IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

Trauma Clarification Document

TSE Standards Manual Edition 2025-1

What is the purpose of the Clarification Document?

The Trauma Clarification Document was created to help provide further insight on what may be required/accepted for compliance of designation criteria. This document coincides with the current edition of the TSE Standards Manual and can be utilized by anyone (i.e. facility program managers, coordinators, TSE Surveyors, etc.).

Please note, not all criteria may be listed in this document. Do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you.

Whom do I contact?

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Center Level	Criteria Number	Criteria Element	Criteria Clarification
*A document can be an algorithm, a policy, a protocol, guidelines, a process map, etc.			
1. Trauma System			
Trauma II Trauma III Trauma IV Trauma V	Criteria 1.2	*Medical staff support*	A letter of commitment signed by the Chief Medical Officer. Intent of the letter is to show support from administration, and trauma and emergency services. The Certification Statement will suffice as supporting documentation.
Trauma II Trauma III Trauma IV Trauma V	Criteria 1.3	*Hospital board support*	A letter of commitment signed by the CEO/President or Board Chair. Intent of the letter is to show support from administration, and trauma and emergency services. The Certification Statement will suffice as supporting documentation.
Trauma II Trauma III Trauma IV	Criteria 1.4	*Sufficient infrastructure, staff, equipment, & support to provide adequate care*	Explain in text box what staff, equipment, and education are available to support the trauma program. Examples include trauma nurse, rapid infusers and/or education like Trauma Nursing Core Course (TNCC) or Trauma Care After Resuscitation (TCAR).
Trauma V	Criteria 1.4	*Center provides initial care & stabilization of the trauma patient*	
Trauma II Trauma III	Criteria 1.5	*Adequate administrative support & defined lines of authority*	Provide supporting documentation that demonstrates the organization of the trauma to the hospital system to ensure authority and administrative support. Example: an organization chart to show who reports to the TPM and who the TPM reports up to.
2. Description of Trauma Center			
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.2 Criteria 2.2 Criteria 2.1 Criteria 2.1	*Program is empowered to address issues in applicable disciplines*	This is addressed in the Certification Statement.
Trauma II Trauma III	Criteria 2.5	*Provide means of referral & access to center resources*	Explain in text box what the trauma center does to provide access and referral to other surrounding hospitals and the community.

Trauma Medical Director			
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.6 Criteria 2.6 Criteria 2.3 Criteria 2.3	*Trauma Medical Director (TMD)*	Provide a current job description and CV document.
Trauma II Trauma III	Criteria 2.7	*TMD board-certified or ACS fellow*	Supported CV document shows Trauma Medical Director is board-certified or eligible.
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.8 Criteria 2.8 Criteria 2.4 Criteria 2.4	*Trauma Medical Director's ATLS*	Provide current ATLS certification.
Trauma II Trauma III	Criteria 2.9	*Trauma Medical Director's CME*	Provide CME certificates and/or other internal document(s) demonstrating required amount of trauma-related education (36 hours in 3 years).
Trauma II Trauma III	Criteria 2.10	*TMD participates in trauma call*	Provide a call schedule or other internal document(s) that shows Trauma Medical Director participates in trauma call.
Trauma II Trauma III	Criteria 2.13	*Roles are defined, agreed on, & approved by TMD*	ED physicians and trauma surgeons roles are defined and approved by the Trauma Medical Director. Be prepared to explain at time of site survey.
Trauma II Trauma III	Criteria 2.14	*TMD authority to correct deficiencies*	Provide supporting documentation if not covered in job description.
Trauma II Trauma III	Criteria 2.15	*TMD authority to recommend changes*	
Trauma II Trauma III	Criteria 2.16	*TMD authority to determine general surgeons' ability participate on the Trauma Team*	
Trauma II Trauma III	Criteria 2.17	*TMD oversight authority of injured patients' care admitted to individual surgeons*	

