

# Aligning Kentucky's Level IV Trauma Standards

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# Kentucky's Current Level IV Trauma Criteria

## 902 KAR 28:030.Kentucky's Trauma System Level IV Criteria.

RELATES TO:KRS 211.490, 211.492, 211.494, 211.496. STATUTORY AUTHORITY:211.494(8)

### Current Language:

#### (d) Emergency department coverage.

1. The facility shall have twenty-four (24) hour **physician** coverage of the emergency department and a designated physician medical director for the emergency department.
2. A mid-level provider, such as a nurse practitioner or physician's assistant, may serve as the trauma team leader. A designated emergency department physician shall be **present** for immediate consultation during trauma team activations.

#### (e) Emergency department **physicians**. **Physicians** assigned to the emergency department of a Level IV Trauma Center shall:

1. Be licensed in the Commonwealth of Kentucky; and
2.
  - a. Maintain current Advanced Trauma Life Support© (ATLS) provider certification; or
  - b. Be certified by ABEM or AOBEM.

### Recommended changes:

**Provider**

**Available in person or via telehealth**

**Provider**

# Guidelines from the American College of Surgeons (ACS)

Committee on Trauma American College of Surgeons:  
Resources for Optimal Care of the Injured Patient (2014,  
2022 and 2023)

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Chapter 23 – Trauma Center Criteria Specific to Level IV Trauma Centers			
2014 Criteria Quick Reference Guide			
The preceding chapters of <i>Resources for Optimal Care of the Injured Patient</i> are designed to clearly define the criteria to verify that trauma centers have resources for optimal care of injured patients.			This chapter is included as a quick reference to identify the criteria to meet the requirements as stated in each chapter.
Chapter	Level	Criterion by Chapter and Level	
Chapter 2: Description of Trauma Centers and Their Roles in a Trauma System			
2	IV	This trauma center must have an integrated, concurrent performance improvement and patient safety (PIPS) program to ensure optimal care and continuous improvement in care (CD 2–1).	
2	IV	Trauma centers must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification (CD 2–3).	
2	IV	For Level IV trauma centers, it is expected that the physician (if available) or midlevel provider will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 30 minutes for the highest level of activation, tracked from patient arrival. The PIPS program must demonstrate that the physician’s (if available) or midlevel provider’s presence is in compliance at least 80 percent of the time (CD 2–8).	
2	IV	Well-defined transfer plans are essential (CD 2–13).	
2	IV	Collaborative treatment and transfer guidelines reflecting the Level IV facilities’ capabilities must be developed and regularly reviewed, with input from higher-level trauma centers in the region (CD 2–13).	
2	IV	A Level IV facility must have 24-hour emergency coverage by a physician or midlevel provider (CD 2–14).	
2	IV	The emergency department at Level IV centers must be continuously available for resuscitation with coverage by a registered nurse and physician or midlevel provider, and it must have a physician director (CD 2–15).	
2	IV	These providers must maintain current Advanced Trauma Life Support® certification as part of their competencies in trauma (CD 2–16).	

# Guidelines from the American College of Emergency Physicians (ACEP)



## POLICY STATEMENT

Approved June 2023

### *Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department*

June 2023 ACEP Policy Statement: Guidelines Regarding the Role of Physician Assistant and Nurse Practitioners in the Emergency Department

- ACEP acknowledges that there are currently workforce limitations in specific CMS-designated facility types in which supervision of a PA or NP by an emergency physician may be provided “Offsite” by telehealth means as follows:
  - Critical Access Hospitals (CAHs)
  - Rural Emergency Hospitals (REHs)