5.28 Rehabilitation and Discharge Planning—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must have a process to determine the level of care patients require after trauma center discharge, as well as the specific rehabilitation care services required at the next level of care. The level of care and services required must be documented in the medical record.

Additional Information

The level of care identifies the optimal disposition of the patient taking into account their needs; options include home with services, outpatient rehabilitation, an inpatient rehabilitation hospital, a skilled nursing facility, or a long-term acute care hospital. The specific services required might include rehabilitation expertise that focuses on spinal cord injury, TBI, musculoskeletal rehabilitation, or others relevant to the needs of the patient.

Discharge planning should also ensure a patient-centered approach. The core of a patient-centered approach is the acknowledgment that patients' perspectives can be integrated into all aspects of the planning, delivery, and evaluation of trauma center care.[1] A series of clinical trials conducted in US trauma care systems[2–4] suggest that patient-centered care transition interventions can address patients' post-injury concerns, enhance patient self-efficacy, and are associated with clinically relevant reductions in post-injury inpatient and emergency department health service use.

Level I and II trauma centers should adopt a means of facilitating the transition of patients into the community using patient-centered strategies such as the following:

- Peer-to-peer mentoring
- A trauma survivors program
- Participation in the American Trauma Society's Trauma Survivors Network program[5]
- Continuous case management that elicits and addresses patient concerns and links trauma center services with community care

Patient-centered trauma care is an area that can benefit from ongoing integration of research findings and evolving expert opinion.

Measures of Compliance

- Review of process during site visit
- Chart review

Resources

None

References

1. Committee on Quality of Health Care in America, Institute of Medicine. Crossing the Quality Chasm. Institute of Medicine; 2001.
2. Gassaway J, Jones ML, Sweatman WM, et al. Effects of Peer Mentoring on Self-Efficacy and Hospital Readmission after Inpatient Rehabilitation of Individuals with Spinal Cord Injury: A Randomized Controlled Trial. *Arch Phys Med Rehabil.* 2017;98(8):1526–1534.e2. doi:10.1016/j.apmr.2017.02.018.
3. Zatzick D, Russo J, Thomas P, et al. Patient-Centered Care Transitions after Injury Hospitalization: A Comparative Effectiveness Trial. *Psychiatry.* 2018;81(2):141–157. doi:10.1080/00332747.2017.1354621.
4. Major Extremity Trauma Rehabilitation Consortium. Early Effects of the Trauma Collaborative Care Intervention: Results from a Prospective Multicenter Cluster Clinical Trial. *J Orthop Trauma.* 2019;33(11):538–546. doi:10.1097/BOT.0000000000001581.
5. American Trauma Society. Available at: https://www.amtrauma.org/. Accessed February 5, 2022.

2.8 Trauma Medical Director Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the TMD must fulfill the following requirements:

- Hold current board certification or board eligibility in general surgery or pediatric surgery by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or Royal College of Physicians and Surgeons of Canada (RCPS-C)
- Serve as the director of a single trauma program
- Be credentialed to provide trauma care
- Hold current Advanced Trauma Life Support (ATLS®) certification
- Participate on the trauma call panel
- Provide evidence of 36 hours of trauma-related continuing medical education (CME) during the verification cycle. For pediatric TMD, 9 of 36 hours must be pediatric-specific CME
- In Level I trauma centers, the TMD must hold active membership in at least one national trauma organization and have attended at least one meeting during the verification cycle
- In Level II or III trauma centers, the TMD must hold active membership in at least one regional, state, or national trauma organization and have attended at least one meeting during the verification cycle

If a board-certified general surgeon who is not board-certified or board-eligible in pediatric surgery serves as the pediatric TMD, then the following are required:

- The pediatric TMD must hold current Pediatric Advanced Life Support (PALS) certification
- The center must have a written affiliation agreement with a current pediatric TMD at another ACS verified Level I pediatric trauma center. This agreement must identify the affiliate pediatric TMD and at minimum include the following responsibilities:
  - Assist with process improvement, guideline development, and complex case discussions
  - Attend at least 50% of trauma multidisciplinary PIPS committee meetings
  - Attend the VRC site visit at the time of verification

Additional Information

Membership in an ACS state COT is not equivalent to membership in a national trauma organization.

