Fact Sheet- OAR chapter 333, divisions 200 and 205
Exhibit 4: Oregon Trauma Hospital Resource Standards

Effective date: October 1, 2025

- **A trauma system hospital must continue to meet the Exhibit 4 standard dated September 25, 2018, until the revised standards are implemented.**
- **The October 1, 2025, and September 25, 2018, Exhibit 4 standards are available at: https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/rules.aspx#oar**

The Oregon Health Authority (OHA), Public Health Division, EMS and Trauma Systems program has permanently amended Exhibit 4 (Oregon Trauma Hospital Resource Standards) in Oregon Administrative Rules 333, divisions 200 and 205 to align with the revised, American College of Surgeons, *Resources for the Optimal Care of the Injured Patient, 2022 Standards* (released March 2022, revised December 2023.)

How to Use?

The standards are divided into Type 1 and Type 2 standards. Type 1 standards are considered critical standards that impact patient care. The trauma center must be in compliance with all applicable standards at the time of a site visit. If the OHA identifies noncompliance with any standard, the trauma center must submit a correction action plan to the OHA and may be required to demonstrate compliance through a focused review scheduled within one year from the date of survey.

What's New?

For all trauma centers (I, II, III, and IV):

- Staff who have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting or data validation must participate in an ICD-10 course or an ICD-10 refresher course every five years.
- Availability 24/7 of point-of-care ultrasound within 15 minutes.

For Level I trauma centers:

- Continuous availability of the following:
  - Cardiothoracic surgery
  - Vascular surgery
  - Hand surgery

  - Plastic surgery
  - Obstetrics and Gynecologic surgery
  - Otolaryngology
  - Urology
  - Ophthalmology

For Level II trauma centers:

- Availability of the following:
  - Cardiothoracic surgery
  - Vascular surgery
  - Hand surgery
  - Plastic surgery
  - Obstetrics and Gynecologic surgery
  - Otolaryngology
  - Urology
  - Ophthalmology

For Level I and Level II trauma centers:

- Increased response times for the following:
  - Conventional radiography within 15 minutes
  - Computed tomography (CT) within 15 minutes
- Continuous availability of medical specialists including cardiology, gastroenterology, internal medicine or pediatrics, infectious disease, nephrology, and pulmonary medicine.
- Availability of medical specialists including pain management (with expertise to perform regional nerve blocks), physiatry, and psychiatry.

For Level I, Level II, and Level III trauma centers:

- At least 0.5 FTE dedicated performance improvement personnel when the annual volume of registry patients exceeds 500. At least 1.0 FTE when annual volume is at least 1,000 patients. It is unknown how many trauma centers have dedicated PI personnel so unable to estimate costs.
- Requirement that the trauma program manager maintain membership in a national or regional trauma organization. Estimated cost between $125-$1,500/year.

For Level III trauma centers:

- Continuous availability of internal medicine

For Level IV trauma centers:

- Conventional radiography within 30 minutes
- CT 24 hours per day and within 30 minutes