Trauma II Trauma III Trauma IV Trauma V	Criteria 2.18 Criteria 2.18 Criteria 2.7 Criteria 2.7	*TMD authority to ensure compliance with designation requirements*	Provide supporting documentation if not covered in job description.
Trauma II Trauma III	Criteria 2.20 & 2.21	*TMD ensures dissemination of information to PIPS program*	Explain in text box what the process is for mandatory and non-mandatory attendance dissemination of information.
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.23 Criteria 2.23 Criteria 2.9 Criteria 2.9	*Trauma Medical Director's PIPS attendance*	Provide the Trauma Medical Director's PIPS attendance.
Trauma II Trauma III	Criteria 2.24	*TMD approve sub-specialty backup call system*	Be prepared to explain at time of site survey.
Trauma Program Manager			
Trauma II Trauma III	Criteria 2.27	*Trauma Program Manager (TPM)*	Provide a current job description and CV document.
Trauma II Trauma III	Criteria 2.28	*Trauma Program Manager's CE*	Provide CE certificates and/or other internal document(s) demonstrating required amount of trauma-related education (36 hours in 3 years).
Trauma IV Trauma V	Criteria 2.11 Criteria 2.10	*TPM education & clinical experience*	Supported CV document and/or CE certificates show Trauma Program Manager has educational preparation and clinical experience caring for injured patients.
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.30 Criteria 2.30 Criteria 2.13 Criteria 2.12	*TPM works with TMD to address multidisciplinary needs of trauma program*	This will be verified at time of site survey.
Trauma II Trauma III Trauma IV Trauma V	Criteria 2.31 Criteria 2.31 Criteria 2.14 Criteria 2.13	*TPM serves as a liaison to EMS agencies*	Explain in text box on application what the Trauma Program Manager does to work with the EMS agencies and other community hospitals.

3. Clinical Functions			
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.1	*Criteria for graded activation define & review by center annually*	Provide the center's criteria of graded activation.
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.2	*Ensure immediate & appropriate care of trauma patients during operation hours*	This will be verified at time of site survey.
Trauma II Trauma III	Criteria 3.3	*Trauma service responsible for patients & coordinates therapeutic decisions*	
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.4 Criteria 3.4 Criteria 3.3 Criteria 3.3	*Provide necessary human & physical resources to administer acute care with ATLS*	
Trauma II Trauma III Trauma V	Criteria 3.5 Criteria 3.5 Criteria 3.4	*Written protocols outlining which types of patients admitted or transferred*	Provide supporting documentation that explains which patients will be admitted to the center and which will be transferred.
Trauma IV	Criteria 3.4	*Written protocols outlining which types of patients the facility is capable to provide inpatient services*	
Trauma II Trauma III	Criteria 3.6	*ICU informs trauma surgeon of major therapeutic & management decisions*	This will be verified at time of site survey.
Trauma II Trauma III	Criteria 3.7	*Method to identify, monitor, make rounds, & hold discussions with practitioners*	Explain in text box the center's identification and monitoring processes of injured patients.