A total of 30 hours of trauma-related CME obtained from board certification or recertification may be applied once to the CME criteria during the verification cycle.

In trauma centers undergoing a consultation or initial verification review, the TMD must have at least 12 hours of trauma-related CME during the reporting period.

Measures of Compliance

- Evidence of current board certification or board eligibility
- Roles and responsibilities of the TMD
- Credentialing letter
- Evidence of ATLS certification
- Call schedules
- CME certificates or Maintenance of Certification transcript
- Proof of membership in trauma organizations

For pediatric TMDs who are not board-certified in pediatric surgery, the following additional Measures of Compliance are required:

- Evidence of PALS certification
- Written affiliation agreement
- PIPS committee meeting attendance list

Resources

None

References

None

2.9 Trauma Medical Director Responsibility and Authority—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the TMD must be responsible for and have the authority to:

- Develop and enforce policies and procedures relevant to care of the injured patient
- Ensure providers meet all requirements and adhere to institutional standards of practice
- Work across departments and/or other administrative units to address deficiencies in care
- Determine (with their liaisons) provider participation in trauma care, which might be guided by findings from the PIPS process or an Ongoing Professional Practice Evaluation (OPPE)
- Oversee the structure and process of the trauma PIPS program

Additional Information

None

Measures of Compliance

Roles and responsibilities of the TMD

Resources

None

JOB DESCRIPTION
PI PLAN

References

None

Level 4

1. Trauma Prog Med Director (TPMD) demonstrates trauma care interest/commitment & will:
- A. Be Board Certified in their field of specialty is desired.
- B. Maintain ATLS Cert (Provider Level)
- C. Be licensed physician who routinely provides coverage in the emergency dept for trauma patients.
- D. Maintain external trauma related CME of 8 hours annually or 24 hours over 3 years.
  - i. 2 annual hours (6 over 3 yrs) = peds related
  - ii. Participation in the STN-TOPIC Course or STN-Rural TOPIC Course within 1 year of hire

2. The TPMD, hosp's med governing board/body, **and** in collaboration with the Trauma Program Manager (TPM) will have oversight and authority for all trauma patients and administrative authority and responsibility for the trauma program to affect all aspects of trauma care including:
- A. Org chart showing relationship between the TPMD, hospital governance, admin & other services.
- B. Development and evaluation of treatment protocols including but not limited to:
  - i. Patient / Clinical Management Guidelines
  - ii. Institution Diversion / Bypass Protocols
- C. Coordinate Trauma PIPS peer-review process.
- D. Participate in budgetary process for trauma prog
- E. Determine and validate educational forums and submissions for CME requirements.
- F. Maintain effective working relationship with TPM
- G. Cooperate with nursing admin to support the nursing needs of trauma program.
- H. Attend/participate in local & state trauma activities
- I. Evidence of active participation in the resuscitation and/or surgery of multi-system trauma patients.
- J. Maintain 75% attendance at the Trauma PIPS:
  - i. Peer Review mtg (hosp defined)
  - ii. Trauma Program Ops mtg

3. The TPMD, with other specialists participate in trauma pt resuscitation/inpatient care, will identify reps from these subspecialties to work with the Trauma Program and formally participate in the PIPS program. (Liaisons)

4. The TPMD will have authority (working with the Chief Medical Officer, Department Chairs or designees, to:
- A. Recommend or remove trauma team privileges:
  - i. includes TPMD participating in annual assessment of the trauma panel providers as indicated by findings of the PIPS process.

Suggested Level 4 standard guideline pending publication of GA Lev 4 standards. Used with permission from PTSF. Downloaded 5/3/23.

