# Level IV/V Trauma Center Applicants

## Essential or Desirable Resources/Services Available

The Level IV and V Trauma Centers in Alaska supplement care within the larger trauma system. It provides initial resuscitation and assessment of the injured patient. Most often these patients are transferred to a higher level of trauma care.

The Level IV facility must be licensed as a Hospital. Level V Trauma Centers must be licensed as a sub regional clinic or frontier extended stay facility that routinely provide emergency care in the community. Level V Trauma Centers are not formally recognized by the American College of Surgeons.

Please checks off the resources listed below that are currently available at your facility. (Note: Level IV/V applicants do not require verification from the American College of Surgeons, Committee on Trauma). The following shows levels of categorization and their essential (E) or desirable (D) characteristics. Only items marked “E” are required for state designation as a Level IV/V Trauma Centers in Alaska. Note that those items marked with an asterisk (\*) are major criteria. (E = Essential, D = Desirable, N/A = Not applicable)

Only those items classified as essential (E) are required for designation as a Level IV/V facility. For essential criteria, both major and minor (no asterisk) are required, though those identified as major are considered more critical. All major criteria must be in place at the time of the review to achieve verification. If three or fewer minor criteria deficiencies and no major deficiencies are identified during the review, a 1-year certificate of verification will be issued. In the ensuing 12 months, if the criteria deficiencies are corrected, the period of verification will be extended to the full 3 years from the original review date.

If any major and/or 3 or more minor criteria deficiencies are cited, verification is not achieved. A successful focused review is required to achieve verification, and must occur 6-12 months from the time of the initial review.

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| **Category** | **Criteria** | **Level IV** | **Level V** |
| ***Hospital Organization:*** |  |  |  |
|  A. Administrative Support | Letter of Support from Governing Board | E | E |
|  | Letter of Support from Medical Staff | E | E |
|  B. Hospital Department | General Surgery | D | N/A |
|  | Emergency Services | E | E |
|  |  |  |  |
| ***Clinical Capabilities:*** |  |  |  |
|  A. Special Availability (on call & available within 30 minutes of notification) | Anesthesiology | D | N/A |
|  | General Surgery | D | N/A |
|  | Radiology: |  |  |
|  |  1. Available during hrs of operation or within 30 mins of patient arrival | E | E |
|  |  2. If the facility is not open 24hrs/day, after-hrs policy for availability of services | E | E |
|  B. Critical Care Capabilities | With adequate notification, team leader shall be present in the ED at time of patient arrival when facility-defined trauma team activation criteria met  | E | E |
|  | When prior notification not possible, team leader shall be available within 20 mins of notification 80% of the time. | E | E |

