NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

October 1, 2019
1:00 p.m. Central Time
Nebraska State Office Building – Lower Level B
301 Centennial Mall South, Lincoln, Nebraska

The purpose of this hearing is to receive comments on adoption of amendments to and repeal of the following regulations:

185 Nebraska Administrative Code (NAC) 1-11 – *Statewide Trauma System.* The regulations establish and maintain processes and standards for hospitals, specialty burn facilities, pediatric centers, and rehabilitation facilities to be designated as trauma centers.

The following regulations is proposed for AMENDMENT:

185 NAC 1 – *Scope and Authority*

The proposed changes to the regulation will: consolidate the regulations into one chapter; remove any statutory language from the regulations; provide a process for rehabilitation and burn facilities to apply for designation; set out facility designation expiration; set out the composition of designation review teams; update Trauma Registry requirements; update trauma center criteria and update formatting.

The following regulations are proposed for REPEAL in their entirety. The relevant portions of the following chapters are being included in the proposed amendments to Chapter 1.

185 NAC 2 – *Definitions*
185 NAC 3 – *Communications*
185 NAC 4 – *Transportation*
185 NAC 5 – *Designation of Trauma Centers*
185 NAC 6 – *Standards for Designation of Trauma Centers*
185 NAC 7 – *Standards for Designation of Specialty Level Trauma Centers*
185 NAC 8 – *Standards for Designation of Rehabilitation Centers*
185 NAC 9 – *Trauma Registry*
185 NAC 10 – *Performance Improvement*
185 NAC 11 – *Trauma Regions*

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Interested persons may attend the hearing and provide verbal or written comments or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at http://www.sos.ne.gov, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services, Division of Public Health	
Title: 185	Prepared by: Sherri Wren, Trauma Program Manager
Chapter: 1	Date prepared: July 19, 2018
Subject: Statewide Trauma System Regulations	Telephone: (402) 471-0539

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(X)	(X)	( )
Increased Costs	( )	( )	(X)
Decreased Costs	( )	( )	( )
Increased Revenue	( )	( )	( )
Decreased Revenue	( )	( )	( )
Indeterminable	( )	( )	( )

Provide an Estimated Cost & Description of Impact:

State Agency None

Political Subdivision: None

Regulated Public: Hospitals applying for Comprehensive (Level 1) designation will be required to be verified by the American College of Surgeons (ACS), which is more expensive than having the Department conduct a designation review, which is allowed now. There are only two hospitals in Nebraska that qualify for Comprehensive designation, Nebraska Medicine and CHI Health Creighton University Medical Center Bergan Mercy. Both these hospitals have acquired or are seeking ACS verification, as it is known as the gold standard. Therefore, they are realizing this cost prior to the passage of these revised regulations. The ACS has the following payment structure plus travel costs or reviewers:

Visit Type	Beginning 7/1/2018	Beginning 7/1/2019
Verification Consultation	$19,000	$19,000
Consultation for Level II Pediatric w/Level I or II Adult	$21,500	$23,500
Focused – Onsite	$13,500	$14,000
Focused – Remote	$1,500	$1,500
Center Relocation	$3,500	$4,000

If indeterminable, explain why:

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 1-11 STATEWIDE TRAUMA SYSTEM

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Chapter 2 Definitions 2
Chapter 3 Communications 8
Chapter 4 Transportation 9
Chapter 5 Designation of Trauma Centers 10
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TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 2 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 3 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 4 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 5 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 6 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 7 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 8 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 9 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 10 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 11 (Repealed)

TITLE 185 NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 01 STATEWIDE TRAUMA SYSTEM

001. SCOPE AND AUTHORITY. These regulations establish the procedures and standards for a comprehensive trauma system as authorized by the Nebraska Statewide Trauma System Act, Nebraska Revised Statute (Neb. Rev. Stat.) §71-8201 through §71-8253.

002. DEFINITIONS. For the purposes of these regulations, the definitions in the Nebraska Statewide Trauma System Act and the following apply.

002.01 ADVANCED PRACTICE PROVIDER. A person licensed as an advanced practice registered nurse or a physician assistant.

002.02 BEST PRACTICES. A practice that upon rigorous evaluation, demonstrates success, has had an impact, and can be replicated.

002.03 COMPLETE APPLICATION. An application that contains all the information requested on the application, with attestation to its truth and completeness, and that is submitted with the required documentation.

002.04 CREDENTIALING OR CREDENTIALED. Approval of a physician as a member of a hospital's trauma team by the hospital's credentialing committee, based on a review of the individual's training and experience.

002.05 IN-HOUSE. Physically present in the facility.

002.06 INJURY PREVENTION PROGRAMS. Internal institutional and external outreach educational programs designed to increase awareness of methods for prevention or avoidance of trauma-related injuries.

002.07 MECHANISM OF INJURY. The source type and characteristic of forces that produce mechanical deformations and physiologic responses that cause an anatomic lesion or functional change in humans.

