Reset Form

APPLICATION FOR HOSPITAL TO BE DESIGNATED "IN THE ACS VERIFICATION PROCESS"

State Form 55271 (R3 / 8-15)

Date submitted *(month, day, year)*

APPLICANT INFORMATION		
Legal name of hospital		
Previously know as *(if applicable)*		
Mailing address *(no PO Box) (number and street, city, state, and ZIP code)*		
Business telephone number ( )	24-hour contact telephone number ( )	Business fax number ( )
Level of "In the Process" status applied for *(check one)* ☐ Level III Adult ☐ Level I Adult ☐ Level II Adult		
Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued)		

CHIEF EXECUTIVE OFFICER INFORMATION		
Name		Title
Telephone number ( )		E-mail address
TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION		
Name		Title
Office telephone number ( )	Cellular telephone / pager number ( )	E-mail address
TRAUMA PROGRAM MANAGER / COORDINATOR INFORMATION		
Name		Title
Office telephone number ( )	Cellular telephone / pager number ( )	E-mail address

ATTESTATION		
In signing this application, we are attesting that all of the information contained herein is accurate and that we and our attending hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and Indiana State Department of Health regarding our status under this program.		
Signature of chief executive officer	Printed name	Date *(month, day, year)*
Signature of trauma medical director	Printed name	Date *(month, day, year)*
Signature of trauma program manager	Printed name	Date *(month, day, year)*

INSTRUCTIONS: Address each of the attached in narrative form.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL I TRAUMA CENTER STATUS

Part of State Form 55271 (R3 / 8-15)

Hospitals that wish to apply for status as an "in the ACS verification process" Level I Trauma Center must provide sufficient documentation for the Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director:** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Trauma Medical Director must be dedicated to one (1) hospital.

2. **A full-time Trauma Program Manager:** This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.

3. **Submission of trauma data to the State Registry:** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within thirty (30) days of application and at least quarterly thereafter.

4. **A Trauma Registrar:** This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.

5. **Tiered Activation System:** There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.

6. **Trauma Surgeon on call:** The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital's disaster committee. A roster of the membership of the disaster committee must be provided.

7. **Trauma Surgeon response times:** Evidence must be submitted that response times for the Trauma Surgeon are fifteen (15) minutes maximum, tracked from patient arrival at the hospital, and must be compliant at least eighty percent (80%) of the time, as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center's Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital's application.

8. **In-house Emergency Department physician coverage:** There must be twenty-four (24) hour per day, 365-days-per-year, in-house Emergency Department physician coverage. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

9. **Orthopedic Surgery:** There must be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, that Orthopedic Surgery team members have dedicated call at the hospital. There must also be a back-up Orthopedic Surgery call schedule that is provided as part of this application.

10. **Neurosurgery:** Neurosurgery must be promptly available twenty-four (24) hours per day for severe traumatic brain injury and spinal cord injury, as well as for less severe head and spine injuries. A back-up call schedule must also be available with formally arranged contingency plans in case the capability of the neurosurgeon, hospital or system to care for neurotrauma patients is overwhelmed. The documentation must include a letter of commitment signed by neurosurgeons and the Trauma Medical Director that neurosurgeons are available to the trauma center twenty-four (24) hours per day.

11. **Trauma Operating room, staff and equipment:** There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty-four (24) hours per day. The hospital must have an in-house trauma team and the OR must be immediately available. The application must also include a list of essential equipment available to the OR and its staff.

12. **Critical Care physician coverage:** Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. Level I trauma centers must have prompt availability of Critical Care physician coverage twenty-four (24) hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage twenty four (24) hours a day.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL I TRAUMA CENTER STATUS *(continued)*

13. **CT scan and conventional radiography:** There must be twenty-four (24) hour availability of CT scan and conventional radiography capabilities. Level I trauma centers must show documentation of multiple CT scan machine capabilities and a written letter of commitment from the hospital's Chief of Radiology.

14. **Interventional radiology:** There must be twenty-four (24) hour availability of interventional radiology (conventional catheter angiography and sonography) and a written letter of commitment signed by the Chief of Radiology.

