



**Pediatric Level I or 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 I or II Pediatric 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 pediatric 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. In a Level II pediatric trauma center, the pediatric trauma medical director should be a board-certified pediatric surgeon or a surgeon eligible for certification by the American Board of Surgery according to current requirements for pediatric surgeons.			

<p>b. When the pediatric TMD is not a BC/BE pediatric surgeon, the individual must be a BC/BE general surgeon and must:</p> <ul style="list-style-type: none"> <li>• Be privileged to provide pediatric trauma care,</li> <li>• Be a member of the adult trauma panel</li> <li>• Accrue ACS required trauma CME, at least 9 hours must be related to clinical pediatric trauma care</li> <li>• Be current in PALS Society of Critical Care Medicine Fundamentals of Pediatric Critical Care course.</li> <li>• Formal relationship with a pediatric TMD at another verified level I PTC.</li> </ul>			
c. Participates on trauma call panel			
d. Must be current in ATLS			
e. Must chair multidisciplinary trauma peer review committee meetings.			
<p><b>C. Trauma Program Manager (TPM) with Job Description.</b></p>	<p>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.</p>		
<b>Requirements</b>	<b>Yes</b>	<b>No</b>	<b>Indicate Name and Contact Information for the TPM</b>
<p>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.</p>			
<p><b>D. Functioning Trauma Registry</b></p>			
<p><b>Trauma registry requirements:</b></p>	<b>Yes</b>		<b>No</b>

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.		
<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. In a Level II pediatric trauma center, there must be at least one pediatric surgeon who is board-certified or eligible for certification by the American Board of Surgery according to current requirements in pediatric surgeon (CD 10-21). The remainder of the call panel may be general surgeons with demonstrated interests and skills in pediatric trauma care		
c. 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.		

d. The trauma surgeon on call must be dedicated to a single hospital while on duty.		
<b>F. 24/7/365 Specialty Coverage</b>		
<b>Neurosurgery:</b>	<b>Yes</b>	<b>No</b>
a. Neurotrauma care must be continuously available for all TBI and spinal cord injury patients and must be present and respond within 30 minutes based on institutional-specific criteria.		
b. If one neurosurgeon covers two centers there is a published backup schedule.		
c. There must be one surgeon who is board-certified or eligible for certification by the appropriate neurosurgical board (CD 10-23) identified with demonstrated interests and skills in pediatric trauma care.		
<b>Orthopaedic Surgery</b>	<b>Yes</b>	<b>No</b>
a. There must be one surgeon who is board-certified or eligible for certification by the appropriate orthopaedic board (CD 10-22) identified with demonstrated interests and skills in pediatric trauma care.		
b. 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.		

c. 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.		
<b>Anesthesiology</b>	<b>Yes</b>	<b>No</b>
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.		
<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, or pediatric 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 15 minutes.		
<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 or to perform complex imaging studies or interventional procedures.		
b. Board certification or eligibility for certification by the current standard requirements is essential for radiologists who take trauma call in Level I and II trauma centers (CD 11-43).		
c. An in-house radiology technologist and CT technologist are required.		
<b>Intensive Care Unit:</b>	<b>Yes</b>	<b>No</b>
a. The surgical director of the pediatric intensive care unit should be board certified in surgical critical 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>H. Pediatric Specific Measures</b>		
A Level II pediatric trauma center must annually admit 100 or more injured children younger than 15 years.		
All pediatric trauma centers must have the following programs: pediatric rehabilitation, child life and family support programs, pediatric social work, child protective services, pediatric injury prevention, community outreach, and education of health professionals and the general public in the care of pediatric trauma patients.		
All centers must be enrolled in TQIP and/or TQIP–Peds or commit to doing so upon achieving Trauma program status.		

**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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Signature: Hospital CEO

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Print Name of Hospital CEO

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Date