

Trauma Intent Application

Frequently Asked Questions (FAQ's)

➤ **Question:**

What if a hospital is unable to provide all services required for the level of designation being sought?

Answer:

There is a provision in the regulations for a waiver. Waivers will be considered based on individual facility circumstances and specific plans for coordination with other designated trauma centers.

➤ **Question:**

If a Level II in one region has a service and a Level II in an adjoining region doesn't, will the region that has the service receive all of the trauma patients needing that particular service?

Answer:

The trauma system will be designed to ensure trauma patients are transported to the nearest appropriate facility based on the needs of the patient. Consideration by the trauma system Call Center in directing the transport to a certain facility will include facility capability, capacity and time accessibility.

➤ **Question:**

What happens if a service becomes unavailable after designation? Will designation automatically be lowered to the next level or can application be made for waiver?

Answer:

Facilities will be required to notify the Department of Health upon any inability to provide a required service for the level of designation. With notification there will need to be a request for waiver and a plan for ensuring the availability of the care when patient need dictates.

➤ **Question:**

Is the intent application the application for designation?

Answer:

No, there will be a separate application to be submitted at the time a hospital meets all requirements and is ready for a site team visit for designation.

➤ **Question:**

Can a hospital obtain an out of state transfer agreement with a burn center?

Answer:

Yes, but consideration should be given to the proximity of the burn center to the facility. Also, facilities are encouraged to consider multiple agreements if possible.

➤ **Question:**

When completing the application as a Level III, what responses would need to go into areas regarding Level I & II questions?

Answer:

Place N/A in those other areas.

➤ **Question:**

1. Page 34 Items #3 Emergency Department Registered Nurse; requirements a, & b.
2. Page 39 section I Trauma Education Program, number 1. “
 - a. Ongoing continuing education program focused on trauma provided or sponsored by the hospital. The continuing education should include at least 16 hours every 4 years and must meet the standards for approved continuing education set by individual state licensing boards entitles for”
 - b. Section b. Nurses

Does the ACLS and PALS or TNCC count in the 16 hours of Health Department approved Trauma Life Support course? Is there a specific class that is 16 hours that the ED nurse is suppose to have?

Answer:

Page 34, Item 3a requires an ED Registered Nurse to have an ACLS, PALS or Emergency Nursing Pediatric Course. In addition to one of these, Item 3b requires an initial 16 hour Trauma Life Support Course. When the regulations were written the course discussed was the Trauma Nurse Core Course approved by the American College of Surgeons and sponsored by the Emergency Nurses Association. However, the regulation was written to allow facilities to write their own course or choose another course. However, any course that is not a nationally recognized trauma course for nurses would require approval by the Department.

Item Ia on page 39 is in addition to the 16 hour course discussed on page 34. This item requires facilities to provide or sponsor 16 hours of continuing education every 4 years for specified personnel within the trauma system.

➤ **Question:**

With the due date of July 1, when will the on-site survey team visit?

Answer:

Once the Trauma Center Designation Intent Application is completed a review will be completed by a subcommittee of the Trauma Advisory Committee and Department staff. When the application is approved, one-half of the start-up grant funding will be released. From the date of release of the funding, a facility will have a period of time to complete an Application for Trauma Center Designation. The period of time specified by statute is 18 months for a Level I and 12 months for Levels II, III and IV. At the time an Application for Trauma Center Designation is received, a team will be selected and arrangements made with the facility for a site visit.

➤ **Question:**

Secondly, when will the trauma level certification be given and functioning?

Answer:

After the site team visit is conducted a report will be submitted to the Department with a recommendation of level of designation. The Department will conduct an analysis of the application and operation and will notify the facility of the preliminary decision for designation and request comments. The Department will consider comments, if applicable, and render a final decision of designation level and award the remainder of the start-up grant.

➤ **Question:**
Finally, when will the money be appropriated?

Answer:
See previous answer.

➤ **Question:**
Has the state Health Department designated the head injury/spinal cord injury center for this region?

Answer:
In the budget proposal there is designated funding for a hand center and burn center. Head injury/spinal cord injury center has not been considered. It is expected Level I and Level II trauma centers will have the capability to care for acute injuries of this type.

