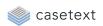
Section I-19707 - Procedure for Trauma Program Recognition

- **A.** A hospital must complete the LERN approved form, "Application for Recognition of Trauma Program".
- **B.** The hospital CEO must complete and sign the LERN approved trauma program checklist/attestation for the applicable trauma program level.
  - **1.** By this attestation, the hospital CEO ensures 24/7/365 availability of the resources listed.
  - **2.** The attestation must be validated by a site visit by LERN staff.
  - **3.** Upon CEO attestation and/or site visit, if it is determined by the LERN executive committee in conjunction with the LERN trauma medical director, that the required benchmarks are not in place the hospital will not be eligible for trauma program verification.
- **C.** After satisfying the requirements of A. and B. above, the hospital will be recognized as a trauma program and such recognition will be added to the LERN resource management screen for the purpose of routing trauma patients.
- **D.** To maintain trauma program recognition, the hospital must request an ACS verification or consultation site visit at the time of the attestation or within 30 days thereafter, with the consultation or survey to occur within 12 months of the attestation or as close to 12 months as the ACS schedule allows. Written documentation of the request and scheduling must be submitted to LERN.
  - 1. If an ACS verification or consultation site visit is not requested within 30 days and does not occur within 12 months or as close to 12 months as the ACS schedule allows, the trauma program indicator on LERN resource management screen will be removed.
- **E.** After a consultation visit for the desired trauma level, the hospital has 30 days to schedule the verification survey by the ACS to occur within 12 months of the consultation or as close to 12 months as the ACS schedule allows. Written documentation of the request and scheduling must be submitted to LERN.
  - 1. If documentation of scheduling per required parameters is not submitted to LERN and the ACS verification survey is not scheduled to occur within 12 months of the consultation or as close to 12 months as the ACS schedule allows, the trauma program indicator will be removed on the LERN resource management screen.
  - **2.** If the hospital fails the ACS verification visit and a focused review visit, the hospital will lose trauma program status. The trauma program indicator will be removed on the LERN resource management screen.
- **F.** After loss of trauma program status for failing the ACS verification visit and focused review visit, trauma program status may be regained provided the following conditions are met:



- **1.** a LERN designee and either the LERN trauma medical director or a trauma surgeon must review the deficiencies and findings of the ACS at a site visit;
- **2.** the hospital must develop a remediation plan and apply to the LERN board for approval of trauma program status;
- **3.** the LERN board will review the LERN team assessment of deficiencies and the hospitals remediation plan;
- **4.** the LERN board must vote to approve the trauma program status request.

Promulgated by the Department of Health, Emergency Response Network, LR 421932 11/1/2016), Amended LR 4463 (1/1/2018), Amended LR 45436 (3/1/2019), Repromulgated LR 45573 (4/1/2019).

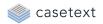


Section I-19705 - Qualifications for LERN Trauma Program Recognition

- **A.** The hospital must be located in a LERN region that does not have an existing ACS verified Level I or Level II trauma center.
- **B.** A hospital providing care to trauma patients in a LERN region without an existing ACS verified Level I or Level II trauma center or without an existing Level II or Level III trauma program is eligible for trauma program recognition upon meeting the requirements of this rule.
- C. If there is an existing LERN recognized Level II or Level III trauma program in the LERN region, the hospital must complete the most current version of the ACS needs based assessment of trauma systems tool (ACS NBATS). If the number of trauma centers allocated by the tool is less than or equal to the number of existing trauma programs in the region, the hospital is not eligible for trauma program recognition.
- **D.** A hospital must be in the process of working toward ACS verification to be eligible for trauma program recognition.

La. Admin. Code tit. 48, § I-19705

Promulgated by the Department of Health, Emergency Response Network, LR 421932 11/1/2016).



Section I-19703 - Purpose

- **A.** LERN recognizes the opportunity to reduce the morbidity and mortality of trauma patients in Louisiana in areas without an existing Level I or Level II trauma center or an existing Level II or Level III trauma program through this process which recognizes the achievement of specific benchmarks in hospitals actively pursuing Levels II or III trauma center verification through the American College of Surgeons (ACS).
- **B.** The purpose of this Chapter is to define the qualifications, procedure, and requirements for hospitals seeking trauma center verification by the ACS to be recognized by LERN as achieving the core components of a trauma program and thus qualified for recognition as a trauma program.
- **C.** The criteria for trauma program recognition are drawn from *Resources for Optimal Care of Injured Patient 2014* published by the ACS.
- **D.** Trauma program recognition is distinct and different from the Trauma Center certification by the state. To be certified as a trauma center, a hospital must satisfy the requirements of R.S. 40:2172 and 2173.

La. Admin. Code tit. 48, § I-19703

Promulgated by the Department of Health, Emergency Response Network, LR 421931 11/1/2016).



Section I-19701 - Generally

**A.** The goal of the Louisiana Emergency Response Network Board is to establish a trauma system that includes one verified trauma center in each region of the state. Trauma program recognition in excess of this goal will be determined utilizing a needs based assessment. The LERN Communication Center coordinates access to the trauma system by providing accurate and professional routing of patients experiencing time sensitive illness to the definitive care facility, which includes trauma programs recognized according to these rules.

La. Admin. Code tit. 48, § I-19701

Promulgated by the Department of Health, Emergency Response Network, LR 421931 11/1/2016).

