DEPARTMENT OF HEALTH

Level 3 Trauma Hospital Designation Criteria Recommendations

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
1.1	The board of directors, administration and medical staff shall demonstrate a commitment to provide the resources and support necessary to sustain the trauma designation. This commitment shall be renewed with each application for designation.	The board of directors, administration, and medical staff shall demonstrate a commitment to provide the resources and support necessary to sustain the trauma designation. This commitment shall be ~~renewed~~ signed and dated within one year of designation expiration ~~each application for designation.~~	The board of directors, administration, and medical staff shall demonstrate a commitment to provide the resources and support necessary to sustain the trauma designation. This commitment shall be signed and dated within one year of designation expiration.	Clarifying language
1.2	The trauma program shall be established by the facility and shall be represented on the organizational chart, which may be within an existing department (e.g., emergency or surgery).	The trauma program shall be established by the facility and ~~shall be~~ represented on the official hospital organizational chart.~~, which may be within an existing department (e.g., emergency or surgery~~).	The trauma program shall be established by the facility and represented on the official hospital organizational chart.	Clarifying language
2.1	Trauma program medical director or medical advisor shall be a physician whose job description defines his or her authority, roles, and responsibilities for the leadership of the trauma program, the trauma performance improvement process and tertiary case review.	The trauma ~~program~~ medical director (TMD) or medical advisor shall be a board-certified or board-eligible physician whose job description defines his or her authority, roles, and responsibilities for the leadership of the trauma program, the trauma performance improvement process, and tertiary case review.	The trauma medical director (TMD) or medical advisor shall be a board-certified or board-eligible physician whose job description defines his or her authority, roles, and responsibilities for the leadership of the trauma program, the trauma performance improvement process, and tertiary case review.	Clarifying language

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
2.2	If the trauma medical director is not a general surgeon, there must be a co-trauma medical director who is a board-certified or board-eligible general surgeon.	If the trauma medical director (TMD) is not a general surgeon, there must be a co-~~trauma medical director~~ TMD who is a board-certified or board-eligible general surgeon. 2.2.1 The co-TMD must have a job description that defines the roles and responsibilities for the Trauma Program, including trauma performance improvement and tertiary case review.	If the trauma medical director (TMD) is not a general surgeon, there must be a co-TMD who is a board-certified or board-eligible general surgeon. **2.2.1** The co-TMD must have a job description that defines the roles and responsibilities for the Trauma Program, including trauma performance improvement and tertiary case review.	Clarifying language Asking for a job description for co-TMD
2.3	The trauma program medical director and co-medical director must meet the same trauma training requirements as the Emergency Physician.	The trauma ~~program~~ medical director (TMD) and co-medical director must meet the same trauma training requirements as the Emergency Department Physician.	The trauma medical director (TMD) and co-medical director must meet the same trauma training requirements as the Emergency Department Physician.	Clarifying language
3.1	The trauma manager/coordinator must be either a registered nurse or an allied health staff with emergency and trauma care experience. The manager/coordinator's job description must define his or her roles and responsibilities for the management and leadership of the trauma program and the trauma performance improvement process.	The trauma program manager/~~coordinator~~ (TPM) must be either a registered nurse or an allied health staff professional with emergency and trauma care experience. 3.1.1 The ~~manager/coordinator's~~ TPM job description must define ~~his or her~~ the roles and responsibilities for the management and leadership of the trauma program and the trauma performance improvement process.	The trauma program manager (TPM) must be either a registered nurse or an allied health staff professional with emergency and trauma care experience. 3.1.1 The TPM job description must define the roles and responsibilities for the management and leadership of the trauma program and the trauma performance improvement process.	Clarifying language
3.2	If the trauma program manager/coordinator is not a registered nurse, a registered nurse must assist with the review of trauma care provided in all areas of the hospital and function as a liaison between the trauma program and the nursing staff.	If the trauma program manager/~~coordinator~~ (TPM) is not a registered nurse, a registered nurse must assist with: ~~the~~ 3.2.1 Primary review of trauma care provided in all areas of the hospital ~~and~~ 3.2.2 Function as a liaison between the trauma program and the nursing staff	If the trauma program manager (TPM) is not a registered nurse, a registered nurse must assist with: **3.2.1** Primary review of trauma care provided in all areas of the hospital **3.2.2** Function as a liaison between the trauma program and the nursing staff	Clarifying language
3.3	The program manager must have at least a portion of an FTE dedicated for trauma program responsibilities.	The trauma program manager (TPM) must have at least a portion of an FTE dedicated for trauma program responsibilities.	The trauma program manager (TPM) must have at least a portion of an FTE dedicated for trauma program responsibilities.	Clarifying language

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
4.1	The hospital must have a trauma team activation policy, protocol or guideline that includes: • A list of all team members expected to respond, which may include telemedicine providers; • The response time expectation for the team members; • The physiological and clinical indicators that, when met, require the activation of the trauma team; and The person(s) authorized to activate the trauma team.	The hospital must have a trauma team activation (TTA) policy, protocol or guideline that includes: 4.1.1 A list of all team members expected to respond, which may include telemedicine providers. 4.1.2 The response time expectation for the team members., including in-house and off-site staff. 4.1.3 The physiologic~~al~~ , anatomic, and clinical indicators that, when met, require the activation of the trauma team. 4.1.4 The person(s) authorized to activate the trauma team.	The hospital must have a trauma team activation (TTA) policy, protocol or guideline that includes: **4.1.1** A list of all team members expected to respond, which may include telemedicine providers. **4.1.2** The response time expectation for the team members, including in-house and off-site staff. **4.1.3** The physiologic, anatomic, and clinical indicators that, when met, require the activation of the trauma team. **4.1.4** The person(s) authorized to activate the trauma team.	Clarifying language
4.2	The trauma team activation indicators must be readily available in locations where a trauma patient is likely to be initially encountered.	The trauma team activation (TTA) ~~indicators~~ criteria must be readily available in locations where a trauma patient is likely to be initially encountered.	The trauma team activation (TTA) criteria must be readily available in locations where a trauma patient is likely to be initially encountered.	Clarifying language
4.3	When a tier-one trauma activation criterion is met, the general surgeon must promptly communicate with the emergency department provider by telephone or in person. This communication must be documented in the medical record.	~~When a tier-one trauma activation criterion is met, the general surgeon must promptly communicate with the emergency department provider by telephone or in person. This communication must be documented in the medical record.~~ (included in revised 5.1)		Incorporated into 5.1

