

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	2530.01
	<u>PROGRAM DOCUMENT:</u> <b>Trauma Center Designation</b>	Initial Date:	05/01/24
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Signature on File

Signature on File

EMS Medical Director

EMS Administrator

**Purpose:**

- A. To establish requirements for receiving hospital designation as a Trauma Center in Sacramento County.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Definitions:**

- A. **Immediately Available:** unencumbered by conflicting duties or responsibilities; responding without delay when notified; and being physically available to the specified area of the Trauma Center when the patient is delivered in accordance with local EMS Agency's policies and procedures.
- B. **On-Call:** agreeing to be available, according to a predetermined schedule, to respond to the Trauma Center in order to provide a defined service.
- C. **Promptly Available:** responding without delay when notified and requested to respond to the Trauma Center; being physically available to the specified area of the Trauma Center (trauma receiving area, emergency department, operating room, or other specified area of the Trauma Center) within a period of time that is medically prudent and in accordance with local EMS agency policies and procedures
- D. **Trauma Base Hospital:** A licensed general acute care hospital that has been designated as a Trauma Receiving Center by Sacramento County EMS Agency (SCEMSA) and functions as a base hospital.
- E. **Trauma Receiving Center:** A hospital with trauma team resources designated by the SCEMSA to provide rapid intervention for trauma patients.

**Policy:**

**Trauma Center Designation**

Designation as a Trauma Center is open to all receiving hospitals in Sacramento County that meet criteria for designation. Prior to designation of any new Trauma Center, SCEMSA will conduct a population needs assessment.

- A. Application Process
  - 1. Interested receiving hospitals may apply for designation by submitting a complete designation application packet to SCEMSA.
  - 2. Submit applicable designation fees to cover the direct cost of the designation process and to monitor and evaluate the Trauma Care System effectively. Fees are based on the direct SCEMSA cost of administering the Trauma Care System.

**B. Trauma Center Designation Criteria:**

Facilities seeking consideration for initial and renewal Trauma Center designation for Sacramento County shall meet the Designation requirements as defined by California Title 22 Regulations, Division 9, Chapter 7. In addition, prospective Trauma Center designated facilities shall meet all supplemental requirements as defined in the designation agreement between SCEMSA and the designated facility. Any facility applying for Trauma Center designation in Sacramento County shall provide approved documentation to confirm they meet the minimum requirements. These requirements include:

1. Currently serving in the EMS system as an ALS Receiving Center and/or Base Hospital
2. Verification from the American College of Surgeons (Level I and Level II trauma centers only)
  - a. Center(s) requesting initial designation shall include an American College of Surgeons verification. This shall include a verification site visit within one year prior to submission.
  - b. Continued designation shall depend on re-verification, and a copy of the verification certificate shall be provided to SCEMSA no more than 30 days upon receipt of the letter.
  - c. Participation in the trauma data management system and commitment to provide additional data as required by SCEMSA and/or the Trauma Review Committee.

**C. Trauma Center Designation Process and Term**

1. Initial Trauma Center designation will be awarded to a hospital following a satisfactory review of all evidence to show compliance with this policy and upon completion of an informational site survey conducted by the SCEMSA.
2. All Trauma Centers must enter into a written agreement with SCEMSA upon designation. The written agreement details the specific obligations of all parties responsible for the management of Trauma patient care.
3. The Trauma Center designation term shall be not more than five (5) years, as specified in the written agreement between the Trauma Center and the County.
4. Throughout the designation term, the Trauma Center must provide updated verifications when necessary.
5. The trauma center must remain compliant with all requirements listed in Title 22, Division 9, Chapter 7 Trauma Care System, for the requested level of designation.

**D. Trauma Center Renewal Process and Term**

1. Trauma Centers that maintain compliance with designation criteria will be eligible for automatic renewal of designation.
2. Renewal requires maintaining a written agreement and submission of annual designation fees

**E. Loss of Designation**

1. The inability to meet and maintain Trauma Center designation as defined in this policy and the written agreement is a criterion for loss of designation.

