

## INLAND COUNTIES EMERGENCY MEDICAL AGENCY Serving San Bernardino, Inyo, and Mono Counties 1425 SOUTH "D" STREET SAN BERNARDINO, CA 92415-0060 909-388-5823 FAX: 909-388-5825

## TRAUMA CARE SYSTEM DESIGNATION LEVEL IV APPROVAL APPLICATION

Application	Fee:	\$5,000
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## I. **HOSPITAL INFORMATION** Name: Address: Number & Street City State Zip Contact: Name Title Phone #: E-mail: II. **STAFFING REQUIREMENTS** Medical Director (Attach resumes, copies of board certification and medical staff privileges) Proposed Trauma Medical Director: Name: Phone #: E-mail: Board-certified surgeon or an ACS Fellow with a special interest in trauma care (Level I only)? Yes D No D Proposed Trauma Program Emergency Department Representative: (Attach resume) Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: Board certified in Emergency Medicine? Yes 🗆 No 🗆 Proposed Trauma Program Nurse Manager/Director: (Attach resume) Name: E-mail: Phone #: Proposed Trauma Performance Improvement Nurse: (Attach resume) Name:

Phone #:

\_\_\_\_\_ E-mail: \_\_\_\_\_

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## III. TRAUMA CENTER REQUIREMENTS

A.	Do you have a trauma service which can provide for the implementation of the requirements specified in California Code of Regulations Title 22, Chapter 7, Division 9.	Yes 🛛 No 🗖
В.	Do you have commitment of the institutional governing body and the medical staff, documentation of commitment is required. (Attach documentation.)	Yes 🛛 No 🗆
C.	The capability of providing prompt assessment, resuscitation and stabilization to trauma patients. Team must be fully assembled within 30 minutes, 80% threshold must be met for the highest-level activations. (Level I only)	Yes 🗆 No 🗆
D.	Do you have the ability to provide treatment or arrange transportation to higher level trauma centers as appropriate.	Yes 🛛 No 🗆
E.	Do you have an emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care?	Yes 🛛 No 🗆
F.	Do you have a trauma team, which will be a multidisciplinary team responsible for the initial Resuscitation and management of the patient.	Yes 🛛 No 🗖
G.	Do you have the following services?	
	Radiological - The radiological service shall have:	
	A radiological technician promptly available.	Yes 🗆 No 🗖
	Conventional radiology must be available 24/7. (Level I only)	Yes 🗆 No 🗖
	Clinical Laboratory - A clinical laboratory service shall have:	
	A comprehensive blood bank or access to a community central blood bank, and	Yes 🗆 No 🗖
	Clinical laboratory services promptly available.	Yes 🗆 No 🗖
	Lab services must be available 24 hours per day.	Yes 🗆 No 🗖
	Does your Blood Bank have the capability to blood type and cross match? (Level I only)	Yes 🛛 No 🗖
	Does facility have a massive transfusion protocol? (Attach copy)	Yes □ No□
H.	Written transfer agreements with Level I, II or III trauma centers, Level I or II Pediatric trauma centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.	Yes 🗆 No 🗖
I.	An outreach program, to include:	
	Capability to provide both telephone and on-site consultations with physicians in the community and outlying area; and	Yes 🛛 No 🗖
	Trauma prevention for the general public.	Yes 🗆 No 🗖

J. Continuing Education - Continuing education in trauma care shall be provided for:

	Staff physicians	Yes 🗆 No 🗆
	Staff nurses	Yes 🗆 No 🗖
	Staff allied health personnel	Yes 🗆 No 🗆
	EMS personnel	Yes 🗆 No 🗖
	Other community physicians and health care personnel	Yes 🛛 No 🗖
K.	The trauma center must have an integrated, concurrent Performance Improvement and Patient Safety (PIPS) program to ensure optimal care and continuous improvement in care. (Level I only) (Provide outline of PIPS process including ACS requirements in Chapter 16)	Yes 🛛 No 🗖
L.	It is expected that the physician (if available) or midlevel provider will be in the Emergency Department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician's (if available) or midlevel provider's presence is in compliance at least 80 percent of the time.	Yes 🛛 No 🗖
М.	Actively participate in regional statewide trauma system meetings and committees that provide oversight.	Yes 🗆 No 🗖
N.	Have <u>all</u> of your general surgeons, emergency medical physicians, and midlevel providers on the trauma team successfully completed the Advanced Trauma Life Support (ATLS) course?	Yes 🛛 No 🗖
0.	Is a universal screening for alcohol use performed and documented on all injured patients?	Yes 🗆 No 🗖
<ul> <li>PROMPTLY- as defined per California Code of Regulations:</li> <li>a. Responding without delay when notified and requested to respond to the hospital; and</li> <li>b. Being physically available to the specified area of the trauma center within a period of time that is medically prudent and in accordance with ICEMA policies and protocols.</li> </ul>		

On behalf of the above named hospital and physicians, I agree to all provisions identified in ICEMA Reference #4110 - Trauma Care System Designation.

Signature - Chief Executive Officer

Date

Print Name

NOTE

Submit the completed application and fee to ICEMA, attention to Loreen Gutierrez, Specialty Care Coordinator. Questions may be directed to her at (909) 388-5803, or via e-mail at loreen.gutierrez@cao.sbcounty.gov.