

**SAN LUIS OBISPO COUNTY EMS AGENCY  
LEVEL III TRAUMA CENTER DESIGNATION CRITERIA**

Level III Trauma Center Designation Requirements	Objective Measurements	Meets Requirements	Comments	Send w/ application	On file with EMSA	Review at site visit
<b>Hospital Organization/Medical Staff Support</b>						
<b>III.A. Agree to adhere to the minimum requirements set forth in the following:</b> 1. California Code of Regulations Title 22, Division 9, Chapter 7, Trauma Care Systems; 2. California Health and Safety Code, Division 2.5, Chapter 6, Facilities; 3. San Luis Obispo County EMS Agency Policies and Procedures; 4. San Luis Obispo County Trauma System Plan	Willingness to enter into a signed agreement with designation (In letter of intent from CEO) denoting items 1-4 are satisfied	YES NO	Required for designation - Include intent with LOI and site team will verify with site visit	X		X
<b>III.A. Participate in a written agreement with San Luis Obispo County identifying the Trauma Center and County roles and responsibilities</b>	Willingness to enter into a signed agreement with designation (In letter of intent from CEO)	YES NO	Required for designation	X		
<b>III.A. Agree to accept all EMS patients meeting trauma patient triage criteria except when on internal disaster</b>	Willingness to enter into a signed agreement with designation (In letter of intent from CEO)	YES NO	Required for designation	X		
<b>III.A. Trauma program - Resolution of commitment by the Hospital Board of Directors for a Level III Trauma Center</b>	With letter of intent from CEO and provide a copy of the resolution with site review	YES NO	Required for designation - Include intent with LOI and site team will verify with site visit	X		X
<b>III.A. Trauma program - Resolution of commitment by the Hospital Medical Staff for a Level III Trauma Center</b>	With letter of intent from CEO and provide a copy of the resolution with site review	YES NO	Required for designation - Include intent with LOI and site team will verify with site visit	X		X
<b>III. B. A Base Hospital in San Luis Obispo County</b>	Current signed agreement on file with EMSA	YES NO	Required for designation		X	
<b>Trauma Program</b>						
<b>III.C.1. Trauma Program Medical Director</b>	Name and contact information	YES NO	Required for designation	X		
Qualifications						
1. Board Certified surgeon with special interest in trauma	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
2. Credentialed member of medical staff with general surgery privileges	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
3. ATLS course completion at least once	Medical Staff Office Confirmation / Physician information work sheet	YES NO	Required for designation	X		
4. Participates in trauma call	On-call trauma schedule for 3 months / Physician information sheet	YES NO	Required for designation	X		X

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5. Accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		X
Responsibilities	Job/Program Description to include items 1-11	YES NO	Required for designation	X		
1. Authority to manage all aspects of trauma care from EMS arrival to patient's discharge						
2. Authority to authorize trauma service privileges of the on-call panel and correct deficiencies in trauma care or exclude from trauma call those trauma team members who do not meet standards						
3. Identify representatives from neurosurgery, orthopedic surgery, emergency medicine, pediatrics and other appropriate disciplines to assist in identifying qualified members of the trauma team						
4. Authority for the development, implementation and monitoring of the trauma care to include protocols, equipment, management guidelines and performance improvement						
5. Integration, communication and participation of the trauma liaisons for disciplines participating in the care from the injury to rehabilitation including nursing and administration						
6. Ensure development of policies and procedures to manage domestic violence, elder and child abuse and neglect						
7. Authority for oversight of the Trauma Performance Improvement and Peer Review Process, Injury Prevention and Outreach Education						
8. Coordinate pediatric trauma care with outside resources, professionals and hospitals						
9. Assist in the budgetary process of the trauma program						

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10. Participation in state/regional trauma programs encouraged			( Local participation required and State and regional participation recommended)			
11. Participation on the SLO EMSA Trauma Systems Committee and in the development of pre-hospital triage criteria and by-pass protocols						
<b>III.C.2.. Trauma Program manager/Nurse Coordinator</b>	Name and contact information	YES NO	Required for designation	X		
Qualifications						
Licensed RN with trauma management and care experience	RN License and CV	YES NO	Required for designation	X		
Responsibilities	Job/Program Manager description to include items 1-8	YES NO	Required for designation	X		
1. Assist and support Trauma Medical Director roles and responsibilities						
2. Provide oversight for the organization of services and systems for a multidisciplinary approach to the care of the trauma patient						
3. Coordination of the day-to-day clinical process and performance improvement pertaining to nursing and ancillary personnel, including planning and implementation of clinical protocols and practice management guidelines, monitoring care of in-house patients and serving as a clinical resource and liaison						
4. Collaborate with the Trauma director in the educational, clinical, research, administrative and outreach activities of the trauma program including intra-facility and regional education al opportunities, case review, implementation practice guidelines. and direct community trauma education and prevention programs						
5. Monitor clinical processes and outcomes and system issues related to the quality of care provided through an organized Performance Improvement and Patient Safety (PIPS) program						

