

Mississippi Trauma Care System Application for Burn Center Designation

**Mississippi Department of Health
Division of Trauma
Bureau of Emergency Medical Services
Post Office Box 1700
Jackson, MS 39215-1700
Telephone: 601-576-7680**

Hospital ID:

Hospital Name:

Mailing Address:

County:

Region:

Hospital Website:

Chief Administrative Officer:

E-Mail Address:

Main Telephone Number:

Name of Person Completing This Application and Job Title:

E-mail Address:

Telephone/Fax Number:

Date Application Submitted:

HOSPITAL ORGANIZATION (Subchapter 1)

General (Tab A) Rule 7.1.1

Attach a copy of the hospital's medical and administrative commitment to the care of burn patients, in the form of a resolution, dated within the last three (3) years by the hospital's governing body.

Burn Program (Tab B) Rule 7.1.2

1. Attach an organizational chart that reflects the administrative reporting structure of the Burn Center.
2. Attach description of administrative involvement of the budgetary support for the burn system.
3. Documentation of burn center representative attendance at the regional committee meetings must be available AT THE TIME OF INSPECTION. (Do not attach)

Burn Center Director (Tab C) Rule 7.1.3

1. Attach a copy of the job description and CV of the Burn Center Director.
2. Attach an organization chart depicting the relationship of the Burn Center Director's position to other Medical Departments within the hospital.
3. At the time of inspection, have the Burn Center Director's annual reviews of the members of the burn panel available.

Burn Program Manager (Tab D) Rule 7.1.4

1. Attach the job description and CV of the Burn Center Program Manager (Nurse Manager).
2. Attach an organizational chart depicting the BPM reporting structure.

Burn Team (Tab E) Rule 7.1.5

1. Attach a table listing all physicians credentialed/participating in the burn service, including board certification and attendance of ABLIS.
2. Attach the call schedule for all physicians involved in the management of burn patients. (Last 3 months)
3. Attach the policy that describes the roles and responsibilities of team members responding to each activation level.
4. Attach activation criteria.

Multidisciplinary Burn Care Committee (Tab F) Rule 7.1.6

1. List members of the committee, a description of the committee, and the committee's role in Burn Center PI. Have committee minutes available at the time of inspection.
2. Provide evidence based burn management guidelines at the time of inspection.

Policies and Procedures (Tab G) Rule 7.1.7

Attach a copy of the Burn Center's policy and procedure manual. (may be submitted under separate cover).

Personnel (Tab H) Rule 7.1.8

1. Attach the hospital's credentialing policy for all physicians serving on the burn team.
2. Highlight the Multidisciplinary Committee representative from each Physician Specialty.

CLINICAL COMPONENTS (Subchapter 2)

Trauma Evaluation (Tab I) Rule 7.2.1

Attach a copy of the Burn Center's Referral Criteria, for both adult and pediatric patients.

Burn Service Coverage (Tab J) Rule 7.2.2

Attach the on-call schedule for attending staff surgeons who are assigned to the burn service.

Qualifications of Attending Staff Surgeons on the Burn Service (Tab K) Rule 7.2.3

- a. Attach a list of all surgeons serving on the burn team.
- b. Attach Board Certification, Board Eligible including current ABLS.
- c. At time of inspection, have available all burn related CMEs for burn team physicians.

Nursing staff (Tab L) Rule 7.2.4

Attach a table listing the nursing staff of the Burn Center. Include all training accomplished that is specific to the care and treatment of burn patients.

Attach a copy of the Burn Center orientation program for nurses.

Attach a table listing all burn-related training opportunities provided to the Burn Center nursing staff over the last three (3) years.

Mid-Level Providers (Tab M) Rule 7.2.5

Attach a table listing all credentialed mid-level providers participating in the burn service, including completion of ABLS.

Burn Center Referral Criteria (Tab N) Rule 7.2.6

Attach the hospital's burn criteria policy.

Specialty Services (Tab O) Rule 7.2.7

Provide a narrative description of how the following specialty services are provided to Burn Center patients:

- General surgery
- Cardiothoracic surgery
- Neurological surgery
- Obstetrics/Gynecology
- Ophthalmology
- Anesthesiology
- Pediatrics
- Orthopedic surgery
- Otolaryngology
- Plastic surgery
- Urology
- Pulmonary
- Radiology
- Nephrology
- Psychiatry
- Cardiology
- Gastroenterology
- Hematology
- Neurology

- Pathology
- Infectious disease

FACILITY STANDARDS (Subchapter 3)

Emergency Services (Tab P) Rule 7.3.1

Attach a copy of the hospital's protocols for the care of acutely burned patients.

Attach a copy of the ED Trauma or Burn Flow Sheet.

