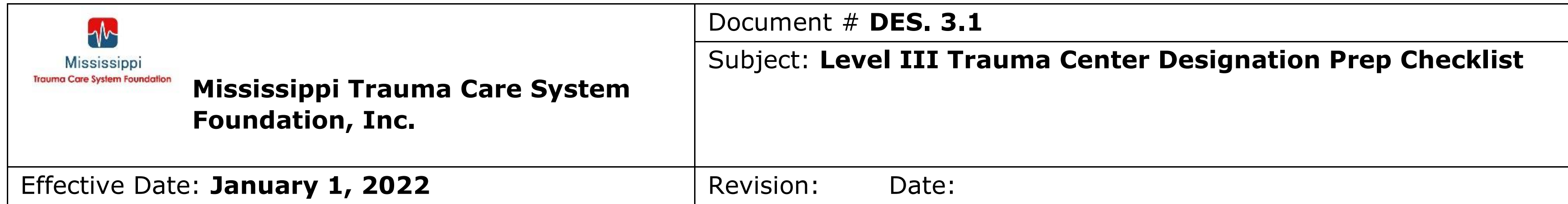

Mississippi Trauma Care System Foundation, Inc.	Document # **DES. 3.1** Subject: **Level III Trauma Center Designation Prep Checklist**
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Level III Trauma Centers

The following table may be utilized to align the program with the rules and regulations.

The following material is taken from the Mississippi Trauma Rules and Regs as of Nov 2020. The material has been organized in a bulleted format, and in specific cases, more detail is available in the formal Rules and Regulations.

A Level III trauma center is an acute care facility with the commitment, medical staff, personnel, and specialty training necessary to provide initial resuscitation of the trauma patient. Generally, a Level III trauma center is expected to provide initial resuscitation of the trauma patient and immediate operative intervention to control hemorrhage and assure maximal stabilization prior to referral to a higher level of care. In many instances, patients will remain in the Level III Trauma Center unless the patient's medical needs require secondary transfer. The decision to transfer a patient is the responsibility of the physician attending the trauma patient.

Regulation	Item	Notes
	Subchapter 1 Hospital Organization	
5.1.1	All Level III Trauma Centers will work collaboratively with other trauma facilities to develop transfer protocols and a well-defined transfer sequence.	
	The trauma center ***shall*** participate in hospital and statewide performance improvement activities.	
5.1.2	Hospital Departments/Divisions/Sections: The Level III Trauma Center ***must*** have the following departments, divisions, or sections: 1. Emergency Medicine 2. Trauma/General Surgery 3. Orthopedic Surgery 4. Anesthesia	
5.1.3	written commitment on behalf of the entire facility to the organization of trauma care *The written commitment **shall be** in the form of a resolution at the time of application passed by an appropriate quorum of the members of the governing authority. Should the business organization be other than a corporation, a letter explaining such together with a written commitment of the hospital's chief executive officer to the establishment of a trauma care program may be sufficient.*	
	The trauma program ***must*** be established and recognized by the medical staff and hospital administration.	

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	The trauma program ***must*** come under the direction of a surgeon with current or previous board certification in General Surgery.	
	An identified hospital administrative leader ***must*** work closely with the trauma medical director to establish and maintain the components of the trauma program including appropriate financial support.	
	The trauma program location in the organizational structure of the hospital ***must*** be placed so that it may interact effectively with at least equal authority with other departments providing patient care.	
	An administrative structure ***must*** minimally include an administrator, trauma medical director (TMD), trauma program manager (TPM), trauma registrar, and other appropriate support staff.	
	Administrative support includes human resources, educational activities, community outreach activities, and research.	
	The trauma program ***must*** be multidisciplinary in nature, and the performance improvement evaluation of this care ***must*** extend to all the involved departments.	
	Compliance with the above will be evidenced by but not limited to: *a. Governing authority and medical staff letter of commitment in the form of a resolution;* *b. Written policies and procedures and guidelines for the care of the trauma patient;* *c. Defined trauma team and written roles and responsibilities;* *d. Appointed Trauma Medical Director with a written job description;* *e. Appointed Trauma Program Manager with a written job description;* *f. A written Trauma Performance Improvement plan.*	
	Trauma Service	
5.1.4	**Trauma Service**: The trauma service ***must*** be established and recognized by the medical staff and be responsible for the overall coordination and management of the system of care rendered to the injured patient.	
	The trauma service ***must*** come under the organization and direction of the TMD.	