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6. Manage, as appropriate, the operational, personnel and financial aspects of the trauma program						
7. Supervise collection, coding, scoring and developing processes for the validation of data collected through the data registry						
8. Participation in state/regional trauma programs and SLO EMSA Trauma Systems Committee			(Local participation required and State and regional participation recommended)			
<b>III.C.3 Trauma Service</b>	Policy and Procedures and elements of the PIPS program	YES NO	Required for designation	X		
1. Organized, identifiable program which includes; a Trauma Service Medical Director, a Trauma Nurse Manager, a Trauma Program Operational Process Performance Committee, Performance Improvement Patient Safety Program(PIPS), Injury Prevention Program, and a Data Collection/Trauma Registry	Policy and Procedures, PIPS, trauma prevention program and data collection elements	YES NO	PIPS, and Injury Prevention programs will also be evaluated during site visit	X		X
2. A facility -defined team of clinicians and ancillary staff that take at least 60% of the total trauma call hours each month	List of team members	YES NO	Required for designation	X		
3. A facility defined method for notification of the trauma team with a trauma activation	Trauma activation Policy and Procedure	YES NO	Required for designation	X		
4. Method to identify the trauma patient , monitor their care, provide for rounds and hold formal and informal discussions with the physicians involved	PIPS Program	YES NO	Required for designation	X		
5. Method for disseminating information and findings to non-core surgeons	Policy and procedure/ PIPS	YES NO	Required for designation	X		
<b>III.C.4.and 8. Trauma Team</b>						
1. Trauma team capable of providing prompt assessment, resuscitation and stabilization of trauma patients	Policy and Procedures and elements of the PIPS program including a log of all trauma team members on call and back up coverage	YES NO	Required for designation	X		
2. Policies and procedures for trauma activation clearly identifying the levels of response	Policy and Procedures including alert, activation, response, consultation and deactivation	YES NO	Required for designation	X		

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<b>III.C.5. Ability to provide treatment or arrange for transportation to a higher level trauma center when appropriate</b>	Policy and Procedures, transfer agreements, elements of the PIPS program	YES NO	Required for designation	X		
<b>III.C.6. Emergency department, division service or section</b>	Policy and Procedures	YES NO	Required for designation	X		
<b>III.C.7. Intensive Care Service</b>	Policy and Procedures	YES NO	Required for designation	X		
1. Surgeon co-director or director of the ICU responsible for policies and administration need related to the ICU trauma patient	Name and contact information. Policies and procedure and/or job description	YES NO	Required for designation	X		
2. Surgeon co-director or director of the ICU credentialed by the hospital to care for ICU patients	Medical Staff Office Confirmation	YES NO	Required for designation	X		
3. A trauma surgeon remains in charge of the trauma ICU patients	Policy and procedure/ PIPS	YES NO	Required for designation	X		
4. Equipment and supplies as determined by physician director of ICU and the trauma program medical director	Site visit	YES NO	Required for designation			X
5. Qualified specialist promptly available to care for the trauma patient in ICU	Call list, PI Indicator	YES NO	Required for designation	X		
6. Qualified specialist shall be part of the trauma team	Policy and Procedures / Call list	YES NO	Required for designation	X		
7. Surgical director or co-director participates in PIPS program	Policy and Procedures	YES NO	Required for designation	X		
8. Policy and procedures for immediate physician coverage that does not leave the Emergency department unstaffed	Policy and Procedures	YES NO	Required for designation	X		
9. PIPS program that reviews ICU admissions and transfers	PIPS	YES NO	Required for designation	X		
<b>Clinical Capabilities/Functions</b>						
<b>Surgical Specialist</b>						
<b>III.C.9. a. General Surgery</b>	List of surgeons taking trauma call	YES NO	Required for designation	X		X
Qualifications						
1. Board Certified surgeons with special interest in trauma	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
2. Credentialed member of medical staff with general surgery privileges	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		

