SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

TRAUMA SYSTEM CARE STANDARDS

EFFECTIVE DATE: x/x/xx *POLICY REFERENCE NO: 5013* *SUPERSEDES: 2/1/04*

1. DEFINITIONS

1.1. **American College of Surgeons (ACS)**: an association of surgeons that develops educational materials, clinical care guidelines, and establishes trauma center criteria.

1.2. **Pediatric Trauma Receiving Center**: General term of this policy that refers to a general acute care hospital (GACH) designated by the EMS Agency (EMSA) as being capable of receiving pediatric patients (younger than 15 years old) that meet Trauma Triage Criteria.

1.3. **Survey**: On-site evaluation of trauma care capabilities by the ACS and typically includes the EMSA Medical Director, EMSA Director, and EMSA Trauma Specialist.

1.4. **Trauma Receiving Center**: General term of this policy that refers to a general acute care hospital (GACH) designated by EMSA as being capable of receiving patients that meet Trauma Triage Criteria.

2. PURPOSE

2.1. To establish the process and criteria by which the EMS Agency designates Level I, II, III, or IV Adult and/or Level I or II Pediatric Trauma Center(s) in the City and County of San Francisco.

2.2. To establish minimum requirements for hospitals seeking initial trauma center designation, redesignation, or a change in level of trauma services.

3. POLICY

3.1. EMSA REQUIREMENTS AND RESPONSIBILITIES

3.1.1. For a state EMS Authority approved Trauma Care System, EMSA shall annually submit a Trauma Care Plan update.

3.1.2. EMSA may establish additional requirements in addition to those mandated by statute and state minimum standards.

3.1.3. Collecting and reporting trauma patient care data, establishing and maintaining a QI process, and performing Trauma Care System evaluation

3.1.4. EMSA will develop and implement a Trauma Care System and shall establish a Trauma System Audit Subcommittee (TSAC) meetings (see **Policy #1010 Advisory Committees)**, which shall meet at least twice per year and include participation from all EMS provider agencies, 911-receiving GACH, Trauma Receiving Centers within the local EMS system, and other relevant stakeholders.

3.2. Trauma Receiving Centers shall be a GACH and must comply with all Federal, State, and local laws as well as all EMSA policies.

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3.3. EMSA may deny, suspend, or revoke the approval of a Trauma Receiving Center for failure to comply with any applicable policies, procedures, or regulations.

4. Hospital Requirements for Trauma Receiving Center Designation

4.1. Eligibility

4.1.1. Written MOU with EMSA designating the hospital as:

4.1.1.1. An approved GACH for patients transported by EMS provider agencies.

4.1.1.2. Trauma Center designation by ACS

4.1.2. Pay all associated fees within thirty (30) days of invoice

4.1.3. Regular participation in the Trauma System Audit Subcommittee (TSAC) meetings (see **Policy #1010 Advisory Committees).**

4.1.4. The EMSA Medical Director may establish requirements for designation as a Trauma Receiving Center in addition to those required under this section.

4.1.5. Have a Trauma Program Medical Director who meets ACS guidelines

4.1.6. Has a Trauma Program Manager who meets ACS guidelines

4.1.7. A verified Level I, II, or III Adult Trauma Center may be designated as a Pediatric Trauma Receiving Center by EMSA pending the following criteria are met:

4.1.7.1. Current ACS Adult Trauma Center with Pediatric Capabilities verification and endorsement from the EMSA Medical Director

4.1.7.2. Has a designated Pediatric ED area

4.1.7.3. Has a Pediatric Intensive Care area

4.1.7.4. Has all of the appropriate resuscitation equipment as outline in the Pediatric Readiness Toolkit.

5. Data Collection and Reporting Requirements

5.1. Trauma Receiving Centers shall submit data to EMSA every month for the purposes of continuous quality improvement (CQI), training to enhance the level of care, and for required state data reporting. This includes all of the following trauma patient data:

5.1.1. Time/Date of Arrival

5.1.2. Time/Date of Admission

5.1.3. Time/Date of ICU admission

5.1.4. Discharge/Transfer Time and Date

5.1.5. Discharge/Transfer Status

5.1.6. Patient Destination

5.1.7. Discharge Diagnosis

5.1.8. Date of Birth

5.1.9. Patient Age

5.1.10. ED/hospital arrival date/time

5.1.11. ED disposition

5.1.12. Hospital disposition

5.1.13. ICD-10 codes

5.1.14. Abbreviated Injury Scale (AIS) severity codes
5.1.15. Mode of arrival
5.1.16. And any data metrics the EMS Medical Director deems necessary for QI efforts.

