

**5304****Trauma Center
Standards****Administrative Policy**Last Reviewed: **May 4, 2023**Last Revised: **July 1, 2025****PURPOSE**

To reduce the morbidity and mortality related to trauma by organizing a system of trauma centers to serve our residents and visitors through preventative education, emergency care, hospitalization, rehabilitation, and research. Through data collection and the trauma registry, the EMS Agency can monitor and evaluate the trauma care system. This critical care system links prehospital and hospital care to deliver optimal treatment to the population of trauma patients.

TRAUMA RECEIVING CENTER DEFINITIONS**Trauma Base Hospital**

A licensed general acute care hospital that has been designated as a trauma Receiving Center by Riverside County EMS Agency (REMSA) and functions as a base hospital.

Trauma Receiving Center

A hospital with trauma team resources and designated by the Riverside County EMS Agency to provide rapid intervention for trauma patients.

DESIGNATION BY REMSA AS A TRAUMA CENTER

Initial REMSA Designation as a trauma center in the EMS System requires an application, satisfactory site survey, and verification of the following:

1. Currently serving in the EMS system as a Prehospital Receiving Center (PRC) or a Base Hospital (BH).
2. Compliance with all requirements listed in Title 22, Division 9, Chapter 6.1 Trauma Care System, for the requested level of designation.
3. Verification from the American College of Surgeons (Level I and Level II trauma centers only)
 - a. Continued designation shall depend on re-verification, and a copy of the verification certificate shall be provided to REMSA not less than 30 days upon receipt of letter.
 - b. Level IV trauma centers must remain in compliance with the current American College of Surgeons standards.
4. Participation in the trauma data management system and commitment to provide additional data as required by REMSA and/or the Trauma Audit Committee.
5. Current written agreement with REMSA for designation as a trauma center to provide services in Riverside County.

Designation Renewal

1. The trauma center shall be re-designated after satisfactory review of written documentation and a site survey by REMSA personnel/designees.
2. The trauma center must remain compliant with all requirements listed in Title 22, Division 9, Chapter 6.1 Trauma Care System, for the requested level of designation.
3. Re-designation shall occur every three (3) years. REMSA staff will attend and perform trauma center audits during the entire American College of Surgeons site visit.
4. Failure to comply with the criteria outlined in this policy will result in disciplinary action up to and including suspension or rescission of EMS trauma center designation.

TRAUMA CENTER STANDARDS FOR ALL HOSPITALS DESIGNATED BY REMSA AS A TRAUMA RECEIVING CENTER

Staffing Requirements

1. Trauma Centers shall staff the following positions:
 - a. Trauma Program Medical Director:
 - i. A qualified board-certified physician by the American Board of Medical Specialties (ABMS) as defined by the local EMS agency and designated by the hospital that is responsible for the trauma program, performance improvement, and patient safety programs related to a trauma critical care system.
 - b. Trauma Program Director/Program Manager:
 - i. A registered nurse who is designated by the hospital and is responsible for monitoring, coordinating, and evaluating the trauma program.
 1. In the event that an interim Program Director/Manager is needed in the absence of a full-time Program Director/Manager, a nurse from the hospital may be selected to fulfill the obligations and duties of the role for no more than one hundred-eighty (180) days. Should a full-time Program Director/Manager not be assigned by the conclusion of the interim period, REMSA will perform an evaluation of the position and program to ensure compliance with state regulation(s), REMSA policy, and contract language.
 - c. Registrar: (Level I and Level II trauma centers only)
 - i. A registrar dedicated to the registry must be available to process the data in compliance with the American College of Surgeons registrar standards listed in the “Resources for Optimal care of the injured patient” current manual.
 - d. A trauma team, which will be multidisciplinary, responsible for the initial resuscitation and management of the trauma patient.

Data Collection and Submission

1. The trauma centers must:
 - a. Enter data directly into REMSIS approved Trauma Registry.
 - b. Participate in the REMSIS Trauma Registry, including the collection of both pre-hospital and hospital patient care data, providing loop closure and outcomes to EMS providers, and referring hospitals via the REMSIS ePCR system and REMSIS Trauma Registry.
 - c. Submit quarterly state data file to REMSA, synchronized with data submission date per the state EMS Authority.

Trauma data collected shall include but not be limited to:

1. Data elements listed in Title 22, Division 9, Chapter 6.1
2. National Trauma Data Bank data elements
3. Any additional data elements as required by REMSA

Performance Standards

1. Written EMS policies and procedures shall be revised within thirty (30) days as Continuous Quality Improvement (CQI) determines that changes need to be made to individual policies and shall be reviewed as a whole at a minimum of every two (2) years.
2. Trauma Performance Improvement Plan will be available upon request. The documentation of monitoring of the plan must reflect the structure, process, and outcome standards.
3. Trauma Center will work with REMSA to develop, monitor, evaluate and report on the necessity, quality and level of trauma care services.

Education

1. Hospital to maintain documentation of public education and injury prevention outreach activities, consistent with trauma system goals, and to submit an annual summary of completed activities to REMSA for review.
2. Education of staff listed in the American College of Surgeons resource manual must be current and up to date.

Trauma System Participation

1. Trauma Program Medical Directors, Program Directors, and other specified individuals as identified shall actively participate as members of the Trauma Audit Committee and other related committees.
2. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected trauma cases.

Hospital Services / Obligations

1. The hospital shall meet the following requirements:
 - a. Must maintain American College of Surgeons verification (Level I and Level II trauma centers) or must comply with the current ACS standards for Level IV trauma centers.
 - b. Hospital shall not advertise themselves as a Level of trauma center other than the Level of designation by the Local EMS Agency.
 - c. The hospital shall have established protocols for triage and diagnosis following field notification of an inbound suspected trauma patients.
 - d. The hospital shall have a single call activation system to activate the trauma Team directly.
 - e. The hospital shall have a process in place for the treatment and triage of simultaneously arriving trauma patients.
 - f. A dedicated audio recorded phone line or radio system, capable of being answered twenty-four (24) hours per day, seven (7) days per week, used by paramedics to notify trauma center of incoming trauma patients.
 - g. Hospital agrees to follow the current trauma diversion criteria as specified in REMSA Ambulance diversion policy 6103.
 - h. The hospital will provide the necessary medical staffing with reputable medical skills in providing trauma center services. Documentation will be maintained by the hospital.
2. Additional requirements for Level IV trauma centers:
 - a. A written transfer agreement with the closest Level I or Level II trauma center, Level I or Level II pediatric trauma center, or other specialty care centers, for immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

Patients may be transferred between, and from, trauma centers, provided that:

1. Any transfer shall be, as determined by the trauma center surgeon of record, medically prudent; and
2. It is in accordance with local EMS agency interfacility transfer policies

Reporting Requirements

1. Trauma Center shall notify REMSA in writing of any failure to meet these EMS trauma Receiving Center Standards within 10 (ten) business days.
2. Changes to key trauma Receiving Center personnel shall be reported to REMSA within 10 (ten) business days to include:
 - a. Trauma Program Medical Director
 - b. Trauma Program Director/ Program Manager