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DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



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Level IV Trauma Center Designation Checklist

Purpose

This checklist provides guidance to hospitals seeking designation as a Level IV Trauma Center in the State of Nevada. Completion of this document demonstrates a facility’s readiness for review and assists DPBH in evaluating compliance with both ACS and state trauma system criteria.

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Key Definitions

The resources listed in the table below are required for successful verification. The table shows the criteria and whether they are classified as essential (E) or desirable (D). Only items marked “E” are required for state designation as a Level IV Trauma Centers. (E = Essential, D = Desirable, N/A = Not applicable).

Essential criteria are categorized as either major or minor. Both major and minor criteria are required, though those identified as major are considered more critical. **Note that those items marked with an asterisk (*) and in bold type are MAJOR criteria.**

Submission Acknowledgment

Hospital Name	
Address	
Trauma Program Manager	
Trauma Medical Director	
Chief Executive Officer	

Certification

I certify that this checklist and all attached documentation are accurate and reflect the facility’s current trauma system operations and compliance status.

Signature	Date

1. Facility Commitment	Criteria Type	Level IV	Measure of Compliance
* 1.1 The facility is involved in regional trauma system planning, development, and operation.	Major	E	Examples include documentation of participation in state or regional trauma- related activities, such as trauma advisory committees, educational outreach, and collaboration with regional EMS, preparedness, and injury prevention entities.
* 1.2 There is a current resolution supporting the trauma center from the Medical Staff.	Major	E	Letter of support signed by Chief Medical Officer/Chief of Staff (template available on request)
* 1.3 There is a current resolution supporting the trauma center from the Hospital Board.	Major	E	Letter of support signed by Chair of Hospital Board (template available on request)
NOTES:			
2. Clinical Capabilities	Criteria Type	Level IV	Measure of Compliance
*2.1 Emergency provider available within 30 minutes of notification. Response times must be tracked.	Major	E	Response times log.
2.2 General Surgery (on call and available with 90 minutes of notification)	Minor	D	General surgery coverage schedule
2.3 Anesthesiology (on call and available with 90 minutes of notification)	Minor	D	Anesthesiology coverage schedule
NOTES:			

3. Collaborative Clinical Services			
3.1. Radiology	Criteria Type	Level IV	Measure of Compliance
3.1.1. Conventional radiography services(non-CT) must be available during hours of operation or within 30 minutes Trauma Activation.	Minor	E	Radiology department staffing schedule and on-call response time tracking (if applicable).
3.1.2. CT services must be available during hours of operation or within 30 minutes of Trauma Activation.	Minor	E	Radiology department staffing schedule and on-call response time tracking (if applicable).
3.1.3. Bedside ultrasound is available for FAST exams.	Minor	E	Equipment present at time of review.
3.1.4. Interpretation of STAT radiology images must be available 24 hours/day.	Minor	E	Radiologist staffing schedule and/or teleradiology contract.
3.1.5. Established process for sending trauma imaging with patients who are transferred out of facility, with preference for teleradiology.	Minor	E	Evaluated at time of review
3.1.6. Documentation for radiology mis-reads (identified discrepancies between initial/preliminary report and final/over-read report).	Minor	E	Documentation of PIPS process for radiology.
3.2. Laboratory	Criteria Type	Level IV	Measure of Compliance
3.2.1. Standard laboratory services are available 24 hours/day for the analysis of blood, urine, and other body fluids.	Minor	E	Evaluated at time of review.
3.2.2. Coagulation studies	Minor	E	Evaluated at time of review.
3.2.3. Blood gasses and pH determination	Minor	E	Evaluated at time of review.
3.2.4. Drug and alcohol screening	Minor	E	Evaluated at time of review.
3.2.5. Microbiology (may be sent out)	Minor	E	Evaluated at time of review.
3.3. Blood Bank	Criteria Type	Level IV	Measure of Compliance
3.3.1. Blood typing and cross-matching	Minor	E	Evaluated at time of review.
3.3.2 Comprehensive blood bank or access to a community central blood bank with adequate storage capabilities	Minor	E	Blood Bank inventory table completed in PRQ. Adequate storage facilities to meet the needs of the Trauma Center.
3.3.3. Transfusion protocol developed collaboratively between the trauma service and the blood bank	Minor	E	Transfusion protocol available for review.

