

Designation system—thoughts

Authority

Indiana Code 16-19-3-28 names the ISDH as the lead agency to develop, implement and oversee a statewide comprehensive trauma care system to prevent injuries, save lives, and improve the care and outcome of individuals injured in Indiana. Further, the law gives the agency the authority to adopt rules concerning the development and implementation of standards and procedures for trauma care level designation of hospitals.

Vision and objectives

- Essentially, supplement the trauma center verification process of the American College of Surgeons.
 - ACS addresses the more clinical aspects of trauma centers.
 - ISDH’s responsibility would be to handle more of the Indiana trauma system development aspects.
 - The designation process will ask a little more of Indiana trauma centers than ACS requires.
- Voluntary process on the part of hospitals (as it is with ACS), meaning there is no requirement for hospitals to become trauma centers. If a hospital wants to be legally recognized as a trauma center in Indiana, it must be both ACS-verified and ISDH-designated to operate a trauma center (or to advertise itself as a trauma center). A hospital shall not use the word “trauma” to describe itself, or in its advertising, unless it obtains and maintains ACS verification and ISDH-designation.
 - The term “designation” is an official label assigned by a political authority (i.e., the ISDH). Hospitals can volunteer to become part of the trauma system, and submit for state designation as a trauma center at a specific level of capability. The standards and process will be spelled out in administrative rules.
 - Designation is for a defined period of time, and must be periodically re-certified to maintain that level of designation. Hospitals must be verified as meeting the ACS standards before they can be designated at a specific level.
 - The ACS requires a hospital which is anticipating a request for verification will have a working, documentable trauma program in place.
- As we have maintained since Indiana began working on a statewide trauma system, we will follow the structure in place for ACS verification—Levels I, II and III for adults, Levels I and II for pediatrics.

Specific aspects of the designation process

- Annually, ISDH will issue notice on Jan. 1 to all Indiana hospitals re: trauma verification/designation system. Hospitals first become ACS-verified, then ISDH-designation follows (unless the hospital is applying for provisional designation).

- For hospitals that are already ACS-verified:
 - They are automatically grandfathered into ISDH-designation status.
 - They must meet specific designation requirements by their next ACS verification visit.
 - ISDH designation staff will join ACS verification team during verification visit to determine hospital's compliance with designation requirements (see below).
- For hospitals that are not already ACS-verified:
 - Hospital must first be ACS-verified.
 - Unless the hospital is pursuing the provisional designation, in which case provisional designation can precede ACS verification.
- What ISDH will ask of hospitals in the designation process:
 - The hospital must permit a designee of the State Health Commissioner to attend the ACS verification site visit.
 - Require Level I and Level II trauma centers to participate in the ACS' Trauma Quality Improvement program, which allows them to benchmark against other centers of similar type specific to certain outcomes and processes (suggestion of Nels Sanddal, ACS).
 - Establish a public education program to promote evidence-based injury prevention. Conduct significant evidence-based injury prevention activities in its region and partner with the ISDH in its evidence-based injury prevention efforts.
 - Require candidates for Level II designation status to employ one full-time injury prevention staff member.
 - Ideally, prevention activities will be driven by epidemiological data for the community.
 - Provide an extensive professional education outreach program in its region to provide training and other supports to improve care of trauma patients, including being actively involved in local and regional EMS systems, by providing training and clinical educational resources.
 - The hospital must conduct at least one Rural Trauma Team Development Course (RTTDC) each calendar year.
 - Hold meetings twice annually for all trauma providers in the trauma center's catchment area. If the trauma center sponsors a trauma symposium, for example, the symposium can count as one of these meetings if at least one hour of the symposium is dedicated to specific catchment area trauma issues.
 - Agree to cooperate and participate with the ISDH in conducting epidemiological studies and individual case studies.
 - Provide assurances as to how it will incorporate EMS and other health care providers, including its satellite hospitals if it is part of a hospital system, in its region in providing appropriate trauma care.
 - Submit an annual report to the ISDH, in which the hospital details:
 - Relevant items about the trauma center's operations for the previous year, specifically including its participation in PIPs and Injury Prevention.
 - Transfer agreements requirement should include "trauma centers and other acute care facilities in the catchment area" since some of the facilities referring into the trauma center will not be designated as trauma centers, per se (specific suggestion by Nels Sanddal, ACS).
- Trauma center designation is site-specific and not transferable when a trauma center changes location. Hospitals must be designated at the same level they are verified.
- The Commissioner may recognize any out-of-state hospital that applies for Indiana designation so long as it has been designated a trauma center in its home state and has been verified by the ACS or by that state's ACS-equivalent.
- Designation is co-terminous with ACS verification, unless revoked or suspended by the Commissioner. The ISDH has authority to place on probation, suspend or revoke a hospital's designation if there's reasonable cause to believe there's been a substantial failure to comply with the requirements of the rules written by the department.

- The ISDH will investigate complaints and lower than average performance and outcomes of designated trauma centers.
- Failure of the hospital to cooperate in providing documentation and interviews with appropriate staff may result in revocation of designation.
- Hospitals which take adverse action toward an employee for cooperating with the ISDH regarding a complaint or performance issue is subject to revocation of designation.
- Designations may be extended for extenuating circumstances.
- Hospitals that fail to maintain commitments shall submit a plan of correction to the Commissioner for approval, which must be approved and the hospital shall complete the plan of correction within the timeframe outlined in the plan. The commissioner may reinstate the hospital as a designated trauma center upon completion of the plan of correction.
- Once designated, a hospital may voluntarily surrender the designation at any time without giving cause, by contacting the department. In these cases, the application and review process shall be completed again before the designation may be reinstated.

Provisional designation process

- This process is for hospitals that are not yet ready for ACS verification, but believe they can meet Indiana's provisional criteria.
- Within one year of becoming provisionally designated, the hospital must apply for ACS verification.
- Hospitals can be "provisionally" designated for only 2 years total.
- Hospitals must submit data to the Trauma Registry within 3 months of being provisionally designated.
- Requirements will be the same as adopted for EMS Commission for "in the process" designation (those requirements will be specified in the rule that ISDH writes).