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	All patients with multiple system trauma or serious injury ***must*** be evaluated and/or admitted by the trauma surgeon.	
	The surgeon responsible for the overall care of the patient ***must*** be identified.	
	Level III Trauma Centers ***must*** have a physician director of the trauma program with current or previous Board Certification in General Surgery and may not direct more than one trauma center.	
	Trauma Medical Director (TMD)	
	The TMD will be responsible for developing a performance improvement process and will have overall accountability and administrative authority for the trauma program.	
	The TMD ***must*** be given administrative support to implement the requirements specified by the State trauma plan.	
	The TMD is responsible for working with the credentialing process of the hospital and, in consultation with the appropriate service chiefs, recommending appointment and removal of physicians from the trauma team.	
	The TMD ***must*** cooperate with nursing administration to support the nursing needs of the trauma patient and develop treatment protocols for the trauma patients.	
	The TMD, in collaboration with the Trauma Program Manager (TPM), ***must*** coordinate the budgetary process for the trauma program.	
	The TMD ***must*** be currently certified in Advanced Trauma Life Support (ATLS), maintain personal involvement in the care of the injured, maintain education in trauma care, and maintain involvement in professional organizations.	
	The TMD, or his designee, ***must*** be actively involved with the trauma system development at the community and state level.	
	The TMD ***must*** perform an annual assessment of general surgeons and mid-level providers assigned to the trauma service using a formal documented process.	
Trauma Program Manager (TPM)		
	Level III Trauma Centers ***must*** have a registered nurse working in the role of **Trauma Program Manager (TPM).**	
	Working in conjunction with the TMD, the TPM is responsible for the organization of the program and all systems necessary for the multidisciplinary approach throughout the continuum of trauma care.	
	The TPM is responsible for working with the trauma team to assure optimal patient care.	

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	There are many requirements for data coordination and performance improvement, education and prevention activities incumbent upon this position.	
	The TPM ***must*** obtain/maintain 4 hours of trauma-related education per year. TNCC may be used to meet this requirement.	
	The TPM or his/her designee ***must*** offer or coordinate services for trauma education.	
	The TPM ***must*** liaison with local EMS personnel, the Department, and other trauma centers.	
	Trauma Team	
5.1.7	*The team approach is optimal in the care of the severely or multiple injured patient*. There ***must*** be identified members of the trauma team.	
	Policies ***must*** be in place describing the roles of all personnel on the trauma team. *The composition of the trauma team in any hospital will depend on the characteristics of that hospital and its staff.*	
	All physicians and mid-level providers (physician assistant/nurse practitioner) on the trauma team responsible for directing the initial resuscitation of the trauma patient ***must*** be currently certified in Advanced Trauma Life Support (ATLS). *ATLS requirements are waived for Board Certified Emergency Medicine and Board Certified General Surgery Physicians.*	
	Minimum composition of the trauma team for severely injured patients includes: 1. General/Trauma Surgeons 2. Emergency Physicians and/or mid-level providers (physician assistant/nurse practitioner) 3. Nursing: ED 4. Laboratory Technicians 5. Respiratory Therapists	
	Multidisciplinary Trauma Committee	
5.1.8	*The purpose of the committee is to provide oversight and leadership to the entire trauma program. The exact format will be hospital specific and may be accomplished by collaboration with another designated Trauma Center. Each trauma center may choose to have one or more committees to accomplish the tasks necessary. One committee must be multidisciplinary and focus on program oversight and leadership. The major focus will be on PI activities, policy*	

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	development, communication among all team members, development of standards of care, education and outreach programs, and injury prevention. The committee has administrative and systematic control and oversees the implementation of all program-related services, meets regularly, takes attendance, maintains minutes, and works to correct overall program deficiencies to optimize patient care.	
	Membership for the committee includes representatives from: a. Trauma Medical Director (Chairman; ***must*** be present at greater than 50% of the meetings) b. Emergency Medicine c. General Surgery d. Orthopedics e. Anesthesia f. Operating Room g. Intensive Care h. Respiratory Therapy i. Radiology j. Laboratory k. Rehabilitation l. Pre-hospital Care Providers m. Administration n. Pediatrics o. Nursing p. Trauma Program Manager	
Pg. 59	The clinical managers (or designees) of the departments involved with trauma care ***must*** play an active role with the committee.	
	The trauma center may wish to accomplish performance improvement activities in this committee or develop a separate peer review committee.	

