



Trauma Society of South Africa
Prevention, treatment and training in Trauma Care

..... HOSPITAL

TRAUMA SOCIETY OF SOUTH AFRICA TRAUMA UNIT ACCREDITATION

PRE-REVIEW QUESTIONNAIRE

Date Compiled:

Compiled by:



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Prevention, treatment and training in Trauma Care

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PRE-REVIEW QUESTIONNAIRE

Please complete this questionnaire in its entirety. All answers should directly follow the questions. Email the completed questionnaire to A Klette at least 1 week prior to your accreditation or re-verification audit. A minimum of 2 printed copies should be available for the audit.

If any questions, please call +27 (0) 82 466 7540

HOSPITAL

Hospital Name:

Province:

City:

Hospital Address:

Date Document Completed:

CONTACT

Contact Person Name:

Email Address:

Cell Phone Number:

Fax Number:



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I. PURPOSE OF SITE REVIEW

A. Type of review:

- Consultation
- Verification
- Re-verification

B. Patient Population:

- Adult Only
- Paediatric Only
- Mixed

C. This review is at the request of:

- Hospital Management
- Clinicians
- Both

D. What is the controlling (financial) body for your trauma centre?

- Province
- Private Hospital/Group (state name of hospital / group):
- Other:
- If other, please describe:



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E. *Is this the FIRST review that TRAUMA SOCIETY of SOUTH AFRICA (TSSA) has conducted at your trauma centre?*

€ Yes (Skip to Section II)

€ No

F. *Date of most recent review:*

G. *Type of most recent review:*

€ Consultation (advisory only)

€ Verification

€ Re-verification

Describe, in detail, any improvements directed toward previously defined weaknesses:

Describe any administrative changes at your facility impacting the trauma program:

H. *Date(s) of any prior review(s):*

I. *Result of such review(s):*



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II. HOSPITAL INFORMATION

A. Describe your hospital, governance and affiliations. Define the overall role in the community, including regional trauma system development and implementation

B. Are all trauma activities within one facility?

€ Yes

€ No

C. Hospital Beds

Hospital Beds	Adult	Paediatric	Neonatal	Total
Licensed				
Staffed (i.e. "open")				
Average Occupancy (%)				

D. Hospital Commitment

Describe, in narrative, the commitment of your administration to trauma:



E. Cost Containment

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Describe your hospital's most effective/innovative trauma cost containment measures/initiatives.

III. PRE-HOSPITAL SYSTEM

A. Pre-hospital system description

1. Describe your EMS system including primary and secondary catchment areas:
2. Define the population and size of the primary catchment area:
3. Define the population and size of the secondary catchment area:
4. Identify the number and level of other trauma centres in your primary and secondary catchment areas and describe their relationships to your trauma centre:
5. Does your trauma centre serve as a base station for EMS operation? (Check all that apply)

Ground EMS Program

Off line medical control

On line medical control

Helicopter / Ground

N/A

Base station medical control
(ground)

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6. Detail your trauma centre's participation in pre-hospital training? If so, what is involved?

7. Describe your hospital's participation in the regional disaster plan:

8. Describe your hospital's capability to respond to hazardous materials (radioactive, chemical, biological, other):

IV. TRAUMA SERVICE

A. Trauma Service Director

Registered Trauma Specialist

€ Yes

€ No

Attach Trauma Service Director Curriculum Vitae

1. Provide trauma-related CME course names and dates (have documentation available)

2. List all surgeons currently taking *Trauma Surgical* call on Table below (incl. Director)



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Name	HPCSA MP No	Specialist Surgeon	Trauma Surgeon	Paediatric Surgeon	Medical Officer

Please have the last three month call rota available on site

3. Does the trauma call schedule include non-trauma emergencies?

€ Yes

€ No

If "Yes", please explain.

4. Do you have a trauma back-up call schedule?

Please have the last three month call rota available on site

B. Trauma Programme Manager

1. Is the Trauma Programme Manager a full time position?

€ Yes

€ No



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If “No”, please explain.

2. Attach the Trauma Coordinator’s Curriculum Vitae.
3. Describe the administrative reporting structure.
4. Attach Trauma Coordinator’s job description

C. *Trauma Service*

1. Is there a Trauma Service at your facility?

€ Yes

€ No

2. Describe the service including how the Trauma Medical Director oversees all aspects of the multidisciplinary care from the time of injury through discharge.