002.08 MORBIDITY. The relative incidence and consequences of disease.

002.09 MORTALITY. The statistical proportion of deaths to population.

002.10 MULTIDISCIPLINARY TRAUMA REVIEW COMMITTEE. A committee with membership from all disciplines involved in trauma care across the care continuum that meets to address and evaluate trauma care.

002.11 ON-CALL. Available by phone, cell phone, radio, electronically, or pager and able to arrive at the facility within 30 minutes.

002.12 PERFORMANCE IMPROVEMENT PROGRAM. A program within the designated trauma center that analyzes mortality, morbidity, and functional status and concurrently tracks and reviews process and outcome measures that encompass out-of-hospital and hospital care for the trauma center or trauma region.

002.13 RECOGNIZED INDEPENDENT VERIFICATION OR ACCREDITATION BODY OR PUBLIC AGENCY. For purposes of this regulation and the related designation, the verification or accreditation body or public agency are:

(A) Advance Level Trauma Center: American College of Surgeons verification as a Level II Trauma Center;
(B) Basic Level Trauma Center: American College of Surgeons verification as a Level IV Trauma Center;
(C) Comprehensive Level Trauma Center: American College of Surgeons verification as a Level I Trauma Center;
(D) General Level Trauma Center: American College of Surgeons verification as a Level III Trauma Center;
(E) Advanced Level Rehabilitation Center: Commission on Accreditation of Rehabilitation Facilities for accreditation in Comprehensive Integrated Rehabilitation Program and either Brain Injury Specialty Program or Spinal Cord Specialty Program;
(F) General Level Rehabilitation Center: Joint Commission accreditation as a rehabilitation hospital;
(G) Intermediate Level Rehabilitation Center: Commission on Accreditation of Rehabilitation Facilities accreditation in Comprehensive Integrated Rehabilitation Programs;
(H) Burn Trauma Center: American Burn Association in conjunction with American College of Surgeons verification as a Burn Center and;
(I) Pediatric Trauma Center: American College of Surgeons verification as Specialty Level Pediatric Center.

002.14 RESUSCITATION. Acts designed to assess and stabilize a patient in order to save a life or limb.

002.15 TRAUMA COORDINATOR OR MANAGER. A registered nurse or an advanced practice provider with responsibility for coordination of all activities on the trauma program and who works in collaboration with the trauma medical director.

002.16 TRAUMA PEER REVIEW COMMITTEE. A committee led by the trauma medical director that is responsible for evaluation of trauma patient care, physician performance, morbidity, and mortality issues are discussed and addressed.

002.17 TRAUMA MEDICAL DIRECTOR. A physician designated by the institution and medical staff to coordinate trauma care.

002.18 TRAUMA PROGRAM. A hospital administrative unit that oversees the care of trauma patients and coordinates other trauma-related activities.

003. DESIGNATION OF TRAUMA CENTERS. To receive a designation as a trauma center, an applicant must submit a complete application and meet the requirements for designation set out in statute and in this regulation.

003.01 INITIAL APPLICATION REQUIREMENTS. An applicant seeking designation for a facility as:

(1) An advanced level trauma center must submit a letter of verification from the American College of Surgeons indicating that the facility is currently verified as a Level II Trauma Center or meet the standards for an advanced trauma center as set out in these regulations;

(2) A basic level trauma center must submit a letter of verification from the American College of Surgeons indicating that the facility is currently verified as a Level IV Trauma Center or meet the standards for a basic trauma center as set out in these regulations;

(3) A comprehensive level trauma center must submit a letter of verification from the American College of Surgeons indicating that the facility is currently verified as a Level I Trauma Center;

(4) A general level trauma center must submit a letter of verification from the American College of Surgeons indicating that the facility is currently verified as a Level III Trauma Center or meet the standards for a general trauma center as set out in these regulations;

(5) An advanced level rehabilitation center must submit an accreditation survey letter from the Commission on Accreditation of Rehabilitation Facilities for accreditation in Comprehensive Integrated Rehabilitation Program and either Brain Injury Specialty Program or Spinal Cord Specialty Program;

(6) A general level rehabilitation center must submit an accreditation survey letter from the Joint Commission indicating it has accreditation as a rehabilitation hospital and current Nebraska trauma center designation;

(7) An intermediate level rehabilitation center must submit a letter of accreditation from the Commission on Accreditation of Rehabilitation Facilities for accreditation in Comprehensive Integrated Rehabilitation Programs;

(8) A specialty burn trauma center must submit a letter of verification indicating that the facility is currently verified as a burn center by the American Burn Association in conjunction with the American College of Surgeons; or

(9) A pediatric trauma center must submit a letter of verification from the American College of Surgeons indicating that the facility is currently verified as a Specialty Level Pediatric Center.

