

Department of State
Division of Publications
 312 Rosa L. Parks Avenue, 8th Floor Snodgrass/TN Tower
 Nashville, TN 37243
 Phone: 615-741-2650
 Fax: 615-741-5133
 Email: register.information@tn.gov

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Agency/Board/Commission:	Department of Health
Division:	Division of Healthcare Facilities
Contact Person:	Lucille F. Bond, Assistant General Counsel
Address:	Office of General Counsel 220 Athens Way, Suite 210 Nashville, Tennessee
Zip:	37243
Phone:	(615) 741-1611
Email:	Lucille.F.Bond@tn.gov

Revision Type (check all that apply):

- Amendment
 New
 Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1200-08-12	Trauma Centers
Rule Number	Rule Title
1200-08-12-.01	Preamble
1200-08-12-.02	Authority
1200-08-12-.03	Definitions
1200-08-12-.04	Requirements
1200-08-12-.05	Requirements for Level III Trauma Centers

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Chapter 1200-08-12

Amendments

Rule 1200-08-12 Trauma Centers is amended by deleting the chapter in its entirety and substituting instead the following new language so that chapter 1200-08-12, as amended, shall read:

1200-08-12-.01 Preamble. The Tennessee Department of Health is empowered to adopt such regulations and standards pertaining to the operation and management of hospitals as are necessary for the public interest. On November 24, 1982, the EMS Advisory Council prepared and presented to the Board for Licensing Health Care Facilities ("Board") a recommendation that a formal review of the issues involved in the designation of trauma centers for the State of Tennessee be explored. Subsequently, on February 17, 1983, the Board requested a presentation regarding the City of Memphis Hospital Trauma Center in an effort to further define the need for action on trauma center designation and/or categorization. As a result of that presentation, the Board created a Task Force to evaluate and recommend criteria concerning the development of trauma systems and the operation of trauma centers in the state.

The process of Designation and Reverification is voluntary on the part of hospitals in the state. It is meant to identify those hospitals that make a commitment to provide a given level of care of the acutely injured patient. Knowledge of statewide trauma care capabilities and the use of trauma triage protocols will enable providers to make timely decisions, promote appropriate utilization of the trauma care delivery system, and ultimately save lives.

Authority: T.C.A. §68-11-201 et seq.

1200-08-12-.02 Authority. The Board for Licensing Health Care Facilities issues these regulations under the authority granted at T.C.A. 68-11-201 et seq.

Authority: T.C.A. §68-11-201 et seq.

1200-08-12-.03 Definitions.

- (1) "Board" means the Board for Licensing Health Care Facilities.
- (2) "Department" means the Tennessee Department of Health.
- (3) "Facility" shall have the same meaning as defined in T.C.A. § 68-11-201(18).
- (4) "Levels of Care" means the type of trauma service provided by the facility as shown by the degree of commitment in personnel and facilities made to the delivery of that service.
- (5) "Level I" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care I.
- (6) "Level II" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care II.
- (7) "Level III" means a facility providing a maximum trauma care commensurate with community resources. The Level III facility generally serves communities without all the resources usually associated with Level I or II facilities. Planning for care of the injured in small communities or suburban settings usually calls for transfer agreements and protocols for the most severely injured patients. Designation of the Level III facility may also require innovative use of the region's

resources. For example, if there is no neurosurgeon in a large, sparsely populated region it may require that a general surgeon be prepared to provide the emergency decompression of mass lesions and arrangement for patient transfer to the most appropriate Level I or II hospital after the surgeon has carried out the patient's life-saving operation. Staffing of the Level III hospital is another example of the innovative use of a region's resources. It will be impractical to require a general surgeon to be in-house in many instances. With modern communication systems it seems reasonable that the surgeon should be promptly available and in a great majority of instances meet the patient in the emergency room on arrival. When a Level III hospital first receives notification of a critically injured patient, it can activate on-call personnel to respond promptly to the hospital. The intent of this flexibility should be clear: to provide the best possible care even in the most remote circumstances.

- (8) "Comprehensive Regional Pediatric Center (CRPC)" means a facility designated as CRPC that shall be capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. The center shall be responsible for serving as a regional referral center for the specialized care of pediatric patients or in special circumstances provide safe and timely transfer of children to other resources for specialized care. Rules and regulations governing CRPCs are delineated in Chapter 1200-08-30.
- (9) "Trauma Center" shall have the same definition as provided in T.C.A. § 68-59-102(6).
- (10) "Trauma Registry" means a central registry compiled of injury incidence information supplied by designated trauma centers and Comprehensive Pediatric Emergency Centers for the purpose of allowing the Board to analyze data and conduct special studies regarding the causes and consequences of traumatic injury.
- (11) "E" means essential.
- (12) "D" means desired.
- (13) "FAST" means focused abdominal sonography for trauma.
- (14) "ACS-COT" means American College of Surgeons Committee on Trauma.
- (15) "ATLS" means Advanced Trauma Life Support.
- (16) "PGY" means postgraduate year.

Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-201, 68-11-202, and 68-11-209.

1200-08-12-.04 Requirements

- (1) Trauma registry requirements shall include the following:
 - (a) Each trauma center shall submit trauma registry data electronically to the trauma registry on all closed patient files.
 - (b) Each trauma center shall submit trauma registry data for receipt no later than one hundred twenty (120) days after each quarter of the year. Trauma centers shall receive confirmation of successful submission no later than two weeks after submission.
 - (c) Trauma centers which fail to submit required data to the trauma registry for three (3) consecutive quarters shall risk not receiving compensation from the Tennessee Trauma Center Fund.
- (2) Levels of Care
 - (a) Hospital Origination

1.	Trauma Service	I	II	III
	<p>A recognizable program within the hospital which has a surgeon as its director/coordinator/physician in charge. The intent is to ensure the coordination of services and performance improvement for the trauma patient. The service includes personnel and other resources necessary to ensure appropriate and efficient provision of care and will vary according to facility and level of designation.</p> <p>In a Level I and II trauma center, the trauma team shall evaluate seriously injured patients based upon written institutional graded activation criteria and those patients shall be admitted by an identifiable surgical service staffed by credentialed trauma providers(1). Level I and II trauma centers shall have sufficient infrastructure and support to ensure adequate provision of care for this service. Sufficient infrastructure and support may require additional qualified physicians, residents, nurse practitioners, physician's assistants, or other physician extenders. This composite should be determined by the volume of patients requiring care and the complexity of their conditions. In teaching facilities, the requirements of the Residency Review Committee also must be met.</p> <p>In Level III centers, the center may admit the injured patients to individual surgeons, but the structure of the program must allow the trauma director to have oversight authority for the care of those injured patients. The center shall ensure that there is a method to identify the injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners. It is particularly important for team members to attend trauma committee meetings regularly and participate in peer review activities to maintain cohesion within the service.</p>	E	E	E
	Written graded activation criteria	E	E	E
	Administration supportive of the Trauma Program	E	E	E
	Evidence of an annual budget for the Trauma Program	E	E	E
	The Trauma Team may be organized by a qualified physician but care must be directed by a general surgeon expert in and committed to the care of the injured. All patients with multiple-system or major injury must be initially evaluated by the trauma team, and the surgeon who shall be responsible for overall care of a patient (the team leader) identified. A team approach is required for optimal care of patients with multiple-system injuries			E
2.	Surgery Departments/Divisions/Services/Sections (each staffed by qualified specialists)			
	Cardiothoracic Surgery	E	E (2)	
	General Surgery	E	E	E
	Neurologic Surgery	E	E	
	Obstetrics-Gynecologic Surgery	E		
	Ophthalmic Surgery	E		
	Oral and Maxillofacial Surgery - Dentistry	E		
	Orthopedic Surgery	E	E	D
	Otorhinolaryngologic Surgery	E(3)		
	Pediatric Surgery	E(4)		
	Plastic Surgery	E		
	Urologic Surgery	E		
	Surgical Critical Care	E	D	

3.	Emergency Department/Division/Service/Section (staffed by qualified specialists)	E(5)	E(5)	E(5)
4.	Surgical Specialty Availability In-house 24 hrs a day			
	General Surgery	E(6)		
	Neurologic Surgery	E(7)		
	Surgical Critical Care	E(6)	D(6)	
5.	Surgical Specialty Availability from inside or outside hospital			
	Cardiac Surgery	E	E(2)	
	General Surgery		E(17)	
	Neurologic Surgery		E(17)	D
	Microsurgery capabilities	E		
	Gynecologic Surgery	E		
	Hand Surgery	E(8)		
	Ophthalmic Surgery	E	E	D
	Oral and Maxillofacial Surgery - Dentistry	E	E	D
	Orthopedic Surgery	E	E	D
	Otorhinolaryngologic Surgery	E	E	D
	Pediatric Surgery	E(4)	E(4)	
	Plastic Surgery	E	E	D
	Thoracic Surgery	E	E	D
	Urologic Surgery	E	E	D
6.	Non-Surgical Specialty Availability in-hospital 24 hours a day			
	Emergency Medicine	E(9)	E(9)	E
	Anesthesiology	E	E(11)	E(12)
7.	Non-Surgical Specialty Availability on call from inside or outside hospital			
	Cardiology	E	E	D
	Chest (pulmonary) Medicine	E	E	
	Gastroenterology	E	E	
	Hematology	E	E	D
	Infectious Diseases	E	E	
	Internal Medicine	E	E	E
	Nephrology	E	E	
	Pathology	E(13)	E	
	Pediatrics	E	E	
	Psychiatry	E	E	
	Radiology	E	E	

(b) Special Facilities/Resources/Capabilities

1(i).	Emergency Department (ED) – Personnel	I	II	III
	Designated Physician Director	E	E	E
	Physician with special competence in care of the critically injured who is a designated member of the trauma team and physically present in the ED 24 hours a day			E
	A physician or physician extender with ongoing certification in a recognized trauma course			
	Full time emergency department; RN personnel 24 hours a day	E	E	E
1(ii).	Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:			
	Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator	E	E	E
	Suction devices	E	E	E

	Electrocardiography-oscilloscope-defibrillator	E	E	E
	Bedside ultrasound capability for FAST examination	E	D	D
	Apparatus to establish central venous pressure monitoring	E	E	E
	All standard intravenous fluids and administration devices, including intravenous catheters	E	E	E
	Sterile surgical sets for procedures standard for ED, such as thoracostomy, cutdown, etc.	E	E	E
	Gastric lavage equipment	E	E	E
	Drugs and supplies necessary for emergency care	E	E	E
	X-ray capability, 24 hour coverage by in-house technicians	E	E	E
	Two-way radio linked with vehicles of emergency transport system	E	E	E
	Skeletal tongs	E	E	E
	Cervical collars	E	E	E
	Spine Long Board	E	E	E
	Splinting materials and devices	E	E	E
	Helipad or Helicopter Landing Area	E	E	
2.	Intensive Care Units (ICU) for Trauma Patients			
	Designated Surgeon Medical Director	E	E	E
	Physician on duty in ICU 24-hours a day or immediately available from in-hospital (PGY4/5 qualify)	E(6)	E(6)	E
	Nurse-patient minimum ratio of 1:2 on each shift	E	E	E
	Immediate access to clinical laboratory service	E	E	E
	Equipment:	E	E	E
	Airway control and ventilation devices	E	E	E
	Oxygen source with concentration controls	E	E	E
	Cardiac emergency cart	E	E	E
	Temporary transvenous pacemaker	E	E	E
	Electrocardiograph-oscilloscope-defibrillator	E	E	E
	Cardiac output monitoring	E	E	D
	Electronic pressure monitoring	E	E	D
	Mechanical ventilator-respirators	E	E	E
	Patient weighing devices	E	E	E
	Pulmonary function measuring devices	E	E	E
	Temperature control devices	E	E	E
	Drugs, intravenous fluids and supplies (needed also as supply replacement time for EMS crews)	E	E	E
	Intracranial pressure monitoring devices	E	E	D
3.	Post-anesthetic recovery room (ICU is acceptable)			
	Registered nurses 24-hours a day	E	E	E
	Monitoring and resuscitation equipment	E	E	E
4.	Acute hemodialysis capability	E	E(14)	E(14)
5.	Organized burn care (15): Physician directed burn center/unit staffed by nursing personnel trained in burn care and equipped properly	E(15)	E(15)	E(15)
6.	Acute spinal cord management capability OR written transfer agreement with a hospital capable of caring for a spinal cord patient			E
7.	Acute head injury management capability OR written transfer agreement with a hospital capable of caring for a patient with a head injury			E
8.	Radiological Special Capabilities			
	Angiography of all types	E	E	D
	Sonography	E	E	D
	Nuclear scanning	E	E	D
	In-house computerized tomography	E	E	D
	MRI (magnetic resonance imaging)	E	E	D

