VRC VERIFICATION REVIEW CONSULTATION
for excellence in trauma centers

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

4 Personnel and Services

Rationale

The trauma program must have access to a wide variety of personnel and services to provide timely care to the injured patient.

4.1 Trauma Surgeon Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Trauma surgeons must have direct patient care responsibilities at the institution and must meet the following qualifications:

- Complete the ATLS course at least once
- Have privileges in general and/or pediatric surgery
- Hold current board certification or board eligibility in general surgery, or have been approved through the Alternate Pathway
  - Level I pediatric trauma centers must have at least two surgeons board-certified or board-eligible in pediatric surgery.
  - Level II pediatric trauma centers must have at least one surgeon board-certified or board-eligible in pediatric surgery.

Additional Information

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Evidence of ATLS certification
- Credentialing letter
- Evidence of board certification, board eligibility, or Alternate Pathway approval

Resources

None

References

None

4.2 Trauma Surgeon Coverage—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, trauma surgery coverage must be continuously available.

In Level I and II trauma centers, the trauma surgeon must be dedicated to a single trauma center while on call.

Additional Information

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage

Measures of Compliance

- Call schedules over the course of the reporting period
- Evaluated during the site visit process

Resources

None

References

None

4.3 Trauma Surgery Backup Call Schedule—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have a published backup call schedule for trauma surgery.

Level III trauma centers must have a documented backup call schedule or a backup plan for trauma surgery.

Additional Information

Trauma surgeons who serve as a backup are not required to be dedicated to one hospital.

Measures of Compliance

- Backup trauma call schedules (LI, LII)
- Backup trauma call schedules or backup plan (LIII)

Resources

None

References

None

4.4 Trauma Surgeon Presence in Operating Room—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the trauma surgeon must be present in the operating suite for the key portions of operative procedures for which they are the responsible surgeon and must be immediately available throughout the procedure.

Additional Information

None

Measures of Compliance

Evaluated during the site visit process

Resources

None

References

None

4.5 Specialty Liaisons to the Trauma Service—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

The trauma program must have the following designated liaisons:

LI, LII, PTCI, PTCII:
- Board-certified or board-eligible emergency medicine physician
- Board-certified or board-eligible orthopaedic surgeon
- Board-certified or board-eligible anesthesiologist
- Board-certified or board-eligible neurosurgeon
- Board-certified or board-eligible radiologist
- Board-certified or board-eligible intensive care unit (ICU) physician
- Geriatric provider (applies only to LI and LII)

LIII:
- Board-certified or board-eligible emergency medicine physician
- Board-certified or board-eligible orthopaedic surgeon
- Board-certified or board-eligible anesthesiologist
- Board-certified or board-eligible neurosurgeon (applies only to LIII-N)
- Board-certified or board-eligible ICU physician

In Level I trauma centers, the orthopaedic trauma surgeon liaison must have completed an orthopaedic traumatology fellowship approved by the Orthopaedic Trauma Association (OTA). In Level I pediatric trauma centers, this requirement may be met by having a pediatric fellowship-trained orthopaedic surgeon.

Additional Information

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

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Orthopaedic Surgeon Liaison
Level I pediatric trauma centers may share the adult orthopaedic trauma surgeon liaison from a Level I trauma center to meet this requirement.

Alternate Training Criteria
In Level I trauma centers, orthopaedic trauma surgeon who have not completed an OTA-approved orthopaedic traumatology fellowship may serve as the liaison by meeting the following criteria, subject to approval after review of credentials and training:
- At least 50 percent of the physician's practice is dedicated to providing care to orthopaedic trauma patients
- Active trauma committee membership in a regional, national, or international organization (outside of parent hospital or institution) and attendance of at least one meeting during the reporting period
- Evidence of peer-reviewed publications/research in orthopaedic trauma over the past three years
- Participation in trauma-related educational activities as an instructor or educator (outside of parent hospital or institution) in the past three years

Anesthesia Liaison
For Level III trauma centers:
- In states where certified registered nurse anesthetists (CRNAs) are licensed to practice independently, they may serve as the anesthesia liaison.
- In states where CRNAs are not licensed to practice independently, they may serve as the anesthesia liaison only if there is not a board-certified or board-eligible anesthesiologist on staff.