15. **Intensive care unit:** There must be an intensive care unit with patient/nurse ratio not exceeding two to one (2:1) and appropriate resources that include intracranial pressure monitoring equipment to resuscitate and monitor injured patients, all of which are available twenty-four (24) hours per day.

16. **Blood bank:** A blood bank must be available twenty-four (24) hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients. The facility must also have the capability for coagulation studies, blood gases, and microbiology twenty-four (24) hours per day.

17. **Laboratory services:** There must be laboratory services available twenty-four (24) hours per day for the standard analyses of blood, urine and other bodily fluids, including micro-sampling when appropriate.

18. **Post-anesthesia care unit:** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty-four (24) hours per day. Documentation for this requirement must include a list of available equipment in the PACU.

19. **Relationship with an organ procurement organization (OPO):** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

20. **Diversion policy:** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than five percent (5%) of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

21. **Operational process performance improvement committee:** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

22. **Nurse credentialing requirements:** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.

23. **Commitment by the governing body and medical staff:** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level I Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status that the hospital's "in the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL II TRAUMA CENTER STATUS

Part of State Form 55271 (R3 / 8-15)

Hospitals that wish to apply for status as an "in the process" Level II Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director:** Who is Board-Certified, or eligible for board certification, or an American College of Surgeons Fellow. This is a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one (1) hospital. The Medical Director must be appointed six (6) months before the "in the process" application can be submitted.
    a. **Documentation required:**
        i. Current ATLS certificate. Physician must have successfully completed course prior to application.
        ii. Trauma Medical Director's full CV.
        iii. Guideline/policy/contract that states Medical Director is dedicated to only one (1) facility.
        iv. Copy of past three (3) months call rosters documenting Trauma Medical Director's activity on call panel.
        v. Copy of board certification, ACS Fellow status, or eligible for board certification documentation for Trauma Medical Director.
        vi. Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.
        vii. Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) month apart.
        viii. Sixteen (16) hours of external, trauma-related CME's obtained in the twelve (12) months prior to submission of the application

2. **A Trauma Program Manager:** This person is usually a registered nurse, full-time and dedicated to the trauma program. He/she must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
    a. **Documentation required:**
        i. Trauma Program Manager CV.
        ii. Trauma-related continuing education information from the past (12) months in a spreadsheet format.
        iii. Provide job description that defines authority and responsibilities of the Trauma Program Manager.
        iv. Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.
        v. Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) month apart.

3. **Submission of trauma data to the State Registry:** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard for the last two (2) quarters prior to submitting the application and at least quarterly thereafter.
    a. **Documentation required:**
        i. The State Trauma Registrar will validate your participation in the Indiana Trauma Registry as required.

4. **A Trauma Registrar:** This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.
    a. **Documentation required:**
        i. Trauma Registrar CV.
        ii. Trauma Registrar job description.
        iii. Proof of trauma registry training (i.e. may include ISDH training or vendor training).

5. **Tiered Activation System:** There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program. Should be inclusive of ACS criteria.
    a. **Documentation required:**
        i. Activation guideline/policy.

6. **Trauma Surgeon response times:** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee. All trauma surgeons on the call panel must have successfully completed ATLS at least once.

a. **Documentation required:**
   i. Individual written statements of support of the trauma program from all participating trauma surgeons, orthopedic surgeons, and neurosurgeons on the call panel, including signature by Trauma Medical Director.
   ii. Complete Surgeon Response Time spreadsheet provided by ISDH Designation Subcommittee.
   iii. Letter from Disaster Committee Chairperson validating a trauma surgeon's participation and include record of attendance from past year.
   iv. Copies of past three (3) months general surgery call coverage to show proof of continuous coverage and back up.
   v. Contingency plan policy regarding back up schedules.
   vi. Copies of ATLS cards for each general surgeon on the call schedule.
   vii. Copies board certification status for each general surgeon on the call schedule.
   viii. Provide documentation of acquisition of sixteen (16) hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the trauma surgeons participating on the call panel.