9.	Organ donation protocol	E(16)	E(16)	D
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(c) Operating suite special requirements

1.	Equipment/instrumentation	I	II	III
	Operating room, dedicated to the trauma service, with nursing staff in-house and immediately available 24-hours a day	E	E	D
	Cardiopulmonary bypass capability	E		
	Operating microscope	E	E	
	Thermal control equipment for patient	E	E	E
	Thermal control equipment for blood	E	E	E
	X-ray capability	E	E	E
	Endoscopes, all varieties	E	E	E
	Craniotomy instrumentation	E	E	D
	Monitoring equipment	E	E	E

(d) Clinical Laboratory Services available 24 hours a day

1.	Standard analysis of blood, urine, and other body fluids	E	E	E
2.	Blood typing and cross-matching	E	E	E
3.	Coagulation studies	E	E	E
4.	Blood bank or access to a community central blood bank and hospital storage facilities	E	E	E
5.	Blood gases and pH determinations	E	E	E
6.	Serum and urine osmolality	E	E	D
7.	Microbiology	E	E	E
8.	Drug and alcohol screening	E	E	D

(e) Trauma Medical Director

1.	Board certified general surgeon	E	E	E
2.	Minimum of three years clinical experience on a trauma service or trauma fellowship training	E	D	D
3.	48 hours of category I trauma/critical care CME every 3 years or 16 hours each year and attend one national meeting whose focus is trauma or critical care	E	E	D
4.	Participate in call	E	E	E
5.	Has the authority to manage all aspects of trauma care	E	E	E
6.	Authorizes trauma service privileges of the on-call panel	E	E	E
7.	Works in cooperation with nursing administration to support the nursing needs of trauma patients	E	E	E
8.	Develops treatment protocols along with the trauma team	E	E	
9.	Coordinates performance improvement and peer review processes	E	E	E
10.	With the assistance of the hospital administrator and the TPM, be involved in coordinating the budgetary process for the trauma program	E	E	E
11.	Participates in the Tennessee Chapter of the ACS-COT	E	E	E
12.	Participates in regional and national trauma organizations	E	E	
13.	Remains a current provider of ACS-ATLS course and in the provision of trauma-related instruction to other health care personnel	E	E	E
14.	Is involved in trauma research	E		

(f) Attending General Surgeon on the Trauma Service

1.	Board Certified in General Surgery	E	E	E
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2.	Completion of an ATLS course	E	E	E
3.	Trauma specific CME 16 hours/year or 48 hours every 3 years	E	E	D

(g) Emergency Department Physician

1.	Be Board Certified in Emergency Medicine or have ATLS certification	E	E	E
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(h) Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)

1.	Must have a dedicated fulltime TNC/TPM	E	E	D
2.	Must have a part time TNC/TPM with the trauma program as a major focus of their job description (Level III)			E
3.	Must be a Registered Nurse licensed by the TN Board of Nursing (Level I/II/III)	E	E	E
4.	Must possess experience in Emergency/Critical Care Nursing (Level I/II)	E	E	D
5.	Must have a defined job description and organizational chart delineating the TNC/TPM role and responsibilities (Level I/II)	E	E	D
6.	Must be provided the administrative and budgetary support to complete educational, clinical, research, administrative and outreach activities for the trauma program	E	E	
7.	Shall attend one national meeting within the 3 year verification cycle	E	E	D

(i) Trauma Registrar

1.	A full time equivalent registrar for each 750-1000 admissions per year is required to assure high quality data collection	E	E	D
2.	Shall receive initial training when they start their job and also complete 4 hours of registry-specific continuing education per year (Level I/II)	E	E	D

(j) Programs for Quality Assurance

1.	Medical Care Education			
	Morbidity and Mortality Reviews to encompass all trauma deaths	E	E	E
2.	Trauma Process Improvement (PI)			
	The institution must provide resources to support the trauma process improvement program	E	E	E
	Must have a Trauma Performance Committee that meets at least quarterly to include physicians, nurses, pre-hospital personnel and a variety of other healthcare providers, and reviews policies and procedures, system issues, and whose members or designees attend at least 50% of regular meetings. The committee shall:	E	E	E
	• Identify discretionary and non-discretionary audit filters	E	E	E
	• Document and review times and reasons for trauma related diversion of patients from the scene or referral hospitals	E	E	E
	• Document and review response times for trauma surgeons, neurosurgeons, anesthesia or airway managers, and orthopedists, all of whom must demonstrate 80% compliance	E	E	
	• Document and review response times for trauma surgeons, anesthesia or airway managers, and orthopedists, all of whom must demonstrate 80% compliance	E	E	E
	• Monitor trauma team notification times	E	E	E

	<ul style="list-style-type: none"> Review pre-hospital trauma care to include patients dead on arrival Review times and reasons for transfer of injured patients Document availability of the surgeon on-call for trauma, such that compliance is 90% or greater where there is no trauma surgeon back-up call schedule 	E	E	E E
	The institution shall demonstrate that actions taken as a result of issues identified in the Process Improvement Program created a measurable improvement. Documentation shall include where appropriate: 1) problem identification; 2) analysis; 3) preventability; 4) action plan; 5) implementation; and 6) reevaluation	E	E	E
3.	Operational Process Improvement (Evaluation of System Issues)			
	This is a multidisciplinary conference presided over by the Trauma Medical Director and shall include hospital administrative staff over trauma services as well as the staff in charge of all trauma-program related services. This committee addresses, assesses, and corrects global trauma program and system issues, corrects overall program deficiencies to continue to optimize patient care. This should be held at least quarterly, attendance noted, and minutes recorded.	E	E	D
4.	Trauma Bypass Log			
	Trauma bypass shall not exceed 5%. Trauma surgeons shall be involved in diversion/bypass decisions	E	E	E
5.	Outreach/Training Programs			
	Level I centers shall maintain a commitment to provide ATLS and other educational activities deemed appropriate and timely to surrounding referral centers.	E	D	
	Be involved with local and regional EMS agencies and/or personnel and assist in trauma education, performance improvement, and feedback regarding care	E	E	D
6.	Public Education			
	The trauma center shall be involved in community awareness of trauma and the trauma system	E	D	D
	Participate in statewide trauma center collaborative injury prevention efforts focused on common needs throughout the state	E	E	D
	Perform studies in injury control while monitoring the effects of prevention programs	E	D	D
7.	Institutional Commitment			
	Demonstrates knowledge, familiarity, and commitment of upper level administrative personnel to trauma service	E	E	E
	Upper level administration participation in multidisciplinary trauma conferences/committees	E	E	E
	Evidence of yearly budget for the trauma program	E	E	E
	Supports research efforts of the Trauma Service	E		
8.	Trauma System Development			
	All trauma centers shall participate in trauma system planning and development under the auspices of the Trauma Care Advisory Council	E	E	E
9.	Activation Criteria			
	Each center shall have clearly defined graded activation criteria. For the highest level of activation, the PGY 4/5 shall be immediately available and the trauma attending available within 20 minutes	E	E	E

(3) Designation

(a) The Board shall implement the designation process.

- (b) The preliminary designation process for facilities aspiring to designation as a Level I, II, or III Trauma Center shall consist of the following:
1. Each facility desiring designation shall submit an application to the Board;
 2. A Department site visit team ("team") shall review each submitted application and shall act in an advisory capacity to the Board;
 3. The team shall communicate deemed application deficiencies to the facility in writing by certified letter;
 4. The facility shall have thirty (30) days to submit required information; and
 5. Arrangements shall be made for a provisional site visit for those facilities meeting application requirements.
- (c) The site visit team shall consist of the following:
1. A trauma surgeon medical director from an out-of-state trauma center who shall serve as team leader;
 2. A trauma surgeon from an in-state Level I trauma center;
 3. An in-state trauma nurse coordinator/program manager from a Level I trauma center;
 4. The state trauma program manager/EMS director; and
 5. For the provisional site visit, an Emergency Department physician from a Level I or Level II trauma center.
- (d) The team shall be appointed by the following organizations:
1. The National and/or State Committees on Trauma of the American College of Surgeons shall assist in identifying the out-of-state surgeon; and
 2. The state trauma program manager/Director of EMS, in consultation with the chairman and vice chairpersons of the Tennessee Committee on Trauma, shall select the in-state members of the site visiting team.
- (e) The team shall conduct a provisional visit to ensure compliance with all criteria required for designation as a Trauma Center with the requested level of designation before the Board grants an institution designation as a Trauma Center. During the provisional visit, the applicant shall demonstrate that the required mechanisms to meet the criteria for the desired accreditation level are in place.
- (f) The team shall identify deficiencies and areas of improvement it deems necessary for designation.
- (g) If the team does not cite any deficiencies and concludes that the facility is otherwise in compliance with all applicable standards, it shall approve the applicant to function with provisional status for a period of one (1) year.
- (h) If, during the provisional visit, the team cites deficiencies, it shall not approve provisional status for the applicant to function as a trauma center. Centers with deficiencies shall have fifteen (15) days to provide documentation demonstrating compliance. If the facility is unable to correct the deficiencies within fifteen (15) days, the application shall be denied and the applicant may not resubmit an application for trauma center designation for at least one (1) year from the date of denial.

- (i) Facilities granted provisional status as a trauma center shall adhere to the following:
 - 1. The facility shall submit an interim report at the end of one (1) year that shall include the following:
 - (i) A description of changes made after the grant of provisional status;
 - (ii) A description of areas of improvement cited during the provisional visit; and
 - (iii) A summary of the hospital's trauma service based on the trauma registry report.
 - 2. The team shall conduct a site visit at the termination of the applicant's one (1) year provisional designation as a trauma center.
 - 3. During the follow-up visit, the team shall identify the presence of deficiencies and areas of improvement.
 - (j) Upon completion of the follow-up visit, the team shall submit its findings and designation recommendations to the Board.
 - 1. If the team cites deficiencies found during its follow-up visit, they shall be included in its report to the Board.
 - 2. The facility requesting trauma center designation shall be allowed to present evidence demonstrating action taken to correct cited deficiencies to the Board during the ratification process.
 - (k) The final decision regarding trauma center designation shall be rendered by the Board. If granted, trauma center designation is applicable for a period of three (3) years.
 - (l) If the Board denies the applicant trauma center designation, the facility may not reapply for at least one (1) year.
 - (m) The facility applying for trauma center designation shall bear all costs of the application process; including costs of a site visit.
- (4) Verification
- (a) Following designation as a trauma center, a verification site visit shall be conducted at the facility every three (3) years.
 - (b) The team shall advise the center of an upcoming verification visit at least sixty (60) days prior to the visit. After the facility receives notice of the upcoming verification site visit, it shall prepare all materials the team requests for submission.
 - (c) The team shall conduct an exit interview with the facility at the conclusion of the verification visit.
 - 1. During the exit interview the team shall communicate the following:
 - (i) The presence of deficiencies;
 - (ii) The facility's strengths and weaknesses; and
 - (iii) Recommendations for improvements and correction of deficiencies.