**F. Out of Out-of-county hospitals**

1. Out-of-county hospitals seeking Trauma Center designation will be evaluated by SCEMSA on a case-by-case basis.

## **Trauma Center Standards**

### **Staffing Requirements**

- A. Trauma Centers shall staff the following positions:
1. Trauma Program Medical Director: A qualified board-certified general surgeon by the American Board of Medical Specialties (ABMS) designated by the hospital that is responsible for the trauma program, performance improvement, and patient safety programs related to a trauma critical care system.
  2. Trauma Program Director / Program Manager: A registered nurse or qualified individual, as defined by the local EMS agency, designated by the hospital responsible for monitoring, coordinating, and evaluating the trauma program.
  3. Registrar (Level I and II trauma centers only): A registrar dedicated to the registry must be available to process the data in compliance with the American College of Surgeons registrar standards listed in the "Resources for Optimal Care of the injured patient" current manual.
  4. A Trauma Team: responsible for the initial resuscitation and management of the trauma patient.

### **Level I Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and immediately available:
1. General
- B. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and promptly available:
1. Cardiothoracic
  2. Neurologic
  3. Obstetric/gynecologic
  4. Ophthalmologic
  5. Oral or maxillofacial, or head and neck
  6. Orthopedic
  7. Pediatric
  8. Plastic
  9. Re-implantation/microsurgery (This surgical service may be provided through a written transfer agreement)
  10. Urologic
  11. Vascular
  12. Hand
- C. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are available for consultation or available for consultation and transfer through written agreements:
1. Burns
  2. Spinal cord injury

- D. Qualified surgical specialist requirements may be fulfilled by supervised senior residents who are capable of assessing emergency situations in their respective specialties. When a senior resident is the responsible surgeon:
1. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care.
  2. A staff trauma surgeon shall be on call and promptly available.
  3. A staff trauma surgeon shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

#### **Level I Non-Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists in-house at all times:
1. Emergency Medicine
  2. Anesthesiology
- B. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are on-call and promptly available:
1. Pediatrician
  2. Radiology
  3. Clinical Laboratory
- C. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are available for consultation:
1. Cardiology
  2. Gastroenterology
  3. Hematology
  4. Infectious diseases
  5. Internal medicine
  6. Neonatologist
  7. Nephrology
  8. Neurology
  9. Pathology
  10. Pulmonary medicine
  11. Psychiatry

#### **Level I Supplemental Service Requirements**

- A. Burn Unit (This service may be provided through a written transfer agreement with a Burn Center)
- B. Intensive Care Unit
- C. Acute hemodialysis capability
- D. Occupational Therapy
- E. Physical Therapy
- F. Rehabilitation Center (These services may be provided through a written transfer agreement with a qualified facility)
- G. Respiratory Care Services
- H. Speech Therapy
- I. Social Services

## **Level II Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and immediately available:
  - 1. General
- B. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and promptly available:
  - 1. Cardiothoracic
  - 2. Neurologic
  - 3. Obstetric/gynecologic
  - 4. Ophthalmologic
  - 5. Oral or maxillofacial, or head and neck
  - 6. Orthopedic
  - 7. Plastic
  - 8. Re-implantation/microsurgery (this surgical service may be provided through a written transfer agreement)
  - 9. Urologic
  - 10. Vascular
  - 11. Hand
- C. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are available for consultation or available for consultation and transfer through written agreements:
  - 1. Burns
  - 2. Pediatric
  - 3. Spinal cord injury
- D. Qualified surgical specialist requirements may be fulfilled by supervised senior residents who are capable of assessing emergency situations in their respective specialties.  
When a senior resident is the responsible surgeon:
  - 1. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care.
  - 2. A staff trauma surgeon shall be on call and promptly available.
  - 3. A staff trauma surgeon shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

## **Level II Non-Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists in-house at all times:
  - 1. Emergency Medicine
  - 2. Anesthesiology
- B. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are on call and promptly available:

1. Radiology
  2. Clinical Laboratory
- C. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are available for consultation:
1. Cardiology
  2. Gastroenterology
  3. Hematology
  4. Infectious diseases
  5. Internal medicine
  6. Nephrology
  7. Neonatologist
  8. Neurology
  9. Pathology
  10. Pediatrician
  11. Pulmonary medicine
  12. Psychiatry