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	This committee ***must*** handle peer review independent from department based review. The committee ***must*** be multidisciplinary, meet regularly, and maintain attendance and minutes.	
	This committee ***must*** report findings to the overall hospital performance improvement program.	
	Subchapter 2 Clinical Components	
5.2.1	Required Components – Level III Trauma Centers ***must*** maintain published call schedules and have the following physician coverage immediately available 24 hours/day:	
	Emergency Medicine (In-house 24 hours/day). Emergency Physician and/or midlevel provider (physician assistant/nurse practitioner) ***must*** be in the specified trauma resuscitation area upon patient arrival.	
	Trauma/General Surgery.	
	It is ***desirable*** that a backup surgeon schedule is published.	
	It is ***desirable*** that the surgeon on-call is dedicated to the trauma center and not on-call to any other hospital while on trauma call.	
	Hospital policy ***must*** be established to define conditions requiring the trauma surgeon's presence with the clear requirement on the part of the hospital and surgeon that the surgeon will participate in the early care of the patient.	
	The trauma surgeon's participation in major therapeutic decisions, presence in the emergency department for major resuscitation and presence at operative procedures are ***mandatory***.	
	A system ***must*** be developed to assure notification of the on-call surgeon and compliance with these criteria and their appropriateness ***must*** be documented and monitored by the PI process.	
	Response time for Alpha Activations is 30 minutes and starts at patient arrival or EMS notification, whichever is sooner.	
	Response time for Bravo Activations is 45 minutes from the time notified to respond.	
	Orthopedic Surgery.	
	It is ***desirable*** to have the orthopedists dedicated to the trauma center solely while on-call.	
	The maximum response time for all trauma patients is 60 minutes from the time notified to respond.	
	the following specialist	
	It is ***desirable*** the following specialist be on-call and available 24 hours/day: a. Critical Care Medicine	

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	b. Obstetrics/Gynecology Surgery c. Thoracic Surgery* **A trauma surgeon is presumed to be qualified and have privileges to provide emergency thoracic surgical care to patients with thoracic injuries. If this is not the case, the facility **must** have a board-certified thoracic surgeon immediately available (within 30 minutes of the time notified to respond).*	
	Policies and procedures ***must*** exist to notify the transferring hospital of the patient's condition.	
5.2.2	**Qualifications of Surgeons on the Trauma Team**	
	Basic to qualification for trauma care for any surgeon is current or previous Board Certification in a surgical specialty	
	The board certification criteria apply to the general surgeons and orthopedic surgeons.	
	The surgeon is expected to serve as the captain of the resuscitating team and is expected to be in the emergency department upon arrival of the seriously injured patient to make key decisions about the management of the trauma patient's care.	
	The surgeon will coordinate all aspects of treatment, including resuscitation, operation, critical care, recuperation and rehabilitation (as appropriate in a Level III facility) and determine if the patient needs transport to a higher level of care.	
	If transport is required, he/she is accountable for the coordination of the process with the receiving physician at the receiving facility.	
	If the patient is to be admitted to the Level III Trauma Center, the surgeon is the admitting physician and will coordinate the patient care while hospitalized.	
	Guidelines ***must*** be written at the local level to determine which types of patients should be admitted to the Level III Trauma Center or which patients should be considered for transfer to a higher level of care.	
	General Surgeons taking trauma call ***must*** have eight (8) hours of trauma-specific continuing medical education (CME) over three years. *This can be met within the 40-hour requirement by licensure.*	
	The general surgery and orthopedic liaisons ***must*** participate in a multidisciplinary trauma committee and the PI process.	
	Committee attendance ***must*** be at least fifty percent (50%) over a year's period of time.	
5.2.3		