- (d) The team shall submit a site visit report within sixty (60) days of completion of the site visit. It shall submit a copy of the report to the Board, the Chief Executive Officer of the hospital, the hospital board, and the Trauma Advisory Council within sixty (60) days of the site visit.
 - (e) If the team does not cite deficiencies and the center is in compliance with all applicable standards, it shall recommend that the facility be confirmed at its current level of trauma designation for a period of three (3) years.
 - (f) If during the site visit the team identifies deficiency(ies), the center shall have a period not to exceed thirty (30) days to correct the deficiencies
 - (g) If the team ascertains that deficiencies have not been corrected within thirty (30) days, either through desk review or an on-site visit, the center must present an explanation to the Board at its next scheduled meeting.
 - (h) The Board may, in accordance with the Uniform Administrative Procedures Act, revoke a facility's trauma center designation.
 - (i) The facility shall bear all costs of the verification process, including the costs of a site visit.
- (5) All designated Trauma Centers shall participate in the collection of data for the Trauma Registry and in the review of the Trauma Registry.
- (6) All designated Trauma Centers shall record and report the payor source for patient care on patient discharge. Final payment data shall be classed as self pay, commercial insurance, Medicare, Medicaid, or worker compensation.
- (7) Prohibitions
- (a) It shall be a violation of these regulations for any health care facility to hold out, advertise or otherwise represent itself to be a "trauma center" as licensed by the Board unless it has complied with the regulations set out herein and the Board has so licensed it.
 - (b) Any facility the Board designates as a trauma center, at any level, shall provide hospital emergency services to any applicant who applies for the same in case of injury or acute medical condition where the same is liable to cause death or severe injury or illness. The medical needs of an applicant and the available medical resources of the facility, rather than the financial resources of an applicant, shall be the determining factors concerning the scope of service provided.

References:

1. Credentialed trauma provider: Level I/II – Providers shall remain knowledgeable in trauma care principles through participation in 16 hours of trauma-related CME per year or 48 hours every 3 years. The Trauma Medical Director shall identify the core group covering trauma which shall take at least 60% of the total trauma calls per month and attend at least fifty (50) per cent of the multidisciplinary review committee meetings.
2. Or substituted by a current signed transfer agreement with an institution with Cardiothoracic Surgery and cardiopulmonary bypass capability.
3. Or substituted by a department or division capable of treating maxillofacial trauma as demonstrated by staff privileges.
4. Or substituted by a current signed transfer agreement with an institution having a Pediatric Surgery Service.

5. The emergency department staffing must provide immediate and appropriate care for the trauma patient. The emergency department physician must function as a designated member of the trauma team.
6. Requirement may be fulfilled by a Senior surgical Resident (PGY 4 or higher) capable of assessing emergency situations in trauma patients and initiating proper treatment. A staff surgeon trained and capable of carrying out definitive treatment must be available within 20 minutes.
7. Requirement may be fulfilled by in-house neurosurgeon or neurosurgery resident, or senior general surgery resident who has special competence, as documented by the Chief of Neurosurgery Service, in the care of patients with neural trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures. An attending neurosurgeon dedicated to the hospital's trauma service must be available within 30 minutes.
8. Or substituted by a current signed transfer agreement with an institution having a Hand Surgery Service.
9. Requirement may be fulfilled by senior level (last year in training) Emergency Medicine Residents capable of assessing emergency situations and initiating proper treatment. The staff specialist responsible for the resident must be available within 30 minutes.
10. A physician extender may fulfill this role.
11. Requirements for Level II Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call and available within 30 minutes. During the interim period prior to the arrival of a staff anesthesiologist, a Certified Registered Nurse Anesthetist (CRNA) operating under the direction of the anesthesiologist, the trauma team surgeon director or the emergency medicine physician, may initiate appropriate supportive care.
12. Requirement for Level II Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call and available within 30 minutes. However, when there is not an anesthesiologist on the hospital staff, this requirement may be fulfilled by a CRNA operating under the supervision of the surgeon, the anesthesiologist, and/or the responsible physician.
13. Forensic pathologist must be available either as part of the hospital staff or on a consulting basis.
14. Or substituted by current signed transfer agreement with hospital having hemodialysis capabilities.
15. Or substituted by current signed transfer agreement with burn center or hospital with burn unit.
16. Each Level I and II Center must have an organized protocol with a transplant team or service to identify possible organ donors and assist in procuring organs for donation.
17. All specialists must be available within 30 minutes

Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, and 68-11-209.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Dr. Larry Arnold	X				
Sylvia Burton	X				
Dr. Thomas M. Carr, Jr.				X	
Paula Collier	X				
Betsy Cummins	X				
Alex Gaddy	X				
Robert Gordon, Ph.D	X				
Dr. Jennifer Gordon-Maloney				X	
C.Luke Gregory				X	
Mike Hann				X	
Janice M. Hill, RN	X				
Dr. Roy King				X	
Carissa S. Lynch, Pharm.D.	X				
Annette Marlar	X				
John Marshall	X				
Sara Snodgrass	X				
James V. Weatherington				X	

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board for Licensing Health Care Facilities on 11/10/2010, and is in compliance with the provisions of TCA 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 09/17/10

Rulemaking Hearing(s) Conducted on: (add more dates). 11/10/10

Date: 7/25/11

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond

Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 7/25/11

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/7/2011



All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
 Robert E. Cooper, Jr.
 Attorney General and Reporter

7-31-11

Date

Department of State Use Only

Filed with the Department of State on:

12/05/2011

Effective on:

03/04/2012

Tre Hargett

Tre Hargett
Secretary of State

RECEIVED
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SECRETARY OF STATE
PUBLICATIONS

Public Hearing Comments

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. §4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule shall be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting shall not be accepted. Transcripts are not acceptable.

PUBLIC HEARING COMMENTS

RULEMAKING HEARING

TENNESSEE DEPARTMENT OF HEALTH

BOARD FOR LICENSING HEALTH CARE FACILITIES

The rulemaking hearing for the Tennessee Department of Health, Board for Licensing Health Care Facilities was held on November 10, 2010 in the Department of Health Conference Center's Iris Room on the First Floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee. Lucille F. Bond, Assistant General Counsel, presided over the hearing.

There were no written comments received prior to the meeting and no public comments were made at the hearing.

Regulatory Flexibility Addendum

Pursuant to T.C.A. § 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

Regulatory Flexibility Analysis

- (1) Every effort has been made to assure that the proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations.
- (4) The compliance requirements throughout the proposed rules are as "user-friendly" as possible while still allowing the Board to achieve its mandated mission in regulating the trauma care centers. There is sufficient notice between the rulemaking hearing and the final promulgation of rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements are not consolidated or simplified for small businesses in the proposed rules for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.
- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation.

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

Name of Board, Committee or Council: Tennessee Department of Health, Board for Licensing Health Care Facilities, Trauma Care Advisory Council

Rulemaking hearing date: November 10, 2010

Types of small businesses that will be directly affected by the proposed rules:

These rule changes only affect trauma care centers all of which are located in hospitals. Their impact on small businesses is expected to be negligible.

Types of small businesses that will bear the cost of the proposed rules:

The rule changes impact trauma care centers and would have minimal affect on any small businesses.

Types of small businesses that will directly benefit from the proposed rules:

It is unlikely that the attached rules would affect small businesses.

Description of how small business will be adversely impacted by the proposed rules:

The rule changes should have little adverse impact on small business as they primarily affect hospitals.

Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:

The Department of Health, Board for Licensing Health Care Facilities does not believe there are less burdensome alternatives to the proposed rule amendments.

Comparison of the proposed rule with federal or state counterparts:

Federal: None.

State: The proposed rule amendments will have no state counterpart because the Department of Health, Board for Licensing Health Care Facilities is the only agency charged with regulating trauma care centers.

Impact on Local Governments

Pursuant to T.C.A. 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

This rule amendment is not expected to have an impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

1200-08-12-.01 Preamble. The new rule includes a statement that the process of designation and re-verification as a trauma center is voluntary on the part of hospitals in the state. The old rule did not include the above.
1200-08-12--.03(8) Definitions. The new rule includes the definition of a Comprehensive Regional Pediatric Center (CPRC). The old rule did not include the above.
1200-08-12-.03(11) Definitions. The new rule includes a definition for the abbreviation "E," meaning essential. The old rule did not include the above.
1200-08-12-.03(12) Definitions. The new rule includes a definition for the abbreviation "D," meaning desired. The old rule did not include the above.
1200-08-12-.04(1) Requirements. The new rule includes the possible penalty trauma centers failing to submit required data to the trauma registry for three consecutive quarters may risk losing compensation from the Tennessee Trauma Center Fund. The old rule did not include the above.
1200-08-12-.04(2) Requirements. The new rule includes both essential and desired requirement for those facilities desiring designation as Level III trauma centers. The old rule did not include the above.
1200-08-12-.04(2) Requirements. The new rule includes both essential and desired requirements for each specific level of care for hospitals desiring designation as trauma centers. The old rule did not include the above.
1200-08-12-.04(3)(b) Requirements. The new rule includes specific requirements for facilities desiring designation as a trauma center including a provisional site visit. The old rule did not include the above.
1200-08-12-.04(3)(c) Requirements. The new rule includes that the site visit team shall include a team leader who is the medical director of an out-of-state trauma center. The team shall include a trauma surgeon from a Level I trauma center as well as an emergency department physician from a Level I or Level II trauma center. The old rule did not include the above.
1200-08-12-.04(3)(d) Requirements. The new rule includes that the site visit team shall be appointed by the state trauma director/Director of EMS, in consultation with the chairman and vice chairman of the Tennessee Committee on Trauma. The old rule did not include the above.
1200-08-12-.04(3)(h) Requirements. The new rule includes adherence requirements for facilities during the one (1) year provisional designation status. The old rule did not include the above.
1200-08-12-.04(3)(l) Requirements. The new rule includes the provision that if a facility has been denied designation as a trauma center, it may not reapply for at least one (1) year. The old rule did not include the above.
1200-08-12-.04(4) Requirements. The new rule includes provision for verification of facilities previously designated as trauma centers. The old rule did not include the above.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Authority for these amendments comes from state statutes regarding the licensure of health care facilities, including Tenn. Code Ann. § 68-11-201, et seq.

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Individuals, organizations, corporations and governmental entities most directly affected by these rules are current and future licensees who operate facilities desiring designation trauma centers.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

There are no known opinions of the attorney general that relate to these rules.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

There is estimated to be no significant increase or decrease in revenues or expenditures because of these rule amendments.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Robert Seesholtz
State Trauma Manager
Heritage Place, MetroCenter
227 French Landing, Suite 303
Nashville, Tennessee 37243
(615) 741-2584

Lucille F. Bond
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
220 Athens Way, Suite 210
Nashville, Tennessee 37243
(615) 741-1611

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Lucille F. Bond
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
220 Athens Way, Suite 210
Nashville, Tennessee 37243
(615) 741-1611

- (H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Lucille F. Bond
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
220 Athens Way, Suite 210
Nashville, Tennessee 37243
(615) 741-1611
Lucille.F.Bond@tn.gov

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None

RULES
OF
THE TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH CARE FACILITIES

CHAPTER 1200-8-12
TRAUMA CENTERS

TABLE OF CONTENTS

1200-08-12-.01	Preamble	1200-08-12-.04	Requirements
1200-08-12-.02	Authority	1200-08-12-.05	Requirements for Level III Trauma Centers
1200-08-12-.03	Definitions		

~~1200-8-12-.01 PREAMBLE. The Tennessee Department of Health is empowered to adopt such regulations and standards pertaining to the operation and management of hospitals as are necessary for the public interest. On November 24, 1982, a resolution was prepared by the EMS Advisory Council and presented to the Board of Licensing Health Care Facilities recommending that a formal review of the issues involved in the designation of trauma centers for the State of Tennessee be explored. Subsequently, on February 17, 1983, a presentation was requested of the City of Memphis Hospital Trauma Center by the Board in an effort to further define the need for action on trauma center designation and/or categorization. As a result of that presentation, a Task Force was created by the Board for licensing health care facilities to evaluate and recommend criteria concerning the development of trauma systems and for the operation of trauma centers in the state.~~

1200-08-12-.01 Preamble. The Tennessee Department of Health is empowered to adopt such regulations and standards pertaining to the operation and management of hospitals as are necessary for the public interest. On November 24, 1982, the EMS Advisory Council prepared and presented to the Board for Licensing Health Care Facilities ("Board") a recommendation that a formal review of the issues involved in the designation of trauma centers for the State of Tennessee be explored. Subsequently, on February 17, 1983, the Board requested a presentation regarding the City of Memphis Hospital Trauma Center in an effort to further define the need for action on trauma center designation and/or categorization. As a result of that presentation, the Board created a Task Force to evaluate and recommend criteria concerning the development of trauma systems and the operation of trauma centers in the state.

