



# Policy Statement

## Provisional Trauma Center Designation Process

### BACKGROUND AND PURPOSE

Under Section 3066 of the Public Health Law and Part 405.45 of the Health Code, the New York State Department of Health (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 and its designation will not adversely affect the current NYS trauma system. To facilitate a hospital seeking initial verification in meeting verification requirements, the Department shall implement this policy of designating provisional trauma centers.

### PROCEDURE

#### Phase 1: Preliminary Review

A hospital seeking provisional trauma center designation should submit the following – in a three-ring binder with delineated sections to:

NYS DOH Bureau of EMS and Trauma Systems  
Attn: Trauma Program  
875 Central Ave.  
Albany, NY 12206

#### 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 ACS-COT\*, has been hired, and who has demonstrated 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 *Trauma Outcomes & Performance Improvement Course\*\**.

**Section 7 – State Trauma Advisory Committee (STAC) and Regional Trauma Advisory Committee (RTAC)**

Documentation of the hospital’s participation in the RTAC and (as often as practicable) attendance at 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 will conduct a preliminary review to ensure all requested documentation is complete and the hospital meets standards of critical elements to become a trauma center.

**Phase 2: State Advisory Committee (STAC) Review**

Facilities interesting in pursuing trauma center designation shall submit a letter of intent and supporting materials to the Department requesting provisional designation. Requests for new provisional trauma center designation will be reviewed by the State Trauma Advisory Committee (STAC), using the following guidelines will make recommendations to the Department regarding the need for the proposed new center.

In general, a proposed center will be determined to be beneficial if:

1. Population coverage
  - a. If the estimated catchment area, defined as an area with 60- minute access by ground, calculated using a standard geographic information system (GIS) based approach, of the proposed center does not overlap the estimated catchment area of existing centers, or if the overlap is less than 10% of the population coverage of an existing center, the new center will be strongly supported.
  - b. If the estimated catchment area, defined as an area with 45- minute access by ground, calculated using a standard geographic information system (GIS) based approach, of the proposed center does not overlap the estimated catchment area of existing centers, or if the overlap is less than 10% of the population coverage of an

existing center, the new center will be supported.

c. If the estimated catchment area, defined as an area with 30- minute access by ground, calculated using a standard geographic information system (GIS) based approach, of the proposed center does not overlap the estimated catchment area of existing centers, or if the overlap is less than 10% of the population coverage of an existing center, the new center will be considered.

2. Additional capacity is needed

a. If the existing trauma center with which the proposed center's coverage area overlaps is on diversion for trauma patients more than 2% of the time

b. If more that 20% of patients meeting NYS criteria for transport to a trauma center are taken to non-designated facilities within the catchment area of the existing center with which the proposed center's coverage area overlaps.

If these screening criteria are not met, the STAC will request additional information from the proposed trauma center that will document how the new center will be of benefit to the population served, either in terms of improved access, improved baseline capacity, or improved system resilience. Information that might be important to this evaluation could include:

- A) Demonstration that the proposed trauma center would improve access for a sub-population of injured patients
- B) Demonstration that there is sufficient volume such that the existing centers would not be adversely affected

### **Phase 3: Department Review**

The Department will request additional documentation of trauma center criteria based on *Resources for Optimal Care of the Injured Patient, 2022*, documentation requirements listed in each chapter. The Department will conduct a comprehensive review of the requested documentation and may request clarifications or further documents from the hospital.

### **Phase 4: Site Visit**

Each hospital requesting Provisional Trauma Center approval shall receive an on-site review by a team from the department.

### **Phase 5: Provisional Designation**

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.

**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.

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

**Phase 6: Consultation Visit by the ACS- COT**

**Phase 7: Verification Visit by the ACS-COT/ (No longer Provisional)**

\*The ACS-COT guidelines called the *Resources for Optimal Care of the Injured Patient, 2022* 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>