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3. ATLS course completion at least once	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
4. Accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
<b>Clinical Involvement</b>						
1. Participates in trauma call and arrives in the ED within 30 min. or on patient arrival 80% of the time	Un-encumbered at another facility, provide on-call list for 3 mos. Include in PIPS program	YES NO	Required for designation	X		X
2. Back-up call schedule published and available	Back-up schedule for 3 months	YES NO	Required for designation	X		X
3 A core group participates in 60% of the trauma call hours	Schedules, Policy and Procedure/ PIPS	YES NO	Required for designation			
4. Present in the OR for all trauma surgeries	Identify method to document and include in PIPS indicator	YES NO	Required for designation	X		X
<b>Program Improvement</b>						
Participation in the peer review committee at least 50% of the time	Provide method of tracking	YES NO	Required for designation	X		
<b>Local, Regional and National Commitment</b>						
Participate in local, regional, state or national trauma organizations		YES NO	Recommended	X		
<b>III.C.9.b.Orthopedic Surgery</b>	List of Orthopedic Surgeons	YES NO	Required for designation	X		X
<b>Availability</b>						
1.Participates in trauma call and arrives in the ED within 30 min. or on patient arrival 80% of the time when activated	Provide on-call list for 3 mos. and include in PIPS program	YES NO	Required for designation	X		X
2. For consultations reply within 5 min of page	PIPS program indicator	YES NO	Required for designation	X		
3. Provide a contingency plan when/if unavailable	Policy and Procedure	YES NO	Required for designation	X		
<b>Qualifications</b>						
Board Certified recommended	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
<b>Clinical Involvement</b>						
1.Regularly care of injured patients	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		X

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2. Credentialed member of medical staff with general orthopedic surgery privileges	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
3. Participation in the organization of trauma protocols, trauma team, trauma call roster and trauma rounds	Policy and Procedures and elements of the PIPS program	YES NO	Required for designation	X		X
<b>Program Improvement</b>						
1. Identify orthopedic surgeon liaison physician for PIPS issues	Name and contact information	YES NO	Required for designation	X		
2. Active participation in trauma PIPS program and Trauma Program Operational Process Performance Committee	Identify committee members/ Policy and Procedures	YES NO	Required for designation	X		
3. Participation in the peer review committee at least 50% of the time	Provide method of tracking	YES NO	Required for designation	X		
4. The orthopedic program should conduct its own case reviews and report to PIPS	PIPS program indicator	YES NO	Required for designation	X		
<b>Continuing education</b>						
1. The orthopedic surgery liaison physician should accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation	YES NO	Recommended	X		
2. Other orthopedist involved in trauma care should document 16 hours of trauma related CME per year or demonstrate participation in internal educational programs conducted by the trauma program	Provide method of tracking	YES NO	Recommended	X		
<b>III.C.9.c Neurosurgery</b>	List of Neurosurgeons taking trauma call	YES NO	Required for designation	X		
<b>Availability</b>						
1. Participates in trauma call and arrives in the ED within 30 min. or on patient arrival 80% of the time when activated	Provide on-call list for 3 mos. and include in PIPS program	YES NO	Required for designation	X		X
2. For consultations reply within 5 min of page	PIPS program indicator	YES NO	Required for designation	X		
3. Provide a contingency plan when/if unavailable	Policy and Procedure	YES NO	Required for designation	X		
<b>Qualifications</b>						
1. Board Certified recommended	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		

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2. Credentialed member of medical staff with neurosurgical surgery privileges	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
<b>Clinical Involvement</b>						
Regularly care of head and spinal cord -injured patients	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
<b>Program Improvement</b>						
1. Identify orthopedic surgeon liaison physician for PIPS issues	Name and contact	YES NO	Recommended	X		
2. Participation in trauma PIPS program and Trauma Program Operational Process Performance Committee	Policy and Procedure	YES NO	Required for designation	X		X
3. Participation in the peer review committee at least 50% of the time	Provide method of tracking	YES NO	Required for designation	X		
<b>Continuing education</b>						
1. The neurosurgical liaison physician should accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
2. Other neurosurgeons should document 16 hours of trauma related CME per year or demonstrate participation in internal educational programs conducted by the trauma program	Provide method of tracking	YES NO	Recommended	X		
<b>III.C.10.c.Consultation and Consultation /Transfer Agreements</b>						
1. Provide for consultation and/or consultation/ transfer agreements for the following surgical services: burns, cardiothoracic, pediatric, replantation/microsurgery and spinal cord injury	Consultation and consultation lists/transfer agreements	YES NO	Required for designation	X		
2. Provide for regular review of consultations and consultations/transfers	PIPS	YES NO	Required for designation	X		X
<b>Non-surgical Specialist</b>						
<b>III.C.10.a. Emergency Medicine</b>						
1. Staffing to assure immediate and appropriate care of the trauma patient	List of Emergency Physicians caring for trauma patients	YES NO	Required for designation	X		
	Physician staffing schedule for 3 mos.	YES NO	Required for designation	X		