The process of Designation and Reverification is voluntary on the part of hospitals in the state. It is meant to identify those hospitals that make a commitment to provide a given level of care of the acutely injured patient. Knowledge of statewide trauma care capabilities and the use of trauma triage protocols will enable providers to make timely decisions, promote appropriate utilization of the trauma care delivery system, and ultimately save lives.

Authority: T.C.A. §68-11-201 et seq. *Administrative History:* Original rule filed September 18, 1985; effective October 18, 1985.

~~1200-8-12-.02 AUTHORITY. These regulations are issued under the authority granted the Health Care Facilities Licensing Board at T.C.A. 68-11-201 et seq.~~

1200-08-12-.02 Authority. The Board for Licensing Health Care Facilities issues these regulations under the authority granted at T.C.A. 68-11-201 et seq.

Authority: T.C.A. §68-11-201 et seq. *Administrative History:* Original rule filed September 18, 1985; effective October 18, 1985.

1200-8-12-.03 DEFINITIONS.

~~(1) Board. Board for Licensing Health Care Facilities.~~

Rule 1200-8-12-.03, continued)

- ~~(2) — "Levels of Care" shall mean the type of trauma service provided by the institution as shown by the degree of commitment in personnel and facilities made to the delivery of that service.~~
- ~~(3) — "Level I" shall designate that institution committed to providing optimum care for the acutely injured patient which meets all requirements in this regulation defined as Level of Care I.~~
- ~~(4) — "Level II" shall designate an institution committed to providing optimum care for the acutely injured that meets the requirements in this regulation defined as Level of Care II.~~
- ~~(5) "Level III" the Level III hospital generally serves communities that do not have all the resources usually associated with Level I or II institutions. However, a Level III hospital reflects a maximum commitment to trauma care commensurate with resources. Planning for care of the injured in small communities or suburban settings usually calls for transfer agreements and protocols for the most severely injured. Designation of the Level III hospital may also require innovative use of the region's resources. For example, if there is no neurosurgeon in a large, sparsely populated region it may require that a general surgeon be prepared to provide the emergency decompression of mass lesions. Transfer to the most appropriate Level I or II hospital can then be arranged after the patient's life-saving operation has been carried out. Another example is the staffing of the Level III hospital. In many instances it will be impractical to require a general surgeon to be in-house. With modern communication systems it seems reasonable that the surgeon should be promptly available and in a great majority of instances meet the patient in the emergency room on arrival. On-call personnel such as laboratory, x-ray, and operating room nurses also can be activated and respond promptly to the hospital when the first notification of a critically injured patient is received. The intent of this flexibility should be clear: to provide the best possible care even in the most remote circumstances.~~
- ~~(6) — Trauma Registry. A central registry compiled of injury incidence information supplied by designated trauma centers and Comprehensive Pediatric Emergency Centers for the purpose of allowing the Board to analyze data and conduct special studies regarding the causes and consequences of traumatic injury.~~
- ~~(7) — TRACS. Trauma Registry of American College of Surgeons.~~
- (1) "Board" means the Board for Licensing Health Care Facilities.
- (2) "Department" means the Tennessee Department of Health.
- (3) "Facility" shall have the same meaning as defined in T.C.A. § 68-11-201(18).
- (4) "Levels of Care" means the type of trauma service provided by the facility as shown by the degree of commitment in personnel and facilities made to the delivery of that service.
- (5) "Level I" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care I.
- (6) "Level II" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care II.
- (7) "Level III" means a facility providing a maximum trauma care commensurate with community resources. The Level III facility generally serves communities without all the resources usually associated with Level I or II facilities. Planning for care of the injured in small communities or suburban settings usually calls for transfer agreements and protocols for the most severely injured patients. Designation of the Level III facility may also require innovative use of the region's resources. For example, if there is no neurosurgeon in a large, sparsely populated region it may require that a general surgeon be prepared to provide the emergency decompression of mass lesions and arrangement for patient transfer to the most appropriate Level I or II hospital after the surgeon has

(Rule 1200-8-12-.03, continued)

carried out the patient's life-saving operation. Staffing of the Level III hospital is another example of the innovative use of a region's resources. It will be impractical to require a general surgeon to be in-house in many instances. With modern communication systems it seems reasonable that the surgeon should be promptly available and in a great majority of instances meet the patient in the emergency room on arrival. When a Level III hospital first receives notification of a critically injured patient, it can activate on-call personnel to respond promptly to the hospital. The intent of this flexibility should be clear: to provide the best possible care even in the most remote circumstances.

(8) "Comprehensive Regional Pediatric Center (CRPC)" means a facility designated as CRPC that shall be capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. The center shall be responsible for serving as a regional referral center for the specialized care of pediatric patients or in special circumstances provide safe and timely transfer of children to other resources for specialized care. Rules and Regulations governing CRPCs are delineated in Chapter 1200-08-30.

(9) "Trauma Center" shall have the same definition as provided in T.C.A. § 68-59-102(6).

(10) "Trauma Registry" means a central registry compiled of injury incidence information supplied by designated trauma centers and Comprehensive Pediatric Emergency Centers for the purpose of allowing the Board to analyze data and conduct special studies regarding the causes and consequences of traumatic injury.

(11) "E" means essential.

(12) "D" means desired.

(13) "FAST" means focused abdominal sonography for trauma.

(14) "ACS-COT" means American College of Surgeons Committee on Trauma.

(15) "ATLS" means Advanced Trauma Life Support.

(16) "PGY" means postgraduate year.

Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-201, 68-11-202, and 68-11-209. Administrative History: Original rule filed September 18, 1985; effective October 18, 1985. Amendment filed March 31, 1989; effective May 15, 1989. Amendment filed August 16, 2006; effective October 30, 2006.

1200-8-12-.04 REQUIREMENTS.

~~(1) — Each trauma center shall submit TRACS Registry data electronically to the state trauma registry on all closed patient files no less often than quarterly for the sole purpose of allowing the board to analyze causes and medical consequences of serious trauma while promoting the continuum of care that provides timely and appropriate delivery of emergency medical treatment for people with acute traumatic injury.~~

(1) Trauma registry requirements shall include the following:

(a) Each trauma center shall submit trauma registry data electronically to the trauma registry on all closed patient files.

(b) Each trauma center shall submit trauma registry data for receipt no later than one hundred twenty (120) days after each quarter of the year. Trauma centers shall

(Rule 1200-8-12-.04, continued)

receive confirmation of successful submission no later than two weeks after submission.

(c) Trauma centers which fail to submit required data to the trauma registry for three (3) consecutive quarters shall risk not receiving compensation from the Tennessee Trauma Center Fund.

- ~~(2) TRACS data shall be transmitted to the state trauma registry and received no later than one hundred twenty (120) days after each quarter.~~
- ~~(3) Failure to timely submit TRACS data to the state trauma registry for three (3) consecutive quarters shall result in the delinquent facility's necessity to appear before the Board for any disciplinary action it deems appropriate, including, but not limited to, citation of civil monetary penalties and/or loss of trauma designation status.~~
- ~~(4) Trauma Centers shall maintain documentation to show that timely transmissions have been submitted to the state trauma registry on a quarterly basis.~~
- ~~(5) Levels of Care~~

~~(a) Hospital Origination _____ Levels~~

~~I _____ H~~

~~1. Trauma Service _____ X _____ X~~

~~2. Surgery Departments/Divisions/Services/Sections
(each staffed by qualified specialists)~~

~~Cardiothoracic Surgery _____ X _____ X⁴~~

~~General Surgery _____ X _____ X~~

~~Neurologic Surgery _____ X _____ X~~

~~Obstetrics-Gynecologic Surgery _____ X~~

~~Ophthalmic Surgery _____ X~~

~~Oral and Maxillofacial~~

~~Surgery-Dentistry _____ X~~

~~Levels~~

~~I _____ H~~

~~Orthopaedic Surgery _____ X _____ X~~

~~Otorhinolaryngologic Surgery _____ X³~~

~~Pediatric Surgery _____ X⁴~~

~~Plastic Surgery _____ X³~~

~~Urologic Surgery _____ X~~

~~3. Emergency Department/Division/Service/
Section (staffed by qualified specialists) _____ X⁵ _____ X⁵~~

~~4. Surgical Specialties Availability
In-house-24 hours a day~~

~~General Surgery _____ X⁶~~

~~Neurologic Surgery _____ X⁷~~

(Rule 1200-8-12-.04, continued)

On-call and available from inside or outside hospital

Cardiac Surgery	X	X ⁴
General Surgery		X ¹⁷
Neurologic Surgery		X ¹⁷
Microsurgery Capabilities	X	
Gynecologic Surgery	X	
Hand Surgery	X	
Ophthalmic Surgery	X	X
Oral and Maxillofacial Surgery	X	X
Orthopaedic Surgery	X	X
Otorhinolaryngologic Surgery	X	X
Pediatric Surgery	X ⁴	X ⁴
Plastic Surgery	X	X
Thoracic Surgery	X	X
Urologic Surgery	X	X

5. Non-Surgical Specialties Availability
In-hospital 24 hours a day:

Emergency Medicine	X ⁸	X ⁸
Anesthesiology	X ¹⁰	X ¹¹

On-call and available from inside or outside hospital:

Cardiology	X	X
Chest (Pulmonary) Medicine	X	
Gastroenterology	X	
Hematology	X	
Infectious Diseases	X	
Internal Medicine	X	X
Nephrology	X	X
Pathology	X ¹²	X ¹²

Levels

I II

Pediatrics	X	X
Psychiatry	X	X
Radiology	X	X

(b) Special Facilities/Resources/Capabilities

1. Emergency Department

(i) Personnel

(I) Designated Physician Director	X	X
(II) Full-time emergency department; department; RN personnel 24 hours a day	X	X

(Rule 1200-8-12-.04, continued)

(ii) Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:		
(I) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator	X	X
(II) Suction devices	X	X
(III) Electrocardiograph-oscillo-scope-defibrillator	X	X
(IV) Apparatus to establish central venous pressure monitoring	X	X
(V) All standard intravenous fluids and administration devices, including intravenous catheters	X	X
(VI) Sterile surgical sets for procedures standard for ED, such as thoracostomy, cutdown, etc.	X	X
(VII) Gastric lavage equipment	X	X
(VIII) Drugs and supplies necessary for emergency care; splinting materials	X	X
(IX) X-ray capability, 24-hour coverage by in-house technicians	X	X
(X) Two-way radio linked with vehicles of emergency transport system	X	X
	<i>Levels</i>	
	<i>I</i>	<i>II</i>
(XI) Pneumatic Anti-Shock Garment*	X	X
(XII) Skeletal Tongs	X	X
(XIII) Cervical collars*	X	X

2. ~~Intensive Care Units (ICU) for Trauma Patients~~

(i) Designated Medical Director	X	X
(ii) Physician on duty in ICU 24 hours a day or immediately available from in-hospital	X	X
(iii) Nurse-patient minimum ratio of		

(Rule 1200-8-12-.04, continued)

1:2 on each shift	X	X
(iv) Immediate access to clinical laboratory services	X	X
(v) Equipment:		
(I) Airway control and ventilation devices	X	X
(II) Oxygen source with concentration controls	X	X
(III) Cardiac emergency cart	X	X
(IV) Temporary transvenous pacemaker	X	X
(V) Electrocardiograph-oscilloscope-defibrillator	X	X
(VI) Cardiac output monitoring	X	X
(VII) Electronic pressure monitoring	X	X
(VIII) Mechanical ventilator-respirators	X	X
(IX) Patient weighting devices	X	X
(X) Pulmonary function measuring devices	X	X
(XI) Temperature control devices	X	X
(XII) Drugs, intravenous fluids and supplies	X	X
*Needed also as supply replacement time for EMS crews		
(XIII) Intracranial pressure monitoring devices	X	X

Levels
I ————— H

3. Postanesthetic Recovery Room (PAR) (intensive care unit is acceptable)		
(i) Registered nurses 24 hours a day	X	X
(ii) Monitoring and resuscitation equipment	X	X
4. Acute Hemodialysis Capability	X	X ¹³
5. Organized Burn Care	X ¹⁴	X ¹⁴
(i) Physician directed Burn Center/Unit staffed by nursing personnel trained in		

(Rule 1200-8-12-.04, continued)

burn care and equipped properly.

