

# Trauma Facility Designation

*Confirming the Facility is Performing as a  
Trauma Center*

## The Montana Trauma System

Is a voluntary, inclusive system designed to provide an organized, pre-planned response to the trauma patient helping assure both optimal patient care and the most efficient use of limited health care resources.

## Why should we designate if it's voluntary?

Designation can increase revenues and save money:

Once designation has been achieved, you can bill for trauma team activations that have EMS pre-notification and meet pre-established criteria

System efficiencies will lead to decreased complications, length of stay and overall costs

Decreased complications and “things falling through the cracks” will lead to more satisfied patients and families, which decreases the likelihood of lawsuits

Other departments/programs will emulate trauma PI and system efficiencies improving the bottom line for the whole hospital

## Designation vs. Verification

### MONTANA

- Trauma Center designation is a process outlined and developed at a state or local level.
- The state identifies unique criteria by which to categorize Trauma Centers.
- These categories may vary from state to state and are typically outlined through legislative or regulatory authority.

### ACS

- Trauma Center Verification is an evaluation process done by the American College of Surgeons Committee on Trauma (ACS-COT) to evaluate and improve trauma care.
- The ACS does not designate trauma centers; instead, it verifies the presence of the resources listed in Resources for Optimal Care of the Injured Patient. These include commitment, readiness, resources, policies, patient care, and performance improvement.

# ACS Verification



American College of Surgeons Committee on Trauma (ACS-COT)  
Trauma Center verification process is highly encouraged for:

- MT Regional Trauma Centers to receive verification as a Level II Trauma Center
- MT Area Trauma Hospitals to receive verification as a Level III Trauma Center

Submit ACS pre-review questionnaire to State

State representatives will participate in site visit

Provide State with ACS verification letter

Designation of a Trauma Center is geopolitical process empowered by the authority of Montana State government to designate trauma facilities. The Montana designation process was based on the national verification process through the American College of Surgeons (ACS). The ACS Committee of Trauma (COT) has provided leadership in providing optimal care to the injured patient since 1922.

Verification by ACS is a voluntary process paid for by the facility to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of the facility's capability and performance.

American College of Surgeons Trauma Center verification process is highly encouraged for:

MT Regional Trauma Centers to receive verification as a Level II Trauma Center

MT Area Trauma Hospitals to receive verification as a Level III Trauma Center

The procedure includes submission of the ACS pre-review questionnaire to the State as well as the ACS.

State representatives will participate in a "parallel" site visit in collaboration with the ACS surgeon reviewers

The facility is to provide State with a copy of the letter indicating ACS verification status when received. This letter along with a report by the State representatives will be submitted to the designation subcommittee of the State Trauma Care Committee (STCC) and they will make recommendations to EMS and Trauma Systems Section regarding State designation.

## Levels of Trauma Facility Designation

### **Regional Trauma Center (equivalent to Level II)**

- Capable of providing advanced trauma care for a region, all major surgical services readily available

### **Area Trauma Hospital (equivalent to Level III)**

- Capable of handling most trauma patients within their service area, surgeon always available

### **Community Trauma Hospital (equivalent to Level IV)**

- Able to provide limited emergency and intermittent surgical coverage

### **Trauma Receiving Facility (equivalent to Level V)**

- Able to provide limited emergency care with no surgical coverage

ACS defines five levels of facility. There are no Level I Trauma Centers in Montana. Four levels of trauma facility designation are defined in Montana. These four levels represent levels of available resources and capabilities. The four levels are defined through the Montana Facility Resource Criteria, describing “Essential” or “Desirable” characteristics within trauma program components for each level of trauma facility.

We see facilities confusing CTH (Level 4) and TRF (Level 5).

## Regional Trauma Center- Level II

A RTC/Level II Trauma Center is able to initiate definitive care for all injured patients. Lead trauma facility to other hospitals in service area.

Elements of RTC/Level II Trauma Centers include:

24-hour coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

Professional and community education. Resource for Level III, IV and V trauma centers.

Incorporates a comprehensive PI program.

Involved with prevention efforts and must have an active outreach program for its referring communities.

## Area Trauma Hospital- Level III

An ATH/Level III Trauma Center has demonstrated an ability to provide initial resuscitation and immediate operative intervention to control hemorrhage and multi-system trauma care.

Elements of ATH/Level III Trauma Centers include:

24-hour coverage by emergency medicine physicians and the prompt availability of general surgeons and anesthesia providers.

