

NASEMSO Trauma Managers Council

ACS Verification

Listserv Question: November 10, 2014

QUESTION:

Montana is a voluntary system which allows Levels II and III to get ACS verified and we do our state designation site visit in conjunction with the ACS review. We have our own criteria and designate separately from ACS. I have a Level III/Montana Area Trauma Hospital up for their review with ACS and Montana in mid-March. The facility has contacted me requesting to continue with ACS Level III verification, but would like to go for Montana Regional Trauma Center designation (equivalent to ACS Level II). This means they would be designated at two different levels. We have never had this request and I don't know how it would work. Do other states allow this? What are your thoughts?

State	Response
AZ	Arizona has own state standard and use ACS for verification. Arizona has ACS verified level II centers which are state level I and have had this system in place for several years. When the rules were written, it was realized some hospitals which have level I clinical capabilities, would have difficulty meeting the ACS research and residency requirements. As a consequence, these hospitals would not qualify for state funding specific for level I trauma centers through a voter initiative
CO	Have faced this potential before, although it was the possibility that someone would only make the state Level II and ACS Level I criteria. Use ACS teams but the reviewers also complete the state review and the state scoring tool, and the state designate on that basis.
IN	At this time Indiana is strictly ACS
MN	The only dual designation allowed is a hospital to have is separate adult and pediatric designations.
ND	In ND for Level I, II and III, the facility is required to be verified by the ACS. The state designates based upon the ACS verification.

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State	Response
	Accept either ACS or State designation for levels 1-4 and verification from its professional association governing body or ACS for specialty trauma centers. The state does not participate in the ACS verification process other than issuing a certificate for the same period of time that the ACS verifies. In re: to ACS we have 3 level II's, 1 level III, one specialty pediatric Level III, the rest are state designated at the basic level.
NE	Regulations allow for two hospitals to apply for one state designation and two hospitals were designated jointly last year as a Level I. This did not work out very well, however, because this year they decided they did not want to be jointly designated anymore and chose to separate, so we got to review them again this year. Regulations state "two facilities acting in concert to seek designation as a center at a single level, where both will be evaluated and required to meet the same level designation criteria."
NJ	The state designates the trauma center level (by certificate of need process) and the ACS does the verification process. There is one designated Level II trauma center that was verified as a Level I center (at their request). The State only recognizes it as a Level II, but it has in the past advertised itself as a ACS verified Level I.
OH	Strictly ACS
PA	Only accredit trauma centers at the state level. Even if a trauma center wanted the ACS to come in we would not acknowledge the determination of the ACS. That is written into legislation.
TX	Designate the "facility" only as Level I, II if verified by the ACS at that level. Do not designate departments of the facility. This can become an issue when dealing with the "Children's Hospitals" which are actually departments of a general hospital and do not meet the requirements (federal or state) for a freestanding hospital. This may not be an issue in any state other than Texas but that would be surprising.
	For level III and IV, a survey process other than the ACS is used. Again, only designate the "facility" at the level of demonstrated compliance with State requirements and do not issue designation for departments of a hospital.
UT	Utah rules allow Level I and II facilities to utilize ACS for verification and State staff attend and participate in the ACS review process. The rules allow the facility to submit the ACS application in lieu of a state application, but in order to be designated by the state a facility has to meet other requirements (be current on trauma registry data submissions to the state, letter of commitment by admin to meet all standards, pay designation fees and we must have a copy of the full ACS report). The criteria for designation as a Level I or II is the same criteria used by ACS for verification. Since the ACS criteria is adopted as State criteria, there are not differing levels available. If the facility wants to be designated as a Level II, they have to meet ACS level two criteria and a few other state administrative requirements. One level per facility based on their meeting criteria.

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State	Response
WY	Believe this will be a situation that will become more evident in the next year as many of the rural ACS Level IIs will not be able to maintain Level II status with the changes in the Orange Book. Wyoming rules define a Regional Trauma Center differently than ACS. This is important to rural states because not all future ACS level III's will be on equal footing. A high functioning future Level III would be a regional center still. Current rules have criteria for a state designated Level II or accept ACS verification and consequently designate. Wyoming current rules reflect the staffing resources from the last ACS criteria and many things distinguish a Regional Trauma Hospital (traditional Level II) from an Area Trauma Hospital (traditional Level III). They are different and have MUCH different resources. I believe doing so will be detrimental to a RURAL/FRONTIER system.

Additional Questions/Comments Designation at two different levels would be confusing to EMS providers, referring facilities and the public.

What does the area need? Do they need a regional trauma center in the area or is the area hospital designation meeting the needs of the catchment area?

Do the rules allow the facility to be both? Have you asked for some legal guidance from whoever provides legal opinions or counsel for your office?

An area hospital is equivalent to an ACS Level III and a regional trauma center is equal to an ACS Level II? Why do they want to maintain both designations? They either meet one or the other. I would only allow for one level of designation, if you can legally limit that per your rules or statute.

I can see no issues with being a state RTC and an ACS level 3.

I really do not see a problem with the scenario as yours is an inclusive rural system.

What are their intentions in doing this? Obtaining a discount rate on operating as a Level II? Unless one of the designations is for peds, that's what it looks like on the surface.

If you don't already have something in law/rule/policy that prevents dual level operations, you may well be hosed.

I'm having a hard time appreciating why they don't just go for the ACS Level 2. They're already paying for the level 3, so how much more could it cost?

You know your system better than the rest of us, so I guess you'll have to run through all of the possible scenarios in your mind and determine if patients' best interest is served by allowing dual designations in your state or not.

Here is my analysis. Since your process is a state designation process, the ACS verification is actually irrelevant. You could, potentially, convene a non-ACS team to do a state-only review and then you would designate based on that.

And I have done that in the past. In my world, they would still have to pay the same fee regardless of what type of team we use. So, I think that the state designates at whatever level they actually live up to, not their ACS verification.

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State	Response
	<p>But I think that doing the two reviews (different levels - a state Level II and ACS level III) at once would be confusing for the reviewers. Could you just do a state review?</p>
	<p>In the situation you described, we would only designate at the highest level achieved by the hospital; in this case a Level III.</p>
	<p>Discussion: Only the ACS can issue verification to a facility that the facility meets ACS standards, so even if they met your Level III requirements (equivalent to ACS Level III), the facility would still only be verified by the ACS as a Level III and would meet the state level III requirements. Verification is what occurs at a survey, where the surveying body (ACS, state, or some other entity) verified the facility's compliance with established criteria. Designation is a state function as a result of that verification. The facility in questions will meet: ACS level III and state Level III requirements. Conclusion: Designation as Level III.</p>