3. Does the Trauma Medical Director review the performance of the members of the Trauma Faculty?

€ Yes

€ No

4. Does the Trauma Director have the authority to remove/appoint members of the Trauma Faculty?

€ Yes

€ No

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5. Describe the policy for allowing an individual to take Trauma Call.

D. Trauma Response

1. a. What criteria do you use to activate the trauma team?
- b. Define policy for when the Trauma Specialist responds to the Emergency Department.

2. Who has the authority to activate the trauma team?

3. Describe the personnel on the trauma team for each level of activation:

4. Do trauma surgeons take in-house calls?
 Yes
 No

5. Do you have documentation and statistics of surgeons' availability/response to the ED?
 Yes
 No

E. Trauma / Hospital Statistical Data

1. Total number of trauma related ED visits:



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2. Trauma Admissions:

a. Number

Service	ICU / High Care	Ward	Total Number of Admissions
Trauma Service			
Orthopaedic Service			
Neurosurgical Service			
Other Surgical Service			
Non-Surgical Service			
Total Trauma Admissions			

_____ % Penetrating

_____ % Blunt

_____ % Burns

_____ % Other (drowning, etc)

3. Injury Severity and Mortality

ISS	Number	Deaths	% Mortality
0-9			
10-15			
16-24			
≥25			

a. How is ISS generated:



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- b. If ISS scores are not used to categorize severity of injury, please define what method is used.

- c. Explain any inconsistency between total admissions, total disposition from ED and total ISS numbers.

F. Trauma Transfers

1. Is there a defined policy to accept the transfer of trauma patients from referring hospitals?

2. Number of trauma transfers:

TRANSFERS	AIR	GROUND	TOTAL
Transfers In			
Transfers out			

3. Are there any formal agreements for transfer out of the hospital for acute injury management?

€ Yes

€ No

G. Trauma Bypass / Divert



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1. Do you have a bypass or divert protocol?

€ Yes

€ No

If “Yes”, describe the bypass/divert protocol.

If “Yes”, who has the authority to divert?

2. Define the role of the Trauma Surgeon in the decision to bypass.

H. Neurosurgery

1. List all Neurosurgeons taking trauma call on Table located at end of document and attach.

2. Attach Curriculum Vitae of neurosurgical representative to the trauma program.

3. Are there any of your neurosurgeons taking trauma call at more than one hospital?

€ Yes

€ No

If “Yes”, please describe:



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4. Who provides the initial evaluation and management of the neurotrauma patients if other than the neurosurgeon?

I. Orthopaedic Surgery

1. List all Orthopaedic Surgeons taking trauma call on Table located at end of document and attach.
2. Attach Curriculum Vitae of Orthopaedic representative to the trauma program.
3. Are there any of your Orthopaedic Surgeons taking trauma call at more than one hospital?

€ Yes

€ No

If "Yes", please describe:

4. Who provides the initial evaluation and management of the orthopaedic patients if other than the Orthopaedic surgeon?

J. Anaesthesiology

1. List Anaesthesiologists who care for trauma patients on Table located at end of document and attach.
2. Attach Curriculum Vitae of Anaesthesiologist representative to the Trauma Program.



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3. Do you have Anaesthesia available in hospital 24 hours a day?

€ Yes

€ No

If "No", is there a Performance Improvement Program monitoring anaesthesia response?



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VI. HOSPITAL FACILITIES

A. Emergency Department

1. List registered Emergency Medicine Specialists and attach.
2. Attach Curriculum Vitae of Emergency Medicine representative to the Trauma Program.
3. While on call, does the Emergency department physician have responsibilities outside of the Emergency Department?

€ Yes

€ No

If "Yes", explain how the ED is covered when he/she leaves.

4. Define the experience, certification, education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the Emergency Department.

a. Nursing staff demographics:

Average years of experience:

R.N.	No. on duty:	_____	Years of Experience:	_____
E.N.	No. on duty:	_____	Years of Experience:	_____



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b. Percentage of total staff:

a. _____ % RN

b. _____ % EN

c. _____ % Other

c. Additional Training:

a. _____ % Trauma Nursing Course

b. _____ % Audit ATLS

c. _____ % ACLS

d. _____ % APLS

B. Radiology / Ultrasound

1. Is there resuscitation and monitoring equipment available in the radiology suite?

€ Yes

€ No

2. Who accompanies and monitors the trauma patient to the radiology suite?

3. Is there a 24 hour CT technician available in-hospital?

€ Yes

€ No

If “No” is there a Performance Improvement Program which reviews timeliness of CT response?