➤ **Question:**
Has the state Health Department designated a rehabilitation service for this region?

Answer:
The statute (Act 393) allows for grants to be awarded to "providers, entities or organizations with special competence in trauma rehabilitation services that provide rehabilitation services..." The proposed budget has funding set aside for this purpose. However, decisions have not been made regarding criteria for funding.

➤ **Question:**
What is the level of detail needed in the intent application for the plan associated with the quality improvement initiatives? We need to hire a person for this role. Much of what would go in to this section would be determined by this person.

Answer:
The regulations do not require an individual to be solely dedicated to the role of trauma quality improvement activities. Decisions regarding staffing would be up to each facility. However, the regulations do require certain tasks to be conducted as part of the program and be "incorporated into the existing quality improvement/peer review program activities of the hospital." The intent application would need to reflect how this is going to happen and the person responsible. The Trauma Medical Director and Trauma Coordinator are responsible and accountable for developing and maintaining the infrastructure to systematically evaluate and assure quality care is delivered to the injured patient. In most established trauma centers, the trauma coordinator functions as to key person to coordinate quality improvement activities and help incorporate the trauma related QI activities into the hospital's existing QI structure.

➤ **Question:**
Is it possible for several hospitals within a health system to utilize the same registry? Or will one have to be done separately?

Answer:
Data entered into the trauma registry must be entered with the unique identifier of that facility. However, a hospital could send patient clinical information to another hospital for data entry with a written agreement, and in terms of a hospital system, this transfer of patient clinical information might even be possible electronically. The ability for a designated trauma center to view another designated trauma center's data would be up to individual facilities.

➤ **Question:**

My hospital has a joint venture relationship with another company. Through this joint venture, my hospital is involved in providing a number of work place safety education programs. Would this be sufficient for this requirement?

Answer:

The regulations require trauma education programs to have a focus on trauma. Work place safety education programs could be a part of a trauma education program if there is a trauma focus. Other trauma education programs that your hospital might consider would be education of pre-hospital providers in your area in regards to proper stabilization / transport of trauma, improved coordination and communication of trauma information from the field into your hospital, and trauma-prevention education for the general public in ongoing advertising, wellness fairs, etc.

➤ **Question:**

Would a public education initiative through the AR Hospital Association be sufficient to fulfill the public education requirement?

Answer:

It is envisioned public education would be aimed toward preventable injuries within regions. With data from the trauma registry, Trauma Regional Advisory Councils (TRACS) will make decisions regarding specific public education programs. This could be done by a group of facilities within a region or with assistance from outside organizations. The Arkansas Hospital Association could assist with the development and promulgation of those educational programs for use by individual trauma centers or for TRACS.

➤ **Question:**

Under “Availability” in several sections of the resource standards, I am not clear on the difference between the two types of “On-call and promptly available” requirements. Please clarify.

Answer:

Both on-call and promptly available are found in the definitions section. On-call is defined as “committed for a specific time period to be available and respond within an agreed amount of time to provide care for a patient in the hospital.” Promptly available to the patient is defined as “services provided by a trauma facility that are available to the patient within 30 minutes.”

➤ **Question:**

On page 33, item g. Internal Medicine: Does a family practice physician qualify?

Answer:

A physician qualified as an Internal Medicine specialist would be one that either is certified by the American Board of Internal Medicine or a physician who has finished a formal approved residency training program in internal medicine and is qualified to take the ABIM qualifying examination. Such a physician may choose a career as an internist, other internal medicine specialty (such as cardiology), or practice as a hospitalist, all of which would fit our definition of an internal medicine physician.

➤ **Question:**

On page 38, item D-4. “...adequate hospital storage facilities:” Can you give me a more quantitative expectation?

