

**Trauma Center Designation Criteria
Levels IV and V
(23-01.2-03)**

E = Essential

D = Desirable

TRAUMA SYSTEM and Hospital Organization (33-38-01-02)

- Trauma system (ACS 1.1) E
- Trauma team identified (33-38-01-14) E
- Emergency Department E
- Ambulance Garage D
- Helicopter Landing Site D
- Surgical Department (ACS3.1) D
- EMS communication (two-way communication with EMS) (ACS 3.1) E

HOSPITAL PERSONNEL

- Designated Trauma Medical Director (ACS 2.8 & 2.9) E
 - Current ATLS certification E
 - Participate in hospital PI meetings E
 - Present at 75% of Regional PI meetings E
- Trauma coordinator (ACS 2.10) E
 - Current in TNCC E
 - Completion of Rural TOPIC D
 - Completion of trauma program managers course D
- Trauma Registrar (ACS 4.30) E
 - Completion of AIS-15 course D
 - Completion of trauma registrar course D
 - Completion of ICD-10 course D
- Performance Improvement personnel (ACS3.34) E
- Trauma team leader - Physician, Nurse Practitioner, or Physician Assistant (per trauma center designation level standards) must be on-call and on-site within 20 minutes 24 hours per day (33-38-01-13 & 33-38-01-14) E
- Anesthesia Services (ACS 4.13) D
- Radiologist Access (ACS 4.14) E
 - Radiology read times monitored through PI process E
- Pediatric Emergency Care Coordinator E
- Tele-health D
 - Included in facility trauma policy E
 - Included in facility PI process/meeting D

LABORATORY SERVICES

- Available 24 hours per day E
- Standard analysis of blood, urine, and other body fluids E
- Coagulation studies D
- Drug and alcohol screening D
- Blood gases D
- Blood typing D
- Comprehensive blood bank or access to blood bank (ACS3.4) D

DIAGNOSTIC IMAGING

- X-ray availability, 24 hours per day (ACS3.5) E
- Computed tomography (CT) (ACS 3.5) D
- Point-of-care ultrasound (ACS 3.5) D
- Plan to transfer images to regional Level I or II (ACS 3.6) E

Checklist derived from the:

**Resources for Optimal Care of the Injured Patient; American College of Surgeons (ACS), Trauma Nurse Core Course (TNCC),
Advanced Trauma Life Support (ATLS) and North Dakota Trauma System Plan Administrative Rules Chapter 33-38**

Pharmacy Services

- Pharmacist or pharmacy tech D
- Tranexamic Acid (TXA) E
- Kcentra D
- Drugs necessary for emergency care and rapid sequence intubation E

EQUIPMENT FOR RESUSCITATION OF PATIENTS OF ALL AGES

SHALL INCLUDE BUT IS NOT LIMITED TO:

(33-38-01-13 and 33-38-01-14)

- Spinal immobilization E
- Airway control and ventilation equipment, including NPA/OPA, oxygen delivery devices, bag-valve mask, laryngoscopes, & endotracheal tubes E
- Video Laryngoscope E
- Rescue airway device (i.e., I-Gel, King Airway, LMAs) E
- Surgical sets for airway control and cricothyrotomy E
- Pulse oximetry E
- End-titile CO₂ monitoring (colorimetric and capnography) E
- Suction devices (must be available in CT) E
- Chest decompression needle (minimum 14-guage x 3in) E
- Surgical set/insertion tray for thoracostomy E
- Selection of chest tube sizes (10F to 32F) E
- Closed, water seal drainage system E
- Monitor-defibrillator (must be able to go with patient to CT) E
- Tourniquets E
- Pelvic immobilization device (commercial device or sheet/clamps) E
- Hemostatic dressings E
- Large-bore intravenous catheters (18-guage to 14-guage) E
- Intraosseous device E
- Standard intravenous fluids and administration tubing E
- If blood products available, non-pump specific (gravity) blood tubing D
- Gastric decompression E
- Urinary catheter with collection device E
- Pediatric length-based drug dosage and equipment system E
- Thermal control equipment for patients E
- Thermal control equipment for blood/fluids E

TRANSFER AGREEMENTS

- Transfer agreement with regional trauma center (Level I or II) E
(33-38-01-13 & 33-38-01-14) (ACS 4.1)
- Transfer agreement with the following specialties: (33-38-01-13 & 33-38-01-14)
 - Burn care E
 - Pediatric care E

TRAUMA POLICY / PROTOCOLS / GUIDELINES / CARE EXPECTATIONS

- Trauma code activation protocols (33-38-01-03) E
- Trauma team response (activation plan) (33-38-01-13 & 33-38-01-14) E
- Clinical Practice Guidelines (ACS 5.1) E
 - Clinical practice guidelines, protocols, algorithms E
 - Trauma Order Sets D
- Trauma Surge / MCI plan (ACS 2.3) (33-07-01.1-12) E
- Assessment of Children for Nonaccidental Trauma (NAT) (ACS 5.7) E
 - NAT protocols/policy D

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- Anticoagulation Reversal Policy (ACS 5.9) E/D
- Tranexamic Acid Policy E
- Pediatric Readiness Assessment (ACS 5.10) E
- Local emergency medical services transport plans (33-38-01-04) E
- Trauma Performance Improvement Plan (33-38-01-02) E

PERFORMANCE IMPROVEMENT PROCESS & PATIENT SAFETY (33-38-01-13 & 33-38-01-14)

- Trauma registry submission to state trauma system (33-38-01-08) E
 - All trauma activations and missed activations E
 - All ICD-10 injuries as outlined in NDDD E
- Performance improvement process (23-01.2-01) E
 - Focused audit of selected criteria and patient care of trauma cases E
 - Review of pre-hospital care E
 - Feedback provided to EMS E
 - Primary, secondary, tertiary, quaternary reviews E
 - ATLS physician review for all secondar, tertiary, quaternary reviews E
 - Loop closure E
 - Review and grading of all deaths E
- Level V-** ATLS physician review of all trauma codes managed by a Nurse Practitioner or Physician Assistant within 14 days E
- Multidisciplinary committee to review trauma patients (ACS 2.7) E
- TMD present at 75% of Regional PI meetings E
- Participation in research projects D

PREVENTION / PUBLIC EDUCATION

- State and Regional involvement (ACS 2.1) E
 - State and regional meeting participation E
 - Collaborate with EMS and/or other agencies for public education and outreach E
 - Trauma coordinator and registrar attend Pre-Conference workshop D
 - Providers attend Trauma Conference Skills Lab D
 - Staff attends ND Statewide Trauma Conference D
- Injury Prevention Program (ACS 2.12) E
 - Collaboration with community organizations in injury prevention efforts E
 - At least one activity that addresses causes of injury in the community E

STAFF EDUCATION

- Level IV** – Physicians who have successfully completed and are current in ATLS (33-38-01-13) E
- Level V** – Physician, Nurse Practitioner, or Physician Assistant who have successfully completed and are current in ATLS (33-38-01-14) E
- 75% of ED nursing personnel current in TNCC or ATCN certification E
- Other emergency care continuing education for providers/nurses D
- Annual education provided to nursing staff E
- Annual critical skills verification for providers E

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