

Hospital Commitment

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 5-1 CH 5 (35)	A decision by a hospital to become a trauma facility requires the commitment of the institutional governing body and the medical staff. Documentation of administrative commitment is required from the governing body and the medical staff.	I
IV	ACS, CD 5-1 CH 16 (115)	Because the trauma PI program crosses many specialty lines, it must be empowered to address events that involve multiple disciplines and be endorsed by the hospital governing body as part of its commitment to optimal care of the injured patients.	I
IV	ACS, CD 5-1 CH 16 (115)	There must be adequate administrative support to ensure evaluation of all aspects of trauma care.	I
IV	ACS, CD 2-3 CH 2 (17)	Trauma centers must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification.	II
IV	ACS, CD 2-3 CH 2 (17)	The trauma facility must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification.	II

Trauma Systems

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 1-1 CH 1 (14)	The individual trauma facilities and their health care providers are essential system resources that must be active and engaged participants. The best possible care for patients must be achieved with a cooperative and inclusive program that clearly defines the role of each facility within the system.	II
IV	ACS, CD 1-2 CH 1 (14)	They must function in a way that pushes trauma facility-based standardization, integration, and PI out to the region while engaging in inclusive trauma system planning and development.	II
IV	ACS, CD 1-3 CH 1 (14)	Meaningful involvement in state and regional trauma system planning development, and operation is essential for all designated trauma centers and participating acute care facilities within a region.	II
IV	ACS, CD 16-10 CH 13 (98)	Sufficient mechanisms must be available to identify events for review by the trauma PI program. Issues that must be reviewed will revolve predominately around (1) system and process issues such as documentation and communication; (2) clinical care, including identification and treatment of immediate life-threatening injuries (ATLS); and (3) transfer decisions.	II

The Role of a Trauma Facility in a Trauma System

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-1 CH 2 (16)	This trauma facility must have an integrated, concurrent performance improvement (PI) program to ensure optimal care and continuous improvement in care.	I
IV	ACS, CD 2-20 CH 2 (20)	Because of the greater need for collaboration with receiving trauma facilities, the level IV facility must also actively participate in regional and statewide trauma system meetings and committees that provide oversight.	II

Pre-Hospital Care

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 3-1 CH 3 (23)	The trauma program must participate in the training of prehospital personnel, the development and improvement of prehospital care protocols, and performance improvement programs.	II
IV	ACS, CD 3-2 CH 3 (24)	The protocols that guide pre-hospital trauma care must be established by the trauma health care team, including surgeons, emergency physicians, medical directors for EMS agencies and basic and advanced pre-hospital personnel.	II
IV	ACS, CD 3-7 CH 3 (25)	When a trauma facility is required to go on bypass or to divert, the facility must have a system to notify dispatch and EMS agencies. The facility must do the following: <ol style="list-style-type: none"> 1. Prearrange alternative destinations with transfer agreements in place. 2. Notify other facilities of divert or advisory status. 3. Maintain a divert log. 4. Subject all divers and advisories to performance improvement procedures 	II

Level IV Criteria Quick Reference Guide

Trauma Program Manager (TPM)/Coordinator

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-17 CH 2 (21)	For Level I, II, III, and IV trauma centers, a trauma medical director and trauma program manager knowledgeable and involved in trauma care must work together with guidance from the trauma peer review committee to identify events; develop corrective action plans; and ensure methods of monitoring, reevaluation, and benchmarking.	II

Trauma Medical Director (TMD)

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-17 CH 2 (21)	The TMD and the TPM knowledgeable and involved in trauma care must work together with guidance from trauma peer review committee to identify events, develop corrective action plans, and ensure methods of monitoring, reevaluation, and benchmarking.	II
IV	ACS, CD 5-1 CH 16 (115)	The trauma medical director and the trauma program manager must have the authority and be empowered by the hospital governing body to lead the program.	I
IV	ACS, CD 5-1 CH 16 (115)	The trauma medical director must have sufficient authority to set the qualifications for the trauma service members, including individuals in specialties that are routinely involved with the care of the trauma patient	II
IV	ACS, CD 11-87 CH 11 (86)	The trauma program must also demonstrate appropriate orientation, and credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director.	II

