

NOR-CAL EMS Level IV Trauma Center Verification Review Worksheet (Revised 09-01-2022)

Trauma Center Requirements	Source	Title 22 Section	ACS COT 2014	Additional Clarification	Meets Requirements? [X]	Reviewer Comments
FACILITY:						
Description of Trauma Center and Role in Trauma System						
Trauma Service						
Shall have equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma.	E	100264		A well trained physician must be continually available. Telemedicine/teleconferencing could improve access to care.		
Proof of licensure as a general acute care hospital in the State of California	E	100248				
Accreditation by Joint Commission on Accreditation of Health Care Organizations	E	100248				
Implementation of requirements as specified & provide for coordination with the local EMS agency.	E	c				
Capability of providing <i>prompt</i> (defined in 100241) assessment, resuscitation & stabilization of patient.	E	d		it is expected that the physician will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival.		
Ability to provide treatment or arrange for transportation to higher level trauma center.	E	e				
An emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care	E	f				
A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.	E	g				
Level IV facility must have 24-hour emergency coverage by a physician and a registered nurse (CD 2-14).			Ch. 2, p20			
Trauma centers must be able to provide the necessary resources and personnel to properly administer acute care consistent with their level of verification	D		CD 2-3			
Emergency department must have a physician director (CD-2-15)			Ch. 2, p20			
Emergency department physicians must be competent in basic emergency trauma care (CD 2-16)			Ch. 2, p20	NOR-CAL EMS recommends ATLS certification for all non-emergency boarded physicians, yet is not a requirement.		
Must function in a way that promotes trauma center-based standardization, integration, and PIPS out to the region while engaging in inclusive trauma system planning and development.	D		CD 1-2			
Acute care involvement in state and regional trauma system planning, development, and operation.	E		CD 1-3	Regular attendance at NOR-CAL EMS Medical Control Committee, Regional Aircraft, Regional QI and Trauma QI meetings. Regular attendance at RTCC meetings.		
When a trauma center is required to go on bypass or to divert, the center must have a system to notify dispatch and EMS agencies. The center must do the following: 1) Prearrange alternative destinations with transfer agreements in place. 2) Notify other centers of divert or advisory status. 3) Maintain a diversion log. 4) Subject all divers and advisories to performance improvement procedures.	D		CD 3-7			
Trauma Team						
For Level IV trauma centers, a trauma medical director and trauma program manager (knowledgeable and involved in trauma care) must work together with guidance from the trauma peer review committee to identify events, develop corrective action plans, and ensure methods of monitoring, reevaluation, and benchmarking. The TMD may be an ED physician.	D	100264	CD 1-1 CD 2-17	Have a defined process for the distribution of trauma education, outcomes, and opportunities for improvement to both internal departments and EMS utilizing a closed-loop process.		
The emergency department at Level IV centers must be continuously available for resuscitation with coverage by a physician and at least one (1) appropriately trained registered nurse.	D	100264	CD 2-15			
For Level IV trauma centers, it is expected that the physician will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician's presence is in compliance at least 80 percent of the time	D	100264	CD 2-8			
Advanced practitioners who participate in the initial evaluation of trauma patients must demonstrate current verification as an Advanced Trauma Life Support provider	D	100264	CD 11-86			
The trauma program must also demonstrate appropriate orientation, credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director	D	100264	CD 11-87			

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Other potential criteria for trauma team activation that have been determined by the trauma program to be included in the various levels of trauma activation must be evaluated on an ongoing basis in the PIPS process to determine their positive predictive value in identifying patients who require the resources of the full trauma team.	D	100264	CD 5-16			
Trauma Program Medical Director						
Qualifications are:		100264				
Qualified Specialist (defined in 100242)	E	a		Qualified Specialist is a physician licensed in California who is board certified in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.		
ATLS certification				NOR-CAL EMS requires evidence of ATLS certification within 6 months of accepting TMD position.		
Responsibilities include but are not limited to (including pediatric trauma care):		100264				
Recommending trauma team physician privileges.	E	a-1				
Working with nursing & administration to support needs of trauma patients.	E	a-2				
Developing trauma treatment protocols.	E	a-3				
Authority & accountability for QI peer review process.	E	a-4				
Assisting with the coordination of budgetary processes for trauma program.	E	a-6				
Trauma Program Manager						
Trauma Nurse Coordinator/Manager Qualifications:		100264				
Registered Nurse	E	b		Refer to NOR-CAL EMS Policy 4205, <i>Trauma Program Manager Responsibilities and Qualifications</i> .		
Provide evidence of educational preparation, clinical expertise in care of adult & pediatric trauma patient, & administrative responsibilities.	E	b				
Responsibilities include but are not limited to:						
Organizing services and systems necessary for multidisciplinary care.	E	b-1				
Coordinating day-to-day clinical process & performance improvement of nursing and ancillary personnel.	E	b-2				
Collaborating with trauma program medical director to carry out educational, clinical, research, administrative and outreach activities of the trauma program.	E	b-3				
Service Capabilities						
Radiologic Service		100264				
Conventional radiology must be available in all trauma centers 24 hours a day.	D		CD 11-29			
Shall have a radiological technician <i>promptly</i> available	E	100242 h-1		NOR-CAL EMS requires arrival within 30 minutes.		
Clinical Laboratory Service		100264				
In trauma centers of all levels, laboratory services must be available 24 hours per day for the standard analysis of blood, urine, and other body fluids, including micro sampling* when appropriate.	D			Microsampling is a procedure for capturing and analyzing minute samples of blood for analysis (ie, blood glucose, INR, etc).		
Comprehensive blood bank or access to community central blood bank stores (See <i>Blood Bank</i> section below).	E	h-2-A				
Clinical laboratory services promptly available*	E	100241 h-2-A		NOR-CAL EMS requires arrival within 30 minutes.		
Intensive Care Unit (if applicable)						
Must have a PIPS program that documents timely and appropriate ICU care and coverage are being provided (See <i>PIPS</i> section below).*	D	CD 11-60		PIPS — Trauma Center Performance Improvement Patient Safety		
Blood Bank						
Blood bank services must be capable of blood typing and cross-matching.	D	CD 11-81				
Must have a massive transfusion protocol established collaboratively between the trauma service and their community blood bank.	D	CD 11-84				
Interfacility Transfer of Trauma Patients						
Written transfer agreements with Level I, II, or III trauma centers, and/or pediatric trauma centers and other specialty care centers, for patients requiring additional resources not available at a designated facility.	E	100266 b		Trauma patients may only be transferred to a Level III trauma center must meet specific requirements (see NOR-CAL EMS Policy 4203, <i>Trauma Patient Interfacility Transfer</i>).		
Direct physician to physician contact for consultation and patient transfer	E	b	CD 4-1			
Hospitals which have repatriated trauma patients from a designated trauma center will provide the trauma center with all required information for the trauma registry, as specified by NOR-CAL EMS policy.	E	c				

