

 <b>Mississippi Trauma Care System Foundation, Inc.</b>	Policy # DES. 05
	Subject: <b>Level IV Trauma Center Designation Prep Checklist</b>
Effective Date: <b>July 1, 2021</b>	Revision: <a href="#">Rev.1</a> ; Date: <a href="#">08/26/2021</a>

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

The following material is taken from the Mississippi Trauma Rules and Regs as of Jan 2021. The material has been organized in a bulleted format, and in specific cases, more detail is available in the formal Rules and Regulations.

Level IV Trauma Centers are generally licensed, small, rural facilities with a commitment to the resuscitation of the trauma patient and written transfer protocols in place to assure those patients who require a higher level of care are appropriately transferred. These facilities may be staffed by a physician, or a licensed mid-level practitioner (i.e., physician assistant or nurse practitioner) or a Registered Nurse. The major trauma patient will be resuscitated and transferred.

This designation does not contemplate that Level IV Trauma Centers will have resources available for emergency surgery for the trauma patient. Specialty coverage may or may not be available, but a well-organized resuscitation team is required.

Regulation	Item	Notes
<b>Subchapter 1 Hospital Organization</b>		
6.1.1	<i>Level IV Trauma Centers may meet the following standards in their own facility or through a formal affiliation with another trauma center.</i>	
<b>Hospital Departments/Divisions/Sections</b>		
6.1.2	the Level IV Trauma Center <b>must</b> have the following departments, divisions, or sections:  Emergency Medicine	
<b>Trauma Program/Service</b>		
6.1.3	There <b>must</b> be a written commitment letter from the Board of Directors and the medical staff on behalf of the entire facility, which states the facility's commitment to compliance with the Mississippi Trauma System Rules and Regulations.  <i>The written commitment shall be in the form of a resolution 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.</i>	
	A trauma program <b>must</b> be established and recognized by the organization.	

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	<p><i>Compliance with the above will be evidenced by:</i></p> <ul style="list-style-type: none"> <li><i>a. Board of Directors and medical staff letter of commitment;</i></li> <li><i>b. Written policies, procedures, and guidelines for the care of the trauma patient;</i></li> <li><i>c. A defined Trauma Team with written roles and responsibilities;</i></li> <li><i>d. Appointed Trauma Medical Director with a written job description;</i></li> <li><i>e. A written Trauma Performance Improvement Plan;</i></li> <li><i>f. Appointed Trauma Program Manager with a written job description;</i></li> <li><i>g. Documentation of Trauma Center representative's attendance at the Trauma Care Region meetings.</i></li> </ul>	
	<b>Trauma Medical Director (TMD)</b>	
6.1.4	<p>The Level IV Trauma Center <b><i>must</i></b> have a physician director of the trauma program.</p> <p><i>The director <b>must</b> be given administrative support to implement the requirements specified by the Mississippi Trauma System of Care Plan.</i></p>	
	<p>The TMD is responsible for working with all members of the trauma team and overseeing the implementation of a trauma-specific performance improvement process for the facility.</p> <p><i>The TMD develops treatment protocols along with the trauma team in collaboration with the peer review processes.</i></p>	
	<p>The TMD <b><i>should</i></b> have overall responsibility for the quality of trauma care rendered at the facility.</p> <p><i>The TMD <b>should</b> assist in the development of standards of care and assure appropriate policies and procedures are in place for the safe resuscitation and transfer of trauma patients.</i></p>	
	<p>The TMD <b><i>must</i></b> have current verification in ATLS.</p> <p><i>ATLS requirements are waived for Board Certified Emergency Medicine and Board Certified General Surgery Physicians.</i></p>	
	The TMD <b><i>must</i></b> have the authority to manage all aspects of trauma care.	
	The TMD authorizes trauma service privileges of the on-call panel	
	The TMD <b><i>must</i></b> perform an annual assessment of the trauma panel providers.	

