



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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TRAUMA CRITICAL CARE SYSTEM DESIGNATION

I. PURPOSE

To establish standards for the designation of an acute care hospital as a Trauma Receiving Center. These standards were developed to ensure patients who access the 9-1-1 system, and meet the defined Trauma triage criteria, are transported to a Trauma Receiving Center.

II. POLICY/PROCEDURE

Hospital requirements for Inland Counties Emergency Medical Agency (ICEMA) Trauma Receiving Center designation:

- Must be a full service general acute care hospital approved by ICEMA as a receiving hospital.
- Must have basic or comprehensive emergency services with special permits.
- Must be verified by the American College of Surgeons (ACS) as a Level I - III Trauma Receiving Center. Level IV Trauma Receiving Centers must remain in compliance with the current ACS standards.
- Must be in compliance with all requirements listed in California Code of Regulations, Title 22, Division 9, Chapter 7 - Trauma Critical Care System Regulations.
- ICEMA may issue a provisional trauma designation to facilities with a confirmed ACS verification date within 24 months of application submission, subject to Title 22 compliance and an ICEMA site survey.

III. STAFFING REQUIREMENTS

The hospital will have the following positions filled prior to becoming a Trauma Receiving Center:

- Trauma Medical Directors

A qualified board-certified physician by the American Board of Medical Specialties (ABMS) as defined by the local EMS agency (LEMSA) and designated by the hospital that is responsible for the Trauma Receiving Center program, performance improvement, and patient safety programs related to a trauma critical care system.

- Emergency Department Trauma Representative

A qualified board certified emergency medicine physician with active privileges to practice in the emergency department that will participate in the Trauma Receiving Center program.

- Trauma Program Manager

The hospital shall designate a Trauma Program Manager who is responsible for monitoring and evaluating trauma patients. This includes participation in performance improvement and patient safety programs related to a trauma critical care system. The Trauma Program Manager must be trained or certified in critical care nursing and have

continuing education in trauma physiology or at least has two (2) years dedicated trauma patient management experience.

- Trauma Team

A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

- On-Call Physician Consultants and Staff

On-call physicians consultants and staff must be promptly available when notified. A daily roster must include the following on-call physician consultants and staff:

- Trauma Service: Must be promptly available, maximum trauma response time 15 minutes. Trauma surgeons must have privileges in general surgery and must be dedicated to a single Trauma Receiving Center while on duty (Level I and II).
- Neurosurgery Service: Must be promptly available for all traumatic brain injury (TBI) and spinal cord injury patients and must be present and respond within 30 minutes (Level I and II).
- Orthopedic Service: Must be promptly available for consultation within 30 minutes when requested by the trauma team leader (Level I and II).
- Anesthesiology Services: Must be available within 30 minutes for emergency operations.
- Radiology Services: Qualified radiologists must be available within 30 minutes in person or by tele radiology for the interpretation of radiographs.
- An operating room must be adequately staffed and available within 15 minutes (Level I and II).

- Registrar

A registrar dedicated to the registry must be available to process the data capturing the ICEMA data sets and in compliance with the ACS registrar standards listed in the "Resources for Optimal Care of the Injured Patient" current manual (Level I and II).

IV. INTERNAL HOSPITAL POLICIES

- The hospital must have capabilities to provide trauma patient care 24 hours per day, seven (7) days per week, 365 days per year.
- A single call alert/communication system for notification of incoming trauma patients, available 24 hours per day, seven (7) days per week (i.e., in-house paging system).
- The internal hospital policy/process/guidelines shall include:
 - A process for the treatment and triage of simultaneously arriving trauma patients.
 - A process for activation of trauma patients.
 - Prompt acceptance of trauma patients from referral hospitals per ICEMA Reference #9010 - Continuation of Care Policy.

- Acknowledgement that trauma patients may **only** be diverted during the times of Internal Disaster in accordance to ICEMA Reference #8050 - Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only).
- A written notification describing the event must be submitted to ICEMA within 24 hours.
- A Level IV Trauma Receiving Center must have a written transfer agreement with a Level I or II Trauma Receiving Center, Level I or II Pediatric Trauma Receiving Center, or other specialty care centers, for immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

V. DATA COLLECTION

All required data elements shall be collected and entered in an ICEMA approved Trauma registry on a quarterly basis and submitted to ICEMA for review. Trauma registry data must be collected in compliance with the National Trauma Data Standards and submitted to the National Trauma Data Bank (NTDB).

VI. CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM

- Trauma Receiving Centers shall develop an on-going CQI program which monitors all aspect of treatment and management of trauma patients and identify areas needing improvement. The program must, at a minimum, monitor the following parameters:
 - Mortality with opportunity for improvement.
 - Mortality without opportunity for improvement.
 - Unanticipated mortality with opportunity for improvement.
 - Rates of under-triage and over-triage.
- Active participation in quarterly regional Trauma Audit Committee and the regional Trauma peer review process. This will include a review of selected medical records as determined by CQI indicators and a presentation of details to peer review committee for adjudication.
- Provide continuing education (CE) opportunities twice per year for emergency medical services (EMS) field personnel in assessment and management of trauma patients.
- Programs in place to promote public education efforts specific to trauma care.

VII. PERFORMANCE STANDARD

Compliance with all California State Regulations and the ACS verification services performance standards.

VIII. AMBULANCE PATIENT OFFLOAD DELAY

- All designated facilities shall maintain compliance with ICEMA APOD Policy 8100.

IX. DESIGNATION

- The Trauma Receiving Center applicant shall submit a Letter of Intent to ICEMA, outlining the purpose of the application, proposed timeline, and intended goals.
- ICEMA designation as a Level I - IV Trauma Receiving Center will be based on an evaluation of need and volume in the community. Designation will not be determined by current compliance with Title 22 and compliance/verification of ACS alone; however, the Level I, II, and III Trauma Receiving Centers must be verified at least at an equivalent designation level that is being requested.
- The Trauma Receiving Center applicant shall be designated after satisfactory review of written documentation, a potential site survey by ICEMA, and completion of a board approved contractual agreement between the hospital and ICEMA.
- Documentation of current hospital accreditation by the ACS verification services as a Level I - III Trauma Receiving Center.
 - Level IV Trauma Receiving Centers must comply with all ACS Level IV standards.
- Initial designation as a Trauma Receiving Center shall be in accordance with terms outlined in the contract agreement.
- Failure to comply with the ICEMA policy, approved contract agreement, or the criteria and performance standards outlined in this policy, may result in probation, suspension fines or rescission of Trauma Receiving Center designation.

X. REFERENCES

<u>Number</u>	<u>Name</u>
8050	Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
9010	Continuation of Care (San Bernardino County Only)
8100	Ambulance Patient Offload Delay (APOD)