Trauma II Trauma III Trauma IV Trauma V	Criteria 3.8 Criteria 3.8 Criteria 3.5 Criteria 3.5	*Center's responsibility for providing training for prehospital & hospital providers*	Provide supporting documentation that explains the center's process of including EMS liaisons, PIPS improvements, collaboration, education, and/or regional meetings.
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.9 Criteria 3.9 Criteria 3.6 Criteria 3.6	*Protocols to ensure immediate and appropriate care of adult & pediatric trauma patient*	Provide supporting documentation that explains the immediate care of the trauma patient.
Trauma Team			
Trauma II Trauma III Trauma IV	Criteria 3.10 Criteria 3.10 Criteria 3.7	*Trauma team response to all trauma priority levels define & review annually*	Provide supporting documentation to explain who responds to each trauma priority level.
Trauma II Trauma III	Criteria 3.11 Criteria 3.11	*ATLS required for surgeons, physicians, & APPs who participate on the Trauma Team*	Provide a tracking list of all the surgeons, physicians, and APPs who have completed or will complete ATLS. All Trauma Team physicians need to complete ATLS at least once. APPs and non-Emergency Medicine boarded physicians are recommended, but not required to be current with ATLS.
Trauma IV	Criteria 3.8, 3.13, & 3.14	*ATLS requirements*	Provide a tracking list of all the surgeons, physicians, and APPs who have completed or will complete ATLS. APPs who direct/lead the initial evaluation must remain current in ATLS.
Trauma V	Criteria 3.7 & 3.8	*Trauma team's roles described*	Provide supporting documentation to explain who responds to each trauma priority level.
Emergency Department (ED)			
Trauma IV	Criteria 3.11	*Physician or APP response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Trauma V	Criteria 3.11	*Provider response time during hours of operation*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Trauma III	Criteria 3.15	*If emergency physicians cover in-house emergencies*	If a single physician coverage responds in-house emergencies, therefore leaving the ED uncovered by a provider, any trauma activation delays need to be reviewed through the PIPS process. Be prepared to explain at time of site survey.

Trauma II	Criteria 3.18	*Emergency medicine PIPS liaison or designee education*	Provide supporting documentation such as CMEs, CV, or a list of education.
Trauma II Trauma III	Criteria 3.19 Criteria 3.18	*Emergency medicine PIPS liaison or designee attendance*	Provide supporting documentation that shows PIPS attendance. • One designated liaison and one alternate liaison is chosen. • Together, the liaison and the alternate meet the 50% requirement. • The liaison cannot be whoever is on-call the day of the meeting.
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.20 Criteria 3.19 Criteria 3.15 Criteria 3.15	*Pediatric readiness plan*	Explain in text box the pediatric readiness plan, and the progress of addressing the identified deficiencies. Reference the Pediatric Readiness Project website for more information.
General Surgery			
Trauma II Trauma III	Criteria 3.25 Criteria 3.24	*Trauma surgeon on-call schedule*	Provide a call schedule or other internal document(s) that shows trauma surgeon on-call is dedicated to the trauma center while on duty.
Trauma II	Criteria 3.26	*Trauma surgery backup call schedule*	Provide a call schedule or other internal document(s) that shows backup call is available for trauma surgery.
Trauma II Trauma III	Criteria 3.28 Criteria 3.26	*Trauma surgeon response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Trauma II Trauma III	Criteria 3.29 Criteria 3.27	*Trauma surgeon on-call involved in diversion decision*	Be prepared to explain at time of site survey on-call trauma surgeon's involvement for hospital diversion decision. Example: decision tree.
Trauma II Trauma III	Criteria 3.30 Criteria 3.28	*Trauma surgeons PIPS attendance*	Provide trauma surgeons' PIPS attendance.
Orthopedic Surgery			
Trauma II Trauma III	Criteria 3.33 Criteria 3.31	*Orthopedic surgeon response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Trauma II Trauma III	Criteria 3.34 Criteria 3.32	*Orthopedic surgeon privileges*	Be prepared to explain at time of site survey.
Trauma II Trauma III	Criteria 3.36 Criteria 3.34	*Orthopedic surgery backup call schedule*	Provide a call schedule or other internal document(s) that shows backup call is available for orthopedic surgery.