6. Radiological Special Capabilities

- (i) Angiography of all types X X
- (ii) Sonography X X
- (iii) Nuclear scanning X X
- (iv) In-house computerized tomography X X

7. Organ donation protocol X¹⁵ X¹⁵

(c) Operating Suite Special Requirements

1. Equipment instrumentation:

- (i) Operating room, dedicated to the trauma service, with nursing staff in-house and immediately available 24 hours a day X X
- (ii) Cardiopulmonary bypass capability X
- (iii) Operating microscope X X
- (iv) Thermal control equipment X X
- (v) X ray capability X X
- (vi) Endoscopes, all varieties X X
- (vii) Craniotomy instrumentation X X
- (viii) Monitoring equipment X X

Levels

I ——— II

- (I) for patient X X
- (II) for blood X X

(d) Clinical Laboratories Services available 24 hours a day

- 1. Standard analyses of blood, urine, and other body fluids X X
- 2. Blood typing and cross matching X X
- 3. Coagulation studies X X
- 4. Blood bank or access to a community

(Rule 1200-8-12-.04, continued)

central blood bank and hospital storage facilities _____ X _____ X

5. Blood gases and pH determinations _____ X _____ X

6. Serum and urine osmolality _____ X _____ X

7. Microbiology _____ X _____ X

8. Drug and alcohol screening _____ X _____ X

(e) *Programs for Quality Assurance*

1. Medical care education including:

(i) Trauma death audit review. _____ X _____ X

(ii) Morbidity and mortality review. _____ X _____ X

(iii) Trauma conference, multidisciplinary. _____ X _____ X

(iv) Trauma bypass log. _____ X _____ X

(v) Medical records review _____ X _____ X

2. OUTREACH PROGRAM: telephone and on-site consultations with physicians of the community and out-lying areas _____ X

3. PUBLIC EDUCATION: specifically directed towards trauma; for example, injury prevention in the home, industry, and on the highways and athletic fields; standard first-aid; problems confronting public, medical profession, and hospitals regarding optimal care for the injured _____ X _____ X

(f) *Trauma Research Program*

(g) *Training Programs in Continuing Education Provided by for:*

Levels
I _____ II

1. Staff physicians _____ X _____ X

2. Nurses _____ X _____ X

3. Allied health personnel _____ X _____ X

4. Community physicians _____ X _____ X

(h) *Helipad or Helicopter Landing Area* _____ X _____ X

(2) Levels of Care

(a) Hospital Origination

<u>1.</u>	<u>Trauma Service</u>	<u>I</u>	<u>II</u>	<u>III</u>
	<u>A recognizable program within the hospital which has a surgeon as</u>	<u>E</u>	<u>E</u>	<u>E</u>

(Rule 1200-8-12-.04, continued)

<p><u>its director/coordinator/physician in charge. The intent is to ensure the coordination of services and performance improvement for the trauma patient. The service includes personnel and other resources necessary to ensure appropriate and efficient provision of care and will vary according to facility and level of designation.</u></p> <p><u>In a Level I and II trauma center, the trauma team shall evaluate seriously injured patients based upon written institutional graded activation criteria and those patients shall be admitted by an identifiable surgical service staffed by credentialed trauma providers(1). Level I and II trauma centers shall have sufficient infrastructure and support to ensure adequate provision of care for this service. Sufficient infrastructure and support may require additional qualified physicians, residents, nurse practitioners, physician's assistants, or other physician extenders. This composite should be determined by the volume of patients requiring care and the complexity of their conditions. In teaching facilities, the requirements of the Residency Review Committee also must be met.</u></p> <p><u>In Level III centers, the center may admit the injured patients to individual surgeons, but the structure of the program must allow the trauma director to have oversight authority for the care of those injured patients. The center shall ensure that there is a method to identify the injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners. It is particularly important for team members to attend trauma committee meetings regularly and participate in peer review activities to maintain cohesion within the service.</u></p>			
<p><u>Written graded activation criteria</u></p>	E	E	E
<p><u>Administration supportive of the Trauma Program</u></p>	E	E	E
<p><u>Evidence of an annual budget for the Trauma Program</u></p>	E	E	E
<p><u>The Trauma Team may be organized by a qualified physician but care must be directed by a general surgeon expert in and committed to the care of the injured. All patients with multiple-system or major injury must be initially evaluated by the trauma team, and the surgeon who will be responsible for overall care of a patient (the team leader) identified. A team approach is required for optimal care of patients with multiple-system injuries</u></p>			E
<p><u>2. Surgery Departments/Divisions/Services/Sections (each staffed by qualified specialists)</u></p>			
<p><u>Cardiothoracic Surgery</u></p>	E	E (2)	
<p><u>General Surgery</u></p>	E	E	E
<p><u>Neurologic Surgery</u></p>	E	E	
<p><u>Obstetrics-Gynecologic Surgery</u></p>	E		
<p><u>Ophthalmic Surgery</u></p>	E		
<p><u>Oral and Maxillofacial Surgery - Dentistry</u></p>	E		
<p><u>Orthopedic Surgery</u></p>	E	E	D
<p><u>Otorhinolaryngologic Surgery</u></p>	E(3)		
<p><u>Pediatric Surgery</u></p>	E(4)		
<p><u>Plastic Surgery</u></p>	E		
<p><u>Urologic Surgery</u></p>	E		
<p><u>Surgical Critical Care</u></p>	E	D	

(Rule 1200-8-12-.04, continued)

3.	<u>Emergency Department/Division/Service/Section (staffed by qualified specialists)</u>	<u>E(5)</u>	<u>E(5)</u>	<u>E(5)</u>
4.	<u>Surgical Specialty Availability In-house 24 hrs a day</u>			
	<u>General Surgery</u>	<u>E(6)</u>		
	<u>Neurologic Surgery</u>	<u>E(7)</u>		
	<u>Surgical Critical Care</u>	<u>E(6)</u>	<u>D(6)</u>	
5.	<u>Surgical Specialty Availability from inside or outside hospital</u>			
	<u>Cardiac Surgery</u>	<u>E</u>	<u>E(2)</u>	
	<u>General Surgery</u>		<u>E(17)</u>	
	<u>Neurologic Surgery</u>		<u>E(17)</u>	<u>D</u>
	<u>Microsurgery capabilities</u>	<u>E</u>		
	<u>Gynecologic Surgery</u>	<u>E</u>		
	<u>Hand Surgery</u>	<u>E(8)</u>		
	<u>Ophthalmic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Oral and Maxillofacial Surgery - Dentistry</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Orthopedic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Otorhinolaryngologic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Pediatric Surgery</u>	<u>E(4)</u>	<u>E(4)</u>	
	<u>Plastic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Thoracic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Urologic Surgery</u>	<u>E</u>	<u>E</u>	<u>D</u>
6.	<u>Non-Surgical Specialty Availability In-hospital 24 hours a day</u>			
	<u>Emergency Medicine</u>	<u>E(9)</u>	<u>E(9)</u>	<u>E</u>
	<u>Anesthesiology</u>	<u>E</u>	<u>E(11)</u>	<u>E(12)</u>
7.	<u>Non-Surgical Specialty Availability on call from inside or outside hospital</u>			
	<u>Cardiology</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Chest (pulmonary) Medicine</u>	<u>E</u>	<u>E</u>	
	<u>Gastroenterology</u>	<u>E</u>	<u>E</u>	
	<u>Hematology</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Infectious Diseases</u>	<u>E</u>	<u>E</u>	
	<u>Internal Medicine</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Nephrology</u>	<u>E</u>	<u>E</u>	
	<u>Pathology</u>	<u>E(13)</u>	<u>E</u>	
	<u>Pediatrics</u>	<u>E</u>	<u>E</u>	
	<u>Psychiatry</u>	<u>E</u>	<u>E</u>	
	<u>Radiology</u>	<u>E</u>	<u>E</u>	

(b) Special Facilities/Resources/Capabilities

1(i).	<u>Emergency Department (ED) – Personnel</u>	<u>I</u>	<u>II</u>	<u>III</u>
	<u>Designated Physician Director</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Physician with special competence in care of the critically injured who is a designated member of the trauma team and physically present in the ED 24 hours a day</u>			<u>E</u>
	<u>A physician or physician extender with ongoing certification in a recognized trauma course</u>			
	<u>Full time emergency department; RN personnel 24 hours a day</u>	<u>E</u>	<u>E</u>	<u>E</u>
1(ii).	<u>Emergency Department – Equipment for resuscitation and to provide support for the critically or seriously injured must include but shall not be limited to:</u>			

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	<u>Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Suction devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Electrocardiography-oscilloscope-defibrillator</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Bedside ultrasound capability for FAST examination</u>	<u>E</u>	<u>D</u>	<u>D</u>
	<u>Apparatus to establish central venous pressure monitoring</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>All standard intravenous fluids and administration devices, including intravenous catheters</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Sterile surgical sets for procedures standard for ED, such as thoracostomy, cutdown, etc.</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Gastric lavage equipment</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Drugs and supplies necessary for emergency care</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>X-ray capability, 24 hour coverage by in-house technicians</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Two-way radio linked with vehicles of emergency transport system</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Skeletal tongs</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Cervical collars</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Spine Long Board</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Splinting materials and devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Helipad or Helicopter Landing Area</u>	<u>E</u>	<u>E</u>	
<u>2.</u>	<u>Intensive Care Units (ICU) for Trauma Patients</u>			
	<u>Designated Surgeon Medical Director</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Physician on duty in ICU 24-hours a day or immediately available from in-hospital (PGY4/5 qualify)</u>	<u>E(6)</u>	<u>E(6)</u>	<u>E</u>
	<u>Nurse-patient minimum ratio of 1:2 on each shift</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Immediate access to clinical laboratory service</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Equipment:</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Airway control and ventilation devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Oxygen source with concentration controls</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Cardiac emergency cart</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Temporary transvenous pacemaker</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Electrocardiograph-oscilloscope-defibrillator</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Cardiac output monitoring</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Electronic pressure monitoring</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Mechanical ventilator-respirators</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Patient weighing devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Pulmonary function measuring devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Temperature control devices</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Drugs, intravenous fluids and supplies (needed also as supply replacement time for EMS crews)</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Intracranial pressure monitoring devices</u>	<u>E</u>	<u>E</u>	<u>D</u>
<u>3.</u>	<u>Post-anesthetic recovery room (ICU is acceptable)</u>			
	<u>Registered nurses 24-hours a day</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Monitoring and resuscitation equipment</u>	<u>E</u>	<u>E</u>	<u>E</u>
<u>4.</u>	<u>Acute hemodialysis capability</u>	<u>E</u>	<u>E(14)</u>	<u>E(14)</u>
<u>5.</u>	<u>Organized burn care (15): Physician directed burn center/unit staffed by nursing personnel trained in burn care and equipped properly</u>	<u>E(15)</u>	<u>E(15)</u>	<u>E(15)</u>
<u>6.</u>	<u>Acute spinal cord management capability OR written transfer agreement with a hospital capable of caring for a spinal cord patient</u>			<u>E</u>
<u>7.</u>	<u>Acute head injury management capability OR written transfer agreement with a hospital capable of caring for a patient with a</u>			<u>E</u>

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	<u>head injury</u>			
8.	<u>Radiological Special Capabilities</u>			
	<u>Angiography of all types</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Sonography</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Nuclear scanning</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>In-house computerized tomography</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>MRI (magnetic resonance imaging)</u>	<u>E</u>	<u>E</u>	<u>D</u>
9.	<u>Organ donation protocol</u>	<u>E(16)</u>	<u>E(16)</u>	<u>D</u>