3.3.4 Pharmacologic agents are incorporated into transfusion or hemorrhage control protocols	Minor	E	Consider TXA and/or anticoagulation reversal agent administration guidelines in transfusion/hemorrhage control protocols.
3.4. Social Services	Criteria Type	Level IV	Measure of Compliance
3.4.1. The facility has social services available.	Minor	E	Description of coverage model (days/times available).
3.4.2. The facility must have a protocol for screening all admitted trauma patients for alcohol misuse and provide referral resources if appropriate.	Minor	E	Protocol available for review. Screening methods may include blood alcohol level and/or a validated questionnaire (e.g., CAGE, CRAFFT)
3.4.3. The facility must have a protocol for assessing children and vulnerable adults for non-accidental trauma and process for appropriate reporting.	Minor	E	Protocols available for review.

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4. Emergency Department			
4.1. Emergency Department: Personnel	Criteria Type	Level IV	Measure of Compliance
4.1.1.*The physician or advanced practice provider will be in the Emergency Department (ED) on arrival for the highest level of activation, provided there is adequate notification from the prehospital providers. When prior notification is not possible, the maximum acceptable response time is 30 minutes from patient arrival in the ED. The PI program must demonstrate the provider's presence is in compliance 80% of the time.	Major	E	Provider presence tracked through PI process with documentation available at time of review.

4.1.2. *ED physicians must be current in ATLS certification or have taken ATLS at least once and have current Emergency Board certification.	Major	E	Evaluated at time of review.
4.1.3. * Advanced practice providers providing trauma care must maintain current in ATLS certification.	Major	E	Evaluated at time of review.
4.1.5. Nursing personnel with current specific training in trauma care who provide continual monitoring of the trauma patient from arrival to disposition. Training may include TNCC, ATCN, TCAR/PCAR, and ENPC.	Minor	E	Evaluated at time of review.
4.2. Emergency Department: Essential Equipment/Supplies	Criteria Type	Level IV	Measure of Compliance
4.2.1. Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of all sizes, bag-valve masks, and oxygen masks/equipment.	Minor	E	Equipment present at time of review.
4.2.2. Pulse oximetry	Minor	E	Equipment present at time of review.
4.2.3. End tidal CO2 determination	Minor	E	Equipment present at time of review.
4.2.4. Suction devices	Minor	E	Equipment present at time of review.
4.2.5. Defibrillator	Minor	E	Equipment present at time of review.
4.2.6. Standard intravenous fluids and administration devices, including rapid infuser.	Minor	E	Equipment present at time of review.
4.2.7. Resources for rapidly estimating pediatric weights and calculating equipment sizes/medication dosages (e.g., Broselow tape/Handtevy system)	Minor	E	Equipment present at time of review.
4.2.8. Cardiac monitor	Minor	E	Equipment present at time of review.
4.2.9.1. Airway control (cricothyroidotomy)	Minor	E	Equipment present at time of review.
4.2.9.2. Thoracotomy tray	Minor	D	Equipment present at time of review.
4.2.9.3. Central venous access	Minor	E	Equipment present at time of review.
4.2.9.4. Chest tube insertion	Minor	E	Equipment present at time of review.
4.2.10. Gastric decompression	Minor	E	Equipment present at time of review.
4.2.11. Drugs necessary for emergency care	Minor	E	Equipment present at time of review.
4.2.12. Skeletal traction devices	Minor	E	Equipment present at time of review.
4.2.13. Thermal control equipment for patient and blood/intravenous fluids	Minor	E	Equipment present at time of review.