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	Policy and Procedures /PIPS program to evaluate care and staffing	YES NO	Required for designation	X		
2. Defined roles and responsibilities defined agreed upon and approved by the trauma director	Policy and Procedures /PIPS program	YES NO	Required for designation	X		X
<b>Qualifications</b>						
1.Board Certified recommended	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
2. Completion of at least one ATLS course	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
<b>Clinical Involvement</b>						
1. Regularly involved in care of trauma patients	Physician staffing schedule for 3 mos.	YES NO	Required for designation	X		
2. Participation in the organization of trauma protocol, peer review committees, and trauma resuscitations	Policy and Procedures and elements of the PI program	YES NO	Required for designation	X		
<b>Program Improvement</b>						
1. Identify ED liaison physician for PIPS issues	Name and contact information	YES NO	Required for designation	X		
2. Representative(s) participate in at least 50% of the multidisciplinary peer review committee meetings	Provide a method of tracking	YES NO	Required for designation	X		
<b>Continuing education</b>						
1. ED liaison physician should accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation	YES NO	Recommended	X		
2. Other ED physicians should document 16 hours of trauma related CME per year or demonstrate participation in internal educational programs conducted by the trauma program	Provide method of tracking	YES NO	Recommended	X		
Nursing and MICN staffing to care for the trauma patient	Schedules, training programs i.e. ACLS, MICN, CEN, TNCC, CCRN	YES NO	Required for designation	X		
Dedicated trauma receiving area with equipment and supplies to provide care	Site review team	YES NO	Required for designation			X

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<b>III.C.10.b. Anesthesiology</b>	List of Anesthesiologist caring for trauma patients	YES NO	Required for designation	X		
Availability						
1. Participates in trauma call and arrives in the OR with the patient arrival	Provide on-call list for 3 mos. and include in PIPS program	YES NO	Required for designation	X		
2. Availability and absence of delays in airway control or operations documented in PIPS program including training and utilization of ED physicians used to manage emergency airway problems	Policy and Procedure, PIPS	YES NO	Required for designation	X		
Qualifications						
1. Credentialed member of medical staff with anesthesia privileges	Medical Staff Office Confirmation / Physician information sheet	YES NO	Required for designation	X		
2. May be a senior resident or certified registered nurse anesthetists (CRNA) under the supervision of the staff anesthesiologist	Medical Staff Office Confirmation	YES NO	Qualifies for requirement	X		
Clinical Involvement						
Regularly care of injured patients	Schedules, Policy and Procedure/ PIPS	YES NO	Required for designation	X		
Program Improvement						
1. Identify liaison representative	Name and contact information	YES NO	Required for designation	X		
2. Liaison representative(s) participation in the peer review committee at least 50% of the time	Provide method of tracking	YES NO	Required for designation	X		
Continuing education						
1. The anesthesiology liaison physician should accrue and average of 16 annually or 48 hours every 3 years of verifiable external trauma related CME	Medical Staff Office Confirmation / Physician information sheet	YES NO	Recommended	X		
2. Other anesthesiologist should document 16 hours of trauma related CME per year or demonstrate participation in internal educational programs conducted by the trauma program	Provide method of tracking	YES NO	Recommended	X		
<b>III.C.10.c. Consultation and Consultation /Transfer Agreements</b>						