Incorporates a comprehensive PI program.

Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.

## Community Trauma Hospital

A Community Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher level Trauma Center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.

Elements of Community Trauma Centers include:

Basic emergency department facilities to implement ATLS protocols and 24-hour laboratory coverage. Nurse(s) and provider available upon patient arrival.

May provide surgery and critical-care services, if available.

Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.

Incorporates a comprehensive PI program.

## Trauma Receiving Facility

A Trauma Receiving Facility provides initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.

Elements of TRF include:

Basic emergency department facilities to implement ATLS protocols.

Nurse(s) and provider available upon patient arrival.

After-hours activation protocols if facility is not open 24-hours a day.

Has developed transfer agreements for patients requiring more comprehensive care at a Level I through III Trauma Centers.

# Montana Trauma Facility Designation Criteria

## **MONTANA TRAUMA FACILITY DESIGNATION CRITERIA**

Montana Department of Public Health and Human Services  
EMS and Trauma Systems Section

**Note:** Occasional variances from these standards may occur.  
These should be reviewed as part of the hospital's trauma performance improvement process.

The following table shows levels of trauma facility designation and their essential "E" or desirable "D" characteristics

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	Area Trauma Hospital	Community Trauma Facility	Trauma Receiving Facility

Each facility needs to look at the specific "essential" and/or "desirable" criteria required for the particular level of designation being sought.

Montana Trauma Facility Designation Criteria defines the essential and desired criteria required for designation at a given level. Most recent version was effective in 2015.

## Designation Determination

Facility trauma designation is determined by:

- Review of the accuracy of the Pre-Review Questionnaire (PRQ)
- Recommendations of the site review team
- Recommendations of the STCC designation subcommittee

One of the following actions may be taken

- Designation as a Trauma Facility
- Provide provisional designation
- Designation trauma facility at a different level
- Deny designation

The Department of Public Health and Human Services determines the final designation of the facility based on consideration of the application, the recommendations of the site review team, and the recommendations of the State Trauma Care Committee designation subcommittee; and will notify the applicant of its decision in writing within 30 days after receiving the recommendation from the designation subcommittee.

One of the following actions may be taken by the EMS and Trauma Systems Section of the Department of Public Health and Human Services:

- Designate the applicant as a Designated Trauma Facility for a full three years.
- Issue a provisional designation if there are deficiencies noted but the facility is substantially compliant with the resource criteria and any deficiencies will not have an immediate detrimental impact on trauma patient care. Provisional designation is usually granted for a period not over 1 year. At the end of the year the facility will undergo a focused review to determine what the facility has accomplished towards meeting the recommendations made during the initial site review and how weaknesses and deficiencies have been addressed.
- Designate trauma facility at a different level from that for which the applicant facility applied, provided that the facility meets all the requirements of the alternative trauma facility designation level and the facility agrees to be designated at the alternative level of designation.
- Deny any trauma facility designation if there is substantial noncompliance with the requirements; or the deficiencies are fundamental or may have an immediate detrimental impact on trauma patient care.

## Starting the Designation Process

Review the *Montana Trauma Facility Designation Criteria and Preparing For A Trauma Site Review: Timeline & Checklist*

Complete specific PRQ for desired level of designation

Mail 3 copies of completed PRQ with attachments to the EMS & Trauma Section

The State will select a site survey team and work with you to arrange a date for your site review

Review the Montana Trauma Facility Designation Criteria which detail the requirements and desired assets for trauma facility designation at the four levels available. Confer with facility staff and medical providers to determine the level your facility will commit to. The Facility Designation Criteria document lists trauma program components by level of facility within the four columns provided.

Preparing For A Trauma Site Review: Timeline & Checklist is an all encompassing tool that follows a timeline and provides a checklist to ensure you have completed all the necessary components to be successful at designation.

Complete the PRQ application for desired level of designation obtained at the EMSTS website.

The applicant indicates the level of designation being sought by completing the facility level-specific application.

Mail 3 copies of the completed application with requested documentation attached to the Montana EMS & Trauma Section of Department of Public Health and Human Services

The application will be reviewed for completeness and you will be notified if additional or missing information needs to be sent in for the application.

The State will begin selection of a site survey team and scheduling a mutually-agreeable date for your site review.