5.1	When one of the following tier-one trauma activation criteria is met, the general surgeon and operating room team must arrive at the hospital within 30 minutes of the patient's arrival: • Penetrating trauma to neck or torso • Evidence of hemorrhagic shock indicated by: ○ Systolic blood pressure ≤ 90 mmHg at any time or age-specific hypotension in pediatrics **Age** / **SBP (mmHg)** < 1 yr. / ≤ 70 1-10 yr. / ≤ 70 + [2 x age in years] ○ Persistent tachycardia in a patient ≤14 years old **Age** / **HR** < 2 yr. / > 180 2-5 yr. / > 160 6-14 yr. / > 140 ○ Positive abdominal or cardiac FAST exam Provider impression of hypoperfusion (consider absent distal pulses, agitation, anxiety, confusion, delayed capillary refill, diaphoresis, pallor, persistent heart rate >120 in a patient >14 years old, tachypnea)	When one of the following tier-one trauma activation criteria is met, the emergency department provider must promptly communicate with the general surgeon and details of the discussion must be documented in the medical record ~~the general surgeon and operating room team must arrive at the hospital within 30 minutes of the patient's arrival:~~ 5.1.1 Sustained GCS ≤ 8 secondary to trauma 5.1.2 Respiratory distress, airway ~~obstruction~~ compromise or intubation 5.1.3 Penetrating trauma to head, neck, chest, abdomen, or ~~torso~~ pelvis 5.1.4 Evidence of ~~hemorrhagic~~ shock/hypoperfusion indicated by: 5.1.4.1 Systolic blood pressure ≤ 90 mmHg at any time or age-specific hypotension in pediatrics (see Age-Specific Hypotension table) **Age** / **SBP (mmHg)** < 1 yr. / ≤ 70 1-10 yr. / ≤ 70 + [2 x age in years] 5.1.4.2 Persistent tachycardia in a patient ≤14 years old (see Age-Specific Tachycardia table) **Age** / **HR** < 2 yr. / > 180 2-5 yr. / > 160 6-14 yr. / > 140 5.1.2.3 Positive ~~abdominal or cardiac~~ eFAST exam 5.1.2.4 Provider impression of hypoperfusion (consider absent distal pulses, agitation, anxiety, confusion, delayed capillary refill, diaphoresis, pallor, persistent heart rate >120 in a patient >14 years old, tachypnea) 5.1.5 Arterial tourniquet indicated 5.1.6 Pregnancy >20 weeks with vaginal bleeding or contractions attributed to a traumatic mechanism 5.1.7 Discretion of the emergency department provider (for those patients not meeting any of the tier-one trauma team activation criteria)	When one of the following tier-one trauma activation criteria is met, the emergency department provider must promptly communicate with the general surgeon and details of the discussion must be documented in the medical record: **5.1.1** Sustained GCS ≤ 8 secondary to trauma **5.1.2** Respiratory distress, airway compromise or intubation **5.1.3** Penetrating trauma to head, neck, chest, abdomen, or pelvis **5.1.4** Evidence of shock/hypoperfusion indicated by: **5.1.4.1** Systolic blood pressure ≤ 90 mmHg at any time or age-specific hypotension in pediatrics (see Age-Specific Hypotension table) **Age** / **SBP (mmHg)** < 1 yr. / ≤ 70 1-10 yr. / ≤ 70 + [2 x age in years] **5.1.4.2** Persistent tachycardia in a patient ≤14 years old (see Age-Specific Tachycardia table) **Age** / **HR** < 2 yr. / > 180 2-5 yr. / > 160 6-14 yr. / > 140 **5.1.2.3** Positive eFAST exam **5.1.2.4** Provider impression of hypoperfusion (consider absent distal pulses, agitation, anxiety, confusion, delayed capillary refill, diaphoresis, pallor, persistent heart rate >120 in a patient >14 years old, tachypnea) **5.1.5** Arterial tourniquet indicated **5.1.6** Pregnancy >20 weeks with vaginal bleeding or contractions attributed to a traumatic mechanism **5.1.7** Discretion of the emergency department provider (for those patients not meeting any of the tier-one trauma team activation criteria)	Integrated previous 4.3, 5.1, and 5.2 ED-Surgeon communication Expanded all general surgeon response times to 60 minutes when requested • No obligatory response • Must arrive within 60 minutes when requested

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
5.2	When one of the following tier-one trauma activation criteria is met, the general surgeon must arrive at the hospital within 60 minutes of the patient's arrival unless the patient has been transferred: • Respiratory distress, airway obstruction or intubation • Sustained GCS ≤ 8 attributed to a traumatic mechanism • Arterial tourniquet indicated • Pregnancy >20 weeks with vaginal bleeding or contractions attributed to a traumatic mechanism Discretion of the emergency department provider (for those patients not meeting any of the tier-one criteria)	~~When one of the following tier-one trauma activation criteria is met, the general surgeon must arrive at the hospital within 60 minutes of the patient's arrival unless the patient has been transferred:~~ ~~• Respiratory distress, airway obstruction or intubation~~ ~~• Sustained GCS ≤ 8 attributed to a traumatic mechanism~~ ~~• Arterial tourniquet indicated~~ ~~• Pregnancy >20 weeks with vaginal bleeding or contractions attributed to a traumatic mechanism~~ ~~Discretion of the emergency department provider (for those patients not meeting any of the tier-one criteria)~~ (included in revised 5.1)		Incorporated into 5.1
6.1		The general surgeon must arrive within 60 minutes when requested. The general surgeon may be canceled when the patient has left the facility, and this must be documented.	The general surgeon must arrive within 60 minutes when requested. The general surgeon may be canceled when the patient has left the facility, and this must be documented.	Previous 5.2 Timeline expanded
~~6.1~~ 6.2	The general surgeon must respond and evaluate the patient within one hour of discovering any of the following conditions resulting from trauma, unless the patient has been transferred: • Serum lactate >5.0 mmol/L • Solid organ injury • Fluid in the abdomen • Untreated hemothorax or pneumothorax requiring thoracostomy • Cardiac or major vessel injury	The general surgeon must be consulted ~~respond and evaluate the patient within one hour of~~ upon discovery~~-ing~~ of any of the following conditions resulting from trauma, ~~unless the patient has been transferred~~: 6.2.1 Serum lactate >5.0 mmol/L and not improving 6.2.2 High grade solid organ injury (grade 3 – grade 5) 6.2.3 Fluid in the abdomen, without solid organ injury 6.2.4 Untreated hemothorax or pneumothorax requiring thoracostomy 6.2.5 Cardiac or major vessel injury	The general surgeon must be consulted upon discovery of any of the following conditions resulting from trauma: **6.2.1** Serum lactate >5.0 mmol/L and not improving **6.2.2** High grade solid organ injury (grade 3 – grade 5) **6.2.3** Fluid in the abdomen, without solid organ injury 6.2.4 Untreated hemothorax or pneumothorax requiring thoracostomy **6.2.5** Cardiac or major vessel injury	Removed automatic response Expanded time Clarifying language resulted in expanding conditions
7.1	The operating room must be continuously available for emergent surgery.		The operating room must be continuously available for emergent surgery.	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
7.2	A general surgeon must be continuously available, either on-site or on-call, and able to respond to the hospital within 30 minutes. If the general surgeon is on-call off-site, a schedule identifying the general surgeon on-call must be readily available to the emergency department and operating room staffs.	A general surgeon must be continuously available, either on-site or on-call, and able to respond to the hospital within ~~30~~ 60 minutes. ~~If the general surgeon on on-call off-site,~~ A schedule identifying the general surgeon on-call must be readily available to the emergency department and operating room staff.	A general surgeon must be continuously available, either on-site or on-call, and able to respond to the hospital within 60 minutes. A schedule identifying the general surgeon on-call must be readily available to the emergency department and operating room staff.	Extended response time to 60 minutes Continuous coverage means 350 days of the calendar year (this is a change from 365)
7.3	The general surgeon's response to the resuscitation is required of the patient meets the minimum criteria for surgeon response or is otherwise required by hospital policy. Eighty percent (80%) of the time the general surgeon response should meet the response time requirements of the trauma system.	~~The general surgeon's response to the resuscitation is required of the patient meets the minimum criteria for surgeon response or is otherwise required by hospital policy.~~ ~~Eighty percent (80%) of the time the general surgeon response should meet the response time requirements of the trauma system.~~ (included in PI section)		Incorporated in new 22.1
7.3		The operating room team must arrive at the hospital within 60 minutes from the time requested.	The operating room team must arrive at the hospital within 60 minutes from the time requested.	Extended the response time and no longer automatic
7.4	The hospital must establish a written plan addressing: • How the trauma patient will be managed should the usual surgical coverage be temporarily unavailable for any reason (e.g., the surgeon is already in surgery). How surgeon call will be covered when scheduled gaps in the usual coverage occur (e.g., vacations).	The hospital must establish a written plan addressing: 7.4.1 How the trauma patient will be managed should the usual surgical coverage be temporarily unavailable for any reason (e.g., the surgeon is already in surgery). 7.4.2 How surgeon call will be covered when scheduled gaps in the usual coverage occur (e.g., vacations).	The hospital must establish a written plan addressing: **7.4.1** How the trauma patient will be managed should the usual surgical coverage be temporarily unavailable for any reason (e.g., the surgeon is already in surgery). **7.4.2** How surgeon call will be covered when scheduled gaps in the usual coverage occur (e.g., vacations).	Clarifying language
7.5	A surgeon must be present at all operative procedures performed in the operating room.		A surgeon must be present at all operative procedures performed in the operating room.	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
8.1	An emergency physician must be continuously available, either on-site or on-call. If the emergency department physician is off-site, an on-call schedule must identify the physician(s) covering the emergency department.		An emergency physician must be continuously available, either on-site or on-call. If the emergency department physician is off-site, an on-call schedule must identify the physician(s) covering the emergency department.	No change
8.2	When called, the emergency physician must arrive in the emergency department within 15 minutes of the patient's arrival.	When called, the emergency physician must arrive ~~in the emergency department~~ at bedside within 15 minutes of the patient's arrival.	When called, the emergency physician must arrive at bedside within 15 minutes of the patient's arrival.	Clarifying language
9.1	An anesthesiologist or certified registered nurse anesthetist (CRNA) must be continuously available, either on-site or on-call		An anesthesiologist or certified registered nurse anesthetist (CRNA) must be continuously available, either on-site or on-call	No change
10.1	If the hospital provides emergent orthopedic surgery or admits patients for the care of surgical orthopedic injuries, a schedule of the orthopedic surgeon on-call must be maintained and accessible by emergency department and in-patient staff.	If the hospital provides emergent orthopedic surgery ~~or admits patients for the care of surgical orthopedic injuries~~, a schedule of the orthopedic surgeon on-call must be maintained and accessible by the emergency department and in-patient staff.	If the hospital provides emergent orthopedic surgery, a schedule of the orthopedic surgeon on-call must be maintained and accessible by the emergency department and in-patient staff.	Clarifying language, split 10.1 into two separate criteria (see 10.2)
10.2		If the hospital admits patients for the care of surgical orthopedic injuries, a schedule/document outlining the orthopedic surgeon coverage must be maintained and accessible by the emergency department and in-patient staff.	If the hospital admits patients for the care of surgical orthopedic injuries, a schedule/document outlining the orthopedic surgeon coverage must be maintained and accessible by the emergency department and in-patient staff.	Clarifying language, split from 10.1
11.1	A registered nurse capable of recovering a post-anesthesia patient must be continuously available.		A registered nurse capable of recovering a post-anesthesia patient must be continuously available.	No change
12.1	A respiratory therapist, registered nurse or other allied health professional trained in ventilator management must be continuously available.		A respiratory therapist, registered nurse or other allied health professional trained in ventilator management must be continuously available.	No change
13.1	There must be an in-house blood bank stocked with type-O blood.		There must be an in-house blood bank stocked with type-O blood.	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
13.2	There must be a policy establishing a procedure for the emergent release of uncross-matched blood that ensures that uncross-matched blood can be released to the emergency department staff immediately. If the blood bank staff is off-site, the policy must include a provision to release uncross-matched blood to the emergency department staff in the absence of the blood bank staff.	There must be a policy establishing a procedure for the emergent release of uncross-matched blood that: 13.2.1 Ensures that uncross-matched blood can be released to the appropriate ~~emergency department~~ staff immediately 13.2.2 Includes a provision to release uncross-matched blood to the appropriate ~~emergency department~~ staff in the absence of the blood bank staff if they are off-site	There must be a policy establishing a procedure for the emergent release of uncross-matched blood that: **13.2.1** Ensures that uncross-matched blood can be released to the appropriate staff immediately **13.2.2** Includes a provision to release uncross-matched blood to the appropriate staff in the absence of the blood bank staff if they are off-site	Clarifying language
14.1	A computed tomography technician or technologist must be continuously available, either in-house or on-call.	A computed tomography (CT) technician or technologist must be continuously available, either in-house or on-call.	A computed tomography (CT) technician or technologist must be continuously available, either in-house or on-call.	Clarifying language
14.2	A radiologist must be continuously available, either in-house or off-site.		A radiologist must be continuously available, either in-house or off-site.	No change

