

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NOTICE OF PUBLIC HEARING

February 18, 2020  
10:00 a.m. Central Time  
Nebraska State Office Building – Lower Level B  
301 Centennial Mall South, Lincoln, Nebraska

The purpose of this hearing is to receive additional 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; provide board certified emergency physicians are not required to obtain continuing medical education for the purpose of meeting the physician requirements for the trauma center.

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
<b>Verification Consultation</b>	\$19,000	\$19,000
<b>Consultation for Level II Pediatric w/Level I or II Adult</b>	\$21,500	\$23,500
<b>Focused – Onsite</b>	\$13,500	\$14,000
<b>Focused – Remote</b>	\$1,500	\$1,500
<b>Center Relocation</b>	\$3,500	\$4,000

**If indeterminable, explain why:**

TITLE 185            NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 1        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 CREDENTIALLED. 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:

<b>CATEGORIES</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b><u>Institutional organization must include the following:</u></b>			
<u>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.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>The trauma program must demonstrate its ability to influence care across all phases of trauma treatment within the hospital.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>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.</u>	<u>X</u>	<u>X</u>	
<u>Trauma medical director who is a physician on staff at the hospital.</u>			<u>X</u>
<u>Trauma coordinator or manager.</u>	<u>X</u>	<u>X</u>	<u>X</u>

<p><u>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:</u>  <u>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;</u>  <u>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</u>  <u>c. A trauma team that includes a registered nurse.</u></p>	X	X	X
<p><u>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.</u></p> <p><u>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.</u></p> <p><u>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.</u></p>	X	X	X
<p><u>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.</u></p>	X	X	X
<b>Hospital departments, divisions, or sections must include the following:</b>			
<p><u>General surgery.</u></p>	X	X	
<p><u>Neurological surgery.</u></p>	X		
<p><u>Orthopedic surgery.</u></p>	X		
<p><u>Emergency medicine.</u></p>	X		
<p><u>Anesthesia.</u></p>	X	X	
<b>Services available in-house and immediately available 24 hours a day include:</b>			

<u>Emergency services physician.</u>	<u>X</u>	<u>X</u>	
<b>Services available within 15 minutes of patient's arrival include:</b>			
<u>General surgery.</u>	<u>X</u>		
<u>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.</u>	<u>X</u>		
<u>Has a surgeon dedicated to a single hospital. This means the surgeon is not on call at another hospital at the same time.</u>	<u>X</u>		
<u>Anesthesia.</u>	<u>X</u>		
<b>Services on-call 24 hours a day include:</b>			
<u>General surgery.</u>	<u>X</u>	<u>X</u>	
<u>Primary care physician or advanced practice provider covering the emergency department.</u>  <u>In basic trauma centers where an advanced practice provider takes first call for the emergency department, there <del>must be</del> is written criteria stating when the on-call back up attending physicians must be contacted for unstable patients.</u>			<u>X</u>
<u>Anesthesia.</u>		<u>X</u>	
<u>Orthopedic surgery.</u>	<u>X</u>		
<u>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.</u>	<u>X</u>		
<u>Neurologic surgery.</u>	<u>X</u>		
<u>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.</u>	<u>X</u>		
<u>Obstetrics gynecologic surgery.</u>	<u>X</u>		
<u>Oral maxillofacial surgery.</u>	<u>X</u>		
<u>Ophthalmic surgery.</u>	<u>X</u>		
<u>Plastic surgery.</u>	<u>X</u>		
<u>Critical care medicine.</u>	<u>X</u>		
<u>Radiology.</u>	<u>X</u>	<u>X</u>	<u>X</u>

<u>Interventional radiology.</u> <u>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.</u>	<u>X</u>		
<u>Thoracic surgery.</u>	<u>X</u>		
<b><u>General or Trauma Surgeon must meet the following:</u></b>			
<u>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:</u> <u>a. Completed an approved residency program;</u> <u>b. Is approved for privileges by the hospital's credentialing committee;</u> <u>c. Meet all criteria established by the hospital's trauma director;</u> <u>d. Experienced in trauma care that is tracked by a <del>P</del>—performance improvement program; and</u> <u>e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.</u>	<u>X</u>	<u>X</u>	
<u>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.</u>	<u>X</u>	<u>X</u>	
<u>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.</u>			<u>X</u>
<b><u>Emergency medicine physician; primary care physician or advanced practice provider covering the emergency department must meet the following:</u></b>			
<u>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:</u> <u>a. Completed an approved residency</u>	<u>X</u>		

<p><u>program;</u>  <u>b. Approved for privileges by the hospital's credentialing committee;</u>  <u>c. Meet all criteria established by the hospital's trauma director;</u>  <u>d. Is experienced in trauma care that is tracked by a performance improvement program; and</u>  <u>e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.</u></p>			
<p><u>Has a physician representative who attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.</u></p>	X	X	X
<p><b><u>Neurosurgery must meet the following:</u></b>  <u>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.</u></p>			
<p><u>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:</u>  <u>a. Completed an approved residency program;</u>  <u>b. Is approved for privileges by the hospital's credentialing committee;</u>  <u>c. Meet all criteria established by the hospital's trauma director;</u>  <u>d. Experienced in trauma care that is tracked by a performance improvement program; and</u>  <u>e. Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.</u></p>	X	X	
<p><u>A neurosurgical surgeon attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.</u></p>	X		
<p><u>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.</u></p>		X	X

<b><i>Orthopedic surgery must meet the following:</i></b>			
<u>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:</u> a. <u>Completed an approved residency program;</u> b. <u>Is licensed to practice medicine and approved for privileges by the hospital's credentialing committee;</u> c. <u>Meet all criteria established by the hospital's trauma director;</u> d. <u>Experienced in trauma care that is tracked by a performance improvement program; and</u> e. <u>Is credentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.</u>	<u>X</u>		
<u>An orthopedic surgeon attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.</u>	<u>X</u>		
<u>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.</u>		<u>X</u>	<u>X</u>
<b><i>Radiology must include the following:</i></b>			
<u>A radiologist attends at least 50% of the trauma peer review committee meetings held a minimum of twice a year.</u>	<u>X</u>	<u>X</u>	
<u>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.</u>			<u>X</u>
<b><i>Facilities, resources, and capabilities include:</i></b>			
<u>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</u>	<u>X</u>		

<u>(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.</u>			
<b>Emergency department must meet the following:</b>			
<u>Trauma team activation criteria that includes physiologic, anatomic, and mechanism of injury with written protocol defining activation process.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Have a designated physician director for the emergency department.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b>Emergency department includes equipment for patient resuscitation of all ages:</b>			
<u>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.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Suction equipment and devices.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Drugs necessary for Rapid Sequence Intubation.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Pulse oximetry.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Electrocardiograph-oscilloscope-defibrillator.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Qualitative end-tidal carbon dioxide.</u>	<u>X</u>	<u>X</u>	
<u>Quantitative or qualitative end-tidal carbon dioxide.</u>			<u>X</u>
<u>Large bore, long intravenous catheter for needle decompression (minimum 14 gauge, 3.25 inch).</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Standard IV fluids and administration sets.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Large bore intravenous catheters.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Intraosseous needle or kit.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Cricothyroidotomy kit or equipment for surgical airway.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Thoracostomy tray.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Hemorrhage control tourniquets.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Traction splints (in basic trauma centers,</u>	<u>X</u>	<u>X</u>	<u>X</u>

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



<u>used in the care of trauma patients, they must meet the standards indicated by an X under “basic”.</u>			
<u>Registered nurses available 24 hours a day, seven days a week.</u>	<u>X</u>	<u>X</u>	
<u>Monitoring equipment.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Pulse oximetry.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Thermal control.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b><u>Critical Care Unit for injured patients must include the following equipment for monitoring and resuscitation:</u></b>			
<u>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.”</u>			
<u>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.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Ventilator.</u>	<u>X</u>	<u>X</u>	
<u>Suction equipment and devices.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Pulse oximetry.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Electrocardiograph-oscilloscope-defibrillator.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Qualitative end-tidal carbon dioxide.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Designated surgical director or surgical co-director.</u>	<u>X</u>	<u>X</u>	
<u>Intracranial pressure monitoring equipment.</u>	<u>X</u>		
<b><u>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.)</u></b>			
<u>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.</u>			
<u>Trauma surgeons <del>must be</del> are credentialed in pediatric care and have pediatric advance life support certification. Criteria must include Pediatric Advanced Life Support certification.</u>	<u>X</u>	<u>X</u>	
<b><u>Equipment in all patient care areas for monitoring and resuscitation of pediatric patients must include:</u></b>			
<u>Pediatric airway control and ventilation equipment: including bag valve mask with reservoir; oropharyngeal airway devices; laryngoscope and blades; endotracheal tubes; airway suction equipment;</u>	<u>X</u>	<u>X</u>	<u>X</u>

<u>supraglottic airway device; or alternate airway device and portable video laryngoscope.</u>			
<u>Electrocardiograph-oscilloscope-defibrillator.</u>	X	X	X
<u>Pulse oximetry.</u>	X	X	X
<u>Thermal control.</u>	X	X	X
<u><del>The hospital must have a</del> pediatric critical care unit or a written plan for the transfer of pediatric trauma patients.</u>	X	X	X
<b><u>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:</u></b>			
<u>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.</u>	X	X	
<u>Ventilator.</u>	X	X	
<u>Suction equipment and devices.</u>	X	X	
<u>Drugs necessary for Rapid Sequence Intubation.</u>	X	X	
<u>Pulse oximetry.</u>	X	X	
<u>Electrocardiograph-oscilloscope-defibrillator.</u>	X	X	
<u>Qualitative end-tidal carbon dioxide.</u>	X	X	
<u><del>Pulse oximetry.</del></u>	<del>X</del>	<del>X</del>	
<u>Thermal control.</u>	X	X	
<u>Intracranial pressure monitoring equipment.</u>	X		
<b><u>Respiratory therapy service must be:</u></b>			
<u>Available in-house 24 hours a day, seven days a week.</u>	X		
<u>On-Call 24 hours a day, seven days a week.</u>		X	
<b><u>Radiological services-available 24 hours every day and includes:</u></b>			
<u>In-house radiology technician.</u>	X		
<u>Angiography.</u>	X		
<u>Ultrasound.</u>	X	X	
<u>Computerized tomography.</u>	X	X	
<u>In-house computerized tomography technician.</u>	X		
<u>Magnetic Resonance Imaging.</u>	X		
<u>On-call radiology.</u>		X	X

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

<u>spinal cord and head injury to receive care for acute spinal cord and head injury if not in- house.</u>			
<del>If head injury patients are managed in-house, the e</del> <u>Equipment and a surgeon credentialed by the hospital to perform a craniotomy or craniectomy and intracranial pressure monitoring for head injury patients managed in-house. must be available.</u>		X	
<del>If spinal cord injured patients are managed in-house, a</del> <u>A surgeon credentialed by the hospital to perform operative spinal stabilization and the necessary equipment to treat and monitor spinal cord injuries managed in-house. must be available.</u>		X	
<b>Rehabilitation service includes:</b>			
<del>Hospitals must provide for in-</del> <u>in-patient acute rehabilitation or have a written plan for the transfer of trauma patients to rehabilitation services if not provided in house.</u>	X	X	X
<del>Hospitals must provide for in-</del> <u>in-patient physical therapy.</u>	X	X	
<del>Hospitals must provide for in-</del> <u>in-patient occupational therapy.</u>	X	X	
<del>Hospitals must provide for in-</del> <u>in-patient speech therapy.</u>	X	X	
<del>Hospitals must provide for in-</del> <u>in-patient social services or have a written plan for the provision of trauma patients to social service if not provided in-house.</u>	X	X	X
<b>Trauma education</b>			
<b>32 hours of trauma continuing medical education every four years or eight hours each full year employed if employed less than four years:</b>			
<u>General or trauma surgeons.</u>	X		
<del>Emergency medicine physicians who are certified by the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine are exempt from continuing medical education with documentation of current board certification.</del>	X		
<u>Emergency medicine physicians that are not board certified, primary care physician, or advanced practice provider covering the emergency department.</u>	X		

Neurosurgeon.	<u>X</u>		
Orthopedic surgeon.	<u>X</u>		
<b>16 hours of trauma continuing medical education every four years or four hours each full year employed if employed less than four years:</b>			
General or trauma surgeons.		<u>X</u>	<u>X</u>
<u>Emergency medicine physicians who are certified by the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine are exempt from continuing medical education with documentation of current board certification.</u>		<u>X</u>	<u>X</u>
<u>Emergency medicine physicians that are not board certified, primary care physician, or advanced practice provider covering the emergency department.</u>		<u>X</u>	<u>X</u>
Neurosurgeon.		<u>X</u>	
<u>Orthopedic surgeon, if on staff and involved in the care of trauma patients.</u>		<u>X</u>	<u>X</u>
<b>Advanced Trauma Life Support certification:</b>			
<u>General and trauma surgeons within one year of hire.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Locum Tenens general and trauma surgeons upon date of hire.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>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.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Locum Tenens physicians providing care to trauma patients in the emergency department upon date of hire.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b>The Emergency Nurses Association Trauma Nurse Core Course Certification or a Department approved equivalent:</b>			
<u>Trauma Nurse Core Course certification will not count towards any other nursing continuing trauma education requirements.</u>			
<u>All registered nurses covering the emergency department within one year of hire.</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Upon use for all registered nurses not directly employed by the hospital</u>	<u>X</u>	<u>X</u>	<u>X</u>
<b>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:</b>			
<u>All registered nurses covering the emergency department.</u>	<u>X</u>	<u>X</u>	<u>X</u>

<b>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:</b>			
All critical care unit registered nurses.	X	X	
<del>Four hours of pediatric trauma education for Aall registered nurses treating pediatric trauma patients in an adult critical care unit must have four hours of pediatric trauma.</del>	X		
<del>Four hours of pediatric trauma for Aall registered nurses in a dedicated pediatric critical care unit on-site must have four hours of pediatric trauma.</del>	X	X	
<b>Disaster planning and drills must:</b>			
<u>Hold a minimum of two disaster drills per year to include emergency medical services. One of these may be a tabletop drill.</u>	X	X	X
<b>Performance improvement program must include the following</b>			
<del>Trauma performance improvement activities must includeing use of trauma registry reports (written by the facility or obtained from the State Registrar). The facility must tracking: 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. and Facilities must use the trauma registry to run statistical reports.</del>			
<u>Performance improvement program with written plan.</u>	X	X	X
<u>Pediatric-specific performance improvement indicators.</u>	X	X	X
<u>Submits trauma registry data as required by the Department.</u>	X	X	X
<u>There is a peer review process in place to review and categorize deaths.</u>	X	X	X
<u>Multidisciplinary trauma review committee that meets at least twice a year and meets all requirements in 185 NAC 1-008 and subsections.</u>	X	X	X
<u>The trauma registry data is used for: improving patient care and addressing provider and system related issues.</u>	X	X	X
<u>Medical, nursing, or allied health (such as X-ray, lab, or radiology) participates in the multidisciplinary trauma review committee.</u>	X	X	X
<u>Review and provide feedback to emergency medical services on patient documentation reports. This may include, but is not limited to: chart review,</u>	X	X	X

<u>education and training on patient care, or hands on skills training on trauma patient care.</u>			
<b>Hospital provided or sponsored programs to include:</b>			
<del>The hospital must provide</del> Physicians, advanced practice providers, and registered nurse's <del>continuing education</del> within the hospital's trauma system <u>receive continuing education at least once a year.</u>	X	X	
<u>Provide feedback on patient care and outcomes to the referring hospital.</u>	X	X	
<b>Prevention activities include:</b>			
<u>Coordinate and participate in injury prevention programs.</u>	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 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.

010.06 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.

003.04(C) An advanced level or intermediate level rehabilitation center pending with the 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.

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)

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CHAPTER 5

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CHAPTER 9

(Repealed)

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CHAPTER 10

(Repealed)

TITLE 185

NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 11

(Repealed)

TITLE 185 \_\_\_\_\_ NEBRASKA STATEWIDE TRAUMA SYSTEM

CHAPTER 1-11 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

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Chapters 2 through 11 have been repealed and the content has been moved to chapter 1

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EFFECTIVE \_\_\_\_\_ NEBRASKA DEPARTMENT OF  
AUGUST 14, 2011 \_\_\_\_\_ HEALTH AND HUMAN SERVICES \_\_\_\_\_ 185 NAC 2

~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 1 SCOPE AND AUTHORITY~~ Changed to "STATEWIDE TRAUMA SYSTEM"

~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~1-001 The purpose of these regulations is to establish the procedures and standards for a comprehensive trauma system as mandated in Nebraska Statewide Trauma System Act, Neb. Rev. Stat. §§ 71-8201 – 71-8253.~~

Remains in section 001 as Modified

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 2 \_\_\_\_\_ DEFINITIONS

2-001 DEFINITIONS OF WORDS AND PHRASES

~~ASIA Impairment Scale~~ means the impairment scale used to categorize injury types into specific categories based on the findings from the neurological examination. These categories allow researchers to identify the outcome of different injuries and degrees of spinal cord damage. It is taken at discharge and documented only for spine injury patients.

~~Best practices~~ means a practice that upon rigorous evaluation, demonstrates success, has had an impact, and can be replicated.

Remains in section 002.02 as Modified

~~Board-certified~~ means physicians certified by appropriate specialty boards recognized by the American Board of Medical Specialties.

~~Communications system~~ means any network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in the trauma system.

~~Credentialing(ed)~~ means approval of a physician as a member of the trauma team, based on a review of the individual's training and experience and approved by the hospital's credentialing committee.

Remains in section 002.04 as Modified

~~Department~~ means the Division of Public Health of the Department of Health and Human Services.

~~Designated rehabilitation centers~~ means advanced, basic, or general level rehabilitation centers.

~~Designated trauma centers~~ means, advanced, basic, comprehensive, general, and specialty level trauma centers.

~~Designation~~ means a formal determination by the Department that a hospital or health care facility is capable of providing designated trauma care or rehabilitative services as authorized in the Statewide Trauma System Act.

~~Emergency medical service~~ means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

~~Equivalent~~ means curriculum approved by the Department.

~~Glasgow Coma Scale~~ means a scoring system that defines eye, motor and verbal responses.

~~Hospital~~ means a health care facility licensed under the Health Care Facility Licensure Act or a comparable health care facility operated by the federal government or located and licensed in another state.

~~In-house~~ means physically present in the facility.

