

 <b>Mississippi Trauma Care System Foundation, Inc.</b>	Policy # DES. 07
	Subject: <b>Level IV Trauma Center Preparing and Application</b>
Effective Date: <b>July 1, 2021</b>	Revision: <a href="#">Rev.1</a> ; Date: <a href="#">08/26/2021</a>

## Level IV TC Designations

### **Preparing an application:**

Obtain a copy of the current application

Obtain a copy of the most recent Rules and Regulations (the tabs in the application reference the related Rules and regulations by the reference number, such as 6.1.1 / 6.1.2 for tab A.) Each item in the rules as regs is sequentially numbered.

**Create a notebook** with section dividers that reflect the tabs indicated in the actual application. A 3 or 4-inch loose-leaf notebook should be sufficient. *I generally suggest 4-inch notebooks be utilized universally as they contribute to uniformity and are large enough for most applications without being excessively large.*

In the front of the notebook place a copy of the Rules and Regs that correspond with the divisions in the notebook.

Behind each tab place a cover sheet that describes the information in that section, as taken from the application. *This file contains cover sheets for each tab (cut and pasted) from the most recent application as of the date this is being prepared.*

Confirm that the application to be completed is the same version that provided the foundation for the assembly of the notebook

By keeping the contents of the notebook up to date, completing an application is as simple as submitting a copy of the master notebook

If the application to be submitted is a newer revision adjust the format and contents of the notebook as necessary. If the application has been revised it is advisable to simply start a new (additional) notebook reflecting the newest application. **NOT TO WORRY!** Most changes or revisions are commonly of a minor nature and most of the items you have assembled can simply be copied and placed into the new notebook. Keep the previous notebook as a reference source.

Most of the tabs specify what information is to be included, make certain that, at a minimum, requested information is provided.

As you can see you will need a written **PI Plan** and a written **Trauma Education Plan**.

The following information contains some hints and guidelines for each tab. Remember that you must be able to articulate how evidence you have provided supports the specified rule and regulation. Items that are **bolded** are from the current application, my comments and suggestion are *italicized and under lined*.

**Tab A - Provide an overview of your hospital including the number of licensed beds, and the average census in the past 12 months. Rule 6.1.1/6.1.2**

*For Tab A write a document describing the details of your facility. Some items that may be added to those listed in the application include any affiliation with a healthcare system or organization. Geographic area served, type of organizational structure (such as private for-profit or community not-for-profit). If your center has a web site, chances are good that it includes a well written description which you can use. If you take the description from the center's web site state something to the effect, 'as per the ... website'.*

**Tab B - Trauma Program Rule 6.1.3**

1. **Resolution(s) dated within the last three years supporting the trauma service by the hospital's governing body AND the medical staff.**
2. **Attach the organizational chart that reflects the administrative reporting structure of the trauma program.**
3. **Describe your involvement in trauma care system. Attach documentation of the trauma center representative's attendance at the advisory meetings. Documentation should include a bullet point list with the following information:**
  - a. **How often the meetings occur**
  - b. **Attendance during the past 12 months**
  - c. **Title of the person in attendance.**

*Collecting the resolutions from the facilities governing body and medical staff may take some time if they meet infrequently request that the resolution presentation, discussion, and acceptance be documented in the meeting minutes for the appropriate body. These do not have to be in the minutes in detail, but you want to be able to show that they were presented to the board or staff and not just signed off by an individual.*

*Document your involvement with the trauma system. If someone attends a meeting such as MTAC keep a record of their attendance even though they may not officially serve on the committee, if an attendance list is available, such as on the meeting minutes, obtain a copy as evidence of involvement. If you participate on any group meetings, outside your facility, related to trauma keep track of your involvement. When possible, obtain an official attendance listing. When not possible, keep a record. Report any external meetings attended to your MDTC and document them in your minutes.*

**Tab C -Medical Director/TMD Rule 6.1.4**

1. **Attach a copy of the Trauma Medical Director's Curriculum Vitae and job description.**
2. **Attach documentation of current ATLS completion or Board Certification in General Surgery or Emergency Medicine.**
3. **Describe the Trauma Director's annual assessment of the trauma team members.**

*The Medical Director should have oversight of all providers on the trauma team. The TMD's job description should include the duties of oversight, review, and recommendation. Keep a record of the Medical Director's review and recommendation of privileges for each provider on the trauma team. Since this is protected information, the reviews are not to be included here but only the process described.*

**Tab D- Trauma Program Manager/TPM Rule 6.1.5**

1. **Attach a copy of the Trauma Program Manager's Curriculum Vitae and job description.**
2. **Attach a copy of the TPM's TNCC certification.**

**Attach documentation of the TPM's 4 hours of annual trauma related education**

*Make sure that the TPM's job description contains at a minimum all the elements reported in the Rules and Regulations for a TPM at a Level IV center.*

**Tab E- Trauma Team Rule 6.1.6**

1. **Attach the **trauma team criteria policy** which includes the trauma team activation authority and activation process with a list of the trauma team members in trauma resuscitation, and the duties/roles of each member.**
2. **Attach an overview of your trauma triage system and assessment to assure all multiple system trauma patients or major injury victims are evaluated and preparations for transfer to a higher level of care trauma center.**
3. **Attach a copy of your facility's **bypass/diversion policy**.**  
*For item #1 have a policy in place that address all the elements mentioned. In r/t the activation criteria my preference is that the policy refer to the 'current criteria identified by BACS' rather than listing them in detail that results in your policy being out of compliance any time the criteria are tweaked by the state.*

