

Trauma Center Level Differences in Pennsylvania
Reference: 2005 Standards for Trauma Center Accreditation

STANDARD	Level I	Level II	Level III
<p>General Characteristics</p>	<p>Regional Resource Trauma Center serving population dense areas. Serve as lead hospital for a system and must be able to provide comprehensive care for every aspect of injury.</p> <p>A level I facility will rarely transfer out trauma patients except in the case of pediatric and burn trauma.</p>	<p>Regional Trauma Center. The main distinguishing characteristics are:</p> <ul style="list-style-type: none"> ▪ Volume: 350 PTOS ▪ Residency Programs are not required ▪ External Pre-hospital Education: N/A ▪ Subspecialty services: ▪ Equipment: <p>In Pennsylvania, EMS does not distinguish between a Level I and II trauma center when triaging the most severely injured patients. Furthermore the quality of care delivered at a Level I must be comparable to a Level II with the caveat that because certain subspecialists groups are not required that transfers out will be more frequent based on the capabilities of the institution.</p>	<p>Must have capability to manage initial care with a general surgeon available within 30 minutes, as needed. A resuscitation team will be organized for severely injured patients. Mandatory transfer is required for severely injured patients.</p> <p>Only hospitals that meet legislative criteria can apply</p> <ol style="list-style-type: none"> 1. Cannot be located in a county with a level I or II trauma center. 2. Must be > 25 miles away from a Level I or II trauma center. 3. Must have comprehensive ED. 4. Must have 4000 patients admitted through the ED.

Key:

D Desired—(not mandatory)
E Essential—(mandatory)
-- (not needed)

Notes:

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- Two additional levels of accreditation are not mentioned in this table: Pediatric Regional Resource Centers and Level I Centers with Additional Qualifications in Pediatrics.

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1. Commitment	Essential	Essential	24-hour telephone consultation "Desired," instead of "Essential."
2. Capacity & Ability	Essential—600 PTOS patients	Essential—350 PTOS patients	Mandatory transfer out criteria and trauma consult criteria – Appendix A EMS agency agreements needed to assure continuous availability of transportation for unstable trauma patients requiring transfer to a higher level trauma center. No volume requirement.
3. Helipad	Essential	Essential	Must have access to a lighted licensed helipad within one mile of the ED with emergency vehicles readily available to provide proper transport.
4. General Surgery Residency	Essential	Desired	Not required.
5. Trauma Program Medical Director	Essential <i>NOTE: Needs to be a board-certified General Surgeon.</i>	Essential <i>NOTE: Needs to be a board-certified General Surgeon.</i>	Participation in trauma educational activities such as ATLS and training programs in General Surgery is "desired" only. <i>NOTE: Needs to be a board-certified General Surgeon.</i>
6. Physician Credentialing	Essential with additional education required for TPMD.	Essential with additional education required for TPMD.	TPMD not required to be an ATLS instructor. 24 CME over a three-year period, instead of 48 as required for Level I/II facilities. <ul style="list-style-type: none"> ▪ Needed for GS, ED and TPMD. No pediatric or external CME required but can be used to fulfill requirement

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7. Physician's Assistants	May be used but roles must be clearly defined and 12 CME/year required.	May be used but roles must be clearly defined and 12 CME/year required.	6 CME/year needed, instead of 12. <ul style="list-style-type: none"> ▪ At least 2 of those must be obtained outside the institution.
8. Trauma Program Coordinator	Essential	Essential	One FTE is "Desired" instead of "Essential"
9. Nursing Services	Essential	Essential	Same requirements.
10. Nursing Credentials	E: Must have 8 hours per year with ICU nurses needing specialty certification and completion of ACLS. Additional hrs required for TPC.	E: Must have 8 hours per year with ICU nurses needing specialty certification and completion of ACLS. Additional hrs required for TPC.	Certifications not needed. (CEN, CCRN) 4 trauma hours/year (instead of 8) for nurses in units caring for trauma patients. No hours needed for Nurse Anesthetists 9 trauma hours needed (instead of 18) for TPC
11. CRNP	May be used but roles must be clearly defined and 12 trauma hrs/year required.	May be used but roles must be clearly defined and 12 trauma hrs/year required.	Six hrs (instead of 12 hrs) needed, two of which may be counted from in-house trauma conferences.
12. Post Discharge Follow-up	Essential	Essential	Same requirements.
13. Trauma Prevention	Essential	Essential	External programs not mandatory
14. EMS Involvement	Essential	Essential	Regional EMS involvement is "Desired" (instead of Essential for Level I/II centers.) This includes participating in pre-hospital education and assistance in developing policies and procedures.

