



e-Trauma Update

March 2021

Temporary Modifications to Level 3 and 4 Trauma Hospital Designation Criteria Extended

At their March meeting the State Trauma Advisory Council (STAC) extended the temporary modifications to the Level 3 and 4 Trauma Hospital Designation Criteria adopted last year. The temporary modifications that were set to expire on April 1, 2021 will now continue through the end of the year.

The modifications are intended to alleviate some of the demands on hospitals' workforce during the COVID-19 pandemic. They include:

- Extended maximum time frames to perform primary and secondary performance improvement reviews.
- Suspended required participation in regional trauma advisory committee (RTAC) meetings and injury prevention activities.
- Temporarily suspended trauma training requirements.

Although trauma training requirements are briefly suspended, physicians, surgeons, and advance practice providers should not wait to schedule their trauma training. Demand for these courses is expected to be higher and class sizes smaller than usual. Also, do not rely on extensions to certification dates offered by training institutions or alternatives to the standard Advanced Trauma Life Support (ATLS) and Comprehensive Advanced Life Support (CALS) education. These accommodations do not satisfy the training requirement of the statewide trauma system. On January 1, 2022, those who are required to complete an ATLS or CALS course must have done so within the preceding four years.

[Download the temporary trauma hospital designation criteria from the trauma system website.](#)

Hospitals Can Obtain the EMS Patient Care Report from Hospital Hub



Ambulance services usually fax a copy of the patient care report to the hospital after transferring care of the patient. Some services can fax the report within the hour while others may not for several days.

Now hospitals can also obtain access to ambulance services' completed patient care reports through the Hospital Hub where it can be downloaded and printed after it has been uploaded by the service. In some situations, this may provide quicker access to the pre-hospital record. The ambulance service should still provide the hospital with

documentation when transferring care, even if it is an incomplete or abbreviated version of the full patient care report.

[Contact David Rogers](#), Data Manager at the Emergency Medical Services Regulatory Board, for answers to your questions or to obtain access to the Hospital Hub. The hospital will appoint an account administrator for the facility (usually someone in the health information office) who will then assign and manage access for additional users.

Training Requirements for Floor Nurses Deferred Until New Education Option Available

The new Level 3 and 4 Trauma Hospital designation criterion that expands the trauma training requirements for nurses has been briefly deferred in anticipation of a cost-saving option soon to be available. Beginning last year, nurses assigned to patient care floors where trauma patients are admitted must complete trauma education. This could be accomplished by taking either a standardized course or a custom-developed curriculum. Standardized courses are expensive and developing curriculum is time consuming.



The trauma system plans to engage a vendor to produce a series of online, self-study trauma education modules that nurses can use to satisfy the training requirements at no cost. Since these modules have the potential to greatly reduce the cost and effort hospitals must invest in trauma education, the State Trauma Advisory Council (STAC) decided to defer the training requirement for nurses assigned to patient care floors until they are available. The modules are expected to be released early in 2022.