PUBLIC HEALTH DIVISION
Emergency Medical Services and Trauma Systems

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Trauma Categorization and Resource Standards
Revised Rule Changes
FACT SHEET

BACKGROUND:

The Healthcare Regulation and Quality Improvement (HCRQI) Section, EMS and Trauma System (EMS & TS) Program is responsible for the development of a comprehensive statewide trauma system which includes the development of state trauma objectives and standards, and the criteria and procedures utilized in categorizing and designating trauma hospitals. The EMS & TS program is directed by statute to categorize hospitals according to trauma care capabilities using standards modeled after the American College of Surgeons (ACS), Committee on Trauma Standards (COT).

Permanent administrative rules have been filed to address the following:

- Passage of SB 728 (2013) relating to the State Trauma Advisory Board;
- Updating and aligning ATAB requirements with statute;
- Providing better organization and identifying clearer processes and procedures for classifying and designating trauma hospitals; and
- Aligning trauma hospital resource standards with the 2014 Resources for Optimal Care of the Injured Patient.

SUMMARY OF CHANGES:

Rules are effective January 1, 2016; however, trauma hospitals and Area Trauma Advisory Boards will have until January 1, 2017 to comply with revised standards. While there appears to be many new rule sections added, a majority of the language is consistent with the former rule but is now better organized.

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Definitions

A few definitions have been added and a few terms updated based on revised terminology.

Objectives

The objectives have been revised to reference the current 2014 Resources for the Optimal Care of the Injured Patient.

State Trauma Advisory Board Functions and Appointments
Rules have been revised to align with ORS 431.580.

Trauma System Areas
Changes have been made to trauma system areas 1, 3, 6 and 7 to reflect changes that have occurred over time to geographic areas and referral patterns.

Area Trauma Advisory Board Functions and Appointments
Minimal wording changes were made to align with statute.

Approval of Area Trauma System Plans
Each ATAB shall be required to review its plan at least once every five years and submit information to the Division.

Standards for Area Trauma System Plans
Changes to this section include:

- Standards have been revised to reference the current 2014 Resources for the Optimal Care of the Injured Patient;
- Statute and rule references updated;
- Minor changes to wording for clarification;
- Prehospital EMS providers will be required to notify the receiving trauma hospital of an incoming patient and record the trauma ID number on the patient's prehospital care report;
- Clarification that the providers in each trauma system area shall function under an effective and coordinated set of off-line prehospital trauma protocols and on-line medical direction trauma policies and procedures;
- ATABs must now write triage and transportation protocols based on exhibit 2 (field triage criteria) that identify the following:
  - Which patients will be transported to which level of trauma hospital based on the capabilities of the hospital in the ATAB;
  - Conditions in which an ambulance may bypass a Level III or Level IV trauma hospital and go directly to a Level I or Level II;
  - Conditions in which air transport will be considered for direct transport to a Level I or Level II;
- Clarification that each ATAB plan must identify when a disaster management plan will be implemented and terminated, triage of trauma patients to non-trauma hospitals, and how trauma registry data will be collected.

Trauma Hospital Approval and Categorization
This section clearly describes that the Public Health Division will categorize a trauma hospital as a Level I, II, III or IV after considering the capability of the hospital and whether prescribed standards are met. In addition, language has been added that allows

the Division to categorize a Level I or Level II trauma hospital as a Pediatric Trauma Center if meeting prescribed standards.

Trauma Hospital Application
This new rule has been added describing the application process including submission of form, time frames, conducting a site survey, and a hospital's right to withdraw an application.

Trauma Survey and Survey Team
This new rule providers a clearer description of the site survey process and the survey team. Team members are selected by the Division and a hospital may contest a member of the survey team. Survey team members will evaluate medical records and other documentation, equipment and premises, interview hospital personnel, and report findings. The rule specifies that hospitals staff are prohibited from having any contact with a survey team member expect as directed by the Division. The Division may access trauma patient discharge summaries, care logs, care records, quality improvement committee minutes and other documents relevant to trauma care. All information gathered during a survey is confidential. The Division will provide a written report of the survey findings within 60 days of completing the on-site survey.

Hospitals Seeking Verification from American College of Surgeons
For hospitals seeking verification from ACS, this rule identifies notification requirements, documents necessary, verification site visit requirement, and report requirements.

Waivers
Outlines process the Division will take in considering a waiver requested by a trauma hospital.

Trauma Hospital Responsibilities
Summarizes the responsibility of each trauma hospital including expenses; complying with all state requirements; meeting or exceeding trauma hospital resource standards; providing resources, equipment, staff and response; providing care; reporting trauma registry data; participating in research; and recording resuscitation data. Two changes made from the previous rules are important to note:

- Trauma registry data must now be entered within 60 days of patient discharge; and
- The names of individuals serving as the Trauma Registrar, Trauma Coordinator or Trauma Program Manager, and Trauma Medical Director must be submitted to the Division and any changes must be reported within 60 days of the change.

(Public Health) Division Responsibilities
The Division will now only provide quarterly statistical reports upon request.

Violations
Clearly identifies what the Division considers a violation of rule including a hospital or individual advertising or representing to be a trauma hospital or a trauma hospital at a higher level than categorized; advertising or asserting that its trauma status affects the care of non-trauma patients; and failure to input trauma registry data in the prescribed time frame.

Enforcement
This section describes how preliminary survey findings shall be shared with the hospital, provides that a hospital has 30 days from receipt of the written report to request a reconsideration of the categorization; prescribes how deficiencies will be noted and the need for a hospital to respond to deficiencies; and any need for focused review. The rule outlines that the Division shall determine if a plan of correction is appropriate and, if not, what steps are necessary to amend. The rule allows the Division to resurvey, suspend or revoke a hospital's trauma categorization based on a hospitals failure to comply with the rules, standards and all policies and procedures.

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Only minor modifications were made to the rule specific to Trauma Area 1 including:

- Minor changes to wording;
- Updating rule references;
- Providing that written notification of a trauma system hospital's designation shall be provided to the applicant and an applicant shall have 30 days from receipt of notification of non-designation to request reconsideration.
- The Division shall designate a sufficient number of Level I trauma hospitals to assure resources within ATAB 1 are routinely available to treat at least **four** major trauma patients within 90 minutes.

Corresponding Exhibits to 333-200 and 333-205

Exhibits 1, 3, 4 and 5 have been revised. No changes were made to Exhibit 2

Exhibit 1 – Trauma boundaries have been slightly modified in areas 1, 3, 6 and 7.
Exhibit 3 – Hospital trauma team activation criteria have been slightly modified based on revised resource standards.
Exhibit 4 – The Trauma Resources Standards has been completely modified and now aligns with the 2014 Resources for Optimal Care of the Injured Patient. Additional information and fact sheets will be shared in the future specific to this Exhibit.

Questions? Send to: ems.trauma@state.or.us