General Surgery (if available at your facility)

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-8 CH 6 (46)	The maximum acceptable response time is 30 minutes for the highest-level activation tracked from patient arrival. The minimum criteria for full trauma team activation are provided in Table 2 in Chapter 5. The program must demonstrate that the surgeon's presence is in compliance at least 80 percent of the time. Note: This CD refers to trauma facilities that have trauma surgeons on their trauma team 24/7.	I

Trauma Team Activation

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 5-13 CH 5 (37) CH 5 (38 – TABLE)	The criteria for a graded activation must be clearly defined by the trauma facility, with the highest level of activation including the six required criteria listed in Chapter 5; Table 2 of the ACS' "Resources for the Optimal Care of the Injured Patient, 2014." Trauma facilities shall have a trauma team activation protocol/policy to include: <ul style="list-style-type: none"> • Lists of all team members • Response requirements for all team members when a trauma patient is enroute or has arrived • The criteria for a graded activation must be clearly defined by the trauma center, with the highest level of activation including the six identified, required criteria (Table 2) • The person(s) authorized to activate the trauma team. • Protocols that guide pre-hospital trauma care 	II
IV	ACS, CD 5-15 CH 5 (38)	In Level III and IV trauma centers the team must be fully assembled within 30 minutes.	II
IV	ACS, CD 5-16 CH 5 (40)	Other potential criteria for trauma team activation that have been determined by the trauma program to be included in the various levels of trauma activation must be evaluated on an ongoing basis in the PI process to determine their positive predictive value in identifying patients who require the resources of the full trauma team. You must clearly define levels of activation including a consult (Lowest Level of activation) in your activation criteria.	II
IV	ACS, CD 2-8 CH 2 (19)	The maximum acceptable response time is 30 minutes for the highest-level activation tracked from patient arrival. The minimum criteria for full trauma team activation are provided in Table 2 in Chapter 5. The program must demonstrate that the surgeon's presence is in compliance at least 80 percent of the time. Note: This CD refers to trauma facilities that have trauma surgeons on their trauma team 24/7.	I
IV	ACS, CD 5-14 ACS, CD 5-15 CH 16 (120)	All trauma team activations must be categorized by the level of response and quantified by number and percentage, as shown in Table 2 (Optimal Care of the Injured Patient).	II

Inter-Hospital Transfers

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-13 CH 2 (20)	Well defined transfer plans are essential.	II
IV	ACS, CD 2-13 CH 2 (20)	Collaborative treatment and transfer guidelines reflecting the facilities' capabilities must be developed and regularly reviewed, with input from higher-level trauma centers in the region.	II
IV	ACS, CD 2-13 CH 13 (94)	Transfer guidelines and agreements between facilities are crucial and must be developed after evaluating the capabilities of rural hospitals and medical transport agencies.	II
IV	ACS, CD 4-1 CH 4 (31)	Direct physician to physician contact is essential.	II
IV	ACS, CD 4-1 CH 4 (31)	Direct contact of the physician or midlevel provider with a physician at the receiving hospital is essential.	II
IV	ACS, CD 4-3 CH 4 (33)	A very important aspect of inter-hospital transfer is an effective PIPS program that includes evaluating transport activities. They must perform a PIPS review of all transfers.	II
IV	ACS, CD 4-3 CH 13 (94)	All transfers must be evaluated as part of the receiving trauma facility's performance improvement (PI) process and feedback should be provided to the transferring facility. The PI program includes evaluating transport activities.	II

Burn Patients

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 14-1 CH 14 (100)	Trauma facilities that refer burn patients to a burn center must have a written transfer agreement with the referral burn center.	II

