

*California Trauma Center Level IV Criteria California Code of Regulations, Title 22,
Chapter 7 - Trauma Care System with American College of Surgeons (Green Book)
references*

TRAUMA CENTER REQUIREMENTS		Title 22 Section 100264	ACS
E = Essential Element (Title 22) D = Desired Element (ACS)			
Shall have equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma.	E		
A trauma center must demonstrate substantial medical, administrative and financial commitment for the level of designation requested.	D		
Commitment Must be Demonstrated from the Hospital's (and include documentation):			
Administration	D		
Medical Staff	D		
Nursing	D		
Accreditation by Joint Commission or American Osteopathic Association	E	100248	
Proof of licensure as a general acute care hospital in the State of California	E	100248	
Trauma Program Medical Director	E		
Qualifications are:			
Qualified Specialist (defined in 100242)	E	a	
Responsibilities include but are not limited to (including pediatric trauma care):			
Recommending trauma team physician privileges.	E	a-1	
Working with nursing & administration to support needs of trauma patients.	E	a-2	
Developing trauma treatment protocols.	E	a-3	
Authority & accountability for QI peer review process.	E	a-4	
Assisting with the coordination of budgetary processes for trauma program.	E	a-6	
Trauma Nurse Coordinator/Manager	E		
Qualifications are:			
Registered Nurse	E	b	
Provide evidence of educational preparation, clinical expertise in care of adult & pediatric trauma patient, & administrative responsibilities.	E	b	
Responsibilities include but are not limited to:			
Organizing services and systems necessary for multidisciplinary care.	E	b-1	
Coordinating day-to-day clinical process & performance improvement of nursing and ancillary personnel.	E	b-2	
Collaborating with trauma program medical director to carry out educational, clinical, research, administrative and outreach activities of the trauma program.	E	b-3	
Trauma Service	E		
Implementation of requirements as specified & provide for coordination with the local EMS agency.	E	c	
Trauma Team			
A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.	E	g	
Responsibilities include but are not limited to:			
Capability of providing <i>prompt</i> (defined in 100241) assessment, resuscitation & stabilization of patient.	E	d	
Ability to provide treatment or arrange for transportation to higher level trauma center.	E	e	
NON-SURGICAL DEPARTMENT(S), DIVISION(S), SERVICE(S), SECTION(S):			
24 hour coverage by a physician	D		2-12
An emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care	E	f	
SERVICE CAPABILITIES:			
Radiologic Service			
Shall have a radiological technician <i>promptly</i> (defined in 100241) available.	E	h-1	

TRAUMA CENTER REQUIREMENTS		Title 22 Section 100264	ACS
Clinical laboratory Service	E	h-2	
Comprehensive blood bank or access to community central blood bank.	E	h-2-A	
Clinical laboratory services <i>promptly</i> (defined in 100241) available.	E	h-2-A	
Outreach program to include:	E		
Telephone and on-site physician consultations with physicians in the community and outlying areas.	E	j-1	
Trauma prevention for general public.	E	j-2	
Continuing Education		k	
Staff physicians	E	k-1	
Staff nurses	E	k-2	
Staff allied health personnel	E	k-3	
EMS personnel	E	k-4	
Other community physicians and health care personnel	E	k-5	
Performance Improvement		100265	
Must have a quality improvement process in place with structure, process and outcome evaluations.	E		
Must have improvement process in place to identify root causes of problems.	E		
Must have interventions to reduce or eliminate the causes.	E		
Must take steps/actions to correct the problems identified.	E		
In addition the process shall include:			
A detailed audit of all trauma-related deaths, major complications and transfers.	E		
A multidisciplinary trauma peer review committee that includes all members of the trauma team.	E	a	
Participation in the trauma data management system.	E	b	
Participation in the local EMS Agency trauma evaluation committee.	E	c	
Have a written system in place for patients, parents of minor children who are patients, legal guardians of children who are patients, and or primary care givers of children who are patients to provide input and feedback to hospital.	E	d	
Follow applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.		e	
Interfacility Transfer of Trauma Patients			
Written interfacility transfer agreements with Level I , II and III trauma centers, Level I or II Pediatric Trauma centers or other specialty care centers, for the immediate transfer of those patients for whom most appropriate medical care requires additional resources.	E	100264 i	
Patients may be transferred between and from trauma centers providing that:		100266 a	
Transfers shall be medically prudent as determined by the trauma surgeon of record.	E	100266 a-1	
Shall be in accordance with the local EMS Agency interfacility transfer policies.	E	100266 a-2	
Well defined transfer plan.	D		2-13
Shall have written criteria for consultation and transfer of patients needing a higher level of care.	E	100266 b	
Hospitals which have repatriated trauma patients from a designated trauma center will provide the trauma center with all required information for the trauma registry, as specified by local EMS policy.	E	100266 c	
Hospitals receiving trauma patients shall participate in system and trauma center quality improvement activities for those trauma patients they have transferred.	E	100266 d	