

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: Level III Trauma Center Standards

EMS Policy No. 4713

PURPOSE:

The purpose of this policy is to establish the minimum standards for level III trauma center designation in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172. California Code of Regulations, Title 22, Division 9, Chapter 7.

DEFINITIONS:

- A. “Available for consultation” means on call and available for consultation by telephone within thirty (30) minutes.
- B. “Immediately available” means being dedicated to the trauma center while on duty; unencumbered by conflicting duties or responsibilities; responding without delay when alerted; and being physically present in the patient treatment area when the patient arrives or within fifteen (15) minutes of activation, whichever is later but not to exceed fifteen (15) minutes from the time of patient arrival; with a minimum documented compliance rate of 80% for each calendar month, with no single instance being greater than thirty (30) minutes from activation.
- C. “In house” means being physically present in the trauma center, unencumbered with conflicting duties, and responding without delay upon activation. Arriving to the patient treatment area within ten (10) minutes of activation with a minimum documented compliance rate of 80% for each calendar month, with no single instance being greater than fifteen (15) minutes from activation.
- D. “On call” means the specified trauma team member, specialist, or healthcare professional is to be available to respond for trauma care in a defined manner and time period, i.e. immediately available, promptly available, available for consultation.
- E. “Promptly available” means arrival to the patient treatment area within thirty (30) minutes with a minimum documented compliance rate of 80% for each calendar month, with no single instance being greater than forty-five (45) minutes from alert.
- F. “Qualified specialist” or “qualified surgical specialist” or “qualified non-surgical

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“specialist” means a physician licensed in California who is board certified or eligible for board certification 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. Upon substantiation of need a non-board certified physician may be recognized as a “qualified specialist” by the SJCEMSA if all of the following condition are met:

- a. The physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada;
 - b. The physician can clearly demonstrate to the appropriate hospital body that he/she has substantial education, training and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and
 - c. The physician successfully completed a residency program.
- G. “Residency program” means a residency program of the trauma center or a residency program formally affiliated with the trauma center where senior residents can participate in educational rotations, which have been approved by the appropriate Residency review Committee of the Accreditation Council on Graduate Medical Education.
- H. “Senior resident” or “senior level resident” means a physician, licensed in the State of California, who has completed at least three (3) years of the residency or is in their last year of residency training and has the capability of initiating treatment and who is in training as a member of the residency program of the trauma center.
- I. “SJCEMSA” means the San Joaquin County Emergency Medical Services Agency.

POLICY:

- I. In order to be eligible for designation as a level III trauma center in San Joaquin County a hospital shall have and continuously maintain the standards specified in this policy.
- II. General Requirements:

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- A. Be licensed by the California Department of Public Health (CDPH) as a general acute care hospital.
- B. Meet all of the standards and requirements of a level III trauma center as set forth in Health and Safety Code, Division 2.5, Chapter 6, Article 2.5; California Code of Regulations, Title 22, Division 9, Chapter 7; and SJCEMS policies and procedures. SJCEMSA may establish standards that exceed the requirements specified in statute, regulation, or by the American College of Surgeons Committee on Trauma (ACS-COT). In any conflict between these standards the higher standard shall prevail. SJCEMSA shall have the sole authority and discretion to determine a hospital's compliance to standards.
- C. Achieve accreditation from The Joint Commission or other accrediting organization acceptable to the Centers for Medicare and Medicaid Services.
- D. Be eligible for the reimbursement of patient care services by the Centers for Medicare and Medicaid.
- E. Obtain within one (1) year of Level III designation by the SJCEMSA an ACS-COT consultation visit. The ACS-COT recommendations shall be provided to the SJCEMSA within ten (10) days of receipt. The level III trauma center shall implement all of the ACS-COT recommendations within six months of receipt of the report.
- F. Obtain within two (2) years of designation by the SJCEMSA, and continuously maintain thereafter ACS-COT level III trauma center verification. The designated level III trauma center may request that the SJCEMSA modify or waive this requirement if the designated level III trauma center is in substantial compliance with its designation agreement and actively engaged in seeking level II designation.

