STATE EMS ADVISORY BOARD

TRAUMA ADMINISTRATIVE AND GOVERNANCE COMMITTEE

Public Safety Training Center (PSTC) 7093 Broad Neck Road, Hanover, Virginia 23069
August 6, 2026
2:00 PM

I. Call to Order – James Reynolds, Chair

   a. Introductions

II. Approval of today's agenda

III. Workgroup Reports

   a. Trauma Administrative and Governance Committee

   b. System Improvement

   c. Injury and Violence Prevention

   d. Prehospital Care

   e. Acute Care

   f. Post Acute Care

   g. Emergency Preparedness and Response

   h. Trauma Program Managers report

IV. ACS Manual Updates Review (ACS Verification Policy and ACS Specialty Coverage Transition) – Dr. Varga

V. Virginia Statewide Trauma Triage Plan – Dr. Rumsey

VI. Virginia Trauma Center Fund – James Reynolds

VII. Unfinished Business

VIII. New Business

IX. Public Comment

X. Adjournment

DECISION RECOMMENDATION

SUBJECT: Virginia Trauma Center Designation Manual Updates/Specialty Coverage Policy
ACS Verification Transition

PURPOSE

Approval of targeted updates to the Virginia Trauma Center Designation Manual necessary to maintain alignment with current national trauma standards, operational practices, and evolving trauma system expectations within the Commonwealth. These updates are recommended to assist the pathway of trauma centers transitioning ACS verification.

BACKGROUND

Pursuant to Code of Virginia § 32.1-111.3(A)(10), the State Board of Health is responsible for "establishing and maintaining a process for designation of appropriate hospitals as trauma centers, certified stroke centers, and specialty care centers based on an applicable national evaluation system."

The Virginia Trauma Center Designation Manual serves as the Commonwealth's operational standards document governing trauma center designation criteria, verification expectations, review processes, and designation requirements. Virginia's trauma standards have historically been informed by nationally recognized frameworks established by the American College of Surgeons. The current Manual requires targeted modernization updates to maintain alignment with current national trauma standards and evolving operational practices.

I. JUSTIFICATION

OEMS, in coordination with trauma system stakeholders and subject matter experts, has identified several priority areas requiring clarification and alignment with national standards. The following proposed updates are intended to improve operational clarity and maintain alignment with current nationally recognized trauma standards.

Proposed updates include:

1. **Performance Improvement Staffing Requirements**: Adoption of minimum performance improvement staffing requirements as defined by the ACS standards.
2. **Trauma Registrar Staffing Requirements:** Adoption of trauma registry staffing requirements as defined by the ACS standards.
3. **Registered Nursing Trauma Educati**on: Adoption of the ACS standard for trauma-specific education for nurses routinely caring for trauma patients.

4. **Craniofacial Expertise Requirements**: Alignment of trauma center capability requirements related to craniofacial injury management and specialty coverage as defined by the ACS standards.
5. **Soft Tissue and Reconstructive/Plastic Surgical Capability**: Alignment of trauma center capability requirements regarding soft tissue coverage, reconstructive capability, and microvascular expertise coverage as defined by the ACS standards.
6. **Ophthalmic Surgical Requirement**: Alignment of Ophthalmic surgical coverage and contingency planning requirements for trauma centers as defined by the ACS standards.
7. **Certified Registered Nurse Anesthetist (CRNA) Practice Clarification for Level III Trauma Centers:** Clarification of anesthesia coverage expectations for Level III trauma centers consistent with Virginia CRNA scope-of-practice and current ACS standards. (pending BON).

The proposed updates 1., 2., and 3., become effective January 1, 2027, with enforcement beginning January 1, 2028, in order to allow trauma centers sufficient operational preparation and implementation planning time.

Updates 4., 5., 6., and 7., are recommended to be implemented DATE, with enforcement beginning DATE

OR

Transition of Clinical Service Requirements (2027–2032)

During the Commonwealth's transition from a state-administered trauma center verification process to the American College of Surgeons (ACS) verification model, January 1, 2027, through December 31, 2032, trauma centers shall be afforded a transition period only for physician specialty coverage requirements that differ between the Virginia Trauma Center Designation Manual and the ACS standards for the same level of trauma center verification.

This transition allowance applies solely to physician call coverage requirements that are substantially different between the two verification systems. It shall not be interpreted to exempt a trauma center from any other Virginia designation requirements for a Virginia verification trauma site visit.

A trauma center, whether state-designated or ACS verified, shall not discontinue any physician specialty or surgical service that is required by both the Virginia Trauma Center Designation Manual and the applicable ACS criteria.