Remains in section 002.05 as Modified

~~Interfacility or intrafacility transfer and bypass~~ means the transfer of every trauma patient to the highest appropriate level center that is deemed medically appropriate for his/her injury.

~~Mechanism of injury~~ means the source type and characteristic of forces that produce mechanical deformations and physiologic responses that cause an anatomic lesion or functional change in humans.

Remains in section 002.07 as Modified

~~Morbidity~~ means the relative incidence and consequences of disease.

Remains in section 002.08 as Modified

~~Mortality~~ means the statistical proportion of deaths to population, i.e., death rate.

Remains in section 002.09 as Modified

~~Multidisciplinary trauma review committee~~ means a committee composed of the trauma service director and other trauma team members of the trauma service that review trauma indicators, morbidity, mortality and quality issues in a system or hospital.

Remains in section 002.10 as Modified

~~On-call~~ means available by phone, cell phone, radio, or pager and at the facility within 30 minutes.

Remains in section 002.11 as Modified

~~On-line Physician or Qualified Physician Surrogate~~ means a physician or a qualified physician surrogate, preferably within the region, who is providing medical direction to the emergency medical service providing life support and stabilization and includes interfacility or intrafacility transfer and bypass to a higher level trauma center.

~~Out-of-hospital provider~~ means all certification classifications of emergency care providers established pursuant 172 NAC 11.



~~Patient care protocols means the written procedures adopted by the medical staff of a trauma center, specialty level burn or pediatric trauma center, or rehabilitation center that direct the care of the patient, based upon the assessment of the patient's medical needs. Patient care protocols follow minimum statewide standards for trauma care services.~~

~~Pediatric Coma Scale means a scoring system, adapted from the Glasgow Coma Scale, to measure the young child's level of consciousness. The scale incorporates pediatric developmental considerations. The pediatric version of the Glasgow Coma Scale includes assessment of eye opening, best motor response, and best verbal response.~~

~~Pediatric trauma patient means a trauma patient known or estimated to be less than 16 years of age.~~

~~Pediatric Trauma Score means an injury scoring system used in some centers caring for pediatric patients.~~

~~Pediatric trauma surgeon means certified pediatric surgeon with a commitment to trauma or certified general surgeon with special training and documented CME relevant to pediatric trauma care.~~

Performance Improvement/Assurance means a quality improvement/assurance program, which analyzes mortality, morbidity and functional status. Process and outcome measures that encompass out-of-hospital and hospital care are concurrently tracked and reviewed.

Remains in section 002.12 as Modified

~~Physiatrist means a physician who specializes in physical medicine and rehabilitation.~~

~~Postgraduate year (PGY) means classification system for residents in postgraduate training. The number indicates the year they are in during their post medical school residency program; for example, PGY1 in the first year of residency.~~

~~Qualified physician surrogate means a qualified, trained medical person, designated by a qualified physician in writing to act as an agent for the physician in directing the actions of out-of-hospital emergency care providers.~~

~~Rancho Los Amigos Score for Acquired Traumatic Brain Injuries means an accepted standard of measurement used by the rehabilitation community to rate a patient's behavioral responses post head injury. Ten levels of consciousness and response patterns to various stimuli are used. These measurements are assigned on admission and at discharge from the rehabilitation facility.~~

~~Receiving facility means the facility receiving a patient from a sending facility in order to provide care for a patient for whom the sending facility does not have the resources.~~

~~Regional trauma advisory board means the board established by the Department as described in The Statewide Trauma System Act.~~

~~Regional medical director~~ means a physician licensed under the Uniform Credentialing Act who shall report to the Director of Public Health and carry out the regional plan for his/her region.

~~Research~~ means clinical or laboratory studies designed to produce new knowledge applicable to the care of injured patients.

~~Resuscitation~~ means acts designed to assess and stabilize a patient in order to save a life or limb.  
Remains in section 002.14 as Modified

~~Revised Trauma Score~~ means a scoring system in which numerical values are assigned to differing levels of the Glasgow Coma Scale, systolic blood pressure, and respiratory rate.

~~Sending facility~~ means the facility sending a patient to a receiving facility in order to provide care for a patient for whom the sending facility does not have the resources.

~~State Trauma Advisory Board~~ means the board established by the Department as described in the Statewide Trauma System Act.

~~State trauma medical director~~ means a physician licensed under the Uniform Credentialing Act who reports to the Director of Public Health, and carries out duties under the Statewide Trauma System Act.

~~The Joint Commission~~ means an independent, not-for-profit organization that is acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care, and evaluating organization performance based on these standards.

~~Trauma coordinator~~ means a designated individual with responsibility for coordination of all activities on the trauma service and works in collaboration with the trauma service director.  
Remains in section 002.15 as Modified

~~Trauma program~~ means an administrative unit that includes the oversight of and responsibility for the care of the trauma patient, trauma service and coordinates other trauma-related activities; for example, injury prevention, public education, CME activities.  
Remains in section 002.18 as Modified

~~Trauma program director~~ means physician designated by the institution and medical staff to coordinate trauma care.  
Remains in section 002.17 as Modified

~~Trauma registry~~ means a database to provide information for analysis and evaluation of the quality of patient care, including epidemiological and demographic characteristics of trauma patients.

~~Trauma team~~ means a team of physicians, nurses, medical technicians, and other personnel compiled to create a seamless response to an acutely injured patient in a hospital emergency department.

~~Trauma prevention programs means internal institutional and external outreach educational programs designed to increase awareness of methods for prevention and/or avoidance of trauma-related injuries.~~

~~Verification program means a program in which trauma or burn care capability and performance of an institution are evaluated by experienced on-site reviewers from either the American College of Surgeons Committee on Trauma program or the American Burn Association.~~

## 2-002 DEFINITION OF ACRONYMS

~~24/7 means twenty-four hours per day, seven days per week.~~

~~ABA means American Burn Association.~~

~~ACEP means American College of Emergency Physicians.~~

~~ACGME means Accreditation Council for Graduate Medical Education.~~

~~ACS means American College of Surgeons.~~

~~AIS means Abbreviated Injury Scale-an anatomic severity scoring system.~~

~~APRN means Advanced Practice Registered Nurse.~~

~~ASIA means American Spinal Injury Association.~~

~~ATLS means Advanced Trauma Life Support.~~

~~CARE means Commission on Accreditation of Rehabilitation Facilities.~~

~~CRNA means certified registered nurse anesthetists.~~

~~CME means continuing medical education courses for physicians in practice.~~

~~CRRN means Certified Rehabilitation Registered Nurse.~~

~~ED means emergency department.~~

~~EMS means Emergency Medical Service.~~

~~EMTALA means Emergency Medical Treatment and Active Labor Act.~~

~~ENPC means Emergency Nursing Pediatric Course.~~

~~GCS means Glasgow Coma Scale—a scoring system that defines eye, motor, and verbal responses.~~

ICU means intensive care unit.

ICD-9-CM means Ninth Revision of International Classification of Diseases -- a standard coding system that includes all injuries and disease processes.

ISS means Injury Severity Score -- the sum of the squares of the Abbreviated Injury Scale scores of the three most severely injured body regions.

OR means operating room.

PMD means physician medical director.

RFD means request for designation.

RN means registered nurse.

TNCC means Trauma Nursing Core Course or equivalent.

TITLE 185 STATEWIDE TRAUMA SYSTEM

CHAPTER 3 TRAUMA CENTER COMMUNICATIONS

~~3-001~~ The function of communication center is to provide coordination of the personnel, equipment, and facilities of the trauma system in a manner which:

- ~~1.~~ Is available 24 hours per day;
- ~~2.~~ Provides rapid public access; and
- ~~3.~~ Sends the patient to the most appropriate medical facility.

~~3-002~~ Trauma centers must be able to:

- ~~1.~~ Communicate with other trauma centers in the statewide trauma system in order to coordinate the patient's trauma care; and
- ~~2.~~ Communicate with each transport service and facility within its region in the statewide trauma system.

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 4 \_\_\_\_\_ TRANSPORTATION

~~4-001~~ Transfer guidelines and established referral patterns for trauma between higher and lower level facilities must:

- ~~1.~~ Be executed in accordance with designation standards.

4-002 FACILITY RESPONSIBILITIES

~~4-002.01~~ The facility must follow EMTALA Regulations and have established referral patterns for trauma.

~~4-003~~ Bypass of a facility must be based on medical protocols established in advance.

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 5 \_\_\_\_\_ DESIGNATION OF TRAUMA CENTERS

5-001 APPLICATION FOR A TRAUMA CENTER

5-001.01 Upon request from a facility seeking designation as a trauma center, the Department will send the following application materials to the facility:

5-001.01A A list of types of centers for which designation may be sought including:

1. Trauma center;
  - a. Comprehensive
  - b. Advanced
  - c. General
  - d. Basic
2. Specialty level trauma center;
  - a. Burn
  - b. Pediatric
3. Rehabilitation center;
  - a. Advanced
  - b. General-A
  - c. General-B
  - d. Basic

5-001.01B A list of the application requirements, including:

1. A statement of the type of center for which designation is sought;
2. Description of the facility's:
  - a. Trauma Program Performance Improvement Plan.
  - b. System to evaluate each emergency patient which dictates the level of patient care and level of trauma team activation;
  - c. Capacity to provide trauma care at the level of designation sought;
  - d. Guidelines to transfer patients to a higher level of care.
  - e. Staff listing or organizational chart identifying the trauma medical director and team members;
  - f. Trauma medical director and trauma nurse coordinator job duties and qualifications;
  - g. Records for professionals and facility;

- h. ~~Equipment;~~
- i. ~~Trauma registry; and~~
- j. ~~Out-of-hospital system.~~

- 3. ~~Agreements by the facility to:~~
  - a. ~~Maintain sufficient resources to meet the standards required by the statewide trauma system;~~
  - b. ~~Have communication with out-of-hospital emergency medical services available at all times;~~
  - c. ~~Have EMTALA Regulations and established referral patterns in place; and~~
  - d. ~~Have a performance improvement plan and maintain a list of areas identified for performance improvement.~~
  - e. ~~Have a trauma team and maintain records of activation criteria and team member response times.~~

~~5-001.01C~~ The schedule of application fees charged by the Department for on-site survey fees is as follows:

- 1. ~~Trauma Care Centers:~~
  - a. ~~Comprehensive \_\_\_\_\_ \$1,500~~
  - b. ~~Advanced \_\_\_\_\_ \$1,500~~

~~Facilities verified by the American College of Surgeons are not required to pay a survey fee.~~

#### ~~5-001.02 Submission Of Application~~

~~5-001.02A~~ The applicant for designation as a trauma center must submit its completed application to the Department either on a form requested from the Department or in another format preferred by the applicant.

~~5-001.02B~~ The applicant must submit the fee for on-site review, if applicable. The Department must return the fee if no on-site review is performed.

#### ~~5-001.03 Review of Application~~

~~5-001.03A~~ The Department will accept and consider applications seeking designation as a trauma, specialty, or rehabilitation center from the following applicants:

- ~~5-001.03A1~~ Any facility in the State of Nebraska licensed as a health care facility pursuant to the Health Care Facility Licensure Act including:
  - 1. ~~A single facility seeking designation for one or more than one level or category of center; and~~



- ~~2. Two facilities acting in concert to seek designation as a center at a single level or category where both will be evaluated and required to meet the same level designation criteria.~~

~~5-001.03A2 Facilities located and licensed in adjacent states. The Department will consider these applications in the same manner as those from facilities located and licensed in Nebraska.~~

~~5-001.03B The Department will:~~

~~5-001.03B1 Review all applications for completeness and determine whether there appears to be compliance with the standards for the category and level center for which designation is sought;~~

~~5-002.03B2 Notify the applicant of the need for additional information/documentation; and~~

~~5-002.03B3 After the application is complete, forward the completed application to a regional medical director or his/her designee.~~

~~5-002.03C The regional medical director or his/her designee will advise the Department on approval or denial of the application.~~

~~5-001.03D In accordance with Neb. Rev. Stat. § 71-8245, the Department may contract for an on-site review of each facility whose application indicates the ability of the applicant to comply with the standards for the category and level center for which designation is sought.~~

~~5-001.03D1 The facility is responsible to pay reasonable costs including meals, lodging, transportation, and honorarium for site reviewers, when it is necessary to contract with a review team outside of the state.~~

~~Remains in section 003.02(B) as Modified~~

#### 5-001.04 On-site Reviews

~~5-001.04A When the Department selects multidisciplinary on-site review teams, the Department will contract for this service with individuals knowledgeable in trauma, appropriate to the level of designation requested.~~

~~5-001.04A1 Professional representation on the team may include:~~

- ~~1. Trauma surgeons and/or trauma regional medical directors;~~
- ~~2. Emergency physicians;~~
- ~~3. Trauma nurse coordinators;~~
- ~~4. Hospital or other medical administrators; or~~
- ~~5. Out of hospital providers knowledgeable in trauma care; or~~

~~6. Other specialists as needed.~~

~~Remains in section 003.02(A) as condensed and Modified~~

~~5-001.04A2 Department staff may accompany and assist the team.~~

~~5-001.04A3 When the Department selects the members of the team, it will seek advice from the State trauma board.~~

~~5-001.04A4 The minimum composition of an on-site review team must be:~~

- ~~1. A trauma surgeon or trauma regional medical director;~~
- ~~2. A trauma nurse; and~~
- ~~3. Other members as determined by the Department.~~

~~5-001.04A5 Conflict of Interest~~

~~5-001.04A5a Members of on-site review teams for facilities being reviewed for designation must not be residents of the region in which the facility being reviewed is located.~~

~~Remains in section 003.03 as Modified~~

~~5-001.04A5b Any facility subject to designation review may reject a specific member or members of the on-site review team. It is the responsibility of the Department to select a substitute(s).~~

~~5-001.04B Duties of the On-site Review Team~~

~~5-001.04B1 The on-site review team must evaluate the capacity of the applicant to provide quality trauma services and its ability to meet equipment and performance standards at the level of designation sought, by:~~

- ~~1. Touring and inspecting the physical facility;~~
- ~~2. Checking equipment for appropriateness and maintenance;~~
- ~~3. Checking for handicapped accessibility;~~
- ~~4. Examining facility records, for example:
  - ~~a. Patient care records;~~
  - ~~b. Required records for professionals;~~
  - ~~c. On call schedules; and~~
  - ~~d. Minutes of meetings related to trauma;~~~~
- ~~5. Interviewing appropriate individuals;~~
- ~~6. Reviewing records of morbidity and mortality related to trauma.~~
- ~~7. Information from peer review and multidisciplinary committees; and~~
- ~~8. Any other relevant documents.~~

~~5-001.04B2 The on-site review team must conduct an exit interview with the facility staff and management to report the findings of the team before leaving the facility.~~

Remains in section 003.02 as condensed and Modified

~~5-001.04B3~~ The on-site review team must report the recommendation of the team, in writing, to the Department within 30 days.

~~5-001.04C~~ Confidentiality of the Report

~~5-001.04C1~~ The Department will maintain confidentiality of information, records, and reports developed pursuant to on-site reviews.

~~5-001.04C2~~ On-site review reports are not subject to discovery or subpoena in any civil action, except pursuant to a court order which protects the sensitive information of interested parties, including the Department, pursuant to Neb. Rev. Stat. § 71-8245, and within the limitations specified in Neb. Rev. Stat. § 25-12,123.

~~5-001.04C3~~ Members of the on-site review team and Department staff will not divulge, and cannot be subpoenaed to divulge, any information obtained or included in reports submitted to the Department relating to the on-site review, in any civil action except pursuant to a court order which protects the sensitive information of interested parties, including the Department, pursuant to Neb. Rev. Stat. §§ 71-8245 and, within the limitations specified in Neb. Rev. Stat. § 25-12,123.

~~5-001.04C4~~ Members of the on-site review team and Department staff must not disclose information that identifies an individual patient without the patient's consent.

~~5-001.04D~~ Effect of Verification or Accreditation The Department will designate any medical facility that is currently verified by the American College of Surgeons at the corresponding level of designation in Nebraska without the necessity of an on-site review by the department. Facilities who apply for designation as a trauma center may not be required to undergo the Department's on-site review if the facility earns and maintains verification or accreditation from the ACS, CARF or ABA.

5-002 AWARD OF DESIGNATION

~~5-002.01~~ Evaluation of the Application The Department designation of an applicant facility as a center of a specific category and level within the statewide trauma system must be based on the following:

- ~~1.~~ Evaluation of the proposal submitted;
- ~~2.~~ Report of the on-site review team; and
- ~~3.~~ Review of trauma patient outcomes during the previous designation period.

5-002.02 Written Notification to the Applicant

~~5-002.02A~~ If the applicant is designated, the Department will notify it of:

1. ~~Level and type of designation issued;~~
2. ~~Length of designation (not to exceed four years); and~~
3. ~~How the Department has the right to monitor compliance including requiring access to:
  - a. ~~Patient discharge summaries;~~
  - b. ~~Patient care logs;~~
  - c. ~~Patient care records;~~
  - d. ~~Hospital trauma care performance improvement program records;~~
  - e. ~~Trauma Registry; and~~
  - f. ~~Any other relevant documents.~~~~

~~5-002.02B~~ If the applicant is not designated, the Department will notify it of the reason(s) for denial.

~~5-002.03~~ The Department will notify the relevant regional board of the name, location, level, and category of service of facilities designated in its region.

~~5-002.04~~ The Department may grant a provisional designation to a facility that is unable to meet the educational requirements for a first time designee.

### **5-003 RENEWAL OF DESIGNATION**

~~5-003.01~~ No less than 180 days prior to the expiration of each designation, the Department will issue an application renewal form to the facility. The applicant for renewal may respond by completing the form or by providing the requested information in another, preferred format and will submit it to the Department prior to the date of designation expiration.

~~5-003.02~~ The facility must submit the renewal application prior to designation expiration and the facility must allow a re-designation on-site review to be scheduled by the Department within a reasonable period of time.

~~5-003.03~~ All the procedures, standards and requirements described in 185 NAC 5-001 and 5-002 govern the renewal of designations.

~~5-003.04~~ Redesignation occurs every four years.

Remains in section 003.04 as condensed and Modified

### **5-004 DENIAL, REVOCATION, OR SUSPENSION OF DESIGNATION**

~~5-004.01~~ The Department may deny, revoke or suspend any designation or application for designation when the facility is substantially out of compliance with any of these standards:

~~5-004.01A~~ The facility must meet and maintain the qualifications for the category and level of designation sought or held.

