

## Level V Trauma Center

# Designation Criteria for Level V Trauma Center

The following elements must be met for designation as a Level V Trauma Center in Idaho.

E- Essential element for designation.

D- Desired element for designation.

<b>1. Trauma System</b>	
<b>Time Sensitive Emergencies (TSE)</b>	
1.1 The center must participate in their Regional Time Sensitive Emergency (TSE) Committee.	E
<b>Center Mission</b>	
1.2 There is a current resolution supporting the trauma center from the medical staff.	E
1.3 There is a current resolution supporting the trauma center from the facility board.	E
1.4 The center is a health care facility (as defined in section 10 of the TSE Rules) with the commitment, medical staff, personnel, and training necessary to provide initial care and stabilization of the trauma patient.	E
<b>2. Description of Trauma Center</b>	
<b>Description of the Trauma Center</b>	
2.1 The trauma program is empowered to address issues that involve multiple disciplines.	E
2.2 Center provides initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care.	E
<b>Trauma Leadership</b>	
<b>Trauma Medical Director</b>	
2.3 The trauma program has a Trauma Medical Director with the authority and administrative support to lead the program.	E
2.4 The Trauma Medical Director is current in Advanced Trauma Life Support (ATLS).	E
2.5 The Trauma Medical Director maintains personal involvement in patient care, staff education, and professional organizations.	E
2.6 Trauma team providers who are reviewed by the Trauma Medical Director and credentialed by the medical staff and governing board.	E
2.7 The Trauma Medical Director is responsible for developing and directing the quality improvement program.	E
2.8 The Trauma Medical Director is accountable for all trauma care and exercises administrative authority for the trauma program.	E
2.9 The Trauma Medical Director participates in the internal trauma Quality Improvement (QI) process by attending at least 50% of meetings.	E

<b>Trauma Program Manager</b>	
2.10 The center has a Trauma Program Manager. The Trauma Program Manager shows evidence of educational preparation and clinical experience caring for injured patients.	E
2.11 The Trauma Program Manager is responsible for the use of trauma registry data for quality improvement and trauma education.	E
2.12 The Trauma Program Manager works with the Trauma Medical Director to address the multidisciplinary needs of the trauma program.	E
2.13 The Trauma Program Manager serves as a liaison to local Emergency Medical Services (EMS) agencies and accepting centers.	E
<b>3. Clinical Functions</b>	
3.1 The criteria for activation must be clearly defined by the center.	D
3.2 The center is staffed to ensure immediate and appropriate care to trauma patients during hours of operation.	E
3.3 The center has written protocols to determine which types of patients are admitted and which are transferred.	E
3.4 The center must be the local trauma authority and assume the responsibility for providing training for prehospital and hospital-based providers.	D
3.5 The center has established protocols to ensure immediate and appropriate care of the adult and pediatric trauma patient.	E
<b>Trauma Team</b>	
3.6 The center's policy and procedures describe the role of all personnel on the Trauma Team.	E
3.7 At a minimum, the Trauma Team consists of:	
a. A physician or midlevel provider; and	E
b. A registered nurse or licensed practical nurse.	E
3.8 Trauma team members participate in multi-disciplinary trauma committee and the quality improvement process.	E
3.9 Trauma Team physicians and midlevel providers are credentialed by the medical staff and governing board.	E
<b>Emergency Department (ED)</b>	
3.10 During hours of operation, the center has a health care provider(s) (MD, DO, FNP, PA) available. The provider must be on-site within 30 minutes of patient arrival with an 80% achievement rate.	E
3.11 The center is staffed by RN/LPNs during hours of operation at levels necessary to meet the needs of the trauma patient.	E
3.12 Trauma providers must have documentation of training and knowledge of care for the trauma patient.	E

3.13 Where midlevel providers (Nurse Practitioners or Physician Assistants) staff the emergency department (ED), there must be documentation of training and knowledge of care for the trauma patient.	E
<b>Collaborative Clinical Services</b>	
<b>Radiology</b>	
3.14 The center has a written policy to delineate the availability of CT services to the trauma patient.	E
<b>Other Surgical Specialists</b>	
3.15 The center has a posted list of specialists who are promptly available from inside and outside of the center.	E
<b>5. Interhospital Transfer</b>	
5.1 The decision to transfer an injured patient rests with the attending provider and is based solely on the needs of the patient.	E
5.2 There are transfer agreements in place with higher level trauma centers as well as specialty referral centers (e.g. burn, pediatric, and rehabilitation centers).	E
5.3 A mechanism for direct provider-to-provider contact is present for arranging patient transfer.	E
5.4 Centers that refer burn patients to a designated burn center must have in place written transfer protocols with a referral burn center.	D
5.5 The center must have guidelines addressing which patients (including pediatric patients) should be transferred and the safe transport of those patients.	E
<b>6. Performance Improvement and Patient Safety (PIPS)</b>	
6.1 The center must have a PIPS program to ensure optimal care and continuous improvement of care. Can be fulfilled by participation in Regional QI case reviews.	E
6.2 The PIPS program is supported by a reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.	E
6.3 The process of analysis occurs at regular intervals to meet the needs of the program.	E
6.4 The center is able to separately identify the trauma patient population for review.	E
6.5 The PIPS program must have audit filters to review and improve pediatric and adult patient care.	D
6.6 The center uses the registry to support its PIPS program.	E
6.7 Deaths are categorized as unanticipated mortality with opportunity for improvement, anticipated mortality with opportunity for improvement, or mortality without opportunity for improvement.	E
6.8 The center's PIPS program must work with receiving facilities to provide and obtain feedback on all transferred patients.	E
6.9 The center must perform a PIPS review of all transfers.	E

6.10 The center's registered nursing staff must participate in the internal trauma QI program.	D
6.11 The center must have a policy to notify dispatch and Emergency Medical Services (EMS) agencies when on divert status.	E
6.12 The center has a functioning internal QI process that:	
a. Has clearly stated goals and objectives;	E
b. Develops standards of care;	E
c. Has a process to train trauma providers;	D
d. Has explicit quality indicators and filters;	E
e. Has a peer review process that includes prehospital providers;	E
f. Has a method for comparing patient outcomes with computed survival probability; and	E
g. Evaluates autopsy information on all trauma deaths.	D
<b>8. Time Sensitive Emergency (TSE) Registry</b>	
8.1 Data is submitted to the Idaho TSE Registry (Idaho Trauma Registry). At least 80% of cases must be entered into the registry within 180 days of treatment.	E
8.2 There is a process in place to verify that TSE Registry data is accurate and valid.	E
8.3 The trauma program ensures that registry data confidentiality measures are in place.	E
<b>9. Outreach &amp; Education</b>	
9.1 There is evidence that the center supports public education and awareness.	E
<b>10. Prevention</b>	
10.1 The center participates in traumatic injury prevention and bases activities on local data. It is recommended to have a fall prevention program, but not required.	E
<b>11. Disaster Planning and Management</b>	
11.1 The center has a disaster plan described in its Disaster Manual.	E