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	The TMD works in cooperation with the nursing administration to support the nursing needs of trauma patients	
	Compliance with the above will be evidenced by: a. Chairing and participating in the multidisciplinary trauma committee where trauma performance improvement is presented and attend a minimum of 50 percent of the committee meetings. b. Administrative support can be documented in the organizational chart which depicts the reporting relationship between the trauma program medical director and administration; c. Trauma specific policies, procedures and guidelines approved by the TMD	
	<b>Trauma Program Manager (TPM)</b>	
6.1.5	The Trauma Center <b>must</b> have a person to act as a liaison to the regional evaluation process to conduct many of the administrative functions required by the trauma program.  <i>It is not anticipated that this would be a full-time role.</i>	
	Responsible, with the TMD, for coordinating optimal patient care for all injured victims.	
	This position will ideally serve as the liaison with local EMS personnel, the Trauma Care Region, and other Trauma Centers.	
	The TPM <b>must</b> obtain/maintain TNCC and/or 4 hours of trauma-related education per year.	
	Compliance with the above will be evidenced by: a. Attendance at and participation in the committee where trauma performance improvement is presented; b. A written job description of roles and responsibilities to the trauma program, which includes: management of the trauma program, monitoring of clinical activities on trauma patients, providing staff with trauma-related education, implementation of trauma-specific performance improvement, and supervision of the trauma registry; c. Documentation of collaboration with TMD in the development and implementation of trauma-specific policies, procedures, and guidelines.	
	<b>Trauma Team</b>	
6.1.6	The Trauma Center must have a written policy for notification and mobilization of an organized trauma team to the extent that one is available.  <i>The team approach is optimal in the care of the multiple injured patients.</i>	

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	<i>The Trauma Team may vary in size and composition when responding to the trauma activation.</i>	
	The physician leader or mid-level provider on the trauma team is responsible for directing all phases of the resuscitation in compliance with ATLS protocol.	
	<i>Suggested composition of the trauma team includes, if available:</i> <i>a. Physicians and/or mid-level providers</i> <i>b. Laboratory Technicians</i> <i>c. Nursing</i> <i>d. Ancillary Support Staff</i>	
	<i>Compliance with the above will be evidenced by:</i> <i>a. A written resuscitation protocol which adheres to the principles of ATLS;</i> <i>b. A written trauma team activation criteria policy which includes physiologic, anatomic, and mechanism of injury criteria.</i>	
	<b>Multidisciplinary Trauma Committee</b>	
6.1.7	<i>The purpose of the committee is to provide oversight and leadership to the entire trauma program.</i>	
	<i>The exact format will be hospital-specific and may be accomplished by collaboration with another designated trauma center in the system.</i>	
	The major focus will be on PI activities, policy development, communication among all team members, development of standards of care, education and outreach programs, and injury prevention.	
	The committee oversees the implementation of the process which includes 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 (if available in the community) from: a. Emergency Medicine b. Respiratory Therapy c. Radiology d. Laboratory e. Rehabilitation f. Pre-hospital Care Providers	

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	g. Administration h. Nursing i. Trauma Program Manager j. Trauma Medical Director (Chairman; <b>must</b> be present $\geq$ 50%)	
	The clinical managers (or designees) of the departments involved with trauma care <b>should</b> play an active role with the committee.	
	This committee <b>should</b> handle peer review independent from department-based review.  <i>The trauma center may wish to accomplish performance improvement activities in this committee or develop a separate peer review committee.</i>	
	The committee <b>must</b> meet regularly and maintain attendance and minutes.	
	This committee <b>must</b> report findings to the overall hospital performance improvement program.	
<b>Subchapter 2 Clinical Components</b>		
<b>Required Components</b>		
6.2.1	The Trauma Center <b>must</b> maintain published on-call schedules for physicians and/or mid-level providers on-call to the facility.	
	Emergency Medicine (In-house 24 hours/day).	
	Emergency Physician and/or midlevel provider (Physician Assistant/Nurse Practitioner) <b>must</b> be in the specified trauma resuscitation area upon patient arrival.	
<b>Subchapter 3 Facility Standards</b>		
<b>Emergency Department</b>		
6.3.1	The facility <b>must</b> have an emergency department staffed so trauma patients are assured immediate and appropriate initial care.	
	There <b>must</b> be a designated physician director.  <i>It is not anticipated that a physician will be available on-call to an emergency department in a Level IV Trauma Center; however, it is a <b>desirable</b> characteristic of a Level IV. The on-call practitioner must respond to the emergency department based on local written criteria. A system must be developed to assure early notification of the on-call practitioner. Compliance with this criterion must be documented and monitored by the Trauma Performance Improvement process.</i>	