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15. Trauma Registry	E: Must collect data on all trauma patients as defined by accrediting body	E: Must collect data on all trauma patients as defined by accrediting body	E: Must collect data on all trauma patients as defined by accrediting body																																																																		
16. Organ Donation	Essential	Essential	Essential - Same requirements.																																																																		
17. Trauma Program	Essential	Essential	Essential - Same requirements.																																																																		
18. Surgical Specialties Availability . . .	<p>E – all surgical subspecialists required including:</p> <table border="0"> <tr><td>1. Cardiac Surgery</td><td>E</td></tr> <tr><td>2. Hand Surgery</td><td>E</td></tr> <tr><td>3. Micro</td><td>E</td></tr> <tr><td>4. OB/GYN</td><td>E</td></tr> <tr><td>5. Ophthalmic</td><td>E</td></tr> <tr><td>6. Oral/Maxillofacial</td><td>E</td></tr> <tr><td>7. Otorhinolaryngologic</td><td>E</td></tr> <tr><td>8. Pediatric</td><td>E</td></tr> <tr><td>9. Plastic</td><td>E</td></tr> <tr><td>10. Thoracic</td><td>E</td></tr> <tr><td>11. Urologic</td><td>E</td></tr> </table>	1. Cardiac Surgery	E	2. Hand Surgery	E	3. Micro	E	4. OB/GYN	E	5. Ophthalmic	E	6. Oral/Maxillofacial	E	7. Otorhinolaryngologic	E	8. Pediatric	E	9. Plastic	E	10. Thoracic	E	11. Urologic	E	<p>Same as Level I but cardiac, hand, microvascular, and pediatric surgery not required.</p> <p>Neurology, Physiatry, Psychology not needed.</p> <table border="0"> <tr><td>1. Cardiac Surgery</td><td>D</td></tr> <tr><td>2. Hand Surgery</td><td>D</td></tr> <tr><td>3. Micro</td><td>D</td></tr> <tr><td>4. OB/GYN</td><td>E</td></tr> <tr><td>5. Ophthalmic</td><td>E</td></tr> <tr><td>6. Oral/Maxillofacial</td><td>E</td></tr> <tr><td>7. Otorhinolaryngologic</td><td>E</td></tr> <tr><td>8. Pediatric</td><td>D</td></tr> <tr><td>9. Plastic</td><td>E</td></tr> <tr><td>10. Thoracic</td><td>E</td></tr> <tr><td>11. Urologic</td><td>E</td></tr> </table>	1. Cardiac Surgery	D	2. Hand Surgery	D	3. Micro	D	4. OB/GYN	E	5. Ophthalmic	E	6. Oral/Maxillofacial	E	7. Otorhinolaryngologic	E	8. Pediatric	D	9. Plastic	E	10. Thoracic	E	11. Urologic	E	<p>Neurologic surgery not needed.</p> <p>On call schedules not required for all other surgical subspecialists beyond trauma and orthopedics</p> <p>Must have 30 minute response time for trauma surgeons.</p> <p>Orthopedic surgeons do not need to be dedicated to one hospital or have a back-up call schedule if not dedicated to one hospital (“Desired” only). They must, however, be “promptly available.”</p> <table border="0"> <tr><td>1. Cardiac Surgery</td><td>--</td></tr> <tr><td>2. Hand Surgery</td><td>--</td></tr> <tr><td>3. Micro</td><td>--</td></tr> <tr><td>4. OB/GYN</td><td>D</td></tr> <tr><td>5. Ophthalmic</td><td>D</td></tr> <tr><td>6. Oral/Maxillofacial</td><td>D</td></tr> <tr><td>7. Otorhinolaryngologic</td><td>D</td></tr> <tr><td>8. Pediatric</td><td>D</td></tr> <tr><td>9. Plastic</td><td>D</td></tr> <tr><td>10. Thoracic</td><td>D</td></tr> <tr><td>11. Urologic</td><td>D</td></tr> </table>	1. Cardiac Surgery	--	2. Hand Surgery	--	3. Micro	--	4. OB/GYN	D	5. Ophthalmic	D	6. Oral/Maxillofacial	D	7. Otorhinolaryngologic	D	8. Pediatric	D	9. Plastic	D	10. Thoracic	D	11. Urologic	D
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20. Emergency Department	Essential	Essential	<p>Arterial Catheters—“<u>Desired</u>” equipment (“Essential” in Level I/II trauma centers).</p> <p>Must have two Emergency Medicine physicians covering ED during periods of peak patient volumes.</p>																																																																														
21. Clinical Lab Services	Essential	Essential	Essential - Same requirements																																																																														

