BASIC (LEVEL IV) TRAUMA FACILITY CRITERIA

Basic Trauma Facility (Level IV) - provides resuscitation, stabilization, and arranges for appropriate transfer of trauma patients to a higher level trauma facility when medically necessary; provides ongoing educational opportunities in trauma related topics for health care professionals and the public; and implements targeted injury prevention programs (see attached standards). The administrative commitment of a Level IV trauma facility includes developing processes that define the trauma patient population evaluated by the facility and track them throughout the course of their stay in order to maximize funding opportunities.

A. TRAUMA PROGRAM	
1. There is a defined Trauma Service to include: a. Current Board of Trustee and Medical Staff resolutions supporting the implementation and maintenance of the appropriate level trauma services at the facility. b. An active membership in the Regional Advisory Council. c. Staff dedicated to the development and maintenance of trauma services to include, but not limited to a trauma medical director, trauma program manager and trauma registrar(s). d. Physicians and hospital staff educated and credentialed for the care of trauma patients. e. Policies and Procedures specific to trauma care in the facility. f. Trauma quality assurance processes dedicated to providing quality, accountable trauma care. g. Budgetary support for required components including education, training, equipment and staff to support the program needs. h. Identified executive level (administrative) trauma leadership who has documented education regarding trauma programs, trauma system development and the requirements for trauma center designation to include the CEO, CFO and CNO of the hospital. 2. Trauma Service – a. The trauma service led by the Trauma Medical Director, who has the oversight and authority for trauma care within the facility. b. Trauma Service is compromised of the Trauma Medical Director, trauma program manager, trauma program staff, defined liaisons for orthopedics, neurosurgery (if available), emergency medicine and anesthesiology.	E

c. Patients defined as major and severe trauma are evaluated, resuscitation and are typically transferred to a higher level of trauma center.

d. The Trauma Service will define trauma patient standard of care from resuscitation through all phases of care utilizing evidenced based criteria. This includes standards for trauma admissions and trauma transfers. The major or severe trauma patient shall be rapidly assessed, resuscitated, and stabilized according to established trauma management guidelines including ATLS, TNCC, ATCN, and ENPC.

e. Disposition decisions shall be made expeditiously by a physician at the hospital and preparations for transfer or admission begun as soon as possible after arrival at the facility. Major or severe trauma patients who are retained longer than 2 hours, except where medically appropriate, shall receive the same level of care as the highest available within its TSA or within the TSA to which the patient's condition warrants transfer-out.

2. An identified Trauma Medical Director (TMD) who:

- Is currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the Department of State Health Services (DSHS).
- Is charged with overall management of trauma services provided by the hospital
- Shall have the authority and responsibility for the clinical oversight of the trauma program. This is accomplished through mechanisms that may include: credentialing of medical staff who provide trauma care; providing trauma care; developing treatment protocols; cooperating with the nursing administration to support the nursing needs of the trauma patients; coordinating the performance improvement (PI) peer review; and correcting deficiencies in trauma care.

a. There shall be a defined job description and organizational chart delineating the TMD's role and responsibilities.

b. There shall be a defined job description and organizational chart delineating the TMD's role and responsibilities.

c. The TMD shall be credentialed by the hospital to participate in the resuscitation and treatment of trauma patients.

d. Credentialing criteria to be a Trauma Medical Director will include: a. board-certification/board-eligibility in Emergency Medicine or General Surgery *A non-board certified emergency medicine physician desiring inclusion in a hospital's trauma program shall be: 1. current in ATLS 2. have an average of 9 hours of trauma related continuing medical education annually b. 9 hours annually of trauma continuing medical education, c. compliance with trauma protocols\ d. participation in the trauma PI program. e. The TMD shall be currently practicing at the facility and be an active member of the medical staff. f. The TMD shall participate in a leadership role in the hospital, community, and region emergency management (disaster) response to include: . 1. Completion of ICS 100 & 200 2. Participation in mass casualty drills 3. Disaster education g. The TMD shall maintain an active role in the regional trauma system plan.	
3. An identified Trauma Nurse Coordinator/Trauma Program Manager (TPM) who: ▪ Is a registered nurse.	E

- Has successfully completed and is current in the Trauma Nurse Core Course (TNCC) or Advanced Trauma Course for Nurses (ATCN) or a DSHS-approved equivalent.