7. **In-house Emergency Department physician coverage:** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients. All ED physicians must have successfully completed A TLS at least once. Physicians who are not board-certified in emergency medicine who work in the ED must be current in ATLS.
   a. **Documentation required:**
      i. Copies of past three (3) months emergency medicine physician call roster, include names of providers if initials are used on call calendar.
      ii. Complete ED physician spreadsheet provided by the ISDH Designation Subcommittee.
      iii. ED liaison CV.
      iv. Copies of ATLS cards for each ED physician.
      v. Provide documentation of acquisition of sixteen (16) hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the Emergency Department physicians participating on the call panel.

8. **Orthopedic Surgery:** There must be an orthopedic surgeon on call and promptly available twenty-four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons, Orthopedic Trauma Liaison and the Trauma Medical Director, for this requirement.
   a. **Documentation required:**
      i. Copies of past three (3) months orthopedic physician call roster, include names of providers if initials are used on call calendar.
      ii. Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians, Orthopedic Trauma Liaison and Trauma Medical Director.
      iii. Provide documentation of acquisition of sixteen (16) hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the orthopedic surgeons participating on the call panel.

9. **Neurosurgery:** There must be a neurosurgeon on call and promptly available twenty-four (24) hours per day. There must also be a written letter of commitment, signed by neurosurgeons, Neurosurgery Trauma Liaison and the Trauma Medical Director, for this requirement.
   a. **Documentation required:**
      i. Copies of past three (3) months neurosurgeon physician call rosters (back up included if applicable), include physician names if initials are used on call calendar.
      ii. Provide written letter of commitment from neurosurgeons, Neuro Trauma Liaison and Trauma Medical Director.
      iii. Provide documentation of acquisition of sixteen (16) hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the neurosurgeons participating on the call panel.

iv. Policy/guideline that establishes your scope of care and criteria for transfers as required in Resources for Optimal Care of the Injured Patient 2014 (page 54).

10. **Transfer agreements and criteria:** The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
    a. **Documentation required:**
        i. Copy of transfer out policy/criteria.
        ii. Copies of transfer agreements with Level I trauma centers.

11. **Trauma Operating room, staff and equipment:** There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty-four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff. Anesthesiologists must be promptly available for emergency operations. The center must have an identified anesthesia liaison for the trauma program.
    a. **Documentation required:**
        i. List of essential equipment as outlined in Resources for Optimal Care of the Injured Patient resource.
        ii. Policy/guideline outlining staffing procedures for emergent trauma procedures (including OR staff and anesthesia).
        iii. Anesthesiology liaison CV.

12. **Critical Care physician coverage:** Physician coverage of the ICU must be available in-house within fifteen (15) minutes to provide care for ICU patients twenty-four (24) hours a day with interventions from credentialed provided. Supporting documentation must include a signed letter of commitment from critical care physicians, ICU Liaison, and Trauma Medical Director and proof of physician coverage twenty-four (24) hours a day.
    a. **Documentation required:**
        i. **Provide board certification documentation for ICU director or co-director**.
        ii. Past three (3) months call schedules for critical care coverage and include physician names if initials are used on the call calendar.
        iii. Signed letter of commitment from critical care physician group, ICU Liaison and Trauma Medical Director.
        iv. Policy/guideline for management of emergencies in the ICU.
        v. Provide documentation of acquisition of sixteen (16) hours of trauma-related CME per year on average or by demonstrating participation in an internal education process (IEP) conducted by the trauma program based upon the principles of practice-based learning and PIPS program for the critical care physicians participating on the call panel.

13. **CT scan and conventional radiography:** There must be twenty-four (24) hour availability of CT scan and conventional radiography. Radiologists must be available within thirty (30) minutes for complex imaging or interventional procedures. There must also be a written letter of commitment from the hospital's Chief of Radiology, Radiology Liaison, and Trauma Medical Director.
    a. **Documentation required:**
        i. Signed letter of commitment from Chief of Radiology, Radiology Liaison and Trauma Medical Director.
        ii. Policy/guideline outlining services available twenty-four (24) hours a day and response time requirements for Radiologists.