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	<p>All physicians and mid-level providers (Physician Assistant/Nurse Practitioner) on the trauma team responsible for directing the initial resuscitation of the trauma patients <b>must</b> be currently certified in The American College of Surgeons Advanced Trauma Life Support (ATLS).</p> <p><i>ATLS requirements are waived for Board Certified Emergency Medicine and Board-Certified General Surgery Physicians. Rural Trauma Team Development Course (RTTDC) may be substituted for ATLS at Level IV Trauma Centers.</i></p>	
	Emergency nurses staffing the trauma resuscitation area <b>must</b> be a current providers in TNCC, ATCN, or RTTDC within the last four years.	
	Nurses <b>must</b> obtain trauma training within 18 months of assignment to the ER.	
	<p>Adequate numbers of nurses <b>must</b> be available in-house 24 hours/day, to meet the need of the trauma patient.</p> <p><i>The nurse may perform other patient care activities within the hospital when not needed in the emergency department.</i></p>	
	<p><i>Compliance with the above will be evidenced by:</i></p> <p><i>a. Published on-call list of practitioners to the Emergency Department;</i></p> <p><i>b. Documentation of nursing staffing patterns to assure 24-hour coverage.</i></p>	
	<i>The list of required equipment necessary for the ED can be found online at the Department's website.</i>	
<b>Subchapter 4 Clinical Support Services</b>		
<b>General</b>		
6.4.1	<p>It is not anticipated that Level IV Trauma Centers have any of the following services available 24/7:</p> <p>a. Respiratory Therapy Services</p> <p>b. Radiology Services</p> <p>c. Clinical Laboratory Services</p> <p>d. Hemodialysis: There <b>must</b> be a written protocol to transfer the patient to a facility that provides this service if this service is not available at the Level IV Trauma Center.</p> <p><i>Should any of these services be available, the facility <b>should</b> make them available to the trauma patient as necessary and within the capabilities of the facility.</i></p>	

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	<b>Burn Care</b>	
6.4.2	There <b>must</b> be a written protocol to transfer the patient to a Burn Center if appropriate burn care is unavailable at the Level IV 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.	
	<b>Prevention/Public Outreach</b>	
6.4.3	The Level IV Trauma Center is responsible for working with other trauma centers and the Department to develop education and prevention programs for the public and professional staff.	
	Level IV Trauma Centers <b>shall</b> collaborate with Level I, II, and III Trauma Centers, Burn Centers, and Tertiary/Secondary Pediatric Centers for the purposes of systemwide performance improvement.	
	<b>Transfer Guidelines</b>	
6.4.4	All facilities <b>will</b> work together to develop transfer guidelines indicating which patients should be considered for transfer and procedures to ensure the most expedient, safe transfer of the patient.  <i>All designated facilities will agree to provide service to the trauma patient regardless of their ability to pay.</i>	
	The following trauma patient treatment guidelines <b>must</b> be in place, at a minimum: a. Pediatrics b. Burns c. Surgical d. Orthopedics e. Neurological	
	Once the decision for transfer has been made, it is the responsibility of the referring physician to initiate resuscitation measures within the capabilities of the local hospital.	
	<b>Education</b>	
6.4.5	Level IV Trauma Centers <b>must</b> have an internal trauma education program.	