Diversion

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 3-7 CH 3 (25)	When a trauma facility is required to go on bypass or to divert, the center must have a system to notify dispatch and EMS agencies. The facility must do the following: <ol style="list-style-type: none"> 1. Prearrange alternative destinations with transfer agreements in place. 2. Notify other facilities of divert or advisory status. 3. Maintain a divert log. 4. Subject all diverts and advisories to performance improvement procedures. 5. Notify other facilities of divert or advisory status. 	II

Emergency Medicine

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-14 CH 2 (20)	A Level IV facility must have 24-hour emergency coverage by a physician or midlevel provider.	II
IV	ACS, CD 2-15 CH 2 (20)	The emergency department at Level IV centers must be continuously available for resuscitation, with coverage by a registered nurse and physician or midlevel provider, and it must have a physician director.	II
IV	ACS, CD 2-16 CH 2 (20)	Primary care physicians usually lead the evaluation and resuscitation at these facilities, with the assistance of midlevel providers. These providers must maintain current Advanced Trauma Life Support® certification as part of their competencies in trauma.	II
IV	ACS, CD 17-5 CH 17 (136)	The successful completion of the ATLS® course, at least once, is required in all levels of trauma centers for all general surgeons (CD 6-10), emergency medicine physicians (CD 7-14) and midlevel providers (CD 11-86) on the trauma team (CD 17-5).	II
IV	ACS, CD 11-86 CH 11 (86)	Advanced practitioners who participate in the initial evaluation of the trauma patients must demonstrate current verification in ATLS.	II
IV	ACS, CD 2-8 CH 2 (20)	For Level IV trauma centers, it is expected that the physician (if available) or midlevel provider will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician's (if available) or midlevel provider's presence is in compliance at least 80 percent of the time.	I

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Radiology

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 11-29 CH 11 (79)	Conventional radiography must be available in all trauma facilities 24/7.	I

Lab and Blood Bank

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 11-80 ACS, CD 11-81 CH 11 (85)	24-hour availability of a laboratory capable of: <ul style="list-style-type: none"> Standard analysis of blood, urine and other body fluids, including micro sampling Blood typing and cross matching 	I
IV	ACS, CD 11-84 CH 11 (85)	Must have a massive transfusion protocol developed collaboratively between the trauma service/program and the blood bank.	I

Pediatrics

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 2-19 CH 2 (21)	In Level I, II, III, IV trauma centers a PIPS program must have audits filters to review and improve pediatric and adult patient care.	II

Solid Organ Procurement

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 21-3 CH 21 (155-156)	It is essential that each trauma center have written protocols defining the clinical criteria and confirmatory tests for the diagnosis of brain death.	II

Disaster Plan

Level	Criteria and Source	Description of Criteria	Type
IV	ACS, CD 20-1 CH 20 (149)	Trauma facilities must meet the disaster-related requirements of their accrediting body (JCAHO, etc.)	II
IV	ACS, CD 20-3 CH 20 (150)	Hospital drills that test the individual hospital's disaster plan must be conducted at least twice a year, including actual plan activations that can substitute for drills.	II
IV	ACS, CD 20-4 CH 20 (152)	All hospitals must have a hospital disaster plan described in the hospital's policy and procedure manual or equivalent.	II
IV	ACS, CD 2-22 CH 2 (20)	The facility must participate in regional disaster management plans and exercises.	II