Trauma II	Criteria 3.37	*Orthopedic surgeon PIPS liaison education*	Provide supporting documentation such as CMEs, CV, or a list of education.
Trauma II Trauma III	Criteria 3.38 Criteria 3.35	*Orthopedic surgery PIPS liaison or designee attendance*	Provide orthopedic surgery's PIPS attendance.
Neurosurgery			
Trauma II	Criteria 3.41	*Neurosurgeon response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Trauma II	Criteria 3.43	*Neurotrauma care promptly and continuously available for TBI & spinal cord injury*	Be prepared to explain at time of site survey. Neurosurgical evaluation must occur within 30 minutes of request for the following: • Severe TBI (GCS <9) with head CT evidence of intracranial trauma. • Moderate TBI (GCS 9-12) with head CT evidence of potential intracranial mass lesion. • Neurologic deficit because of potential spinal cord injury. Applicable to spine surgeon, orthopedic surgeon. • Trauma surgeon discretion
Trauma II	Criteria 3.44	*On-call neurosurgical backup schedule*	Provide a call schedule or other internal document(s) that shows backup is available for neurosurgical coverage.
Trauma II	Criteria 3.45	*Neurosurgeon PIPS liaison or designee attendance*	Provide neurosurgeon's PIPS attendance.
Trauma II	Criteria 3.46	*Neurosurgeon education*	Provide supporting documentation such as CMEs, CV, or a list of education.
Anesthesia			
Trauma II Trauma III	Criteria 3.48 Criteria 3.37	*Anesthesiologist PIPS liaison or designee attendance*	Provide anesthesiologist's PIPS attendance.
Operating Room (OR)			
Trauma II Trauma III	Criteria 3.50 Criteria 3.39	*Operating Room (OR) adequately staffed*	Provide supporting documentation that shows OR on-call process for staffing and readiness. **Trauma II:** Be prepared to explain at time of site survey the mechanism to provide additional staff for a second operating room when the first operating room is occupied.

Trauma II Trauma III	Criteria 3.51 Criteria 3.40	*OR adequately staffed for emergency operative intervention for musculoskeletal injuries*	Be prepared to explain at time of site survey during chart review.
Post-Anesthesia Care Unit (PACU)			
Trauma II Trauma III	Criteria 3.58 Criteria 3.45	*PACU has qualified nurses available 24/7*	Reviewed by exception. Any delays identified will be evaluated through the PIPS process.
Trauma II Trauma III	Criteria 3.59 Criteria 3.46	*If the PACU is covered by a call team from home*	Reviewed by exception. Any delays identified will be evaluated through the PIPS process.
Radiology			
Trauma III Trauma IV	Criteria 3.47 Criteria 3.16	*Conventional radiography & CT available in-house 24/7 or on-call within 30min*	Be prepared to explain at time of site survey the plan to access radiology services or identification for transfer.
Trauma V	Criteria 3.16	*Written plan to access radiology services*	Reviewed by exception. Any delays identified will be evaluated through the PIPS process.
Trauma II	Criteria 3.61	*MRI capability available in-house 24/7 or on-call within 60min*	Reviewed by exception. Any delays identified will be evaluated through the PIPS process.
Trauma II	Criteria 3.62	*Angiography and sonography services are in-house*	Facility defines rapid response for hemorrhage control response such as hypotension or blood transfusion.
Trauma II Trauma III	Criteria 3.63 Criteria 3.48	*Radiology interpretation within 30 minutes*	For the highest level of trauma activation. Provide data at time of site survey.
Trauma II Trauma III	Criteria 3.64 Criteria 3.49	*Critical information verbally communicated to Trauma Team*	Explain in text box the process for communicating critical findings to the trauma team. Be prepared to explain at time of site survey how you identify this such as through a timestamp on a chart.
Trauma II Trauma III	Criteria 3.65 Criteria 3.50	*Diagnostic information communicated in written form & timely manner*	Explain in text box the process for communicating diagnostic information.