## Trauma Site Survey

### Onsite review to assess the facility's:

- Commitment
- Readiness
- Resources
- Policies
- Patient care
- Performance improvement

### Site review team members:

- Experienced trauma surgeon reviewer
- Experienced Trauma Coordinator reviewer
- EMS & Trauma Systems representative(s)

## PRQ Attachments

### Resolutions supporting Trauma Program

- Demonstrate institutional commitment
- Required from
  - Board of Directors
  - Medical staff
- Signed within last 3 years

### Organizational chart

- Evidence of Trauma Program
- Reporting structure within the organization

Attachments requested for the application process include these items:

### **Resolutions**

- Demonstrate institutional commitment for the Trauma Program as a multidisciplinary team to coordinate trauma-related activities
  - Performance improvement for trauma patients
  - Trauma education
  - Trauma care guidelines
  - Injury prevention

## PRQ Attachments

### Trauma Program

- Authority and accountability for the program
  - Because it crosses many specialty and department lines, the trauma program must be empowered to address issues that involve multiple disciplines
- Well-defined organizational structure
  - There must be adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care

There must be defined authority and accountability for the Trauma Program within a well-defined organizational structure. While facility structures differ, without defined lines of authority for Trauma Program processes, no truly integrated program is recognizable.

## PRQ Attachments

### Trauma Flowsheet

- Trauma specific ED flowsheet

### Trauma Team

- Trauma Activation Criteria
- Roles & responsibilities
- Plan for when surgeon not available (CTH)

### Interfacility Transfer

- Transfer guidelines and protocols
- Transfer agreements

- **Trauma Flowsheet**

- Trauma-specific emergency department flowsheet for nursing documentation of care events.

- **Trauma Team**

- A defined team to provide initial trauma patient evaluation and resuscitation
  - Trauma team activation criteria
  - Team members have written roles and responsibilities
- Community Trauma Hospital plan includes what is done when the general surgeon is not available

- **Inter-facility Transfer**

- Transfer guidelines need to be consistent with the scope of the trauma services available
- Transfer agreements to demonstrate transfer processes. (While patients are certainly transferred without such documents in place, transfer agreements demonstrate pre-planning and advance consideration of the many issues related to identifying resources and the specific needs of patients when transfer is necessary)

## PRQ Attachments

### Trauma Medical Director (TMD) Job Description

- Authority to affect all aspects of trauma care
- Correction of identified deficiencies in trauma care
- Development of treatment protocols/guidelines
- Oversight of:
  - Clinical trauma patient care
  - Trauma PI
- Maintains required CME and/or ATLS verification

TMD, depending on level of facility, may be either a board certified surgeon, board certified ED physician, board certified physician or a mid-level provider. All providers must have a special interest in trauma care and lead the multidisciplinary activities of the trauma program. The TMD has the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, recommending Trauma Service privileges, development of clinical care guidelines, coordinating PI, correcting deficiencies in trauma care and verification of continuing trauma education.

## PRQ Attachments

### Trauma Coordinator/Trauma Program Manager (TC/TPM) Job Description

- Qualified individual to coordinate, manage, and work with the TMD
- Responsible for organization of services for multidisciplinary trauma care
  - Clinical trauma care oversight
  - Trauma performance improvement
  - Trauma registry
  - Trauma education and injury prevention
- Involvement in community and regional trauma system
- There must be dedicated hours for this position

TNC, depending on level of facility, may be either a full-time dedicated RN, a part-time RN, or a alternately qualified allied health professional. All must work in concert with the TMD.

## Site Review Preparation

- ▶ Follow *Preparing For A Trauma Site Review: Timeline & Checklist*
- ▶ Care taken to prepare PRQ
  - Trauma education documentation
- ▶ Identified representatives at opening meeting
  - Administration, Dept. Managers, Providers
  - Pre-hospital EMS
- ▶ Prepare program overview presentation
- ▶ Staff prepared for facility tour
- ▶ Medical record and PI preparation. Trauma Registrar should be present.
- ▶ TC/TPM & TMD encouraged to participate in entire review (approx. 5-6 hrs)

The site review will begin with an opening meeting with the individuals most involved in the trauma program including the trauma medical director and trauma coordinator, representatives of EMS services that transport patients to your facility, hospital administration, director of nursing, interested physicians and midlevel providers, and department managers or key personnel from: Emergency Department, Radiology, Laboratory/Blood Bank, Quality/Performance Improvement and Disaster Preparedness.

This meeting allows an opportunity for the reviewers to provide an overview of the designation process, ask questions regarding the designation application and interview EMS personnel.