**Tab F -Multidisciplinary Trauma Committee / Performance Improvement Rule 6.1.7, 2.4.1, 2.4.2, 2.4.3 (Do not attach any PI minutes)**

1. **Attach a copy of your **PI plan**.**

2. **Attach a composition of the hospital's committee responsible for oversight of trauma PI.**

3. **Describe how trauma patient care is reviewed.**

4. **Describe two PI issues within the last 12 months: one system related and one clinically related. Indicate the PI issue and the six-step process – Problem identification, Analysis, Preventability, Action Plan, Implementation, and Re-evaluation – or any recognized PI process that is used to resolve PI issues.**

5. **Attach dates and attendance records from the past 12 months of your PI committee.**

The clinical and system related PI issues identified should have been through the process as outlined in your **Trauma PI Plan**. Tab P specifies that issues identified for Tab F (the one currently being examined) should be noted in the MDTC minutes. Be familiar enough with the cases presented here that you can walk them through the process as outlined in the **Trauma PI Plan**.

**Tab G - Emergency Department Rule 6.2.1, 6.3.1**

1. **Attach a list of ED practitioners to include MD's and Mid-Level Providers. Provide documentation of provider's certification in ATLS / RTTDC or Board Certification in General Surgery or Emergency Medicine.**

2. **Attach past three month's call schedule for ED.**

3. **Attach a list of RNs assigned or practicing in the ED including TNCC, ATCN or RTTDC completion.**

**Attach **policy** stating TNCC requirement for ED nurses**

In addition to a policy the Education plan should include this requirement.

**Tab H - Describe your hospital's resources to meet the needs of the trauma patient for the following services, if available: Rule 6.4.1**

1. **Respiratory**

2. **Radiological**

3. **Clinical Lab**

4. Hemodialysis - There must 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.

Here you will insert a page or two describing your available resources. This is simply a paper you can create with descriptions of services. If you do not provide Hemodialysis, then you will need a written protocol or plan to transfer patients who present with this need. Your facility probably already has such a protocol in place.

A trauma specific plan may be as simple as a written plan to follow the facilities protocol. That should be documented as being discussed and accepted by the MDTC. Review the facility's protocol to make certain it is applicable to the injured patient, for example, if the injured patient requires specialty care the protocol would need to identify a receiving facility that offers both services.

#### **Tab I - Prevention / Public Outreach Rule 6.4.3**

1. Describe all trauma education programs for physicians, nurses, and pre-hospital providers, including how it is funded.

2. Describe community outreach and prevention program activities.

Be sure that trauma education programs and Injury prevention are covered in your **annual education plan**.

#### **Tab J - **Transfer Guidelines** Rule 6.4.2, 6.4.4**

1. Attach **trauma patient treatment guidelines or policies** for the following:

- (a) Pediatrics
- (b) Burns
- (c) Surgical
- (d) Orthopedics
- (e) Neurological

2. Attach **transfer guidelines** regarding the transfer of the following trauma patients to higher level of care:

- (a) Pediatrics
- (b) Burns
- (c) Surgical
- (d) Orthopedics
- (e) Neurological

#### **Tab K- Education Rule 6.4.5**

1. Attach a copy of the facility's **trauma education plan/protocol** to include trauma specific education for ED nurses, physicians, and mid-level providers.
2. Submit a list of educational offerings during this designation period, if

applicable.

**Tab L - Trauma Registry Rule 1.4.1/1.4.2/1.4.3**

1. List the number of deaths for the last 12 months.
2. Describe the trauma deaths review process in detail at your facility.
3. Attach the name of your hospital's registrar.
4. Attach the following data for the last 12 months:
  - Number of trauma activations
  - Number of trauma patients who met trauma registry inclusion criteria
  - Number of trauma patients admitted to your hospital
  - Number of trauma patients transferred to other hospitals

**Number of diversion/bypass occurrences**

Note that the terms diversion and bypass are used synonymously however they are distinctive, and 'diversion' is defined in the rules and regulations.

*Tabs A through L concludes the material required for the application. Additional tabs listed below are materials that may be maintained in the manual for reference*

**Tab M** place a copy of the Essentials and Desirable chart followed by a listing of your equipment from the list stating whether it is an essential or desirable and where it is in your facility.

*The Essentials and Desirable chart can be found on the Mississippi Department of Health, Trauma Care Regulations website: [https://msdh.ms.gov/msdhsite/\\_static/49,0,305.html](https://msdh.ms.gov/msdhsite/_static/49,0,305.html)*

**Tab N** **Your annual education plan** with approval and signatures of the Multidisciplinary Trauma Committee (TMD, TPM), and any additional approval signatures required by your organization. Make sure your meeting minutes have a record of the committee review and approval.

*Include Education plan as described in your notebook.*

**Tab O** **-Your PI plan** with approval and signatures of the Multidisciplinary Trauma Committee (TMD, TPM) and any additional approval signatures required by your organization. Make sure your meeting minutes have a record of the committee review and approval. In the PI plan, utilize the PI process outlined in the state PI plan and Tab F unless your facility follows a different plan.

Here you can place your PI plan. The PI plan must contain certain elements which will need to be handled in a separate document.

**Tab P -Multidisciplinary Trauma Committee meeting minutes for the last three years. Minutes should reflect the Committee's involvement in the PI process and their review of identified cases (make sure the cases identified in TAB F are documented in the minutes).**

*This is possibly a notebook of its own depending on how far back your minutes extend. The application requires 3 years, but I would suggest keeping all minutes chronologically from current to past in this same section (or notebook). If you decide to utilize a separate notebook with all the MDTC minutes label the notebook as 'Tab P, MDTC minutes.*