### **Level II Supplemental Service Requirements**

- A. Hemodialysis capability
- B. Occupational Therapy
- C. Physical Therapy
- D. Rehabilitation Center (These services may be provided through a written transfer agreement with a qualified facility)
- E. Respiratory Care Services
- F. Speech Therapy
- G. Social Services

### **Pediatric Trauma Center Standards**

#### **Staffing Requirements**

- A. Trauma Centers shall staff the following positions:
  1. Pediatric Trauma Program Medical Director: A qualified board-certified general or pediatric surgeon by the American Board of Medical Specialties (ABMS) designated by the hospital that is responsible for the trauma program, performance improvement, and patient safety programs related to a trauma critical care system. May also be a trauma program medical director for adult trauma services.
  2. Trauma Program Director / Program Manager: A registered nurse or qualified individual as defined by the local EMS agency, designated by the hospital responsible for monitoring, coordinating, and evaluating the trauma program.
  3. Registrar (Level I and II trauma centers only): A registrar dedicated to the registry must be available to process the data in compliance with the American College of Surgeons registrar standards listed in the "Resources for Optimal Care of the injured patient" current manual.
  4. A Trauma Team: responsible for the initial resuscitation and management of the trauma patient.

### **Level I Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and immediately available:
  - 1. Pediatric Surgery
- B. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are on-call and promptly available:
  - 1. Cardiothoracic
  - 2. Pediatric Neurosurgery
  - 3. Obstetric/gynecologic
  - 4. Pediatric Ophthalmology
  - 5. Pediatric Oral or maxillofacial or head and neck
  - 6. Pediatric Orthopedic
  - 7. Plastic
  - 8. Re-implantation/microsurgery (This surgical service may be provided through a written transfer agreement)
  - 9. Urologic
  - 10. Vascular
  - 11. Hand
- C. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists who are available for consultation or available for consultation and transfer through written agreements:
  - 1. Burns
  - 2. Spinal cord injury
- D. Qualified surgical specialist requirements may be fulfilled by supervised senior residents who are capable of assessing emergency situations in their respective specialties. When a senior resident is the responsible surgeon:
  - 4. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care.
  - 5. A staff trauma surgeon shall be on call and promptly available.
  - 6. A staff pediatric trauma surgeon or a staff surgeon with experience in pediatric trauma care shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

### **Level I Non-Surgical Specialist Availability Requirements**

- A. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists in house at all times:
  - 1. Emergency Medicine
  - 2. Pediatric Anesthesiology
  - 3. Pediatric Critical Care

- B. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are on call and promptly available:
1. Pediatric Gastroenterology
  2. Pediatric Infectious Disease
  3. Pediatric Nephrology
  4. Pediatric Neurology
  5. Pediatric Pulmonology
  6. Pediatric Radiology
  7. Clinical Laboratory
- C. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are available for consultation:
1. General Pediatrics
  2. Mental Health
  3. Neonatology
  4. Pathology
  5. Pediatric Cardiology
  6. Pediatric Hematology/Oncology
- D. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists who are available for consultation through transfer agreements:
1. Adolescent medicine
  2. Child Development
  3. Genetics/Dysmorphology
  4. Neuroradiology
  5. Obstetrics
  6. Pediatric Allergy and Immunology
  7. Pediatric Dentistry
  8. Pediatric Endocrinology

#### **Data Collection and Submission**

- A. All Trauma Centers shall:
1. Participate in the EMS data management system, which includes the collection of both pre-hospital and hospital patient care data utilizing specified format rules. Trauma data shall be integrated into SCEMSA and State EMS Authority data management systems.
  2. Submit quarterly data to SCEMSA, synchronized with data submission to the state EMS Authority, via the SCEMSA approved data collection method and on the schedule agreed upon by the Trauma Review Committee. Trauma data collected shall include but not be limited to:
    - a. Data elements listed in Title 22, Division 9, Chapter 7, section 100257
    - b. National Trauma Data Bank data elements
    - c. Any additional data elements as required by SCEMSA.