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4. Define how the trauma team has access to ED ultrasound (Choose one)

Other (If "other", please explain)

5. Who interprets the X-rays after hours?
6. Is teleradiography available to augment the initial interpretations by a non-radiologist?
7. Define how the trauma team has access to emergency computed tomography, arteriography and MRI.

C. Operating Room

1. Number of operating rooms :
2. Do you have a theatre dedicated to trauma?

€ Yes

€ No

If "No", describe procedure to access theatre immediately.

3. Describe your theatre, trauma staffing pattern and backup call for days, nights, weekends, and holidays. Is there always in-house coverage for the following: (circle)

		No
a. Circulator	Yes	



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Name:

Does the Director have added certification in critical care?

€ Yes

€ No

4. Which physician specialist maintains primary responsibility for direction of trauma patients' care in the ICU?

5. Who provides the immediate response for after hour's life threatening emergencies in the Trauma ICU/Adult ICU where trauma is admitted?

6. Do you have documentations and statistics of surgeons' availability/response to the ICU?

€ Yes

€ No

If "Yes", attach.

7. Define the experience, certification, and education requirements for the nurses providing care to the trauma patient in the ICU.

8. Nursing Staff demographics:

a. Average number of years of experience:

b. Annual turnover:

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9. Percentage of total staff:

- a. _____ % RN
b. _____ % EN
c. _____ % Other

10. Additional training:

- a. _____ % ICU Nursing Course
b. _____ % Trauma Nursing Course
c. _____ % ACLS
d. _____ % APLS

E. Clinical Laboratory

1. Blood Bank

a. Describe source of blood products

€ Hospital processed

€ Regional blood bank

b. Do you have any satellite blood banks and/or blood refrigerators in hospital?

€ Yes

€ No



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If “Yes”, where?

c. Is there a massive transfusion protocol to facilitate blood component therapy?

€ Yes

€ No

If “Yes”, attach protocol

d. Do you have uncross-matched blood immediately available?

€ Yes

€ No

If “Yes”, where, and how many of each?

e. What is the average turnaround time, in minutes, for an emergency:

Type specific blood:

Full cross-match:

f. Does your hospital have ready access to blood components (FFP, platelets, cryoprecipitate, Factor VIII and Factor IX)?

€ Yes

€ No



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F. *Clinical Lab*

a. Where is the clinical laboratory located? In answering, include a description of its proximity to the Emergency Department:

b. What is the estimated Emergency Department stat turn-around time, in minutes for:

Haemoglobin

Hematocrit:

Electrolytes:

Blood Gases:

Coagulation Profile:

DPL:

Toxicology:

Drug Screen:

c. Do you have any point of care testing capability?

€ Yes

€ No

If "Yes", where?

d. Define circumstances under which you obtain drug screen/toxicology.

e. Does the hospital have microsampling capabilities for children?

€ Yes

€ No



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A. Paediatric Trauma

1. What is the maximum age for a paediatric trauma patient in your hospital?

2. Paediatric Trauma Admissions

a. Number of Admissions:

Service	Number of Admissions
Trauma Service	
Orthopaedic Service	
Neurosurgical Service	
Other Surgical Service	
Non-Surgical Service	
Total Trauma Admissions	

b. Injury Severity and Mortality

ISS Category	Number	Deaths	% Mortality
0-9			
10-15			
16-24			
≥25			

3. Is there a separate Paediatric Trauma Team?



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€ Yes

€ No

If “Yes”, please describe:

4. Is there a separate Paediatric ICU?

€ Yes

€ No

a. Total paediatric ICU beds (excluding neonatal)

b. If no PICU, is there a transfer agreement for PICU care?

€ Yes

€ No

If “Yes”, to where?

5. Does the hospital have a separate area in the ED for paediatric resuscitation?

€ Yes

€ No



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B. Support services to the ICU

What services are provided in the ICU?