14. **Intensive care unit:** There must be an intensive care unit with patient/nurse ratio not exceeding two to one (2:1) and appropriate resources to resuscitate and monitor injured patients.
    a. **Documentation required:**
        i. Scope of care/nursing standards/staffing guidelines for ICU that outlines nurse to patient ratios.
        ii. Equipment list for the ICU.

15. **Blood bank:** A blood bank must be available twenty-four (24) hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC) and fresh frozen plasma (FFP), platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of an injured patient. All centers must have massive transfusion protocol developed collaboratively between trauma services and the blood bank.
    a. **Documentation required:**
        i. Policy/guideline that includes detail of products available and number of each product on site.
        ii. Copy of massive blood transfusion protocol.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL II TRAUMA CENTER STATUS
(continued)

16. **Laboratory services:** There must be laboratory services available twenty-four (24) hours per day. This should include at a minimum coagulation studies, blood gas analysis and microbiology studies.
    a. **Documentation required:**
        i. Guideline/policy that outlines what services are available 24/7.

17. **Post-anesthesia care unit:** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty-four (24) hours per day.
    a. **Documentation required:**
        i. Include a list of available equipment in the PACU.

18. **Relationship with an organ procurement organization (OPO):** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
    a. **Documentation required:**
        i. Written policy regarding OPO participation in the trauma program and triggers for notifying OPO.

19. **Diversion policy:** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than five percent (5%) of the time in a rolling twelve (12) month period. The hospital's documentation must include a record of the most recent twelve (12) months showing dates and length of time for each time the hospital was on diversion.
    a. **Documentation required:**
        i. Completed detailed diversion information/why facility activated diversion on required spreadsheet provided by ISDH Designation Subcommittee.

20. **Operational process performance improvement committee:** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year. This meeting must occur at least quarterly.
    a. **Documentation required:**
        i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
        ii. Complete Operational Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent twelve (12) months.
        iii. All Trauma Surgeons and all the Liaisons must have attended at least two (2) Operational meetings prior to submission of the application, held no more frequently than monthly.

21. **Trauma Peer Morbidity and Mortality Committee:** The trauma program should have established committee membership and set meeting dates prior to application. This meeting should be held monthly, but the frequency should be determined by the trauma medical director based on the needs of the program.
    a. **Documentation required:**
        i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
        ii. Complete Peer Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent twelve (12) months.
        iii. All Trauma Surgeons and all the Liaisons (Orthopedics, Neurosurgery, Critical Care, Radiology, Emergency Medicine, Anesthesia) must have attended at least two (2) Trauma Peer Review meetings prior to submission of the application, held no more frequently than monthly.

22. **Nurse credentialing requirements:** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.
    a. **Documentation required:**
        i. Policy/guideline that outlines credentialing requirements for nurses in the ED and ICU.
        ii. Percentage of nurses that have completed credentialing requirements for both ED and ICU.

23. **Commitment by the governing body and medical staff**: There must be separate written commitments by the hospital's governing body and medical staff to establish a Level II Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.
    a. **Documentation required:**
        i. Written statement as outlined under requirements that is signed by governing body and medical staff representative.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS

Part of State Form 55271 (R3 / 8-15)

Hospitals that wish to apply for status as an "in the process" Level III Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director:** Who is Board-Certified, or eligible for board certification, or an American College of Surgeons Fellow. This is a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one (1) hospital. The Medical Director must be appointed six (6) months before the "in the process" application can be submitted.
    a. **Documentation required:**
        i. Current ATLS certificate. Physician must have successfully completed course prior to application.
        ii. Trauma Medical Director's full CV.
        iii. Guideline/policy/contract that states Medical Director is dedicated to only one (1) facility.
        iv. Copy of past three (3) months call rosters documenting Trauma Medical Director's activity on call panel.
        v. Copy of board certification, ACS Fellow status, or eligible for board certification documentation for Trauma Medical Director.
        vi. Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.
        vii. Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) month apart.
        viii. Sixteen (16) hours of external, trauma-related CME's obtained in the twelve (12) months prior to submission of the application.