<table>
<tr>
<td>15.1</td>
<td>All patients with conditions represented in Table 3 must be admitted by or receive a consultation from a surgeon if admitted.
<table>
<tr><td>Hemothorax or pneumothorax requiring a thoracostomy</td></tr>
<tr><td>Sternum or scapula fracture</td></tr>
<tr><td>Pelvic fracture (not isolated rami fractures)</td></tr>
<tr><td>Three or more rib fractures</td></tr>
<tr><td>Pulmonary contusion</td></tr>
</table>
Significant fall:

>15 feet
>65 years old and fall from elevation or down stairs
Pediatric (<10 years old): >2 x patient’s height

</td>
<td>~~All~~ If admitted, one hundred percent of patients with conditions represented in Table 3, must be admitted by or receive a consultation from an appropriate surgeon (Ortho, Neuro, General, Spine, etc.). ~~if admitted.~~

General Surgeon consultations are required to be at bedside.
Surgical subspecialist (Ortho, Neuro, Spine, etc.) consults can be remote.

All consultations/evaluations for traumatic injury must be performed within 18 hours of discovery of the ~~patient's arrival~~ injury. (current criteria 15.3)

The consultation/admission may be accomplished by the surgeon’s appointed advanced practice provider on behalf of the surgeon.

Table 3: Mandatory Surgeon Admit or Consult
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Pulmonary contusion with the need for oxygen to maintain SpO2 > 90%</td></tr>
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Patients with conditions represented in table 4 may be admitted without surgical consultation. Table 4: Surgeon Consult not Required
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<td>If admitted, one hundred percent of patients with conditions represented in Table 3, must be admitted by or receive a consultation from an appropriate surgeon (Ortho, Neuro, General, Spine, etc.).

General Surgeon consultations are required to be at bedside.
Surgical subspecialist (Ortho, Neuro, Spine, etc.) consults can be remote.

All consultations/evaluations for traumatic injury must be performed within 18 hours of discovery of the injury.

The consultation/admission may be accomplished by the surgeon’s appointed advanced practice provider on behalf of the surgeon.

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<td>Clarifying language

Expanded general surgeon response requirement

Integrated from 15.3

Clarifying language resulted in expanding conditions

Requires Practice Management Guideline</td>
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</table>

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15.2	A surgeon should be the admitting or consulting physician for all trauma patients admitted to the hospital for trauma care. The percentage of trauma patients admitted to a non-surgeon without a surgeon consultation may not exceed 20%.	~~A surgeon should be the admitting or consulting physician~~ For **all** trauma patients admitted to the hospital for trauma care, a surgeon should be the admitting or consulting physician at least 80% of the time. ~~The percentage of trauma patients admitted to a non-surgeon without a surgeon consultation may not exceed 20%.~~	For **all** trauma patients admitted to the hospital for trauma care, a surgeon should be the admitting or consulting physician at least 80% of the time.	Clarifying language
15.3	Consultations/evaluations must be performed within 18 hours of the patient's arrival.	~~All~~ ~~Consultations/evaluations~~ ~~for traumatic injury~~ ~~must be performed within 18 hours of discovery of the~~ patient's arrival ~~injury.~~		Incorporated in 15.1

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
~~15.4~~ 15.3	The hospital must have a policy describing: • The types of trauma patients considered for admission. • The specialties responsible for admitting and providing consults. • The expectations for monitoring patients for deterioration. The expectation that, in the event of deterioration, patients admitted for trauma care will arrive at definitive care within 120 minutes from the time deterioration is discovered.	The hospital must have a policy describing: 15.4.1 The types of trauma patients considered for admission. 15.4.2 The specialists responsible for admitting and providing consults. 15.4.3 The expectations for monitoring patients for deterioration. Elements should include: 15.4.3.1 Fluctuating or increasing heart rate 15.4.3.2 Fluctuating or decreasing blood pressure 15.4.3.3 Fluctuating or worsening level of consciousness, or mental status 15.4.3.4 Increasing work of breathing, shortness of breath, or tachypnea 15.4.3.5 Increasing agitation or anxiety 15.4.3.6 Diaphoresis or pallor 15.4.3.7 Indicate provider notification 15.4.4 The considerations of the admission decisions, in the event of patient deterioration, must include: 15.4.4.1 weather 15.4.4.2 distance 15.4.4.3 transport resource availability 15.4.4.4 timeliness of specialty resources/definitive interventions 15.4.5 ~~The expectation that, in the event of deterioration, patients admitted for trauma care will arrive at definitive care within 120 minutes from the time deterioration is discovered.~~ The emergent transfer procedures in the inpatient setting.	The hospital must have a policy describing: **15.3.1** The types of trauma patients considered for admission. **15.3.2** The specialists responsible for admitting and providing consults. **15.3.3** The expectations for monitoring patients for deterioration. Elements should include: **15.3.3.1** Fluctuating or increasing heart rate **15.3.3.2** Fluctuating or decreasing blood pressure **15.3.3.3** Fluctuating or worsening level of consciousness, or mental status **15.3.3.4** Increasing work of breathing, shortness of breath, or tachypnea **15.3.3.5** Increasing agitation or anxiety **15.3.3.6** Diaphoresis or pallor **15.3.3.7** Indications for provider notification **15.3.4** The considerations of the admission decisions, in the event of patient deterioration, must include: **15.3.4.1** weather **15.3.4.2** distance **15.3.4.3** transport resource availability **15.3.4.4** timeliness of specialty resources/definitive interventions **15.3.5** The emergent transfer procedures in the inpatient setting.	Clarifying language Removed 120-minute requirement