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	Qualifications of Emergency Physicians	
	board certification in Emergency Medicine and/or General Surgery is required or current certification in ATLS.	
	ATLS ***must*** be obtained within 18 months of hire.	
	The emergency medicine liaison ***must*** participate in a multidisciplinary trauma committee and the PI process. Committee attendance ***must*** be at least fifty percent (50%) over a year's period of time.	
	Emergency physicians ***must*** be currently certified in ATLS (ATLS requirements are waived for Board Certified Emergency Medicine and Board Certified General Surgery Physicians)	
	Required they be involved in at least eight (8) hours of trauma-related continuing education (CME) every three years.	
	Subchapter 3 Facility Standards	
5.3.1	The facility ***must*** have an **emergency department**, division, service or section staffed so trauma patients are assured immediate and appropriate initial care.	
	The emergency physician and/or mid-level providers ***must*** be in-house 24 hours/day, immediately available at all times, and capable of evaluating trauma patients and providing initial resuscitation.	
	The emergency medicine physician will provide team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area.	
	The emergency department ***must*** have established standards and procedures to ensure immediate and appropriate care for the adult and pediatric trauma patient.	
	The medical director for the department ***must*** participate with the multidisciplinary trauma committee and the trauma PI process.	
	The emergency department medical director ***must*** meet the recommended requirements related to commitment, experience, continuing education, ongoing credentialing, and initial or current board-certified in emergency medicine.	
	The medical director of the emergency department, along with the TMD, will establish trauma-specific credentials that ***must*** exceed those that are required for general hospital privileges. *Examples of credentialing requirements would include skill proficiency, training requirements, conference attendance, education requirements, ATLS verification, and specialty board certification.*	

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	The emergency medicine physician or designee will be responsible for activating the trauma team based on predetermined response protocols.	
	He/she will provide team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area.	
	The emergency department ***must*** have established standards and procedures to ensure immediate and appropriate care for the adult and pediatric trauma patient.	
	The emergency department medical director, or his/her designee, ***must*** act as a liaison and participate with the multidisciplinary trauma committee and the trauma PI process.	
	There ***must*** be an adequate number of RN's staffed for the trauma resuscitation area in-house 24 hours/day.	
	Emergency nurses staffing the trauma resuscitation area ***must*** be a current provider of Trauma Nurse Core Curriculum (TNCC), or Advanced Trauma Care for Nurses (ATCN), and participate in the ongoing PI process of the trauma program.	
	Nurses ***mus***t obtain TNCC or ATCN within 18 months of assignment to the ER.	
	The list of required equipment necessary for the ED can be found online at the Department's website.	
	Surgical Suites/Anesthesia	
5.3.2	An operating room ***must*** be adequately staffed and available within 30 minutes of the time of notification	
	Availability of the operating room personnel and timeliness of starting operations ***must*** be continuously evaluated by the trauma performance improvement process, and measures ***must*** be implemented to ensure optimal care.	
	If the staff is not in-house, hospital policy ***must*** be written to assure notification and prompt response.	
	The OR nurses should participate in the care of the trauma patient and be competent in the surgical stabilization of the major trauma patient.	
	The OR nurses are integral members of the trauma team and ***must*** participate in the ongoing PI process of the trauma program	
	The OR nurses are integral members of the trauma team and ***must*** be represented on the multidisciplinary trauma committee.	

