

DESIGNATION PROCESS FOR LEVEL I, II AND III TRAUMA CENTERS

DESIGNATION PROCESS

The North Dakota Department of Health will provide a reminder letter six months prior to expiration date for Levels I, II and III. The hospital will be responsible for scheduling a verification visit with the American College of Surgeons, Committee on Trauma (ACS-COT). Ideally, this will begin six months prior to expiration of the current verification/designation.

The state trauma coordinator can issue a provisional Level I, II or III trauma center designation extension if the facility made contact with the American College of Surgeons six months prior to their expiration date, and submitted the application to the ACS three months prior to the expiration date. The state trauma coordinator will make contact with the chair and vice-chair of the State Trauma Committee prior to issuing the extension. This extension will bridge the gap until the official results from the ACS are received.



Following the ACS visit, the facility will receive a letter from the ACS-COT containing information about the verification status.

RESULTS OF THE ACS SITE VISIT;

A. ACS Verification letter issued: The facility is verified by the ACS-COT and receives a letter of congratulations. The facility shall send a copy of the ACS verification letter to the North Dakota state trauma coordinator. The state trauma coordinator will then send the facility a designation certificate and letter with the corresponding dates from the ACS-COT.

B. ACS Focused visit or Deficiency letter issued: The facility does not receive a verification certificate from the ACS-COT, therefore, it is not considered verified. The North Dakota Department of Health may recommend proceeding with a provision designation or a Level IV or V designation.

If the facility chooses to proceed with the provisional designation as a Level I, II or III trauma center, the facility must send a copy of the ACS focused review letter and a complete list of the strengths, weaknesses, deficiencies, and recommendations to the state trauma coordinator. A State Trauma Committee meeting will be conducted to determine the plan of action. The plan of action generally consists of one of the two following options:

- (1) Submission of a written plan of correction – The facility must submit a complete plan of correction addressing each deficiency identified by the ACS site visit. The plan of correction will be reviewed by the chair and vice chair of the state trauma committee if voting has already occurred. If the state trauma committee has not voted on the

provisional designation, then the plan of correction will be reviewed by all voting members of the state trauma committee and a vote will be taken.

(2) Conducting a state provisional site visit – The facility must submit the application supplied to the ACS-COT, along with the report from the ACS-COT visit as the provisional designation application. A team will be selected by the Department of Health and State Trauma Committee. The team will be composed of one or two physicians, with one being a trauma surgeon/director from a Level II trauma center and a trauma coordinator. The state trauma coordinator also will participate in the site designation visit. The provisional designation visit will take approximately six hours. The site survey team will compile a report regarding the designation visit. The application and report will be sent to the voting members of the State Trauma Committee at least one week prior to the next meeting. The State Trauma Committee will approve or deny the designation site survey application and report. If the designation is approved, a certificate of designation signed by the Department of Health – state health officer, will be sent to the facility within 10 business days of the State Trauma Committee meeting, unless extenuating circumstances will not allow. If the designation is denied by the North Dakota Department of Health, the facility will receive written notification that includes the standards that were not met and will encourage the facility to reapply after correcting any identified areas of concern.

Within four weeks of the site survey, the site survey team (excluding the state trauma coordinator) may request a direct reimbursement of meals and mileage at current state rates as set by the Department of Health.

PROVISIONAL DESIGNATION REVIEW

Based on the Standards of the American College of Surgeons – Committee on Trauma

The purpose of this review is to designation the facility's compliance with the American College of Surgeons (ACS) standards for a Level I, II or III trauma center. The site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of the facility's capabilities in a very short period of time. Please be aware that the surveyors may look beyond the requested documents and medical records if they need additional validation of compliance with the standards. This document will serve as a guide for the review process.

For planning purposes, the review will last approximately six hours. The team may visit the following departments:

A. Emergency Department

- Review the facility, resuscitation area, equipment, protocols, staffing and trauma call
- Interview the ED physician and ED nurse manger and ED staff nurse
- Review the prehospital interaction and QI/PI feedback mechanism

B. Operating Room / PACU

- Interview operating room nurse manager, MDA and CRNA
- Check operating room schedule
- Determine how a trauma OR suite is opened STAT

C. ICU

- Inspect facility and review equipment
- Interview surgical medical director, ICU nurse manager and ICU staff nurse
- Discuss patient triage and bed availability

D. Radiology

- Inspect facility
- Interview radiologist and technician
- Discuss patient triage
- Determine patient monitoring policy

E. Blood Bank / Laboratories

- Inspect facility
- Interview technicians
- Determine availability of blood products and massive transfusion protocols

F. Rehabilitation

- Inspect facility and interview staff
- Determine where and when rehabilitation is initiated

G. Interviews – Potential interviews include:

- Hospital administration
- Trauma medical director
- Neurosurgeon
- Orthopedic surgeon
- Trauma coordinator and registrar
- Chief of staff

H. Chart Review / QI/PI

- Review quality improvement documents
- Review medical records

I. Site surveyor's preparation for exit interview. This is a closed meeting – site survey team only.

J. Exit Interview

- Hospital administration
- Trauma medical director
- Trauma coordinator
- Chief of staff
- Others as desired by the hospital

The following items are necessary to have ready and available at the time of a state provisional designation visit for a Level I, II or III trauma center.

- A. Copy of primary and backup call/schedules for three months prior to review
 - Trauma, neurosurgery, orthopedic and emergency physicians

- B. Documentation of CME and credentialing (for the past three years)
 - Trauma, neurosurgery, orthopedic and emergency physicians

- C. Documentation of credentialing for the ED and ICU trauma nurses

- D. Quality improvement
 - Minutes of all previous trauma quality or performance improvement (QI/PI) activities, including multidisciplinary peer review, trauma system committees and trauma surgeons' meetings/rounds
 - Attendance records for all trauma service QI/PI meetings
 - Documentation of all PI initiatives
 - Specific evidence of loop closure
 - Improvements and changes since the last ACS visit

- E. Documentation of the hospital's activity for one year (use what you put together for the ACS)
 - Intramural education – physicians, nurses and pre-hospital
 - Extramural education – physicians, nurses and pre-hospital
 - Community outreach/injury prevention

- F. The following medical records from the past 12 months that have gone through the QI/PI process; separate into stacks:
 - Deaths separated as:
 - Preventable
 - Potentially preventable
 - Nonpreventable
 - Epidurals/subdurals
 - Liver/spleen
 - Operative
 - Nonoperative
 - Pelvic/femur fractures – particularly hypotensive patients
 - Patients that lived with an ISS ≥ 25
 - Patients admitted to non-surgeons
 - Others requested by the reviewers and approved by the State