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
15.5	Patients may be admitted only if, in the event of deterioration, emergent transfer would result in the patient arriving at the definitive care facility within 120 minutes from the time deterioration is discovered.	~~Patients may be admitted only if, in the event of deterioration, emergent transfer would result in the patient arriving at the definitive care facility within 120 minutes from the time deterioration is discovered.~~		Removed
16.1	The hospital must have a policy directing the internal processes to emergently transfer a trauma patient from the emergency department or an in-patient area to definitive care that lists: • The anatomical and physiological criteria that, when present, result in immediate transfer; • The criteria must include orthopedic surgical conditions and must specifically address how time-sensitive orthopedic conditions such as a threatened limb, compartment syndrome, dislocated knee and dislocated native hip (i.e., not arthroplasty) will be managed within one hour of discovery. • The primary and alternate ground and aeromedical transfer services along with contact information. The supplies, records and personnel that will accompany the patient.	The hospital must have a policy directing the internal processes to emergently implement the transfer of a trauma patient from the emergency department or an in-patient area to definitive care that lists: 16.1.1 The anatomic and physiologic criteria that, when present, must result in the decision to ~~immediate~~ transfer; 16.1.2 The ~~criteria must include~~ orthopedic surgical conditions that, when present, must result in the decision to transfer. The policy must specifically address how time-sensitive orthopedic conditions such as a threatened limb, compartment syndrome, dislocated knee, and dislocated native hip (i.e., not arthroplasty) will be managed while awaiting transport ~~within one hour of discovery.~~ 16.1.3 The primary ~~and alternate~~ ground and aeromedical transfer services to be used, ~~along~~ with contact information for each. 16.1.4 A listing of the supplies, records, and personnel ~~that will~~ accompanying the patient.	The hospital must have a policy directing the internal processes to emergently implement the transfer of a trauma patient from the emergency department or an in-patient area to definitive care that lists: **16.1.1** The anatomic and physiologic criteria that, when present, must result in the decision to transfer; **16.1.2** The orthopedic surgical conditions that, when present, must result in the decision to transfer. The policy must specifically address how time-sensitive orthopedic conditions such as a threatened limb, compartment syndrome, dislocated knee, and dislocated native hip (i.e., not arthroplasty) will be managed while awaiting transport. **16.1.3** The primary ground and aeromedical transfer services to be used, with contact information for each. **16.1.4** A listing of the supplies, records, and personnel accompanying the patient.	Clarifying language Removed timeline Aligned with Statute language
16.2	Designated trauma hospitals may not transfer adult or pediatric patients to undesignated hospitals.	Designated trauma hospitals may not transfer adult or pediatric patients to undesignated hospitals. Exception: Due to regulatory limitations, patients may be transferred to a Veterans Administration medical center when medically appropriate.	Designated trauma hospitals may not transfer adult or pediatric patients to undesignated hospitals. Exception: Due to regulatory limitations, patients may be transferred to a Veterans Administration medical center when medically appropriate.	Clarifying language

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
16.3	Exception: Due to regulatory limitations, patients may be transferred to a Veterans Administration medical center when medically appropriate.	~~Exception: Due to regulatory limitations, patients may be transferred to a Veterans Administration medical center when medically appropriate~~. (included in revised 16.2)		Incorporated into 16.2
~~16.4~~ 16.3	The hospital must have transfer agreements with trauma hospitals capable of caring for major trauma patients definitively, including agreements with at least two hospitals capable of caring for burn patients, and at least one agreement with a designated Level 1 or Level 2 Pediatric Trauma Hospital.	The hospital must have transfer agreements with trauma hospitals capable of providing definitive care ~~caring~~ ~~for major~~ trauma patients ~~definitively,~~ including: 16.3.1 At least one agreement with a primary referral hospital 16.3.2 At least two agreements with hospitals capable of caring for burn patients 16.3.3 At least one agreement with a designated Level 1 or Level 2 Pediatric Trauma Hospital	The hospital must have transfer agreements with trauma hospitals capable of providing definitive care for trauma patients, including: **16.3.1** At least one agreement with a primary referral hospital **16.3.2** At least two agreements with hospitals capable of caring for burn patients **16.3.3** At least one agreement with a designated Level 1 or Level 2 Pediatric Trauma Hospital	Clarifying language Aligned with Statute language
17.1	General surgeons must have successfully completed ATLS and/or CALS (including the Benchmark Lab or Trauma Module Course) within the last four years. General surgeons must re-take their ATLS or CALS before or during the month in which it is due	General surgeons must have successfully completed ATLS and/or CALS ~~(including the Benchmark Lab or Trauma Module Course)~~ within the last four years. General surgeons must re-take their ATLS or CALS before or during the month in which it is due.	General surgeons must have successfully completed ATLS and/or CALS within the last four years. General surgeons must re-take their ATLS or CALS before or during the month in which it is due.	Clarifying language Change in CALS course structure in 2024
18.1	If the emergency physician is currently board-certified or board-eligible with an American Board of Emergency Medicine (ABEM)-approved11 or American Osteopathic Board of Emergency Medicine (AOBEM) certification, then the physician is required to have successfully completed an ATLS or CALS course (including Benchmark Lab or Trauma Module Course) once.	If the emergency department physician is currently board-certified or board-eligible with an American Board of Emergency Medicine (ABEM)-approved, ~~or~~ American Osteopathic Board of Emergency Medicine (AOBEM) certification, or is board-certified in Pediatric Emergency Medicine by the American Board of Pediatrics, then the physician is required to have successfully completed an ATLS or CALS course ~~(including Benchmark Lab or Trauma Module Course)~~ once.	If the emergency department physician is currently board-certified or board-eligible with an American Board of Emergency Medicine (ABEM)-approved, American Osteopathic Board of Emergency Medicine (AOBEM) certification, or is board-certified in Pediatric Emergency Medicine by the American Board of Pediatrics, then the physician is required to have successfully completed an ATLS or CALS course once.	Clarifying language Change in CALS course structure in 2024

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
18.2	If the emergency physician is not board-certified or board-eligible with an ABEM-approved or AOBEM certification, then the physician must have successfully completed ATLS and/or CALS (including the Benchmark Lab or Trauma Module Course) within the last four years. Emergency physicians must re-take their ATLS or CALS before or during the month in which it is due.	If the emergency department physician is not board-certified or board-eligible with an ABEM-approved or AOBEM certification, the physician must have successfully completed ATLS and/or CALS ~~(including the Benchmark Lab or Trauma Module Course)~~ within the last four years. Emergency physicians must re-take their ATLS or CALS before or during the month in which it is due.	If the emergency department physician is not board-certified or board-eligible with an ABEM-approved or AOBEM certification, the physician must have successfully completed ATLS and/or CALS within the last four years. Emergency physicians must re-take their ATLS or CALS before or during the month in which it is due.	Clarifying language Change in CALS course structure in 2024
19.1	Advance practice providers must have successfully completed ATLS and/or CALS (including the Benchmark Lab or Trauma Module Course) within the last four years. Providers must re-take their ATLS or CALS before or during the month in which it is due	Emergency department Advanced Practice Providers (APPs) must have successfully completed ATLS and/or CALS ~~(including the Benchmark Lab or Trauma Module Course)~~ within the last four years. Providers must re-take their ATLS or CALS before or during the month in which it is due. Other APPs who respond to the ED may be required to complete ATLS and/or CALS at the discretion of the hospital's trauma leadership.	Emergency department Advanced Practice Providers (APPs) must have successfully completed ATLS and/or CALS within the last four years. Providers must re-take their ATLS or CALS before or during the month in which it is due. Other APPs who respond to the ED may be required to complete ATLS and/or CALS at the discretion of the hospital's trauma leadership.	Clarifying language Change in CALS course structure in 2024