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1. Internal Medicine specialist available for consultation	Provide call list	YES NO	Required for designation	X		
2.. Provide for consultation and/or consultation/transfer agreements for burn care, pediatric care, and rehabilitation	Consultation and transfer agreements	YES NO	Required for designation	X		
3. Provide consultation list for: cardiology, gastroenterology, hematology, infectious disease, nephrology, neurology, pathology, and pulmonary medicine	Provide call list for three months	YES NO	Required for designation	X		
4. Provide for regular review of consultations and consultations/transfers	PIPS	YES NO	Required for designation	X		X
<b>Clinical Services</b>						
<b>III.D.1. Radiology Service</b>	Policy and Procedure, PIPS	YES NO	Required for designation	X		
1. Conventional radiology and computerized tomography (CT) available 24/7	Staffing schedule	YES NO	Required for designation	X		
2. The CT technologist may take call from outside the hospital	Call list for 3 months	YES NO	Required for designation	X		
3. Qualified radiologist available in person or by teleradiology for the interpretation of imaging studies or interventional procedures	Call list for 3 months	YES NO	Required for designation	X		
4. PIPS include timeliness of studies, reports and staff availability both verbal and written	Policy and Procedure , PIPS	YES NO	Required for designation	X		
5. Radiology staff adequately trained in emergency resuscitation	Description of Training Programs	YES NO	Required for designation	X		
6. Radiologists be involved in the PIPS program	PIPS program	YES NO	Required for designation	X		X
<b>III.D.2. Clinical Laboratory Service</b>	Policy and Procedure, PIPS	YES NO	Required for designation	X		
1. Available 24/7 for standard analyses if blood, urine and other body fluids	Staffing schedules	YES NO	Required for designation	X		
2. Blood bank capable of blood typing and cross-matching	Policy and Procedure, PIPS	YES NO	Required for designation	X		
3. Maintain and adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate and coagulations factors to meets needs of trauma patients	Policy and Procedure, PIPS	YES NO	Required for designation			X
4. Capability for provide 24 hour availability for coagulations studies, blood gases and microbiology services	Policy and Procedure, PIPS	YES NO	Required for designation	X		

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<b>III.D.3. Operating Room</b>						
Operating room	Policy and Procedure, PIPS	YES NO	Required for designation	X		
1. Operating room staffing and services available within 30 min. of notification	Staffing schedule	YES NO	Required for designation	X		
2. Appropriate equipment including:		YES NO	Required for designation			X
Rapid infusers, thermal control equipment for patients and resuscitation fluids, intraoperative radiologic capabilities, fracture fixation equipment, and equipment for endoscopic evaluation (bronchoscopy and gastrointestinal)	Review at site visit	YES NO	Required for designation			X
3. Craniotomy equipment with neurosurgical coverage	Review at site visit	YES NO	Required for designation			X
4. Contingency plan when trauma OR suite in use	Policy and Procedure, PIPS	YES NO	Required for designation	X		
Post Anesthesia Care	Policy and Procedure, PIPS	YES NO	Required for designation	X		
1. Staffing available 24/7	Staffing schedule, PIPS	YES NO	Required for designation	X		
2. PIPS program addressing need for pulse oximetry, end-tidal CO <sub>2</sub> , pulmonary artery catheterization, patient re-warming and intracranial monitoring	PIPS	YES NO	Required for designation	X		X
ICU Support Services	Policy and Procedure, PIPS	YES NO	Required for designation	X		
1. In -house staffing 24/7 with a ratio not to exceed 2:1	Staffing schedule	YES NO	Required for designation	X		X
2. Equipment for monitoring pulse oximetry, end-tidal CO <sub>2</sub> , pulmonary artery catheterization, patient re-warming and intracranial pressures	Site Visit	YES NO	Required for designation			X
3. Adequate training for the care of trauma patients	Training requirements, programs and opportunities - i.e. CCRN, ACLS, TNCC	YES NO	Required for designation	X		
<b>III.D. Respiratory Support Services</b>	Schedules, Policy and Procedure/ PIPS	YES NO	Required for designation	X		
In house and immediately available	Call list, PIPS	YES NO	Required for designation	X		
<b>III.D. Acute Hemodialysis</b>						