003.01(A) WITHOUT VERIFICATION OR ACCREDITATION. An applicant seeking designation for a facility as an advanced, basic, or general level trauma center not based on verification or accreditation must submit a complete application. An on-site review of the facility is required to determine if all standards are met for designation set out in this chapter.

003.02 ON-SITE REVIEWS. A facility must cooperate with the Department and any on-site review team, including the following:

(1) Allowing a tour and inspection of the physical plant;
(2) Permitting equipment to be checked for appropriateness and maintenance;
(3) The examination and copying of records; and
(4) Interviewing of staff and patients.

003.02(A) ONSITE REVIEW TEAM. An onsite review team must have, at a minimum, a physician that specializes in trauma surgery and a nurse that specializes in trauma nursing or individuals with equivalent qualification as determined by the Department as members.

003.02(B) FEES. A comprehensive or advanced level facility must pay the Department a fee for the cost of an on-site review of the facility. Such fee shall be the actual cost of the on-site review as provided in contract(s) between the Department and each reviewer or team of reviewers.

003.03 CONFLICT OF INTEREST. Members of on-site review teams must not be employed in the region in which the facility being reviewed is located or be employed by an organization with ownership affiliation in the facility being reviewed.

003.04 RENEWAL OF DESIGNATION. Except as provided in this section, the procedures, standards, and requirements described in this chapter govern the renewal of designations.

003.04(A) When a designated center has made a timely application, its designation does not expire until the Department's decision is final.

003.04(B) An advanced level trauma center, a basic level trauma center, a comprehensive level trauma center, a general level trauma center or specialty level pediatric, or burn trauma center who have a verification application pending with the American College of Surgeons or American Burn Association, as applicable, may submit a completed application for renewal, prior to designation expiration, and evidence that its request for verification remains pending with the American College of Surgeons or American Burn Association. The designated center must forward the American College of Surgeon's or American Burn Association's decision and any supporting documentation to the Department.

003.04(C) An advanced level or intermediate level rehabilitation center pending with the Commission on Accreditation of Rehabilitation or general level rehabilitation center pending with the Joint Commission may submit a completed application for renewal, prior to designation expiration, and evidence that its request for accreditation remains pending with the corresponding verifying body. The designated center must forward the decision and any supporting documentation to the Department.

003.05 CAUSE FOR DENIAL, REVOCATION, OR SUSPENSION OF DESIGNATION. The Department may deny, revoke, or suspend any designation or application for designation when the facility:

(A) Is in violation of the statutes; these regulations; or failure to maintain accreditation, verification, or certification for the level of designation;

(B) Makes a false statement of material facts in its application for designation or in any record required by this regulation, or in a matter under investigation;

(C) Fails to allow the on-site review team or a Department employee to inspect any part of the facility, any records, or other documentation for purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Department;

(D) Fails to comply with the requirements of the approved regional plan;

(E) Engages in false, fraudulent, or misleading advertising. The facility must not be fraudulent in any aspect of conducting business, which adversely affects, or which reasonably could be expected to affect adversely, the capacity of the facility to provide trauma care;

(F) Fails to maintain standards required for verification or accreditation in cases where designation was based on the facility's professional verification or accreditation pursuant to Neb. Rev. Stat. § 71- 8244; or

(G) Fails to comply with all applicable provisions of the Emergency Medical Treatment and Active Labor Act.

003.06 DUTY TO PROVIDE CURRENT INFORMATION. Any designated center as a comprehensive, advanced, general, basic, or specialty level trauma center must provide written notice to the Department of any change in the designated centers trauma medical director or trauma coordinator or manager. Such notice must be provided no later than 15 days after the change is made. If the accreditation or certification of a designated center has been sanctioned, modified, terminated, or withdrawn, the licensee must notify the Department within 15 days of receipt of notification of the action.

004. STANDARDS FOR DESIGNATION OF TRAUMA CENTERS – LEVELS OF TRAUMA CENTERS. The standards and levels of trauma center designation are set out below.

004.01 COMPREHENSIVE LEVEL TRAUMA CENTERS. A Comprehensive Level Trauma Center must have current verification from the American College of Surgeons as a Level I Trauma Center.

004.02 ADVANCED LEVEL TRAUMA CENTERS. An Advanced Level Trauma Center must have current verification from the American College of Surgeons as a Level II Trauma Center or meet the standards indicated by an X under “advanced” on the Trauma Centers Criteria Chart in this chapter.

004.03 GENERAL LEVEL TRAUMA CENTERS. A General Level Trauma Center must have current verification from the American College of Surgeons as a Level III Trauma Center or meet the standards indicated by an X under “general” on the Trauma Centers Criteria Chart in this chapter.

004.04 BASIC LEVEL TRAUMA CENTERS. A basic level trauma center must have current verification from the American College of Surgeons as a Level IV Trauma Center or meet the standards indicated by an X under “basic” on the Trauma Centers Criteria Chart in this chapter.