It is encouraged that this meeting begin with a short presentation by facility personnel, usually the trauma coordinator, to provide an overview of the community, facility resources, and trauma program development including injury prevention. Please provide a written copy of the presentation to each of the reviewers.

The reviewers will then tour the facility beginning in the location where the trauma patient usually enters the facility through the ambulance entrance, then to the Emergency Dept, Radiology, and Laboratory/Blood Bank. Ideally, this tour will be guided by the trauma medical director and trauma coordinator.

Next, the site reviewers will review the medical records for trauma patients meeting trauma registry criteria for the year identified in the application. Once the medical record is read, the reviewer would like to see the corresponding completed trauma registry abstract form and performance improvement activities for that patient including trauma committee minutes when the case was reviewed. Any outcomes from performance improvement such as education provided or guideline development should be included. Optimally, the performance improvement documentation is copied and accompanies each separate trauma medical record.

Any trauma policies or guidelines, transfer agreements, trauma education of medical and nursing staff, physician call schedules, and injury prevention will be reviewed at this time. The trauma coordinator and trauma medical director should be available for questions.

Following a short meeting where findings of the survey are discussed, the site review team will make a verbal report of its findings through an exit interview prior to leaving the facility. They will complete a confidential performance improvement report for your facility indicating the identified strengths, weaknesses, and recommendations for improvement that will be provided to your facility for the purpose of performance improvement.

The site surveyor team also provides a written summary of their findings and recommendations for designation to the Department of Public Health and Human Services for the purpose of determining trauma facility designation. The department shall review the site review team report and forward a copy to the designation subcommittee at the next quarterly State Trauma Care Committee meeting. This group will make a recommendation to the department regarding the trauma designation of the applicant facility.

## Chart Review Prep

- Paper copies should be available of the following for each chart:
  - EMS trip sheet (if applicable)
  - Trauma flow sheet, if used
  - All ED documentation
  - Provider's dictation
  - History & Physical
  - Discharge summary/transfer
  - Follow-up from receiving facilities
- Performance improvement associated with each case
- Peer review, if applicable, with each case



Access to computer chart should also be available with personnel to navigate the system

Once the medical record is read, the reviewer would like to see the corresponding completed trauma registry abstract form and performance improvement documentation for that specific patient which may include meeting minutes where the case was reviewed. Any outcomes from performance improvement such as education provided or guideline development should be included. Optimally, the performance improvement documentation accompanies each separate trauma medical record.

## Documentation Review

- Trauma Committee meeting minutes
- Injury Prevention activities
- Disaster drills & exercises
- Performance Improvement projects
- Peer Review minutes
- Education documentation for staff
- EMS outreach and participation with your program
- Policies/Protocols/Guidelines
  - Do the policies make sense for level of facility? Are the policies clear and accessible so locums doctor or travel nurse could read and understand facility practice? Do the policies accurately reflect facility practice?
- Physician call schedules

## Documentation: Multidisciplinary Trauma Committee

- Representatives from trauma-related services including EMS
  - Meets regularly with written minutes that include attendance
  - Minutes should include not only a summary of the cases, but detail on the ensuing discussion
  - What conclusions were reached and what is the plan for accomplishing recommended changes?
- Assess and correct trauma system/process issues to optimize trauma patient care

# Documentation

## Trauma System Participation

- Regional Trauma Advisory Committee
- Submission of data to the Montana State Trauma Registry

## Disaster Preparedness

- Written disaster plan updated routinely
- Participation in community disaster drills



## Documentation: Trauma Peer Review Minutes

- Multidisciplinary medical providers involved in care for trauma patients
- Trauma Coordinator must attend
- Perform peer review for clinical care issues such as appropriateness and timeliness of care
- Meets regularly with written minutes that include attendance
- Document trauma performance improvement activities

Trauma Peer Review is the review of deaths, complications and clinical care issues of seriously injured patients. This process is medical provider-focused with participation of medical providers involved in trauma care. This should be a limited-access forum, but the Trauma Coordinator must attend when trauma cases are reviewed. Documentation of the sessions should be written carefully, but should also include candid discussions. All PI documentations should be clearly labeled “Confidential Performance Improvement/Peer Review”