Trauma II Trauma III	Criteria 3.66 Criteria 3.51	*Changes in interpretation monitored by PIPS program*	Explain in text box how changes in interpretation are monitored by the PIPS program.
Trauma II Trauma III	Criteria 3.69 Criteria 3.54	*Radiologist PIPS liaison or designee attendance*	Provide radiologist liaison's PIPS attendance. • One designated liaison and one alternate liaison is chosen. • Together, the liaison and the alternate meet the 50% requirement. • The liaison cannot be whoever is on-call the day of the meeting.
Intensive Care Unit (ICU)			
Trauma II Trauma III	Criteria 3.79 Criteria 3.61	*ICU Surgical Director or Co-director*	Provide a current job description.
Other Surgical Specialists			
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.81 Criteria 3.62 Criteria 3.17 Criteria 3.17	*List of specialists available inside & outside of the center*	Provide supporting documentation. **Trauma II & III:** Have a list of surgical specialists **Trauma IV & V:** Have a list of the minimal providers identified in the standards.
Medical Consultants			
Trauma II Trauma III	Criteria 3.83 & 3.84 Criteria 3.64	*List of medical specialists available inside & outside of the center*	Provide supporting documentation. **Trauma II:** Have a list of medical consultants for Cardiology, Infectious disease, Pulmonary medicine, and Gastroenterology **Trauma III:** Have a list of medical specialists
Laboratory			
Trauma II Trauma III Trauma IV	Criteria 3.86 Criteria 3.66 Criteria 3.18	*Laboratory services available 24/7*	Provide supporting documentation to address the analysis requirements identified in the standards.
Trauma II Trauma III Trauma IV	Criteria 3.89 Criteria 3.69 Criteria 3.19	*Transfusion protocol*	Provide supporting documentation to explain the massive/rapid transfusion process.
Trauma II Trauma III Trauma IV	Criteria 3.90 Criteria 3.70 Criteria 3.20	*Anticoagulation rapid reversal protocol*	Provide supporting documentation to explain the rapid reversal protocol.

Social Services			
Trauma II Trauma III Trauma IV	Criteria 3.93 Criteria 3.73 Criteria 3.23	*Alcohol misuse*	Provide supporting documentation. Examples of acceptable and validated screenings: CAGE, CRAFFT and Audit-C. Response to a positive screening can include social work consult or pamphlets provided to the patient. If SBIRT is not available, facility tracks referrals with positive screenings.
Trauma II Trauma III Trauma IV	Criteria 3.94 Criteria 3.74 Criteria 3.24	*Psychological sequelae protocol*	Provide supporting documentation that explains screening process and examples of intervention. Example: Columbia Suicide Severity Rating Scale (C-SSRS). Response to a positive screening can include social work consult or pamphlets provided to the patient. If SBIRT is not available, facility tracks referrals with positive screenings.
Trauma II Trauma III Trauma IV Trauma V	Criteria 3.95 Criteria 3.75 Criteria 3.25 Criteria 3.18	*Pediatric NAT process*	Provide supporting documentation to explain process for assessment, identification, and response to pediatric non-accidental trauma, a.k.a. child abuse.
Dialysis			
Trauma II Trauma III	Criteria 3.96 Criteria 3.76	*Dialysis capabilities or transfer agreement*	Be prepared to either explain in-house dialysis capabilities or provide written agreements at time of site survey.
Rehabilitation			
Trauma II Trauma III	Criteria 3.98 Criteria 3.78	*Rehabilitation services or transfer agreement*	Be prepared to either explain in-house rehabilitation services or provide written agreements at time of site survey.
Additional Capabilities			
Trauma III Trauma IV	Criteria 3.79 Criteria 3.26	*Additional capabilities*	Provide supporting documentation reflecting services being offered beyond their level of designation.
4. Prehospital Trauma Care			
Trauma II Trauma III Trauma IV Trauma V	Criteria 4.1	*EMS agencies collaboration*	Be prepared to explain at time of site survey how the center collaborates with EMS and provides feedback on patient care.