- Has successfully completed and is current in a nationally recognized pediatric advanced life support course (e.g. Pediatric Advanced Life Support (PALS) or the Emergency Nurse Pediatric Course (ENPC) or other courses approved by DSHS).

- Has the authority and responsibility to monitor trauma patient care from emergency department (ED) admission through operative intervention(s), ICU care, stabilization, rehabilitation care, and discharge, including the trauma PI program. the trauma registry, injury prevention and outreach education.

a. There shall be a defined job description and organizational chart delineating the TPM's role and responsibilities.

b. The TPM shall participate in a leadership role in the hospital, community, Regional Advisory Council and regional emergency management (disaster) response committee to include:

    1. Completion of ICS 100 & 200
    2. Participation in mass casualty drills
    3. Disaster education

c. Trauma programs should have a minimum of .8 FTE dedicated to the TPM position for each designated trauma center. There shall be documented evidence that the trauma patient records are reviewed concurrently for appropriateness and quality of care. Concurrent review of the admitted trauma patient is a review that occurs within the trauma patient's hospital admission. There shall be evidence of 80% compliance of concurrent review, trauma registry data extraction, and data entry and data completion within 60 days of patient discharge. Initial reviews and follow up actions must have documented dates to ensure concurrent reviews. There shall be documented evidence of participation at the RAC. There shall be documented evidence of the TPM shall complete a course designed for his/her role which provides essential

information on the structure, process, organization and administrative responsibilities of a PI program to include a trauma outcomes and performance improvement course (e.g. Trauma Outcomes Performance Improvement Course (TOPIC) or Trauma Coordinators Core Course (TCCC) Texas Trauma Designation Education Course (TTDEC)) and participation at TTCF within 12 months of hire.	
3. Texas Trauma Coordinator's Forum Participation	D
TRAUMA REGISTRY	
3. An identified Trauma Registrar who has appropriate training. This position may be held by the TPM, however, an additional FTE may be required if the annual trauma registry volume exceeds 300 trauma registry admissions or there is consistent evidence that the program cannot maintain 80% compliance to the trauma registry requirement of completion of abstraction within 60 days of discharge. a. If the trauma registry volume exceeds 500 then there shall be additional consideration for an additional dedicated FTE. e. The Trauma Registrar (or TPM) shall have appropriate training in injury severity scaling within 12 months of hire. e.g. the Association for the Advancement of Automotive Medicine (AAAM) course c. training in data abstraction, data management and trauma program support (e.g. the American Trauma Society (ATS) Trauma Registrar Course) or DSHS approved equivalent within 12 months of date of hire. d. to perform the duties of the trauma registrar to include the abstract and input of trauma data, submission to the state and completion of the 3588 application. e. This position must be supervised by the Trauma Program Manager.	E
f. Trauma records shall be submitted within 30 days after the end of the quarter.	E
4. Written protocols, developed with approval by the hospital's multidisciplinary trauma committee, for: a. Trauma team activation that at a minimum shall be compliant with the American College of Surgeons,	E

Optimal Care Resources for the Injured Patient's minimal standards, state, and regional guidelines b. Identification of trauma team responsibilities during a resuscitation including response times. c. Resuscitation and Treatment of trauma patients based on current, accepted practice guidelines. d. Written guidelines defining appropriate triage, admission and transfer of trauma patients within the facility's specific resources, current scope of practice and within the scope of the level of designation. Level IV facilities who have operative capabilities must clearly define the type of patients taken to the operating room. d. Trauma patient standard of care guidelines reflecting current evidenced based treatment for all patient populations within the resources and capabilities of the facility. e. A written plan, developed by the hospital, for acquisition of additional staff on a 24 hour basis to support units with increased patient acuity, multiple emergency procedures and admissions (i.e. written disaster plan.)	
B. PHYSICIAN SERVICES	
1. **Emergency Medicine** - **Emergency Medicine** - this requirement shall be fulfilled by a physician credentialed by the hospital to: 1. To provide emergency department medical services. 2. In-house 24 hours a day. 3. An Emergency Medicine board-certified physician who is providing trauma coverage shall have successfully completed an ATLS Student Course or a DSHS-approved ATLS equivalent course. Current certification is preferred, however. 4. Current ATLS verification is required for all physicians who work in the emergency department and are not board certified in Emergency Medicine. 5. Any emergency physician who is providing trauma coverage shall be credentialed by the TMD to participate in the resuscitation and treatment of trauma patients of all ages to include: a. have current board certification/eligibility,* b. compliance with trauma protocols, and	E