III. Required Services and Organization:

- A. A trauma program medical director who is a board certified surgeon, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:
 - 1. Recommending trauma team physician privileges.
 - 2. Working with the nursing and administration to support the needs of trauma patients.

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3. Developing trauma treatment protocols.
 4. Determining the equipment and supplies necessary for trauma care.
 5. Ensuring the development of policies and procedures to manage domestic violence, elder child abuse or neglect.
 6. Authority and accountability for the trauma quality improvement peer review process.
 7. Correcting deficiencies in trauma care and excluding from trauma call those trauma team members (physicians and non-physicians) that do not meet standards.
 8. Coordinating pediatric trauma care with other hospital and professional services, including the establishment of trauma patient transfer criteria to a trauma center with a pediatric intensive care unit. Pediatric trauma transfer criteria shall be established with the assistance of pediatric trauma specialists and approved by the SJCEMSA.
 9. Coordinating with the SJCEMSA, EMS Authority, and other trauma centers.
 10. Assisting in the development of the budget for the trauma program and trauma service.
 11. Identifying representatives from neurosurgery, orthopedic surgery, emergency medicine, pediatrics, anesthesiology, and other appropriate disciplines to assist in identifying physicians from their respective disciplines who are qualified to be members of the trauma program.
- B. A fulltime trauma program nurse manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of the adult and pediatric trauma patient and administrative ability. The trauma program nurse manager must have sufficient authority to perform the multidisciplinary nature of the job reporting directly to the director of nursing or higher within the organization. The trauma program nurse manager responsibilities shall include but are not be limited to:
1. Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient.
 2. Coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel and services.
 3. Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative, and outreach

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- activities of the trauma program.
4. Coordinating program monitoring, reporting, and oversight with the SJCEMSA.
- C. An organized trauma service that can provide for the implementation of the requirements of a level III trauma center and provide effective coordination with the SJCEMSA.
- D. A trauma registrar capable of performing high-quality data entry in the trauma registry. Within one (1) year of appointment each trauma registrar shall complete a trauma registrar course through the American Trauma Society of Registrars. Obtaining status as a Certified Specialist in Trauma Registries (CSRT) is encouraged.
- E. A multidisciplinary trauma team responsible for the initial resuscitation and management of the trauma patient.
- F. Department(s), division(s), service(s), or section(s) that include at least the following surgical specialties, which are staffed by qualified surgical specialists:
1. General.
2. Neurologic (may be provided through written transfer agreement).
3. Orthopedic.
- G. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists:
1. Anesthesiology.
2. Internal medicine.
3. Pathology.
4. Radiology.
- IV. Required Qualified Specialist Availability:
- A. An emergency department, division, service, or section staffed with qualified specialists in emergency medicine who are in house and immediately available.
- B. Qualified surgical specialists:
1. General surgeon capable of evaluating and treating adult and pediatric trauma patients shall be on call and immediately available

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- for trauma team activation and promptly available for consultation.
 2. On-call and promptly available:
 - a. Neurologic. This surgical service may be provided through a written transfer agreement.
 - b. Orthopedic.
 3. 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:
 - a. 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.
 - b. A staff trauma surgeon shall be on call and promptly available.
 - c. 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.
 4. Available for consultation or available for consultation and transfer through written agreement(s) for adult and pediatric trauma patients requiring the following services:
 - a. Burns.
 - b. Pediatric.
 - c. Rehabilitation services.
- C. Qualified non-surgical specialists:
1. Emergency medicine in house at all times.
 - a. This requirement may be fulfilled by supervised senior residents in emergency medicine, as defined, who are assigned to the emergency department and are serving in the same capacity. In such cases, the senior resident shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. Current Advanced Trauma Life Support (ATLS) certification is required for all emergency medicine physicians who provide emergency trauma care and are qualified specialists in a specialty other than emergency medicine.
 2. Anesthesiology shall be on call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives.

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- a. This requirement may be initially fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on call shall be advised about the patient, and be promptly available at all times, and be present for all operations.

