ARTICLE 33-38
STATE TRAUMA SYSTEM

Chapter
33-38-01 Trauma System Regulation

CHAPTER 33-38-01
TRAUMA SYSTEM REGULATION Section

33-38-01-01. Definitions.

Words defined in North Dakota Century Code chapter 23-01.2 have the same meaning in this chapter. As used in this chapter:

1. "Advanced trauma life support" means the most current edition of the course as developed by the American ~~c~~College of ~~s~~Surgeons - ~~c~~Committee on ~~t~~Trauma, or its equivalent, as determined by the department.

2. "Department" means the state department of health.

3. "Emergency medical services" means the system of personnel who provide medical care from the time of injury to hospital admission.

4. "Local emergency medical services transport plans" means plans developed by emergency medical services, medical directors, and hospital officials which establish the most efficient method to transport trauma patients.

5. "Major trauma patient" means any patient that meets the criteria set forth by the department and/or in step one or two of the field triage decision scheme provided by the American ~~college~~ College of ~~s~~Surgeons, ~~c~~Committee on ~~t~~Trauma, as published by the most current edition of the Resources for Optimal Care of the Injured Patient.

6. "Online medical control" consists of directions given over the telephone or by radio, or other electronic means directly from the medical director or designated physician.

7. "Provisional designation" means a state process of designating a facility as a trauma center based on American ~~c~~College of ~~s~~Surgeons or department standards for a period determined by the department and the state trauma committee or until an American ~~c~~College of ~~s~~Surgeons verification visit or state designation visit is completed.

8. "Trauma" means tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen.

9. "Trauma center" means a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center.

10. "Trauma code" includes the activation and assembly of the trauma team to provide care to the major trauma patient.

11. "Trauma quality improvement program" means a system of evaluating the prehospital, trauma center, and rehabilitative care of trauma patients.

12. "Trauma registry" includes the collection and analysis of trauma data from the trauma system.

13. "Trauma team" includes a group of health care professionals organized to provide care to the trauma patient.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-02. Trauma system.

A statewide trauma system shall be adopted by the state health council. The trauma system shall consist of the following:

1. Standardized definition of major trauma patient.

2. Trauma code activation protocols.

3. Local emergency medical services transport plans.

4. Trauma center designation process.

5. Revocation of trauma center designation process.

6. Statewide trauma registry.

7. Quality improvement process.

8. State trauma committee.

9. Four regional trauma committees.

10. Injury prevention.

History: Effective July 1, 1997; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-03. Activation of trauma codes for trauma patients.

Emergency medical services and trauma centers shall assess patients and activate a trauma code.

1. Emergency medical services must activate a trauma code if the trauma patient meets one or more of the criteria set forth by the department and/or ~~in~~ step one, two, or three of the field triage decision scheme, provided by the current edition of the American ~~c~~College of ~~s~~Surgeons Resources for Optimal Care of the Injured Patient. Step four of the field triage scheme may be used as discretionary criteria for activating trauma code. The field triage scheme is used as a minimal standard and additional activation criteria may be added.

2. A level I, level II, or level III trauma center must follow the minimum criteria for highest level of activation set by the American ~~c~~College of ~~s~~Surgeons ~~c~~Committee on ~~t~~Trauma.

3. A level IV and level V trauma center must activate a trauma code if the trauma patient meets one or more of the criteria set forth by the department and/or in step one, two, or three of the field triage decision scheme, provided by the current edition of the American ~~c~~College of ~~s~~Surgeons Resources for Optimal Care of the Injured Patient. Step four of the field triage scheme may be used as discretionary criteria for activating trauma code. The field triage scheme is used as a minimal standard and additional activation criteria may be added.

History: Effective July 1, 1997; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-04. Emergency medical services.

All emergency medical services licensed or certified by the department shall establish each of the following:

1. Trauma code activation protocols.

2. Trauma patient care protocols that have been reviewed and approved by a medical director.

3. Local emergency medical services/time critical conditions transport plans.

History: Effective July 1, 1997.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-05. Local emergency medical services transport plans.

Emergency medical services shall develop local emergency medical services transport plans for the transport of trauma patients meeting the criteria set forth by the department and/or in step one, two, three, or four of the field triage decision scheme, provided by the current edition of the American ~~c~~College of ~~s~~Surgeons Resources for Optimal Care of the Injured Patient by appropriate means to ~~the nearest~~a designated trauma center.

1. Emergency medical services may bypass the nearest designated Level III, IV or V trauma center for a Level I or II trauma center~~higher level trauma center~~ provided that it does not result in an additional thirty minutes or more of transport time. If the additional transport time would be greater than thirty minutes, the transporting emergency medical services personnel must contact online medical direction for permission to bypass or as defined in the transport protocol.

