

100137.05 Level III Trauma Centers

A Level III trauma center is a licensed hospital which has been designated as a Level III trauma center by the local EMS agency. A Level III trauma center shall include equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. A Level III trauma center shall have at least the following:

(a)

A trauma program medical director who is a qualified surgical specialist, 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 nursing administration to support the nursing needs of trauma patients; (3) developing trauma treatment protocols; (4) having authority and accountability for the quality improvement peer review process; (5) correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program; and (6) assisting in the coordination of budgetary process for the trauma program.

(1)

recommending trauma team physician privileges;

(2)

working with nursing administration to support the nursing needs of trauma patients;

(3)

developing trauma treatment protocols;

(4)

having authority and accountability for the quality improvement peer review process;

(5)

correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program; and

(6)

assisting in the coordination of budgetary process for the trauma program.

(b)

A trauma nurse coordinator/manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of adult and/or pediatric trauma patients, administrative ability, and responsibilities that include, but are not 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 pertains to nursing and ancillary personnel, and (3) collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

(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 pertains to nursing and ancillary personnel, and

(3)

collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

(c)

A trauma service which can provide for the implementation of the requirements specified in this Section and provide for coordination with the local EMS agency.

(d)

The capability of providing prompt assessment, resuscitation and stabilization to trauma patients.

(e)

The ability to provide treatment or arrange for transportation to a higher level trauma center as appropriate.

(f)

An emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care.

(g)

Intensive Care Service: (1) the ICU shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director; (2) the ICU shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making; and (3) the qualified specialist in (2) above shall be a member of the trauma team;

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(3)

the qualified specialist in (2) above shall be a member of the trauma team;

(h)

A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

(i)

Qualified surgical specialist(s) who shall be promptly available: (1) general; (2) orthopedic; and (3) neurosurgery (can be provided through a transfer agreement)

(1)

general;

(2)

orthopedic; and

(3)

neurosurgery (can be provided through a transfer agreement)

(j)

Qualified non-surgical specialist(s) or speciality availability, which shall be available as follows:(1) Emergency medicine, in-house and immediately available; and (2) Anesthesiology, on-call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in

trauma patients and of providing any indicated emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations. (3) The following services shall be in-house or may be provided through a written transfer agreement: (A) Burn care. (B) Pediatric care. (C) Rehabilitation services.

(1)

Emergency medicine, in-house and immediately available; and

(2)

Anesthesiology, on-call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.

(3)

The following services shall be in-house or may be provided through a written transfer agreement: (A) Burn care. (B) Pediatric care. (C) Rehabilitation services.

(A)

Burn care.

(B)

Pediatric care.

(C)

Rehabilitation services.

(k)

The following service capabilities: (1) Radiological service. The radiological service shall have a radiological technician promptly available. (2) Clinical laboratory service. A clinical laboratory service shall have: (A) a comprehensive blood bank or access to a community central blood bank; and (B) clinical laboratory services promptly available. (3) Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has: (A) Operating staff who are promptly available; and (B) appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency.

(1)

Radiological service. The radiological service shall have a radiological technician promptly available.

(2)

Clinical laboratory service. A clinical laboratory service shall have: (A) a comprehensive blood bank or access to a community central blood bank; and (B) clinical laboratory services promptly available.

(A)

a comprehensive blood bank or access to a community central blood bank; and

(B)

clinical laboratory services promptly available.

(3)

Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has: (A) Operating staff who are promptly available; and (B) appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency.

(A)

Operating staff who are promptly available; and

(B)

appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency.

(I)

Written transfer agreements with Level I or II trauma centers, Level I or II pediatric trauma centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

(m)

An outreach program, to include: (1) capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and (2) trauma prevention for the general public.

(1)

capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and

(2)

trauma prevention for the general public.

(n)

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; and (5) other community physicians and health care personnel.

(1)

staff physicians;

(2)

staff nurses;

(3)

staff allied health personnel;

(4)

EMS personnel; and

(5)

other community physicians and health care personnel.