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
20.1	Registered nurses scheduled or expected to cover the emergency department must have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), or in-house training that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries. • Describe and demonstrate nursing trauma assessment to identify typical injuries associated with common mechanisms of injury • List appropriate interventions for injuries identified in the nursing assessment. • Associate signs and symptoms with physiological changes in the patient. • Describe the ongoing assessment to evaluate the effectiveness of interventions. Review the hospital's trauma admission and transfer policies	Registered nurses scheduled or expected to cover the emergency department must: 20.1.1 Review the hospital's trauma team activation, trauma admission, and trauma transfer policies **and** 20.1.2 have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), or in-house training that meets the following objectives: ▪ Identify the common mechanisms of injury associated with blunt and penetrating injuries. ▪ Describe and demonstrate nursing trauma assessment to identify typical injuries associated with common mechanisms of injury ▪ List appropriate interventions for injuries identified in the nursing assessment. ▪ Associate signs and symptoms with physiological changes in the patient. ▪ Describe the ongoing assessment to evaluate the effectiveness of interventions. ~~▪ Review the hospital's trauma admission and transfer policies~~	Registered nurses scheduled or expected to cover the emergency department must: **20.1.1** Review the hospital's trauma team activation, trauma admission, and trauma transfer policies **and** **20.1.2** have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), or in-house training that meets the following objectives: ▪ Identify the common mechanisms of injury associated with blunt and penetrating injuries. ▪ Describe and demonstrate nursing trauma assessment to identify typical injuries associated with common mechanisms of injury ▪ List appropriate interventions for injuries identified in the nursing assessment. ▪ Associate signs and symptoms with physiological changes in the patient. ▪ Describe the ongoing assessment to evaluate the effectiveness of interventions.	Clarifying language Trauma team activation policy review added

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
20.2	If the hospital admits patients as described in Section 10 to treat an injury or to monitor the patient for deterioration, registered nurses assigned to patient floors where those patients are admitted must have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), Trauma Care After Resuscitation (TCAR), Course in Advanced Trauma Nursing (CATN), or in-house training relating to the conditions treated or monitored that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries. • Describe nursing trauma assessment to identify typical injuries associated with common mechanisms of injury. • List appropriate interventions for injuries identified in the nursing assessment. • Associate signs and symptoms with physiological changes in the patient. • Describe the ongoing assessment to evaluate the effectiveness of interventions. Review the hospital's trauma admission and transfer policies.	If the hospital admits patients to treat an injury or to monitor the patient for deterioration, registered nurses assigned to patient floors where those patients are admitted must 20.2.1 Review the hospital's trauma admission and trauma transfer policies **and** 20.2.2 Have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), Trauma Care After Resuscitation (TCAR), Course in Advanced Trauma Nursing (CATN), or in-house training relating to the conditions treated or monitored that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries. • Describe nursing trauma assessment to identify typical injuries associated with common mechanisms of injury • List appropriate interventions for injuries identified in the nursing assessment. • Associate signs and symptoms with physiological changes in the patient. • Describe the ongoing assessment to evaluate the effectiveness of interventions. ~~• Review the hospital's trauma admission and transfer policies.~~	If the hospital admits patients to treat an injury or to monitor the patient for deterioration, registered nurses assigned to patient floors where those patients are admitted must **20.2.1** Review the hospital's trauma admission and trauma transfer policies **and** **20.2.2** Have successfully completed Trauma Nursing Core Course (TNCC), Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), Trauma Care After Resuscitation (TCAR), Course in Advanced Trauma Nursing (CATN), or in-house training relating to the conditions treated or monitored that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries. • Describe nursing trauma assessment to identify typical injuries associated with common mechanisms of injury • List appropriate interventions for injuries identified in the nursing assessment. • Associate signs and symptoms with physiological changes in the patient. • Describe the ongoing assessment to evaluate the effectiveness of interventions.	Clarifying language

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
21.1	Licensed practical nurses scheduled or expected to cover the emergency department must have successfully completed Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), an audit of Trauma Nursing Core Course (TNCC), or in-house training that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries • Recognize common signs and symptoms of injuries. • Identify data needed for the ongoing monitoring of a trauma patient. • Demonstrate role-specific trauma care competencies. • Examine the role-specific practice parameters for trauma care as defined by the hospital. Review the hospital's trauma admission and transfer policies.	~~Licensed practical nurses scheduled or expected to cover the emergency department must have successfully completed Comprehensive Advanced Life Support (CALS) Provider Course, Advanced Trauma Care for Nurses (ATCN), an audit of Trauma Nursing Core Course (TNCC), or in-house training that meets the following objectives:~~ ~~• Identify the common mechanisms of injury associated with blunt and penetrating injuries~~ ~~• Recognize common signs and symptoms of injuries.~~ ~~• Identify data needed for the ongoing monitoring of a trauma patient.~~ ~~• Demonstrate role-specific trauma care competencies.~~ ~~• Examine the role-specific practice parameters for trauma care as defined by the hospital.~~ ~~Review the hospital's trauma admission and transfer policies.~~		Removed

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
21.2	If the hospital admits patients as described in Section 10 to treat an injury or to monitor the patient for deterioration, licensed practical nurses assigned to patient floors where those patients are admitted must have successfully completed Comprehensive Advanced Life Support (CALS) Provider Course, Rural Trauma Team Development Course (RTTDC), Trauma Care After Resuscitation (TCAR), an audit of a Trauma Nursing Core Course (TNCC), or in-house training relating to the conditions treated or monitored that meets the following objectives: • Identify the common mechanisms of injury associated with blunt and penetrating injuries • Recognize common signs and symptoms of injuries. • Identify data needed for the ongoing monitoring of a trauma patient. • Describe role-specific trauma care competencies. • Examine the role-specific practice parameters for trauma care as defined by the hospital. Review the hospital's trauma admission and transfer policies.	~~If the hospital admits patients as described in Section 10 to treat an injury or to monitor the patient for deterioration, licensed practical nurses assigned to patient floors where those patients are admitted must have successfully completed Comprehensive Advanced Life Support (CALS) Provider Course, Rural Trauma Team Development Course (RTTDC), Trauma Care After Resuscitation (TCAR), an audit of a Trauma Nursing Core Course (TNCC), or in-house training relating to the conditions treated or monitored that meets the following objectives:~~ ~~• Identify the common mechanisms of injury associated with blunt and penetrating injuries~~ ~~• Recognize common signs and symptoms of injuries.~~ ~~• Identify data needed for the ongoing monitoring of a trauma patient.~~ ~~• Describe role-specific trauma care competencies.~~ ~~• Examine the role-specific practice parameters for trauma care as defined by the hospital.~~ ~~Review the hospital's trauma admission and transfer policies.~~		Removed

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
22.1	The hospital must establish a trauma performance improvement policy that: • Establishes methods to identify and resolve clinical care and process issues that are inconsistent with industry standards and best practices for trauma care. • Provides for the review or surveillance of trauma cases that meet the trauma registry inclusion criteria to identify potential clinical care and process issues. • Establishes trauma performance improvement filters. • Establishes the frequency of case finding and case review. • Incorporates performance-related information received from receiving hospitals about patients transferred. • Includes documentation of: o Performance improvement filters that fall out. o Findings from case reviews. o Actions undertaken to correct clinical care and process issues identified during case reviews. Resolution of issues identified by surveillance or case review.	~~The hospital must establish a trauma performance improvement policy that:~~ ~~22.1.1 Establishes methods to identify and resolve clinical care and process issues that are inconsistent with industry standards and best practices for trauma care.~~ ~~22.1.2 Provides for the review or surveillance of trauma cases that meet the trauma registry inclusion criteria to identify potential clinical care and process issues.~~ ~~22.1.3 Establishes trauma performance improvement filters.~~ ~~22.1.4 Establishes the frequency of case finding and case review.~~ ~~22.1.5 Incorporates performance-related information received from receiving hospitals about patients transferred.~~ ~~• Includes documentation of:~~ ~~22.1.6 Performance improvement filters that fall out.~~ ~~22.1.7 Findings from case reviews.~~ ~~22.1.8 Actions undertaken to correct clinical care and process issues identified during case reviews.~~ ~~22.1.9 Resolution of issues identified by surveillance or case review~~. (Revised into new 22.1)		Incorporated into new 21.1