2. **Trauma Program Manager:** This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma related continuing education per year and clinical experience in the care of injured patients.
    a. **Documentation required:**
        i. Trauma Program Manager CV.
        ii. Trauma-related continuing education information from the past twelve (12) months in a spreadsheet format.
        iii. Documentation of attendance to at least three (3) trauma operation meetings. Meetings must be at least one (1) month apart.
        Iv Documentation of attendance to at least three (3) peer review meetings. Meetings must be at least one (1) month apart.

3. **Submission of trauma data to the State Registry:** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard for the last two (2) quarters prior to submitting the application and at least quarterly thereafter.
    a. **Documentation required:**
        i. The State Trauma Registrar will validate your participation in the Indiana Trauma Registry as required.

4. **A Trauma Registrar:** This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.
    a. **Documentation required:**
        i. Trauma Registrar CV.
        ii. Trauma Registrar job description.
        iii. Proof of trauma registry training (i.e. may include ISDH training or vendor training).

5. **Tiered Activation System:** There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program. Should be inclusive of ACS criteria. Trauma Program Manager, Trauma Medical Director and Emergency Department (ED) liaison must attend Rural Trauma Team Development Course (RTTDC) prior to submission of in process application.
    a. **Documentation required:**
        i. Activation guideline/policy.
        ii. Proof of completion for Trauma Medical Director, Trauma Program Manager and ED liaison at RTTDC.

6. **Trauma Surgeon response times:** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee. All trauma surgeons on the call panel must have successfully completed ATLS at least once.
    a. **Documentation required:**
        i. Individual written statements of support of the trauma program from all participating trauma surgeons, orthopedic surgeons, and neurosurgeons on the call panel, including signature by Trauma Medical Director.
        ii. Complete Surgeon Response Time spreadsheet provided by ISDH Designation Subcommittee.
        iii. Letter from Disaster Committee Chairperson validating a trauma surgeons participation and include record of attendance from past year.

iv. Copies of past three (3) months general surgery call coverage to show proof of continuous coverage.
v. Copies of ATLS cards for each general surgeon on the call schedule.
vi. Copies board certification status for each general surgeon on the call schedule.

7. **In-house Emergency Department physician coverage:** The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients. All ED physicians must have successfully completed ATLS at least once. Physicians who are not board-certified in emergency medicine who work in the ED must be current in ATLS.
    a. **Documentation required:**
        i. Copies of past three (3) months emergency medicine physician call roster, include names of providers if initials are used on call calendar.
        ii. Complete ED physician spreadsheet provided by the ISDH Designation Subcommittee.
        iii. ED liaison CV.
        iv. Copies of ATLS cards for each ED physician.

8. **Orthopedic Surgery:** There must be an orthopedic surgeon on call and promptly available twenty-four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.
    a. **Documentation required:**
        i. Copies of past three (3) months orthopedic physician call roster, include names of providers if initials are used on call calendar.
        ii. Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians and Trauma Medical Director.

9. **Neurosurgery:** The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.
    a. **Documentation required if ALL patients treated via transfer:**
        i. Policy/guideline that establishes that all patients treated via transfer.
        ii. Copies of transfer agreements with Level I and Level II trauma centers where neurosurgery patients will be sent from your facility.
        ii. Signed letter from Trauma Medical Director.
    b. **Documentation required if certain patients are kept/treated at your facility:**
        i. Policy/guideline that establishes your scope of care and criteria for transfers.
        ii. Copies of past three (3) months neurosurgeon physician call rosters, include physician names if initials are used on call calendar.
        iii. Signed statement from OR manager/director and Trauma Medical Director that craniotomy equipment is at your facility if you plan to keep these patients.
        iv. Letter of commitment from neurosurgeons and Trauma Medical Director.
        v. Traumatic Brain Injury policies/guidelines.

10. **Transfer agreements and criteria:** The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
    a. **Documentation required:**
        i. Copy of transfer out policy/criteria.
        ii. Copies of transfer agreements with Level I and Level II trauma centers.

11. **Trauma Operating room, staff and equipment:** There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty-four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff. Anesthesiologists must be promptly available for emergency operations. The center must have an identified anesthesia liaison for the trauma program.
    a. **Documentation required:**
        i. List of essential equipment as outlined in Resources for Optimal Care of the Injured Patient resource.
        ii. Policy/guideline outlining staffing procedures for emergent trauma procedures (including OR staff and anesthesia).
        iii. Anesthesiology liaison CV.