Surgical Suites (Tab Q) Rule 7.3.2

Describe the OR staffing pattern, and attach the policy regarding activation of on-call personnel.

Allograft Use (Tab R) Rule 7.3.3

Attach a copy of the hospital's protocols for the use of allograft tissues.

CLINICAL SUPPORT SERVICES (Subchapter 4)

Describe your hospital resources to meet the needs of the burn patient for the following services: **Refer to the specific requirements for each of the following departments as noted in the Regulations. (Tab S)**

- Respiratory Therapy (Rule 7.4.1)
- Renal Dialysis (Rule 7.4.2)
- Radiological (Rule 7.4.2)
- Clinical Lab (Rule 7.4.2)
- Rehabilitation Personnel/Social Services (Rule 7.4.3)
- Nutrition Support (Rule 7.4.4)
- Pharmacy (Rule 7.4.5)
- Clinical Psychiatry (Rule 7.4.6)
- Continuity of Care Program (Rule 7.4.7)
- Weekly Patient Care Conferences (Rule 7.4.8)
- Infection Control Program (Rule 7.4.9)
- Attach a copy of the hospital's multiple casualty plan. (Rule 7.4.10)

Burn Prevention (Tab T) Rule 7.4.11

Attach a copy of the Burn Center's public burn prevention education plan.

Trauma/Burn Registry (Tab U) Rule 7.4.12

1. Provide the name of the person who abstracts data from the charts and enters the data into the registry.
2. Attach a copy of the census of the Burn Center's patients, including a daily census, for the last three (3) years. (Note: If there is not 3 years of data, use the longest period of data available.)
3. Describe the role of the trauma registry in the performance improvement process. Include any examples of the report(s) that are generated by the trauma registry which support the performance improvement process. Include the frequency in which the report(s) are generated and to whom the reports are sent.
4. Attach a report from the trauma registry for all patients **from the past 12 months**. The list should contain the following:
 - Date of admit

- Mechanism of Injury
 - Time of admit to ED and/or Burn Center
 - Time of transfer out of facility/discharged/death
 - Age
 - GCS
 - Admitting Systolic BP
 - ISS
 - TRISS (probability of survival)
 - Outcome (Live/Die)
 - Discharge destination (where)
 - Admitting destination (when admitted)
5. Trauma/Burn Death Audits – Tab P.
- a. Describe the trauma/burn deaths review process in detail.
 - b. What percentages of deaths have autopsies? How are autopsies reported to the Burn Center?
 - c. List the number of deaths categorized as preventable, not preventable, and possibly preventable for the **last 12 months**.

Transfer Guidelines (Tab V) Rule 7.4.13

Provide a copy of all transfer guidelines and agreements with other facilities/services.

Performance Improvement/Evaluation (Tab W) Rule 7.4.14

1. Attach a copy of the Performance Improvement plan which includes:
 - Authority
 - Issue Identification Analysis
 - Corrective Action Plan
 - Loop Closure
2. Describe the PI program, including how issues are identified and tracked.
3. Describe and attach a representative copy of the various performance improvement reports which are utilized.
4. List all trauma and/or burn PI audit filters.
5. Describe two performance improvement issues **one system related** and **one clinically related**. Clearly indicate the performance improvement issue and the six-step process: Problem identification, Analysis, Preventability, Action plan, Implementation, and Re-evaluation). This should include dates, personnel involved, and outcomes that can demonstrate an effective Performance Improvement Process.

Education (Tab X) Rule 7.4.15

1. Attach a listing of all Burn Center employees who have attended ABLS and those that are ABLS instructors.
2. Attach a list of all burn care treatment classes given to pre-hospital and hospital care providers in the **last 12 months**.
3. Attach a copy of the Burn Center's internal burn education plan.

Research (Tab Y) Rule 7.4.16

1. List all basic, clinical, and health sciences research projects where Burn Center staff are involved.
2. List or attach any publications on burn care authored/co-authored by the Burn Center Director and/or other staff members.

SIGNATURE PAGE

1. The undersigned makes application to the Mississippi Trauma Care System for consideration of Burn Center designation.
2. The institution represents that to the best of its ability it meets the Regulations set forth by the Mississippi Trauma Care System.
3. The institution agrees to submit to an on-site inspection by the Mississippi Trauma Care System after review of this application.
4. I have reviewed the information contained in this application and certify that the information is true and correct.
5. I further certify that the institution agrees to adhere to the designation program of the Mississippi Trauma Care System.

Signature

Administrator

Contact Information:

Name:

Phone:

E-Mail:

Fax:

Date

Signature

Burn Center Medical Director

Contact Information:

Name:

Phone:

E-Mail:

Fax:

Date

Signature

Burn Center Program Manager

Contact Information:

Name:

Phone:

E-Mail:

Fax:

Date

Revised 3/5/12