

TENNESSEE TRAUMA CENTER DESIGNATION PROCESS

The process of designation is entirely voluntary. Designation is meant to identify those hospitals that will make a commitment to provide a given level of care for the injured patient and who welcome public acknowledgement of that capability. Knowledge of trauma care capabilities, with improved field categorization and prehospital capabilities will help all those involved in the trauma care delivery system make decisions that are in the best interests of the patient.

1. DESIGNATION

A. The preliminary designation process for facilities aspiring for designation as a Level I, II, III Trauma Center shall consist of the following:

1. Each facility desiring designation shall submit an application to the Board for Licensing Health Care Facilities through the state Trauma System Manager;
2. A Department site visit team (“team”) shall review each submitted application and shall act in an advisory capacity to the Board;
3. The team shall communicate deemed application deficiencies to the facility in writing by certified letter;
4. The facility shall have thirty (30) days to submit required information; and
5. Arrangements will be made for a provisional site visit for those facilities meeting application requirements.

B. The site visit team shall consist of the following:

1. A trauma surgeon medical director from an out-of-state trauma center who shall serve as team leader;
2. A trauma surgeon from an in-state Level I trauma center;
3. An in-state trauma nurse coordinator/program manager from a Level I trauma center;
4. The state trauma program manager/EMS director; and
5. For the provisional site visit, an Emergency Department physician from a Level I or Level II trauma center.

C. The team shall be appointed by the following organizations:

1. The National and/or State Committees on Trauma of the American College of Surgeons shall assist in identifying the out-of-state surgeon; and
2. The state trauma program manager/Director of EMS, in consultation with the chairman and vice chairpersons of the Tennessee Committee on Trauma, shall select the in-state members of the site visiting team.

D. The team shall conduct a provisional visit to ensure compliance with all criteria required for designation as a Trauma Center with the requested level of designation before the Board grants an institution designation as a Trauma Center. During the provisional visit,

the applicant shall demonstrate that the required mechanisms to meet the criteria for the desired accreditation level are in place.

- E. The team shall identify deficiencies and areas of improvement it deems necessary for designation.
- F. If the team does not cite any deficiencies and concludes that the facility is otherwise in compliance with all applicable standards, it shall approve the applicant to function with provisional status for a period of one (1) year.
- G. If, during the provisional visit, the team cites deficiencies, it shall not approve provisional status for the applicant to function as a trauma center. Centers with deficiencies shall have fifteen (15) days to provide documentation demonstrating compliance. If the facility is unable to correct the deficiencies within fifteen (15) days, the application shall be denied and the applicant may not resubmit an application for trauma center designation for at least one (1) year from the date of denial.
- H. Facilities granted provisional status as a trauma center shall adhere to the following:
 - 1. The facility shall submit an interim report at the end of one (1) year that shall include the following:
 - (i) A description of changes made after the grant of provisional status;
 - (ii) A description of areas of improvement cited during the provisional visit; and
 - (iii) A summary of the hospital's trauma service based on the trauma registry report.
 - 2. The team will conduct a site visit at the termination of the applicant's one (1) year provisional designation as a trauma center.
 - 3. During the follow-up visit, the team shall identify the presence of deficiencies and areas of improvement.
- I. Upon completion of the follow-up visit, the team shall submit its findings and designation recommendations to the Board.
 - 1. If the team cites deficiencies found during its follow-up visit, they shall be included in its report to the Board.
 - 2. The facility requesting trauma center designation shall be allowed to present evidence demonstrating action taken to correct cited deficiencies to the Board during the ratification process.
- J. The final decision regarding trauma center designation shall be rendered by the Board. If granted, trauma center designation is applicable for a period of three (3) years.
- K. If the Board denies the applicant trauma center designation, the facility may not reapply for at least one (1) year.

L. The facility applying for trauma center designation shall bear all costs of the application process; including costs of a site visit.

2. VERIFICATION:

A. Following designation as a trauma center, a verification site visit shall be conducted at the facility every three (3) years.

B. The team shall advise the center of an upcoming verification visit at least sixty (60) days prior to the visit. After the facility receives notice of the upcoming verification site visit, it shall prepare all materials the team requests for submission.

C. The team shall conduct an exit interview with the facility at the conclusion of the verification visit.

1. During the exit interview the team shall communicate the following:

(i) The presence of deficiencies;

(ii) The facility's strengths and weaknesses; and

(ii) Recommendations for improvements and correction of deficiencies.

D. The team shall submit a site visit report within sixty (60) days of completion of the site visit. It shall submit a copy of the report to the Board, the Chief Executive Officer of the hospital, the hospital board, and the Trauma Advisory Council within sixty (60) days of the site visit.

E. If the team does not cite deficiencies and the center is in compliance with all applicable standards, it will recommend that the facility be confirmed at its current level of trauma designation for a period of three (3) years.

F. If during the site visit the team identifies deficiency(ies), the center shall have a period not to exceed thirty (30) days to correct the deficiencies

G. If the team ascertains that deficiencies have not been corrected within thirty (30) days, either through desk review or an on-site visit, the center must present an explanation to the Board at its next scheduled meeting.

H. The Board may, in accordance with the Uniform Administrative Procedures Act, revoke a facility's trauma center designation.

I. The facility shall bear all costs of the verification process, including the costs of a site visit.

3. All designated Trauma Centers shall participate in the collection of data for the Trauma Registry and in the review of the Trauma Registry.

4. All designated Trauma Centers shall record and report the payor source for patient care on patient discharge. Final payment data shall be classed as self pay, commercial insurance, Medicare, Medicaid, or worker compensation.

5. PROHIBITIONS:

- A. It shall be a violation of these regulations for any health care facility to hold out, advertise or otherwise represent itself to be a “trauma center” as licensed by the Board unless it has complied with the regulations set out herein and the Board has so licensed it.
- B. Any facility the Board designates as a trauma center, at any level, shall provide hospital emergency services to any applicant who applies for the same in case of injury or acute medical condition where the same is liable to cause death or severe injury or illness. The medical needs of an applicant and the available medical resources of the facility, rather than the financial resources of an applicant, shall be the determining factors concerning the scope of service provided.