c. participates in the trauma PI program 6. Have an average of 9 hours of trauma related continuing medical education annually.) 7. Have an average of 9 hours trauma related continuing medical education 8. The identified representative to the multidisciplinary trauma committee must attend 50% or greater of multidisciplinary and peer review trauma committee *A non-board certified emergency medicine physician desiring inclusion in a hospital's trauma program shall be: 1. current in ATLS 2. have an average of 9 hours of trauma related continuing medical education annually	
E. Current board certification/eligibility is preferred for any physician delivering trauma care to the trauma patient.	D
2. Radiology a. The use of teleradiology may fulfill this requirement. b. The reading turnaround times for a major and severe trauma patient shall be monitored in the PI process. c. The turnaround time for major and severe trauma patients will be > 60 minutes with 80% compliance.	E
3. **Anesthesiology** - requirements may be fulfilled by a member of the anesthesia care team credentialed in assessing emergent situations in trauma patients and providing any indicated treatment.	D
C. NURSING SERVICES (for all Critical Care and Patient Care Areas)	
1. All nurses caring for trauma patients throughout the continuum of care have ongoing documented knowledge and skill in trauma nursing for patients of all ages to include trauma specific orientation, annual clinical competencies, and continuing education.	E

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D. EMERGENCY DEPARTMENT	
1. Physician on-call schedule must be published.	E
2. Physician with special competence in the care of critically injured patients, who is designated member of the trauma team and who is on-call (if not in-house 24/7) and promptly available within 30 minutes of request from inside or outside the hospital.* *Neither a hospital's telemedical capabilities nor the physical presence of midlevels shall satisfy this requirement. Additionally, midlevels and telemedicine-support physicians who participate in the care of major/severe trauma patients shall be credentialed by the hospital to participate in the resuscitation and treatment of said trauma patients, to include requirements such as board certification/eligibility, an average of 9 hours of trauma-related continuing medical education per year, compliance with trauma protocols, and participation in the trauma PI program 3. All mid levels participating in trauma resuscitation activities must be current in ATLS.	E
3. The physician on duty or on-call to the emergency department (ED) shall be activated on EMS communication with the ED or after a primary assessment of patients who arrive to the ED by private vehicle for the major or severe trauma patient. Response time shall not exceed thirty minutes from notification (this criterion shall be monitored in the trauma PI program.)	E
4. A minimum of one and preferably two registered nurses who have trauma nursing training shall participate in initial major trauma resuscitations.	E
5.	E
6. At least one member of the registered nursing staff responding to the trauma team activation for a major or severe trauma resuscitation has successfully completed and holds current credentials in an advanced cardiac life support course (e.g. ACLS or hospital equivalent), a nationally recognized pediatric	E

advanced life support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent. *A free-standing children's facility is exempt from the ACLS requirement.	
7. 100% of Registered Nursing core ED nursing staff have successfully completed and hold current credentials in an advanced cardiac life support course (e.g. ACLS or hospital equivalent), a nationally recognized pediatric advanced life support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent, within 12 months of date of employment in the ED or date of designation. If LVNs are staffed in the ED and participating in trauma resuscitation, 100% of the core LVN ED staff shall audit TNCC; audit ENPC or certify in PALS; hold current certifications in ACLS within 12 months of employment or within 12 months of initial designation. *A free-standing children's facility is exempt from the ACLS requirement.	E
8. Nursing documentation for severe and major trauma patients is on a trauma flow sheet, is electronic or paper, meets the trauma registry guidelines and documents the response time of all trauma team members.	E
9. Two-way communication with all pre-hospital emergency medical services vehicles.	E
10. Equipment and services for the evaluation and resuscitation of, and to provide life support for, major and severe injured patients of all ages shall include but not be limited to:	E
a. Airway control and ventilation equipment including laryngoscope and end tracheal tubes of all sizes, bag-valve-mask devices (BVMs), , supraglottic airway management devices and oxygen.	E
b. Mechanical ventilator	E
c. Pulse oximetry	E
d. Suction devices	E
e. Electrocardiograph - oscilloscope - defibrillator	E
h. All standard intravenous fluids and administration devices, including large-bore intravenous catheters and a rapid infuser system	E

