

**Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 30 - Division of Health Standards & Licensure**  
**Chapter 40 - Trauma Center Regulations**

**PROPOSED AMENDMENT**

**19 CSR 30-40.450 Standards for Level IV Trauma Center Designation**

*PURPOSE: This rule establishes standards for Level **IV** trauma center designation.*

*PUBLISHER'S NOTE **IV-IA** indicates an immediately available requirement for level **IV** trauma centers respectively. **IV-PA** indicates a promptly available requirement for level **IV** trauma centers.*

(1) General Standards for **Level IV** Trauma Center Designation.

(A) The hospital board of directors, administration, medical staff and nursing staff shall demonstrate a commitment to quality trauma care. Methods of demonstrating the commitment shall include, but not be limited to, a board resolution that the hospital governing body agrees to establish policy and procedures for the maintenance of services essential for a trauma center; assure that all trauma patients will receive medical care at the level of the hospital's designation; commit the institution's financial, human and physical resources as needed for the trauma program; and establish a priority admission for the trauma patient to the full services of the institution.

(B) Trauma centers shall agree to accept all trauma victims appropriate for the level of care provided at the hospital, regardless of race, sex, creed or ability to pay.

(C) The hospital shall demonstrate evidence of a trauma program that provides the trauma team with appropriate experience to maintain skill and proficiency in the care of trauma patients. Such evidence shall include, meeting of continuing education unit requirements by all professional staff, documented regular attendance **by all licensed trauma care providers on the trauma call roster at trauma program performance improvement and patient safety program** meetings, documentation of continued experience **as defined by the trauma medical director** in management of sufficient numbers of **severely injured** patients to maintain skill levels, and outcome data on quality of patient care **as defined by regional EMS committees. Regular attendance shall be defined by each trauma service, but shall be not less than fifty (50) % of all meetings. The trauma medical director must ensure and document dissemination of information and findings from the peer review meetings to the non-core surgeons on the trauma call panel.**

(D) There shall be a lighted designated helicopter landing area at the trauma center to accommodate incoming medical helicopters.

1. The landing area shall serve solely as the receiving and take-off area for medical helicopters and shall be cordoned off at all times from the general public to assure its continual availability and safe operation.

2. The landing area shall be on the hospital premises no more than three (3) minutes from the emergency room.

(E) The hospital shall appoint a board-certified **physician** to serve as the trauma medical director.

1. There shall be a job description and organization chart depicting the relationship between the trauma medical director and other services.

2. The trauma medical director shall be a member of the **licensed trauma care provider** trauma call roster.

3. The trauma medical director shall be responsible for **the oversight of** the education and training of the medical and nursing staff in trauma care.

4. The trauma medical director shall document a minimum average of sixteen (16) hours of continuing medical education (CME) in trauma care every year.

(F) There shall be a trauma nurse coordinator/**trauma program manager**.

1. There shall be a job description and organization chart depicting the relationship between the trauma nurse coordinator/**trauma program manager** and other services.

2. The trauma nurse coordinator/**trauma program manager** shall document a minimum average of **sixteen (16) hours** of continuing nursing education in trauma care every year.

(G) By the time of the initial review, all members of the **licensed trauma care provider** trauma call roster shall have successfully completed or be registered for a provider Advanced Trauma Life Support (ATLS) course. **Current certification must then be maintained by each licensed trauma care provider on the trauma call roster.**

(H) All members of the trauma call roster shall document a minimum average of eight (8) hours of CME in trauma care every year. In hospitals designated as adult/pediatric trauma centers, providing care to injured children fourteen (14) years of age and younger four (4) of the eight (8) hours of education per year must be applicable to pediatric trauma.

(I) The hospital shall demonstrate that there is **a plan for** adequate post-discharge follow-up on trauma patients, including

(J) A Missouri trauma registry shall be completed on each **patient who sustains a traumatic injury and meets the following criteria: Includes at least one (1) code within the range of the following injury diagnostic codes as defined in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9)-(CM) 800-959.9. Excludes all diagnostic codes within the following code ranges: 905-909.9 (late effects of injury), 910-924.9 (superficial injuries, including blisters, contusions, abrasions, and insect bites). 930-939.9 (foreign bodies), and must include one of the following criteria: hospital admission, or patient transfer out of facility or death resulting from the traumatic injury (independent of hospital admission or hospital transfer status.)**