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| **Category** | **Criteria** | **Level IV** | **Level V** |
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| ***Facilities/Resources:*** |  |  |  |
|  A. \*Emergency Department/ Personnel | Designated Trauma Medical Director | E | E |
|   | Nursing personnel with current specific training in trauma care who provide continual monitoring of the trauma patient from arrival to disposition | E | E |
|  | Documented:a) well-organized resuscitation teamb)documented notification and response times of team to activations  | E | E |
|  | Established written protocols utilizing ATLS guidelines for:a) trauma team activation criteria b) identification of trauma team responsibilities during a resuscitationc) resuscitation and treatment of trauma patients | E | E |
|  | Physicians must:a) have current ATLS certification OR b)hold current emergency board certification and taken ATLS onceORc) scheduled to take ATLS within 4 months of review date d) adequate trauma-related CME’s | E | E |
|  | Certified PA or Nurse Practitioner with delegated authority to treat trauma patients. PA or NP must have taken ATLS once, with 16CME/2years trauma- related CME’s. Additionally, NP must have scope of practice to treat trauma patients approved by AK State Board of Nursing. | N/A | E |
|   | Airway control & ventilation equipment, including laryngoscopes & endotracheal tubes of all sizes, bag-valve masks, and oxygen masks/equipment | E | E |
|  | Pulse oximetry | E | E |
| **Category** | **Criteria** | **Level IV**  | **Level V** |
|  |  |  |  |
|  | End tidal CO2 determination | E | E |
|  | Suction devices | E | E |
|  | defibrillator | E | E |
|  | Standard intravenous fluids & administration devices | E | E |
|  | Broselow tape | E | E |
|  | Broselow kit | E | D |
|  | Capability to resuscitate, stabilize, and transport pediatric patients  | E | D |
|  | \*Note: A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.  |  |  |
|  | Cardiac monitor | E | E |
|  | Sterile surgical sets for: |  |  |
|  |  a) Airway control (cricothyroidotomy) | E | E |
|  |  b) Thorocotomy tray  | D | N/A |
|  |  c) Central Vascular access | E | D |
|  |  d) Intraosseous  | E | E |
|  |  d) Chest tube insertion | E | D |
|  |  Needle decompression chest  | E | E |
|  | Gastric decompression | E | E |
|  | Drugs necessary for emergency care | E | E |
|  | Written policy: X-Ray availability, 24 hrs/day | E | D |
|  C.\* Well defined protocol | Two-way communications with vehicles of emergency transport system | E | E |
|  | Skeletal traction devices | E | E |
|  | Thermal control equipment for patient & blood/fluids | E | E |
|  D. \* Well defined transfer plans & written transfer protocols | a)Burn patientsb)major trauma patientsc)spinal cord injury patientsd)head injury patients | E | E |
|  |  |  |  |
|  E. Clinical Laboratory Service (available 24 hrs/day) | Standard analysis of blood, urine, & other body fluids | E | D |
|  | Blood typing & cross-matching | E | D |
|  | Coagulation studies | E | D |
|  | Comprehensive blood bank or access to a community central blood bank with adequate storage capabilities | E | D |
|  | Blood gases & pH determination | E | D |
| **Category** | **Criteria** | **Level IV** | **Level V** |
|  | Microbiology | E | D |
|  | Drug & Alcohol Screening | E | D |
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| ***Performance Improvement:*** |  |  |  |
|  A. \* PI programs with evidence of loop closure | On initial designation: A facility must have completed at least 12 months with a minimum of 4 meetings of audits on all qualifying trauma records. Compliance with internal policies must be evidentRe-designation: must show continuous PI activities throughout designation period must be available for review. | E | E |
|  | Pediatric-specific performance improvement program | D | D |
|  B. \*Trauma Registry data abstraction/submission to state trauma registrar | Must be current within 60 days of patient discharge and/or transfer | E | N/A |
|  | Must have a central log for each trauma patient that tracks disposition & deaths  | E | E |
|  C. \*Case review of all trauma deaths with classification:  | [*Unanticipated mortality with opportunity for improvement*] OR[*Mortality without opportunity for improvement*]OR[*Anticipated mortality with opportunity for improvement*] | E | E |
|  D. \*Morbidity & Mortality review | Including documented decisions by the TMD as to whether standard of care was met on all mortalities | E | E |
|  E. \* ATLS physician review of all trauma codes managed  by a midlevel provider | Reviewed within 2 weeks of patient disposition | E | E(4 weeks) |
|  F. \* Multidisciplinary meetings | Review trauma & critical cases | E | E |
|  | Documented processes & issues in providing trauma & critical care for initial designation:12 months with a minimum of 4 multidisciplinary meeting minutes;Re-designation: must be available for review continuous meeting minutes throughout designation period with a minimum of 4 meetings/year | E | E |

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|  **CATEGORY** | **CRITERIA** | **LEVEL IV** | **LEVEL V** |
|  G. \*Pre-hospital care review | Review pre-hospital care including those patients who are transported directly from scene to tertiary care center | E | E |
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| ***Prevention/Public Education:*** |  |  |  |
|  A. Epidemiology research |  | D | N/A |
|  B. Surveillance using trauma registry data |  | D | N/A |

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|  C. Prevention | Collaborate with injury prevention personnel | E | D |
|  | Utilize existing trauma registry data | E | D |
|  | Utilize national, regional, state, and local programs data | E | D |
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| ***Continuing Education:*** |  |  |  |
|  A. \* Formal programs in continuing education provided by facility for: | Physicians must:a) have current ATLS certification OR b)hold current emergency board certification and taken ATLS onceORc) scheduled to take ATLS within 4 months of review date d) adequate trauma-related CME’s | E | E |
|  | Midlevel Providers: current ATLS  | E | E |
|  | For Level V facilities only: providers may substitute current CALS certification for ATLS provided they have taken ATLS at least once in the past | n/a | E |
|  | Nurses: TNCC, ATCN or trauma-related course \* | E | E |
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| ***Trauma Services Support Personnel:*** |  |  |  |
|  A. \* Trauma Coordinator |  | E | E |
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| ***\*Organ Procurement:*** | Written process | E | E |
|  |  |  |  |
| ***\*Disaster Planning & Management:*** | Written plan and periodic drills | E | E |

\*Considered Major criteria