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Hospitals receiving trauma patients shall participate in system and trauma center quality improvement activities for those trauma patients they have transferred.	E	d				
Collaborative treatment and transfer guidelines reflecting the Level IV facilities' capabilities must be established and regularly reviewed with input from higher level trauma centers within a facilities trauma system.	D		CD 2-13			
An established PIPS program that includes evaluating inter-hospital transfer activities. All transfers must be evaluated as part of the receiving trauma center's performance improvement and patient safety (PIPS) process, and feedback should be provided to the transferring center.	D		CD 4-3			
Other Requirements						
Performance Improvement and Patient Safety (PIPS) Program		100265		PIPS — Trauma Center Performance Improvement Patient Safety		
Level IV trauma centers must have an integrated, concurrent performance improvement and patient safety (PIPS) program to ensure optimal care and continuous improvement in care.	D		CD 2-1			
Level IV trauma centers must have a multidisciplinary trauma peer review committee chaired by the Trauma Medical Director (TMD). The committee must meet regularly (trauma staff attendance required) to review issues and propose improvement to the care of the injured (CD 2-18). Required review includes: (1) System and process issues such as documentation and communication; (2) Clinical care, including identification and treatment of immediate life-threatening injuries; (3) Transfer decisions (CD 16-10)	E	b	Ch. 2, p21			
Level IV facilities must have a comprehensive written PIPS plan supported by a reliable method of data collection that consistently obtains the information necessary to identify opportunities for improvement. This program must be consistent with a well established structure and process.	E		Ch. 16, p114			
A Level IV trauma center must have an established process to identify issues causes and appropriate means to reduce or eliminate them.	E					
All plans must demonstrate and document loop closure.	D		Ch. 16			
A plan to audit of all trauma-related deaths, major complications, and transfers must be established.	E	a				
All trauma centers must follow applicable provisions of the Evidence Code Section 1157.7 to ensure confidentiality of information.	E	f				
Trauma Registry						
A Level IV trauma centers PIPS program must be supported with a reliable method of concurrent data collection.	E	c	Ch. 16, p116			
Trauma registry must be maintained continuously.	D		CD 15-1			
Trauma registry data must be collected and analyzed internally by every trauma center	D		CD 15-1			
Trauma registry must support the PIPS process	D		CD 15-3			
Trauma program must be able to identify injury prevention priorities when appropriate	D		CD 15-4			
Trauma program must ensure data confidentiality requirements.	D		CD 15-8			
A Level IV trauma center must have strategies for monitoring data validity.	D		CD 15-10			
Outreach Program						
Level IV trauma center must have established telephone and on-site physician consultation abilities with other physicians or specialists in the community and outlying regions.	E		j-1			
Level IV trauma center must participant in trauma prevention activities for the general public.	E		j-1			
Continuing Education						
All emergency department physicians are required to attend eight (8) hours of annual trauma-related continuing medical education (CME)			Ch. 2, p20			
Level IV trauma centers must establish a trauma program that involves improving prehospital services.	D		CD 3-1			
Level IV trauma centers must establish a means to assist prehospital trauma care involving collaboration with surgeons, emergency physicians, medical directors for EMS agencies, and basic and advanced prehospital personnel.	D		CD 3-2			
Level IV trauma centers must provide continuing education in trauma care to physicians, staff nurses, staff allied health personnel, and other community physicians and health care personnel.	E	k1-k5				
Disaster Planning and Management						
Level IV trauma centers must meet the disaster-related requirements of the Joint Commission.	D		CD 20-1			
Level IV trauma centers must participate in regional disaster management plans and exercises.	D		CD 2-22			