## Documentation: Multidisciplinary Trauma Committee Minutes with Trauma Performance Improvement

Topic	Opportunities for Improvement Discussion/ Conclusions	Action Plan Correction/Solution Follow-Up	Implementation	Evaluation Method for Monitoring Outcome/Loop Closure	Responsible
Case reviews  Chart # 9999  ED 12/15/03 Issue: Under triage providers 7 & 2	Injured adult with SBP 80 had no Full Trauma TA. TMD review concluded pt. needed Full TTA & was under triaged. Committee agreed 1/20/04	Letters from TMD/TC to be sent to ED RN 7 and physician 2, ED medical director & ED nursing director with rationale, TTA criteria, and expectation of compliance and documentation. Review TTA criteria @ ED Committee & ED staff meeting	Letters sent 1/24/04 TTA criteria reviewed @ ED committee 1/28/04 & ED Staff Meeting 2/03/04	Audited next 15 trauma pts with hypotension for this RN and next 12 trauma pts with hypotension for this physician over 6 months (54 pts meeting TTA criteria for all staff audited). No recurrence of under triage. Loop closed.  Will re-monitor for recurrence of issue 10/05	Letter to MD, TMD  Letter to RN, audit, TNC.  Tracking, TNC

## Documentation: Injury Prevention

- Community assessment for community based activities
- Data analysis to target needs
- Build community partnerships
- Conduct the programs and public education on trauma
- Monitor impact/evaluate program effectiveness



## Documentation: Medical Staff Involvement & Education

- On-call or in-house and promptly available
- Monitor in PI
- Trauma-related CME annually
- ATLS course completion, prefer current verification
- Participation in trauma peer review

1	Revision
2	Trauma System
3	Trauma Program
4	Training Team
5	Trauma Medical Director
6	ATLS Course Verification
7	Trauma Coordinator
8	Trauma Committee
9	Trauma Peer Review
10	Diversion Policy
11	Intra-Facility Transfer
12	Disaster Preparedness
13	Emergency Department Coverage (includes On-Call)
14	Emergency Department Coverage (includes On-Call) - Medical Director
15	Emergency Department Coverage (includes On-Call) - Nurse
16	Current ATLS Verification
17	Continued Education for Medical Providers in the ED
18	Attendance of Multidisciplinary Peer Review Committee Meetings
19	Designated Emergency Department Director
20	Emergency Department Coverage (includes On-Call)
21	Nursing Availability (includes Coverage/Backup of Trauma Nurses)
22	Nursing Personnel (includes Coverage/Backup of Trauma Nurses)
23	Nursing Continuing Education (includes Trauma Education)
24	Acute Hemodialysis (includes Agreement with Regional Trauma Center)
25	Transfer Agreement with Burn Center
26	Acute Spinal Cord Management (includes Agreement with Regional Trauma Center)
27	Quality/Performance Improvement Program
28	Participation in the State Trauma Registry
29	Audit of All Trauma Deaths
30	Medical Staff Peer Review
31	Medical Nursing Audit



# Documentation: Clinical Care Protocols

## Montana Trauma Treatment Manual

Trauma-specific facility clinical protocols/guidelines/policies are a by-product of productive Performance Improvement

Evidence-based medicine has become the standard of care and clinical protocols ensure that all the care provided is contemporary and consistent

Some examples include:

- C-spine clearance and backboard removal
- Massive or rapid transfusion policy
- RSI protocol



## Exit Interview/Verbal Report

- Include all the same persons present at the opening conference
- The reviewers will give verbal report of findings of the designation visit and put them into categories: Deficiencies, Strengths, Weaknesses/Opportunities for Improvement, and Recommendations.
- Reviewers will give their recommendation of designation outcome: Full Designation (3 years), Provisional Designation (typically 1 year followed by a focus review or submission of needed documentation), or No Designation.

## Final Written Report

- ▶ Recommendation of designation status will be forwarded to the Performance Improvement Committee of the State Trauma Care Committee (STCC) to review and make the final determination of designation at their quarterly meeting.
- ▶ Final reports (one narrative and one PI checklist), letter of site visit outcome, and certificate will be sent out via certified mail to the CEO with copies to the TMD & TNC following STCC meeting.



Repeat the process every 3 years to maintain designation



## Resources



Resources available for assistance:

- Books/manuals
- Websites: <http://montanaems.mt.gov>
- Preparing For A Trauma Site Review: Timeline & Checklist
- Trauma Listserve

Participate in RTAC

- System policies
- Networking/resources

Learn the administrative rules/standards

Shadow a pro

There are many available resources to use during the designation process.