Geriatric Provider Liaison
In Level I and II trauma centers, the geriatric liaison may be a geriatrician, or a physician with expertise and a focus in geriatrics, or an APP with certification, expertise, and a focus in geriatrics. The role of the liaison is to assist in the development and implementation of geriatric protocols and to be available for patient consultation.

Measures of Compliance

Documentation of individuals assigned to specific liaison roles and evidence of board certification, board eligibility, or Alternate Pathway approval

Resources

None

References

None

4.6 Emergency Department Director—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, the emergency department director must be board-certified or board-eligible in emergency medicine or pediatric emergency medicine.

In Level I and II trauma centers, physicians who completed primary training prior to 2016 and are board-certified in a specialty other than emergency medicine or pediatric emergency medicine may serve as the emergency department director.

In Level III trauma centers, the emergency department director must be board-certified or board-eligible.

Additional Information

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Roles and responsibilities of the emergency department director
- Evidence of board certification, board eligibility, or Alternate Pathway approval

Resources

None

References

None

4.7 Emergency Department Physician Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, emergency medicine physicians involved in the care of trauma patients must be currently board-certified or board-eligible, or have been approved through the Alternate Pathway.

- In Level I and II trauma centers, physicians must be board-certified or board-eligible in emergency medicine or pediatric emergency medicine.
  - Physicians who completed primary training in a specialty other than emergency medicine or pediatric emergency medicine prior to 2016 may participate in trauma care.
- In Level I pediatric trauma centers, at least one physician must be board-certified or board-eligible in pediatric emergency medicine.
- In Level III trauma centers, physicians must be board-certified or board-eligible in emergency medicine, pediatric emergency medicine, or a specialty other than emergency medicine.

All emergency medicine physicians must have completed the ATLS course at least once. Physicians who are board-certified or board-eligible in a specialty other than emergency medicine must hold current ATLS certification.

Additional Information

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Evidence of board certification, board eligibility, or Alternate Pathway approval
- Evidence of ATLS certification

Resources

None

References

None

4.8 Emergency Department Physician Coverage—TYPE I

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, a board-certified or board-eligible emergency medicine physician must be present in the emergency department at all times. This requirement may also be met with a board-certified or board-eligible physician who completed primary training prior to 2016 in a specialty other than emergency medicine or pediatric emergency medicine.

Additional Information

"At all times" is defined as 24/7/365 and implies there are no gaps in coverage.

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Emergency medicine physician call schedules demonstrating trauma coverage
- Evidence of board certification, board eligibility, or Alternate Pathway approval

Resources

None

References

None

4.9 Pediatric Critical Care Staffing—TYPE II

Applicable Levels

PTCI

Definition and Requirements

In Level I pediatric trauma centers, there must be at least two physicians who are board-certified or board-eligible in pediatric critical care medicine or in both pediatric surgery and surgical critical care.

These two physicians must practice at least part of their time in the ICU where the majority of pediatric trauma patients are cared for.

Additional Information

Refer to Appendix A for details on board certification and board eligibility.

Measures of Compliance

- Evidence of board certification or board eligibility
- ICU call schedules

Resources

None

References

None

4.10 Neurotrauma Care—TYPE I

Applicable Levels

LI, LII, LIII-N, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have board-certified or board-eligible neurosurgeons continuously available for the care of neurotrauma patients.

Level III-N trauma centers must have board-certified or board-eligible neurosurgeons.

In Level I pediatric trauma centers, there must be at least one board-certified or board-eligible neurosurgeon who has completed a pediatric neurosurgery fellowship.

Additional Information

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

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

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Trauma neurosurgery call schedules
- Evidence of board certification, board eligibility, or Alternate Pathway approval
- Level I pediatric center: CV of a board-certified or board-eligible neurosurgeon who completed a pediatric neurosurgery fellowship

Resources

None

References

None

4.11 Orthopaedic Trauma Care—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Trauma centers must have board-certified or board-eligible orthopaedic surgeons continuously available for the care of orthopaedic trauma patients and must have a contingency plan for when orthopaedic trauma capabilities become encumbered or overwhelmed.

