



VRC VERIFICATION
REVIEW
CONSULTATION
for excellence in trauma centers



AMERICAN COLLEGE OF SURGEONS
VERIFICATION, REVIEW, AND CONSULTATION (VRC) PROGRAM

3 Facilities and Equipment Resources

Rationale

The trauma program must maintain and provide the required facilities, services, and equipment for the care of the injured patient.

3.1 Operating Room Availability—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, an operating room (OR) must be staffed and available within 15 minutes of notification, and in Level III trauma centers, within 30 minutes of notification.

Additional Information

The expectation is that the OR team is notified when a trauma patient is going to be sent to the OR. The initial call and the team members' response must be tracked. This can be documented with a logbook, an electronic medical record, or a badge swipe.

Measures of Compliance

- OR staffing policy
- Documentation of time of notification to time of response
- Evaluated during the site visit process

Resources

None

References

None

3.2 Additional Operating Room—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, if the first OR is occupied, an additional OR must be staffed and available.

Additional Information

A staffed OR is one where nursing and anesthesia personnel are available to prepare the room and patient for an emergency surgical intervention.

Timely access to surgical care is critical for patient safety. Trauma centers are required to have the capacity to respond to small surges in surgical activity without compromising patient care.

Measures of Compliance

OR policies or related materials outlining process, staffing, and expectations related to preparing a second OR, both during regular working hours and after hours

Resources

None

References

None

3.3 Operating Room for Orthopaedic Trauma Care—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have a dedicated OR prioritized for fracture care in nonemergent orthopaedic trauma.

In a Level III trauma center, access to the OR must be made available for nonemergent orthopaedic trauma.

Additional Information

Skeletal fixation is often secondary to immediate and life-saving resuscitative intervention; might be staged and often requires unique expertise. Predictable access to an OR assures that orthopaedic trauma care can be planned and that the right expertise will be available to provide optimal care.

Operational details related to staffing, frequency of availability, and use by other services should be collaboratively determined and approved by the TMD and the orthopaedic trauma leader. The frequency of availability should be sufficient to provide timely fracture care for patients.

Measures of Compliance

- OR orthopaedic schedule (LI, LII, PTCI, PTCII)
- OR schedule (LIII)

Resources

None

References

None

3.4 Blood Products—TYPE I

Applicable Levels

LI, LII, LIII, PTCL, PTCII

Definition and Requirements

Level I and II trauma centers must have an adequate supply of blood products available.

Level III trauma centers must have an adequate supply of red blood cells and plasma available.

Additional Information

An “adequate supply” is based on the needs of the trauma center.

Measures of Compliance

Evaluated during the site visit process

Resources

None

References

None

3.5 Medical Imaging—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, the following services must be available 24 hours per day and be accessible for patient care within the time interval specified:

- Conventional radiography—15 minutes
- Computed tomography (CT)—15 minutes
- Point-of-care ultrasound—15 minutes
- Interventional radiologic procedures—1 hour
- Magnetic resonance imaging (MRI)—2 hours

In Level III trauma centers, the following services must be available 24 hours per day and be accessible for patient care within the time interval specified:

- Conventional radiography—30 minutes
- CT—30 minutes
- Point-of-care ultrasound—15 minutes

Additional Information

“Accessible for patient care” implies that the necessary human resources and equipment are available within the time specified. The time interval refers to the time between initial request and initiation of the test/procedure. This does not mean that every test must be completed within the interval specified. Timeliness depends on patient need. Review of perceived delays in imaging that might have affected patient care are a component of the PIPS program.

Measures of Compliance

- Equipment evaluated during site visit process
- Policies and procedures ensuring availability of services

Resources

None

References

None

3.6 Remote Access to Radiographic Imaging—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have a mechanism to remotely view radiographic images from referring hospitals within their catchment area.

Additional Information

Viewing mechanisms may include email, a phone app, a picture archiving and communications system (PACS), etc.

Measures of Compliance

Description of the mechanism for remote access to imaging

Resources

None

References

None

3.7 Cerebral Monitoring Equipment—TYPE I

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

Definition and Requirements

Level I, Level II, and Level III-N trauma centers must have cerebral monitoring equipment available.

Additional Information

Level III-N trauma centers are those that provide neurotrauma care for patients with moderate to severe traumatic brain injury (TBI), defined as Glasgow Coma Scale (GCS) of 12 or less at the time of emergency department arrival.

Cerebral monitoring could include equipment to monitor intracranial pressure and/or measure cerebral oxygenation.

Measures of Compliance

Evaluated during the site visit process

Resources

None

References

None

3.8 Cardiopulmonary Bypass Equipment—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, cardiopulmonary bypass equipment must be immediately available when required, or a contingency plan must exist to provide emergency cardiac surgical care.

Additional Information

The contingency plan must address the need for immediate transfer of patients with time-sensitive cardiovascular injuries.

Measures of Compliance

Equipment evaluated during the site visit process or through the contingency plan

Resources

None

References

None