Answer:

The Rules and Regulations for Hospitals and Related Institutions in Arkansas (hospital licensure regulations) require the following for storage of blood and blood products:

1. *Donor blood and blood products shall be stored or maintained for transfusion under conditions required to prevent deterioration and to ensure optimum integrity, whether in the blood bank or in a remote storage refrigerator.*
2. *Donor blood shall be stored in a refrigerator which meets the following criteria:*
 - a. *The refrigerator shall be connected to an emergency power source;*
 - b. *An audible alarm system shall monitor proper storage temperature and shall sound at a location that is staffed 24 hours per day;*
 - c. *The refrigerator shall not be used for the storage of hazardous or contaminated items;*
 - d. *The refrigerator shall have adequate space to provide for segregated storage of the following:*
 - *Donor blood prior to completion of tests;*
 - *Donor blood not suitable for use; and*
 - *Autologous units;*
 - *A temperature recorder shall be connected to the refrigerator.*
 - *The high and low activation temperatures of the alarm system shall be checked and documented at least quarterly. The response to the activated alarm shall be documented.*
 - *The temperature recorder shall be compared daily to a thermometer in the refrigerator. Results of the temperature checks shall be documented.*

➤ **Question:**

The Rules and Regs state that a Level II designated facility should have the capability of providing total patient care for every aspect of injury, etc. If a facility is a Level II and receives a patient that exceeds their capability to care for, may patients be transferred to Level I center? The concern is being stuck with what is a Level I case.

Answer:

The Call Center will direct patients based on real-time capability and capacity as reported by individual facilities into a database.

➤ **Question:**

If do not have capability to manage, for example, orthopedic conditions of unstable pelvic ring disruption, unstable pelvic fracture with shock, fractures and dislocations with loss of pulses and associated extremity ischemia, can the trauma system dispatch be instructed to direct these patients routinely to center with these orthopedic capabilities?

Answer:

The Call Center could be notified to consider your facility not having this capability when directing patients for transport. However, based on other transport considerations such as extent of injury and time factors, a patient with such injury could still be directed to your facility for stabilization.

➤ **Question:**

Our surgeons are on-call for 24 hours. Can they schedule elective surgeries even if they would be the ones on-call if an emergency comes in? The rules state for Level II, the doctors must be on call and promptly available, as response within 30 minutes. Does this mean that specialty surgeons on call cannot perform elective cases while taking call? Also, if doctor is tied up with one trauma case and is not available for another, can the second patient be dispatched elsewhere or does a second doctor have to be available?

Answer:

The regulations do not prohibit specialty surgeons from performing elective cases. It is expected specialty surgeons will meet the definition of promptly available in a trauma center where the requirement for designation is promptly available. However, it is recognized there will be times when, due to circumstances, the response time may be outside 30 minutes. Response times should be evaluated on an ongoing basis by the facility as part of a quality improvement program and will be evaluated by the Quality Improvement Organization, the Trauma Regional Advisory Council and by the site visit team when conducting visits for designation.

➤ **Question:**

Does the trauma surgeon on call have to forgo performing elective cases while on call?

Answer:

The answer for the trauma surgeon is the same as for specialty surgeons.

➤ **Question:**

Regarding the trauma coordinator position, what are the expectations of this position?

Answer:

The Rules and Regulations for Trauma Systems defines the Trauma Coordinator as a “Registered Nurse with responsibility for monitoring and evaluating nursing care of trauma patients and the coordination of quality improvement and patient safety programs for the trauma center in conjunction with the trauma medical director.” In addition to the monitoring and evaluation function this individual would have responsibility for the organization of services and systems necessary for a multidisciplinary approach to providing care to injured patients. This role will vary depending on the level of designation.

➤ **Question:**

Will this person be allowed to have other duties?

Answer:

The regulations do not prohibit the Trauma Coordinator from having other duties. This would be a facility decision. Consideration should be given the duties and functions required based on the level of designation. The Trauma Coordinator activities include clinical oversight, trauma education, performance improvement, supervision of the trauma registry, consultation/liaison and involvement in community and regional trauma systems and representation and involvement with the Trauma Regional Advisory Councils.

➤ **Question:**

In addition, can the health system have a trauma coordinator for all three hospitals? Or will each hospital have to have its own trauma coordinator?

Answer:

Each designated trauma center should have a Trauma Coordinator to conduct the duties and activities outlined in the previous answer.

➤ **Question:**

Does the application have to be postmarked by July 1, 2009 or the Ark Dept of Health needs to receive it by July 1, 2009?

Answer:

A postmark of July 1 will be fine.

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➤ **Question:**

Will there be any issues with sending trauma out of state?