In Level I pediatric trauma centers, at least one board-certified or board-eligible orthopaedic surgeon must have completed a pediatric orthopaedic fellowship.

Additional Information

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

Refer to Appendix A for details on board certification, board eligibility, and the Alternate Pathway.

Measures of Compliance

- Orthopaedic trauma surgery call schedules
- Orthopaedic surgery contingency plan
- Evidence of board certification, board eligibility, or Alternate Pathway approval
- Level I pediatric center: CV of a board-certified or board-eligible orthopaedic surgeon who completed a pediatric orthopaedic fellowship

Resources

None

References

None

4.12 Specialized Orthopaedic Trauma Care—TYPE II

Applicable Levels

LII, PTCI, PTCII

Definition and Requirements

Trauma centers must have an orthopaedic surgeon who has completed an OTA-approved fellowship or has met the alternate training criteria. This requirement may also be met by having transfer protocols specifying the type of patients/injuries that will be transferred to a center with an orthopaedic surgeon who has completed an OTA-approved fellowship or meets the alternate training criteria.

Additional Information

Alternate training criteria are outlined in 4.5 and are subject to approval after review of credentials and training.

Measures of Compliance

- CV of the orthopaedic surgeon with OTA-approved fellowship or credentials for alternate training
- Transfer protocols

Resources

None

References

None

4.13 Anesthesia Services—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, anesthesia services must be available within 15 minutes of request. Furthermore, the attending anesthesiologist must be present within 30 minutes of request for all operations.

In Level III trauma centers, anesthesia services must be available within 30 minutes of request.

Additional Information

Anesthesia services may be composed of anesthesiologists, CA-3 and CA-4 residents, CRNAs, or CAAs.

These providers must be able to begin an emergency operation per hospital policy or credentialing.

For Level III trauma centers in states where CRNAs are licensed to practice independently, CRNAs should follow local or institutional practices and may not require physician supervision.

Measures of Compliance

- Hospital or trauma policy on anesthesia services pertaining to availability and response time
- Evaluated during the site visit process

Resources

None

References

None

4.14 Radiologist Access—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, a radiologist must have access to patient images and be available for imaging interpretation, in person or by phone, within 30 minutes of request.

Additional Information

The time is measured from time of request to time of interpretation.

Measures of Compliance

- Radiology policy or guidelines
- Evaluated during the site visit process

Resources

None

References

None

4.15 Interventional Radiology Response for Hemorrhage Control—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have the necessary human and physical resources continuously available so that an endovascular or interventional radiology procedure for hemorrhage control can begin within 60 minutes of request.

Additional Information

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

The response time is tracked from request to arterial puncture. It is not expected that every case undergoing intervention must be initiated within 60 minutes. The expectation is that if the clinical situation dictates the need for rapid intervention, that it can be initiated within 60 minutes.

Physician resources could include an interventional radiologist, a neurosurgeon/neurologist, or a vascular surgeon credentialed to perform angiography and embolization or stent placement.

Measures of Compliance

- Report of time interval between request and arterial puncture for patients undergoing interventions for hemorrhage control
- Call schedules

Resources

None

References

None

4.16 ICU Director—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must have an ICU surgical director who is board-certified or board-eligible in general surgery and actively participates in unit administration.

In Level I adult trauma centers, the ICU surgical director must be board-certified or board-eligible in surgical critical care.

Additional Information

"Active participation in unit administration" is defined as participating in the development of pathways and protocols for the care of trauma patients and in unit-based PI activities. It is expected that the ICU surgical director participate in the care of patients in the ICU where the majority of trauma patients are cared for.

In all trauma centers, the TMD may serve as the ICU director or co-director.

Refer to Appendix A for details on board certification and board eligibility.