5.2. In collaboration with EMS provider agencies and EMSA, Trauma Receiving Centers shall develop a process for sharing patient outcome information of all EMS-identified trauma patients.

6. Initial Designation and Redesignation

6.1. The EMSA Medical Director shall designate a Trauma Center(s) based on an internal review of system needs and the standards set forth in this policy.

6.2. All designated Trauma Centers shall:

6.2.1. Obtain a Trauma Center designation from ACS

6.2.2. Execute a written agreement for provision of trauma care services with EMSA

6.2.3. Participate in EMSA data collection system

6.2.4. Participate in Trauma System Audit Subcommittee (TSAC) meetings (see **Policy #1010 Advisory Committees).**

6.3. EMSA will either provide a written approval or a notification noting the criteria that the hospital needs to address prior to any authorization, within 30 calendar days of receiving documentation of the ACS Survey results.

6.4. The EMSA Medical Director shall evaluate designated Trauma Centers' status every three years, in conjunction with an ACS Survey.

6.5. The EMSA Medical Director may consider an earlier evaluation in the event a Trauma Center requests to change its current designation level, there is an identified change in the system's needs, or performance concerns.

6.6. In the event a designated Trauma Center fails to meet EMSA Trauma Center criteria, or ACS standards, as set forth in this policy:

6.6.1. The EMSA Medical Director may elect to issue a conditional designation from Level I to a designated Level II or III Trauma Receiving Center, and shall follow-up within six to twelve months by another evaluation of the deficient area(s).

6.6.2. Upon satisfactory completion of a second evaluation, the EMSA Medical Director will restore the hospital's status as a designated Level I Trauma Center.

7. AUTHORITY

7.1. Division 2.5, California Health and Safety Code, Sections 1797.198, 1798.160, 1798.162 (a), 1798.163, 1798.165

7.2. California Code of Regulations, Title 22, Sections 100137.01-100143.03

7.3. Resources for the Optimal Care of the Injured Patient 2022 Standards published by the American College of Surgeons Committee on Trauma

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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TRAUMA CENTER DESIGNATION

I. PURPOSE

To establish the process and criteria by which the EMS Agency designates a Trauma Center(s) in the City and County of San Francisco

II. AUTHORITY

A. Division 2.5, California Health and Safety Code, Sections 1797.198, 1798.160, 1798.162 (a), 1798.163, 1798.165
B. California Code of Regulations, Sections 100255, 100257, 100259, 100260, 100265
C. City and County of San Francisco (CCSF) 2001 Trauma Care System Plan, Section IX
D. *Resources for the Optimal Care of the Injured Patient* published by the American College of Surgeons Committee on Trauma (ACSCOT)

III. POLICY

A. The EMS Agency Medical Director shall designate a Trauma Center(s) based on the needs assessment, trauma care system design and standards set forth in the CCSF Trauma Care System Plan.
B. Initial designation for a trauma center may be conducted through a competitive procurement/selection process in accordance with all applicable local, state and federal laws and regulations.
C. Designated Trauma Centers shall
    1. Maintain verification of Trauma Care services through the Trauma Center verification program of the ACSCOT
    2. Execute a written agreement for provision of trauma care services with the EMS Agency
    3. Participate in the EMS Agency trauma data collection system
    4. Participate in the EMS Agency trauma performance improvement program
    5. Comply with all applicable EMS Agency policies and procedures
D. The EMS Agency Medical Director shall evaluate designated Trauma Centers' status every three years, in consultation with the ACSCOT.
E. In the event a designated Trauma Center fails to meet EMS Agency Trauma Center criteria and standards as set forth in this policy

~~1. The EMS Agency Medical Director may elect to issue a conditional designation that will be followed within six to twelve months by another evaluation of the deficient area(s).~~
~~2. Upon satisfactory completion of a second evaluation, the EMS Medical Director will restore the hospital's status as a designated Trauma Center.~~
~~3. If the second evaluation is unsatisfactory, the EMS Agency Medical Director, in consultation with the Director of Health, may elect to either continue the conditional designation upon correction of the areas of deficiency or solicit a Request for Proposals from other hospitals within the City and County of San Francisco.~~