Answer:

There is no prohibition against transfer agreements with out-of-state hospitals. It is expected a facility will initiate transfer agreements with multiple facilities and will transfer patients to the most appropriate facility at the time of need.

➤ **Question:**

If the ED physician determines that a trauma patient will need to be shipped out (say for a service we do not provide) does the surgeon on-call still need to see and evaluate that patient?

Answer:

The ED physician is responsible for evaluating a trauma patient's injuries and determining the course of action. If immediate stabilization and transfer is the determination, it would not be expected that a surgeon also evaluate the patient.

➤ **Question:**

If we apply for a Level III, and fail to meet all the specific requirements, do we automatically go to a Level IV, or will we need to reapply?

Answer:

The first step in the designation process is completion of the Intent Designation Application. This application will be reviewed against the requirements in order for the Department to issue a start-up grant to a facility. Although all requirements do not have to be met at the time of application, there must be a detailed plan outlined for meeting all requirements for the level being requested. The information contained in the Intent Designation Application will be reviewed and the ability of a facility to meet the requested level of designation will be evaluated. Based on this review, a

recommendation will be made whether a grant should be awarded in the amount for the level being requested. The second step of the process is actual designation. At the time a facility is ready for a site visit an application for designation will be made to the Department. Once the site visit is conducted, the team will provide a recommendation to the Department for either full approval, provisional approval, full approval at a lower level of designation, Board of Health waiver for certain requirements, or approval denied. This information is found in Section VI of the Rules and Regulation for Trauma Systems.

➤ **Question:**

Someone has told us there is an extensive list of supplies that have to be available, but I cannot find anything that meets that description in the application or State Health rules and regs. Is there a list and where would I find it?

Answer:

There are specific services, drugs, equipment and supplies listed in Section VII of the Rules and Regulations for Trauma Systems.

➤ **Question:**

Also, if we utilize residents as part of our ER physician coverage, since we are in a rural area, could we still qualify for a level III?

Answer:

Residents are licensed physicians and would meet the requirement for physician coverage in the Emergency Department if other requirements are met under Section 7, B1, of the Rules.

➤ **Question:**

Could a transfer agreement with a hospital be utilized for a service? Specifically, we were concerned about requirement for ophthalmic services for a Level Two. An idea was floated about the utilization of a transfer agreement for this service possible with a specific hospital. Would this work?

Answer:

One of the options for recommendation by the designation site visit team is "The Board may conduct public meetings consistent with the Administrative Procedures Act to modify provisions of these rules and regulations in order to meet state, regional or community necessity for trauma care." This recommendation would be based on a facility's inability to meet certain requirements for the level being requested and a detailed plan made available to the site team on how the facility will ensure the patient may receive the care. The options for recommendation are found in Section VI of the Rules and Regulations for Trauma Systems.

➤ **Question:**

SVHS is currently capable of treating and stabilizing pediatric patients and transferring them to ACH. Would this meet the standard as well for a Level II?

Answer:

Yes, for pediatric trauma. However, a Level II facility would still be expected to meet the requirement for having non-surgical pediatric services on-call and promptly available as found in Section VII, A4k in the Rules.

➤ **Question:**

What specific services are anticipated for in house CT? Currently, we provide in house CT services 24/7 for all procedures that do not require contrast. For those that do require contrast, we do have radiologist and a team on call. Would this meet the standard for a Level II?

Answer:

The requirement for a Level II facility is to have computerized tomography with an in-house radiologic technician and a radiologist on-call and promptly available.

➤ **Question:**

Will the use of our eICU (telemedicine) service qualify as having an internal medicine physician?

Answer:

Yes, if the physician involved meets the requirements outlined in the answer to a previous question cited below and has staff privileges at the level III facility.

➤ **Question:**

On page 33, item g. Internal Medicine: Does a family practice physician qualify?

Answer:

A physician qualified as an Internal Medicine specialist would be one that either is certified by the American Board of Internal Medicine or a physician who has finished a formal approved residency training program in internal medicine and is qualified to take the ABIM qualifying examination. Such a physician may choose a career as an internist, other internal medicine specialty (such as cardiology), or practice as a hospitalist, all of which would fit our definition of an internal medicine physician.