12. **Critical Care physician coverage:** Physician coverage of the ICU must be available within thirty (30) minutes, with a formal plan in place for emergency. There must be emergency coverage in-house twenty-four (24) hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage twenty-four (24) hours a day.

a. **Documentation required:**
   i. Past three (3) months call schedules for critical care coverage and include physician names if initials are used on the call calendar.
   ii. Signed letter of commitment from critical care physician group and Trauma Medical Director.
   iii. Policy/guideline for who manages airway emergencies on the floor.

13. **CT scan and conventional radiography:** There must be twenty-four (24) hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.
    a. **Documentation required:**
       i. Signed letter of commitment from Chief of Radiology and Trauma Medical Director.

14. **Intensive care unit:** There must be an intensive care unit with patient/nurse ratio not exceeding two to one (2:1) and appropriate resources to resuscitate and monitor injured patients
    a. **Documentation required:**
       i. Scope of care/nursing standards/staffing guidelines for ICU that outlines nurse to patient ratios.
       ii. Equipment list for the ICU.

15. **Blood bank:** A blood bank must be available twenty-four (24) hours per day with the ability to type and cross-match blood products, with adequate amounts of packed red blood cells (PRBC) and fresh frozen plasma (FFP) within fifteen (15) minutes. All centers must have massive transfusion protocol developed collaboratively between trauma services and the blood bank. All centers should consider having, platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.
    a. **Documentation required:**
       i. Location of blood bank (in hospital or offsite address).
       ii Policy/guideline that includes detail of products available and number of each product on site.
       iii. Copy of massive blood transfusion protocol.

16. **Laboratory services:** There must be laboratory services available twenty-four (24) hours per day. This should include at a minimum blood typing, cross-matching, analyses of blood, urine, and other body fluids, including microsampling when appropriate. There should be capability for coagulation studies, blood gases, and microbiology.
    a. **Documentation required:**
       i. Guideline/policy that outlines what services are available 24/7.

17. **Post-anesthesia care unit:** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty-four (24) hours per day.
    a. **Documentation required:**
       i. Include a list of available equipment in the PACU.

18. **Relationship with an organ procurement organization (OPO):** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
    a. **Documentation required:**
       i. Written policy regarding OPO participation in the trauma program and triggers for notifying OPO.

19. **Diversion policy:** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time in a rolling twelve (12) month period. The hospital's documentation must include a record of the most recent twelve (12) months showing dates and length of time for each time the hospital was on diversion.
    a. **Documentation required:**
       i. Completed detailed diversion information/why facility activated diversion on required spreadsheet provided by ISDH Designation Subcommittee.

20. **Operational process performance improvement committee:** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year. This meeting must occur at least quarterly.
    a. **Documentation required:**
       i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
       ii. Complete Operational Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent twelve (12) months.
       iii. All Trauma Surgeons and all the Liaisons must have attended at least two (2) Operational meetings prior to submission of the application, held no more frequently than monthly.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS *(continued)*

21. **Trauma Peer Morbidity and Mortality Committee:** The trauma program should have established committee membership and set meeting dates prior to application. This meeting must occur at least quarterly.
    a. **Documentation required:**
        i. Signed letter from Trauma Medical Director and Trauma Program Manager outlining committee membership and meeting frequency.
        ii. Complete Peer Attendance spreadsheet provided by ISDH Designation Subcommittee. Include data from most recent twelve (12) months.
        iii. All Trauma Surgeons and all the Liaisons must have attended at least two (2) Trauma Peer Review meetings prior to submission of the application, held no more frequently than monthly.

22. **Nurse credentialing requirements:** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.
    a. **Documentation required:**
        i. Policy/guideline that outlines credentialing requirements for nurses in the ED and ICU.
        ii. Percentage of nurses that have completed credentialing requirements for both ED and ICU.

23. **Commitment by the governing body and medical staff:** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.
    a. **Documentation required:**
        i. Written statement as outlined under requirements that is signed by governing body and medical staff representative.