

4.5 - Specialty Liaisons to the Trauma Service (Type II)

Applicable Levels

LI, LII, LIII, PTCI, PTCII

PRQ Question Text *[Field Type]*

LII, LIII

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. *[Attachment]*
- *2. **Geriatric Provider Liaison:** Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. *[Text box]*

PTCII

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. *[Attachment]*

LI, PTCI

- *1. Upload the completed “Specialty Liaisons to the Trauma Service” template. *[Attachment]*
- *2. **Geriatric Provider Liaison:** Provide the name of the geriatric liaison at your center and explain how they meet the Geriatric Provider Liaison requirement. *[Text box]*
- *3. **Orthopaedic Surgeon Liaison:** How does your trauma center meet the Orthopaedic Surgeon Liaison requirements? *[Drop Down]*
 - A. Completed an OTA-approved orthopaedic traumatology fellowship Yes/No
 - B. Previously approved through the alternate training criteria
 - C. Completed a pediatric fellowship (PTCI only)
 - D. Shares the orthopaedic trauma surgeon liaison with a Level I adult trauma center within the same hospital or campus (PTCI only)
 - E. Seeking approval through the alternate training criteria

- 4. Upload documentation supporting your selection for #3 above. *[Attachment]*

If A is selected, upload the orthopaedic trauma surgeon liaison’s fellowship certificate

If B is selected, do nothing

If C is selected, upload the orthopaedic trauma surgeon liaison’s fellowship certificate

If D is selected, upload the fellowship certificate of the orthopaedic trauma surgeon liaison shared with the Level I adult trauma center within the same hospital or campus

If E is selected, upload the orthopaedic trauma surgeon liaison’s CV and answer the questions below. *Upon review by the VRC office, further information may be requested for those seeking approval through the alternate training criteria.*

Is at least 50 percent of the orthopaedic trauma surgeon liaison’s practice dedicated to providing care to orthopaedic trauma patients? *[Radio Button]*

Is the orthopaedic trauma surgeon liaison an active trauma committee member in a regional, national, or international organization (outside of parent hospital or institution) and did they attend at least one meeting during the reporting period? *[Radio Button]*

Is the orthopaedic trauma surgeon liaison an author of peer-reviewed publications/research in orthopaedic trauma over the past three years *[Radio Button]*

Did the orthopaedic trauma surgeon liaison participate in trauma-related educational activities as an instructor or educator (outside of parent hospital or institution) in the past three years? *[Radio Button]*

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LJ, LII, PTCI & PTCII

Complete the chart below for the designated liaisons to the trauma program. For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

		Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval					
		Evidence of Board Certification		Evidence of Board Eligibility	Alternate Pathway		
		Certifying Board	Certificate Number	Expiration Date (MM/YYYY)	Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)
Adult Program	Designated Liaison	Provider Name					
		BC/BE Emergency medicine physician					
		BC/BE Orthopaedic surgeon					
		BC/BE Anesthesiologist					
		BC/BE Neurosurgeon					
		BC/BE Radiologist					
Pediatric Program		BC/BE ICU physician					
		BC/BE Emergency medicine physician					
		BC/BE Orthopaedic surgeon					
		BC/BE Anesthesiologist					
		BC/BE Neurosurgeon					
		BC/BE Radiologist					

4.5 - Specialty Liaisons to the Trauma Service (Type II)

LIII & LIII-N

Complete the chart below for the designated liaisons to the trauma program.
 For physicians who have trained outside the US or Canada, please upload the relevant documentation as instructed in the Alternate Pathway section of the PRQ.

		Evidence of Board Certification -OR- Board Eligibility -OR- Alternate Pathway Approval							
Designated Liaison	Provider Name	Evidence of Board Certification		Evidence of Board Eligibility	Alternate Pathway Approval				
		Certifying Board	Certificate Number		Expiration Date (MM/YYYY)	Residency Completion Year	Is the designated liaison a new or previously approved candidate for the alternate pathway?	Date of Approval from ACS Staff (if applicable)	
BC/BE Emergency medicine physician									
BC/BE Orthopaedic surgeon									
BC/BE Anesthesiologist or CRNA/CAA									
BC/BE ICU physician									
BC/BE Neurosurgeon (LIII-N Only)									