(c) Operating suite special requirements

1.	<u>Equipment/instrumentation</u>	<u>I</u>	<u>II</u>	<u>III</u>
	<u>Operating room, dedicated to the trauma service, with nursing staff in-house and immediately available 24-hours a day</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Cardiopulmonary bypass capability</u>	<u>E</u>		
	<u>Operating microscope</u>	<u>E</u>	<u>E</u>	
	<u>Thermal control equipment for patient</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Thermal control equipment for blood</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>X-ray capability</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Endoscopes, all varieties</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Craniotomy instrumentation</u>	<u>E</u>	<u>E</u>	<u>D</u>
	<u>Monitoring equipment</u>	<u>E</u>	<u>E</u>	<u>E</u>

(d) Clinical Laboratory Services available 24 hours a day

1.	<u>Standard analysis of blood, urine, and other body fluids</u>	<u>E</u>	<u>E</u>	<u>E</u>
2.	<u>Blood typing and cross-matching</u>	<u>E</u>	<u>E</u>	<u>E</u>
3.	<u>Coagulation studies</u>	<u>E</u>	<u>E</u>	<u>E</u>
4.	<u>Blood bank or access to a community central blood bank and hospital storage facilities</u>	<u>E</u>	<u>E</u>	<u>E</u>
5.	<u>Blood gases and pH determinations</u>	<u>E</u>	<u>E</u>	<u>E</u>
6.	<u>Serum and urine osmolality</u>	<u>E</u>	<u>E</u>	<u>D</u>
7.	<u>Microbiology</u>	<u>E</u>	<u>E</u>	<u>E</u>
8.	<u>Drug and alcohol screening</u>	<u>E</u>	<u>E</u>	<u>D</u>

(e) Trauma Medical Director

1.	<u>Board certified general surgeon</u>	<u>E</u>	<u>E</u>	<u>E</u>
2.	<u>Minimum of three years clinical experience on a trauma service or trauma fellowship training</u>	<u>E</u>	<u>D</u>	<u>D</u>
3.	<u>48 hours of category I trauma/critical care CME every 3 years or 16 hours each year and attend one national meeting whose focus is trauma or critical care</u>	<u>E</u>	<u>E</u>	<u>D</u>
4.	<u>Participate in call</u>	<u>E</u>	<u>E</u>	<u>E</u>
5.	<u>Has the authority to manage all aspects of trauma care</u>	<u>E</u>	<u>E</u>	<u>E</u>
6.	<u>Authorizes trauma service privileges of the on-call panel</u>	<u>E</u>	<u>E</u>	<u>E</u>
7.	<u>Works in cooperation with nursing administration to support the nursing needs of trauma patients</u>	<u>E</u>	<u>E</u>	<u>E</u>
8.	<u>Develops treatment protocols along with the trauma team</u>	<u>E</u>	<u>E</u>	
9.	<u>Coordinates performance improvement and peer review processes</u>	<u>E</u>	<u>E</u>	<u>E</u>
10.	<u>With the assistance of the hospital administrator and the TPM, be involved in coordinating the budgetary process for the trauma program</u>	<u>E</u>	<u>E</u>	<u>E</u>
11.	<u>Participates in the Tennessee Chapter of the ACS-COT</u>	<u>E</u>	<u>E</u>	<u>E</u>

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12.	<u>Participates in regional and national trauma organizations</u>	<u>E</u>	<u>E</u>	
13.	<u>Remains a current provider of ACS-ATLS course and in the provision of trauma-related instruction to other health care personnel</u>	<u>E</u>	<u>E</u>	<u>E</u>
14.	<u>Is involved in trauma research</u>	<u>E</u>		

(f) Attending General Surgeon on the Trauma Service

1.	<u>Board Certified in General Surgery</u>	<u>E</u>	<u>E</u>	<u>E</u>
2.	<u>Completion of an ATLS course</u>	<u>E</u>	<u>E</u>	<u>E</u>
3.	<u>Trauma specific CME 16 hours/year or 48 hours every 3 years</u>	<u>E</u>	<u>E</u>	<u>D</u>

(g) Emergency Department Physician

1.	<u>Be Board Certified in Emergency Medicine or have ATLS certification</u>	<u>E</u>	<u>E</u>	<u>E</u>
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(h) Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC)

1.	<u>Must have a dedicated fulltime TNC/TPM</u>	<u>E</u>	<u>E</u>	<u>D</u>
2.	<u>Must have a part time TNC/TPM with the trauma program as a major focus of their job description (Level III)</u>			<u>E</u>
3.	<u>Must be a Registered Nurse licensed by the TN Board of Nursing (Level I/II/III)</u>	<u>E</u>	<u>E</u>	<u>E</u>
4.	<u>Must possess experience in Emergency/Critical Care Nursing (Level I/II)</u>	<u>E</u>	<u>E</u>	<u>D</u>
5.	<u>Must have a defined job description and organizational chart delineating the TNC/TPM role and responsibilities (Level I/II)</u>	<u>E</u>	<u>E</u>	<u>D</u>
6.	<u>Must be provided the administrative and budgetary support to complete educational, clinical, research, administrative and outreach activities for the trauma program</u>	<u>E</u>	<u>E</u>	
7.	<u>Shall attend one national meeting within the 3 year verification cycle</u>	<u>E</u>	<u>E</u>	<u>D</u>

(i) Trauma Registrar

1.	<u>A full time equivalent registrar for each 750-1000 admissions per year is required to assure high quality data collection</u>	<u>E</u>	<u>E</u>	<u>D</u>
2.	<u>Shall receive initial training when they start their job and also complete 4 hours of registry-specific continuing education per year (Level I/II)</u>	<u>E</u>	<u>E</u>	<u>D</u>

(j) Programs for Quality Assurance

1.	<u>Medical Care Education</u>			
	<u>Morbidity and Mortality Reviews to encompass all trauma deaths</u>	<u>E</u>	<u>E</u>	<u>E</u>
2.	<u>Trauma Process Improvement (PI)</u>			
	<u>The institution must provide resources to support the trauma process improvement program</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Must have a Trauma Performance Committee that meets at least quarterly to include physicians, nurses, pre-hospital personnel and a variety of other healthcare providers, and reviews policies and procedures, system issues, and whose members or designees</u>	<u>E</u>	<u>E</u>	<u>E</u>

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	<p><u>attend at least 50% of regular meetings. The committee shall:</u></p> <ul style="list-style-type: none"> <u>• Identify discretionary and non-discretionary audit filters</u> <u>• Document and review times and reasons for trauma related diversion of patients from the scene or referral hospitals</u> <u>• Document and review response times for trauma surgeons, neurosurgeons, anesthesia or airway managers, and orthopedists, all of whom must demonstrate 80% compliance</u> <u>• Document and review response times for trauma surgeons, anesthesia or airway managers, and orthopedists, all of whom must demonstrate 80% compliance</u> <u>• Monitor trauma team notification times</u> <u>• Review pre-hospital trauma care to include patients dead on arrival</u> <u>• Review times and reasons for transfer of injured patients</u> <u>• Document availability of the surgeon on-call for trauma, such that compliance is 90% or greater where there is no trauma surgeon back-up call schedule</u> 	<p><u>E</u> <u>E</u></p> <p><u>E</u></p> <p><u>E</u> <u>E</u></p> <p><u>E</u></p> <p><u>E</u> <u>E</u></p>	<p><u>E</u> <u>E</u></p> <p><u>E</u></p> <p><u>E</u> <u>E</u></p> <p><u>E</u></p> <p><u>E</u> <u>E</u></p>	<p><u>E</u> <u>E</u></p> <p><u>E</u></p> <p><u>E</u> <u>E</u></p> <p><u>E</u> <u>E</u></p>
	<p><u>The institution shall demonstrate that actions taken as a result of issues identified in the Process Improvement Program created a measurable improvement. Documentation shall include where appropriate: 1) problem identification; 2) analysis; 3) preventability; 4) action plan; 5) implementation; and 6) reevaluation</u></p>	<u>E</u>	<u>E</u>	<u>E</u>
3.	<p><u>Operational Process Improvement (Evaluation of System Issues)</u></p>			
	<p><u>This is a multidisciplinary conference presided over by the Trauma Medical Director and shall include hospital administrative staff over trauma services as well as the staff in charge of all trauma-program related services. This committee addresses, assesses, and corrects global trauma program and system issues, corrects overall program deficiencies to continue to optimize patient care. This should be held at least quarterly, attendance noted, and minutes recorded.</u></p>	<u>E</u>	<u>E</u>	<u>D</u>
4.	<p><u>Trauma Bypass Log</u></p>			
	<p><u>Trauma bypass shall not exceed 5%. Trauma surgeons will be involved in diversion/bypass decisions</u></p>	<u>E</u>	<u>E</u>	<u>E</u>
5.	<p><u>Outreach/Training Programs</u></p>			
	<p><u>Level I centers shall maintain a commitment to provide ATLS and other educational activities deemed appropriate and timely to surrounding referral centers.</u></p>	<u>E</u>	<u>D</u>	
	<p><u>Be involved with local and regional EMS agencies and/or personnel and assist in trauma education, performance improvement, and feedback regarding care</u></p>	<u>E</u>	<u>E</u>	<u>D</u>
6.	<p><u>Public Education</u></p>			
	<p><u>The trauma center shall be involved in community awareness of trauma and the trauma system</u></p>	<u>E</u>	<u>D</u>	<u>D</u>
	<p><u>Participate in statewide trauma center collaborative injury prevention efforts focused on common needs throughout the state</u></p>	<u>E</u>	<u>E</u>	<u>D</u>
	<p><u>Perform studies in injury control while monitoring the effects of prevention programs</u></p>	<u>E</u>	<u>D</u>	<u>D</u>
7.	<p><u>Institutional Commitment</u></p>			
	<p><u>Demonstrates knowledge, familiarity, and commitment of upper level administrative personnel to trauma service</u></p>	<u>E</u>	<u>E</u>	<u>E</u>

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	<u>Upper level administration participation in multidisciplinary trauma conferences/committees</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Evidence of yearly budget for the trauma program</u>	<u>E</u>	<u>E</u>	<u>E</u>
	<u>Supports research efforts of the Trauma Service</u>	<u>E</u>		
<u>8.</u>	<u>Trauma System Development</u>			
	<u>All trauma centers shall participate in trauma system planning and development under the auspices of the Trauma Care Advisory Council</u>	<u>E</u>	<u>E</u>	<u>E</u>
<u>9.</u>	<u>Activation Criteria</u>			
	<u>Each center shall have clearly defined graded activation criteria. For the highest level of activation, the PGY 4/5 will be immediately available and the trauma attending available within 20 minutes</u>	<u>E</u>	<u>E</u>	<u>E</u>

(6) — Implementation

- ~~(a) — Implementation of the designation process will be by the Licensing Board for Health Care Facilities. A site visit team will be responsible for making recommendations to this Board. Institutions wishing to be designated as Level I or Level II Trauma Centers will make application to the Board. The application may be reviewed by the Site Visit Team and, if appropriate, the team will visit the institution. If the application is felt to be insufficient, this fact will be communicated to the Institution. If the Institution is visited, the team's findings will be documented and submitted to the Board with recommendations. Formal designation will be made by the Board. Designation will be effective for up to five years.~~
- ~~(b) — The Site Visit Team will be advisory to the Board, and will consist of the following: The State Medical Director of EMS or the State Director of EMS, a Trauma Surgeon from in-state, a Trauma Surgeon from out-of-state, a Critical Care Nurse from in-state, and a Hospital Director from in-state. These members will act as consultants to the Board, and will be selected with the assistance of the TNA Critical Care Nurses Association, T.H.A., and the National and State Committees on Trauma of the American College of Surgeons.~~
- ~~(c) — All costs of the application process, including costs of a site visit, will be borne by the applying institution.~~
- ~~(d) — Initially, only Level I applications will be considered. Once a Level I Center has been designated for a region and has achieved optimal utilization or at least one year has elapsed since initial designation, applications for level II designation will be considered, except that those areas which cannot be served adequately by the nearest Level I Trauma Center because of geographic consideration may immediately pursue Level II designation.~~
- ~~(e) — All designated Trauma Centers shall participate in the collection of data for the Trauma Registry and in the review of the Trauma Registry.~~
- ~~(f) — All designated trauma centers shall record and report the payor source for patient care on discharge, with financial data classed as self-pay, commercial insurance, Medicare, Medicaid, or worker compensation.~~