~~5-004.01B~~ The facility must not make false statements of material facts in its application for designation or in any record required by this title, or in a matter under

~~investigation.~~

~~5-004.01C The facility must allow the on-site review team to inspect any part of the facility, any records, or other documentation.~~

~~5-004.01D The facility must meet and comply with the requirements of the approved regional plan.~~

~~5-004.01E The facility must comply with the provisions of this title or of the Statewide Trauma System Act.~~

~~5-004.01F The facility must provide data to the trauma registry.~~

~~5-004.01G The facility must not prevent, interfere with, or attempt to impede in any way, the work of a representative of the Department in the lawful enforcement of this title or the Statewide Trauma System Act.~~

~~5-004.01H The facility must not engage in false, fraudulent, or misleading advertising, or makes any public claims of superiority regarding the facility's ability to care for non-trauma patients by virtue of its trauma care designation status.~~

~~5-004.01I 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.~~

~~5-004.01J The facility must comply with the designation criteria as documented, reviewed and confirmed by the Department.~~

~~5-004.01K The facility must maintain standards required for verification or accreditation, in cases where designation was based on the facility's professional designation or accreditation pursuant to 185 NAC 5-001.04D.~~

Remains in section 003.05 as condensed and Modified

#### ~~5-004.02 Process for Denial, Revocation, or Suspension of Designation~~

~~5-004.02A The Department will notify a facility in writing of denial, revocation, or suspension of designation. The notice must include:~~

- ~~1. What action was taken;~~
- ~~2. Reasons for the action; and~~
- ~~3. Rights of the facility, including:~~
  - ~~a. The right to submit a corrective action plan; and~~
  - ~~b. The right to appeal pursuant to the Administrative Procedures Act.~~

~~5-004.02B The Department will notify the state and regional trauma boards of the action taken.~~

#### ~~5-004.03 Corrective Action Plans~~

~~5-004.03A~~ A facility whose designation has been revoked or suspended may, within 30 days, submit to the Department a written corrective action plan to the Department which includes, in detail, the steps the facility will take to correct deficiencies.

~~5-004.03B~~ The Department will approve or disapprove the corrective action plan within 45 working days of receipt of the plan.

~~5-004.03C~~ Upon notification in writing that the Department approves the corrective action plan, the facility must begin implementing that plan within 30 days.

~~5-004.03D~~ The facility must notify the Department in writing upon completion of the corrective action plan.

~~5-004.03E~~ Upon satisfactory evidence of completion of the corrective action plan, which may include an on-site review, the Department must reinstate designation status.

~~5-004.03F~~ Upon notification in writing that the Department disapproves the corrective action plan submitted by the facility the facility may:

- ~~1. Submit a revised plan;~~
- ~~2. Exercise its right to appeal pursuant to the Administrative Procedures Act.~~

~~5-004.03G~~ Upon notification in writing that the Department did not find satisfactory evidence of completion of the corrective action plan submitted by the facility, the facility may exercise its right to appeal pursuant to the Administrative Procedures Act or submit a revised corrective action plan.

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 6 \_\_\_\_\_ STANDARDS FOR DESIGNATION OF TRAUMA CENTERS

6-001 LEVELS OF TRAUMA CENTERS

6-001.01 Comprehensive Trauma Centers

6-001.01A General Description: In order to receive the designation of "comprehensive", a trauma care center must demonstrate its ability to provide the highest level of definitive, comprehensive care for patients with complex traumatic injury.

6-001.01B Trauma Service: All severely or multi-system injured patients must be admitted to or seen by a designated trauma service with identifiable trauma specialists directing the service and other affiliated health care personnel assigned to that service.

6-001.01C Criteria

6-001.01C1 The center must meet the standards indicated under "comprehensive" on the Trauma Centers Criteria Chart at 185 NAC 6-002;

or

6-001.01C2 The center must have current verification from the American College of Surgeons as a Level I trauma center.

6-001.02 Advanced Trauma Centers

6-001.02A General Description: In order to receive the designation of "advanced", a trauma center must demonstrate its ability to provide definitive care for patients with complex and severe trauma.

6-001.02B Trauma Service: All severely or multi-system injured patients must be admitted to or seen by a designated trauma service with identifiable trauma specialists directing the service and other affiliated health care personnel assigned to that service.

6-001.02C Criteria

~~6-001.02C1~~ The center must meet the standards indicated under “advanced” on the Trauma Centers Criteria Chart at 185 NAC 6-002;

or

~~6-001.02C2~~ The center must have current verification from the American College of Surgeons as a Level II trauma center.

#### ~~6-001.03 General Trauma Centers~~

~~6-001.03A General Description:~~ In order to receive the designation of “general”, a trauma center must demonstrate its ability to provide initial evaluation and stabilization, inpatient services to stable patients, and transfer patients as required.

~~6-001.03B Trauma Service:~~ All severely or multi-system injured patients may be admitted to individual surgeons, but the structure of the program must allow the trauma director to have oversight authority for the care of those injured patients.

#### ~~6-001.03C Criteria~~

~~6-001.03C1~~ The center must meet the standards indicated under “general” on the trauma center Criteria chart at 185 NAC 6-002;

or

~~6-001.03C2~~ The center must have current verification from the American College of Surgeons or the Department as a Level III trauma center.

#### ~~6-001.04 Basic Trauma Centers~~

~~6-001.04A General Description:~~ In order to receive the designation of “basic”, a trauma care center must demonstrate its ability to provide initial resuscitation, stabilization, and transfer of patients as required.

#### ~~6-001.04B Criteria~~

~~6-001.04B1~~ The center must meet the standards indicated under “basic” on the Trauma Centers Criteria Chart at 185 NAC 6-002;

or

~~6-001.04B2~~ The center must have current verification from the American College of Surgeons as a Level IV trauma center.

Remains in section 002.13 as defined, 003.01 and 003.01(A) for application requirements and 004 as condensed and Modified



**6-002 TRAUMA CENTERS CRITERIA CHART**

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>INSTITUTIONAL ORGANIZATION</b>				
Institutional Support <sup>1</sup>	X	X	X	X
Trauma Program <sup>2</sup>	X	X	X	X
Trauma Team <sup>3</sup>	X	X	X	X
Trauma Multidisciplinary Review Committee <sup>4</sup>	X	X	X	X
Trauma Program Medical Director <sup>5</sup>	X	X	X	X
Trauma Coordinator <sup>6</sup>	X	X	X	X
<b>HOSPITAL DEPARTMENTS/DIVISIONS/SECTIONS</b>				
Surgery	X	X	X	
Neurological Surgery	X	X		
Orthopedic Surgery	X	X		
Emergency Medicine	X	X		
Anesthesia	X	X	X	
<b>CLINICAL CAPABILITIES</b>				
<b>Services immediately available 24/7 (In-House)</b>				
GENERAL SURGERY	X			
—Published backup schedule <sup>7</sup>	X			
—Dedicated to single hospital	X			
ANESTHESIA	X			
EMERGENCY MEDICINE	X	X		
<b>Services available within 15 minutes of patient's arrival</b>				
GENERAL SURGERY		X		
—Published backup schedule <sup>7</sup>		X		
—Dedicated to single hospital		X		
—ANESTHESIA		X		
—EMERGENCY MEDICINE			X	
<b>Services on-call and Available within 30 minutes 24/7</b>				
GENERAL SURGERY			X	
EMERGENCY MEDICINE				X
ANESTHESIA			X	
CARDIAC SURGERY	X			
HAND SURGERY	X			
ORTHOPEDIC SURGERY	X	X		
—Dedicated to single hospital/back-up call <sup>7</sup>	X	X		

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>NEUROLOGIC SURGERY</b>	X	X		
–Dedicated to single hospital/ –back up call <sup>7</sup>	X	X		
<b>Obstetrics/Gynecologic Surgery</b>	X	X		
<b>Oral/Maxillofacial Surgery</b>	X	X		
<b>Ophthalmic Surgery</b>	X	X		
<b>Plastic Surgery</b>	X	X		
<b>Critical Care Medicine</b>	X	X		
<b>Radiology</b>	X	X	X	X
<b>Thoracic Surgery</b>	X	X		
<b>CLINICAL QUALIFICATIONS</b>				
<b>General/Trauma Surgeon</b>				
–Board-Certified / Eligible <sup>8</sup>	X	X	X	
–16 Hours Trauma CME/ –Two Years	X	X		
–16 Hours Trauma CME/Four Years			X	X
–ATLS Verification	X	X	X	X
–A representative attending Peer Review Committee meetings at least 50% <sup>9</sup>	X	X	X	
<b>Emergency Medicine Licensed Independent Practitioner Covering the Emergency Department</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16 Hours Trauma CME/Two Years	X	X		
–16 Hours Trauma CME/Four Years			X	
–ATLS Verification <sup>10</sup>	X	X	X	X
–A representative attending Peer Review Committee Meetings at least 50%	X	X	X	X
<b>Neurosurgery</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16 Hours CME/2 Years	X	X		
–A representative attending Peer Review Committee Meetings at least 50%	X	X		
<b>Orthopedic Surgery</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16 Hours CME In Orthopedic Trauma/2 Years	X	X		

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
A representative attending Peer Review Committee Meetings at least 50%	X	X		
<b>FACILITIES/RESOURCES/CAPABILITIES</b>				
Presence of Surgeon at Resuscitation <sup>18</sup>	X	X		
Presence of Surgeon at Operative Procedure	X	X	X	X
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>EMERGENCY DEPARTMENT (ED)</b>				
Heliport or Landing Zone Located Close Enough to Permit the Facility to Receive or Transfer Patients By Air.	X	X	X	X
RN-TNCC Verified or Equivalent <sup>11</sup>	X	X	X	X
Trauma Education 8 Hr/2 Year For RN <sup>12</sup>	X	X	X	X
Designated Physician Director for ED	X	X	X	X
Equipment For Resuscitation for Patients of all Ages	X	X	X	X
Airway Control & Ventilation Equipment	X	X	X	X
Pulse Oximetry	X	X	X	X
Suction Devices	X	X	X	X
Electrocardiograph- Oscilloscope-Defibrillator	X	X	X	X
Internal Paddles	X	X		
CVP Monitoring Equipment	X	X	X	
Standard IV Fluids and Administration Sets	X	X	X	X
Large Bore Intravenous Catheters	X	X	X	X
Airway Control/Cricothyrotomy	X	X	X	X
Thoracostomy	X	X	X	X
Central Line Insertion	X	X		
Thoracotomy Equipment	X	X		
Arterial Catheters	X	X		
Ultrasound	X	X	X	
Drugs Necessary for Emergency Care	X	X	X	X
X-Ray Availability 24/7	X	X	X	X
Broselow Tape	X	X	X	X

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Cervical Traction Devices	X	X		
Thermal Control For Patient	X	X	X	X
Thermal Control For Fluids and Blood	X	X	X	
Rapid Infuser System (may share with Operating Room)	X	X	X	
Qualitative End-Tidal CO <sub>2</sub> Determination	X	X	X	X
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Communication with EMS Vehicles	X	X	X	X
<b>OPERATING ROOM</b>				
Personnel in-house 24/7	X			
Personnel Available within 20 minutes 24/7		X	X	
Age Specific Equipment	X	X	X	
Cardiopulmonary Bypass	X			
Operating Microscope	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	X		
Endoscopes Bronchoscope	X	X	X	
Craniotomy Instruments	X	X		
Equipment for Long Bone and Pelvic Fixation	X	X		
Rapid Infuser System (may share with Emergency Department)	X	X	X	
<b>POST ANESTHETIC RECOVERY ROOM (SICU is acceptable)</b>				
Registered Nurses Available 24- Hours/Day	X	X	X	
Monitoring Equipment	X	X	X	X
Pulse Oximetry	X	X	X	X
Thermal Control	X	X	X	X
<b>INTENSIVE CARE OR CRITICAL CARE UNIT FOR INJURED PATIENTS</b>				
Registered Nurses with Trauma Education 8 Hr/2yr	X	X		
Equipment for Monitoring and Resuscitation <sup>13</sup>	X	X	X	
Intracranial Pressure Monitoring Equipment	X	X		
Pulse Oximetry	X	X	X	

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Thermal Control	X	X	X	
Designated Surgical Director/ Surgical Co-Director	X	X	X	
Surgical ICU Service Physician in-house 24/7	X			
Surgically Directed and Staffed ICU Service	X			
Pulmonary Artery Monitoring Equipment	X	X		
<b>PEDIATRIC PATIENTS IN AN ADULT CENTER</b>				
Trauma Surgeons Credentialed in Pediatric Care (by hospital)	X	X		
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Pediatric Resuscitation Equipment in all Applicable Patient Care Areas	X	X	X	X
Microsampling	X	X	X	X
Equipment for Monitoring Pediatric Resuscitation	X	X	X	X
Pulse Oximetry	X	X	X	X
Thermal Control	X	X	X	X
Pediatric-Specific Performance Improvement Program (part of General Performance Improvement Program)	X	X	X	X
Pediatric Intensive Care Unit Available On-site or by EMTALA Regulations Established Referral patterns for Trauma <sup>14</sup>	X	X	X	X
<b>PEDIATRIC INTENSIVE OR CRITICAL CARE UNIT FOR INJURED PATIENTS</b>				
Equipment for Monitoring Pediatric Resuscitation	X	X	X	
Intracranial Pressure Monitoring Equipment	X	X		
Pulse Oximetry	X	X	X	
Thermal Control	X	X	X	
Pediatric Pulmonary Artery Monitoring Equipment	X	X		
Pediatric Critical Care Service Physician In-house 24/7 <sup>15</sup>	X			
<b>RESPIRATORY THERAPY SERVICE</b>				
Available in-house 24/7	X	X		
On-Call 24/7			X	

CATEGORIES	COMPREHENSIVE	ADVANCED	GENERAL	BASIC
<b>RADIOLOGICAL SERVICES-AVAILABLE 24 HOURS/DAY</b>				
In-house Radiology Technician	X	X		
Angiography	X	X		
Ultrasound	X	X	X	
Computerized Tomography	X	X	X	
In-house CT Technician	X			
Magnetic Resonance Imaging	X	X		
On-Call Radiology -- Available within 30 Minutes			X	X
<b>CLINICAL LABORATORY SERVICE AVAILABLE 24 HOURS/DAY</b>				
Standard Analyses Of Blood, Urine, and other Body Fluids Including Micro-Sampling when Appropriate	X	X	X	X
Blood Typing and Cross-Matching	X	X	X	
Coagulation Studies	X	X	X	
Two or more Units of O Negative Blood Available or Rapidly Released in an Alternate System	X	X	X	X
Laboratory Technologist Available within 30 Minutes of Patients Arrival				X
<b>CATEGORIES</b>				
<b>COMPREHENSIVE</b>				
Comprehensive Blood Bank or Access to a Community Central Blood Bank & Adequate Storage Facilities	X	X	X	
Blood Gases and PH Determinations	X	X	X	
Microbiology	X	X	X	
<b>ACUTE HEMODIALYSIS</b>				
In-house	X			
EMTALA Regulations Established Referral Patterns for Trauma		X	X	X
<b>BURN CARE</b>				
EMTALA Regulations Established Referral patterns for Trauma <sup>16</sup>	X	X	X	X
<b>ACUTE SPINAL CORD MANAGEMENT/HEAD INJURY MANAGEMENT</b>				
In-house	X			

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
In-house or EMTALA Regulations Established Referral Patterns for Trauma		X	X	X
<b>REHABILITATION SERVICE</b>				
In-house or EMTALA Regulations Established Referral Patterns for Trauma	X	X	X	X
Physical Therapy	X	X	X	
Occupational Therapy	X	X		
Speech Therapy	X	X		
Social Service or Designee	X	X	X	X
<b>PERFORMANCE IMPROVEMENT</b>				
Performance Improvement Program	X	X	X	X
Trauma Registry	X	X	X	X
Participation in State, Local or Regional Registry	X	X	X	X
Audit of all Trauma Deaths	X	X	X	X
Morbidity Review	X	X	X	X
Trauma Conference—Multidisciplinary	X	X	X	X
Medical/Nursing/Allied Health Participation	X	X	X	X
Run Review Provision for Out-of-Hospital Personnel	X	X	X	X
<b>CONTINUING EDUCATION/OUTREACH</b>				
General Surgery Accredited Residency Program <sup>17</sup>	X			
ATLS Provide/Participate	X			
<b>Programs provided by hospital for:</b>				
Staff/Community Physicians (CME)	X	X	X	
Nurses	X	X	X	
<b>PREVENTION</b>				
Coordination and/or Participation in Community Prevention Activities	X	X	X	X
<b>RESEARCH</b>				
Trauma Registry Performance Improvement Activities	X	X	X	X

CATEGORIES	COMPREHENSIVE	ADVANCED	GENERAL	BASIC
Trauma Related Research	X			
<b>REGIONAL/STATE COMMITMENT</b>				
Participation In Regional Trauma Activities/Board Participation when Appointed.	X	X	X	X

**6-003 ENDNOTE EXPLANATIONS FOR CRITERIA CHART**

<sup>1</sup>— INSTITUTIONAL SUPPORT includes:

- a. — Written commitments to provide trauma care services from the hospital's governing body and the medical staff;
- b. — A hospital administrator working in concert with the trauma medical director;
- c. — Financial support;
- d. — Placement of the trauma program within the organizational structure of the facility so that the program has equal authority with other departments; and
- e. — Administrative services such as human resources, educational activities, community outreach activities, and community cooperation.

<sup>2</sup>— The TRAUMA PROGRAM involves multiple disciplines transcending normal departmental hierarchies and ensuring optimal, timely care.

<sup>3</sup>— The TRAUMA TEAM consists of physicians, nurses and allied health professionals, compiled to create a seamless response to a medical emergency in a hospital emergency room. The team is under the leadership of an emergency physician or other qualified physician surrogate who is responsible for activating the trauma resuscitation team. That leader utilizes an approved scoring system with notification input from out-of-hospital providers. The team leader provides care for the trauma patient until the arrival of the trauma surgeon (if applicable) in the resuscitation area. The specific composition of a trauma team will vary with the size of the hospital and the severity of the injury. A trauma team may include:

- a. — General surgeon;
- b. — Emergency physician;
- c. — Surgical resident PGY4 or higher;
- d. — Emergency resident;
- e. — ED RN's/Technicians;
- f. — Physician Assistant;
- g. — Laboratory technician;
- h. — Radiology technologist;
- i. — Critical care nurse;
- j. — Anesthesiologist or CRNA;
- k. — Operating room nurse;
- l. — Prehospital Care Providers or Emergency Medical Services Personnel
- m. — Security officer;
- n. — Minister;



- e. Social worker;
- p. Advanced Practice Registered Nurse;
- q. Respiratory Care Practitioner;

At a minimum, a trauma team includes an emergency physician or qualified physician surrogate and ED nurse.