Trauma Registry

Level	Criteria and Source	Description of Criteria	Type
IV	MI, CD 1-1	All healthcare facilities with an emergency center shall participate in data submission.	I
IV	MI, CD 1-2	All data which meets inclusion criteria, as defined in the most current version of "National Trauma Data Standard: Data Dictionary", is submitted electronically into the State Trauma Registry (ImageTrend). Twelve months of data must be submitted into the State Trauma Registry prior to applying for designation as a Michigan trauma facility for the first time.	I
IV	MI, CD 1-3	To maintain designation as a Michigan Trauma facility, data is to be submitted electronically into the State Trauma Registry quarterly. Dates for submission to be determined by the State of Michigan.	I
IV	MI, CD 1-4	Each healthcare facility is required to designate a person responsible for trauma registry activities. This person should have minimal training necessary to maintain the registry. This need not be a dedicated position.	I
IV	ACS, CD 15-1 CH 15 (107)	The foundation for evaluation of a trauma system is the establishment and maintenance of a trauma registry. Trauma registry data must be collected and analyzed by every trauma facility.	II
IV	ACS, CD 15-3 CH 15 (108)	The trauma registry is essential to the performance improvement (PI) program and must be used to support the PI process.	II
IV	ACS, CD 15-3 CH 16 (116)	The trauma PI program must be supported by a registry and a reliable method of concurrent data collection that consistently obtains information necessary to identify opportunities for improvement.	II
IV	ACS, CD 15-4 CH 15 (109)	Furthermore, these findings must be used to identify injury prevention priorities that are appropriate for local implementation.	II
IV	ACS, CD 15-6 CH 15 (110)	Trauma registries should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.	II

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IV	ACS, CD 15-8 CH 15 (111)	The trauma program must ensure that appropriate measures are in place to meet the confidentiality requirements of the data.	II
IV	ACS, CD 15-10 CH 15 (112)	Strategies for monitoring data validity are essential.	II
IV	ACS CD 15-1 CH 16 (116)	The trauma center must demonstrate that all trauma patients can be identified for review.	II

Performance Improvement

Level	Criteria and Source	Description of Criteria	Type
IV	MI, CD 2-1	Demonstrate participation in the regional trauma network performance improvement as described in the Regional Trauma Network work plan. Minimally, this includes demonstrating that the healthcare facility is participating in regional data collection, analysis and sharing. A brief description of planned or ongoing participation in the Regional Trauma Network performance improvement initiatives must be submitted with the designation application.	I
IV	MI, CD 2-3	Have a written performance improvement plan, which addresses the following: <ol style="list-style-type: none"> 1. Have a process of event identification and levels of review which result in the development of corrective action plans, and methods of monitoring, re-evaluation, risk stratified benchmarking must be present and this process must be reviewed and updated annually. 2. Problem resolution, outcome improvements and assurance of safety (loop closure) must be readily identifiable through methods of monitoring, re-evaluation, benchmarking and documentation. 3. All criteria for trauma team activation have been determined by the trauma program and evaluated on an ongoing basis in the PI process. 4. The PI program identifies and reviews documents, findings, and corrective action on the following five (5) audit filters: <ul style="list-style-type: none"> • Any system and process issue • Trauma deaths in house or in emergency department • Any clinical care issues, including identifying and treatment of immediate life threatening injuries • Any issues regarding transfer decision • Trauma team activation times to trauma activation In addition, have a policy in place to review issues that revolve predominately around (1) system and process issues such as documentation and communication, (2) clinical care including identification and treatment of immediate life threatening injuries (ATLS); and (3) transfer decisions.	I
IV	ACS, CD 15-1 CH 16 (114)	The PI program must be supported by a reliable method of data collection that consistently obtains the information necessary to identify opportunities for improvement.	II
IV	ACS, CD 11-60 CH 11 (82)	For all levels of trauma care, the PI program must document that timely and appropriate ICU care and coverage are being provided.	II
IV	ACS, CD 2-8 CH 2 (20)	For Level IV trauma centers, it is expected that the physician (if available) or midlevel provider will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician's (if available) or midlevel provider's presence is in compliance at least 80 percent of the time.	I
IV	ACS, CD 2-17 CH 16 (115)	The process of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking must be present.	II
IV	ACS, CD 2-18 CH 16 (115)	Peer review must occur at regular intervals to ensure that the volume of cases is reviewed in a timely fashion.	II
IV	ACS, CD 5-16 CH 5 (40)	Other potential criteria for trauma team activation that have been determined by the trauma program to be included in the various levels of trauma activation must be evaluated on an ongoing basis in the PI program process to determine their positive predictive value in identifying patients who require the resources of the full trauma team.	II
IV	ACS, CD 16-8 CH 16 (124)	Transfers to a higher level of care within the institution. These transfers must be routinely monitored, and cases identified must be reviewed to determine the rationale or transfer, adverse outcomes, and opportunities for improvement.	II
IV	ACS, CD 9-14, 3-4, 4-3 CH 16 (122) ALL IN ONE STATEMENT	Acute transfers out. All trauma patients who are diverted or transferred during the acute phase of hospitalization to another trauma center, acute care hospital, or specialty hospital (for example, burn center, re-implantation center, pediatric trauma center) or patients requiring cardiopulmonary bypass or when specialty personnel are unavailable must be subjected to individual case review to determine the rationale for transfer, appropriateness of care, and opportunities for improvement. Follow up from the center to which the patient was transferred should be obtained as part of the case review.	II