5. Interhospital Transfer			
Trauma II Trauma III Trauma IV Trauma V	Criteria 5.2	*Transfer agreements*	Be prepared to provide written agreements at time of site survey.
6. Performance Improvement and Patient Safety (PIPS)			
Trauma II Trauma III	Criteria 6.1	*Defined relationship with PIPS program*	The trauma PIPS program shares/reports out to the hospital's Performance Improvement and/or Quality Improvement teams. The relationship is defined in a plan, chart or report.
Trauma II Trauma III Trauma IV Trauma V	Criteria 6.2 Criteria 6.2 Criteria 6.1 Criteria 6.1	*Defined PIPS Program Plan*	Provide supporting documentation to show PIPS structure with all requirements addressed. Example: PIPS Program Plan or PIPS Manual
Trauma II Trauma III Trauma IV Trauma V	Criteria 6.8 Criteria 6.8 Criteria 6.7 Criteria 6.4	*Use of audit filters, problem identification, analysis, corrective actions, resolution, & loop closure*	Show each step of the PIPS process in a plan. Available reference: Trauma Loop Closure Other recommended resources include Nelson scoring for NSS.
Trauma II Trauma III Trauma IV Trauma V	Criteria 6.11 Criteria 6.10 Criteria 6.9 Criteria 6.5	*PIPS Program use evidence-based clinical practice guidelines & protocols*	Available references: • EAST Guidelines • ACS Best Practice Guidelines • Western Trauma Association
Trauma II Trauma III Trauma IV Trauma V	Criteria 6.12 Criteria 6.11 Criteria 6.10 Criteria 6.6	*Deaths are categorized as mortality with/out opportunity for improvement*	Mortality includes DOA, DIED, and patients who die after withdrawal of life-sustaining care. Transfers to hospices should also be reviewed and classified for potential opportunities for improvement. A death should be designated as "mortality with opportunity for improvement", if any of the following criteria are met: • Anatomic injury or combination of severe injuries but may have been survivable under optimal conditions. • Standards protocols were not followed, possibly resulting in unfavorable consequence. • Provider care was suboptimal.

8. Time Sensitive Emergency (TSE) Registry			
Trauma II Trauma III Trauma IV Trauma V	Criteria 8.1	*Idaho TSE Registry data submission*	Provide Idaho TSE Registry Letter. Contact the Idaho TSE Registry team at idahotse@teamiha.org.
Trauma II Trauma III Trauma IV Trauma V	Criteria 8.2	*Process to ensure TSE Registry data is accurate & valid*	If data is abstracted by Idaho Hospital Association (IHA), validity is already performed and completed. If data is not abstracted by IHA, provide supporting documentation of a Data Quality Plan summarizing internal and external data validation process. Or, be prepared to explain at time of site survey.
Trauma II Trauma III	Criteria 8.5a	*Data registrar participates in & pass the AAAM's AIS course*	Provide AIS course certificate. The Abbreviated Injury Scale (AIS) course is related to the version that is currently used by the TSE Registry.
9. Outreach & Education			
Trauma II Trauma III Trauma IV Trauma V	Criteria 9.1	*Engaged in trauma-related public outreach & education*	Provide list of public outreach activities. Examples of activities: • Stop the Bleed ™ • Health fairs • Distracted driving/car seat safety
Trauma II Trauma III Trauma IV	Criteria 9.2	*A mechanism for education for clinical staff involved in trauma care*	Provide supporting documentation such as nursing orientation materials, CE certificates, etc. Examples of professional education: • Center developed education that integrates PIPS identified issues or specific to population served • TNCC • TCAR
10. Prevention			
Trauma II Trauma III Trauma IV Trauma V	Criteria 10.1	*Participates in traumatic injury prevention activities based on local data*	Provide list of injury prevention activities using local data. Example: • Fit and Fall Proof. Contact your county representative to obtain flyers. • Helmet use for ATV/motorcycle • Recreational injuries (i.e. ski, biking, water sports, etc.)

11. Disaster Planning and Management			
Trauma II Trauma III Trauma IV	Criteria 11.3	*Participates in disaster drills/exercises*	An event that activates the hospitals disaster plan can be substituted as the required drill/exercise. Be prepared to explain to this at time of site survey.
12. Organ Procurement			
NA	NA	*NA*	NA
*A document can be an algorithm, a policy, a protocol, guidelines, a process map, etc.			