Physiotherapy?	Yes	No
Occupational Therapy?	Yes	No
Speech Therapy?	Yes	No
Dietician?	Yes	No
Other:	Yes	No

C. Rehabilitation Service

1. Who is the designated Rehabilitation Physician Representative to the Trauma Program?

Name:

2. Attach this physician's Curriculum Vitae.
3. Describe the role and relationship of rehabilitation services to the trauma service: (define where and when rehabilitation begins)
4. Do you have transfer arrangements for in-patient rehabilitation?

€ Yes

€ No

5. What system is used to measure rehabilitation patient outcome?

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D. Burn Patients

Number of burn patients admitted during last reporting year:

1. Is there a separate Burn Team?

€ Yes

€ No

2. Is your institution a Burn Centre?

€ Yes

€ No

Number of burn patients transferred for acute care during reporting year:

IN:

OUT:



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E. Spinal Cord Injuries

1. Number of spinal column injuries treated during last reporting year:

F. Organ Procurement

1. Do you have an organ procurement program?
 - a) How many trauma patient donors in the last year?
 - b) Number of patients admitted declared brain dead, or treatment discontinued:
 - c) Number of patients declared brain dead referred to transplant program:
 - d) Describe discrepancy between those who died and those referred:

G. Social Services

1. Is there a dedicated Social Worker for trauma service?

€ Yes

€ No

If “No”, what is the commitment from Social Services to the trauma patient?

2. Is there a dedicated trauma counselling service for all resuscitations?

€ Yes

€ No

If “No”, explain.



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3. Describe the support services available for crisis intervention and individual/family counselling.



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VII. PERFORMANCE IMPROVEMENT (PI) Do not send any performance improvement documents or minutes. These should be available at time of review.

A. Performance Improvement (PI) program

1. Describe your PI program, including how issues are identified and tracked.

2. Have PI reports available on site.
 - a. Who is responsible for loop closure of both system and peer review issues?

3. Has trauma PI affected the way trauma patient care is rendered?
 - € Yes
 - € No

Be prepared to articulated/demonstrate.

4. Are nursing issues reviewed in the Trauma PI Process?
 - € Yes
 - € No

If “No”, please describe how nursing units ensure standards and protocols are followed on their units.



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B. Trauma Registry

1. Do you have a trauma registry?

€ Yes

€ No

If "Yes", how many months/years are complete for review?

2. If "Yes", what registry program are you using?

3. Who abstracts data from the charts and enters the data into the registry?

4. What percentage of patients have completed trauma registry data entry within two months of discharge?

5. Describe the criteria for patient entry into the trauma registry:

6. Do you have any state, Provincial or Private affiliation for your trauma registry?

€ Yes

€ No

If "Yes", please explain:



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C. *Trauma Death Audits*

1. How many trauma deaths have there been during the reporting period?

(Include DOA, ED deaths, and in-house deaths)

2. Who reviews Emergency Department non trauma and surgical deaths?
3. Who reviews in-house trauma deaths?
4. List the number of deaths categorised as preventable, not preventable and possibly preventable. (Have available at the time of review)
5. What percentage of your non trauma deaths has autopsies?
6. How are autopsies reported to the Trauma Program?

D. *Multi-disciplinary Trauma Committee(s)*

1. Provide a description of any committee with trauma PI involvement.
 - a. Do you have a protocol manual for trauma?
 Yes
 No

If "Yes", have available on site.



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b. Has the trauma program instituted any evidence based trauma management guidelines?

€ Yes

€ No

If "Yes", define compliance and efficacy.



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VIII. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

A. Describe any trauma education programs for:

1. Physicians

2. Nurses

3. Pre-hospital providers

B. Is there any hospital funding for physicians, nursing or EMS trauma education?

€ Yes

€ No

If "Yes", please describe:

C. Describe your hospital's outreach programs for trauma.

D. Do you have any injury prevention/public trauma education programs?

€ Yes

€ No

If "Yes", describe:

E. List and briefly describe all injury prevention programs. Include any state, regional, or national affiliations for your injury prevention programs.

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IX. RESEARCH ACTIVITIES

A. *Does your hospital have a trauma research program?*

€ Yes

€ No

If "Yes", describe:

B. *Define your research activities:*

1. Organizational structure

2. List on-going projects



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Signature of Hospital Manager
(if not Coordinator of Director)

Signature of Trauma Director (If
applicable)

Signature of person filling out
questionnaire
(if not Coordinator of Director)

Title of person filling out questionnaire

Date questionnaire sent to The Trauma Society of South African