i. Sterile surgical sets for procedures standard for the emergency room such as thoracostomy, venous cutdown, central line insertion, , airway control/cricothyrotomy, etc.	E
j. Drugs and supplies necessary for emergency care	E
k. Cervical spine stabilization device	E
l. Length-based body weight & tracheal tube size evaluation system (such as Broselow tape) and resuscitation medications and equipment that are dose-appropriate for all ages	E
m. Long bone stabilization device for both adult and pediatric patients.	E
n. Pelvic stabilization device for both adult and pediatric patients.	E
o. Thermal control equipment for patients and a rapid warming device for blood and fluids	E
p. Non-invasive continuous blood pressure monitoring devices	E
q. ~~Qualitative~~ CO2 detection device	E

E. CLINICAL LABORATORY SERVICE (available 24 hours per day)	
1. Call-back process for trauma activations available within 30 minutes. There shall be documented evidence that this system is continuously monitored in the trauma PI program.	E
2. Standard analyses of blood, urine, and other body fluids, including microsampling.	E
3. Blood typing and cross-matching.	D
4. Capability for immediate release of blood for a transfusion and a protocol to obtain additional blood supply.	E
5. Coagulation studies.	E
6. Blood gases and pH determinations.	E
7. Drug and alcohol screening capabilities shall be available.	E

F. IMAGING SERVICES(available 24 hours per day) E	
1. Call-back process for trauma activations available within 30 minutes. There shall be documented evidence this system is continuously monitored in the trauma PI program.	E
2. 24-hour coverage by in-house technician or on-call coverage.	E
3. Computerized tomography.	D
G. PERFORMANCE IMPROVEMENT	
The Trauma Service shall develop a written trauma performance improvement plan that defines the process of review, the variances, standard of care, elements to review, levels of review, action plans, and loop closure 1. PI History: The Trauma Service will develop a written trauma performance improvement plan that defines the process of review, the variances, standard of care, elements to review, levels of review, action plans, and loop closure. On Initial Designation: a facility must have completed at least six months of performance improvement review on all qualifying trauma records with evidence of "loop closure" on identified issues. Compliance with internal trauma policies must be evident. On Re-designation: a facility must show continuous PI activities throughout its designation and a rolling current three year history must be available for review at all times.	E
2. Minimum inclusion criteria: All trauma team activations (including those discharged from the ED), b. all trauma deaths or dead on arrivals (DOAs), c. ED-OR trauma admissions, d. ED-ICU trauma admissions or observations; e. all trauma admissions; transfers-in that meet NTDB criteria. f. transfers-out; g. readmissions within 48 hours after discharge. h. all trauma patients that fall within the current accepted ICD codes.	E
3. An organized trauma PI program established by the Trauma Program and supported by hospital, to	E

include special population's specific components.	
a. Audit and concurrent review of trauma charts for appropriateness and quality of care. Concurrent review of the admitted major/severe trauma patient is a review that occurs within patient's hospital admission. There will be documented evidence of 80% compliancy. Initial reviews and follow up actions must have documented dates to ensure concurrent reviews.	E
b. Documented evidence of identification of all deviations from trauma standards of care, within-depth critical reviews that are accessible to the TPM.	E
c. Severe hemodynamically unstable trauma patients will have documented review to identify compliance to trauma team activation, appropriate response times, timeliness of care, coordination of care and evidence of compliance to national standards of care.	E
c. Documentation of actions taken to address all identified issues.	E
d. Documented evidence of participation and critical review by the TMD as indicated.	E
e. Documentation of the morbidity and mortality review by the TMD and TPM (or designees) that includes the judgement and action plan defined by the Trauma Service. Special audit by the TPM and the TMD for all trauma deaths and other specified cases, including complications and utilizing age-specific criteria. The TPM and the TMD must be present at all trauma related peer reviews.	E
f. Documented resolutions "loop closure" of all identified issues to prevent future recurrences.	E
	E
h. Multidisciplinary hospital trauma PI committee structure in place for process review, to review identified opportunities, trauma statistical review including compliancy, volume, admissions, transfers and deaths; and provides a venue for hospital wide communication of the trauma program including pre-hospital issues and participation. .The structure of this committee is hospital defined including: TMD, TPM, additional physician representatives, departmental directors, administration and EMS representation.	E
	D
5. There shall be a process in place to obtain feedback regarding major/severe trauma patient transfers-out	E