(3) Designation

- (a) The Board shall implement the designation process.
- (b) The preliminary designation process for facilities aspiring to designation as a Level I, II, or III Trauma Center shall consist of the following:

(Rule 1200-8-12-.04, continued)

1. Each facility desiring designation shall submit an application to the Board;
 2. A Department site visit team ("team") shall review each submitted application and shall act in an advisory capacity to the Board;
 3. The team shall communicate deemed application deficiencies to the facility in writing by certified letter;
 4. The facility shall have thirty (30) days to submit required information; and
 5. Arrangements will be made for a provisional site visit for those facilities meeting application requirements.
- (c) The site visit team shall consist of the following:
1. A trauma surgeon medical director from an out-of-state trauma center who shall serve as team leader;
 2. A trauma surgeon from an in-state Level I trauma center;
 3. An in-state trauma nurse coordinator/program manager from a Level 1 trauma center;
 4. The state trauma program manager/EMS director; and
 5. For the provisional site visit, an Emergency Department physician from a Level I or Level II trauma center.
- (d) The team shall be appointed by the following organizations:
1. The National and/or State Committees on Trauma of the American College of Surgeons shall assist in identifying the out-of-state surgeon; and
 2. The state trauma program manager/Director of EMS, in consultation with the chairman and vice chairpersons of the Tennessee Committee on Trauma, shall select the in-state members of the site visiting team.
- (e) The team shall conduct a provisional visit to ensure compliance with all criteria required for designation as a Trauma Center with the requested level of designation before the Board grants an institution designation as a Trauma Center. During the provisional visit, the applicant shall demonstrate that the required mechanisms to meet the criteria for the desired accreditation level are in place.
- (f) The team shall identify deficiencies and areas of improvement it deems necessary for designation.
- (g) If the team does not cite any deficiencies and concludes that the facility is otherwise in compliance with all applicable standards, it shall approve the applicant to function with provisional status for a period of one (1) year.
- (h) If, during the provisional visit, the team cites deficiencies, it shall not approve provisional status for the applicant to function as a trauma center. Centers with deficiencies shall have fifteen (15) days to provide documentation demonstrating

(Rule 1200-8-12-.04, continued)

compliance. If the facility is unable to correct the deficiencies within fifteen (15) days, the application shall be denied and the applicant may not resubmit an application for trauma center designation for at least one (1) year from the date of denial.

(i) Facilities granted provisional status as a trauma center shall adhere to the following:

1. The facility shall submit an interim report at the end of one (1) year that shall include the following:

(i) A description of changes made after the grant of provisional status;

(ii) A description of areas of improvement cited during the provisional visit; and

(iii) A summary of the hospital's trauma service based on the trauma registry report.

2. The team shall conduct a site visit at the termination of the applicant's one (1) year provisional designation as a trauma center.

3. During the follow-up visit, the team shall identify the presence of deficiencies and areas of improvement.

(j) Upon completion of the follow-up visit, the team shall submit its findings and designation recommendations to the Board.

1. If the team cites deficiencies found during its follow-up visit, they shall be included in its report to the Board.

2. The facility requesting trauma center designation shall be allowed to present evidence demonstrating action taken to correct cited deficiencies to the Board during the ratification process.

(k) The final decision regarding trauma center designation shall be rendered by the Board. If granted, trauma center designation is applicable for a period of three (3) years.

(l) If the Board denies the applicant trauma center designation, the facility may not reapply for at least one (1) year.

(m) The facility applying for trauma center designation shall bear all costs of the application process, including costs of a site visit.

~~(7) Prohibitions~~

~~(a) It shall be a violation of these regulations for any health care facility to hold out, advertise or otherwise represent itself to be a "trauma center" as licensed by the health care facilities licensing board unless it has complied with the regulations set out herein and has been so licensed by the said board.~~

~~(b) Any facility designated by the Board for Licensing Health Care Facilities as a trauma center, at any level, shall provide hospital emergency services to any applicant who applies for the same in case of injury or acute medical condition where the same is liable to cause death or severe injury~~

(Rule 1200-8-12-.04, continued)

~~or illness. The medical need of an applicant and the available medical resources of the facility, rather than the financial resources of an applicant, shall be the determining factors concerning the scope of service provided.~~

(4) Verification

(a) Following designation as a trauma center, a verification site visit shall be conducted at the facility every three (3) years.

(b) The team shall advise the center of an upcoming verification visit at least sixty (60) days prior to the visit. After the facility receives notice of the upcoming verification site visit, it shall prepare all materials the team requests for submission.

(c) The team shall conduct an exit interview with the facility at the conclusion of the verification visit.

1. During the exit interview the team shall communicate the following:

(i) The presence of deficiencies;

(ii) The facility's strengths and weaknesses; and

(iii) Recommendations for improvements and correction of deficiencies.

(d) The team shall submit a site visit report within sixty (60) days of completion of the site visit. It shall submit a copy of the report to the Board, the Chief Executive Officer of the hospital, the hospital board, and the Trauma Advisory Council within sixty (60) days of the site visit.

(e) If the team does not cite deficiencies and the center is in compliance with all applicable standards, it will recommend that the facility be confirmed at its current level of trauma designation for a period of three (3) years.

(f) If during the site visit the team identifies deficiency(ies), the center shall have a period not to exceed thirty (30) days to correct the deficiencies

(g) If the team ascertains that deficiencies have not been corrected within thirty (30) days, either through desk review or an on-site visit, the center must present an explanation to the Board at its next scheduled meeting.

(h) The Board may, in accordance with the Uniform Administrative Procedures Act, revoke a facility's trauma center designation.

(i) The facility shall bear all costs of the verification process, including the costs of a site visit.

(5) All designated Trauma Centers shall participate in the collection of data for the Trauma Registry and in the review of the Trauma Registry.

(6) All designated Trauma Centers shall record and report the payor source for patient care on patient discharge. Final payment data shall be classed as self pay, commercial insurance, Medicare, Medicaid, or worker compensation.

(7) Prohibitions

(Rule 1200-8-12-.04, continued)

- (a) It shall be a violation of these regulations for any health care facility to hold out, advertise or otherwise represent itself to be a "trauma center" as licensed by the Board unless it has complied with the regulations set out herein and the Board has so licensed it.
- (b) Any facility the Board designates as a trauma center, at any level, shall provide hospital emergency services to any applicant who applies for the same in case of injury or acute medical condition where the same is liable to cause death or severe injury or illness. The medical needs of an applicant and the available _____ medical resources of the facility, rather than the financial resources of an applicant, shall be the determining factors concerning the scope of service provided.

REFERENCES

- ~~1. Or substituted by a current signed transfer agreement with Institution with Cardio-Thoracic Surgery and Cardio-Pulmonary-bypass capability.~~
- ~~2. Or substituted by a current signed transfer agreement with Institution with Neurosurgery Department/Division.~~
- ~~3. Or substituted by department or division capable of treating maxillofacial trauma as demonstrated by staff privileges.~~
- ~~4. Or substituted by a current signed transfer agreement with hospital having a pediatric surgical service.~~
- ~~5. The emergency department staffing must provide immediate and appropriate care for the trauma patient. The emergency department physician must function as a designated member of the trauma team.~~
- ~~6. Requirement may be fulfilled by Senior Surgical Resident (P.G.4 or higher) capable of assessing emergency situations in trauma patients initiating proper treatment. A staff surgeon trained and capable of carrying out definitive treatment must be available within 30 minutes.~~
- ~~7. Requirement may be fulfilled by in-house neurosurgeon or neurosurgery resident, or senior general surgery resident who has special competence, as documented by the Chief of Neurosurgery Service, in the care of patients with neural trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures. An attending neurosurgeon dedicated to the hospital's trauma service must be available within 30 minutes.~~
- ~~8. Requirement may be fulfilled by senior level (last year in training) Emergency Medicine Residents capable of assessing emergency situations and initiating proper treatment. The staff specialist responsible for the resident must be available within 30 minutes.~~
- ~~9. Requirement may be fulfilled by a senior level Emergency Medicine Resident or senior level (P.G.4 or above) Surgery Resident.~~
- ~~10. Requirement may be fulfilled by residents capable of assessing emergency situation and initiating proper treatment. A staff anesthesiologist must be available within 30 minutes.~~

(Rule 1200-8-12-.04, continued)

- ~~11. (i) Requirement for Level I Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist will be available within 30 minutes. During the interim period prior to the arrival of a staff anesthesiologist, a Certified Registered Nurse Anesthetist (CRNA) capable of assessing emergency situations in trauma patients and of initiating and providing any indicated treatment must be available in-house.~~
- ~~(ii) Requirement for Level II Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call and available within 30 minutes. During the interim period prior to the arrival of a staff anesthesiologist, a Certified Registered Nurse Anesthetist (CRNA) operating under the direction of the anesthesiologist, the trauma team surgeon director or the emergency medicine physician, may initiate appropriate supportive care.~~
- ~~(iii) Requirement for Level III Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call or available within 30 minutes, however, when there is not an anesthesiologist on the hospital staff, this requirement may be fulfilled by a Certified Registered Nurse Anesthetist (CRNA) operating under the supervision of the surgeon, the anesthesiologist, and/or the responsible physician.~~
- ~~12. Forensic pathologist must be available either as part of the hospital staff or on a consulting basis.~~
- ~~13. Or substituted by current signed transfer agreement with hospital having hemodialysis capabilities.~~
- ~~14. Or substituted by current signed transfer agreement with burn center or hospital with burn unit.~~
- ~~15. Each Level I and Level II Center must have an organized protocol with a transplant team or service to identify possible organ donors and assist in procuring organs for donation.~~
- ~~16. Nursing Staff may be available on call.~~
- ~~17. All specialists must be available within 30 minutes.~~

References:

1. Credentialed trauma provider: Level I/II – Providers shall remain knowledgeable in trauma care principles through participation in 16 hours of trauma-related CME per year or 48 hours every 3 years. The Trauma Director shall identify the core group covering trauma which shall take at least 60% of the total trauma calls per month and attend at least fifty (50) per cent of the multidisciplinary review committee meetings.
2. Or substituted by a current signed transfer agreement with an institution with Cardiothoracic Surgery and cardiopulmonary bypass capability.
3. Or substituted by a department or division capable of treating maxillofacial trauma as demonstrated by staff privileges.
4. Or substituted by a current signed transfer agreement with an institution having a Pediatric Surgery Service.