The registry **shall** be submitted electronically in a format defined by the Department of Health and Senior Services. Electronic data shall be submitted quarterly, ninety (90) days after the quarter ends. The trauma registry must be current and complete. A patient log with admission date, patient name, and injuries must be available for use during the site review process. Information provided by hospitals on the trauma registry shall be subject to the same confidentiality requirements and procedures contained in section 192.067, RSMo. **The trauma care data elements shall be those identified and defined by the National Trauma Data Standard which is incorporated by references in this rule as published by the ACS in 2008 and is available at the ACS, 633 N. St. Clair., Chicago, IL 60611. This rule does not incorporate any subsequent amendments or additions.**

(K) The hospital shall have a trauma team activation protocol that establishes the criteria used to rank trauma patients according to the severity and type of injury and identifies the persons authorized to notify trauma team members when a **severely injured** patient is en route or has arrived at the trauma center.

1. The trauma team activation protocol shall provide for immediate notification and response requirements **as previously defined** for trauma team members when a **severely injured** patient is en route to the trauma center.

(L) The hospital shall have a plan to notify an organ or tissue procurement organization and cooperate in the procurement of anatomical gifts in accordance with the provisions in section 194.233, RSMo.

(M) There shall be no level **IV** trauma centers designated within fifteen (15) miles of any Missouri level I , II, **or III** trauma center.

(2) Hospital Organization Standards for Trauma Center Designation.

(A) There shall be a delineation of privileges for the trauma service staff made by the medical staff credentialing committee.

(B) All members of the **ED/Trauma** call roster shall comply with the availability and response requirements in subsection (2)(D) of this rule. If not on the hospital premises, trauma team members who are immediately available shall carry electronic **communication** devices at all times to permit contact by the hospital and shall respond immediately to a contact by the hospital.

**(C) In a Level IV center call rosters providing for back-up coverage for licensed trauma care providers will be maintained or a written transfer agreement to a regional Level I or II center provided**

(3) Standards for Special Facilities/Resources/Capabilities for Trauma Center Designation.

(A) The hospital shall meet emergency department standards for trauma center designation.

1. The emergency department staffing shall ensure immediate and appropriate care of the trauma patient.

a. There shall be a physician **trained** in the care of the critically injured **as evidenced by credentialing in ATLS and current in trauma CME as previously defined** in the emergency department **with a response time of 20 minutes or less of notification.**

b. All emergency department **licensed trauma care providers** shall have successfully completed ATLS **and maintain current certification. Physicians who are certified by boards other than emergency medicine who treat trauma patients in the emergency department are required to have current ATLS status.**

[c]. There shall be written protocols defining the relationship of the emergency department **licensed trauma care providers** to other members of the trauma team.

d. All registered nurses assigned to the emergency department shall be credentialed in trauma nursing by the hospital within one (1) year of assignment.

e. Registered nurses credentialed in trauma nursing shall document a minimum of eight (8) hours of trauma-related continuing nursing education per year. **Registered nurses credentialed in trauma care shall maintain current provider status in Trauma Nursing Core Curriculum or Advanced Trauma Care for Nurses and either Pediatric Advanced Life Support, Advanced Pediatric Life Support or Emergency Nursing Pediatric Course within one (1) year of employment in the emergency department. The requirement for Trauma Nurse Core Curriculum, Advanced Pediatric Life Support, or Emergency Nursing Pediatric Course may be waived in centers where policy exists diverting injured children to a pediatric trauma center and where a pediatric trauma center is immediately available and a performance improvement filter reviewing any children seen is maintained.**

2. Equipment for resuscitation and life support **with sizes appropriate for all ages** or the critically or seriously injured shall include the following:

A. Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, and sources of oxygen

B. Suction devices

- C. Electrocardiograph, **cardiac monitor** and defibrillator
- D. Central line insertion equipment or **IO insertion**
- E. All standard intravenous fluids and administration devices and intravenous catheters
- F. Sterile surgical sets for procedures standard for the emergency department
- G. Gastric lavage equipment
- H. Drugs and supplies necessary for emergency care
- I. Two-way radio linked with emergency medical services (EMS) vehicles
- J. End-tidal carbon dioxide monitor
- K.** Temperature control devices for patient, parenteral fluids and blood and
- L.** Rapid infusion system for parenteral infusion

3. There shall be documentation that all equipment is checked according to the hospital preventive maintenance schedule.

4. There shall be X-ray capability with twenty-four (24) hour coverage by technicians.

5. Nursing documentation for the trauma patient shall be on a trauma flow sheet **approved by the Trauma Medical Director and Trauma Nurse Coordinator/Trauma Program Manager.**

(B) The hospital shall have acute hemodialysis capability or a written transfer agreement.