21.1		The performance improvement process must outline (in a written document), the following elements: 22.1.1 Case Finding: the steps to identify cases that meet the trauma registry inclusion criteria 22.1.2 *Primary Review: the process to provide critical nurse level review to identify potential clinical care issues and deviations from standards of care and/or practice 22.1.3 *Secondary Review: the process to provide critical provider level review to identify potential clinical care issues and deviations from standards of care and/or practice 22.1.4 Tertiary Review- 22.1.4.1 Provider Case Review: the established method for a provider level committee case review to identify potential clinical care issues that are identified by trauma program leaders 22.1.4.1.1 Define committee members and attendance expectations/requirements. 22.1.4.1.2 Results of tertiary case reviews that identify opportunities to improve clinical care must be communicated with the medical providers. 22.1.4.2 Multidisciplinary Review: the established method for multidisciplinary committee review to identify potential operational issues that are identified by trauma program leaders 22.1.4.2.1 Define disciplines to be represented and attendance expectations/requirements. 22.1.4.2.2 Meeting minutes must be shared with committee members not in attendance at the meeting. 22.1.5 Trauma Registry: the established steps for data entry into the trauma registry 22.1.6 Performance Improvement: the method to identify and document performance related issues and steps for improvement.	The performance improvement process must outline (in a written document), the following elements: **21.1.1** Case Finding: the steps to identify cases that meet the trauma registry inclusion criteria **21.1.2** *Primary Review: the process to provide critical nurse level review to identify potential clinical care issues and deviations from standards of care and/or practice **21.1.3** *Secondary Review: the process to provide critical provider level review to identify potential clinical care issues and deviations from standards of care and/or practice **21.1.4** Tertiary Review- **21.1.4.1** Provider Case Review: the established method for a provider level committee case review to identify potential clinical care issues that are identified by trauma program leaders **21.1.4.1.1** Define committee members and attendance expectations/requirements. **21.1.4.1.2** Results of tertiary case reviews that identify opportunities to improve clinical care must be communicated with the medical providers. **21.1.4.2** Multidisciplinary Review: the established method for multidisciplinary committee review to identify potential operational issues that are identified by trauma program leaders **21.1.4.2.1** Define disciplines to be represented and attendance expectations/requirements. **21.1.4.2.2** Meeting minutes must be shared with committee	New Clarifying language from policy to written document

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
		22.1.7 Performance Measures: identify where and how state and/or local measures are monitored and tracked. * The scope of case primary and secondary review includes care provided in the prehospital setting, emergency department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients.	members not in attendance at the meeting. **21.1.5** Trauma Registry: the established steps for data entry into the trauma registry **21.1.6** Performance Improvement: the method to identify and document performance related issues and steps for improvement. **21.1.7** Performance Measures: identify where and how state and/or local measures are monitored and tracked. * The scope of case primary and secondary review includes care provided in the prehospital setting, emergency department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients.	Reference to new 22.1 criteria
22.2	The scope of case review must include care provided in the emergency department, in-patient units and all areas and departments of the hospital that provide or affect trauma care.	~~The scope of case review must include care provided in the emergency department, in-patient units and all areas and departments of the hospital that provide or affect trauma care.~~ (Included in revised 21.1)		Incorporated in new 21.1

21.2		The performance improvement process must demonstrate the following elements: 22.2.1 Case Finding: 22.2.1.1 must occur, ~~at a minimum~~, ~~every~~ within three ~~two~~ weeks of patients' discharge 22.2.1.2 identify trauma cases that meet the trauma registry inclusion criteria 22.2.2 Primary Review: 22.2.2.1 must occur within three ~~two~~ weeks of patients' discharge. 22.2.2.2 identify potential clinical care issues and care issues that are inconsistent with Trauma Standards of Care (e.g. Advanced Trauma Life Support [ATLS], Comprehensive Advanced Life Support [CALS], Trauma Nursing Core Course [TNCC] and Rural Trauma Team Development Course [RTTDC] principles). 22.2.2.3 the scope of case review includes care provided in the pre-hospital setting, emergency department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients. 22.2.3 Secondary Review (if required): 22.2.3.1 must occur within ~~one month~~ six weeks of patients' discharge 22.2.3.2 identify potential clinical care issues and care issues that are inconsistent with Trauma Standards of Care (e.g. Advanced Trauma Life Support [ATLS], Comprehensive Advanced Life Support [CALS], Trauma Nursing Core Course [TNCC] and Rural Trauma Team Development Course [RTTDC] principles). 22.2.3.3 the scope of case review includes care provided in the pre-hospital setting, emergency department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients. 22.2.4 Tertiary Review (if required): Provider Case Review	The performance improvement process must demonstrate the following elements: **21.2.1** Case Finding: **21.2.1.1** must occur within three weeks of patients' discharge **21.2.1.2** identify trauma cases that meet the trauma registry inclusion criteria **21.2.2** Primary Review: **21.2.2.1** must occur within three weeks of patients' discharge. **21.2.2.2** identify potential clinical care issues and care issues that are inconsistent with Trauma Standards of Care (e.g. Comprehensive Advanced Life Support [CALS], Trauma Nursing Core Course [TNCC] and Rural Trauma Team Development Course [RTTDC] principles). **21.2.2.3** the scope of case review includes care provided in the pre-hospital setting, emergency department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients. **21.2.3** Secondary Review (if required): **21.2.3.1** must occur within six weeks of patients' discharge **21.2.3.2** identify potential clinical care issues and care issues that are inconsistent with Trauma Standards of Care (e.g. Advanced Trauma Life Support [ATLS], Comprehensive Advanced Life Support [CALS], and Rural Trauma Team Development Course [RTTDC] principles). **21.2.3.3** the scope of case review includes care provided in the pre-hospital setting, emergency	New Extending review timelines Extending review timelines Extending review timelines

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
		22.2.4.1 Provider case review is to be facilitated by the trauma medical director/co-TMD. 22.2.4.2 Learnings from provider case review must be provided to medical providers who are not in attendance at the meeting. Multidisciplinary Review 22.2.4.3 Meeting minutes must be shared with committee members not in attendance at the meeting. 22.2.5 Performance Improvement documentation will include: 22.2.5.1 Evaluation of performance measures 22.2.5.2 Findings from all levels of case reviews 22.2.5.3 Actions undertaken to correct clinical care and process issues identified during case reviews 22.2.5.4 Appropriate steps towards improvement or resolution of identified issues 22.2.6 Demonstrate resolution of at least two clinical care or care process issues	department, in-patient units, and all areas and departments of the hospital that provide or affect trauma care, as well as performance related information from a receiving hospital about transferred patients. **21.2.4** Tertiary Review (if required): Provider Case Review **21.2.4.1** Provider case review is to be facilitated by the trauma medical director/co-TMD. **21.2.4.2** Learnings from provider case review must be provided to medical providers who are not in attendance at the meeting. Multidisciplinary Review **21.2.4.3** Meeting minutes must be shared with committee members not in attendance at the meeting. **21.2.5** Performance Improvement documentation will include: **21.2.5.1** Evaluation of performance measures **21.2.5.2** Findings from all levels of case reviews **21.2.5.3** Actions undertaken to correct clinical care and process issues identified during case reviews **21.2.5.4** Appropriate steps towards improvement or resolution of identified issues **21.2.6** Demonstrate resolution of at least two clinical care or care process issues	New- clarifying expectations

