



### Adult Level III – 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:

<b>A. Trauma Medical Director with Job Description</b>	The Trauma Medical Director is a general surgeon who leads the multidisciplinary activities of the trauma program.		
	<b>Yes</b>	<b>No</b>	<b>Indicate Name and Contact Information for Medical Director</b>
<b>B. Trauma Medical Director Requirements</b>			
<b>The Trauma Medical Director must meet the following standards:</b>	<b>Yes</b>	<b>No</b>	<b>Comments or Explanation</b>
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.**

<b>Requirements</b>	<b>Yes</b>	<b>No</b>	<b>Indicate Name and Contact Information for the TPM</b>
a. A TPM must be hired in role for a minimum of 3 months.			

**D. Functioning Trauma Registry**

<b>Trauma registry requirements:</b>	<b>Yes</b>	<b>No</b>
a. Trauma Registry Software purchased and operational.		
b. Trauma Registrar identified and actively entering patient data into the registry.		
c. 3 months of trauma registry data must be collected and available for review upon request.		

<b>E. General Surgery Coverage</b>		
<b>General Surgery Coverage Requirements:</b>	<b>Yes</b>	<b>No</b>
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 30 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.		

<b>F. 24/7/365 Specialty Coverage</b>		
<b>Neurosurgery:</b>	<b>Yes</b>	<b>No</b>
a. Neurosurgery is not required. All Level III Adult Trauma Programs must have evidence of transfer agreements with appropriate Level I and Level II Trauma Centers.		
b. If neurosurgical services are provided at the Level III trauma program, there must be a written plan approved by the trauma medical director that determines which types of neurosurgical injuries may remain and which should be transferred.		
c. In all cases, whether patients are admitted or transferred, the care must be timely, appropriate, and monitored by the PIPS program.		
<b>Orthopaedic Surgery</b>	<b>Yes</b>	<b>No</b>
a. Must have an orthopaedic surgeon on call and promptly available 24 hours a day.		
b. If the orthopaedic surgeon is not dedicated to a single facility while on call, then a published backup schedule is required.		
<b>Anesthesiology</b>	<b>Yes</b>	<b>No</b>
a. Anesthesiologists or CRNAs must be available within 30 minutes.		
b. In Level III programs without in-house anesthesia services, written protocols		

must be in place to ensure the timely arrival at the bedside by the anesthesia provider within 30 minutes of notification and request.		
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<b>G. Required departments to have appropriate staffing/capability</b>		
<b>Emergency Medicine:</b>	<b>Yes</b>	<b>No</b>
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.		
<b>Operating Room:</b>	<b>Yes</b>	<b>No</b>
a. An operating room must be adequately staffed and available within 30 minutes.		
b. If an on call team is used, 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.		

<b>Post Anesthesia Care Unit (PACU)</b>	<b>Yes</b>	<b>No</b>
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.		
<b>Radiology:</b>	<b>Yes</b>	<b>No</b>
a. Radiologists are available within 30 minutes in person or by teleradiology for the interpretation of radiographs.		
b. In a level III program, if the CT technologist takes call from outside the hospital, the PIPS program must document the technologist's time of arrival at the hospital.		
<b>Intensive Care Unit:</b>	<b>Yes</b>	<b>No</b>
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.		
b. In a Level III trauma program, the PIPS program must review all ICU admissions and transfers of ICU patients to ensure that appropriate patients are being selected to remain at the Level III center vs. being transferred to a higher level of care.		
<b>Clinical Laboratory</b>	<b>Yes</b>	<b>No</b>
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.		
<b>Performance Improvement and Patient Safety</b>	<b>Yes</b>	<b>No</b>
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.

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**Print Name of Hospital CEO**

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**Date**

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**Signature: Hospital CEO**