

Level 4 Trauma Hospital Designation Criteria Modifications

December 2019

Language that has been removed is ~~struck through~~; Language that has been added is underlined.

10	Modifications to New Criteria (Effective Jan. 1, 2020)
Admission	<p>10.1 Trauma patients¹ requiring admission to care for their injuries must be transferred to higher-level trauma hospitals, except that patients with these conditions may be considered for admission following a trauma work-up²:</p> <ul style="list-style-type: none"> ▪ Concussion without evidence of hemorrhage on CT, except those patients with a traumatic subarachnoid hemorrhage who are not taking an anti-coagulant or anti-platelet medication other than aspirin may be considered for admission after consultation with a neurosurgeon ▪ <u>Concussion without evidence of hemorrhage on CT;</u> ▪ <u>Concussion with a traumatic subarachnoid hemorrhage, a GCS motor score of 6 and not taking an anti-coagulant or anti-platelet medication other than aspirin after consultation with a trauma-trained general surgeon³ or neurosurgeon;</u> ▪ Diminished level of consciousness attributed to a non-traumatic cause; ▪ <u>Thoracic or lumbar transverse or spinous process fracture;</u> ▪ <u>Other acute</u> spinal fracture after consultation with a spine surgeon; ▪ Orthopaedic injuries in the absence of injury to another major organ system (i.e., circulatory, nervous or respiratory); ▪ Multiple rib fractures, sternum fracture, scapula fracture after consultation with a trauma surgeon at a tertiary trauma hospital ▪ <u>One or two rib fractures;</u> ▪ Pneumothorax that does not require a thoracostomy; ▪ Those that refuse to be transferred.

¹ Patients admitted for pain control, to care for a medical condition, for palliative care, for physical or occupational therapy, or while awaiting evaluation or placement for a living situation are not considered to be trauma patients.

² In accordance with current trauma guidelines such as ATLS, CALS

³ "Trauma-trained general surgeon" means a general surgeon that meets the training requirements of Section 12.

10	Modifications to New Criteria (Effective Jan. 1, 2020)
Admission	<p>10.2 If a general surgeon is <u>continuously</u> on-call, patients with the following injuries may also be considered for admission:</p> <ul style="list-style-type: none"> ▪ <u>Three or more rib fractures, or sternum fracture, or scapula fracture after consultation with a trauma-trained general surgeon⁴;</u> ▪ Pneumothorax requiring a thoracostomy; ▪ Those who have undergone an emergent surgical procedure as part of the resuscitation that definitively treats the traumatic condition. <p>The general surgeon must respond to the hospital and assess a patient with a pneumothorax within 18 hours.⁵</p>
	<p>10.3 Patients may be admitted only if, in the event of deterioration, emergent transfer would result in the patient arriving at the definitive care facility within 120 minutes from the time deterioration is discovered.⁶</p>
	<p>10.4 The hospital must have a policy describing:</p> <ul style="list-style-type: none"> ▪ The types of trauma patients considered for admission, ▪ The specialties responsible for admitting and providing consults, ▪ The expectations for monitoring patients for deterioration, and ▪ Procedures to ensure that, in the event of deterioration, patients admitted for trauma care will arrive at definitive care within 120 minutes from the time deterioration is discovered.

⁴ “Trauma-trained general surgeon” means a general surgeon that meets the training requirements of Section 12.

⁵ When indicated, a thoracostomy should be performed immediately; it should not be delayed while awaiting the arrival of a surgeon.

⁶ Hospitals unable to meet this criterion due to their geographic distance from a definitive care hospital should contact trauma system staff to discuss a waiver.