

**1. What is your role in your trauma program?**

☐ Trauma Medical Director

☐ Trauma Program Manager

Other Role in Trauma Program (please specify):

**2. Are you an accredited/verified adult or pediatric trauma program, center or system (by accredited we mean a successful formal review by an independent organization has been done)? (select ALL that apply)**

☐ Accredited/verified - adult trauma center

☐ Accredited/verified - pediatric trauma center

☐ Accredited/verified - adult trauma system

☐ Accredited/verified - pediatric trauma system

☐ Not accredited/verified for adult or pediatric trauma patients

Other Accreditation/Verification Status (please specify)

**3. What age criteria do you employ to define an adult trauma patient?****4. What age criteria do you employ to define a pediatric trauma patient?****5. What organization is your trauma program's accrediting/verifying authority?****6. What year was your trauma program last accredited/verified?****7. What level of care is your trauma program designated to provide? (select SINGLE best answer)**

☐ Regional resource and tertiary care for trauma patients

☐ Initial definitive trauma care regardless of severity of injury

☐ Assessment, resuscitation, emergency general surgery and stabilization prior to transport

☐ Advanced Trauma Life Support prior to transport

Other Designation (please specify)

**8. Does your trauma program have a designated trauma team responsible for immediate assessment and management of trauma patients?**

☐ Yes

☐ No

**9. Does your trauma program have trauma team activation criteria?**

☐ Yes

☐ No

**10. How does your program define trauma (for registry or record keeping purposes)? Please be specific (i.e. ISS > X).**

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**11. How many trauma patients did your trauma program assess in the last year (last calendar or fiscal year for which you have data)?**

Adult trauma patients - Any   
ISS

Pediatric trauma patients -   
Any ISS

Adult trauma patients ISS   
>15

Pediatric trauma patients   
ISS >15

If other used by your centre   
please specify and provide

**12. Where is your trauma program located? (select SINGLE best answer if you are a TRAUMA CENTER / or ALL that apply if you are a TRAUMA SYSTEM)**

☐ Urban (within a city)

☐ Suburban (residential area on outskirts of a city)

☐ Rural (outside a city)

**13. What is the academic status of your trauma program? (select SINGLE best answer if you are a TRAUMA CENTER / or ALL that apply if you are a TRAUMA SYSTEM)**

☐ University based, teaching setting

☐ University affiliated, teaching setting

☐ Non-teaching setting

**14. Does your trauma program have a trauma registry (by trauma registry we mean a data collection file describing your program's trauma patients)?**

☐ Yes

☐ No

**15. Does your trauma program measure quality indicators (performance measures, audit filters or quality measures)?**

☐ Yes

☐ No

**16. What type of quality indicators does your trauma program measure? (select ALL that apply)**

- ☐ Health care quality STRUCTURE indicators (e.g. 24 hour operating room, etc)
- ☐ Health care quality PROCESS indicators (e.g. Emerg Department time, etc)
- ☐ Health care quality OUTCOME indicators (e.g. deaths in hospital, etc)
- ☐ Do not measure health care quality indicators

**17. What type of performance improvement initiatives does your trauma program participate in? (select ALL that apply)**

- ☐ Morbidity and mortality conferences
- ☐ Quality of care audits
- ☐ Report cards
- ☐ Internal benchmarking
- ☐ External benchmarking
- ☐ Do not participate in performance improvement initiatives

Other (please specify)

**18. Does your trauma program participate in research? (select ALL that apply)**

- ☐ Local investigator initiated research
- ☐ Multicenter investigator initiated research
- ☐ Industry sponsored research
- ☐ Do not participate in research

**19. We would like to BRIEFLY interview you to learn more about your experiences with performance improvement. Who is the best person for us to contact to schedule an interview and how (email address, telephone number, or other)?**

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End of Survey.

Thank you!