Measures of Compliance

- Role and responsibilities of the surgical ICU director and/or co-director
- Protocols/pathways and PI initiatives specific to the care of the injured patient
- Evidence of board certification or board eligibility

Resources

None

References

None

4.17 ICU Physician Coverage—TYPE I

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, the ICU must be staffed with physicians who are continuously available within 15 minutes of request and whose primary responsibility is to the ICU.

Additional Information

Physicians include residents, fellows, or attendings.

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

Measures of Compliance

- ICU/PICU call schedules
- Evaluated during the site visit process

Resources

None

References

None

4.18 Intensivist Staffing—TYPE II

Applicable Levels

LII

Definition and Requirements

In Level II adult trauma centers, at least one surgeon must be board-certified or board-eligible in surgical critical care.

Additional Information

Refer to Appendix A for details on board certification and board eligibility.

At minimum, this surgeon is expected to participate in the trauma program and provide guidance and input in the care of the critically injured patient.

Measures of Compliance

Evidence of board certification or board eligibility

Resources

None

References

None

4.19 ICU Provider Coverage for Level III Trauma Centers—TYPE I

Applicable Levels

LIII

Definition and Requirements

In Level III trauma centers, provider coverage of the ICU must be available within 30 minutes of request, with a formal plan in place for emergency coverage.

Additional Information

Coverage may include an intensivist, hospitalist, or APP.

The formal plan for emergency coverage should allow for patients' immediate needs to be met until the attending surgeon is available.

Measures of Compliance

- ICU call schedules
- ICU emergency coverage plan
- Evaluated during the site visit process

Resources

None

References

None

4.20 ICU Nursing Staffing Requirement—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the patient-to-nurse ratio in the ICU must be 1:1 or 2:1, depending on patient acuity as defined by the hospital policy for ICU nursing staffing.

Additional Information

None

Measures of Compliance

Hospital policy for ICU nursing staffing

Resources

None

References

None

4.21 Surgical Specialists Availability—TYPE I

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have continuous availability of the surgical expertise listed below:

- Cardiothoracic surgery
- Vascular surgery
- Hand surgery
- Plastic surgery
- Obstetrics/Gynecology surgery
- Otolaryngology
- Urology

Additional Information

Expertise implies that there is a surgeon credentialled by the hospital to provide acute trauma care for the services listed above.

"Continuous" is defined as 24/7/365. Sporadic gaps in coverage due to vacation/conference attendance, etc. must be addressed with a contingency plan.

Measures of Compliance

Specialty surgeons' trauma call schedules

Resources

None

References

None

4.22 Ophthalmology Services —TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have continuous availability of ophthalmology.

Additional Information

"Continuous" is defined as 24/7/365. Sporadic gaps in coverage due to vacation/conference attendance, etc. must be addressed with a contingency plan.

Measures of Compliance

- Specialty surgeon trauma call schedules
- Contingency plan

Resources

None

References

None

4.23 Soft Tissue Coverage Expertise—TYPE I

Applicable Levels

LI, PTCI

Definition and Requirements

Level I trauma centers must have the capability for comprehensive soft tissue coverage of wounds, including microvascular expertise for free flaps.

Additional Information

Comprehensive soft tissue coverage capability includes coverage of all open fractures, soft tissue coverage of a mangled extremity, and soft tissue defects of the head and neck.

Measures of Compliance

Specialty surgeon trauma call schedules

Resources

None

References

None

4.24 Craniofacial Expertise—TYPE I

Applicable Levels

LI, PTCI

Definition and Requirements

Level I trauma centers must have the capability to diagnose and manage acute facial fractures of the entire craniomaxillofacial skeleton, including the skull, cranial base, orbit, midface, and occlusal skeleton, with expertise contributed by any of the following specialists: otolaryngology, oral maxillofacial surgery, or plastic surgery.

Additional Information

Trauma centers may have a variety of different models of care for patients with craniofacial injuries, including a single specialty covering all injuries, a rotating schedule, or involvement of specific expertise depending on the nature of the injuries. All are acceptable models of care.

Measures of Compliance

Specialty surgeon trauma call schedules

Resources

None

References

None

4.25 Replantation Services—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have replantation capability continuously available or must have in place a triage and transfer process with a replant center.

Additional Information

"Replantation capability" in this context refers to the replantation of a severed limb, digit, or other body part (e.g., ear, scalp, or penis). It may also include critical revascularization or care of a mangled extremity.

A triage and transfer process should ensure optimal care with a view toward minimizing time to replantation. The triage process might include diverting selected patients directly to a replant center if replantation is unavailable at the trauma center.

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

Measures of Compliance

- Specialty surgeon trauma call schedules
- Documentation of a regional and/or state triage and transfer process (for centers without capability or continuous coverage)

Resources

Trauma centers reporting that they provide 24/7/365 coverage for severe hand injuries—including replantation, revascularization, and care of the mutilated hand—are listed as part of the National Hand Trauma Center Network, an initiative of the American Society for Surgery of the Hand: *https://www.assh.org/s/hand-trauma-center-network*.

References

None

4.26 Medical Specialists—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have all of the following medical specialists:

- Cardiology*
- Gastroenterology*
- Internal medicine or pediatrics*
- Infectious disease*
- Nephrology*
- Pain management (with expertise to perform regional nerve blocks)
- Physiatry
- Psychiatry
- Pulmonary medicine*

An asterisk denotes services that must be continuously available.

Level III trauma centers must have internal medicine continuously available.

Additional Information

"Continuously" is defined as 24/7/365 and implies there are no gaps in coverage.

Other listed services must be available 7 days per week.

Measures of Compliance

Physician call schedules

Resources

None

References

None

4.27 Child Abuse (Nonaccidental Trauma) Physician—TYPE II

Applicable Levels

PTCI, PTCII

Definition and Requirements

Level I and II pediatric trauma centers must have either a physician on the medical staff who is board-certified or board-eligible in child abuse pediatrics or a physician with special interest in child abuse (nonaccidental trauma) who provides expertise to the trauma center.

Additional Information

The purpose of this role is to provide leadership in addressing the needs of children with nonaccidental trauma. This leadership includes the development of relevant policies and procedures and, where necessary, inpatient assessment and care.

Refer to Appendix A for details on board certification and board eligibility.

Measures of Compliance

- Roles and responsibilities of the child abuse physician
- Evidence of board certification, board eligibility, or qualifications of the child abuse physician

Resources

None

References

None

4.28 Allied Health Services—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Trauma centers must have the following allied health services available:

- LI, LII, PTCI, PTCII
  - Respiratory therapy (24/7/365)
  - Nutrition support
  - Speech therapy
  - Social worker (7 days per week)
  - Occupational therapy (7 days per week)
  - Physical therapy (7 days per week)
- LIII
  - Respiratory therapy (24/7/365)
  - Nutrition support
  - Speech therapy
  - Social worker
  - Occupational therapy
  - Physical therapy

Additional Information

None

Measures of Compliance

Description of the model of coverage for each service

Resources

None

References

None

4.29 Renal Replacement Therapy Services—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

Level I and Level II trauma centers must have renal replacement therapy services available to support patients with acute renal failure.

Level III trauma centers must have renal replacement therapy services available to support patients with acute renal failure or a transfer agreement in place if this service is not available.

Additional Information

Renal replacement therapy might include intermittent hemodialysis or any form of continuous renal replacement therapy to support patients with acute renal failure.

"Continuous" is defined as 24/7/365 and implies there are no gaps in coverage.

Measures of Compliance

- Evaluated during the site visit process
- Transfer agreement, if applicable (LIII)

Resources

None

References

None

4.30 Advanced Practice Providers—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, trauma and/or emergency department APPs who are clinically involved in the initial evaluation and resuscitation of trauma patients during the activation phase must have current ATLS certification.

Additional Information

This standard is not applicable to the following:

- APPs for neurosurgery and orthopaedic surgery
- CRNAs
- CAAs
- Scribes

Measures of Compliance

- List of trauma/emergency department APPs
- Evidence of ATLS certification for each trauma/emergency department APP listed

Resources

None

References

None

4.31 Trauma Registry Staffing Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, there must be at least 0.5 FTE dedicated to the trauma registry per 200–300 annual patient entries. The count of entries is defined as all patients who meet NTDS inclusion criteria, and those patients who meet inclusion criteria for hospital, local, regional and state purposes.

Combined adult and pediatric programs (Level I/II adult trauma center with Level II pediatric trauma center) may share resources, but someone must be identified as the lead pediatric registrar.

Additional Information

Trauma centers must take into account the additional tasks, beyond the abstraction and entry of patient data, that are assigned to the registrar. Processes such as report generation, data analysis, research assistance, and meeting various submission requirements will decrease the amount of time dedicated to the meticulous collection of patient data. While electronic downloads or automated data integration might offer advantages, they might also require additional oversight, and trauma centers must conduct their own assessment as to the impact. Regardless of how data are obtained, staffing levels must be adequate to perform these tasks to ensure the integrity and quality of the data.

Measures of Compliance

- Number of trauma registry personnel
- Annual trauma registry report that shows the volume of all entries

Resources

None

References

None

4.32 Certified Abbreviated Injury Scale Specialist—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, at least one registrar must be a current Certified Abbreviated Injury Scale Specialist (CAISS).

Combined adult and pediatric programs (Level I/II adult trauma center with Level II pediatric trauma center) may share the CAISS certified registrar to meet this requirement.

Additional Information

None

Measures of Compliance

Evidence of CAISS Certification

Resources

CAISS is a certification offered by the Association for the Advancement of Automotive Medicine (AAAM).

References

None

4.33 Trauma Registry Courses—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, all staff members who have a registry role in data abstraction and entry, injury coding, ISS calculation, data reporting, or data validation for the trauma registry must fulfill all of the following requirements:

- Participate in and pass the AAAM's Abbreviated Injury Scale (AIS) course for the version used at your center
- Participate in a trauma registry course that includes all of the following content:
  - Abstraction
  - Data management
  - Reports/report analysis
  - Data validation
  - HIPAA
- Participate in an ICD-10 course or an ICD-10 refresher course every five years

Additional Information

None

Measures of Compliance

- List of registry staff with date of hire
- For each registry staff member, include:
  - AAAM AIS Course Certificate
  - Certificate from trauma registry course
  - ICD-10 Course Certificate dated within the past five years

Resources

None

References

None

4.34 Trauma Registrar Continuing Education—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, each trauma registrar must accrue at least 24 hours of trauma-related CE during the verification cycle.

Additional Information

Trauma-related CE can be obtained internally, externally, or online.

In trauma centers undergoing a consultation or initial verification review, each registrar must accrue at least 8 hours of trauma-related CE during the reporting period.

Measures of Compliance

CE certificates or transcripts during the verification cycle

Resources

None

References

None

4.35 Performance Improvement Staffing Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, there must be at least 0.5 FTE dedicated performance improvement (PI) personnel when the annual volume of registry patient entries exceeds 500 patients. The count of entries is defined as all patients that meet NTDS inclusion criteria, and those patients who meet inclusion criteria for hospital, local, regional and state purposes.

When the annual volume exceeds 1,000 registry patient entries, the trauma center must have at least 1 FTE PI personnel.

Additional Information

Trauma centers are expected to have the necessary human resources to comply with the standards in Category 7—Performance Improvement and Patient Safety. Greater trauma center volumes might necessitate additional personnel.

Measures of Compliance

- Annual trauma registry report that shows the total volume of entries
- Roles and responsibilities of the PI personnel
- Number of PI personnel

Resources

None

References

None

4.36 Disaster Management and Emergency Preparedness Course—TYPE II

Applicable Levels

LI, PTCI

Definition and Requirements

In Level I adult and pediatric trauma centers, the trauma surgeon liaison to the disaster committee must successfully complete the Disaster Management and Emergency Preparedness (DMEP™) course at least once.

Additional Information

Completion of DMEP or eDMEP meets this standard.

Measures of Compliance

Evidence of DMEP or eDMEP Certificate

Resources

DMEP and eDMEP are courses offered by the American College of Surgeons (ACS).

References

None