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
22.3	Results of the trauma case reviews that identify opportunities to improve clinical care must be communicated with the medical providers.	~~Results of the trauma case reviews that identify opportunities to improve clinical care must be communicated with the medical providers.~~ (Included in revised 21.1)		Incorporated in new 21.1

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
21.3		The hospital must establish and monitor performance improvement filters that include: ~~Emergency department provider non-compliance with on-call response times.~~ ~~Trauma care provided by physicians who do not meet minimal educational requirements.~~ ~~Trauma team activation and length of stay before transfer >60 minutes~~ 22.3.1 Case category: TTA, Transfer, Admit, Death 22.3.2 Delay in decision to transfer (>30 min) once the immediate transfer criteria/policy is met 22.3.3 Patient ~~exceeds admission~~ met transfer conditions ~~criteria~~ and admitted locally 22.3.4 Admitted and then transferred 22.3.5 Delays in care 22.3.6 Deviation from Practice Management Guidelines 22.3.7 At least one hospital-specific filter that focuses on improving clinical care or care processes General surgeon non-compliance with response time and communication requirements: 22.3.8 Tier-1 TTA & general surgeon did not promptly communicate with ED provider (phone or in-person) 22.3.9 Tier-1 TTA & general surgeon promptly communicated with ED provider & did not document in the medical record. 22.3.10 General surgeon did not respond within 60 minutes when requested. 22.3.11 Trauma patient admitted to a non-surgeon without surgeon consult 22.3.12 General surgeon did not arrive at bedside within 18 hours	The hospital must establish and monitor performance improvement filters that include: **21.3.1** Case category: TTA, Transfer, Admit, Death **21.3.2** Delay in decision to transfer (>30 min) once the immediate transfer criteria/policy is met **21.3.3** Patient met transfer conditions and admitted locally **21.3.4** Admitted and then transferred **21.3.5** Delays in care **21.3.6** Deviation from Practice Management Guidelines **21.3.7** At least one hospital-specific filter that focuses on improving clinical care or care processes General surgeon non-compliance with response time and communication requirements: **21.3.8** Tier-1 TTA & general surgeon did not promptly communicate with ED provider (phone or in-person) **22.3.9** Tier-1 TTA & general surgeon promptly communicated with ED provider & did not document in the medical record. **22.3.10** General surgeon did not respond within 60 minutes when requested. **22.3.11** Trauma patient admitted to a non-surgeon without surgeon consult **22.3.12** General surgeon did not arrive at bedside within 18 hours	Revised from old 22.6 21.3.1 21.3.2 21.3.3 21.3.4 21.3.5 21.3.6 21.3.7 21.3.8 21.3.9 21.3.10 21.3.11 21.3.12

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
22.4	Case finding must occur, at a minimum, every two weeks and primary case review must occur within two weeks of patients' discharge.	~~Case finding must occur, at a minimum, every two weeks and primary case review must occur within two weeks of patients' discharge.~~ (Included in revised 21.2)		Incorporated in new 21.2
21.4		The Emergency Department must 22.4.1 Perform a Pediatric Readiness Assessment within one year of designation expiration 22.4.2 Have a plan to address at least one of the identified gaps 22.4.3 Identify a pediatric point of contact	The Emergency Department must **21.4.1** Perform a Pediatric Readiness Assessment within one year of designation expiration **21.4.2** Have a plan to address at least one of the identified gaps **21.4.3** Identify a pediatric point of contact	New self-assessment survey addressing the policies, personnel, equipment, and systems a hospital has in place to ensure it can effectively care for injured children. https://www.pedsready.org/
22.5	Medical director review of trauma cases must occur within one month of patients' discharge.	~~Medical director review of trauma cases must occur within one month of patients' discharge.~~ (Included in revised 21.2)		Incorporated in new 21.2
22.6	The hospital must establish and monitor performance improvement filters that include: • General surgeon non-compliance with response time and communication requirements • Emergency department provider non-compliance with on-call response times. • Trauma patient admitted to a non-surgeon without surgeon consult • Trauma care provided by physicians who do not meet minimal educational requirements. • Trauma team activation and length of stay before transfer >60 minutes Met trauma transfer criteria and admitted locally	~~The hospital must establish and monitor performance improvement filters that include:~~ ~~• General surgeon non-compliance with response time and communication requirements~~ ~~• Emergency department provider non-compliance with on-call response times.~~ ~~• Trauma patient admitted to a non-surgeon without surgeon consult~~ ~~• Trauma care provided by physicians who do not meet minimal educational requirements.~~ ~~• Trauma team activation and length of stay before transfer >60 minutes~~ ~~Met trauma transfer criteria and admitted locally~~ (Included in 21.3)		Incorporated in new 21.3 Integrated 3 filters Removed 2 filters

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
22.7	The trauma performance improvement process may be integrated with the hospital's quality improvement processes; but the trauma program leaders must retain oversight over the program's performance improvement initiatives. Potential clinical care issues referred to other bodies within the hospital or health system, such as peer review, or other organizations must be made available to the trauma program leadership.	~~The trauma performance improvement process may be integrated with the hospital's quality improvement processes; but the trauma program leaders must retain oversight over the program's performance improvement initiatives. Potential clinical care issues referred to other bodies within the hospital or health system, such as peer review, or other organizations must be made available to the trauma program leadership.~~		Removed
22.8	The trauma program must monitor imaging-interpretation turnaround times and review missed diagnoses identified from over-read reports.	~~The trauma program must monitor imaging-interpretation turnaround times and review missed diagnoses identified from over-read reports.~~		Removed
22.1		The following performance measures must be maintained or exceeded: 22.1.1 Trauma team activated when criteria met: 80% 22.1.2 ED provider and general surgeon promptly communicate: 90% 22.1.3 Surgeon response time when requested within 60 minutes: ~~80~~ 90% 22.1.4 Patient admitted with a Table 3 condition and/or when a patient exceeds admission criteria and received a consult/evaluation by a surgeon within 18 hours: 100% 22.1.5 Trauma patients admitted to or consulted by a surgeon (all patients) within 18 hours: 70% 22.1.6 At least one hospital-specific measure that focuses on improving clinical care and meeting the hospital's set goal.	The following performance measures must be maintained or exceeded: **22.1.1** Trauma team activated when criteria met: 80% **22.1.2** ED provider and general surgeon promptly communicate: 90% **22.1.3** Surgeon response time when requested within 60 minutes: 90% **22.1.4** Patient admitted with a Table 3 condition and/or when a patient exceeds admission criteria and received a consult/evaluation by a surgeon within 18 hours: 100% **22.1.5** Trauma patients admitted to or consulted by a surgeon (all patients) within 18 hours: 70% **22.1.6** At least one hospital-specific measure what focuses on improving clinical care and meeting the hospital's set goal	22.1.1 – 22.1.5 These are not new. These items were previous spread throughout the criteria 22.1.6 New

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
23.1	The hospital must establish a mechanism by which all physicians and advance practice providers that care for trauma patients review cases identified by the trauma program leaders in a committee format to identify opportunities to improve trauma care and prescribe remedies		The hospital must establish a mechanism by which all physicians and advance practice providers that care for trauma patients review cases identified by the trauma program leaders in a committee format to identify opportunities to improve trauma care and prescribe remedies	No change
23.2	General surgeons, general surgical advance practice providers involved in trauma care, emergency department physicians and emergency department advance practice providers on staff must attend a minimum of 50% of the scheduled meetings. If liaisons attend as a representative of their disciplines, other members of the discipline must attend a minimum of 50% of their disciplines' case review meetings		General surgeons, general surgical advance practice providers involved in trauma care, emergency department physicians and emergency department advance practice providers on staff must attend a minimum of 50% of the scheduled meetings. 23.2.1 If liaisons attend as a representative of their disciplines, other members of the discipline must attend a minimum of 50% of their disciplines' case review meetings	No change
24.1	The hospital must establish a mechanism whereby clinical disciplines involved in providing care for trauma patients review cases identified by the trauma program leaders in a committee format to identify opportunities to improve trauma care processes and prescribe remedies.	~~The hospital must establish a mechanism whereby clinical disciplines involved in providing care for trauma patients review cases identified by the trauma program leaders in a committee format to identify opportunities to improve trauma care processes and prescribe remedies.~~ The hospital must establish a mechanism through which clinical disciplines involved in trauma care review operations and opportunities for improvement as identified by trauma program leadership. The concerns should be discussed within a structured committee format to formulate remedies.	The hospital must establish a mechanism through which clinical disciplines involved in trauma care review operations and opportunities for improvement as identified by trauma program leadership. The concerns should be discussed within a structured committee format to formulate remedies.	Clarifying language

