



PEDIATRIC TRAUMA CENTER (PedTC) CRITERIA

I. AUTHORITY:

Health and Safety (HS) Code, Division 2.5, Article 2.5, Sections 1798.160-1798.169; California Code of Regulations, Title 22, Division 9, Chapter 7 & Title 21 Sections 3525-3560; American College of Surgeons Resources for Optimal Care of the Injured Patient 2014.

II. APPLICATION:

This policy defines the requirements for designation as an Orange County EMS Pediatric Level I or Level II Trauma Center.

A Pediatric Trauma Receiving Center (PedTC) will provide specialized trauma care for emergency and critically ill pediatric trauma patients presenting via the 9-1-1 system or by emergency interfacility transfer from an Orange County Emergency Medical Services (OCEMS) Emergency Receiving Center (ERC) or Comprehensive Children's Emergency Receiving Center (CCERC). Patients eligible for 9-1-1 field triage or transfer to a PedTC include pediatric trauma patients identified by the base hospital physician or transferring physician as critically ill and who would benefit from pediatric trauma specialty services.

The Level I PedTC shall annually admit 200 or more trauma patients younger than 15 years old.

The Level II PedTC shall annually admit 100 or more trauma patients younger than 15 years old.

III. DESIGNATION:

A. Initial Designation Criteria

1. Hospitals applying for initial designation as a Pediatric Trauma Center must submit a request to Orange County Emergency Medical Services (OCEMS) and evidence of compliance to all criteria in this policy.
2. Hospital shall be designated as an Orange County Comprehensive Children's Emergency Receiving Center (CCERC) or have a written transfer agreement with an OCEMS designated CCERC.
3. Hospital will have a designated trauma resuscitation area.
4. Hospital will have a designated pediatric emergency department area.
5. OCEMS will evaluate the request and determine the need for an additional Pediatric Trauma Center. OCEMS evaluation may include:
 - a. Geography (service area population density, travel time and distance to the next nearest facility, number and type of other available trauma services and availability of prehospital resources).
 - b. Base hospital designation if applicable (number of calls, impact on patients, prehospital personnel, and other base hospitals).
 - c. Trauma care (number of trauma patients, impact on other hospitals, trauma centers, and trauma patients).
 - d. Specialty services provided (neurosurgery, obstetrics, burn center, pediatrics and next nearest availability).
 - e. Patient volume (number of patients annually, both 9-1-1 transported and walk-ins).



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6. If OCEMS determines there is a need for an additional PedTC, OCEMS will request the interested hospital to provide:
 - a. A completed pre-review questionnaire.
 - b. Policies and agreements as described in Section IX of this policy.
 7. OCEMS will review the submitted material, perform a site visit, and meet with the hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
 - a. Emergency Department diversion statistics during the past three years.
 8. Following review, OCEMS will provide the designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to one year as a Pediatric Trauma Center.
 9. An OCEMS designated Pediatric Trauma Center will apply for the American College of Surgeons (ACS) initial verification review process within the first year of designation and shall complete the ACS verification review process prior to the end of the second year of designation as a PedTC.
 10. An OCEMS designated Pediatric Trauma Center will have a written agreement as described in Section IX of this policy and pay the established Health Care Agency fee.
- B. Continuing Designation**
1. OCEMS will review each designated Pediatric Trauma Center for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director.
 2. Each PedTC will be required to submit specific written materials to demonstrate evidence of compliance to criteria established by this policy and pay the established fee.
 3. Each PedTC shall complete the American College of Surgeons (ACS) re-verification process as a Level I or Level II PedTC.
 4. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.
- C. Change in Ownership / Change in Executive Management**
1. In the event of a change in ownership of the hospital, continued PedTC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. OCEMS shall be notified, in writing, at least 30 days prior to the effective date of any changes in hospital ownership. Change in hospital ownership may require re-designation by OCEMS.
 2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key PedTC personnel as identified in Section V. A & L.
- D. Denial / Suspension / Revocation of Designation**
1. OCEMS may deny, suspend, or revoke the approval of a PedTC for failure to comply with any applicable OCEMS policies and procedures and/or state regulations.
 2. The process for PedTC suspension or revocation shall adhere to OCEMS Policy and Procedure # 640.00 and 645.00 (Base Hospital / Facilities / Training Programs / EMT-P Service Providers: Review Process for Suspension/Revocation of Approval/Designation).

