not yet discussed (ND SIM, CALS, Air medical, in-service, etc.)

List all EMS agencies transporting patients to the emergency department.

EMS communication (two-way communication with EMS) (E):	Yes	No

How does EMS notify the hospital for pre-arrival activation?	Radio	Call-in / cell phone

Further explain types of communication, device location(s), and concerns:

Describe availability of EMS reports:

Describe how the facility provides feedback to EMS agencies. (E)

Are EMS agencies invited to attend performance improvement meetings at the facility?	Yes	No

Hospital Organization/Hospital Personnel

Do you have an emergency department? (E)	Yes	No

Number of: Inpatient beds:	ED beds:	ED beds set up for trauma:

Do you have an ambulance garage? (D)	Yes	No

Do you have a helicopter landing site? (D)	Yes	No

Describe the location of the helicopter landing site:

Do you have a surgical department? (D)	Yes	No
Available for trauma/damage control surgery?	Yes	No

If yes, explain staffing and availability:

Do you have anesthesia? (D)	Yes	No
Available / on call for trauma?	Yes	No

If yes, explain the availability/on-call hours:

Do you have radiologist access? (E)	Yes	No
Do you have access to telehealth for emergencies? (D)	Yes	No
Do you have a lab department? (E)	Yes	No
24-hour coverage? (E)	Yes	No

Hours staffed in-house:

Coverage when not in-house:

Response time:

Standard analysis of blood, urine, and other body fluids? (E)	Yes	No
Blood typing and crossmatch? (D)	Yes	No

Comprehensive blood bank or access to? (D)	Yes	No	Comments:

Number of units available:

A+	A-	B+	B-	AB+	AB-	O+	O-	FFP

Coagulation studies? (D)	Yes	No	Comments:
Blood gases and pH determination? (D)	Yes	No	Comments:
Comprehensive drug screening? (D)	Yes	No	Comments:
Alcohol screening? (D)	Yes	No	Comments:

Do you have a radiology department? (E)	Yes	No
24-hour coverage? (E)	Yes	No

Hours staffed in-house:

Coverage when not in-house:

Response time:

X-ray available 24 hours/day? (E)	Yes	No
Portable?	Yes	No
CT Scanner? (D)	Yes	No
How many slice: Pediatric settings?	Yes	No
Ultrasound for FAST exam? (D)	Yes	No

Describe FAST exam training/education provided, if applicable:

Describe plan to transfer images to regional trauma center:

Do you have pharmacy access? (E)	Yes	No

Explain pharmacy access:

In-house pharmacist or pharmacy tech? (D)	Yes	No
If yes, do they respond to trauma activations? (D)	Yes	No
Tranexamic Acid (TXA)? (E)	Yes	No
KCentra? (D)	Yes	No
Drugs for emergency care and rapid sequence intubation? (E)	Yes	No

Equipment - Indicate whether the following equipment is available for patients of <u>all ages</u>. (E)

Airway control and ventilation equipment, including NPA/OPA, oxygen delivery devices, bag-valve-mask, laryngoscopes, & endotracheal tubes					Yes	No
Video laryngoscope	Yes	No	C-collar and backboard		Yes	No
Rescue airway device (I-gel, King Airway, LMA)	Yes	No	Chest decompression needle (minimum 14 gauge x 3 inch)		Yes	No
Surgical set for airway control and cricothyrotomy	Yes	No	Surgical set/insertion tray for thoracostomy		Yes	No
Pulse oximetry	Yes	No	Chest tube (10F to 32F)		Yes	No
End tidal CO2 monitoring	Yes	No	Closed, water seal drainage system		Yes	No
Suction device	Yes	No	Portable monitor / defibrillator		Yes	No
Tourniquets (minimum 2)	Yes	No	Gravity blood tubing (If blood available)		Yes	No
Pelvic immobilization	Yes	No	Gastric decompression		Yes	No
Hemostatic Dressing	Yes	No	Urinary catheter		Yes	No
Large-bore intravenous catheter	Yes	No	Thermal control for patients		Yes	No
Intraosseous device	Yes	No	Thermal control for fluids		Yes	No
Standard IV fluids and administration tubing	Yes	No	Pediatric length-based drug dosage and equipment system		Yes	No

Performance Improvement Process and Patient Safety

Submission to ND State trauma registry? (E)	Yes	No	Current with submission? (E)	Yes	No

If no, explain:

Describe how ICD-10 injured patients are identified for trauma registry inclusion. (E)

Submit a copy of all forms used for performance improvement. (E)	Submitted
Submit a list of all trauma audit filters used for performance improvement. (E)	Submitted

Describe the process for review of hospital trauma patient care: (E)
(Which charts are audited, by whom, and what happens to the data obtained, etc.)

Primary Review

Secondary Review

Tertiary Review

Quaternary Review

Describe how loop closure is obtained and documented: (E)

Describe the process for primary review of pre-hospital trauma patient care: (E)
(Which charts are audited, by whom, timeline for review, what happens with the data, etc.)