<sup>4</sup> The TRAUMA MULTIDISCIPLINARY REVIEW COMMITTEE handles peer review independent from department based peer review. It is part of the performance improvement program.

<sup>5</sup> The TRAUMA PROGRAM MEDICAL DIRECTOR is the surgeon and at the basic level, the Emergency physician who leads the multidisciplinary activities of the trauma program who:

- a. Sets trauma team privileges;
- b. Works in coordination with the nursing administration;
- c. Develops patient care protocols;
- d. Is responsible for the performance improvement peer review process;;
- e. Corrects deficiencies in trauma care; and

Items a-e should be included in a written job description.

<sup>6</sup> The TRAUMA COORDINATOR is a registered nurse or a Mid-Level Practitioner who

- a. Works in collaboration with the trauma medical director;
- b. Organizes the trauma service and system;
- c. Has day-to-day responsibility for process and performance improvement activities for nursing and ancillary staff and assists the trauma medical director with physicians (not at basic levels);
- d. Coordinates educational, clinical, research, administrative and outreach activities of the trauma program; and
- e. Is responsible for the trauma registry data abstraction and submission to the regional trauma registry.

Items a-e should be included in a written job description.

<sup>7</sup> In trauma centers with accredited residency training programs (general surgery, neurosurgery, orthopedic surgery) the chief resident may serve as backup.

<sup>8</sup> A BOARD-CERTIFIED/ELIGIBLE physician either is currently certified by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria:

- 1. Complete an approved residency program;
- 2. Is licensed to practice medicine and approved for privileges by the hospital's credentialing committee;
- 3. Meet all criteria established by the hospitals trauma director and emergency medicine director; and
- 4. Experience in trauma care that is tracked by a performance improvement program.

5. Become recredentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.
- <sup>9</sup> PEER REVIEW COMMITTEE ATTENDANCE A representative attending peer review committee meetings at least 50% means that a representative participates in the trauma multidisciplinary review committee more than half of the time the committee meets.
- <sup>10</sup> Physician's Assistants and APRNs who coordinate the trauma service in basic trauma centers must audit the ATLS course. Physicians, Physician's Assistants and APRNs have a year to comply from date of hire.
- <sup>14</sup> Registered Nurses have a year to comply from date of hire.
- <sup>12</sup> At least two of these hours must be in pediatric trauma. These hours may be accomplished outside of the hospital, e.g., in-house training, valid internet courses, journal reading may be acceptable.
- <sup>13</sup> A Basic level facility is not required to have an ICU or PICU, however, if available on site, equipment and appropriately trained personnel to utilize the equipment is necessary.
- <sup>14</sup> No trauma center is required to have a PICU. A trauma center that chooses to have a PICU on-site shall meet the standards as indicated on the chart.
- <sup>15</sup> May be met by PGY3 or higher resident in Surgery, Pediatrics, Anesthesia or a comparable specialty who is primarily assigned to the PICU.
- <sup>16</sup> BURN CENTER referral is indicated in cases in which the patient has "major burns" meaning burns involving 20% or greater body surface (BSA) in an adult, or 10% or greater BSA in a child; additionally, burns of lesser BSA in patients with concomitant serious disease—for example, cirrhosis, diabetes, and cardiac disease—should be considered for transfer, as should special problems such as inhalation injuries and burns involving hands, feet, face and genitalia.
- <sup>17</sup> 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 PGY4 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 conditions require the attending surgeon's immediate presence.

Remains in section 004.05 as condensed and Modified

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 7 \_\_\_\_\_ STANDARDS FOR DESIGNATION OF SPECIALTY LEVEL TRAUMA  
CENTERS

**7-001 PEDIATRIC TRAUMA CENTERS**

Remains in section 005 as condensed and Modified

~~7-001.01 Standards:~~ In order to receive the designation of “specialty level pediatric”, a trauma center must:

~~7-001.01A~~ Demonstrate its ability to provide the highest level of definitive, comprehensive care for children with complex traumatic injury;

~~7-001.01B~~ Earn and maintain verification from its professional association governing body or ACS.

~~7-001.01C~~ Admit and treat patients from all other facilities and out-of-hospital providers of the Statewide Trauma System as deemed appropriate by the Physician medical director;

- ~~1.~~ At all times;
- ~~2.~~ Regardless of the patient’s ability to pay; and
- ~~3.~~ The receiving facility must accept the trauma patient unless there are mitigating circumstances such as:
  - ~~a.~~ Patient overflow;
  - ~~b.~~ Understaffing; or
  - ~~c.~~ Facility malfunction.

~~7-001.01D~~ Provide continuing education regarding the care of pediatric patients to out-of-hospital and hospital care providers;

~~7-001.01E~~ Provide input to the Performance Assurance programs of the out-of-hospital providers in its service area regarding care of pediatric patients;

~~7-001.01F~~ Have:

- ~~1.~~ Guidelines for the triage, treatment, and transfer of burned patients; and;
- ~~2.~~ Plans for the triage and treatment of pediatric patients from a multiple casualty incident; and

~~7-001.01G~~ Review and update the multiple casualties plan annually. The pediatric medical director and representatives of the out-of-hospital providers in the service area are responsible for the review.

#### 7-002 BURN TRAUMA CENTERS

Remains in section 006 as condensed and Modified

~~7-002.01 Standards~~ In order to receive the designation of “specialty level burn”, a trauma center must:

~~7-002.01A~~ Demonstrate its ability to provide the highest level of definitive, comprehensive care for burned patients;

~~7-002.01B~~ Earn and maintain:

- ~~1.~~ Verification from its professional association governing body or ACS.
- ~~2.~~ Accreditation by the Joint Commission.

~~7-002.01C~~ Admit and treat patients from all other facilities and out-of-hospital providers of the Statewide Trauma System as deemed appropriate by its on-line medical controller:

- ~~1.~~ At all times;
- ~~2.~~ Regardless of the patient’s ability to pay.

~~7-002.01D~~ Have:

- ~~1.~~ Guidelines for the triage, treatment, and transfer of burned patients; and
- ~~2.~~ Plans for the triage and treatment of burn patients from a multiple casualty incident.

~~7-002.01E~~ Review and update the multiple casualties plan annually. The burn unit director and representatives of the out-of-hospital providers in its service area are responsible for review;

~~7-002.01F~~ Provide input to the Performance Assurance programs of the out-of-hospital providers in its service area regarding care of burn patients; and

~~7-002.01G~~ Provide continuing education regarding the care of burn patients to out-of-hospital and hospital care providers.

TITLE 185 STATEWIDE TRAUMA SYSTEM

CHAPTER 8 STANDARDS FOR DESIGNATION OF REHABILITATION CENTERS

~~8-001 ADVANCED LEVEL REHABILITATION CENTERS: In order to receive the designation of "advanced," a rehabilitation center must demonstrate its ability to provide multidisciplinary, definitive treatment to patients with acquired traumatic brain or spinal injuries, complicated amputations, and other diagnoses resulting in multi-functional impairment, with moderate to severe impairment or complexity.~~

Remains in section 007 as condensed and modified

8-001.01 Accreditation

~~8-001.01A An advanced level rehabilitation center must earn and maintain accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for hospital-based rehabilitation in these programs:~~

- ~~1. Comprehensive Integrated Inpatient Program;~~
- ~~2. Acquired Traumatic Brain Injury Program; and~~
- ~~3. Spinal Cord Injury Program;~~

~~8-001.01B Accreditation must be for a term of one or three years;~~

~~8-001.01B1 A facility holding one-year accreditation must include a copy of the CARF survey report and recommendations with its application for designation.~~

~~8-001.01C CARF accreditation which is deferred or in abeyance does not satisfy this standard;~~

~~8-001.01D The facility must forward the results of a CARF survey to the Department which will conduct its trauma designation within six months following the CARF survey;~~

~~8-001.01E An advanced level rehabilitation center must have a Performance Assurance program in accordance with CARF.~~

~~8-001.02 An advanced level rehabilitation center must secure the professional services of the following personnel:~~

~~8-001.02A The director of the rehabilitation center must be:~~

- ~~1. Either a physiatrist or other CARF equivalent equivalent trained physician;~~
- ~~2. In-house or available on-call; and~~
- ~~3. Responsible for rehabilitation concerns at all times.~~

~~8-001.02B For rehabilitation nursing, the staff must:~~

- ~~1. Be managed by a registered nurse;~~
- ~~2. Provide nursing services at all times;~~
- ~~3. Have one or more certified rehabilitation registered nurse (CRRN) on duty~~

- each day and evening shift when trauma patients are present. A CRRN must review and approve the initial and weekly updated care plan for each patient;
4. Be adequate to provide a minimum of six clinical nursing care hours per patient day for trauma patients; and
  5. Receive orientation and training appropriate for the staff member's level of rehabilitation nursing.

~~8-001.01C~~ The facility must have an in-house pharmacist to provide pharmaceutical services;

~~8-001.01D~~ For acute medical care services, as delineated by CARF, the facility must have consultative access to the appropriate professionals at all times.

~~8-001.03~~ An advanced level rehabilitation center must be proficient in the use of Functional Independence (FIM) to assess patients at admission and discharge;

~~8-001.04~~ An advanced level rehabilitation center must provide the following diagnostic services using appropriately credentialed personnel, available in-house or through affiliation or consultative arrangements;

1. The ability to provide a rehabilitation plan as soon as possible after trauma patient is stabilized; and
2. Transfer agreements with acute care facilities.

~~8-001.05~~ An advanced level rehabilitation center must serve as a network referral center for patients needing general or basic level rehabilitative services.

~~8-001.06~~ An advanced level rehabilitation center must provide the following formal program of continuing trauma rehabilitation care education, which:

1. Is available in-house and outside the center;
2. Is for nurses and allied health care professionals;
3. Is presented as an annual lecture series which is evaluated for effectiveness; and
4. Covers the following subjects:
  - a) Acquired traumatic brain injury;
  - b) Spinal cord injury;
  - c) Fractures;
  - d) Burns;
  - e) Amputations;
  - f) Functional Independence Measures;
  - g) Psychosocial needs of patient and family;
  - h) Pediatric trauma; and
  - i) Other subjects as desired.

~~8-001.07~~ An advanced level rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-001.08~~ This section does not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law.

~~8-002 GENERAL LEVEL A REHABILITATION CENTERS~~ In order to receive the designation of "general level A", a rehabilitation center must demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, peripheral nerve injuries, lower limb amputations and other diagnoses resulting in functional impairment, with moderate to severe impairment or complexity.

Remains in section 008 as condensed and Modified

~~8-002.01~~ A "general level A" rehabilitation center must be CARF accredited for the Comprehensive Integrated In-patient Program.

~~8-002.01A~~ The facility must forward the results of the CARF survey to the Departments which will conduct its trauma designation within six months following the CARF survey.

~~8-002.02~~ A "general level A" rehabilitation center must secure the professional services of the following personnel:

- ~~1.~~ The director of the rehabilitation center, who must be a full-time physiatrist or other CARF equivalent trained physician;
- ~~2.~~ Sufficient nurses to provide nursing coverage at all times; and
- ~~3.~~ Caregiving staff who must attend four (4) CME hours of education related to trauma every two years;

~~8-002.03~~ A "general level A" rehabilitative center must provide rehabilitation services using appropriately credentialed personnel who are available in-house or on call as required by the patients' rehabilitative plans for:

- ~~1.~~ Physical therapy;
- ~~2.~~ Occupational therapy;
- ~~3.~~ Speech therapy; and
- ~~4.~~ Case management.

~~8-002.04~~ A "general level A" trauma center must have a Performance Assurance program in accordance with CARF.

~~8-002.05~~ A "general level A" rehabilitation center must have transfer agreements with acute care facilities.

~~8-002.06~~ A "general level A" rehabilitation center must serve as a network referral center for patients needing general level B or basic level rehabilitative services.

~~8-002.07~~ A "general level A" rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-003 GENERAL LEVEL B REHABILITATION CENTERS~~ In order to receive the designation of "general level B" a rehabilitation center must demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, peripheral nerve injuries, lower limb amputations and other diagnoses resulting in functional impairment, with moderate complexity.  
Remains in section 009 as condensed and Modified

~~8-003.01~~ A "general level B" rehabilitation center must secure the professional services of the following personnel:

- ~~1.~~ A part-time physiatrist or other CARF equivalent trained physician;
- ~~2.~~ Sufficient numbers of nurses to provide nursing coverage at all times; and
- ~~3.~~ Caregiving staff must attend four CME hours of education related to trauma every two years.

~~8-003.02~~ A "general level B" rehabilitation center must provide the following rehabilitation services using appropriately credentialed staff who are available in-house or on call as required by the patients' rehabilitative plans:

- ~~1.~~ Physical therapy;
- ~~2.~~ Occupational therapy;
- ~~3.~~ Speech therapy; and
- ~~4.~~ Case management.

~~8-003.03~~ A "general level B" rehabilitation center must have transfer agreements with acute care facilities.

~~8-003.04~~ A "general level B" rehabilitation center must serve as a network referral center for patients needing basic level rehabilitative services.

~~8-003.05~~ A "general level B" rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-003.06~~ A "general level B" rehabilitation center must have a performance assurance program.

~~8-004 BASIC LEVEL REHABILITATION CENTERS~~ In order to receive the designation of "basic" a rehabilitation center shall demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, uncomplicated lower limb amputations and other diagnoses resulting in functional impairment, with minimum to moderate complexity.

~~8-004.01~~ A basic level rehabilitation center must secure the professional services of the following personnel:

- ~~1.~~ A physician must provide supervision of trauma patients;
- ~~2.~~ Nurses must provide nursing coverage at all times; and
- ~~3.~~ Caregiving staff must attend four CME hours of education related to trauma every two years.



~~8-004.02~~ A basic level rehabilitation center must provide the following rehabilitation services using appropriately credentialed staff who are available in-house or on-call as required by the patients' rehabilitative plans:

- ~~1. Physical therapy.~~
- ~~2. Occupational therapy.~~
- ~~3. Speech therapy; and~~
- ~~4. Case management.~~

~~8-004.03~~ A basic rehabilitation center must have transfer agreements with acute care facilities.

~~8-004.04~~ A home health program may be designated as a basic rehabilitation center.

~~8-004.05~~ A basic rehabilitation center may maintain a trauma registry but must report the minimum data required in the minimum data set. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-004.06~~ A basic rehabilitation center must have a performance assurance program.

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 9 \_\_\_\_\_ TRAUMA REGISTRY \_\_\_\_\_

9-001 Purpose of the Trauma Registry:

9-001.01 The trauma registry is designed to provide statistical data to:

1. Evaluate overall program effectiveness;
2. Be a source of information for injury prevention programs; and
3. Be a source of information for epidemiological programs.

9-001.02 The state and regional performance improvement taskforces will use data from the Trauma Registry to:

1. Evaluate the quality of care provided to all who enter the system;
2. Identify areas for improvement; and
3. Monitor improvement in the delivery of care.

9-002 Confidentiality of Data and Reports: Pursuant to Neb. Rev. Stat. §§ 81-663 to 81-674, all data collected in the Trauma Registry must be held confidential and patient record data must not be released except as Class I, II, or IV medical records.

9-003 Method of Reporting Data:

9-003.01 The following facilities of the Statewide Trauma System must provide data to the Regional Trauma Advisory Boards and the Department electronically through the use of Department approved software:

1. Comprehensive level trauma centers;
2. Advanced level trauma centers;
3. Specialty level burn centers;
4. Specialty level pediatric centers;
5. Advanced level rehabilitation centers; and
6. General level A and B rehabilitation centers.

9-003.02 The following facilities of the Statewide Trauma System must provide data to the Regional Trauma Advisory Boards and the Department and may report electronically through the use of Department approved software or manually through the use of Department approved paper forms:

1. General level trauma centers;

2. Basic level trauma centers; and
3. Basic level rehabilitation centers.

Remains in section 010.01 as condensed and Modified

#### 9-004 Time Limits in Reporting Data

9-004.01 Pursuant to Neb. Rev. Stat. §§ 71-8248 to 71-8249 facilities must report data monthly to the Regional Trauma Advisory Boards and the Department.

9-004.02 Facilities must report data to the Regional Trauma Advisory Boards and the Department on individual trauma patients within three months of the patient's discharge.

Remains in section 010.02 as condensed and Modified

9-005 Inclusion Criteria Whether or not the trauma team was activated, data must be entered in the trauma registry concerning every patient who meets the following criteria:

1. Had at least one of the following ICD-9-CM diagnosis codes: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation & strangulation) or 994.8 (electrocution);
2. Had trauma injuries and was admitted to the hospital from the emergency department;
3. Had trauma injuries and transferred out of the hospital;
4. Had trauma injuries and was admitted directly to the hospital, bypassing the emergency department; or
5. Had trauma injuries and died in the emergency department; or
6. Had trauma injuries and was dead on arrival in the emergency;
7. Had trauma injuries and was involved with trauma services.
8. Unplanned readmission.

Remains in section 010.03 as condensed and Modified

9-006 The Department will provide the process required for the submission of data to the Trauma Registry to facilities and services of the Statewide Trauma System.

#### 9-007 Reporting Entities

9-007.01 The following are required to report to the Department:

1. Licensed Emergency Medical Services;
2. All levels of designated trauma and specialty centers; and
3. Designated trauma rehabilitation services.

9-007.02 The following may report to the Department:

1. Coroners;
2. Nebraska Fire Incident Report System;
3. Nebraska Brain Injury Data System;
4. Nebraska Child Death Review Board;
5. Nebraska Highway Safety's Crash Outcome Data Evaluation System;
6. Nebraska Hospital Association Health Systems Reporting System;
7. Law enforcement agencies; and
8. Non-designated trauma centers.