2.10 Trauma Program Manager Requirements—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the TPM must fulfill the following requirements:

- Have 1.0 full-time equivalent (FTE) commitment to the trauma program
- Provide evidence of 36 hours of trauma-related continuing education (CE) during the verification cycle
- Hold current membership in a national or regional trauma organization

In Level II and III trauma centers, at least 0.5 FTE of the TPM's time must be spent on TPM-related activities. The remaining time must be dedicated to other roles within the trauma program.

In combined programs that are Level II adult and Level II pediatric trauma centers, it is acceptable for the pediatric TPM of a Level II pediatric trauma center to serve at least 0.5 FTE as the pediatric TPM. The remaining time must be devoted to other roles within the adult or pediatric trauma program.

Additional Information

The TPM assumes day-to-day responsibility for process and PI activities as they relate to nursing and ancillary personnel involved in the care of trauma patients. The TPM's role also includes partnering with the TMD in the development of policies and oversight of the program.

In trauma centers undergoing a consultation or initial verification review, the TPM must have at least 12 hours of trauma-related CE during the reporting period.

Measures of Compliance

- Roles and responsibilities of the TPM
- CE certificates or transcripts
- Proof of membership in trauma organizations

Resources

None

References

None

JOB DESCRIPTION
PI PLAN
CEU/Cert Folder

Level 4

1. Trauma Program Manager (TPM) is responsible for monitoring, promoting and evaluating all trauma related activities associated with the trauma program in cooperation and conjunction with the TPMD.
   A. Org must define the structural role of the TPM to include responsibility, accountability and authority.
2. The TPM must have evidence of an effective working relationship with the
3. TPM job description must define sufficient authority and clearly outlines the responsibilities. Qualifications and activities should include the following:
   A. Clinical Activities
   B. Educational Responsibilities
   C. Performance Improvement
   D. Leadership and Administrative Ability
   E. Supervision of Trauma Registry/Registrars and Perf Improvement Coor(s) if applicable
   F. Consultant and Liaison Activities
4. The TPM must:
   A. Be a budgeted position with dedicated hours.
      i. Level IV centers > 500 registry submissions must have minimum a 0.5 FTE designated as the trauma program manager.
      ii. institution must demonstrate that the dedicated trauma FTE allows for timely and complete attention to the trauma program requirements.
   B. Be a Registered Nurse
   C. Have evidence of qualifications including educational preparation, certification and clinical experience in the care of injured patients.
   D. Attend and maintain a 75% attendance at the Trauma PIPS:
      i. Multidisciplinary Peer Review PI mtg
      ii. Multidisciplinary Trauma Prog Operational mtg
5. The TPM must have evidence of continuing education related to trauma care and the trauma system including:
   A. 8 hours of trauma-related cont ed annually
   B. minimum of 50% of the required educational hours must be external
   C. **Participation in the STN-Rural TOPIC Course within one year of appointment.**
6. **The TPM must attend and/or participate in local and state trauma related activities**
7. The TPM in conjunction with the TPMD is responsible for determining and validating which educational forums are acceptable in fulfilling continuing education requirements.

Suggested Level 4 standard guideline pending publication of GA Lev 4 standards. Used with permission from PTSF. Downloaded 5/3/23.

2.11 Trauma Program Manager Responsibilities and Reporting Structure—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the TPM must have a reporting structure that includes the TMD and they are to assume at minimum, the following leadership responsibilities in conjunction with the TMD and/or hospital administration

- Oversight of the trauma program
- Assist with the budgetary process for the trauma program
- Develop and implement clinical protocols and practice management guidelines
- Provide educational opportunities for staff development
- Monitor performance improvement activities in conjunction with a PI coordinator (where applicable)
- Service as a liaison to administration and represent the trauma program on hospital and regional committees to enhance trauma care
- Have oversight of the trauma registry

Additional Information

The reporting structure must, at minimum, include a "dotted line" to the TMD to ensure that the TMD and TPM are aligned in setting goals for the benefit of the trauma program and its patients.

Measures of Compliance

- Relevant organizational chart
- Role profile/description that highlights the responsibilities of the trauma program manager

Resources

None

References

None