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23. OR	The operating room will be adequately staffed in-house and immediately available 24 hours a day. When the first team is in surgery, the second on-call team will be in-house. 1. Cardiopulmonary bypass capability E 2. Operating microscope E 5. Endoscopes E 6. Craniotomy instruments E	The operating room will be adequately staffed in-house and immediately available 24 hours a day. When the first team is in surgery, the second on-call team will be in-house. 1. Cardiopulmonary bypass capability D 2. Operating microscope D 5. Endoscopes E 6. Craniotomy instruments E	"The operating room will be adequately staffed in-house and immediately available 24 hours a day. When the first team is in surgery, the second on-call team will be in-house." (<u>Desired</u>) The OR on-call team will have a 30 minute response time. No back-up team is needed. Equipment differences (In the Standards, #'s 3, 4, 7-14 are " <u>Essential</u> ") 1. Cardiopulmonary bypass capability -- 2. Operating microscope -- 5. Endoscopes D 6. Craniotomy instruments --
24. PACU	Essential	Essential	ICP monitoring <u>NOT NEEDED</u> .
25. ICU	Essential with all necessary equipment to care for all age groups.	Essential with all necessary equipment to care for all age groups.	A pediatric ICU or ICU with specific beds available to become pediatric trauma beds is <u>NOT NEEDED</u> . A surgically directed ICU team is <u>NOT NEEDED</u> . 24 hour in-house ICU physician coverage is <u>NOT NEEDED</u> . ICP monitoring devices are <u>NOT NEEDED</u> .

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26. Step-Down Units	Essential with all necessary equipment to care for all age groups.	Essential with all necessary equipment to care for all age groups.	Essential with all necessary equipment to care for all age groups.
27. Med./Surg. Units	Essential with all necessary equipment to care for all age groups.	Essential with all necessary equipment to care for all age groups.	Essential with all necessary equipment to care for all age groups.
28. Acute Hemodialysis	Acute hemodialysis " <u>Essential</u> "	Acute hemodialysis " <u>Desired</u> "	Acute hemodialysis " <u>Desired</u> "
29. Burn Care	Transfer Agreements are "Essential" A staffed, in-House burn unit is not needed.	Transfer Agreements are "Essential" A staffed, in-House burn unit is not needed.	Transfer Agreements are "Essential" A staffed, in-House burn unit is not needed.
30. Neurotrauma Management	Essential	Essential	There must be formal written transfer agreements in effect with regionally recognized spinal cord/column and brain injury treatment centers. Early transfer will be considered for all cases whereby a brain or spinal cord injury is suspected.
31. Social Work Capabilities	Essential	Essential	There will be a social worker designated as accountable for ensuring that all trauma social work services are being provided in a cohesive manner. Active participation in trauma multidisciplinary forums/groups/committees is " <u>Desired</u> ." Trauma-related continuing education is " <u>Desired</u> ."
32. Spiritual Counseling/Pastoral Care	Essential	Essential	Essential
33. Trauma Performance Improvement Programs	Essential Must be multidisciplinary.	Essential Must be multidisciplinary.	Essential Must be multidisciplinary.

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34. Trauma Research	Essential	Desired	NOT NEEDED
35. Continuing Education Programs	Formal external education programs "Essential."	Formal external education programs "Desired."	Formal external education programs NOT NEEDED.
36. Trauma Rehab Services	Essential	Essential	A physiatrist consult is NOT NEEDED. Nutritional screening NOT NEEDED.
37. Case Management	Essential	Essential	Case management . . . "Desired" Case managers' evidence of education NOT NEEDED. A job description and organizational chart including a case manager is NOT NEEDED.
38. Geriatric Trauma Patient Care	Continuing education "Essential."	Continuing education "Essential."	Continuing education "Desired."

NOTE: Trauma patients submitted to the PTOS registry must meet the following criteria:

- *ICU patients*
- *All deaths*
- *All patients transferred in our out of the trauma center*
- *Only patients with hospital lengths of stay > 48 hours*

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