

Sierra – Sacramento Valley EMS Agency Program Policy			
Trauma Center Designation Criteria, Requirements & Responsibilities			
	Effective: 10/01/2026	Next Review: 07/2029	509
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish Trauma Center designation criteria, requirements, and responsibilities.

AUTHORITY:

- A. HSC § 1797.67, § 1797.88, § 1798.102, § 1798.150, § 1798.170, § 1798.172.
- B. CCR, Title 22, Div. 9, Ch. 6.1.

DEFINITIONS:

- A. **Level I Trauma Center** – A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education, and research for trauma, including prevention programs.
- B. **Level II Trauma Center** – A Level II Trauma Center offers similar resources as a Level I Trauma Center, differing only by the lack of research activities required for Level I Trauma Center designation.
- C. **Level I and II Pediatric Trauma Center** – Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.
- D. **Level III Trauma Center** – A Level III Trauma Center is capable of assessment, resuscitation, and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.
- E. **Level IV Trauma Center** – A Level IV Trauma Center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

POLICY:

- A. Criteria for identification, treatment and transport of prehospital trauma patients shall be based on S-SV EMS General Trauma Management Protocol (T-1).
- B. S-SV EMS will perform a trauma system needs assessment prior to designating any additional trauma centers in the S-SV EMS region.

- C. The following criteria shall be met for a hospital to be designated as a Trauma Center by S-SV EMS:
1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 2. Have a special permit for basic or comprehensive emergency medical service, pursuant to the provisions of CCR Title 22, Div. 5.
 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 4. Meet all requirements contained in California Code of Regulations Title 22, Div. 9, Ch. 6.1, for the applicable level of Trauma Center designation.
 5. Continuously meet the minimum standards published in the current edition of the American College of Surgeons Committee on Trauma (ACS-COT) Resources for Optimal Care of the Injured Patient document.
 6. Continuously meet the ACS-COT and/or S-SV EMS Trauma Center Verification and designation requirements contained in this policy.
 7. Agree to accept the transfer of major trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility unless the Trauma Center is on trauma diversion or internal disaster.
 8. Have a written transfer agreement with a higher-level Trauma Center, if applicable, providing for the transfer of trauma patients whose clinical condition requires a higher level of care than can be provided at their facility.
 9. Enter all required trauma patient data into the S-SV EMS regional trauma registry.
 - Each trauma center shall submit trauma patient data in an agreed upon format, and within the time requirements published in the most current edition of the ACS-COT Resources for the Optimal Care of the Injured Patient document.
 - Each trauma center shall ensure that the data entered into the S-SV EMS regional trauma registry is valid and without known errors.
 - Level I, II and III trauma centers located within the S-SV EMS region shall provide S-SV EMS with their American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) Benchmark Report on a bi-annual basis.
 10. Submit all required trauma patient data to the California EMS Authority data management system, as required by CCR (Title 22, Div. 9, Ch. 6.1).
 11. Actively participate in the S-SV EMS regional trauma system quality improvement (QI) process, which includes required attendance at S-SV EMS Trauma QI meetings by the Trauma Medical Director and Trauma Program Manager.

12. Have a QI process in place to, at a minimum:

- a. Provide ongoing feedback related to trauma care for:
 - i. Transferring hospitals who transfer patients for trauma services.
 - ii. EMS provider agencies for patients who meet trauma triage criteria.
- b. Promptly resolve and/or develop Process Improvement Plans (PIPs) to address QI issues identified through the following processes:
 - i. Deficiencies/Opportunities for Improvement (OFI) identified by the ACS-COT during routine site reviews.
 - ii. S-SV EMS QI process.
 - iii. Internal QI process.

13. Provide CE opportunities, a minimum of four (4) hours per year, for EMS personnel in areas of trauma care.

14. Maintain active injury prevention programs targeted at reducing preventable injuries in the community.

15. Pay the applicable S-SV EMS Trauma Center designation fees.

D. Trauma Center diversion of patients meeting trauma triage criteria shall only occur during times of an internal disaster, or when emergent trauma services are otherwise unavailable.

- 1. The following entities shall be notified as soon as possible of any event resulting in trauma services being unavailable, and when trauma services are subsequently available:
 - a. S-SV EMS.
 - b. Trauma center emergency department – to include a status posting on EMResource indicating trauma services are unavailable.
 - c. Appropriate adjacent trauma centers.
 - d. Appropriate prehospital provider agencies.
- 2. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. Any hospital seeking initial Trauma Center designation or currently designated S-SV EMS Trauma Centers seeking to change their designation level shall submit a letter of intent to the S-SV EMS Regional Executive Director. The letter of intent shall be on hospital letterhead and include a minimum of the following:

1. The requested level of Trauma Center designation and anticipated start date for the provision of trauma services.
 2. Identification of the Trauma Program Medical Director, Trauma Program Manager Trauma PI RN, and Trauma Program Registrar.
 3. Confirmation of commitment and support by hospital administration and physician staff for the applicable level of Trauma Center designation, including signatures of the hospital Chief of Staff and Chief Executive Officer.
- B. Within 90 calendar days of receiving a letter of intent that complies with the criteria listed in this section of the policy, S-SV EMS will perform a trauma system needs assessment. The S-SV EMS Regional Executive Director will consequently make a designation recommendation to the S-SV EMS JPA Governing Board of Directors based on the results of the trauma system needs assessment.
- C. Upon direction from the S-SV EMS JPA Governing Board of Directors to proceed with the Trauma Center designation process, the following will occur:
1. S-SV EMS will establish a Trauma Center contract with the hospital.
 2. Hospitals seeking initial S-SV EMS Trauma Center designation shall complete a Trauma Center consultative review:
 - a. An ACS-COT Consultative Review is required for any hospital requesting Level I, II or III Trauma Center designation.
 - b. An S-SV EMS Consultative Review is required for any hospital requesting Level IV Trauma Center designation.
 3. The S-SV EMS Regional Executive Director, in consultation with the S-SV EMS Medical Director, will make a recommendation to the S-SV EMS JPA Governing Board of Directors to grant or deny initial S-SV EMS Trauma Center designation based on the results of the consultative review, or based on the trauma needs assessment for Trauma Centers seeking to change their designation level.
 4. Hospitals seeking initial S-SV EMS Trauma Center designation shall obtain ACS-COT or Level IV S-SV EMS Verification within three (3) years of completion of the consultative review to maintain S-SV EMS Trauma Center designation.
- D. Failure to maintain ACS-COT or Level IV S-SV EMS Verification or comply with any of the criteria/standards contained in this policy, applicable statutes/regulations and/or S-SV EMS Trauma Center contracts may result in probation, suspension, denial, or revocation of S-SV EMS Trauma Center designation.
- E. The S-SV EMS JPA Governing Board of Directors shall have final authority in any Trauma Center designation matters.