Remains in section 010.04 as condensed and Modified

9-008 The report must contain the following information in a format which complies with the

latest state trauma registry data dictionary:

1. Regarding the patient:
  - a. Name (EMS and Hospital);
  - b. Social security number (Hospital, if available);
  - c. Sex (EMS and Hospital);
  - d. Race (EMS and Hospital);
  - e. Ethnicity (EMS and Hospital);
  - f. Age (EMS and Hospital);
  - g. Date of birth (Hospital);
  - h. Home Address (Hospital); and
  - i. Home Zip Code (Hospital).
2. Primary method of payment (Hospital)
3. Regarding the injury:
  - a. Date (EMS);
  - b. Time (EMS);
  - c. Zip Code (EMS);
  - d. E-Code (Hospital);
  - e. Mechanism of Injury (EMS);
  - f. Location category (EMS); and
  - g. Safety device (EMS).
  - h. Work-related
  - i. Patient's occupational Industry (if work-related injury)
  - j. Patient's occupation (if work-related injury)
4. Regarding out-of-hospital activity:
  - a. EMS Provider name or License Number (EMS);
  - b. Destination determination, (EMS);
  - c. Dispatch date and time (EMS);
  - d. Time of arrival at scene (EMS);
  - e. Time left scene (EMS); and
  - f. Time arrived at facility (EMS)
  - g. Initial patient data
    1. Blood pressure, (EMS);
    2. Pulse;
    3. Respiration (EMS);
    4. Oxygen saturation (EMS);
    5. Glasgow coma score, or Pediatric coma scale (EMS and Hospital);
    6. Trauma score, or Pediatric trauma score, (EMS and Hospital);
    7. Airway management (EMS);
5. Regarding the sending hospital:
  - a. Hospital Name; and
  - b. Arrival and transfer;
    1. Date;
    2. Time;

3. Patient data as listed in 4g;
4. Temperature; and
5. Destination Determination.
6. Trauma Team Activation
7. Trauma Team Response Time
8. Physician Response Time
6. Regarding the receiving hospital:
  - a. Hospital Name; and
  - b. Arrival;
    1. Date;
    2. Time;
    3. Patient data, as listed in 4g; and
    4. Temperature.
    5. Respiratory assistance
    6. Supplemental oxygen
    7. GCS assessment qualifiers
    8. Trauma Team Activation
    9. Trauma Team Response Time
    10. Physician Response Time
    11. Arrival from
    12. Transport mode
  - c. Admitting service;
  - d. Drug screen results if performed; (Laboratory test used to detect presence of drugs in patients blood or urine. Not to include drugs given to patient during any phase of resuscitation or by prescription).
  - e. Blood alcohol level (if performed);
  - f. Airway management;
  - g. Disposition from ED;
  - h. Disposition from the hospital;
  - i. Length of stay
  - j. ICU days
  - k. Head CT results
  - l. ICD-9-CM diagnosis codes
  - m. ICD-9-CM procedure codes
  - n. Injury severity codes
  - o. Probability of survival
  - p. Complications
  - q. ED discharge date and time
  - r. ED death
  - s. Time of decision to transfer (if patient transferred from ED)
  - t. Reason of transfer delay (if patient transferred from ED)
  - u. Procedure date and time
  - v. Co-morbid conditions
  - w. Total ventilator days
  - x. Hospital discharge date and time
7. Regarding the rehabilitation center:
  - a. Length of stay

- b. \_\_\_\_\_ Disposition from the hospital
- c. \_\_\_\_\_ ASIA (American Spinal Injury Association) score
- d. \_\_\_\_\_ Functional Score (excluding Basic and General B centers)
- e. \_\_\_\_\_ Rancho (For Acquired Traumatic Brain Injuries score)

8. \_\_\_\_\_ Data elements required by the National Trauma Data Bank but not included in 185 NAC 9-009.

9. \_\_\_\_\_ Most recent list of State recommended performance indicators.

Remains in section 010.05 as condensed and Modified

~~9-009~~ Trauma Registry reports will be generated annually:

1. \_\_\_\_\_ On all patient data entered into the Trauma Registry during the reporting period; and
2. \_\_\_\_\_ For each trauma region:
  - a. \_\_\_\_\_ On trends;
  - b. \_\_\_\_\_ On patient care outcomes; and
  - c. \_\_\_\_\_ On other data as deemed appropriate by the state or regional board.
3. \_\_\_\_\_ For the purpose of regional evaluation.

~~9-010~~ Upon request, the Department will provide registry reports to any entity that has submitted data. The Department may assess a reasonable cost for providing such reports.

TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 10 \_\_\_\_\_ PERFORMANCE IMPROVEMENT

10-001 ELEMENTS OF PERFORMANCE IMPROVEMENT.

10-001.01 Performance improvement program activities must have the following components:

1. Performance improvement indicators describing methods through which the facilities consistently meet or exceed standards of optimum trauma service;
2. Performance improvement indicators describing methods through which the facilities identify and remedy lapses in their quality of trauma service;
3. A list of performance improvement indicators that may be determined by the facility, region or state; and
4. Methods through which the facilities consistently monitor performance improvement indicators.

10-001.02 Performance improvement programs must describe methods designed to ensure that the facilities:

1. React rapidly and correctly when providing trauma services;
2. Are informed of the development of best practices in other regions, states and countries;
3. Identify and remedy resource challenges in their personnel, equipment, supportive services or organization; and
4. Share "best practices" information with other facilities in their region and in the state.

Remains in section 011 as condensed and Modified

10-002 ESTABLISHMENT OF REGIONAL PERFORMANCE IMPROVEMENT PROGRAMS.

10-002.01 The comprehensive, advanced, general, basic, and specialty level designated trauma centers within each region may participate in establishing a regional trauma system performance improvement program for the region in coordination with the regional trauma board.

10-002.02 The regional trauma board must invite the following to participate in the regional performance assurance program.

1. The regional medical director;
2. All health care providers within the region; and
3. All facilities providing trauma service within the region.

10-003 PERFORMANCE IMPROVEMENT/ASSURANCE TASK FORCE

10-003.01 Each regional trauma board must form a performance improvement/assurance task force which includes:

1. A member of each of the region's designated trauma center's staff;
2. An EMS provider from the region representing out-of-hospital providers;
3. A member of the regional trauma board;
4. The regional medical director; and
5. A representative for non-designated hospitals located in the region:
  - a. Trauma care delivery;
  - b. Patient care outcomes, including pediatric and adult patient outcomes;
  - c. Unexpected deaths;
  - d. Patient volume; and
  - e. Compliance with the requirements of this title.



TITLE 185 \_\_\_\_\_ STATEWIDE TRAUMA SYSTEM

CHAPTER 11 \_\_\_\_\_ TRAUMA REGIONS

11-001 Trauma Region Participation

~~11-001.01~~ Trauma regions are based on patient referral patterns. These regions are areas designed for the administration of the trauma system. Any facility or out-of-hospital service may participate in the program and activities in the region of its choice.

~~11-001.02~~ Any facility or out-of-hospital service in a contiguous state may participate in the programs and activities in the region of its choice.

11-002 Trauma regions are defined by county as:

~~11-002.01~~ Region 1: Nance, Boone, Platte, Colfax, Dodge, Saunders, Douglas, Sarpy, Cass, Washington, Antelope, Madison, Stanton, Cuming, Burt, Thurston, Wayne, Pierce, Dakota, Dixon, Cedar, Knox, Boyd, Holt, and Keya Paha.

~~11-002.02~~ Region 2: Clay, Merrick, Polk, Butler, Hamilton, York, Seward, Lancaster, Adams, Saline, Otoe, Gage, Johnson, Nemaha, Webster, Nuckolls, Thayer, Jefferson, Pawnee, Fillmore, and Richardson.

~~11-002.03~~ Region 3: Franklin, Kearney, Hall, Howard, Greeley, Wheeler, Garfield, Valley, Sherman, Buffalo, Phelps, Harlan, Furnas, Gosper, Dawson, Custer, Loup, Blaine, McPherson, Logan, Lincoln, Hayes, Frontier, Hitchcock, Red Willow, Dundy, Hooker, Rock, Cherry, Brown and Thomas.

~~11-002.04~~ Region 4: Chase, Perkins, Keith, Arthur, Grant, Sheridan, Garden, Deuel, Cheyenne, Morrill, Box Butte, Dawes, Sioux, Scottsbluff, Banner and Kimball.

Remains in section 012 as condensed and Modified



TITLE 185 \_\_\_\_\_ NEBRASKA STATEWIDE TRAUMA SYSTEM

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~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 1 SCOPE AND AUTHORITY~~

~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~1-001 The purpose of these regulations is to establish the procedures and standards for a comprehensive trauma system as mandated in Nebraska Statewide Trauma System Act, Neb. Rev. Stat. §§ 71-8201 – 71-8253.~~

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 2 — DEFINITIONS~~

~~2-001 DEFINITIONS OF WORDS AND PHRASES~~

~~ASIA Impairment Scale means the impairment scale used to categorize injury types into specific categories based on the findings from the neurological examination. These categories allow researchers to identify the outcome of different injuries and degrees of spinal cord damage. It is taken at discharge and documented only for spine injury patients.~~

~~Best practices means a practice that upon rigorous evaluation, demonstrates success, has had an impact, and can be replicated.~~

~~Board-certified means physicians certified by appropriate specialty boards recognized by the American Board of Medical Specialties.~~

~~Communications system means any network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in the trauma system.~~

~~Credentialing(ed) means approval of a physician as a member of the trauma team, based on a review of the individual's training and experience and approved by the hospital's credentialing committee.~~

~~Department means the Division of Public Health of the Department of Health and Human Services.~~

~~Designated rehabilitation centers means advanced, basic, or general level rehabilitation centers.~~

~~Designated trauma centers means, advanced, basic, comprehensive, general, and specialty level trauma centers.~~

~~Designation means a formal determination by the Department that a hospital or health care facility is capable of providing designated trauma care or rehabilitative services as authorized in the Statewide Trauma System Act.~~

~~Emergency medical service means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.~~

~~Equivalent means curriculum approved by the Department.~~

~~Glasgow Coma Scale means a scoring system that defines eye, motor and verbal responses.~~

~~Hospital means a health care facility licensed under the Health Care Facility Licensure Act or a comparable health care facility operated by the federal government or located and licensed in another state.~~

~~In-house means physically present in the facility.~~

~~Interfacility or intrafacility transfer and bypass means the transfer of every trauma patient to the highest appropriate level center that is deemed medically appropriate for his/her injury.~~

~~Mechanism of injury means the source type and characteristic of forces that produce mechanical deformations and physiologic responses that cause an anatomic lesion or functional change in humans.~~

~~Morbidity means the relative incidence and consequences of disease.~~

~~Mortality means the statistical proportion of deaths to population, i.e., death rate.~~

~~Multidisciplinary trauma review committee means a committee composed of the trauma service director and other trauma team members of the trauma service that review trauma indicators, morbidity, mortality and quality issues in a system or hospital.~~

~~On-call means available by phone, cell phone, radio, or pager and at the facility within 30 minutes.~~

~~On-line Physician or Qualified Physician Surrogate means a physician or a qualified physician surrogate, preferably within the region, who is providing medical direction to the emergency medical service providing life support and stabilization and includes interfacility or intrafacility transfer and bypass to a higher level trauma center.~~

~~Out-of-hospital provider means all certification classifications of emergency care providers established pursuant 172 NAC 11.~~

~~Patient care protocols means the written procedures adopted by the medical staff of a trauma center, specialty level burn or pediatric trauma center, or rehabilitation center that direct the care of the patient, based upon the assessment of the patient's medical needs. Patient care protocols follow minimum statewide standards for trauma care services.~~

~~Pediatric Coma Scale means a scoring system, adapted from the Glasgow Coma Scale, to measure the young child's level of consciousness. The scale incorporates pediatric developmental considerations. The pediatric version of the Glasgow Coma Scale includes assessment of eye opening, best motor response, and best verbal response.~~

~~Pediatric trauma patient means a trauma patient known or estimated to be less than 16 years of age.~~

~~Pediatric Trauma Score means an injury scoring system used in some centers caring for pediatric patients.~~

~~Pediatric trauma surgeon means certified pediatric surgeon with a commitment to trauma or certified general surgeon with special training and documented CME relevant to pediatric trauma care.~~

~~Performance Improvement/Assurance means a quality improvement/assurance program, which analyzes mortality, morbidity and functional status. Process and outcome measures that encompass out-of-hospital and hospital care are concurrently tracked and reviewed.~~

~~Physiatrist means a physician who specializes in physical medicine and rehabilitation.~~

~~Postgraduate year (PGY) means classification system for residents in postgraduate training. The number indicates the year they are in during their post medical school residency program; for example, PGY1 in the first year of residency.~~

~~Qualified physician surrogate means a qualified, trained medical person, designated by a qualified physician in writing to act as an agent for the physician in directing the actions of out-of-hospital emergency care providers.~~

~~Rancho Los Amigos Score for Acquired Traumatic Brain Injuries means an accepted standard of measurement used by the rehabilitation community to rate a patient's behavioral responses post head injury. Ten levels of consciousness and response patterns to various stimuli are used. These measurements are assigned on admission and at discharge from the rehabilitation facility.~~

~~Receiving facility means the facility receiving a patient from a sending facility in order to provide care for a patient for whom the sending facility does not have the resources.~~

~~Regional trauma advisory board means the board established by the Department as described in The Statewide Trauma System Act.~~

~~Regional medical director means a physician licensed under the Uniform Credentialing Act who shall report to the Director of Public Health and carry out the regional plan for his/her region.~~

~~Research means clinical or laboratory studies designed to produce new knowledge applicable to the care of injured patients.~~



~~Resuscitation means acts designed to assess and stabilize a patient in order to save a life or limb.~~

~~Revised Trauma Score means a scoring system in which numerical values are assigned to differing levels of the Glasgow Coma Scale, systolic blood pressure, and respiratory rate.~~

~~Sending facility means the facility sending a patient to a receiving facility in order to provide care for a patient for whom the sending facility does not have the resources.~~

~~State Trauma Advisory Board means the board established by the Department as described in the Statewide Trauma System Act.~~

~~State trauma medical director means a physician licensed under the Uniform Credentialing Act who reports to the Director of Public Health, and carries out duties under the Statewide Trauma System Act.~~

~~The Joint Commission means an independent, not-for-profit organization that is acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care, and evaluating organization performance based on these standards.~~

~~Trauma coordinator means a designated individual with responsibility for coordination of all activities on the trauma service and works in collaboration with the trauma service director.~~

~~Trauma program means an administrative unit that includes the oversight of and responsibility for the care of the trauma patient, trauma service and coordinates other trauma-related activities; for example, injury prevention, public education, CME activities.~~

~~Trauma program director means physician designated by the institution and medical staff to coordinate trauma care.~~

~~Trauma registry means a database to provide information for analysis and evaluation of the quality of patient care, including epidemiological and demographic characteristics of trauma patients.~~

~~Trauma team means a team of physicians, nurses, medical technicians, and other personnel compiled to create a seamless response to an acutely injured patient in a hospital emergency department.~~

~~Trauma prevention programs means internal institutional and external outreach educational programs designed to increase awareness of methods for prevention and/or avoidance of trauma-related injuries.~~

~~Verification program means a program in which trauma or burn care capability and performance of an institution are evaluated by experienced on-site reviewers from either the American College of Surgeons Committee on Trauma program or the American Burn Association.~~

## 2-002 DEFINITION OF ACRONYMS

~~24/7 means twenty-four hours per day, seven days per week.~~

~~ABA means American Burn Association.~~

~~ACEP means American College of Emergency Physicians.~~

~~ACGME means Accreditation Council for Graduate Medical Education.~~

~~ACS means American College of Surgeons.~~

~~AIS means Abbreviated Injury Scale an anatomic severity scoring system.~~

~~APRN means Advanced Practice Registered Nurse.~~

~~ASIA means American Spinal Injury Association.~~

~~ATLS means Advanced Trauma Life Support.~~

~~CARE means Commission on Accreditation of Rehabilitation Facilities.~~

~~CRNA means certified registered nurse anesthetists.~~

~~CME means continuing medical education courses for physicians in practice.~~

~~CRRN means Certified Rehabilitation Registered Nurse.~~

~~ED means emergency department.~~

~~EMS means Emergency Medical Service.~~

~~EMTALA means Emergency Medical Treatment and Active Labor Act.~~

~~ENPC means Emergency Nursing Pediatric Course.~~

~~GCS means Glasgow Coma Scale – a scoring system that defines eye, motor, and verbal responses.~~

~~ICU means intensive care unit.~~

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~~ICD-9-CM means Ninth Revision of International Classification of Diseases -- a standard coding system that includes all injuries and disease processes.~~

~~ISS means Injury Severity Score -- the sum of the squares of the Abbreviated Injury Scale scores of the three most severely injured body regions.~~

~~OR means operating room.~~

~~PMD means physician medical director.~~

~~RFD means request for designation.~~

~~RN means registered nurse.~~

~~TNCC means Trauma Nursing Core Course or equivalent.~~

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 3 — TRAUMA CENTER COMMUNICATIONS~~

~~3-001 — The function of communication center is to provide coordination of the personnel, equipment, and facilities of the trauma system in a manner which:~~

- ~~1. — Is available 24 hours per day;~~
- ~~2. — Provides rapid public access; and~~
- ~~3. — Sends the patient to the most appropriate medical facility.~~

~~3-002 — Trauma centers must be able to:~~

- ~~1. — Communicate with other trauma centers in the statewide trauma system in order to coordinate the patient's trauma care; and~~
- ~~2. — Communicate with each transport service and facility within its region in the statewide trauma system.~~

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~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 4 TRANSPORTATION~~

~~4-001 Transfer guidelines and established referral patterns for trauma between higher and lower level facilities must:~~

- ~~1. Be executed in accordance with designation standards.~~

~~4-002 FACILITY RESPONSIBILITIES~~

~~4-002.01 The facility must follow EMTALA Regulations and have established referral patterns for trauma.~~

~~4-003 Bypass of a facility must be based on medical protocols established in advance.~~

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 5 — DESIGNATION OF TRAUMA CENTERS~~

~~5-001 APPLICATION FOR A TRAUMA CENTER~~

~~5-001.01~~ Upon request from a facility seeking designation as a trauma center, the Department will send the following application materials to the facility:

~~5-001.01A~~ A list of types of centers for which designation may be sought including:

- ~~1. Trauma center;~~
  - ~~a. Comprehensive~~
  - ~~b. Advanced~~
  - ~~c. General~~
  - ~~d. Basic~~
- ~~2. Specialty level trauma center;~~
  - ~~a. Burn~~
  - ~~b. Pediatric~~
- ~~3. Rehabilitation center;~~
  - ~~a. Advanced~~
  - ~~b. General-A~~
  - ~~c. General-B~~
  - ~~d. Basic~~

~~5-001.01B~~ A list of the application requirements, including:

- ~~1. A statement of the type of center for which designation is sought;~~
- ~~2. Description of the facility's:~~
  - ~~a. Trauma Program Performance Improvement Plan.~~
  - ~~b. System to evaluate each emergency patient which dictates the level of patient care and level of trauma team activation;~~
  - ~~c. Capacity to provide trauma care at the level of designation sought;~~
  - ~~d. Guidelines to transfer patients to a higher level of care.~~
  - ~~e. Staff listing or organizational chart identifying the trauma medical director and team members;~~
  - ~~f. Trauma medical director and trauma nurse coordinator job duties and qualifications;~~
  - ~~g. Records for professionals and facility;~~

- h. ~~Equipment;~~
  - i. ~~Trauma registry; and~~
  - j. ~~Out-of-hospital system.~~
3. ~~Agreements by the facility to:~~
- a. ~~Maintain sufficient resources to meet the standards required by the statewide trauma system;~~
  - b. ~~Have communication with out-of-hospital emergency medical services available at all times;~~
  - c. ~~Have EMTALA Regulations and established referral patterns in place; and~~
  - d. ~~Have a performance improvement plan and maintain a list of areas identified for performance improvement.~~
  - e. ~~Have a trauma team and maintain records of activation criteria and team member response times.~~

~~5-001.01C~~ The schedule of application fees charged by the Department for on-site survey fees is as follows:

- 1. Trauma Care Centers:
  - a. Comprehensive ~~\_\_\_\_\_~~ \$1,500
  - b. Advanced ~~\_\_\_\_\_~~ \$1,500

Facilities verified by the American College of Surgeons are not required to pay a survey fee.