from the ED and in-patient units.	
6. Trauma registry - data shall be forwarded to the state and regional trauma registry on a quarterly basis. There must be documented evidence that the trauma center is completing quarterly downloads within 30 days of the end of the previous quarter and within 60 days of the patient's discharge.	E
7. Documentation of severity of injury (by Glasgow Coma Scale, , age, injury severity score) and outcome (survival, length of stay, ICU length of stay) with monthly review of statistics at the multidisciplinary trauma committee.	E
8. Participation with the regional advisory council's (RAC) PI program, including adherence to regional protocols, review of pre-hospital trauma care, submitting data to the RAC as requested including such things as summaries of transfer denials and transfers to hospitals outside of the RAC.	E
9. Times of and reasons for diversion must be documented and reviewed by the trauma PI program.	E
H. REGIONAL TRAUMA SYSTEM	
1. Must participate in the regional trauma system per RAC requirementsand shall include:. 1. Participation with the regional advisory council's PI program. 2. Adherence to regional protocols 3. Review of pre-hospital trauma care 4. Submitting data to the RAC as requested including such things as summaries of transfer denials and transfers to hospitals outside of the RAC. 5. Notification of the regional healthcare community when a usually provided service, either essential or desired is not available. 6. A Level IV trauma facility shall present its special population capabilities to the RAC so that both EMS providers and other hospitals can determine the most appropriate facility to transport or transfer critically injured special population patients.	E
I. LEVEL IV TRAUMA CENTERS WITH OR/ICU CAPABILITIES	

1. Level IV facilities with OR and/or ICU Capabilities that are admitting major and severe trauma patients through the OR shall be held accountable for the Level 3 criteria for the OR, PACU and ICU.	E
2. If there is documented evidence that major and severe trauma patients are managed in the OR and/or ICU, the Trauma Medical Director shall be a general surgeon or have evidence that operative cases are peer reviewed by a surgeon.	E
. TRANSFERS	
1. A process to expedite the transfer of major and severe trauma patients to include such things as written protocolsand transfer plan for patients needing higher level of care or specialty services (i.e. surgery, burns, etc.) 2. Disposition decisions shall be made expeditiously by a physician at the hospital and preparations for transfer are begun as soon as possible after arrival at the facility not to exceed > 2 hours.	E
2. A system for establishing an appropriate landing zone in close proximity to the hospital (if rotor wing services are available.)	E
3. A log of all trauma transferring denials shall be maintained, reviewed through the facility's trauma performance improvement (PI) process, and referred to the appropriate RAC's systems PI process.	E
K. PUBLIC EDUCATION/INJURY PREVENTION	
1. The Trauma Program coordinates a public education program to address the major injury problems within the hospital's service area supported by the trauma registry data. Documented participation in a RAC injury prevention program is acceptable.	E
2. Coordination and/or participation in community/RAC injury prevention activities.	E
3. There shall be documentation that the TPM has education in Injury Prevention	D
L. ADMINISTRATION	
1. Evidence of participation in trauma center education specifically targeting the administrator, chief executive officer	**E**

2. Establishes a process to utilize UB 94 or managed care carve out for trauma charges.	**E**
3. Establishes a process to develop a budget line for trauma.	**E**
4. Establishes a process to demonstrate that the uncompensated care reimbursement to the facility through the Driver Responsibility Program is sustaining, enhancing and improving the trauma system.	**E**
5. Administration attends 50% of the Trauma Committee meetings annually.	**E**
6. Responsible for the administrative commitment to the trauma program as evidenced by a signed Board Resolution, signed and updated every 3 years, that reflects the components of the trauma center : a. trauma medical director's authority to manage the trauma program b. trauma program manager's authority and ability to oversee trauma care from admission to discharge c. trauma performance improvement process d. trauma registry e. trauma outreach education f. injury prevention g. RAC participation by the Trauma Program Manager	