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	The OR supervisor ***must*** be able to demonstrate a prioritization scheme to assure the availability of an operating room for the emergent trauma patient during a busy operative schedule.	
	There ***must*** be an on-call system for additional personnel for multiple patient admissions.	
	The anesthesia department in a Level III Trauma Center ***must*** be organized and run by an anesthesiologist or physician liaison who is experienced and devoted to the care of the injured patient.	
	A licensed anesthesia provider ***mu**st* be immediately available with a mechanism established to ensure early notification of the on-call provider. *Anesthesiologists or Certified Registered Nurse Anesthetist (CRNAs) may fill this requirement.*	
	Hospital policy ***mus**t* be established to determine when the licensed anesthesia providers ***must*** be immediately available for airway control and assisting with resuscitation.	
	The availability of the licensed anesthesia providers and the absence of delays in airway control or operative anesthesia ***must*** be documented and monitored by the PI process.	
	The maximum response time for all trauma patients is 30 minutes from the time notified to respond.	
	The list of required equipment necessary for Surgery and Anesthesia can be found online at the Department's website.	
5.3.3	**Post-Anesthesia Care Unit (PACU)**	
	A Level III Trauma Center ***must*** have a PACU staffed and available 24 hours/day to the postoperative trauma patient.	
	Hospital policy ***must*** be written to assure early notification and prompt response.	
	If this availability requirement is met with a team on call from outside the hospital, the availability of the PACU nurses and compliance with this requirement ***must*** be documented.	
	PACU staffing ***must*** be in sufficient numbers to meet the critical need of the trauma patient.	
	The list of required equipment necessary for the PACU can be found online at the Department's website.	
5.3.4	**Intensive Care Unit (ICU)**	
	Level III Trauma Centers ***must*** have an Intensive Care Unit (ICU) that meets the needs of the adult trauma patient.	
	There ***must*** be physician coverage for the ICU at all times.	

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	*A physician credentialed by the facility **must** be promptly available to the trauma patient in the ICU 24 hours/day. This coverage is for emergencies only and is not intended to replace the primary surgeon but rather is intended to ensure that the patient's immediate needs are met while the surgeon is contacted.*	
	The surgical director or co-director ***must*** be the TMD, or general surgeon taking trauma call. *The director is responsible for the quality of care and administration of the ICU and will set policy and establish standards of care to meet the unique needs of the trauma patient.*	
	The trauma surgeon assumes and maintains responsibility for the care of the serious or multiple injured patient.	
	A surgically directed ICU physician team is ***desirable***. *The team will provide in-house physician coverage for all ICU trauma patients at all times. This service can be staff by appropriately trained physicians from different specialties but **must** be led by a qualified surgeon as determined by critical care credentials consistent with the medical staff privileging process of the institution.*	
	The trauma surgeon, in collaboration with other specialty providers, ***must*** maintain control over all aspects of care, including, but not limited to respiratory care, management of mechanical ventilation and placement and use of pulmonary catheters, as wells as management of fluids, electrolytes, antimicrobials, and enteral and parenteral nutrition.	
	Level III Trauma Center ***must*** provide staffing in sufficient numbers to meet the needs of the trauma patient. Critical care nurses ***must*** be available 24 hours per day.	
	ICU nurses are an integral part of the trauma team and, as such, ***must*** be represented on the multidisciplinary trauma committee at least 50% of the time.	
	ICU nurses are an integral part of the trauma team and as such, ***must*** participate in the PI process of the trauma program.	
	The list of required equipment necessary for the ICU can be found online at the Department's website.	
	Subchapter 4 Clinical Support Services	
	Respiratory Therapy	

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5.4.1	Respiratory Therapy Service – the service ***must*** be staffed with qualified personnel on-call 24 hours/day to provide the necessary treatments for the injured patient.	
	Radiological Service	
5.4.2	the service ***must*** be staffed with qualified personnel on-call 24 hours/day to provide the necessary treatments for the injured patient.	
	The radiologist is a key member of the trauma team and should be represented on the Multidisciplinary Trauma Committee.	
	A radiological service ***must*** have a certified radiological technician ***must*** be available in-house 24 hours/day to meet the immediate needs of the trauma patient for general radiological procedures.	
	A technician ***must*** be immediately available for computerized tomography (CT) for both head and body. *If the specialty technician is on-call from home, a* *mechanism **must** be in place to assure early notification and timely response.*	
	Specialty procedures such as Sonography ***must*** be available to the trauma team and may be covered with a technician on call. *If the technician is not in-house 24 hours/day for special procedures, the performance improvement process **must** document and monitor the procedure is promptly available.*	
	It is ***desirable*** that MRI services be available to the trauma team.	
	The radiologist liaison ***must*** attend at least 50 percent of committee meetings and should educate and guide the entire trauma team in the appropriate use of radiologic services.	
	A staff radiologist ***must*** be promptly available, when requested, for the interpretation of radiographs, the performance of complex imaging studies, or interventional procedures.	
	The radiologist ***must*** ensure the preliminary interpretations are promptly reported to the trauma team, and radiology services ***must*** monitor the interpretation.	
	The written policy ***must*** exist delineating the prioritization/availability of the CT scanner for trauma patients.	