4.3. Emergency Department: Protocols/Practice Management Guidelines	Criteria Type	Level IV	Measure of Compliance
4.3.1. * Trauma team activation with criteria for activation reviewed during reverification cycle.	Major	E	Protocol available for review.
4.3.2. Identification of trauma team roles and responsibilities during a resuscitation.	Minor	E	Protocol available for review.
4.3.3. * Resuscitation and transfer protocol for burn patients.	Major	E	Protocol available for review.
4.3.4. *Initial care and transfer protocol for head injury patients.	Major	E	Protocol available for review.
4.3.5. * Initial care and transfer protocol for spinal cord injury patients.	Major	E	Protocol available for review.
4.4. Pediatric Readiness	Criteria Type	Level IV	Measure of Compliance
4.4.1. The facility must evaluate its pediatric readiness and have a plan to address any deficiencies.	Minor	D	
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5. Trauma Program			
5.1. Trauma Medical Director	Criteria Type	Level IV	Measure of Compliance
5.1.1. *Designated Trauma Medical Director with the authority and administrative support to lead the program.	Major	E	Trauma Medical Director job description and organization chart showing reporting structure.

5.1.2. TMD has protected time dedicated to the responsibilities of the trauma program.	Minor	E	Trauma Medical Director job description or contract.
5.1.3. The Trauma Medical Director is credentialed and actively participates in the care of trauma patients.	Minor	E	Applicable provider call schedule or credentialing letter.
5.1.4. The Trauma Medical Director must work with advanced practice providers and <i>locum tenens</i> providers to ensure appropriate orientation, credentialing, and skill maintenance.	Minor	E	Evaluated at time of review. Orientation may include review of trauma-specific protocols and procedures, care guidelines, and equipment. For <i>locums</i> providers, this must be renewed annually.
5.1.5. *The Trauma Medical Director participates in the trauma performance improvement process.	Major	E	Evaluated at time of review through chart reviews and PI documentation. Areas of PI process improvement include protocol/guideline development, secondary chart review, and trauma multidisciplinary meeting leadership.
5.1.6. Attendance at greater than 60% of multidisciplinary trauma committee meetings.	Minor	E	Multidisciplinary meeting minutes and attendance records must show attendance at greater than half of scheduled meetings.
5.2. Trauma Program Manager/Coordinator	Criteria Type	Level IV	Measure of Compliance
5.2.1.* Designated Trauma Program Manager/Coordinator. May be part time or combined with another position but must have protected time allocated to Trauma Program responsibilities. Trauma Program Manager must be an RN (NAC 450B.823)	Major	E	Trauma Program Manager/Coordinator job description.
5.2.2. The Trauma Program Manager/Coordinator has oversight of performance improvement activities.	Minor	E	Evaluated at time of review through chart reviews and PI documentation.
5.2.3. The Trauma Program Manager/Coordinator works with the Trauma Medical Director to address the multidisciplinary needs of the trauma program.	Minor	E	Documented evidence of coordinated PI activities such as levels of chart review, committee meeting minutes, and bidirectional communication.
5.2.4. The Trauma Program Manager/Coordinator or appointed representative serves as a liaison to local Emergency Medical Services (EMS) agencies and accepting transfer centers.	Minor	E	Documented evidence of educational outreach, multidisciplinary meeting minutes, loop closure from accepting transfer centers.
5.3. Trauma Registry	Criteria Type	Level IV	Measure of Compliance
5.3.1.*Trauma Registry data abstraction must be current to within 60 days of patient discharge and/or transfer. (NAC 450B.860)	Major	E	Validated by State Trauma Registry Database Manager at time of review.