If, during the transition period, a trauma center elects to discontinue a physician specialty or surgical service that is no longer required under the applicable ACS verification standards, but was previously required under Virginia criteria, the trauma center shall demonstrate to OEMS that it has:

- Established written patient care and transfer protocols for patients requiring those specialty services;
- Executed transfer agreements, as applicable, with receiving facilities capable of providing the required specialty care;
- Incorporated all transferred patients into the trauma program's performance improvement and patient safety (PIPS) process to evaluate the appropriateness and timeliness of transfer, patient outcomes, and opportunities for system improvement; and
- Demonstrated that the change in specialty coverage does not adversely affect the delivery of trauma care within its service area.

This transition provision is limited exclusively to physician specialty coverage differences between the Virginia and ACS verification requirements. It does not waive or modify any other Virginia trauma center designation criterion.

Until a trauma center completes an ACS verification visit recognized by OEMS, the trauma center shall remain responsible for compliance with all applicable Virginia trauma center designation requirements, except as expressly provided under this transition policy.

Virginia Department of Health

Office of Emergency Medical Services (OEMS)

Trauma Center Designation Through American College of Surgeons Verification

Effective Date: January 1, 2027

Purpose

The purpose of this policy is to establish the process by which the Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), utilizes the American College of Surgeons Committee on Trauma (ACS-COT) verification process as the Commonwealth's primary method of trauma center verification while maintaining Virginia's statutory authority for trauma center designation, oversight, and administration pursuant to § 32.1-111.3 of the Code of Virginia.

Policy

Effective January 1, 2027, the Virginia Department of Health shall recognize verification conducted by the American College of Surgeons Committee on Trauma (ACS-COT) as the Commonwealth's primary trauma center verification methodology for hospitals seeking initial designation or renewal as Virginia Trauma Centers.

The Commonwealth of Virginia shall retain sole authority for the designation, renewal, suspension, revocation, and oversight of all Virginia Trauma Centers. Recognition of ACS verification shall not, by itself, constitute designation as a Virginia Trauma Center. Final designation shall remain the responsibility of the State Health Commissioner following review of the ACS verification findings and any Virginia-specific requirements.

Applicability

This policy applies to all hospitals seeking initial designation or renewal as adult or pediatric Virginia Trauma Centers and to all currently designated Virginia Trauma Centers transitioning to the ACS verification process.

Transition and Implementation

This policy shall become effective on January 1, 2027, and shall be implemented over a six-year transition period concluding on December 31, 2032.

Beginning January 1, 2027, any adult or pediatric Virginia-designated trauma center holding a current ACS verification at the same trauma center level as its Virginia designation shall be recognized as meeting the Commonwealth's primary verification requirement. Upon confirmation that all Virginia-specific requirements have been satisfied, OEMS may recommend designation or renewal without requiring an additional state verification review.

A Virginia-designated trauma center holding ACS verification at a level different from its current Virginia designation may elect either to transition immediately to the corresponding ACS verification level for purposes of Virginia designation or to maintain its current Virginia-designated level under the existing state verification process until its next scheduled designation cycle.

Trauma centers electing to remain under the existing state verification process shall complete their transition to the ACS verification process no later than December 31, 2032, at the trauma center level they ultimately intend to maintain for Virginia designation. Centers will remain on their current Virginia verification cycle until their ACS consultation or verification visit. If a center receives a consultation visit resulting in ACS verification, the state will observe this as their verification visit. If a center forgoes a consultation visit and completes an ACS verification visit, the state will observe these verification findings as the basis for granting or denying designation as a Virginia Trauma Center.

Trauma centers shall remain on their existing state-designated designation cycle until completion of an American College of Surgeons (ACS) verification visit. Trauma centers whose state designation expires between January 1, 2032, and December 31, 2032, and that can demonstrate completion of the ACS application process, receipt of ACS approval, and a scheduled ACS verification visit, may be granted a one-time extension of their state designation through no later than July 1, 2033, for the sole purpose of completing the ACS verification process.

Any extension or modification of an established state trauma center designation cycle outside of this provision shall be granted solely at the discretion of the State Health Commissioner, taking into consideration the operational needs of the Virginia Office of Emergency Medical Services (OEMS), including the availability of OEMS staff to participate in the verification process.

Trauma centers may elect to undergo either an American College of Surgeons (ACS) consultation visit or an ACS verification visit. The trauma center shall coordinate with the Virginia Office of Emergency Medical Services (OEMS) to ensure an OEMS representative is incorporated into and scheduled to participate in either type of visit, as a successful ACS consultation visit may result in the granting of ACS verification.

Nothing in this policy shall require a trauma center to increase or decrease its designation level solely as a result of this transition. Hospitals shall retain the discretion to pursue the ACS verification level that best reflects their clinical capabilities and organizational resources.

Verification Process

Once a trauma center has completed an American College of Surgeons (ACS) verification visit, the ACS verification shall serve as the Commonwealth's primary trauma center verification. The Virginia Office of Emergency Medical Services (OEMS) shall accept the findings in the final ACS verification report for all requirements that are substantially the same as those contained in the Virginia Trauma Center Designation Manual.

