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 mangers 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

Pharmacy Services

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

EQUPMENT 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-title CO_2 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 EXPECATIONS

- □ 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

- □ 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