2. If there are multiple trauma centers in the community, the major trauma patient meeting one or more of the criteria in step one or two of the field triage decision scheme provided by the current edition of the American ~~c~~College of ~~s~~Surgeons Resources for Optimal Care of the Injured Patient should be taken to a trauma center per local emergency medical trauma transport plans approved by the department and state trauma committee.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-06. Trauma center designation.

1. Five levels of hospital designation must be established.

2. Hospitals applying for level I, level II, or level III trauma center designation or Level I or Level II pediatric trauma center designation shall present evidence of having current trauma center verification from the American ~~c~~College of ~~s~~Surgeons. The department shall issue designation with an expiration date consistent with the American ~~c~~College of ~~s~~Surgeons verification expiration date.

3. Hospitals applying for level IV and level V trauma center designation must submit an application to the department. Once the application is approved by the department, an onsite verification visit shall be conducted by the department and/or its designees. The verification team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue the designation for up to three years to the ~~facility~~hospital.

4. Hospitals without trauma center designation or currently designated as a level IV or level V trauma center planning to apply for a level I, level II, or level III trauma center designation may apply for a provisional designation by submitting an application to the department. Once the application is approved by the department, an onsite visit shall be conducted by a team designated by the state trauma committee. The team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue a provisional designation for a maximum of twenty-four months. During these twenty-four months, the hospital~~facility~~ must complete an American ~~c~~College of ~~s~~Surgeons verification visit.

5. Provisional trauma center designations for level I, level II, or level III trauma centers may be issued by the department to hospitals with deficiencies identified by the American ~~c~~College of ~~s~~Surgeons and that are partially compliant with the trauma center standards. Hospitals must submit a plan of correction within one month after notification for deficiencies that are identified by the verification team. The plan of correction will be reviewed by the state trauma committee. If approved, the department may issue a provisional designation to the hospital for up to eighteen months or until another American ~~c~~College of ~~s~~Surgeons verification visit is completed.

6. Provisional trauma center designations for level IV and level V trauma centers may be issued by the department to hospitals with deficiencies identified by the site survey team and reviewed by the state trauma committee and are partially compliant with the trauma center standards.
    a. Hospitals must submit a plan of correction as approved by the department within ~~one month after~~the time frame set forth by the department after notification ~~for~~of deficiencies that are identified by the site survey team.
    b. The hospital will be required to report completion of the plan of correction to the department~~will be reviewed by the state trauma committee~~. If approved, the department may issue a provisional designation for ~~up to twelve months~~a time-frame no more than twelve months to the hospital or until another state designation visit is completed. There will be no consecutive provisional designation granted.
    c. If provisional designation is given, the CEO, trauma coordinator, trauma medical director and board chair will be informed. After receiving provisional designation, communication will follow to clarify and promote understanding of the provisional designation.
    d. Hospitals issued a provisional designation must display designation on hospital website.
    e. Hospitals issued a provisional designation must display designation publicly in the hospital facility.

7. The ~~health council~~department, in establishing a comprehensive trauma system, may designate an out-of-state hospital as a trauma center within fifty miles of any border of North Dakota.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-07. Trauma center revocation of designation.

The department may revoke designation of a trauma center if evidence exists that the hospital~~facility~~ does not meet the required trauma center standards. The department and/or its designees may inspect any trauma center or applicant for trauma center designation at any time for compliance with the standards. Designation must be revoked if a hospital~~facility~~ denies or refuses inspection.

Failure to follow an approved plan of correction or failure to maintain trauma center designation standards will result in:

1. Revocation of the trauma center's designation.

2. Notification regarding the failure to comply with state law will be sent to:
   a. the emergency preparedness and response section,
   b. the state health officer ~~division of~~ and any other appropriate state offices,
   c. all appropriate health facilities,
   d. all appropriate emergency medical service agencies,
   e. and the official county newspaper in the county in which the hospital resides
   ~~regarding the failure to comply with state law.~~

3. Placement of a public notice in the newspapers in the area which the hospital is located to notify the public of the enforcement action to be imposed and the effective dates.
   a. The department shall notify the hospital in writing of the impending notice fifteen days prior to the publication of the notice.

History: Effective July 1, 1997; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-08. State trauma registry.

The department shall establish a trauma registry including the minimum data elements. All hospitals must report the minimum data elements to the department.

Reporting shall occur by a method approved by the department. Information may not be released from the state trauma registry except as permitted by North Dakota Century Code sections 23-01-15 and 23-01-02.1.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-09. Quality improvement process.

A quality improvement process shall be established by the state trauma committee. The process must include evaluation criteria that will provide guidelines for acceptable standards of care, address system issues, and monitor patient outcomes.