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IV	ACS, CD 16-10 CH 13 (98) CH 16 (128)	Sufficient mechanisms must be available to identify events for review by the trauma PI program. Issues that must be reviewed will revolve predominately around (1) system and process issues such as documentation and communication; (2) clinical care, including identification and treatment of immediate life-threatening injuries (ATLS); and (3) transfer decisions.	II
IV	ACS, CD 16-11 CH 16 (128)	Once an event is identified, the PI program must be able to verify and validate that event.	II
IV	ACS, CD 2-18 CH 2 (21)	Multidisciplinary trauma peer review committee must meet regularly, with required attendance of medical staff active in trauma resuscitation, to review systemic and care provider issues, as well as propose improvements to the care of the injured.	II
IV	ACS, CD 2-19 CH 2 (21)	A PI program must have audit filters to review and improve pediatric and adult patient care.	II
IV	ACS, CD 16-5 CH 16 (118)	All process and outcome measures must be documented within the trauma PI program's written plan and reviewed and updated at least annually.	II
IV	ACS, CD 5-1 CH 16 (115)	Because the trauma PIPS program crosses many specialty lines, it must be empowered to address events that involve multiple disciplines and be endorsed by the hospital governing body as part of its commitment to optimal care of injured patients.	I
IV	ACS, CD 5-1 CH 16 (115)	There must be adequate administrative support to ensure evaluation of all aspects of trauma care.	I

Outreach and Education

Level	Criteria and Source	Description of Criteria	Type
IV	MI, CD 3-1	Participate in coordinating and implementing Regional Trauma Network injury prevention work plans and initiatives.	I
IV	ACS, CD 17-1 CH 17 (134)	The trauma facility must engage in public and professional education.	II
IV	ACS, CD 18-1 CH 18 (139)	Must have an organized and effective approach to injury prevention and must prioritize those efforts based on local trauma registry and epidemiologic data.	II
IV	ACS, CD 18-2 CH 18 (139)	There must be someone in a leadership position that has injury prevention as part of his or her job description.	II
IV	ACS, CD 18-3 CH 18 (141)	Universal screening for alcohol use must be performed for all injured patients and must be documented.	II
IV	ACS, CD 6-9, 7-14, 11-86 ACS, CD 7-14 CH 17 (136)	The successful completion of the ATLS® course, at least once, is required in all levels of trauma centers for all general surgeons (CD 6-10), emergency medicine physicians (CD 7-14) and midlevel providers (CD 11-86) on the trauma team (CD 17-5)	II
IV	ACS, CD 11-87 CH 11 (86)	The trauma program must also demonstrate appropriate orientation, credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director.	II

All material in this document has been referenced from the American College of Surgeons Resources for Optimal Care of the Injured Patient (ACS) and the Michigan Criteria for Trauma Facility Designation (MI). This document is meant to be a guide and may not be all encompassing. For any discrepancies, refer to the Orange Book. In each citation, 'CH' denotes the chapter and the number in parentheses denotes the page number referenced.

References:

Resources for Optimal Care of the Injured Patient 2014/Resources

<https://www.facs.org/quality-programs/trauma/vrc/resources>

Michigan Criteria for Trauma Facility Designation

http://www.michigan.gov/documents/mdch/Michigan_Criteria_FINAL_8.6.14_465535_7.pdf