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	The Trauma Center ***must*** have policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to, and while in, the radiology department.	
	Clinical Laboratory Service	
5.4.3	A clinical laboratory service ***must*** have the following services available in-house 24 hours/day: a. Access to a blood bank and adequate storage facilities. Sufficient quantities of blood and blood products ***must*** be maintained at all times. *Blood typing and crossmatch capabilities **must** be readily available.* b. Standard analysis of blood, urine and other body fluids includes microsampling when appropriate. c. Blood gas and Ph determinations (this function may be performed by services other than the clinical laboratory service, when applicable). d. Alcohol and drug screening e. Coagulation studies. f. Microbiology	
5.4.3	Trauma centers of all levels ***must*** have a massive blood transfusion protocol developed collaboratively between the trauma service and the blood bank.	
	Acute Hemodialysis	
5.4.4	There ***must*** be a written protocol to transfer the patient to a facility that provides this service *if this service if it is not available at the Level III Trauma Center.*	
	Burn Care	
5.4.5	There ***must*** be a written protocol to transfer the patient to a Burn Center, if appropriate burn care is not available at the Level III Trauma Center.	
	Policies and procedures shall be in place to assure the appropriate care is rendered during the initial resuscitation and transfer of the patient.	
	Rehabilitation/Social Services	

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5.4.6	Recognizing that early rehabilitation is imperative for the trauma patient, a physical medicine and rehabilitation specialist ***must*** be available for the trauma program.	
	The rehabilitation of the trauma patient and the continued support of the family members are an important part of the trauma system. Each facility will be ***required*** to address a plan for integration of rehabilitation into the acute and primary care of the trauma patient, at the earliest stage possible after admission to the trauma center.	
	Hospitals will be ***required*** to identify a mechanism to initiate rehabilitation services and/or consultation in a timely manner as well as policies regarding coordination of the multidisciplinary rehabilitation team.	
	The rehabilitation services ***must*** minimally include: a. Occupational Therapy b. Physical Therapy c. Speech Pathology d. Social Work e. Psychological Therapy f. Nutritional Support	
	Prevention/Public Outreach	
5.4.7	Level III Trauma Centers will be responsible for participating with appropriate agencies, professional groups, and hospitals in their districts to develop a strategic plan for public awareness. *This plan **must** take into consideration public awareness of the trauma system, access to the system, public support for the system, as well as specific prevention strategies.*	
	A trauma center's prevention program ***must*** include and track partnerships with other community organizations.	
	Trauma Registry data ***must*** be utilized to identify injury trends and focus on prevention needs.	
	Outreach is the act of providing resources to individuals and institutions that do not have the opportunities to maintain current knowledge and skills. *Advanced Trauma Life Support (ATLS), Pre Hospital Trauma Life Support (PHTLS), Trauma Nurse Curriculum Course (TNCC), and Transport Nurse Advanced Trauma Course (TNATC) courses, for example, can be coordinated by the Trauma Center.*	

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	Staff members at the Level III Trauma Center ***must*** provide consultation to staff members at other facilities in the district.	
	Trauma physicians ***must*** provide a formal follow-up to referring physicians/designees about specific patients to educate the practitioner for the benefit of further injured patients.	
	Transfer Guidelines	
5.4.8	Level III Trauma Centers shall work in collaboration with the referral trauma facilities and develop inter-facility transfer guidelines. *These guidelines **must** address criteria to identify high-risk trauma patients that could benefit from a higher level of trauma care. All designated facilities will agree to provide services to the trauma victim regardless of his/her ability to pay.*	
	Education	
5.4.9	Level III Trauma Centers ***must*** have internal trauma education programs, including training in trauma for physicians, mid-level providers, nurses, ancillary staff, and pre-hospital providers.	
	Level III Trauma Centers ***must*** have a written trauma education plan.	