| NOR-CAL EMS | 4204 | Level IV Trauma Center Designation Criteria, Requirements, and Responsibilities |
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| Nor-Cal EMS Policy & Procedure Manual | | Trauma Care System |
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| Approval: Dr. Jeffery Kepple MD | | SIGNATURE ON FILE |

## Purpose:

To outline facility criteria, requirements, and process for Level IV Trauma Center designation in the NOR-CAL EMS region. Trauma center criteria based on the minimum requirements listed under California Code of Regulations, Title 22, Division 9, Chapter 6.1.

## Definitions:

A Level IV Trauma Center can provide 24-hour physician, resuscitation, and stabilization to injured patients before they are transferred if indicated. According to pre-existing arrangements, injured patients are stabilized before transferring to a facility with a higher level of care.

## Trauma Center Requirements:

1) Trauma Center designation in the NOR-CAL EMS region requires the following:

   a) The facility is licensed by the California Department of Public Health Services as a general acute care hospital.

   b) The facility has a special permit for—at minimum—basic emergency medical services, according to the provisions of the California Code of Regulations Title 22, Division 5.

   c) The facility is accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

   d) The facility meets—at minimum—requirements listed in the California Code of Regulations Title 22, Division 9, Chapter 6.1, for Level IV Trauma Center Designation.

   e) The facility meets the NOR-CAL EMS trauma center verification requirements for Level IV designation as listed in the NORCAL EMS Level IV Trauma Center Verification Review Worksheet.

   f) The facility agrees to accept all major trauma patients determined appropriate for stabilization by prehospital personnel prior to transfer unless the Trauma Center is on trauma diversion or internal disaster.

   g) The facility has a written transfer agreement with a higher level of Trauma Center (if applicable), providing for the transfer of trauma patients whose clinical condition requires a higher level of care than can be provided at their facility.

h) Each trauma center shall have a written system in place for patients, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to hospital staff regarding care provided.

i) The facility will submit all required trauma patient data to NOR-CAL EMS as required/requested:

   i) Each trauma center shall submit patient data in an agreed-upon format and within the time requirements required by NOR-CAL EMS.

   ii) Each trauma center shall ensure that the data entered into the NOR-CAL EMS regional trauma registry is valid and without known errors.

j) The facility will submit all required trauma patient data to the California EMS Authority data management system, as required by California Code of Regulations Title 22, Division 9, Chapter 6.1.

k) The facility will actively participate in the quarterly NOR-CAL EMS regional trauma system quality improvement (QI) process, including required attendance at scheduled NOR-CAL EMS Trauma QI meetings.

l) The facility will have a QI process established to provide ongoing feedback to:

   i) Tracking patients transferred for high need trauma services.

   ii) Prehospital patients meeting trauma triage criteria.

m) The facility will provide CE opportunities at a minimum of four (4) hours per year for EMS personnel in trauma care areas and eight (8) hours for emergency department physician and nursing staff.

n) The facility will maintain active injury prevention programs targeted at reducing preventable injuries in the community.

o) The facility will pay the initial designation fee—valid for a term of three (3) years. Upon completion of the three (3) year term, an annual reverification fee is required by NOR-CAL EMS if Level IV facility requirements are continuously met.

2) The diversion of patient trauma patients must only occur during an internal disaster or when emergent trauma services are otherwise unavailable.

a) The following are notified as soon as possible during any event leading to the unavailability of trauma services:

   i) NOR-CAL EMS.

   *ii)* Trauma center emergency department – to include an updated status on EMResource indicating trauma services are *"unavailable."*

   iii) Appropriate adjacent trauma centers.

   iv) Appropriate prehospital provider agencies.

b) Upon notification, the facility will provide an estimated time of availability as well as updates of any timeframe changes.

c) A **NOR-CAL EMS Ambulance Patient Diversion Form** describing events inhibiting patient delivery will be submitted to NOR-CAL EMS by the end of the next business day.

## Trauma Center Designation Process:

1) Any hospital seeking NOR-CAL EMS Trauma Center designation will submit a letter of intent to the NOR-CAL EMS Chief Executive Officer. This letter shall be on the hospital's letterhead and include a minimum of the following:

   a) The requested level of Trauma Center designation and anticipated start date for the provision of trauma services.

   b) Identification of the Trauma Program Medical Director, Trauma Program Manager.

   c) Confirmation of commitment and support by hospital administration and physician staff for Level IV Trauma Center designation, including signatures of the hospital Chief of Staff and Chief Executive Officer (CEO).

2) Within ninety (90) calendar days of receiving a letter of intent that complies with the criteria listed in this section of the policy, NOR-CAL EMS will perform a trauma system needs assessment. The NOR-CAL EMS Chief Executive Officer will consequently make a designation recommendation to the NOR-CAL EMS Governing Board of Directors based on the trauma system needs assessment results.

3) Upon direction from the NOR-CAL EMS Governing Board of Directors to proceed with the Trauma Center designation process, the following will occur:

4) NOR-CAL EMS will establish a Trauma Center contract with the hospital.

5) The hospital shall complete a level IV Trauma Center consultative review conducted by NOR-

CAL EMS.

6) The NOR-CAL EMS Regional Executive Director, in consultation with the NOR-CAL EMS Medical Director, will make a recommendation to the NOR- CAL EMS Governing Board of Directors to grant or deny NOR-CAL EMS Trauma Center designation based on the results of the consultative review.

7) Failure to comply with the criteria and standards contained in this policy, applicable statutes/regulations, and/or NOR-CAL EMS Trauma Center contracts may result in probation, suspension, denial, or revocation of a NOR-CAL EMS Trauma Center designation.

8) The NOR-CAL EMS Governing Board of Directors shall have final authority in any Trauma Center designation matters.

## Trauma Center Designation Maintenance and Review:

1) Level IV Trauma Centers reverification will be awarded every (1) year after the initial three (3) year designation period.

2) Every two (2) years after the designation has been awarded, an internal compliance audit shall be performed by NOR-CAL EMS. If requirements are not met by the Trauma Center, the denial, revocation or suspension of designation policy will be implemented. A facility allows a total of three (3) attempts (including the initial reverification) to remedy any deficits.

3) If the facility is not compliant after three (3) reviews, the designation process may be reattempted after one (1) year.

## Trauma Center Marketing and Advertising:

1) Level IV Trauma Centers:

2) In accordance with Section 1798.165 of the Health and Safety Code, “No health care provider shall use the following terms or similar terminology in its signs or advertisements or printed materials and information it furnishes to the general public, unless the use is authorized by the local EMS Agency:

   a) Trauma facility

   b) Trauma hospital

   c) Trauma center

   d) Trauma care provider

   e) Trauma vehicle

3) NOR-CAL EMS review is required prior to implementation of any marketing or advertising materials to ensure:

   a) Accurate information

   b) Avoid false claims

   c) Are not critical of other providers

   d) Does not include financial incentives to any providers or third parties.

      (a) Any local consumer protection ordinances related to advertising and marketing must be adhered to.