The regional committees shall evaluate the trauma system within their regions based upon the evaluation criteria. The regional trauma committee shall make recommendations to emergency medical services and trauma centers in the development of plans to improve the system.

History: Effective July 1, 1997; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-10. State trauma committee membership.

The state trauma committee voting membership must include the following:

1. One member from the North Dakota committee on trauma - American ~~c~~College of ~~s~~Surgeons, appointed by the committee.

2. One member from the American ~~c~~College of ~~e~~Emergency ~~p~~Physicians - North Dakota chapter, appointed by the chapter.

3. One member from the North Dakota ~~h~~Health ~~c~~Care ~~a~~Association, appointed by the association.

4. One member from the North Dakota ~~m~~Medical ~~a~~Association, appointed by the association.

5. One member from the North Dakota ~~EMS~~ Emergency Medical Services association - basic life support, appointed by the association.

6. One member from the North Dakota ~~EMS~~Emergency Medical Services ~~association~~ Association - advanced life support, appointed by the association.

7. One member from the North Dakota ~~n~~Nurses ~~a~~Association, appointed by the association.

8. One member on the faculty of the ~~u~~University of North Dakota ~~s~~School of ~~m~~Medicine and ~~h~~Health ~~s~~Sciences, appointed by the dean of the medical school.

9. One member from the North Dakota ~~e~~Emergency ~~n~~Nurses ~~a~~Association, appointed by the association.

10. One member from Indian ~~h~~Health ~~s~~Service, appointed by the Aberdeen area director of the service.

11. One member from accredited trauma rehabilitation facilities, appointed by the state health council.

12. One member who is a hospital trauma coordinator, appointed by the trauma coordinators committee.

13. The medical director of the ~~division~~ Division of ~~emergency~~ Emergency ~~medical~~ Medical ~~services and trauma~~sSystems of the department.

14. The regional trauma committee chair from each region, if not representing an association.

15. One member representing injury prevention, appointed by the health council.

16. One member representing the public appointed by the health council.

17. One member representing the legislative assembly selected by the health council.

18. One member representing emergency preparedness and response appointed by the department.

19. One member representing pediatric physicians appointed by the North Dakota American ~~a~~Academy of ~~p~~Pediatrics.

20. Four additional ad hoc members, appointed by the health council.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-11. Trauma regions - Regional trauma committee.

The state trauma committee shall establish four trauma regions. The regions must be designated northwest, northeast, southeast, and southwest. An emergency medical service or trauma center that is located within fifteen miles [24.14 kilometers] of a regional boundary may request to function within another region. This request shall be reviewed and is subject to approval by the state trauma committee.

The state trauma committee shall appoint a regional trauma committee to serve each trauma region. The regional committees may consist of members representing the following:

1. North Dakota committee on trauma - American ~~c~~College of ~~s~~Surgeons.

2. North Dakota chapter of American ~~c~~College of ~~e~~Emergency ~~p~~Physicians.

3. ~~Physician~~ Trauma care providers.~~of a level IV and level V trauma center.~~

4. Level IV or level V hospital representative.

5. All hospital trauma coordinators within the region.

6. Accredited rehabilitation facility representative.

7. Indian health service or tribal government representative.

8. North Dakota ~~EMS~~ Emergency Medical Services association.

9. Other members, chosen by the state trauma committee.

History: Effective July 1, 1997; amended effective June 1, 2001; July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-12. Trauma center name restriction.

No health care ~~facility~~hospital in North Dakota may use the title "trauma center" or otherwise hold itself out as a trauma center unless the ~~facility~~hospital is designated by the department as a trauma center.

History: Effective July 1, 1997.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-13. Level IV trauma center designation standards.

The following standards must be met to achieve level IV designation:

1. Trauma team activation plan.

2. Trauma team leader must be a physician who has successfully completed and is current~~currently certified~~ in advanced trauma life support and who is on call and is physically onsite at the bedside~~available~~ within twenty minutes of patient arrival at hospital. This physician must be onsite to assess and evaluate the trauma patients meeting activation criteria set forth by the department and/or step one, two, or three of the field triage decision scheme provided by the current edition of the American College of Surgeons Resources for Optimal Care of the Injured Patient. If a physician who has successfully completed and is current in advanced trauma life support cannot be physically onsite at the bedside within twenty minutes, the hospital must go on diversion and notify the surrounding emergency medical services and the department by email immediately.~~If the trauma team leader is not current in advanced trauma life support, the facility must provide a backup physician that is current in advanced trauma life support to assess and evaluate the trauma patients meeting step one, two, or three of the field triage decision scheme, provided by the current edition of the American college of surgeons Resources for Optimal Care of the Injured Patient when the noncertified physician is on call. If backup cannot be provided, the facility must go on diversion and notify the surrounding emergency medical services and the department.~~

3. The hospital~~facility~~ must have transfer agreements with hospitals~~facilities~~ capable of caring for major trauma patients, burn care, pediatric trauma management, acute spinal cord and traumatic brain injury management, and rehabilitation services for long-term care.