004.05 TRAUMA CENTERS CRITERIA CHART. The standards a facility must meet for designation are:

CATEGORIES	ADVANCED	GENERAL	BASIC
Institutional organization must include the following:			
Institutional support as evidenced by a signed board resolution; a signed medical staff resolution; hospital administrator and trauma medical director working together; and an organizational chart that places the trauma program in equal authority with other departments.	X	X	X
The trauma program must demonstrate its ability to influence care across all phases of trauma treatment within the hospital.	X	X	X
Trauma medical director who is a current board certified general surgeon (or general surgeon eligible for certification by the American Board of Surgery) or a general surgeon who is an American College of Surgeons Fellow with a special interest in trauma care and who participates in trauma call.	X	X	
Trauma medical director who is a physician on staff at the hospital.			X
Trauma coordinator or manager.	X	X	X

Trauma team that consists of physicians, advanced practice providers, nurses, and allied health professionals to respond to a trauma emergency in the hospital emergency department. At a minimum: a. The team is under the leadership of the trauma surgeon, general surgeon or in basic trauma centers, a physician or an advanced practice provider covering the emergency department; b. When the trauma surgeon is not in-house, the physician or advanced practice provider covering the emergency department will act as team leader until the trauma surgeon arrives in the resuscitation area; and c. A trauma team that includes a registered nurse.	X	X	X
Trauma peer review committee where the trauma medical director must attend 50% of the meetings. Meeting minutes that reflect detailed discussion, action steps, and conclusions must be maintained. At the advanced level, the committee meeting must be conducted independently from hospital or department based peer review and be incorporated into the hospital wide activities. At the general or basic level, the committee meeting may be part of another hospital quality meeting but the meeting minutes must reflect a separate section devoted to trauma care.	X	X	X
Multidisciplinary trauma review committee may have members from all disciplines that are involved in the care of the trauma patient, meets at least twice a year, and meets all requirements in 185 NAC 1-008 and all subsections.	X	X	X
Hospital departments, divisions, or sections must include the following:			
General surgery.	X	X	
Neurological surgery.	X		
Orthopedic surgery.	X		
Emergency medicine.	X		
Anesthesia.	X	X	
Services available in-house and immediately available 24 hours a day include:			

Emergency services physician.	X	X	
Services available within 15 minutes of patient's arrival include:			
General surgery.	X		
Has a written physician back-up call schedule for general surgery. In trauma centers with accredited residency training programs, the chief resident may serve as back up.	X		
Has a surgeon dedicated to a single hospital. This means the surgeon is not on call at another hospital at the same time.	X		
Anesthesia.	X		
Services on-call 24 hours a day include:			
General surgery.	X	X	
Primary care physician or advanced practice provider covering the emergency department. In basic trauma centers where an advanced practice provider takes first call for the emergency department, there must be written criteria stating when the on-call back up attending physicians must be contacted for unstable patients.			X
Anesthesia.		X	
Orthopedic surgery.	X		
Has an orthopedic surgeon dedicated to single hospital (meaning not on call at another hospital at the same time) or back up call. In trauma centers with accredited residency training programs, the chief resident may serve as back up.	X		
Neurologic surgery.	X		
Has a neurosurgeon dedicated to single hospital (meaning not on call at another hospital at the same time) or back up call in trauma centers with accredited residency training programs the chief resident may serve as back up.	X		
Obstetrics gynecologic surgery.	X		
Oral maxillofacial surgery.	X		
Ophthalmic surgery.	X		
Plastic surgery.	X		
Critical care medicine.	X		
Radiology.	X	X	X

Interventional radiology. In advanced trauma centers, an interventional radiologist must either be available within 30 minutes, 24 hours a day or a written contingency plan with 100% performance improvement program review of all patients must be in place.	X		
Thoracic surgery.	X		
General or Trauma Surgeon must meet the following:			
Board certified or eligible for board certification by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria: a. Completed an approved residency program; b. Is approved for privileges by the hospital's credentialing committee; c. Meet all criteria established by the hospital's trauma director; d. Experienced in trauma care that is tracked by a p performance improvement program; and e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.	X	X	
Has a physician representative from general or trauma surgery who attends at least 50% of the trauma peer review committee meeting held at least twice a year.	X	X	
Has a physician representative from general or trauma surgery who attends at least 50% of the trauma peer review committee meetings held at least twice a year if one is on staff and actively involved in the care of trauma patients.			X
Emergency medicine physician; primary care physician or advanced practice provider covering the emergency department must meet the following:			
Has a physician who is board certified or eligible for board certification by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria: a. Completed an approved residency	X		

program; b. Approved for privileges by the hospital's credentialing committee; c. Meet all criteria established by the hospital's trauma director; d. Is experienced in trauma care that is tracked by a performance improvement program; and e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.			
Has a physician representative who attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.	X	X	X
Neurosurgery must meet the following: General level trauma centers are not required to have a neurosurgeon on staff. If one is on staff and participates in the care of trauma patients, they must meet the standards indicated by an X under "general" in the following.			
Has a neurological surgeon who is board certified or eligible for board certification by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria: a. Completed an approved residency program; b. Is approved for privileges by the hospital's credentialing committee; c. Meet all criteria established by the hospital's trauma director; d. Experienced in trauma care that is tracked by a performance improvement program; and e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.	X	X	
A neurosurgical surgeon attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.	X		
A neurosurgical surgeon, if one is on staff and actively involved in trauma care, attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.		X	X