~~5-001.02~~ Submission Of Application

~~5-001.02A~~ The applicant for designation as a trauma center must submit its completed application to the Department either on a form requested from the Department or in another format preferred by the applicant.

~~5-001.02B~~ The applicant must submit the fee for on-site review, if applicable. The Department must return the fee if no on-site review is performed.

~~5-001.03~~ Review of Application

~~5-001.03A~~ The Department will accept and consider applications seeking designation as a trauma, specialty, or rehabilitation center from the following applicants:

- ~~5-001.03A1~~ Any facility in the State of Nebraska licensed as a health care facility pursuant to the Health Care Facility Licensure Act including:
- 1. ~~A single facility seeking designation for one or more than one level or category of center; and~~

- ~~2. Two facilities acting in concert to seek designation as a center at a single level or category where both will be evaluated and required to meet the same level designation criteria.~~

~~5-001.03A2 Facilities located and licensed in adjacent states. The Department will consider these applications in the same manner as those from facilities located and licensed in Nebraska.~~

~~5-001.03B The Department will:~~

~~5-001.03B1 Review all applications for completeness and determine whether there appears to be compliance with the standards for the category and level center for which designation is sought;~~

~~5-002.03B2 Notify the applicant of the need for additional information/documentation; and~~

~~5-002.03B3 After the application is complete, forward the completed application to a regional medical director or his/her designee.~~

~~5-002.03C The regional medical director or his/her designee will advise the Department on approval or denial of the application.~~

~~5-001.03D In accordance with Neb. Rev. Stat. § 71-8245, the Department may contract for an on-site review of each facility whose application indicates the ability of the applicant to comply with the standards for the category and level center for which designation is sought.~~

~~5-001.03D1 The facility is responsible to pay reasonable costs including meals, lodging, transportation, and honorarium for site reviewers, when it is necessary to contract with a review team outside of the state.~~

#### 5-001.04 On-site Reviews

~~5-001.04A When the Department selects multidisciplinary on-site review teams, the Department will contract for this service with individuals knowledgeable in trauma, appropriate to the level of designation requested.~~

~~5-001.04A1 Professional representation on the team may include:~~

- ~~1. Trauma surgeons and/or trauma regional medical directors.~~
- ~~2. Emergency physicians;~~
- ~~3. Trauma nurse coordinators;~~
- ~~4. Hospital or other medical administrators; or~~
- ~~5. Out of hospital providers knowledgeable in trauma care; or~~
- ~~6. Other specialists as needed.~~



~~5-001.04A2~~ Department staff may accompany and assist the team.

~~5-001.04A3~~ When the Department selects the members of the team, it will seek advice from the State trauma board.

~~5-001.04A4~~ The minimum composition of an on-site review team must be:

- ~~1.~~ A trauma surgeon or trauma regional medical director;
- ~~2.~~ A trauma nurse; and
- ~~3.~~ Other members as determined by the Department.

~~5-001.04A5~~ Conflict of Interest

~~5-001.04A5a~~ Members of on-site review teams for facilities being reviewed for designation must not be residents of the region in which the facility being reviewed is located.

~~5-001.04A5b~~ Any facility subject to designation review may reject a specific member or members of the on-site review team. It is the responsibility of the Department to select a substitute(s).

~~5-001.04B~~ Duties of the On-site Review Team

~~5-001.04B1~~ The on-site review team must evaluate the capacity of the applicant to provide quality trauma services and its ability to meet equipment and performance standards at the level of designation sought, by:

- ~~1.~~ Touring and inspecting the physical facility;
- ~~2.~~ Checking equipment for appropriateness and maintenance;
- ~~3.~~ Checking for handicapped accessibility;
- ~~4.~~ Examining facility records, for example:
  - ~~a.~~ Patient care records;
  - ~~b.~~ Required records for professionals;
  - ~~c.~~ On call schedules; and
  - ~~d.~~ Minutes of meetings related to trauma;
- ~~5.~~ Interviewing appropriate individuals;
- ~~6.~~ Reviewing records of morbidity and mortality related to trauma.
- ~~7.~~ Information from peer review and multidisciplinary committees; and
- ~~8.~~ Any other relevant documents.

~~5-001.04B2~~ The on-site review team must conduct an exit interview with the facility staff and management to report the findings of the team before leaving the facility.

~~5-001.04B3~~ The on-site review team must report the recommendation of the team, in writing, to the Department within 30 days.

5-001.04C Confidentiality of the Report

~~5-001.04C1~~ The Department will maintain confidentiality of information, records, and reports developed pursuant to on-site reviews.

~~5-001.04C2~~ On-site review reports are not subject to discovery or subpoena in any civil action, except pursuant to a court order which protects the sensitive information of interested parties, including the Department, pursuant to Neb. Rev. Stat. § 71-8245, and within the limitations specified in Neb. Rev. Stat. § 25-12,123.

~~5-001.04C3~~ Members of the on-site review team and Department staff will not divulge, and cannot be subpoenaed to divulge, any information obtained or included in reports submitted to the Department relating to the on-site review, in any civil action except pursuant to a court order which protects the sensitive information of interested parties, including the Department, pursuant to Neb. Rev. Stat. §§ 71-8245 and, within the limitations specified in Neb. Rev. Stat. § 25-12,123.

~~5-001.04C4~~ Members of the on-site review team and Department staff must not disclose information that identifies an individual patient without the patient's consent.

~~5-001.04D Effect of Verification or Accreditation~~ The Department will designate any medical facility that is currently verified by the American College of Surgeons at the corresponding level of designation in Nebraska without the necessity of an on-site review by the department. Facilities who apply for designation as a trauma center may not be required to undergo the Department's on-site review if the facility earns and maintains verification or accreditation from the ACS, CARF or ABA.

5-002 AWARD OF DESIGNATION

~~5-002.01 Evaluation of the Application~~ The Department designation of an applicant facility as a center of a specific category and level within the statewide trauma system must be based on the following:

- ~~1. Evaluation of the proposal submitted;~~
- ~~2. Report of the on-site review team; and~~
- ~~3. Review of trauma patient outcomes during the previous designation period.~~

5-002.02 Written Notification to the Applicant

~~5-002.02A~~ If the applicant is designated, the Department will notify it of:

- ~~1. Level and type of designation issued;~~

- ~~2. Length of designation (not to exceed four years); and~~
- ~~3. How the Department has the right to monitor compliance including requiring access to:
  - ~~a. Patient discharge summaries;~~
  - ~~b. Patient care logs;~~
  - ~~c. Patient care records;~~
  - ~~d. Hospital trauma care performance improvement program records;~~
  - ~~e. Trauma Registry; and~~
  - ~~f. Any other relevant documents.~~~~

~~5-002.02B~~ If the applicant is not designated, the Department will notify it of the reason(s) for denial.

~~5-002.03~~ The Department will notify the relevant regional board of the name, location, level, and category of service of facilities designated in its region.

~~5-002.04~~ The Department may grant a provisional designation to a facility that is unable to meet the educational requirements for a first time designee.

### 5-003 RENEWAL OF DESIGNATION

~~5-003.01~~ No less than 180 days prior to the expiration of each designation, the Department will issue an application renewal form to the facility. The applicant for renewal may respond by completing the form or by providing the requested information in another, preferred format and will submit it to the Department prior to the date of designation expiration.

~~5-003.02~~ The facility must submit the renewal application prior to designation expiration and the facility must allow a re-designation on-site review to be scheduled by the Department within a reasonable period of time.

~~5-003.03~~ All the procedures, standards and requirements described in 185 NAC 5-001 and 5-002 govern the renewal of designations.

~~5-003.04~~ Redesignation occurs every four years.

### 5-004 DENIAL, REVOCATION, OR SUSPENSION OF DESIGNATION

~~5-004.01~~ The Department may deny, revoke or suspend any designation or application for designation when the facility is substantially out of compliance with any of these standards:

~~5-004.01A~~ The facility must meet and maintain the qualifications for the category and level of designation sought or held.

~~5-004.01B~~ The facility must not make false statements of material facts in its application for designation or in any record required by this title, or in a matter under investigation.

~~5-004.01C~~ The facility must allow the on-site review team to inspect any part of the facility, any records, or other documentation.

~~5-004.01D~~ The facility must meet and comply with the requirements of the approved regional plan.

~~5-004.01E~~ The facility must comply with the provisions of this title or of the Statewide Trauma System Act.

~~5-004.01F~~ The facility must provide data to the trauma registry.

~~5-004.01G~~ The facility must not prevent, interfere with, or attempt to impede in any way, the work of a representative of the Department in the lawful enforcement of this title or the Statewide Trauma System Act.

~~5-004.01H~~ The facility must not engage in false, fraudulent, or misleading advertising, or makes any public claims of superiority regarding the facility's ability to care for non-trauma patients by virtue of its trauma care designation status.

~~5-004.01I~~ 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.

~~5-004.01J~~ The facility must comply with the designation criteria as documented, reviewed and confirmed by the Department.

~~5-004.01K~~ The facility must maintain standards required for verification or accreditation, in cases where designation was based on the facility's professional designation or accreditation pursuant to 185 NAC 5-001.04D.

#### 5-004.02 Process for Denial, Revocation, or Suspension of Designation

~~5-004.02A~~ The Department will notify a facility in writing of denial, revocation, or suspension of designation. The notice must include:

1. What action was taken;
2. Reasons for the action; and
3. Rights of the facility, including:
  - a. The right to submit a corrective action plan; and
  - b. The right to appeal pursuant to the Administrative Procedures Act.

~~5-004.02B~~ The Department will notify the state and regional trauma boards of the action taken.

#### 5-004.03 Corrective Action Plans

~~5-004.03A~~ A facility whose designation has been revoked or suspended may, within 30 days, submit to the Department a written corrective action plan to the Department which includes, in detail, the steps the facility will take to correct deficiencies.

~~5-004.03B~~ The Department will approve or disapprove the corrective action plan within 45 working days of receipt of the plan.

~~5-004.03C~~ Upon notification in writing that the Department approves the corrective action plan, the facility must begin implementing that plan within 30 days.

~~5-004.03D~~ The facility must notify the Department in writing upon completion of the corrective action plan.

~~5-004.03E~~ Upon satisfactory evidence of completion of the corrective action plan, which may include an on-site review, the Department must reinstate designation status.

~~5-004.03F~~ Upon notification in writing that the Department disapproves the corrective action plan submitted by the facility the facility may:

- ~~1. Submit a revised plan,~~
- ~~2. Exercise its right to appeal pursuant to the Administrative Procedures Act.~~

~~5-004.03G~~ Upon notification in writing that the Department did not find satisfactory evidence of completion of the corrective action plan submitted by the facility, the facility may exercise its right to appeal pursuant to the Administrative Procedures Act or submit a revised corrective action plan.

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 6 — STANDARDS FOR DESIGNATION OF TRAUMA CENTERS~~

~~6-001 — LEVELS OF TRAUMA CENTERS~~

~~6-001.01 — Comprehensive Trauma Centers~~

~~6-001.01A — General Description: In order to receive the designation of “comprehensive”, a trauma care center must demonstrate its ability to provide the highest level of definitive, comprehensive care for patients with complex traumatic injury.~~

~~6-001.01B — Trauma Service: All severely or multi-system injured patients must be admitted to or seen by a designated trauma service with identifiable trauma specialists directing the service and other affiliated health care personnel assigned to that service.~~

~~6-001.01C — Criteria~~

~~6-001.01C1 The center must meet the standards indicated under “comprehensive” on the Trauma Centers Criteria Chart at 185 NAC 6-002;~~

~~or~~

~~6-001.01C2 The center must have current verification from the American College of Surgeons as a Level I trauma center.~~

~~6-001.02 — Advanced Trauma Centers~~

~~6-001.02A — General Description: In order to receive the designation of “advanced”, a trauma center must demonstrate its ability to provide definitive care for patients with complex and severe trauma.~~

~~6-001.02B — Trauma Service: All severely or multi-system injured patients must be admitted to or seen by a designated trauma service with identifiable trauma specialists directing the service and other affiliated health care personnel assigned to that service.~~

~~6-001.02C — Criteria~~

~~6-001.02C1~~ The center must meet the standards indicated under “advanced” on the Trauma Centers Criteria Chart at 185 NAC 6-002;

~~or~~

~~6-001.02C2~~ The center must have current verification from the American College of Surgeons as a Level II trauma center.

#### ~~6-001.03 General Trauma Centers~~

~~6-001.03A General Description:~~ In order to receive the designation of “general”, a trauma center must demonstrate its ability to provide initial evaluation and stabilization, inpatient services to stable patients, and transfer patients as required.

~~6-001.03B Trauma Service:~~ All severely or multi-system injured patients may be admitted to individual surgeons, but the structure of the program must allow the trauma director to have oversight authority for the care of those injured patients.

#### ~~6-001.03C Criteria~~

~~6-001.03C1~~ The center must meet the standards indicated under “general” on the trauma center Criteria chart at 185 NAC 6-002;

~~or~~

~~6-001.03C2~~ The center must have current verification from the American College of Surgeons or the Department as a Level III trauma center.

#### ~~6-001.04 Basic Trauma Centers~~

~~6-001.04A General Description:~~ In order to receive the designation of “basic”, a trauma care center must demonstrate its ability to provide initial resuscitation, stabilization, and transfer of patients as required.

#### ~~6-001.04B Criteria~~

~~6-001.04B1~~ The center must meet the standards indicated under “basic” on the Trauma Centers Criteria Chart at 185 NAC 6-002;

~~or~~

~~6-001.04B2~~ The center must have current verification from the American College of Surgeons as a Level IV trauma center.

6-002 — TRAUMA CENTERS CRITERIA CHART

CATEGORIES	COMPREHENSIVE	ADVANCED	GENERAL	BASIC
<b>INSTITUTIONAL ORGANIZATION</b>				
Institutional Support <sup>1</sup>	X	X	X	X
Trauma Program <sup>2</sup>	X	X	X	X
Trauma Team <sup>3</sup>	X	X	X	X
Trauma Multidisciplinary Review Committee <sup>4</sup>	X	X	X	X
Trauma Program Medical Director <sup>5</sup>	X	X	X	X
Trauma Coordinator <sup>6</sup>	X	X	X	X
<b>HOSPITAL DEPARTMENTS/DIVISIONS/SECTIONS</b>				
Surgery	X	X	X	
Neurological Surgery	X	X		
Orthopedic Surgery	X	X		
Emergency Medicine	X	X		
Anesthesia	X	X	X	
<b>CLINICAL CAPABILITIES</b>				
<b>Services immediately available 24/7 (In-House)</b>				
GENERAL SURGERY	X			
–Published backup schedule <sup>7</sup>	X			
–Dedicated to single hospital	X			
ANESTHESIA	X			
EMERGENCY MEDICINE	X	X		
<b>Services available within 15 minutes of patient's arrival</b>				
GENERAL SURGERY		X		
–Published backup schedule <sup>7</sup>		X		
–Dedicated to single hospital		X		
–ANESTHESIA		X		
–EMERGENCY MEDICINE			X	
<b>Services on-call and Available within 30 minutes 24/7</b>				
GENERAL SURGERY			X	
EMERGENCY MEDICINE				X
ANESTHESIA			X	
CARDIAC SURGERY	X			
HAND SURGERY	X			
ORTHOPEDIC SURGERY	X	X		
–Dedicated to single hospital/back-up call <sup>7</sup>	X	X		



<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>NEUROLOGIC SURGERY</b>	X	X		
–Dedicated to single hospital/ –back up call <sup>7</sup>	X	X		
–Obstetrics/Gynecologic –Surgery	X	X		
–Oral/Maxillofacial Surgery	X	X		
–Ophthalmic Surgery	X	X		
–Plastic Surgery	X	X		
–Critical Care Medicine	X	X		
–Radiology	X	X	X	X
–Thoracic Surgery	X	X		
<b>CLINICAL QUALIFICATIONS</b>				
<b>General/Trauma Surgeon</b>				
–Board-Certified / Eligible <sup>8</sup>	X	X	X	
–16-Hours Trauma CME/ –Two Years	X	X		
–16-Hours Trauma CME/Four Years			X	X
–ATLS Verification	X	X	X	X
–A representative attending Peer Review Committee meetings at least 50% <sup>9</sup>	X	X	X	
<b>Emergency Medicine Licensed Independent Practitioner Covering the Emergency Department</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16-Hours Trauma CME/Two Years	X	X		
–16-Hours Trauma CME/Four Years			X	
–ATLS Verification <sup>10</sup>	X	X	X	X
–A representative attending Peer Review Committee Meetings at least 50%	X	X	X	X
<b>Neurosurgery</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16-Hours CME/2 Years	X	X		
–A representative attending Peer Review Committee Meetings at least 50%	X	X		
<b>–Orthopedic Surgery</b>				
–Board-Certified/Eligible <sup>8</sup>	X	X		
–16-Hours CME In Orthopedic Trauma/2 Years	X	X		

