



Department  
of Health

Bureau of Emergency Medical Services  
And Trauma Systems

**POLICY STATEMENT**

*Supersedes/Updates: NEW*

No. 18 - 04

Date: 01/17/2019

Re: Provisional Trauma  
Center Designation

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## BACKGROUND AND PURPOSE

Under Section 3066 of the Public Health Law and Part 405.45 of the Health Code, the Department may designate a hospital as a trauma center so long as the hospital attains verification from the American College of Surgeons Committee on Trauma (ACS-COT) or other entity determined by the Department. To assist hospitals in meeting initial verification requirements, the Department shall implement this policy of designating provisional trauma centers.

## PROCEDURE

A hospital seeking provisional trauma center designation should submit the following electronically to the New York State Bureau of EMS and Trauma Systems, Trauma Program Manager.

### Section 1 – Commitment Letter

Written commitment from the hospital's governing body and medical staff indicating support for the trauma program and commitment to maintaining the high standards required to provide optimal care to all trauma patients.

### Section 2 – Creation of a Trauma Service

Documentation reflecting the creation of a Trauma Service with a description of the organizational structure detailing the reporting hierarchy of the Service.

### Section 3 – Trauma Medical Director (Adult and/or Pediatric)

Documentation indicating that the Trauma Medical Director, as defined by the American College of Surgeons – Committee on Trauma (ACS-COT\*), has been hired, and who has designated authority over the Trauma Service. Because the care of trauma patients crosses many hospital specialties, the trauma program must be empowered to address issues that involve multiple disciplines and services.

### Section 4 – Trauma Program Manager (Adult and/or Pediatric)

Documentation indicating a Trauma Program Manager, as defined by ACS-COT\*, has been hired and is dedicated to the Trauma Program.

### Section 5 – Trauma Registry

Documentation indicating a Trauma Registrar has been hired, trauma registry software has been purchased and trauma registry training has been received; and the hospital's plan for submitting trauma data to the New York State Trauma Registry (NYSTR), National Trauma Data Bank (NTDB), and (if applicable) the Trauma Quality Improvement Program (TQIP).

## **Section 6 – Performance Improvement**

Documentation of the hospital's performance improvement process as it pertains to trauma, even if this is not yet fully developed. The goal will be to have a performance improvement process in keeping with the principles outlined in the Society of Trauma Nurses' *Trauma Outcomes & Performance Improvement Course*\*\*.

## **Section 7 – State Trauma Advisory Committee and Regional Trauma Advisory Committee**

Documentation of the hospital's participation in the Regional Trauma Advisory Committee (RTAC) and (as often as practicable) attendance at State Trauma Advisory Committee (STAC) meetings.

## **Section 8 – Timeline for American College of Surgeons verification**

Documentation of the timeline and plan for the hospital's successful verification by the ACS-COT.

After review of the above documentation, the Department may request clarifications or further documents from the hospital.

Upon completion of the Department's review and determination that the facility has submitted all required documentation, the Department will issue a letter designating the facility as a Provisional Trauma Center.

**Every six months** from the date a hospital is designated by the Department as a provisional trauma center, the hospital shall submit a written progress report and timeline updating the Department on the hospital's progress toward an ACS-COT consultative visit or verification visit.

The progress report shall include documentation of the following;

- number of trauma patients treated
- trauma data uploaded to the New York State Trauma Registry
- performance improvement project description(s) and status
- participation in the Regional and State Trauma Advisory Committees
- other required documents as assigned by DOH in writing during provisional status

**One year** from the date a hospital is designated by the Department, the hospital shall submit documentation that an official request has been made to the ACS-COT for a consultative visit.

**Two years** from the date the hospital receives the ACS-COT consultative report, the hospital shall submit documentation to the Department that an official request has been made to the ACS-COT for a verification visit.

Provisional designation will be rescinded for failure to provide the Department with progress reports, documentation of official requests for consultative or verification visits or if visits have not been scheduled as outlined above.

Once the hospital receives provisional designation from the Department, the Department will notify EMS agencies through the appropriate Regional EMS Councils so that the hospital may begin preferentially receiving trauma patients.

The Department may conduct a site inspection to determine compliance with the provisional designation requirements.

\*The ACS-COT guidelines called the *Resources for Optimal Care of the Injured Patient, 2014* can be found at: <https://www.facs.org/quality-programs/trauma/vrc/resources>. This contains the standards the facility needs to be working towards at the time of their consultative visit.

\*\*Society of Trauma Nurses *Trauma Outcomes & Performance Improvement Course* can be found at: <https://www.traumanurses.org/education/stn-topic>