

Resources for Optimal Care of the Injured Patient 2006

Chapter	Level III Requirement by Chapter
2	2-1 Surgical commitment is essential for a properly functioning trauma center.
2	2-7 (6-6) It is expected that the trauma surgeon will be in the emergency department on patient arrival, with adequate notification from the field. The maximum acceptable response time is 15 minutes for Level I and II trauma centers and 30 minutes for Level III trauma centers, tracked from patient ED arrival time. The program must demonstrate that the surgeon's presence is in compliance at least 80% of the time.
2	2-11 Trauma panel surgeons must respond promptly to activations, remain knowledgeable in trauma care principles, whether treating patients locally or transferring them to a center with more resources, and participate in performance review activities.
2	2-12 (2-13) Well-defined transfer plans are essential (approved by the TMD and monitored by the PIPS program) that define appropriate patients for transfer and retention.
5	5-1 The hospital has the commitment of the institutional governing body and the medical staff to become a trauma center.
5	5-4 The multidisciplinary trauma program continuously evaluates its processes and outcomes to ensure optimal and timely care.
5	5-5 The trauma medical director is either a board-certified surgeon or an ACS Fellow.
5	5-6 The trauma medical director participates in trauma call.
5	5-15 The structure of the trauma program allows the trauma director to have oversight authority for the care of injured patients who may be admitted to individual surgeons.
5	5-16 There is a method to identify injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners.
6	6-6 An attendance threshold of 80% must be met for trauma surgeon presence in the emergency department. (Refer to CD 2-7)
7	7-1 The emergency department has a designated emergency physician director supported by an appropriate number of additional physicians to ensure immediate care for injured patients.
8	8-7 There is a performance improvement program that convincingly demonstrates appropriate care in the facility that treats neurotrauma patients.
9	9-2 Operating rooms are promptly available to allow for emergency operations on musculoskeletal injuries, such as open fracture debridement and stabilization and compartment decompression.
9	9-4 There is an orthopaedic surgeon who is identified as the liaison to the trauma program.
11	11-1 Anesthesiology services are promptly available for emergency operations.
11	11-2 Anesthesiology services are promptly available for airway problems.
11	11-3 There is an anesthesiologist liaison designated to the trauma program.
11	11-7 Anesthesia services are available 24 hours a day and present for all operations.
11	11-8 In trauma centers without in-house anesthesia services, protocols are in place to ensure the timely arrival at the bedside of the anesthesia provider.
11	11-9 In a center without anesthesia services, there is documentation of the presence of physicians skilled in emergency airway management.
11	11-12 The anesthesia liaison has been identified.

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11	11-18 The operating room is adequately staffed and immediately available. Refer to the FAQ, http://www.facs.org/trauma/faq_answers.html
11	11-20 The operating room has the essential equipment.
11	11-24 The PACU has qualified nurses available 24 hours per day as needed during the patient's post-anesthesia recovery phase.
11	11-26 The PACU has the necessary equipment to monitor and resuscitate patients.
11	11-28 Radiologists are promptly available, in person or by teleradiology, when requested, for the interpretation of radiographs, performance of complex imaging studies, or interventional procedures.
11	11-36 Conventional radiography and CT are available in all trauma centers 24 hours per day.
11	11-46 The trauma surgeon remains in charge of patients in the ICU.
11	11-49 When a critically ill trauma patient is treated locally, there must be a mechanism in place to provide prompt availability of ICU physician coverage 24 hours per day.
11	11-53 The trauma service retains responsibility for patients and coordinates all therapeutic decisions appropriate for its level.
11	11-54 The trauma surgeon is kept informed of and concurs with major therapeutic and management decisions made by the ICU team.
11	11-58 A qualified nurse is available 24 hours per day to provide care during the ICU phase.
11	11-60 The ICU has the necessary equipment to monitor and resuscitate patients.
11	11-65 Level III centers must have the availability of orthopaedic surgery.
11	11-71 There is a respiratory therapist available and on call 24 hours per day.
11	11-75 Laboratory services are available 24 hours per day for the standard analyses of blood, urine, and other body fluids, including microsampling when appropriate.
11	11-76 The blood bank must be capable of blood typing and cross matching.
11	11-77 The blood bank must have an adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of injured patients.
11	11-78 The capability for coagulation studies, blood gases, and microbiology must be available 24 hours a day.
12	12-2 The hospital must provide physical therapy services.
15	15-1 Trauma registry data are collected and analyzed.
16	16-27 The performance improvement program must be consistently functional, with structure and process. (NEW)

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