4. Equipment for resuscitation and life support as determined by the department and state trauma committee.

5. Quality improvement programs, to include:

   a. Focused audit of selected criteria.

   b. Trauma registry in accordance with section 33-38-01-08.

   c. Focused audit for all trauma deaths.

   d. Morbidity and mortality review.

   e. Medical nursing audit, utilization review, ~~and~~ issue review and occurrence resolution.

6. Trauma transfer protocol to identify trauma patients whose condition may require care which exceeds current resources available.

History: Effective June 1, 2001; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-14. Level V trauma center designation standards.

The following standards must be met to achieve level V designation:

1. Trauma team activation plan.

2. Trauma team leader must be on call and physically onsite at the bedside ~~available~~ within twenty minutes of patient arrival at hospital. The trauma team leader must be one of the following:

   a. A physician who has successfully completed and is current in advanced trauma life support.

   b. A physician assistant, whose supervising physician has delegated to the physician assistant the authority to provide care to trauma patients and who has successfully completed and is current in advanced trauma life support.

   c. A nurse practitioner whose scope of practice entails the care of trauma patients, who has successfully completed and is current in advanced trauma life support, and whose scope of practice is approved by the state board of nursing.

   d. If the trauma team leader is not current in advanced trauma life support, the facility must provide a backup team leader that has successfully completed and is current in advanced trauma life support to assess and evaluate the trauma patients meeting criteria set forth by the department and/or step one, two, or three of the field triage

decision scheme, provided by the current edition of the American ~~c~~College of ~~s~~Surgeons Resources for Optimal Care of the Injured Patient when the ~~noncertified~~ provider who is not current is on call. If backup cannot be provided, the ~~facility~~ hospital must go on diversion and notify the surrounding emergency medical services and the department by email immediately.

3. The hospital~~facility~~ must have transfer agreements with hospitals~~facilities~~ capable of caring for major trauma patients, burn care, pediatric trauma management, acute spinal cord and traumatic brain injury management, and rehabilitation services for long-term care.

4. Equipment for resuscitation and life support as determined by the department.

5. Quality improvement programs to include:

   a. Focused audit of selected criteria.

   b. Trauma registry in accordance with section 33-38-01-08.

   c. Focused audit for all trauma deaths.

   d. Morbidity and mortality review.

   e. Medical nursing audit, utilization review, ~~and~~ issue review and occurrence resolution.

   f. A physician who has successfully completed and is ~~c~~current in advanced trauma life support must~~certified physician~~ review ~~of~~ all trauma codes managed by a physician assistant or nurse practitioner within ~~seventy-two hours~~14 days. ~~This may be either the consulting or transfer receiving physician.~~

6. Trauma transfer protocols to identify trauma patients whose condition may require care which exceeds current resources available.

History: Effective June 1, 2001; amended effective July 1, 2010.
General Authority: NDCC 23-01.2-01
Law Implemented: NDCC 23-01.2-01

33-38-01-15. **Trauma medical director.**

The state trauma committee requires that each hospital that is designated as a Level IV or V trauma center, have a physician representing trauma medical director. The trauma medical director must:

1. Be a physician who has successfully completed and is current in advanced trauma life support;

2. Actively participate in regional trauma meetings by attending, or appointing a designee to attend, a minimum of 50 percent of the regional meetings;

3. Have authority to manage all aspects of trauma care;

4. Work in cooperation with the nursing administration to support the nursing needs of trauma patients, develop treatment protocols along with the trauma team, and coordinate the performance improvement and peer review processes;

5. Have the authority to correct deficiencies in care in collaboration with the trauma coordinator / trauma program manager;

6. Perform an annual assessment of the trauma panel providers in the form of ongoing professional practice evaluation; and

7. Have the responsibility and authority to ensure compliance with the above requirements.

33-38-01-16. **Trauma coordinator/trauma program manager.**

The department requires each hospital that is designated as a Level IV or V trauma center, to appoint a competent person with a strong knowledge of trauma patient care, as the hospital's trauma coordinator/trauma program manager. The trauma coordinator/trauma program manager must:

1. Be certified, have observed, or co-chair as trauma coordinator/trauma program manager with someone who is currently certified with the trauma nurse core course, trauma certified registered nurse, advanced trauma care for nurses or a comparable course as determined by the department;

2. Report to a hospital administrator and /or a trauma medical director; and.

3. Establish and maintain the components of the trauma program though collaboration with administration and trauma medical director.