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
24.2	Emergency medicine, general surgery, orthopedic surgery, neurosurgery, radiology, laboratory, blood bank and critical care disciplines must participate in multidisciplinary case review. Representatives from other surgical subspecialties, anesthesia, administration, nursing, emergency medical services and ancillary service personnel must also attend when required by the trauma program manager and the trauma medical director.	The following disciplines must be represented, and participate at 75% in multidisciplinary review: 24.2.1 emergency medicine 24.2.2 general surgery 24.2.3 orthopedic surgery 24.2.4 neurosurgery 24.2.5 radiology 24.2.6 laboratory 24.2.7 blood bank 24.2.8 critical care 24.2.9 When required by the trauma program manager and/or the trauma medical director, representatives from other surgical subspecialties, anesthesia, administration, nursing, emergency medical services and ancillary service personnel must also attend.	The following disciplines must be represented, and participate at 75% in multidisciplinary review: **24.2.1** emergency medicine **24.2.2** general surgery **24.2.3** orthopedic surgery **24.2.4** neurosurgery **24.2.5** radiology **24.2.6** laboratory **24.2.7** blood bank **24.2.8** critical care **24.2.9** When required by the trauma program manager and/or the trauma medical director, representatives from other surgical subspecialties, anesthesia, administration, nursing, emergency medical services and ancillary service personnel must also attend.	Clarifying language Clarified and decreased expectation
25.1	The hospital must establish a policy that: • Identifies the circumstances that may require trauma patients to be diverted to another hospital. • Lists the hospital personnel responsible for the decision to divert trauma patients. Establishes the procedure to notify hospital departments, EMS agencies and other area hospitals of the need to divert trauma patients and when the need to divert patients has ended.	The hospital must establish a policy that: 25.1.1 Identifies the circumstances that may require trauma patients to be diverted to another hospital. 25.1.2 Lists the hospital personnel responsible for the decision to divert trauma patients. 25.1.3 Establishes the procedure to notify hospital departments, EMS agencies and other area hospitals of the need to divert trauma patients and when the need to divert patients has ended.	The hospital must establish a policy that: **25.1.1** Identifies the circumstances that may require trauma patients to be diverted to another hospital. **25.1.2** Lists the hospital personnel responsible for the decision to divert trauma patients. **25.1.3** Establishes the procedure to notify hospital departments, EMS agencies and other area hospitals of the need to divert trauma patients and when the need to divert patients has ended.	Clarifying language
25.2	Instances in which the hospital implements divert status must be reviewed through the trauma performance improvement process.		Instances in which the hospital implements divert status must be reviewed through the trauma performance improvement process.	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
26.1	The hospital must submit data as defined by the State Trauma Advisory Council within 60 days of the patients' discharge or transfer.		The hospital must submit data as defined by the State Trauma Advisory Council within 60 days of the patients' discharge or transfer.	No change
26.2	Data imported from other sources must be submitted in a manner and format that is acceptable to MDH.		Data imported from other sources must be submitted in a manner and format that is acceptable to MDH.	No change
27.1	The hospital must actively participate in at least one Minnesota regional trauma advisory committee (RTAC) or subcommittee of a Minnesota RTAC. Active participation is defined as attending at least 50% of the scheduled meetings		The hospital must actively participate in at least one Minnesota regional trauma advisory committee (RTAC) or subcommittee of a Minnesota RTAC. Active participation is defined as attending at least 50% of the scheduled meetings	No change
28.1	The hospital must participate in community injury prevention activities		The hospital must participate in community injury prevention activities	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
29.1	Emergency Department • Airway control and ventilation equipment • Arterial tourniquet • Pulse oximetry • Suction devices and supplies • EKG monitor and defibrillator • Crystalloid IV fluids and administration set • IV catheters from 14-22 Ga. • Drugs necessary for emergency trauma care • Nasal gastric & oral gastric tubes • Cervical collars • Pediatric length-based resuscitation tape or reference manual • Blanket warmer or overhead radiant heater • Warming cabinet for IV fluids or inline IV fluid warmer • Rapid IV fluid infuser system (may use pressure bag) • Quantitative end-tidal CO2 • Method to communicate with EMS • Mechanism for IV flow-rate control • Intraosseous needles and administration sets • Supplies for surgical airway & thoracostomy • Mechanism for pelvic stabilization Central lines (desired; not required)	Emergency Department • Airway control and ventilation equipment • Arterial tourniquet • Pulse oximetry • Suction devices and supplies • EKG monitor and defibrillator • Crystalloid IV fluids and administration set • IV catheters from 14-22 Ga. • Drugs necessary for emergency trauma care • Nasal gastric & oral gastric tubes • Cervical collars • Pediatric length-based resuscitation tape or reference manual • Blanket warmer or overhead radiant heater • Warming cabinet for IV fluids or inline IV fluid warmer • Rapid IV fluid infuser system (may use pressure bag) • Quantitative end-tidal CO2 • Method to communicate with EMS • Mechanism for IV flow-rate control • Intraosseous needles and administration sets • Supplies for surgical airway & thoracostomy • Mechanism for pelvic stabilization ~~Central lines (desired; not required)~~	Emergency Department • Airway control and ventilation equipment • Arterial tourniquet • Pulse oximetry • Suction devices and supplies • EKG monitor and defibrillator • Crystalloid IV fluids and administration set • IV catheters from 14-22 Ga. • Drugs necessary for emergency trauma care • Nasal gastric & oral gastric tubes • Cervical collars • Pediatric length-based resuscitation tape or reference manual • Blanket warmer or overhead radiant heater • Warming cabinet for IV fluids or inline IV fluid warmer • Rapid IV fluid infuser system (may use pressure bag) • Quantitative end-tidal CO2 • Method to communicate with EMS • Mechanism for IV flow-rate control • Intraosseous needles and administration sets • Supplies for surgical airway & thoracostomy • Mechanism for pelvic stabilization	Clarifying language
29.2	Imaging Department • Airway control and ventilation equipment • Suction device and suction supplies		Imaging Department • Airway control and ventilation equipment • Suction device and suction supplies	No change

	CURRENT LEVEL 3 CRITERIA	CRITERIA EDITS (current criteria with markup)	PROPOSED LEVEL 3 CRITERIA	EXPLANATION
29.3	Operating Room • Blanket warmer or other mechanism for thermoregulation • Warming cabinet for IV fluids or inline IV fluid warmer • X-ray capabilities including C-arm intensifier • Rapid infuser system (may use pressure bag)		Operating Room • Blanket warmer or other mechanism for thermoregulation • Warming cabinet for IV fluids or inline IV fluid warmer • X-ray capabilities including C-arm intensifier • Rapid infuser system (may use pressure bag)	No change
29.4	Post-Anesthesia Recovery • Equipment for monitoring and resuscitation • Pulse oximetry • Blanket warmer or other mechanism for thermoregulation • Warming cabinet for IV fluids or inline IV fluid warmer		Post-Anesthesia Recovery • Equipment for monitoring and resuscitation • Pulse oximetry • Blanket warmer or other mechanism for thermoregulation • Warming cabinet for IV fluids or inline IV fluid warmer	No change
29.5	Intensive Care Unit • Equipment for monitoring and resuscitation • Ventilator (transport ventilator is not sufficient)		Intensive Care Unit • Equipment for monitoring and resuscitation • Ventilator (transport ventilator is not sufficient)	No change
29.6	In-patient Unit • Equipment for monitoring and resuscitation		In-patient Unit • Equipment for monitoring and resuscitation	No change

Modification Code Key	
Green	Decrease or eliminate
Blue	Neutral
Orange	New