

NASEMSO Trauma Managers Council

Who has Emergency Department Physicians on the composition of your review team at the basic level for designation? Is a surgeon always required to be in attendance the basic level review?

Listserv Question: December 16, 2016

State Response

CA	<p>In California the majority of our Trauma Centers are required to be ACS verified with their select teams. For those who are not...it varies with our local EMS Agencies as to how their review teams are put together. These agencies are responsible for designation here in CA. They all use surgeons but ED physician involvement is not common.</p>
CO	<p>In Colorado, there is an emergency physician at all level reviews I - V. The only exception is for some level IVs that have surgical services. Level IVs require a trauma nurse coordinator and a physician reviewer. If there are no surgeons doing trauma surgery at the Level IV being reviewed (this is true at the majority), then we send a TNC and a board-certified emergency physician. If there are surgeons (ortho or trauma) doing trauma-related surgery at the Level IV, then we send a TNC and a board-certified surgeon. And a state observer at every level, of course.</p>
DE	<p>Delaware uses ACS for Levels 1-3. All those levels include an ED physician. Levels 1-2 have 2 trauma surgeons, a trauma nurse, and the ED physician. Level 3's have 2 trauma surgeons and an ED physician. Our Level 4/Trauma System Participating Hospitals have an out of state ED physician, the chair of our Trauma System Designation Committee, and myself as reviewers.</p>
GA	<p>Georgia uses ED physicians at Level I through IV. I, II & III – Surgeon, ED, and TPM, IV – ED & TPM (will use Surgeon if facility may be thinking of future Level III or ED not available).</p>
KS	<p>Currently, KS requires a Level I or Level II trauma surgeon and a trauma manager on all Level IV onsite reviews.</p>
KY	<p>Kentucky used ACS for Level I-III. For Level-IV, we use a three person team. Typically it is a physician (surgeon or ED MD with trauma center experience), a Trauma Program Manager, and I have gone as the state Trauma Coordinator. We do not have anything in our system beyond Level-IV.</p>
MN	<p>In Minnesota we use one ED physician and one RN to review Level 4s. (We have no Level 5s.)</p>
NE	<p>The minimum composition of an on-site review team must be: A trauma surgeon or trauma regional medical director; and a trauma nurse and other members determined by the Department.</p>
NM	<p>In New Mexico the survey team is composed of either an Emergency Physician or Trauma Surgeon and an Trauma RN and myself. I only use Emergency Physicians for Level IV Trauma centers who do not perform surgical procedures. If surgery is part of the Level IV's trauma center composition, and surgeon is contracted so as to review appropriateness and timeliness of the surgery. At Level III trauma centers who are required to have 24/7 General Surgery capability, only a surgeon is utilized along with the Trauma RN. Level II and I's must have an ACS site verification visit.</p>
NC	<p>NC designates Level's I, II and III. An EM physician is required for all levels of review.</p>
OH	<p>We're strictly ACS so no ED docs.</p>
PA	<p>PA uses an Emergency Medicine physician as part of the team with a Level III trauma center review. A Level IV trauma center review has a physician (EM or Trauma) and a nurse as the team. Level I and II reviews have 2 trauma surgeons and a nurse. PTSF staff accompanies all levels of teams on survey day.</p>
SD	<p>SD is currently looking at creating a state Level III and moving away from ACS for that level only, I would be very interested to know how what states have a State Level III designation and likewise how you manage your reviews.</p>

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TX	For the basic level (IV) trauma designation, the normal survey is conducted by an RN only, an ED physician is not required. We do reserve the right (by rule), based on the volume of trauma cases the facility does, to require the facility be surveyed by a trauma surgeon also. The threshold is 150 trauma surgeries in the prior 12 months will require the addition of the trauma surgeon surveyor. The team in this case would be 1 – RN and 1 – Trauma surgeon.
TN	No ER Docs on our review teams for any level. New level IV rules will dictate myself and a TPM from a level one conduct the review. Surgeon will attend if a focused review is to be conducted.
UT	We utilize a Level I or II trauma program manager and surgeon (along with state rep) for Level III and IVs site visits. The surgeons appreciate the opportunity to see what is being done at smaller facilities and the facilities appreciate a surgeon traveling to their community.
WA	In Washington, a Trauma Surgeon and an RN (TPM) are required for level I-III reviews. Levels IV and V require an application review conducted by myself and designation administrator.
WV	In WV, we have an ABEM/AOBEM ED physician along with a TPM, that reviews are Level IV Trauma facilities that do not have any surgical service availability. If a level IV facility has surgical availability, a surgeon is required.
WY	Our rules allow for an emergency physician to serve on the review team at all levels. The rules also state that an emergency physician may be the sole physician reviewer at a Trauma Receiving Facility (our resuscitation and ship level). I do not yet have ED docs helping with reviews, however, more and more I see that ED docs are who are running the trauma PI in our smaller facilities and surgeons don't seem to be as interested in it.