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6. Performance Improvement (PI)	Criteria Type	Level IV	Measure of Compliance
6.1. *The facility must have a Trauma PI program with ongoing data collection, issue identification and analysis, and evidence of loop closure. A minimum of 12 months of documented PI activity is required at the time of a reverification review.	Major	E	Evaluated at time of review through chart reviews, PI documentation, and multidisciplinary meeting minutes.
6.2. *The PI program must have audit filters to review and improve patient care. Audit filters should be reviewed at least once during the verification cycle for continued relevance.	Major	E	List of audit filters available at review.
6.3. *The trauma program should review all trauma team activations, inpatient admissions, and transfers out to a higher level of care.	Major	E	Evaluated at time of review through chart reviews, PI documentation, and multidisciplinary meeting minutes.
6.4. *The trauma multidisciplinary committee must review all trauma deaths. Cases should be categorized as: <ul style="list-style-type: none"> • Mortality with opportunity for improvement • Mortality without opportunity for improvement 	Major	E	Evaluated at time of review through chart reviews, PI documentation, and multidisciplinary meeting minutes.
6.5. The trauma program should review prehospital care and involve local EMS agencies in the PI process.	Minor	E	Evaluated at time of review through chart reviews, PI documentation, and multidisciplinary meeting minutes.
6.6. Trauma Multidisciplinary Committee	Criteria Type	Level IV	Measure of Compliance
6.6.1. * The committee must meet a minimum of 4 times/year, with 12 months of continuous meeting minutes available at the time of the verification/reverification review.	Major	E	Multidisciplinary committee meeting minutes available at time of review. Virtual meetings are acceptable.

<p><i>Note: The trauma multidisciplinary committee meeting may be a part of an overall quality meeting but should be clearly identified as trauma quality proceedings in the meeting minutes.</i></p>			
<p>6.6.2. * The committee must review all trauma deaths and cases with critical process, systems, and clinical care issues.</p>	<p>Major</p>	<p>E</p>	<p>Multidisciplinary committee meeting minutes available at time of review.</p>
<p>6.6.3. * Providers who participate in the initial care of the trauma patient must attend 50% of the committee meetings. Attendance must be documented in meeting minutes.</p> <p>Locum tenens providers are not included in this requirement. Please see 5.1.4 for specific requirements for locums providers.</p>	<p>Minor</p>	<p>E</p>	<p>Multidisciplinary committee meeting minutes/attendance log available at time of review. Virtual attendance at meetings is acceptable, but review of recorded meeting/reading meeting minutes is not a substitute for attendance. This includes any providers who perform the role of trauma team leader.</p>
<p>NOTES:</p>			
<p>7. Organ Procurement</p>	<p>Criteria Type</p>	<p>Level IV</p>	<p>Measure of Compliance</p>
<p>7.1. *The facility has written protocol stating organ procurement processes.</p>	<p>Major</p>	<p>E</p>	<p>Protocol available at time of review.</p>
<p>NOTES:</p>			

8. Injury Prevention/Outreach	Criteria Type	Level IV	Measure of Compliance
8.1. The Trauma Program collaborates with injury prevention personnel within the facility and/or community to provide outreach based on local priorities.	Minor	E	Documentation of Injury Prevention activities available at time of review, including activity name, date, and attendance information.
8.2. Trauma registry data is used to help inform local injury prevention efforts.	Minor	D	Documentation of Injury Prevention activities available at time of review.
8.3. The facility provides public injury prevention education.	Minor	E	Documentation of Injury Prevention activities available at time of review. Examples may include, but are not limited to, Kids Don't Float, car seat checks, hunter safety, bike/ATV safety, and Stop the Bleed trainings.
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9. Disaster Planning and Management	Criteria Type	Level IV	Measure of Compliance
9.1. *The facility must participate in local and regional disaster management planning and exercises. (NRS 450B.237; NAC 450B.780-.875)	Major	E	Documentation of local and regional disaster planning involvement available at time of review.
9.2. *The facility has a disaster plan described in its internal disaster manual.	Major	E	Internal disaster plan available at time of review.
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