(Rule 1200-8-12-.04, continued)

5. The emergency department staffing must provide immediate and appropriate care for the trauma patient. The emergency department physician must function as a designated member of the trauma team.
6. Requirement may be fulfilled by a Senior surgical Resident (PGY 4 or higher) capable of assessing emergency situations in trauma patients and initiating proper treatment. A staff surgeon trained and capable of carrying out definitive treatment must be available within 20 minutes.
7. Requirement may be fulfilled by in-house neurosurgeon or neurosurgery resident, or senior general surgery resident who has special competence, as documented by the Chief of Neurosurgery Service, in the care of patients with neural trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures. An attending neurosurgeon dedicated to the hospital's trauma service must be available within 30 minutes.
8. Or substituted by a current signed transfer agreement with an institution having a Hand Surgery Service.
9. Requirement may be fulfilled by senior level (last year in training) Emergency Medicine Residents capable of assessing emergency situations and initiating proper treatment. The staff specialist responsible for the resident must be available within 30 minutes.
10. A physician extender may fulfill this role.
11. Requirements for Level II Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call and available within 30 minutes. During the interim period prior to the arrival of a staff anesthesiologist, a Certified Registered Nurse Anesthetist (CRNA) operating under the direction of the anesthesiologist, the trauma team surgeon director or the emergency medicine physician, may initiate appropriate supportive care.
12. Requirement for Level II Trauma Center may be fulfilled when local conditions assure that a staff anesthesiologist is on call and available within 30 minutes. However, when there is not an anesthesiologist on the hospital staff, this requirement may be fulfilled by a CRNA operating under the supervision of the surgeon, the anesthesiologist, and/or the responsible physician.
13. Forensic pathologist must be available either as part of the hospital staff or on a consulting basis.
14. Or substituted by current signed transfer agreement with hospital having hemodialysis capabilities.
15. Or substituted by current signed transfer agreement with burn center or hospital with burn unit.
16. Each Level I and II Center must have an organized protocol with a transplant team or service to identify possible organ donors and assist in procuring organs for donation.
17. All specialists must be available within 30 minutes

Authority: T.C.A. §§4-5-202, 4-5-204, 68-11-202, and 68-11-209. *Administrative History:* Original rule filed September 18, 1985; effective October 18, 1985. Amendment filed March 31, 1989; effective May 15, 1989. Amendment filed August 31, 1990; effective October 15, 1990. Amendment filed October 20, 1992; effective December 4, 1992. Amendment filed July 21, 1993; effective October 4, 1993. Amendment filed August 16, 2006; effective October 30, 2006.

~~1200-8-12-.05 REQUIREMENTS FOR LEVEL III TRAUMA CENTERS.~~

(Rule 1200-8-12-.05, continued)

Essential (E) or Desirable (D)

(1) Hospital Organization

(a) Trauma Service _____ E

1. Specified delineation of privileges for the Trauma Service must be made by the medical staff Credentialing Committee.

2. Trauma team — May be organized by a qualified physician but care must be directed by a general surgeon expert in and committed to care of the injured, all patients with multiple system or major injury must be initially evaluated by the trauma team, and the surgeon who will be responsible for overall care of a patient (the team leader) identified. A team approach is required for optimal care of patients with multiple system injuries.

(b) Surgery Department/Divisions/Services/Section (each staffed by qualified specialists) _____ E

- Cardiothoracic Surgery
- General Surgery
- Neurologic Surgery
- Obstetrics-Gynecologic Surgery
- Ophthalmic Surgery
- Oral Surgery-Dental
- Orthopedic Surgery
- Otorhinolaryngologic Surgery
- Pediatric Surgery
- Plastic and Maxillofacial Surgery
- Urologic Surgery

(c) Emergency Department/Division/Service/Section (staffed by qualified specialist) (see note 1) _____ E

(d) Surgical Specialties Available In-house 24 hours a day:

- General Surgery _____ E
- Neurologic Surgery _____ D
- On-call and promptly available from inside or outside hospital:
- Cardiac Surgery _____ E
- General Surgery _____ E
- Neurologic Surgery _____ D
- Microsurgery Capabilities _____ D
- Gynecologic Surgery _____ D
- Hand Surgery _____ D
- Ophthalmic Surgery _____ D
- Oral Surgery (dental) _____ D
- Orthopaedic Surgery _____ D

(Rule 1200-8-12-.05, continued)

- Otorhinolaryngologic Surgery _____ D
- Pediatric Surgery _____
- Plastic and Maxillofacial Surgery _____ D
- Thoracic Surgery _____ D
- Urologic Surgery _____ D

(e) ~~Non-Surgical Specialties Availability~~

~~In-hospital 24 hours a day:~~

- ~~Emergency Medicine _____ E~~

- ~~Anesthesiology _____ E~~

~~On-call and promptly available from inside or outside hospital:~~

- ~~Cardiology _____ D~~

~~Chest Medicine~~

~~Gastroenterology~~

- ~~Hematology _____ D~~

~~Infectious Diseases~~

~~1. The emergency department staff should ensure immediate and appropriate care for the trauma patient. The emergency department physician should function as a designated member of the trauma team and the relationship between emergency department physicians and other participants of the trauma team must be established on a local level, consistent with resources but adhering to established standards and optimal care.~~

~~2. Requirements may be fulfilled when local conditions assure that the staff anesthesiologist will be in the hospital at the time or shortly after the patient's arrival in the hospital. In some circumstances this qualification may be met by a certified nurse anesthetist (CRNA) operating under protocol from an anesthesiologist and in consultation with the trauma team surgeon director.~~

- ~~Internal Medicine _____ E~~

- ~~Nephrology _____ D~~

~~Neuroradiology~~

- ~~Pathology _____ D~~

- ~~Pediatrics _____ D~~

~~Psychiatry~~

- ~~Radiology _____ D~~

(2) ~~Special Facilities/Resources/Capabilities~~

(a) ~~Emergency Department (ED)~~

1. ~~Personnel~~

- (i) ~~Designated physician director _____ E~~

- (ii) ~~Physician with special competence in care of the critically injured who is a designated~~

(Rule 1200-8-12-.05, continued)

- ~~member of the trauma team and physically present in the ED 24 hours a day~~ _____ E
- ~~(iii) RNs, LPNs, and nurses' aides in adequate numbers~~ _____ E
- ~~2. Equipment for resuscitation and to provide life support for the critically or seriously injured shall include but not be limited to:~~
- ~~(i) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, oxygen, and mechanical ventilator~~ _____ E
- ~~(ii) Suction devices~~ _____ E
- ~~(iii) Electrocardiograph-oscilloscope defibrillator~~ _____ E
- ~~(iv) Apparatus to establish central venous pressure monitoring~~ _____ E
- ~~(v) All standard intravenous fluids and administration devices, including intravenous catheters~~ _____ E
- ~~(vi) Sterile surgical sets for procedures standard for ED such as thoracostomy, cutdown, etc.~~ _____ E
- ~~(vii) Gastric lavage equipment~~ _____ E
- ~~(viii) Drugs and supplies necessary for emergency care~~ _____ E
- ~~(ix) X-ray capability, 24-hour coverage by in-house technician~~ _____ E
- ~~(x) Two-way radio linked with vehicles of emergency transport system~~ _____ E
- ~~(xi) Skeletal traction for cervical injuries~~ _____ E
- ~~(b) Intensive Care Units (ICUs) for Trauma Patients
ICUs may be separate specialty units.~~
- ~~1. Designated medical director~~ _____ E
- ~~2. Physician on duty in ICU 24 hours a day or immediately available from in-hospital~~ _____ E
- ~~3. Nurse-patient minimum ratio of 1:2 on each shift~~

(Rule 1200-8-12-.05, continued)

- 4. ~~Immediate access to clinical laboratory services~~ ~~E~~
- 5. ~~Equipment:~~
 - (i) ~~Airway control and ventilation devices~~ ~~E~~
 - (ii) ~~Oxygen source with concentration controls~~ ~~E~~
 - (iii) ~~Cardiac emergency cart~~ ~~E~~
 - (iv) ~~Temporary transvenous pacemaker~~ ~~E~~
 - (v) ~~Electrocardiograph-oscilloscope defibrillator~~ ~~E~~
 - (vi) ~~Cardiac output monitoring~~ ~~D~~
 - (vii) ~~Electronic pressure monitoring~~ ~~D~~
 - (viii) ~~Mechanical ventilator-respirators~~ ~~E~~
 - (ix) ~~Patient Weighing devices~~ ~~E~~
 - (x) ~~Pulmonary function measuring devices~~ ~~E~~
 - (xi) ~~Temperature control devices~~ ~~E~~
 - (xii) ~~Drugs, intravenous fluids, and supplies~~ ~~E~~
 - (xiii) ~~Intracranial pressure monitoring devices~~ ~~D~~
- (c) ~~Postanesthetic Recovery Room (surgical intensive care unit is acceptable)~~
 - 1. ~~Registered nurses and other essential personnel 24 hours a day~~ ~~E~~
 - 2. ~~Appropriate monitoring and resuscitation Equipment~~ ~~E~~
- (d) ~~Acute Hemodialysis Capability (or transfer agreement)~~ ~~E~~
- (e) ~~Organized Burn Care~~ ~~E~~
 - 1. ~~Physician-directed burn center staffed by nursing personnel trained in burn care and equipped properly for care of the extensively burned patient;~~
~~OR~~
 - 2. ~~Transfer agreement with nearby burn center~~

(Rule 1200-8-12-.05, continued)

or hospital with a burn unit

~~(f) Acute Spinal Cord/Head Injury Management Capability E~~

- ~~1. In circumstances where a designated spinal cord injury rehabilitation center exists in the region, early transfer should be considered; transfer agreements should be in effect~~
- ~~2. In circumstances where a head injury center exists in the region, transfer should be considered in selected patients; transfer agreements should be in effect~~

~~(g) Radiological Special Capabilities~~

- ~~1. Angiography of all types D~~
- ~~2. Sonography~~
- ~~3. Nuclear scanning~~
- ~~4. In-house computerized tomography with technician~~

~~(h) Rehabilitation Medicine E~~

- ~~1. Physician directed rehabilitation service staffed by nursing personnel trained in rehabilitation care and equipped properly for care of the critically injured patients, OR~~
- ~~2. Transfer agreement when medically feasible to a nearby rehabilitation service~~

~~(3) Operating Suite Special Requirements Equipment Instrumentation~~

~~(a) Operating room adequately staffed in-house and available 24 hours a day D~~

~~(b) Cardiopulmonary bypass capability~~

~~(c) Operating microscope~~

~~(d) Thermal control equipment:~~

- ~~1. for patient E~~
- ~~2. for blood E~~

~~(e) X ray capability E~~

~~(f) Endoscope, all varieties E~~

~~(g) Craniotome D~~

(Rule 1200-8-12-.05, continued)

- (h) ~~Monitoring equipment~~
- (4) ~~Clinical Laboratory Service (available 24 hours a day)~~
 - (a) ~~Standard analyses of blood, urine, and other body fluids~~ E
 - (b) ~~Blood typing and cross matching~~ E
 - (c) ~~Coagulation studies~~ E
 - (d) ~~Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities~~ E
 - (e) ~~Blood gases and pH determinations~~ E
 - (f) ~~Serum and urine osmolality~~ D
 - (g) ~~Microbiology~~ E
 - (h) ~~Drug and alcohol screening~~ D

~~Toxicology screens need not be immediately available but are desirable. If not available, results should be included in all quality assurance reviews.~~

- (5) ~~Quality Assurance~~
 - (a) ~~Trauma death audit review.~~ E
 - (b) ~~Morbidity and mortality review.~~ E
 - (c) ~~Trauma conference, multidisciplinary.~~ E
 - (d) ~~Trauma bypass log.~~ E
 - (e) ~~Medical record review.~~ E

- (6) ~~Outreach Program~~
~~Telephone and on-site consultation with physicians of the community and outlying areas.~~

- (7) ~~Public Education~~
~~Injury prevention in the home and industry, and on the highways and athletic fields; standard first aid; problems confronting public, medical profession, and hospitals regarding optimal care for the injured.~~

- (8) ~~Trauma Research Program~~ D

- (9) ~~Training Program~~

(Rule 1200-8-12-.05, continued)

~~(a) Formal programs in continuing education provided by hospital for:~~

- ~~1. Staff physicians _____ D~~
- ~~2. Nurses _____ D~~
- ~~3. Allied health personnel _____ D~~
- ~~4. Community physician _____ D~~

~~(b) Regular and periodic multidisciplinary trauma conference that include all members of the trauma team should be held. This conference will be for the purpose of quality assurance through critiques of individual cases.~~

~~(c) Documentation of severity of injury (by trauma score, age, injury severity score) and outcome (survival, length of stay, ICU lengths of stay) with monthly review of statistics.~~

~~(10) Financial Data~~

~~(a) All designated trauma centers shall record and report the payor source for patient care on discharge with financial data classed as self pay, commercial insurance, Medicare, Medicaid, or workers compensation.~~

~~*Authority: T.C.A. §§68-11-209 and 4-5-202. Administrative History: Original rule filed March 31, 1989; effective May 18, 1989. Amendment filed July 21, 1993; effective October 4, 1993.*~~