Orthopedic surgery must meet the following:			
Orthopedic surgeon who is board certified or eligible for board certification by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria: a. Completed an approved residency program; b. Is licensed to practice medicine and approved for privileges by the hospital's credentialing committee; c. Meet all criteria established by the hospital's trauma director; d. Experienced in trauma care that is tracked by a performance improvement program; and e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.	X		
An orthopedic surgeon attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.	X		
An orthopedic surgeon, if one is on staff and actively involved in trauma care, attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.		X	X
Radiology must include the following:			
A radiologist attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.	X	X	
A radiologist, if one is on staff and actively involved in trauma care, attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.			X
Facilities, resources, and capabilities include:			
Presence of a surgeon at resuscitation. In a hospital with a general surgery accredited residency program, if a team of surgeons initiates evaluation and treatment of the trauma patient, that team of surgeons may include a surgical resident from the hospital's residency program, if the resident has reached a seniority level of post graduate year	X		

(PGY) 4 or higher. If the surgical resident is a member of the evaluation and treatment team, the attending surgeon may take call from outside the hospital if the hospital establishes local criteria defining what requires the attending surgeon's immediate presence.			
Emergency department must meet the following:			
Trauma team activation criteria that includes physiologic, anatomic, and mechanism of injury with written protocol defining activation process.	X	X	X
Heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.	X	X	X
Have a designated physician director for the emergency department.	X	X	X
Emergency department includes equipment for patient resuscitation of all ages:			
Airway control and ventilation equipment including airway control and ventilation equipment; bag valve mask and reservoir; oropharyngeal airway devices; laryngoscope and blades; endotracheal tubes; supraglottic airway device; or alternate airway device and portable video laryngoscope.	X	X	X
Suction equipment and devices.	X	X	X
Drugs necessary for Rapid Sequence Intubation.	X	X	X
Pulse oximetry.	X	X	X
Electrocardiograph-oscilloscope-defibrillator.	X	X	X
Qualitative end-tidal carbon dioxide.	X	X	
Quantitative or qualitative end-tidal carbon dioxide.			X
Large bore, long intravenous catheter for needle decompression (minimum 14 gauge, 3.25 inch).	X	X	X
Standard IV fluids and administration sets.	X	X	X
Large bore intravenous catheters.	X	X	X
Intraosseous needle or kit.	X	X	X
Cricothyroidotomy kit or equipment for surgical airway.	X	X	X
Thoracostomy tray.	X	X	X
Hemorrhage control tourniquets.	X	X	X
Traction splints (in basic trauma centers,	X	X	X

traction splints may be shared with local emergency medical service with a written plan for obtaining equipment).			
Pelvic binder (in basic trauma centers, pelvic binders may be shared with local emergency medical service with a written plan for obtaining equipment).	X	X	X
Pediatric resuscitation tape.	X	X	X
Thermal control for patient.	X	X	X
Equipment for communication with Emergency medical services.	X	X	X
Device capable of detecting severe hypothermia.	X	X	X
Thermal control for fluids and blood.	X	X	
Rapid infuser system in general trauma centers, the rapid infuser may be shared with the operating room.	X	X	
Ultrasound.	X	X	
Central venous pressure monitoring equipment.	X	X	
Reversal agents for anti-coagulant and anti-platelet medications.	X		
Central line insertion.	X		
Thoracotomy equipment.	X		
Arterial catheters.	X		
Internal paddles.	X		
Cervical traction devices.	X		
Operating room must include: Basic trauma centers are not required to have an operating room. If available and used in the care of trauma patients, they must meet the standards indicated by an X under "basic".			
Personnel available within 20 minutes, 24 hours a day seven days a week.	X		
Personnel available within 30 minutes, 24 hours a day seven days a week.		X	X
Age specific equipment.	X	X	
Thermal control for patient.	X	X	X
Thermal control for fluids and blood.	X	X	X
X-Ray capability including c-arm image intensifier.	X		
Endoscopes and bronchoscope	X	X	
Craniotomy instruments.	X		
Equipment for long bone and pelvic fixation.	X		
Rapid infuser system (in general trauma centers, the rapid infuser may be shared with the emergency department).	X	X	X
Post anesthetic recovery room (Critical Care Unit is acceptable) must include: Basic trauma centers are not required to have post anesthetic recovery rooms. If available and			

used in the care of trauma patients, they must meet the standards indicated by an X under "basic".			
Registered nurses available 24 hours a day, seven days a week.	X	X	
Monitoring equipment.	X	X	X
Pulse oximetry.	X	X	X
Thermal control.	X	X	X
Critical Care Unit for injured patients must include the following equipment for monitoring and resuscitation: Basic Trauma Centers are not required to have a Critical Care Unit. If available and used in the care of trauma patients, they must meet the standards indicated by an X under "basic.			
Airway control and ventilation equipment including bag valve mask with reservoir; oropharyngeal airway devices; laryngoscope and blades; endotracheal tubes; airway suction equipment; supraglottic airway device; or alternate airway device and portable video laryngoscope.	X	X	X
Ventilator.	X	X	
Suction equipment and devices.	X	X	X
Pulse oximetry.	X	X	X
Electrocardiograph-oscilloscope-defibrillator.	X	X	X
Qualitative end-tidal carbon dioxide.	X	X	X
Designated surgical director or surgical co-director.	X	X	
Intracranial pressure monitoring equipment.	X		
Pediatric patients treated in an adult center **(Patients estimated to be less than 16 years of age that are admitted to an observation or inpatient bed that is designated for adult patients.)** Advanced, basic, and general level facilities are not required to have a formal Pediatric Critical Care Unit; however, if pediatrics patients are treated on-site they must meet the standards indicated by an X in the applicable category.			
Trauma surgeons must be credentialed in pediatric care and have pediatric advance life support certification. Criteria must include Pediatric Advanced Life Support certification.	X	X	
Equipment in all patient care areas for monitoring and resuscitation of pediatric patients must include:			
Pediatric airway control and ventilation equipment: including bag valve mask with reservoir; oropharyngeal airway devices; laryngoscope and blades; endotracheal tubes; airway suction equipment; supraglottic airway device; or alternate	X	X	X

airway device and portable video laryngoscope.			
Electrocardiograph-oscilloscope-defibrillator.	X	X	X
Pulse oximetry.	X	X	X
Thermal control.	X	X	X
The hospital must have a pediatric critical care unit or a written plan for the transfer of pediatric trauma patients.	X	X	X
A trauma center that has a dedicated Pediatric Critical Care Unit on-site must have equipment for monitoring and resuscitation for pediatric patients of all ages that include:			
Airway control and ventilation equipment including bag valve mask with reservoir; oropharyngeal airway devices; laryngoscope and blades; endotracheal tubes; airway suction equipment; supraglottic airway device; or alternate airway device and portable video laryngoscope.	X	X	
Ventilator.	X	X	
Suction equipment and devices.	X	X	
Drugs necessary for Rapid Sequence Intubation.	X	X	
Pulse oximetry.	X	X	
Electrocardiograph-oscilloscope-defibrillator.	X	X	
Qualitative end-tidal carbon dioxide.	X	X	
Pulse oximetry.	X	X	
Thermal control.	X	X	
Intracranial pressure monitoring equipment.	X		
Respiratory therapy service must be:			
Available in-house 24 hours a day, seven days a week.	X		
On-Call 24 hours a day, seven days a week.		X	
Radiological services-available 24 hours every day and includes:			
In-house radiology technician.	X		
Angiography.	X		
Ultrasound.	X	X	
Computerized tomography.	X	X	
In-house computerized tomography technician.	X		
Magnetic Resonance Imaging.	X		
On-call radiology.		X	X
Clinical laboratory service available 24 hours every day and includes:			

Standard analyses of blood, urine, and other body fluids including point of care testing and micro sampling.	X	X	X
Blood typing and cross matching.	X	X	
Coagulation studies.	X	X	
Packed red blood cells, frozen fresh plasma, platelets, and cryoprecipitate rapidly available for massive transfusion.	X		
Packed red blood cells, frozen fresh plasma, and rapidly available for massive transfusion.		X	
Two or more units of O Negative blood available or rapidly released in an alternate system.			X
Massive transfusion policy.	X	X	
Laboratory technologist available in-house 24 hours a day seven days a week.	X	X	
Laboratory technologist available within 30 minutes of patient's arrival.			X
Blood gases and Potential of Hydrogen (PH) determinations.	X	X	
Microbiology.	X	X	
Acute hemodialysis includes:			
The hospital must have acute hemodialysis in-house. A written plan must be in place to transfer the patient if hemodialysis is not immediately available.	X		
The hospital must have a written plan for the transfer of trauma patients to receive acute hemodialysis if not in-house.		X	X
Burn care includes:			
The hospital must have a written plan for the transfer of burn patients to receive burn care if not in-house.	X	X	X
Acute spinal cord and head injury management includes:			
The hospital must provide management of acute spinal cord and head injury care in-house. A written plan must be in place to transfer the patient if these services are not immediately available.	X		
The hospital must have a written plan for the transfer of patients with acute spinal cord and head injury to receive care for acute spinal cord and head injury if not in-house.		X	X
If head injury patients are managed in-		X	

house, the equipment and a surgeon credentialed by the hospital to perform a craniotomy or craniectomy and intracranial pressure monitoring must be available.			
If spinal cord injured patients are managed in-house, a surgeon credentialed by the hospital to perform operative spinal stabilization and the necessary equipment to treat and monitor spinal cord injuries must be available.		X	
Rehabilitation service includes:			
Hospitals must provide for in-patient acute rehabilitation or have a written plan for the transfer of trauma patients to rehabilitation services if not provided in house.	X	X	X
Hospitals must provide for in-patient physical therapy.	X	X	
Hospitals must provide for in-patient occupational therapy.	X	X	
Hospitals must provide for in-patient speech therapy.	X	X	
Hospitals must provide for in-patient social services or have a written plan for the provision of trauma patients to social service if not provided in-house.	X	X	X
Trauma education			
32 hours of trauma continuing medical education every four years or eight hours each full year employed if employed less than four years:			
General or trauma surgeons.	X		
Emergency medicine physician, primary care physician, or advanced practice provider covering the emergency department.	X		
Neurosurgeon.	X		
Orthopedic surgeon.	X		
16 hours of trauma continuing medical education every four years or four hours each full year employed if employed less than four years:			
General or trauma surgeons.		X	X
Emergency medicine physician, primary care physician, or advanced practice provider covering the emergency department.		X	
Neurosurgeon.		X	
Orthopedic surgeon, if on staff and involved in the care of trauma patients.		X	X

Advanced Trauma Life Support certification:			
General and trauma surgeons within one year of hire.	X	X	X
Locum Tenens general and trauma surgeons upon date of hire.	X	X	X
Physicians who specialized in emergency medicine, primary or family care, and advanced practice providers providing care to trauma patients in the emergency department within one year of hire.	X	X	X
Locum Tenens physicians providing care to trauma patients in the emergency department upon date of hire.	X	X	X
The Emergency Nurses Association Trauma Nurse Core Course Certification or a Department approved equivalent: Trauma Nurse Core Course certification will not count towards any other nursing continuing trauma education requirements.			
All registered nurses covering the emergency department within one year of hire.	X	X	X
Upon use for all registered nurses not directly employed by the hospital	X	X	X
8 hours of trauma continuing nursing education every four years or two hours of such education for each full year employed if employed less than four years. Four of the eight hours must be in pediatric trauma or one hour of such education for each full year employed if employed less than four years:			
All registered nurses covering the emergency department.	X	X	X
16 hours of trauma continuing nursing education every four years or four hours of such education for each full year employed if employed less than four years:			
All critical care unit registered nurses.	X	X	
All registered nurses treating pediatric trauma patients in an adult critical care unit must have four hours of pediatric trauma.	X		
All registered nurses in a dedicated pediatric critical care unit on-site must have four hours of pediatric trauma.	X	X	
Disaster planning and drills must:			
Hold a minimum of two disaster drills per year to include emergency medical services. One of these may be a tabletop drill.	X	X	X
Performance improvement program must include the following Trauma performance improvement activities must include use of trauma registry reports (written by the facility or obtained from the State Registrar). The facility must track: performance improvement indicators; response times in order to identify opportunities for improvement; event identification and levels of review resulting in development of corrective action plans;			

methods of monitoring and reevaluation; and detailed documentation of discussions in process improvement meetings. Distribution of such information within the trauma system is required. Facilities must use the trauma registry to run statistical reports.			
Performance improvement program with written plan.	X	X	X
Pediatric-specific performance improvement indicators.	X	X	X
Submits trauma registry data as required by the Department.	X	X	X
There is a peer review process in place to review and categorize deaths.	X	X	X
Multidisciplinary trauma review committee that meets at least twice a year and meets all requirements in 185 NAC 1-008 and subsections.	X	X	X
The trauma registry data is used for: improving patient care and addressing provider and system related issues.	X	X	X
Medical, nursing, or allied health (such as X-ray, lab, or radiology) participates in the multidisciplinary trauma review committee.	X	X	X
Review and provide feedback to emergency medical services on patient documentation reports. This may include, but is not limited to: chart review, education and training on patient care, or hands on skills training on trauma patient care.	X	X	X
Hospital provided or sponsored programs to include:			
The hospital must provide physicians, advanced practice providers, and registered nurse's continuing education within the hospital's trauma system at least once a year.	X	X	
Provide feedback on patient care and outcomes to the referring hospital.	X	X	
Prevention activities include:			
Coordinate and participate in injury prevention programs.	X	X	X

005. STANDARDS FOR PEDIATRIC TRAUMA CENTERS. To receive the designation of "specialty level pediatric" a pediatric trauma center must have and maintain verification from the American College of Surgeons as a Pediatric Trauma Center.

006. STANDARDS FOR BURN TRAUMA CENTERS. To receive the designation of "specialty level burn", a burn trauma center must have and maintain verification from the American Burn Association as a Burn Center by the American Burn Association in conjunction with the American College of Surgeons.

007. STANDARDS FOR ADVANCED LEVEL REHABILITATION CENTERS. To receive the designation of advanced level rehabilitation center, a facility must have and maintain accreditation from the Commission on Accreditation of Rehabilitation Facilities International for hospital-based rehabilitation in Comprehensive Integrated Rehabilitation Program and Brain Injury Specialty Program or Spinal Cord System of Care.

008. STANDARDS FOR INTERMEDIATE LEVEL REHABILITATION CENTER. To receive the designation of intermediate level rehabilitation center, a facility must have and maintain accreditation from the Commission on Accreditation of Rehabilitation Facilities International for hospitals based rehabilitation in Comprehensive Integrated Rehabilitation Programs.

009. STANDARDS FOR GENERAL LEVEL REHABILITATION CENTERS. To receive the designation of general level rehabilitation center, a facility must have and maintain accreditation from the Joint Commission in rehabilitation and must be designated as a trauma center by the Department.

010. TRAUMA REGISTRY. Trauma registry requirements for designated trauma, burn and rehabilitation centers are set out below.

010.01 SUBMISSION OF REPORTING DATA. All designated facilities must provide data electronically, through the use of software approved by the Department, to the trauma registry maintained by the Department.

010.02 TIME LIMITS IN REPORTING DATA. All designated facilities must report data monthly to the trauma registry. Facilities must report data to the registry on all individual trauma patients within three months of the patient's discharge.

010.03 INCLUSION CRITERIA. Data must be entered in the trauma registry concerning every patient who meets the 2019 Nebraska Trauma Registry Data Dictionary inclusion criteria. The Nebraska Trauma Registry Data Dictionary is available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509.

010.04 REPORTING ENTITIES. All levels of designated trauma, specialty, and rehabilitation centers must report data to the trauma registry. Other entities as approved by the Department may report data to the trauma registry.

010.05 DATA ELEMENTS. Must be in a format, which complies with the Nebraska Trauma Registry Data Dictionary, and contain the data elements required by the Nebraska Trauma Registry Data Dictionary in sections Demographic Information, Injury Information, Pre-Hospital Information, Referring Hospital Information, Emergency Department Information, Hospital Procedure Information, Comorbidity, Diagnoses Information, Outcome Information, Financial Information, Quality Assurance Information, Additional Information, and Rehab Information.

011. PERFORMANCE IMPROVEMENT PROGRAM. The standards for a performance improvement program are set out below.

011.01 ELEMENTS OF PERFORMANCE IMPROVEMENT PROGRAM. Performance improvement program activities must have the following components and be implemented:

(A) A flexible list of performance improvement indicators spanning all age groups that are applicable to the designated center and may include indicators determined by the region or state to reduce unnecessary variations in care and prevent adverse events;
(B) Methods through which the designated center consistently monitors and evaluates the performance improvement indicators;
(C) Methods to implement a corrective action plan and re-evaluate trauma care when problems are identified to demonstrate loop closure;
(D) Methods through which the designated center identifies and remedies lapses in their quality of trauma care; and
(E) Methods to evaluate all trauma mortalities.

011.02 METHODS OF PERFORMANCE IMPROVEMENT PROGRAM. Performance improvement program must describe methods designed to ensure that the designated center:

(A) React rapidly and correctly when providing trauma care;
(B) Are informed of the development of best practices in other regions, states, and countries;
(C) Identify and remedy resource challenges in their personnel, equipment, supportive services, or organization; and
(D) Share best practices information with other facilities in their region and in the state.

012. TRAUMA REGIONS. Trauma Regions are established as set out below.

012.01 REGION 1. Region 1 consists of the following counties: Antelope, Boone, Boyd, Burt, Cass, Cedar, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Sarpy, Stanton, Thurston, Wayne, and Washington.

012.02 REGION 2. Region 2 consists of the following counties: Adams, Butler, Clay, Fillmore, Gage, Hamilton, Jefferson, Johnson, Lancaster, Merrick, Nemaha, Nuckolls, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, Webster, and York.

012.03 REGION 3. Region 3 consists of the following counties: Blaine, Brown, Buffalo, Chase, Cherry, Custer, Dawson, Dundy, Franklin, Frontier, Furnas, Garfield, Gosper, Greeley, Hall, Hayes, Harlan, Hitchcock, Hooker, Howard, Kearney, Lincoln, Logan, Loup, McPherson, Phelps, Red Willow, Rock, Sherman, Thomas, Wheeler, and Valley.

012.04 REGION 4. Region 4 consists of the following counties: Arthur, Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Keith, Kimball, Morrill, Perkins, Scottsbluff, Sheridan, and Sioux.