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
–A representative attending –Peer Review Committee –Meetings at least 50%	X	X		
<b>FACILITIES/RESOURCES/CAPABILITIES</b>				
Presence of Surgeon at Resuscitation <sup>18</sup>	X	X		
Presence of Surgeon at Operative Procedure	X	X	X	X
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>EMERGENCY DEPARTMENT (ED)</b>				
Heliport or Landing Zone Located Close Enough to Permit the Facility to Receive or Transfer Patients By Air.	X	X	X	X
RN-TNCC Verified or Equivalent <sup>11</sup>	X	X	X	X
Trauma Education 8 Hr/2 Year For RN <sup>12</sup>	–X	X	X	X
Designated Physician Director for ED	X	X	X	X
Equipment For Resuscitation for Patients of all Ages	X	X	X	X
Airway Control & Ventilation Equipment	X	X	X	X
Pulse Oximetry	X	X	X	X
Suction Devices	X	X	X	X
Electrocardiograph-Oscilloscope-Defibrillator	X	X	X	X
Internal Paddles	X	X		
CVP Monitoring Equipment	X	X	X	
Standard IV Fluids and Administration Sets	X	X	X	X
Large Bore Intravenous Catheters	X	X	X	X
Airway Control/Cricothyrotomy	X	X	X	X
Thoracostomy	X	X	X	X
Central Line Insertion	X	X		
Thoracotomy Equipment	X	X		
Arterial Catheters	X	X		
Ultrasound	X	X	X	
Drugs Necessary for Emergency Care	X	X	X	X
X-Ray Availability 24/7	X	X	X	X
Broselow Tape	X	X	X	X

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Cervical Traction Devices	X	X		
Thermal Control For Patient	X	X	X	X
Thermal Control For Fluids and Blood	X	X	X	
Rapid Infuser System (may share with Operating Room)	X	X	X	
Qualitative End-Tidal CO <sub>2</sub> Determination	X	X	X	X
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Communication with EMS Vehicles	X	X	X	X
<b>OPERATING ROOM</b>				
Personnel in-house 24/7	X			
Personnel Available within 20 minutes 24/7		X	X	
Age Specific Equipment	X	X	X	
Cardiopulmonary Bypass	X			
Operating Microscope	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	X		
Endoscopes Bronchoscope	X	X	X	
Craniotomy Instruments	X	X		
Equipment for Long Bone and Pelvic Fixation	X	X		
Rapid Infuser System (may share with Emergency Department)	X	X	X	
<b>POST ANESTHETIC RECOVERY ROOM (SICU is acceptable)</b>				
Registered Nurses Available 24 Hours/Day	X	X	X	
Monitoring Equipment	X	X	X	X
Pulse Oximetry	X	X	X	X
Thermal Control	X	X	X	X
<b>INTENSIVE CARE OR CRITICAL CARE UNIT FOR INJURED PATIENTS</b>				
Registered Nurses with Trauma Education 8 Hr/2yr	X	X		
Equipment for Monitoring and Resuscitation <sup>13</sup>	X	X	X	
Intracranial Pressure Monitoring Equipment	X	X		
Pulse Oximetry	X	X	X	

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<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Thermal Control	X	X	X	
Designated Surgical Director/ Surgical Co-Director	X	X	X	
Surgical ICU Service Physician in-house 24/7	X			
Surgically Directed and Staffed ICU Service	X			
Pulmonary Artery Monitoring Equipment	X	X		
<b>PEDIATRIC PATIENTS IN AN ADULT CENTER</b>				
Trauma Surgeons Credentialed in Pediatric Care (by hospital)	X	X		
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Pediatric Resuscitation Equipment in all Applicable Patient Care Areas	X	X	X	X
Microsampling	X	X	X	X
Equipment for Monitoring Pediatric Resuscitation	X	X	X	X
Pulse Oximetry	X	X	X	X
Thermal Control	X	X	X	X
Pediatric-Specific Performance Improvement Program (part of General Performance Improvement Program)	X	X	X	X
Pediatric Intensive Care Unit Available On-site or by EMTALA Regulations Established Referral patterns for Trauma <sup>14</sup>	X	X	X	X
<b>PEDIATRIC INTENSIVE OR CRITICAL CARE UNIT FOR INJURED PATIENTS</b>				
Equipment for Monitoring Pediatric Resuscitation	X	X	X	
Intracranial Pressure Monitoring Equipment	X	X		
Pulse Oximetry	X	X	X	
Thermal Control	X	X	X	
Pediatric Pulmonary Artery Monitoring Equipment	X	X		
Pediatric Critical Care Service Physician In-house 24/7 <sup>15</sup>	X			
<b>RESPIRATORY THERAPY SERVICE</b>				
Available in-house 24/7	X	X		
On-Call 24/7			X	

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
<b>RADIOLOGICAL SERVICES-AVAILABLE 24 HOURS/DAY</b>				
In-house Radiology Technician	X	X		
Angiography	X	X		
Ultrasound	X	X	X	
Computerized Tomography	X	X	X	
In-house CT Technician	X			
Magnetic Resonance Imaging	X	X		
On-Call Radiology -- Available within 30 Minutes			X	X
<b>CLINICAL LABORATORY SERVICE AVAILABLE 24 HOURS/DAY</b>				
Standard Analyses Of Blood, Urine, and other Body Fluids Including Micro-Sampling when Appropriate	X	X	X	X
Blood Typing and Cross-Matching	X	X	X	
Coagulation Studies	X	X	X	
Two or more Units of O Negative Blood Available or Rapidly Released in an Alternate System	X	X	X	X
Laboratory Technologist Available within 30 Minutes of Patients Arrival				X
<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
Comprehensive Blood Bank or Access to a Community Central Blood Bank & Adequate Storage Facilities	X	X	X	
Blood Gases and PH Determinations	X	X	X	
Microbiology	X	X	X	
<b>ACUTE HEMODIALYSIS</b>				
In-house	X			
EMTALA Regulations Established Referral Patterns for Trauma		X	X	X
<b>BURN CARE</b>				
EMTALA Regulations Established Referral patterns for Trauma <sup>16</sup>	X	X	X	X
<b>ACUTE SPINAL CORD MANAGEMENT/HEAD INJURY MANAGEMENT</b>				
In-house	X			

<b>CATEGORIES</b>	<b>COMPREHENSIVE</b>	<b>ADVANCED</b>	<b>GENERAL</b>	<b>BASIC</b>
In-house or EMTALA Regulations Established Referral Patterns for Trauma		X	X	X
<b>REHABILITATION SERVICE</b>				
In-house or EMTALA Regulations Established Referral Patterns for Trauma	X	X	X	X
Physical Therapy	X	X	X	
Occupational Therapy	X	X		
Speech Therapy	X	X		
Social Service or Designee	X	X	X	X
<b>PERFORMANCE IMPROVEMENT</b>				
Performance Improvement Program	X	X	X	X
Trauma Registry	X	X	X	X
Participation in State, Local or Regional Registry	X	X	X	X
Audit of all Trauma Deaths	X	X	X	X
Morbidity Review	X	X	X	X
Trauma Conference— Multidisciplinary	X	X	X	X
Medical/Nursing/Allied Health Participation	X	X	X	X
Run Review Provision for Out-of-Hospital Personnel	X	X	X	X
<b>CONTINUING EDUCATION/OUTREACH</b>				
General Surgery Accredited Residency Program <sup>17</sup>	X			
ATLS Provide/Participate	X			
<b>Programs provided by hospital for:</b>				
Staff/Community Physicians (CME)	X	X	X	
Nurses	X	X	X	
<b>PREVENTION</b>				
Coordination and/or Participation in Community Prevention Activities	X	X	X	X
<b>RESEARCH</b>				
Trauma Registry Performance Improvement Activities	X	X	X	X

CATEGORIES	COMPREHENSIVE	ADVANCED	GENERAL	BASIC
Trauma Related Research	X			
<b>REGIONAL/STATE COMMITMENT</b>				
Participation In Regional Trauma Activities/Board Participation when Appointed.	X	X	X	X

6-003 ENDNOTE EXPLANATIONS FOR CRITERIA CHART

<sup>1</sup> ~~INSTITUTIONAL SUPPORT includes:~~

- a. ~~Written commitments to provide trauma care services from the hospital's governing body and the medical staff;~~
- b. ~~A hospital administrator working in concert with the trauma medical director;~~
- c. ~~Financial support;~~
- d. ~~Placement of the trauma program within the organizational structure of the facility so that the program has equal authority with other departments; and~~
- e. ~~Administrative services such as human resources, educational activities, community outreach activities, and community cooperation.~~

<sup>2</sup> ~~The TRAUMA PROGRAM involves multiple disciplines transcending normal departmental hierarchies and ensuring optimal, timely care.~~

<sup>3</sup> ~~The TRAUMA TEAM consists of physicians, nurses and allied health professionals, compiled to create a seamless response to a medical emergency in a hospital emergency room. The team is under the leadership of an emergency physician or other qualified physician surrogate who is responsible for activating the trauma resuscitation team. That leader utilizes an approved scoring system with notification input from out-of-hospital providers. The team leader provides care for the trauma patient until the arrival of the trauma surgeon (if applicable) in the resuscitation area. The specific composition of a trauma team will vary with the size of the hospital and the severity of the injury. A trauma team may include:~~

- a. ~~General surgeon;~~
- b. ~~Emergency physician;~~
- c. ~~Surgical resident PGY4 or higher;~~
- d. ~~Emergency resident;~~
- e. ~~ED RN's/Technicians;~~
- f. ~~Physician Assistant;~~
- g. ~~Laboratory technician;~~
- h. ~~Radiology technologist;~~
- i. ~~Critical care nurse;~~
- j. ~~Anesthesiologist or CRNA;~~
- k. ~~Operating room nurse;~~
- l. ~~Prehospital Care Providers or Emergency Medical Services Personnel~~
- m. ~~Security officer;~~
- n. ~~Minister;~~

- ~~e. Social worker;~~
- ~~p. Advanced Practice Registered Nurse;~~
- ~~q. Respiratory Care Practitioner~~

~~At a minimum, a trauma team includes an emergency physician or qualified physician surrogate and ED nurse.~~

- ~~4. The TRAUMA MULTIDISCIPLINARY REVIEW COMMITTEE handles peer review independent from department based peer review. It is part of the performance improvement program.~~
- ~~5. The TRAUMA PROGRAM MEDICAL DIRECTOR is the surgeon and at the basic level, the Emergency physician who leads the multidisciplinary activities of the trauma program who:
  - ~~a. Sets trauma team privileges;~~
  - ~~b. Works in coordination with the nursing administration;~~
  - ~~c. Develops patient care protocols;~~
  - ~~d. Is responsible for the performance improvement peer review process;.~~
  - ~~e. Corrects deficiencies in trauma care; and~~~~

~~Items a-e should be included in a written job description.~~

- ~~6. The TRAUMA COORDINATOR is a registered nurse or a Mid-Level Practitioner who
  - ~~a. Works in collaboration with the trauma medical director;~~
  - ~~b. Organizes the trauma service and system;~~
  - ~~c. Has day-to-day responsibility for process and performance improvement activities for nursing and ancillary staff and assists the trauma medical director with physicians (not at basic levels);~~
  - ~~d. Coordinates educational, clinical, research, administrative and outreach activities of the trauma program; and~~
  - ~~e. Is responsible for the trauma registry data abstraction and submission to the regional trauma registry.~~~~

~~Items a-e should be included in a written job description.~~

- ~~7. In trauma centers with accredited residency training programs (general surgery, neurosurgery, orthopedic surgery) the chief resident may serve as backup.~~
- ~~8. A BOARD-CERTIFIED/ELIGIBLE physician either is currently certified by an appropriate specialty board recognized by the American Board of Medical Specialists or meets all of the following alternative criteria:
  - ~~1. Complete an approved residency program;~~
  - ~~2. Is licensed to practice medicine and approved for privileges by the hospital's credentialing committee;~~
  - ~~3. Meet all criteria established by the hospitals trauma director and emergency medicine director; and~~
  - ~~4. Experience in trauma care that is tracked by a performance improvement program.~~~~



- ~~5. Become recredentialed by the trauma and emergency medicine department chairs, and meet all other qualifications for members of the trauma team.~~
- ~~<sup>9</sup> PEER REVIEW COMMITTEE ATTENDANCE A representative attending peer review committee meetings at least 50% means that a representative participates in the trauma multidisciplinary review committee more than half of the time the committee meets.~~
- ~~<sup>10</sup> Physician's Assistants and APRNs who coordinate the trauma service in basic trauma centers must audit the ATLS course. Physicians, Physician's Assistants and APRNs have a year to comply from date of hire.~~
- ~~<sup>11</sup> Registered Nurses have a year to comply from date of hire.~~
- ~~<sup>12</sup> At least two of these hours must be in pediatric trauma. These hours may be accomplished outside of the hospital, e.g., in-house training, valid internet courses, journal reading may be acceptable.~~
- ~~<sup>13</sup> A Basic level facility is not required to have an ICU or PICU, however, if available on site, equipment and appropriately trained personnel to utilize the equipment is necessary.~~
- ~~<sup>14</sup> No trauma center is required to have a PICU. A trauma center that chooses to have a PICU on-site shall meet the standards as indicated on the chart.~~
- ~~<sup>15</sup> May be met by PGY3 or higher resident in Surgery, Pediatrics, Anesthesia or a comparable specialty who is primarily assigned to the PICU.~~
- ~~<sup>16</sup> BURN CENTER referral is indicated in cases in which the patient has "major burns" meaning burns involving 20% or greater body surface (BSA) in an adult, or 10% or greater BSA in a child; additionally, burns of lesser BSA in patients with concomitant serious disease—for example, cirrhosis, diabetes, and cardiac disease—should be considered for transfer, as should special problems such as inhalation injuries and burns involving hands, feet, face and genitalia.~~
- ~~<sup>17</sup> 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 PGY4 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 conditions require the attending surgeon's immediate presence.~~

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 7 — STANDARDS FOR DESIGNATION OF SPECIALTY LEVEL TRAUMA  
CENTERS~~

~~7-001 — PEDIATRIC TRAUMA CENTERS~~

~~7-001.01 Standards: In order to receive the designation of “specialty level pediatric”, a trauma center must:~~

~~7-001.01A Demonstrate its ability to provide the highest level of definitive, comprehensive care for children with complex traumatic injury;~~

~~7-001.01B Earn and maintain verification from its professional association governing body or ACS.~~

~~7-001.01C Admit and treat patients from all other facilities and out-of-hospital providers of the Statewide Trauma System as deemed appropriate by the Physician medical director;~~

- ~~1. At all times;~~
- ~~2. Regardless of the patient’s ability to pay; and~~
- ~~3. The receiving facility must accept the trauma patient unless there are mitigating circumstances such as:
  - ~~a. Patient overflow;~~
  - ~~b. Understaffing; or~~
  - ~~c. Facility malfunction.~~~~

~~7-001.01D Provide continuing education regarding the care of pediatric patients to out-of-hospital and hospital care providers;~~

~~7-001.01E Provide input to the Performance Assurance programs of the out-of-hospital providers in its service area regarding care of pediatric patients;~~

~~7-001.01F Have:~~

- ~~1. Guidelines for the triage, treatment, and transfer of burned patients; and;~~
- ~~2. Plans for the triage and treatment of pediatric patients from a multiple casualty incident; and~~

~~7-001.01G~~ Review and update the multiple casualties plan annually. The pediatric medical director and representatives of the out-of-hospital providers in the service area are responsible for the review.

~~7-002 BURN TRAUMA CENTERS~~

~~7-002.01 Standards~~ In order to receive the designation of "specialty level burn", a trauma center must:

~~7-002.01A~~ Demonstrate its ability to provide the highest level of definitive, comprehensive care for burned patients;

~~7-002.01B~~ Earn and maintain:

- ~~1. Verification from its professional association governing body or ACS.~~
- ~~2. Accreditation by the Joint Commission.~~

~~7-002.01C~~ Admit and treat patients from all other facilities and out-of-hospital providers of the Statewide Trauma System as deemed appropriate by its on-line medical controller:

- ~~1. At all times;~~
- ~~2. Regardless of the patient's ability to pay.~~

~~7-002.01D~~ Have:

- ~~1. Guidelines for the triage, treatment, and transfer of burned patients; and~~
- ~~2. Plans for the triage and treatment of burn patients from a multiple casualty incident.~~

~~7-002.01E~~ Review and update the multiple casualties plan annually. The burn unit director and representatives of the out-of-hospital providers in its service area are responsible for review;

~~7-002.01F~~ Provide input to the Performance Assurance programs of the out-of-hospital providers in its service area regarding care of burn patients; and

~~7-002.01G~~ Provide continuing education regarding the care of burn patients to out-of-hospital and hospital care providers.

~~TITLE 185 STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 8 STANDARDS FOR DESIGNATION OF REHABILITATION CENTERS~~

~~8-001 ADVANCED LEVEL REHABILITATION CENTERS:~~ In order to receive the designation of "advanced," a rehabilitation center must demonstrate its ability to provide multidisciplinary, definitive treatment to patients with acquired traumatic brain or spinal injuries, complicated amputations, and other diagnoses resulting in multi-functional impairment, with moderate to severe impairment or complexity.

~~8-001.01 Accreditation~~

~~8-001.01A~~ An advanced level rehabilitation center must earn and maintain accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for hospital-based rehabilitation in these programs:

- ~~1. Comprehensive Integrated Inpatient Program;~~
- ~~2. Acquired Traumatic Brain Injury Program; and~~
- ~~3. Spinal Cord Injury Program;~~

~~8-001.01B~~ Accreditation must be for a term of one or three years;

~~8-001.01B1~~ A facility holding one-year accreditation must include a copy of the CARF survey report and recommendations with its application for designation.

~~8-001.01C~~ CARF accreditation which is deferred or in abeyance does not satisfy this standard;

~~8-001.01D~~ The facility must forward the results of a CARF survey to the Department which will conduct its trauma designation within six months following the CARF survey;

~~8-001.01E~~ An advanced level rehabilitation center must have a Performance Assurance program in accordance with CARF.