If a trauma center is unsuccessful in obtaining ACS verification, the ACS findings shall serve as the basis for the Commonwealth's designation decision and may result in the loss of state trauma center designation. Reinstatement of state trauma center designation shall require the trauma center to successfully obtain ACS verification. Once a center has completed an ACS verification, it may not revert to State, regardless of ACS findings.

Virginia-Specific Requirements

Hospitals seeking Virginia Trauma Center designation shall complete a Virginia Supplemental Designation Application with the items listed below. The supplemental application and any supporting documentation shall be submitted to OEMS no later than thirty (30) days before the scheduled ACS verification site visit unless an alternate timeframe is approved by OEMS.

The Virginia Supplemental Designation Application Checklist includes:

- Documentation demonstrating compliance with patient data submission requirements to the Virginia State Trauma Registry.
- A complete copy of the American College of Surgeons (ACS) Pre-Review Questionnaire (PRQ) submitted for the scheduled verification visit.
- Copies of the final report(s) from the hospital's previous ACS consultation and/or verification visit, when applicable.
- Copies of all corrective action plans, focused review plans, or other documentation developed in response to ACS findings, as applicable.
- Documentation demonstrating completion, follow-up, and closure of all deficiencies or recommendations identified by ACS, as applicable.
- Trauma Funds Actual use for the date requested on the Trauma Fund policy.

Hospitals shall comply with all Virginia statutes, regulations, and trauma system requirements applicable to their requested level of designation.

Notification Requirements

Hospitals seeking designation or renewal through the ACS verification process shall notify OEMS of their intent to undergo an ACS consultation visit, verification visit, reverification visit, or any other ACS trauma site visit no fewer than six (6) months before the scheduled visit. If a trauma center fails to coordinate within the required timeframe or is unable to schedule a review date that permits OEMS participation, the trauma center shall reschedule the ACS consultation or verification visit to a date that accommodates OEMS attendance.

The notification shall include the anticipated dates of the site visit, the verification level being sought, and any available scheduling information. The center will provide ACS liaison contact information to OEMS so that the state may communicate and coordinate any needs from Virginia for purposes of designation. Hospitals shall notify OEMS as soon as practicable of any changes to the scheduled review.

The trauma center shall provide OEMS with the name and contact information of its assigned ACS liaison to facilitate communication and coordination between ACS and the Commonwealth regarding the review process and any Virginia-specific designation requirements. However, it is still the responsibility of the center to notify its ACS liaison of OEMS participation requirements during the site visit, closing conference, and any other pertinent verification interdisciplinary activities to determine the legality of the ACS process on behalf of the state. As previously mentioned, hospitals electing to undergo an ACS consultation visit shall also notify OEMS, recognizing that a successful consultation may lead directly to an ACS verification visit.

Documentation

Hospitals shall authorize OEMS access to the ACS Pre-Review Questionnaire (PRQ), final verification report, verification decision letter, corrective action plans, and any additional documentation necessary to evaluate compliance with Virginia-specific requirements.

Hospitals shall submit all final ACS verification documentation to OEMS within ten (10) business days of receipt unless otherwise approved by the Office.

Designation Decision

Following completion of the ACS verification report review and confirmation Virginia spesfic requirements, OEMS shall prepare a recommendation for the State Health Commissioner regarding designation.

The State Health Commissioner may grant or renew designation, grant or renew designation with conditions, require corrective actions, require additional documentation or a focused review, grant a shortened designation period, or deny designation when warranted.

The designation decision of the State Health Commissioner shall constitute the final administrative action regarding Virginia Trauma Center designation.

Corrective Actions

Hospitals shall comply with all corrective actions required by the American College of Surgeons as a condition of maintaining designation for criteria evaluated through the ACS verification process.

OEMS may require additional corrective actions addressing Virginia-specific requirements not evaluated by the ACS. When deficiencies are identified, OEMS may require submission of a corrective action plan, supplemental documentation, performance improvement information, or participation in a focused review to verify compliance.

A trauma center may retain its designation during the corrective action period when OEMS determines that all Virginia-specific designation requirements have been met.

Continuing Oversight

Nothing in this policy shall limit the authority of the Health Commissioner to request OEMS to investigate complaints, conduct focused or special reviews, request performance improvement information, monitor compliance with Virginia trauma system requirements, or recommend suspension, modification, or revocation of a trauma center designation in accordance with applicable law.

Loss of ACS Verification

Hospitals shall notify OEMS within five (5) business days of any expiration, suspension, withdrawal, revocation, or other material change in their ACS verification status.

Loss of ACS verification may result in review, modification, suspension, or revocation of the hospital's Virginia Trauma Center designation as determined by the State Health Commissioner.