Are trauma charts reviewed at a multi-disciplinary committee (tertiary review)? (E)	Yes	No
Is an agenda available prior to the meeting?	Yes	No
Are meeting minutes recorded? (E)	Yes	No
Is the trauma medical director always in attendance? (E)	Yes	No

Describe the multi-disciplinary committee:
(Who attends, how often the committee meets, etc.)

Describe the process for ATLS physician review of trauma codes managed by an advanced practice provider (E):

Describe the process for morbidity and mortality review of trauma care for all trauma deaths (E):
(Who reviews the cases, what happens with the information obtained, how are the deaths graded, etc.)

Describe how you monitor team leader on site within 20 minutes and describe how issues are addressed/corrected. (E)

Are radiology read times monitored through performance improvement? (E)	Yes	No

Describe the process for recording and monitoring radiologist read times. Describe how issues are identified and corrective action taken.

Describe what happens with the data obtained through PI. Are issues tracked and trended over time? What current PI projects are you working on? What PI projects have you successfully implemented for a notable practice or performance change?

Participation in trauma research?	Yes	No

Completed the pediatric readiness assessment in the last year? (E)	Yes	No

List your pediatric readiness assessment score:

Submit a copy of the pediatric readiness assessment.   Submitted

If pediatric readiness assessment score <88, describe plan to address gaps in pediatric readiness.

Describe any pediatric-specific education and performance improvement metrics.

Transfer Agreements

Transfer agreement with regional trauma center (E)?	Yes	No

Which one(s)?

    Altru Grand Forks   Essentia Health Fargo   CHI St. Alexius Health Bismarck   Sanford Bismarck

    Sanford Medical Center Fargo   Trinity Health Minot   Other

Transfer agreement with the following specialties (E)?
    Burn care

    Pediatric care

Submit a copy of all transfer agreements.

Trauma Policy/Protocol/Guidelines/Care Expectations

Trauma Code Activation Protocol (E):	Yes	No
Trauma Team Response / Activation Plan (E):	Yes	No
Includes team member response times for all team members?	Yes	No
Where is the call schedule for the trauma team leader posted (E):		
Immediate phone contact with a Level I or II trauma center (E):	Yes	No
(Which facility, any issues/concerns)		
Utilize clinical practice guidelines, protocols or algorithms (E)?	Yes	No
Describe guidelines, protocols, and algorithms utilized and how the trauma team accesses them.		
Utilize trauma order sets? (D)	Yes	No
Written plan for trauma surge / mass casualty event? (E)	Yes	No
Includes pediatric specific considerations? (E)	Yes	No

Describe the last disaster drill. (E)
(Include stakeholders involved, type of event, and when the event occurred).

Describe decontamination training for staff. (D)
(Include what was taught, who was required to attend, who taught the training, when it was held, etc.)

Policies/protocols that address non-accidental trauma? (D)	Yes	No

Describe the process for assessment of children for non-accidental trauma. (E)

Protocol in place for reversal of anticoagulants? (E/D)	Yes	No
Policy for administration of tranexamic acid? (E)	Yes	No
Written plan for evaluating care of the injured patient (trauma PI)? (E)	Yes	No

Submit a copy of the following protocols/policies:

Trauma Team Activation Protocol	Submitted
Trauma Team Response/Activation Plan	Submitted
Trauma Surge/Mass Causality Incident	Submitted
Anticoagulant Reversal	Submitted
Tranexamic Acid	Submitted
Emergency Blood Administration	Submitted
Trauma Performance Improvement Plan	Submitted

Prevention/Public Education

Participate in regional trauma meetings? (E)	Yes	No
Trauma Medical Director attendance at 50% of regional meetings? (E)	Yes	No
Collaborate with EMS and/or other agencies for public education and outreach? (E)	Yes	No

Describe EMS/other agency collaboration.

Describe EMS/other agency collaboration (continued)

Describe regional and statewide trauma system involvement? (D)
(Include attendance at ND Statewide Trauma Conference, attendance at Trauma Pre-conference, attendance at Trauma Skills Lab, or any other involvement)

Describe the injury prevention program and injury prevention initiatives. (E)

Review Period

Specify the 12 months utilized for this review: (Answer the following questions based on this time period)	From:	To:

Number of ED visits due to injury*:   (Includes trauma as well as minor injury)
Number of trauma patients** admitted to your facility:
Number of trauma patients** transferred to a Level I/II trauma center:
Number of trauma deaths at your facility (include DOAs) **since your last review**:
Number of patients meeting trauma code activation:
Number of injured patients meeting the definition for trauma registry inclusion criteria:

*Injury patients will include all patients who came into the ED with a mechanism of injury. This includes those patients who are entered into the trauma registry and those who are not. Please consider **all** injured patients.

**Trauma patients will include those patients who meet your facility's definition of a trauma patient. This definition will often include patients that meet trauma registry inclusion criteria or it may mean only those patients who met trauma code activation criteria.

List opportunities for improvement and recommendations given at your last trauma designation site visit and indicate how they have been addressed within your trauma program.

NORTH Dakota | Health & Human Services
Be Legendary.

This form may be completed and mailed to:
Department of Health and Human Services
Emergency Medical Systems Unit
1720 Burlington Dr - Suite A
Bismarck ND 58504-7736

You may also submit the completed signed form via email to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov