



Adult Level II – Trauma Program Checklist/Attestation

To reduce the morbidity and mortality of trauma patients in Louisiana, the LERN Board authorized an evaluation process which recognizes the achievement of specific benchmarks in hospitals actively pursuing Levels II or III Trauma Center verification through the American College of Surgeons (ACS). The criteria are drawn from the Resource for the Optimal Care of Injured Patients 2014 published by the ACS. In addition to these criteria, a site visit is required to validate attestation. It is highly suggested that prior to attesting, the hospital engage the LERN Trauma Medical Director or LERN designee with program development.

Check “Yes” or “No” to indicate achievement of the following Trauma Program Requirements:

A. Trauma Medical Director with Job Description	The Trauma Medical Director is a general surgeon who leads the multidisciplinary activities of the trauma program.		
	Yes	No	Indicate Name and Contact Information for Medical Director
B. Trauma Medical Director Requirements			
The Trauma Medical Director must meet the following standards:	Yes	No	Comments or Explanation
a. Current board certified general surgeon (or a general surgeon eligible for			

certification by the American Board of Surgery according to current requirements) or a general surgeon who is an American College of Surgeons Fellow with a special interest in trauma care.			
b. Participates on trauma call panel			
c. Must be current in Advanced Trauma Life Support			
d. Must chair multidisciplinary trauma peer review committee meetings.			

C. Trauma Program Manager (TPM) with Job Description.	The Trauma Program Manager is fundamental to the development, implementation, and evaluation of the trauma program. In addition to administrative ability, the TPM must show evidence of educational preparation and clinical experience in the care of injured patients.		
Requirements	Yes	No	Indicate Name and Contact Information for the TPM
a. In a level II trauma program, the TPM must be full-time and dedicated to the trauma program and in TPM role for 3 months.			

D. Functioning Trauma Registry		
Trauma registry requirements:	Yes	No
a. Trauma Registry Software purchased and operational.		
b. Trauma Registrar hired and actively entering patient data into the registry.		

c. 3 months of trauma registry data must be collected and available for review upon request.		
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E. General Surgery Coverage		
General Surgery Coverage Requirements:	Yes	No
a. 24/7/365 coverage by board certified/eligible General Surgeons credentialed to treat trauma patients.		
b. Respond to the established criteria for full trauma team activation.		
c. Evidence of participation/attendance in PI Meetings.		
d. Evidence that the surgeon is in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 15 minutes for the highest level of activation tracked from patient arrival. This is currently tracked via the PIPS process.		
e. The trauma surgeon on call must be dedicated to a single hospital while on duty.		
f. All general surgeons on the trauma team must have successfully completed the Advanced Trauma Life Support (ATLS) class at least once.		

F. 24/7/365 Specialty Coverage		
Neurosurgery:	Yes	No
a. Neurotrauma care must be continuously available for all TBI and spinal cord injury patients and as evidence by a published neurotrauma call schedule.		
b. If one neurosurgeon covers two centers there is a published backup schedule.		
Orthopaedic Surgery	Yes	No
a. Dedicated call schedule at the hospital or an effective back up call system. If the on-call orthopaedic surgeon is unable to respond promptly, a backup consultant on-call surgeon must be available.		
b. The orthopaedic surgeon must be available in the trauma resuscitation area within 30 minutes after consultation has been requested by the surgical trauma team leader for multiply injured patients based on institutional specific criteria.		
Anesthesiology	Yes	No
a. Anesthesia services must be available in-house 24 hours a day.		
b. When anesthesiology senior residents or CRNAs are used to fulfill availability requirements, the attending anesthesiologist on call must be advised, available within 30minutes at all times, and present for all operations.		

G. Required departments to have appropriate staffing/capability		
Emergency Medicine:	Yes	No
a. Designated emergency physician director.		
b. All board-certified emergency physicians or those eligible for certification by an appropriate body according to their current requirements must have successfully completed the ATLS course at least once.		
c. Physicians who are certified by boards other than emergency medicine who treat trauma patients in the emergency department are required to have current ATLS status.		
Operating Room:	Yes	No
a. An operating room must be adequately staffed and available within 15 minutes.		
b. Availability of the operating room personnel and timeliness of starting operations must be continuously evaluated by the trauma PIPS process, and measures must be implemented to ensure optimal care.		
Post Anesthesia Care Unit (PACU)	Yes	No

a. A PACU with adequate staffing must be available 24 hours a day to provide care for the patient if needed during the recovery phase.		
Radiology:	Yes	No
a. Radiologists are available within 30 minutes in person or by teleradiology for the interpretation of radiographs.		
b. An in-house radiology technologist and CT technologist are required.		
Intensive Care Unit:	Yes	No
a. The ICU director or co-director must be a surgeon who is currently board certified or eligibility for certification by the current standard requirements.		
Clinical Laboratory	Yes	No
a. Must be available 24 hours per day for standard analyses of blood, urine, and other body fluids, including micro-sampling when appropriate.		
b. Capable of blood typing and cross matching.		
c. Must have a massive transfusion protocol developed collaboratively between the trauma service and the blood bank.		
Performance Improvement and Patient Safety	Yes	No
Adequate meeting minutes (redacted) that reflect discussion of the following:		

a. Issue Identification		
b. Discussion		
c. Loop closure		

Attestation: The undersigned hereby attests that the facility meets all of the standards identified in the Trauma Program Requirements document and ensures 24/7/365 availability of the resources and requirements indicated. The undersigned also attests that the hospital can provide verification of the accuracy of the responses and will immediately notify the Louisiana Emergency Response Network if they no longer meet the requirements. The undersigned understands that the “trauma center” label shall be only be used as provided by La.R.S.40:2171-2173.

Print Name of Hospital CEO

Date

Signature: Hospital CEO