3. Radiology, on call and promptly available.

V. Required Additional Service Capability and Availability:

- A. Radiological service. The radiological service shall have an in house radiological technologist capable of performing plain film and computed tomography (CT) imaging. The radiological service shall have the following services on call and promptly available:
 1. Ultrasound.
- B. Clinical laboratory service. The clinical laboratory service shall have the following services on call and promptly available:
 1. A comprehensive blood bank or access to community central blood bank.
 2. Clinical laboratory services staffed with clinical laboratory scientist.
- C. Surgical service. A surgical service shall have an operating suite that is available or being used for trauma patients that has:
 1. Operating staff who are on call promptly available unless operating on trauma patients and back up personnel who are on call and promptly available.
 2. Appropriate surgical equipment and supplies as determined by the trauma program medical director and approved by the SJCEMSA.
- D. Basic or comprehensive emergency service which has special permits issued pursuant to California Code of Regulations (CCR), Title 1, Division 5, Chapter 1. The emergency service shall:
 1. Designate an emergency physician to be a member of the trauma team.
 2. Provide emergency medical services to adult and pediatric patients.
 3. Have on hand appropriate adult and pediatric equipment and supplies as approved by the director of emergency medicine in

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collaboration with the trauma program medical director.

- E. Required supplemental services approved pursuant to CCR, Title 1, Division 5, Chapter 1, Section 70301:
1. Intensive care service (ICU):
 - a. The ICU shall have on hand appropriate equipment and supplies as approved by the physician responsible for the intensive care service and the trauma program medical director.
 - b. The ICU shall have a qualified specialist promptly available to care for trauma patients in the ICU. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending trauma surgeon who shall participate in all critical decisions.
 - c. The qualified ICU specialist shall be a member of the trauma team.
 2. Burn center. These services may be provided through a written transfer agreement with a qualified hospital.
 3. Rehabilitation center. Rehabilitation services to include personnel trained in rehabilitation care and equipped for the acute care of the critically injured patient. These services may be provided through a written transfer agreement with a qualified hospital.
 4. Respiratory care services. Respiratory care services to include personnel trained in respiratory therapy and equipped for the acute care of the critically injured patient.
 5. Social services.
- F. Non licensed or permitted services:
1. Pediatric service. A pediatric intensive care unit (PICU) approved by CDPH California Children Services; or a written transfer agreement with a hospital with an approved PICU. Hospitals without a PICU shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care in collaboration with the trauma program director and subject to the review and approval of the SJCEMSA medical director.

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VI. Required Trauma Quality Improvement:

- A. A trauma service quality improvement program to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes and take steps to correct the process. In addition the program shall include:
 - 1. A detailed audit of all trauma related deaths, major complications, patient transfers and all in-house ICU pediatric admissions.
 - 2. A multidisciplinary trauma peer review committee that includes all members of the trauma team.
 - 3. Participation in the SJCEMSA trauma audit committee.
 - 4. A written policy establishing a system for patients, parents/legal guardians of minor children who are patients and immediate family members to provide input and feedback to hospital staff regarding the care provided to the patient.
 - 5. Adhere to the applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.
- B. The trauma center shall additionally maintain compliance with all SJCEMSA quality improvement requirements for receiving and base hospitals.
- C. The trauma center shall measure response time compliance for physicians and specialists from the time the request is made to respond until arrival at trauma resuscitation area, operating room, or other specified location.
- D. Maintain a trauma registry data management system in accordance with the requirements of EMS Policy No. 6720 Trauma Data Management.

VII. Other Requirements:

- A. Heliport with state permit and lighting for night time operations.
- B. Written transfer agreement with the level I trauma center in Sacramento County, referring hospitals, and specialty hospitals, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

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- C. Protocol to identify potential organ donors as described in Division 7, Chapter 3.5 of the Health and Safety Code.
- D. Continuing education. Continuing education in trauma care shall be provided for:
 - 1. Staff physicians.
 - 2. Staff nurses.
 - 3. Staff allied health personnel.
 - 4. EMS personnel.
 - 5. Community physicians.
- E. Outreach program to include:
 - 1. Capability to provide both telephone and on-site consultations with physicians in the community.
 - 2. Trauma prevention for the general public.
- F. Be designated as a base hospital by the SJCEMSA through a written agreement.

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