~~8-001.02~~ An advanced level rehabilitation center must secure the professional services of the following personnel:

~~8-001.02A~~ The director of the rehabilitation center must be:

- ~~1. Either a physiatrist or other CARF equivalent equivalent trained physician;~~
- ~~2. In-house or available on-call; and~~
- ~~3. Responsible for rehabilitation concerns at all times.~~

~~8-001.02B~~ For rehabilitation nursing, the staff must:

- ~~1. Be managed by a registered nurse;~~
- ~~2. Provide nursing services at all times;~~
- ~~3. Have one or more certified rehabilitation registered nurse (CRRN) on duty~~

- each day and evening shift when trauma patients are present. A CRRN must review and approve the initial and weekly updated care plan for each patient;
4. Be adequate to provide a minimum of six clinical nursing care hours per patient day for trauma patients; and
  5. Receive orientation and training appropriate for the staff member's level of rehabilitation nursing.

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~~8-001.01C~~ The facility must have an in-house pharmacist to provide pharmaceutical services;

~~8-001.01D~~ For acute medical care services, as delineated by CARF, the facility must have consultative access to the appropriate professionals at all times.

~~8-001.03~~ An advanced level rehabilitation center must be proficient in the use of Functional Independence (FIM) to assess patients at admission and discharge;

~~8-001.04~~ An advanced level rehabilitation center must provide the following diagnostic services using appropriately credentialed personnel, available in-house or through affiliation or consultative arrangements;

1. The ability to provide a rehabilitation plan as soon as possible after trauma patient is stabilized; and
2. Transfer agreements with acute care facilities.

~~8-001.05~~ An advanced level rehabilitation center must serve as a network referral center for patients needing general or basic level rehabilitative services.

~~8-001.06~~ An advanced level rehabilitation center must provide the following formal program of continuing trauma rehabilitation care education, which:

1. Is available in-house and outside the center;
2. Is for nurses and allied health care professionals;
3. Is presented as an annual lecture series which is evaluated for effectiveness; and
4. Covers the following subjects:
  - a) Acquired traumatic brain injury;
  - b) Spinal cord injury;
  - c) Fractures;
  - d) Burns;
  - e) Amputations;
  - f) Functional Independence Measures;
  - g) Psychosocial needs of patient and family;
  - h) Pediatric trauma; and
  - i) Other subjects as desired.

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~~8-001.07~~ An advanced level rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-001.08~~ This section does not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law.

~~8-002 GENERAL LEVEL A REHABILITATION CENTERS~~ In order to receive the designation of "general level A", a rehabilitation center must demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, peripheral nerve injuries, lower limb amputations and other diagnoses resulting in functional impairment, with moderate to severe impairment or complexity.

~~8-002.01~~ A "general level A" rehabilitation center must be CARF accredited for the Comprehensive Integrated In-patient Program.

~~8-002.01A~~ The facility must forward the results of the CARF survey to the Departments which will conduct its trauma designation within six months following the CARF survey.

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~~8-002.02~~ A "general level A" rehabilitation center must secure the professional services of the following personnel:

- ~~1.~~ The director of the rehabilitation center, who must be a full-time physiatrist or other CARF equivalent trained physician;
- ~~2.~~ Sufficient nurses to provide nursing coverage at all times; and
- ~~3.~~ Caregiving staff who must attend four (4) CME hours of education related to trauma every two years;

~~8-002.03~~ A "general level A" rehabilitative center must provide rehabilitation services using appropriately credentialed personnel who are available in-house or on call as required by the patients' rehabilitative plans for:

- ~~1.~~ Physical therapy;
- ~~2.~~ Occupational therapy;
- ~~3.~~ Speech therapy; and
- ~~4.~~ Case management.

~~8-002.04~~ A "general level A" trauma center must have a Performance Assurance program in accordance with CARF.

~~8-002.05~~ A "general level A" rehabilitation center must have transfer agreements with acute care facilities.

~~8-002.06~~ A "general level A" rehabilitation center must serve as a network referral center for patients needing general level B or basic level rehabilitative services.

~~8-002.07~~ A "general level A" rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-003 GENERAL LEVEL B REHABILITATION CENTERS~~ In order to receive the designation of "general level B" a rehabilitation center must demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, peripheral nerve injuries, lower limb amputations and other diagnoses resulting in functional impairment, with moderate complexity.

~~8-003.01~~ A "general level B" rehabilitation center must secure the professional services of the following personnel:

- ~~1. A part-time physiatrist or other CARF equivalent trained physician;~~
- ~~2. Sufficient numbers of nurses to provide nursing coverage at all times; and~~
- ~~3. Caregiving staff must attend four CME hours of education related to trauma every two years.~~

~~8-003.02~~ A "general level B" rehabilitation center must provide the following rehabilitation services using appropriately credentialed staff who are available in-house or on call as required by the patients' rehabilitative plans:

- ~~1. Physical therapy;~~
- ~~2. Occupational therapy;~~
- ~~3. Speech therapy; and~~
- ~~4. Case management.~~

~~8-003.03~~ A "general level B" rehabilitation center must have transfer agreements with acute care facilities.

~~8-003.04~~ A "general level B" rehabilitation center must serve as a network referral center for patients needing basic level rehabilitative services.

~~8-003.05~~ A "general level B" rehabilitation center must maintain a trauma registry. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.

~~8-003.06~~ A "general level B" rehabilitation center must have a performance assurance program.

~~8-004 BASIC LEVEL REHABILITATION CENTERS~~ In order to receive the designation of "basic" a rehabilitation center shall demonstrate its ability to provide multidisciplinary treatment to patients with musculoskeletal injuries, uncomplicated lower limb amputations and other diagnoses resulting in functional impairment, with minimum to moderate complexity.

~~8-004.01~~ A basic level rehabilitation center must secure the professional services of the following personnel:

- ~~1. A physician must provide supervision of trauma patients;~~
- ~~2. Nurses must provide nursing coverage at all times; and~~
- ~~3. Caregiving staff must attend four CME hours of education related to trauma every two years.~~

~~8-004.02~~ A basic level rehabilitation center must provide the following rehabilitation services

~~using appropriately credentialed staff who are available in-house or on-call as required by the patients' rehabilitative plans:~~

- ~~1. Physical therapy.~~
- ~~2. Occupational therapy.~~
- ~~3. Speech therapy; and~~
- ~~4. Case management.~~

~~8-004.03 A basic rehabilitation center must have transfer agreements with acute care facilities.~~

~~8-004.04 A home health program may be designated as a basic rehabilitation center.~~

~~8-004.05 A basic rehabilitation center may maintain a trauma registry but must report the minimum data required in the minimum data set. Data must be reported to the Department on a monthly basis within three months of discharge of the trauma patient.~~

~~8-004.06 A basic rehabilitation center must have a performance assurance program.~~



~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 9 — TRAUMA REGISTRY~~

~~9-001 Purpose of the Trauma Registry:~~

~~9-001.01 The trauma registry is designed to provide statistical data to:~~

- ~~1. Evaluate overall program effectiveness;~~
- ~~2. Be a source of information for injury prevention programs; and~~
- ~~3. Be a source of information for epidemiological programs.~~

~~9-001.02 The state and regional performance improvement taskforces will use data from the Trauma Registry to:~~

- ~~1. Evaluate the quality of care provided to all who enter the system;~~
- ~~2. Identify areas for improvement; and~~
- ~~3. Monitor improvement in the delivery of care.~~

~~9-002 Confidentiality of Data and Reports: Pursuant to Neb. Rev. Stat. §§ 81-663 to 81-674, all data collected in the Trauma Registry must be held confidential and patient medical record data must not be released except as Class I, II, or IV medical records.~~

~~9-003 Method of Reporting Data:~~

~~9-003.01 The following facilities of the Statewide Trauma System must provide data to the Regional Trauma Advisory Boards and the Department electronically through the use of Department approved software:~~

- ~~1. Comprehensive level trauma centers;~~
- ~~2. Advanced level trauma centers;~~
- ~~3. Specialty level burn centers;~~
- ~~4. Specialty level pediatric centers;~~
- ~~5. Advanced level rehabilitation centers; and~~
- ~~6. General level A and B rehabilitation centers.~~

~~9-003.02 The following facilities of the Statewide Trauma System must provide data to the Regional Trauma Advisory Boards and the Department and may report electronically through the use of Department approved software or manually through the use of Department approved paper forms:~~

- ~~1. General level trauma centers;~~

- ~~2. Basic level trauma centers; and~~
- ~~3. Basic level rehabilitation centers.~~

~~9-004 Time Limits in Reporting Data~~

~~9-004.01 Pursuant to Neb. Rev. Stat. §§ 71-8248 to 71-8249 facilities must report data monthly to the Regional Trauma Advisory Boards and the Department.~~

~~9-004.02 Facilities must report data to the Regional Trauma Advisory Boards and the Department on individual trauma patients within three months of the patient's discharge.~~

~~9-005 Inclusion Criteria Whether or not the trauma team was activated, data must be entered in the trauma registry concerning every patient who meets the following criteria:~~

- ~~1. Had at least one of the following ICD-9-CM diagnosis codes: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation & strangulation) or 994.8 (electrocution);~~
- ~~2. Had trauma injuries and was admitted to the hospital from the emergency department;~~
- ~~3. Had trauma injuries and transferred out of the hospital;~~
- ~~4. Had trauma injuries and was admitted directly to the hospital, bypassing the emergency department; or~~
- ~~5. Had trauma injuries and died in the emergency department; or~~
- ~~6. Had trauma injuries and was dead on arrival in the emergency.~~
- ~~7. Had trauma injuries and was involved with trauma services.~~
- ~~8. Unplanned readmission.~~

~~9-006 The Department will provide the process required for the submission of data to the Trauma Registry to facilities and services of the Statewide Trauma System.~~

~~9-007 Reporting Entities~~

~~9-007.01 The following are required to report to the Department:~~

- ~~1. Licensed Emergency Medical Services;~~
- ~~2. All levels of designated trauma and specialty centers; and~~
- ~~3. Designated trauma rehabilitation services.~~

~~9-007.02 The following may report to the Department:~~

- ~~1. Coroners;~~
- ~~2. Nebraska Fire Incident Report System;~~
- ~~3. Nebraska Brain Injury Data System;~~
- ~~4. Nebraska Child Death Review Board;~~
- ~~5. Nebraska Highway Safety's Crash Outcome Data Evaluation System;~~
- ~~6. Nebraska Hospital Association Health Systems Reporting System;~~
- ~~7. Law enforcement agencies; and~~
- ~~8. Non-designated trauma centers.~~

~~9-008 The report must contain the following information in a format which complies with the~~

latest state trauma registry data dictionary:

1. Regarding the patient:
  - a. Name (EMS and Hospital);
  - b. Social security number (Hospital, if available);
  - c. Sex (EMS and Hospital);
  - d. Race (EMS and Hospital);
  - e. Ethnicity (EMS and Hospital);
  - f. Age (EMS and Hospital);
  - g. Date of birth (Hospital);
  - h. Home Address (Hospital); and
  - i. Home Zip Code (Hospital).
2. Primary method of payment (Hospital)
3. Regarding the injury:
  - a. Date (EMS);
  - b. Time (EMS);
  - c. Zip Code (EMS);
  - d. E-Code (Hospital);
  - e. Mechanism of Injury (EMS);
  - f. Location category (EMS); and
  - g. Safety device (EMS).
  - h. Work-related
  - i. Patient's occupational Industry (if work-related injury)
  - j. Patient's occupation (if work-related injury)
4. Regarding out-of-hospital activity:
  - a. EMS Provider name or License Number (EMS);
  - b. Destination determination, (EMS);
  - c. Dispatch date and time (EMS);
  - d. Time of arrival at scene (EMS);
  - e. Time left scene (EMS); and
  - f. Time arrived at facility (EMS)
  - g. Initial patient data
    1. Blood pressure, (EMS);
    2. Pulse;
    3. Respiration (EMS);
    4. Oxygen saturation (EMS);
    5. Glasgow coma score, or Pediatric coma scale (EMS and Hospital);
    6. Trauma score, or Pediatric trauma score, (EMS and Hospital);
    7. Airway management (EMS);
5. Regarding the sending hospital:
  - a. Hospital Name; and
  - b. Arrival and transfer;
    1. Date;
    2. Time;
    3. Patient data as listed in 4g;
    4. Temperature; and
    5. Destination Determination.
    6. Trauma Team Activation

- ~~7. Trauma Team Response Time~~
- ~~8. Physician Response Time~~
- 6. Regarding the receiving hospital:
  - a. Hospital Name; and
  - b. Arrival:
    - 1. Date;
    - 2. Time;
    - 3. Patient data, as listed in 4g; and
    - 4. Temperature.
    - 5. Respiratory assistance
    - 6. Supplemental oxygen
    - 7. GCS assessment qualifiers
    - 8. Trauma Team Activation
    - 9. Trauma Team Response Time
    - 10. Physician Response Time
    - 11. Arrival from
    - 12. Transport mode
  - c. Admitting service;
  - d. Drug screen results if performed; (Laboratory test used to detect presence of drugs in patients blood or urine. Not to include drugs given to patient during any phase of resuscitation or by prescription).
  - e. Blood alcohol level (if performed).
  - f. Airway management:
  - g. Disposition from ED:
  - h. Disposition from the hospital:
  - i. Length of stay
  - j. ICU days
  - k. Head CT results
  - l. ICD-9-CM diagnosis codes
  - m. ICD-9-CM procedure codes
  - n. Injury severity codes
  - o. Probability of survival
  - p. Complications
  - q. ED discharge date and time
  - r. ED death
  - s. Time of decision to transfer (if patient transferred from ED)
  - t. Reason of transfer delay (if patient transferred from ED)
  - u. Procedure date and time
  - v. Co-morbid conditions
  - w. Total ventilator days
  - x. Hospital discharge date and time
- 7. Regarding the rehabilitation center:
  - a. Length of stay
  - b. Disposition from the hospital
  - c. ASIA (American Spinal Injury Association) score
  - d. Functional Score (excluding Basic and General B centers)

~~e. Rancho (For Acquired Traumatic Brain Injuries score)~~

~~8. Data elements required by the National Trauma Data Bank but not included in 185 NAC 9-009.~~

~~9. Most recent list of State recommended performance indicators.~~

~~9-009 Trauma Registry reports will be generated annually:~~

~~1. On all patient data entered into the Trauma Registry during the reporting period; and~~

~~2. For each trauma region:~~

~~a. On trends;~~

~~b. On patient care outcomes; and~~

~~c. On other data as deemed appropriate by the state or regional board.~~

~~3. For the purpose of regional evaluation.~~

~~9-010 Upon request, the Department will provide registry reports to any entity that has submitted data. The Department may assess a reasonable cost for providing such reports.~~

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 10 — PERFORMANCE IMPROVEMENT~~

~~10-001 — ELEMENTS OF PERFORMANCE IMPROVEMENT.~~

~~10-001.01 Performance improvement program activities must have the following components:~~

- ~~1. Performance improvement indicators describing methods through which the facilities consistently meet or exceed standards of optimum trauma service;~~
- ~~2. Performance improvement indicators describing methods through which the facilities identify and remedy lapses in their quality of trauma service;~~
- ~~3. A list of performance improvement indicators that may be determined by the facility, region or state; and~~
- ~~4. Methods through which the facilities consistently monitor performance improvement indicators.~~

~~10-001.02 Performance improvement programs must describe methods designed to ensure that the facilities:~~

- ~~1. React rapidly and correctly when providing trauma services;~~
- ~~2. Are informed of the development of best practices in other regions, states and countries;~~
- ~~3. Identify and remedy resource challenges in their personnel, equipment, supportive services or organization; and~~
- ~~4. Share "best practices" information with other facilities in their region and in the state.~~

~~10-002 — ESTABLISHMENT OF REGIONAL PERFORMANCE IMPROVEMENT PROGRAMS.~~

~~10-002.01 The comprehensive, advanced, general, basic, and specialty level designated trauma centers within each region may participate in establishing a regional trauma system performance improvement program for the region in coordination with the regional trauma board.~~

~~10-002.02 The regional trauma board must invite the following to participate in the regional performance assurance program:~~

- ~~1. The regional medical director;~~
- ~~2. All health care providers within the region; and~~
- ~~3. All facilities providing trauma service within the region.~~

10-003 PERFORMANCE IMPROVEMENT/ASSURANCE TASK FORCE

10-003.01 Each regional trauma board must form a performance improvement/assurance task force which includes:

1. A member of each of the region's designated trauma center's staff;
2. An EMS provider from the region representing out-of-hospital providers;
3. A member of the regional trauma board;
4. The regional medical director; and
5. A representative for non-designated hospitals located in the region:
  - a. Trauma care delivery;
  - b. Patient care outcomes, including pediatric and adult patient outcomes;
  - c. Unexpected deaths;
  - d. Patient volume; and
  - e. Compliance with the requirements of this title.

~~TITLE 185 — STATEWIDE TRAUMA SYSTEM~~

~~CHAPTER 11 — TRAUMA REGIONS~~

~~11-001 Trauma Region Participation~~

~~11-001.01 Trauma regions are based on patient referral patterns. These regions are areas designed for the administration of the trauma system. Any facility or out-of-hospital service may participate in the program and activities in the region of its choice.~~

~~11-001.02 Any facility or out-of-hospital service in a contiguous state may participate in the programs and activities in the region of its choice.~~

~~11-002 Trauma regions are defined by county as:~~

~~11-002.01 Region 1: Nance, Boone, Platte, Colfax, Dodge, Saunders, Douglas, Sarpy, Cass, Washington, Antelope, Madison, Stanton, Cuming, Burt, Thurston, Wayne, Pierce, Dakota, Dixon, Cedar, Knox, Boyd, Holt, and Keya Paha.~~

~~11-002.02 Region 2: Clay, Merrick, Polk, Butler, Hamilton, York, Seward, Lancaster, Adams, Saline, Otoe, Gage, Johnson, Nemaha, Webster, Nuckolls, Thayer, Jefferson, Pawnee, Fillmore, and Richardson.~~

~~11-002.03 Region 3: Franklin, Kearney, Hall, Howard, Greeley, Wheeler, Garfield, Valley, Sherman, Buffalo, Phelps, Harlan, Furnas, Gosper, Dawson, Custer, Loup, Blaine, McPherson, Logan, Lincoln, Hayes, Frontier, Hitchcock, Red Willow, Dundy, Hooker, Rock, Cherry, Brown and Thomas.~~

~~11-002.04 Region 4: Chase, Perkins, Keith, Arthur, Grant, Sheridan, Garden, Deuel, Cheyenne, Morrill, Box Butte, Dawes, Sioux, Scottsbluff, Banner and Kimball.~~