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Transfer agreement or policy and procedure for services	Policy and Procedure or transfer agreement	YES NO	Required for designation	X		
<b>III.C3 Rehabilitation</b>						
Physical therapy services available in the hospital	Policy and Procedure and transfer agreement for long term therapy	YES NO	Required for designation	X		
<b>III.C3 Social Services</b>						
Physical therapy services available in the hospital	Policy and Procedure and transfer agreement for long term therapy	YES NO	Required for designation	X		
<b>Helicopter Access</b>	Policy and procedure to accept helicopter patients	YES NO	On site landing recommended and ability to accept required for designation	X		X
<b>III.D.E. Written Transfer Agreements with Level I or II trauma centers , Level I or II pediatric trauma centers or to the specialty care centers, for the immediate transfer of patients whose care requires additional resources</b>	Consultation and transfer agreements and criteria, PIPS	YES NO	Required for designation	X		
<b>Performance Improvement and Patient Safety (PIPS)</b>						
<b>III.H. Provide for an organized program for monitoring, evaluation and improving the performance of the trauma program</b>	PIPS program that clearly identifies the trauma patient with clear , reliable and verifiable data with policies and procedures that insure confidentiality	YES NO	Required for designation	X		X
1.Demonstration of a PIPS program compliant with Appendix A.2 of the San Luis Obispo County Trauma Plan to include population to be monitored and performance categories such as general principles, process measures and outcome measures	PIPS program Policy and Procedures, sample data collection and review process with corrective action and closure loop	YES NO	Required for designation	X		X
2. Data Collection - participate in the local, state, regional and national trauma databanks (NTDB)	LOI, Participation in San Luis Obispo LEMSA TSC/QI committees. State, regional and National recommended	YES NO	Required for designation	X		X
3. Trauma registrar trained in the use of the trauma registry	Name and contact information	YES NO	Recommended for designation	X		

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4. Data registry - participate in the San Luis Obispo County EMS Agency approved Trauma Registry program	LOI, Participation in San Luis Obispo LEMSA TSC/QI committees	YES NO	Required for designation - on going	X		X
5. Establish Multi-disciplinary Review program to include: 1) review of the performance trauma program, 2) review the safety of the trauma patient, 3) provide focused education and 4) provide for peer review	PIPS program Policy and Procedures, sample data collection and review process with corrective action and closure loop	YES NO	Required for designation	X		X
6. Identify members of the Trauma Operational Process Performance Committee (Also known as the Multidisciplinary Committee)	List of members	YES NO	Required for designation	X		
7. Establish policies and procedures for the Trauma Peer Review Committee	PIPS program, Policy and Procedures, sample data collection and review process with corrective action and closure loop	YES NO	Required for designation	X		X
8. Ensure the core group of general surgeons participate in 50% of the multidisciplinary peer review committee meetings	Method to track and document participation	YES NO	Required for designation	X		
9. Ensure all deaths be systematically reviewed and categorized as preventable. Non-preventable or potentially preventable through a peer review process.	PIPS program Policy and Procedures, sample data collection and review process with corrective action and closure loop	YES NO	Required for designation - on going	X		X
<b>Outreach and Education - Professional</b>						
III.F.1.Outreach Programs	Trauma program provided to referral hospitals and EMS providers	YES NO	Required for designation	X		X
Capability to provide both telephone and on-site consultation with physicians in the community and outlying areas	Procedure for contacting and accessing information	YES NO	Required for designation	X		

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III.G. Professional Education and Training	In-house and outside programs provided for staff physicians, staff nurse, staff allied health, EMS personnel and other community physicians and health care personnel	YES NO	Required for designation	X		
<b>III.F. Public Education and Prevention</b>						
III.G. Public Education	Examples and calendar of events	YES NO	Required for designation	X		X
Trauma prevention programs identified through the trauma registry data on patterns, frequency and risks for injury.	PIPS	YES NO	Required for designation			
Public trauma prevention programs	Public education programs	YES NO	Required for designation	X		
<b>Disaster Planning and Management</b>						
Hospital disaster plans that include: the hospital role in community emergency preparedness, implementation of specific procedures, management of key materials and activities, staff preparation, deployment and roles, management of patient care services, disaster drills, and monitoring and evaluation of hospital performance	Policy and Procedure, PIPS, HEICS, calendar of drills	YES NO	Recommended by American College of Surgeons(ACS)	X		
<b>Organ Procurement Activities</b>						
1. Policy to trigger notification of the regional Organ Procurement Organization (OPO).	Policy and Procedure, PIPS	YES NO	Recommended by American College of Surgeons(ACS)	X		
2. Written protocols defining clinical criteria and confirmatory tests for the diagnosis of brain death	Policy and Procedure, PIPS	YES NO	Recommended by American College of Surgeons(ACS)	X		
3. Program to review organ donation rates	PIPS	YES NO	Recommended by American College of Surgeons(ACS)	X		