(C) The hospital shall have a written transfer agreement for burn patients.

(D) The hospital shall have injury rehabilitation and spinal cord injury rehabilitation capability or a written transfer agreement.

(E) The hospital shall **possess** pediatric trauma management capability or **maintain** written transfer agreements.

(F) Radiological capabilities for trauma center designation **including a mechanism for timely interpretation to aid in patient management** shall include:

(1.) Resuscitation equipment available to the radiology department

(2.) Adequate physician and nursing personnel present with monitoring equipment to fully support the trauma patient and provide documentation of care during the time the patient is physically present in the radiology department and during transportation to and from the radiology department. **Nurses providing care for the trauma patients that are not accompanied by a trauma nurse while in the radiology department during initial evaluation and resuscitation shall maintain the same credentialing required of emergency department nursing personnel.**

(G) There shall be documentation of adequate support services in assisting the patient's family from the time of entry into the facility to the time of discharge.

(H) The following clinical laboratory services shall be available twenty-four (24) hours a day:

1. Standard analyses of blood, urine and other body fluids

2. [Blood typing and cross-matching;]

3. Coagulation studies

4. Comprehensive blood bank or access to a community central blood bank and adequate hospital blood storage facilities

5. Blood gases and pH determinations

[ 6. Serum and urine osmolality;

7. Microbiology;

8. Drug and alcohol screening; and ]

9. A written protocol that the trauma patient receives priority.

(4) Standards for Programs in Performance Improvement Patient Safety, Outreach, Public Education and Training for Trauma Center Designation.

(A) There shall be an ongoing **Performance Improvement Patient Safety program** designed to objectively and systematically monitor, review and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care and resolve identified problems.

(B) The following additional **Performance Improvement Patient Safety** measures shall be required:

1. Regular reviews of all trauma-related deaths
2. A regular morbidity and mortality review, **at least quarterly**;
3. A regular multidisciplinary trauma conference that includes **representation of** all members of the trauma team, with minutes of the conferences to include attendance and findings;
4. Regular reviews of the reports generated by the Department of Health and Senior Services from the Missouri trauma registry and the head and spinal cord injury registry;
5. Regular reviews of pre-hospital trauma care including inter-facility transfers and all adult patients seen in pediatric centers;

**6. Participation in reviews of regional systems of trauma care as established by the Department of Health and Senior Services;**

**7. Trauma patients remaining greater than six (6) hours prior to transfer will be reviewed as a part of the performance improvement and patient safety program.**

(C) The hospital shall be actively involved in local and regional emergency medical services systems by providing training and clinical resources.

(D) There shall be a hospital-approved procedure for credentialing nurses in trauma care.

1. All nurses **providing care to severely injured patients and** assigned to the emergency department shall complete a minimum of sixteen (16) hours of trauma nursing courses to become credentialed in trauma care.

2. The content and format of any trauma nursing courses developed and offered by a hospital shall be developed in cooperation with the trauma medical director. A copy of the course curriculum used shall be filed with the *Bureau* of EMS.

3. Trauma nursing courses offered by institutions of higher education in Missouri **such as the Advanced Trauma Care for Nurses, Emergency Nursing Pediatric Course** or the Trauma Nurse Core Curriculum may be used to fulfill this requirement. To receive credit for this course, a nurse shall obtain advance approval for the course from the trauma medical director and **trauma program manager** and shall present evidence of satisfactory completion of the course.

**(E) A hospital trauma diversion protocol must be maintained in accordance with state regulations. This protocol is designed to allow best resource management within a given area and should not be considered punitive. This policy must be coordinated with policies within the appropriate EMS region. This protocol must contain a defined Performance Improvement Patient Safety process to review and validate established criteria within that institution. Hospital diversion information must be maintained to include date, length of time and reason for diversion.**

**(F) Each trauma center shall have a disaster plan. A copy of this disaster plan must be maintained within the trauma center policies and procedures and should document the trauma services role in planning and response.**

(5) Standards for the Programs in Trauma Research for Trauma Center Designation.

**(A)** The hospital shall agree to cooperate and participate with the *Bureau* of EMS in conducting epidemiological studies and individual case studies for the purpose of developing injury control and prevention programs. (I-R, II-R, III-R)

*AUTHORITY: sections 190.185 and 190.241 RSMo [Supp. 1998] 2000.\* Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999.*

*\*Original authority: 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998 and 190.241, RSMo 1987 amended 1998.*