INPATIENT CARE & TRAUMA CENTER VERIFICATION

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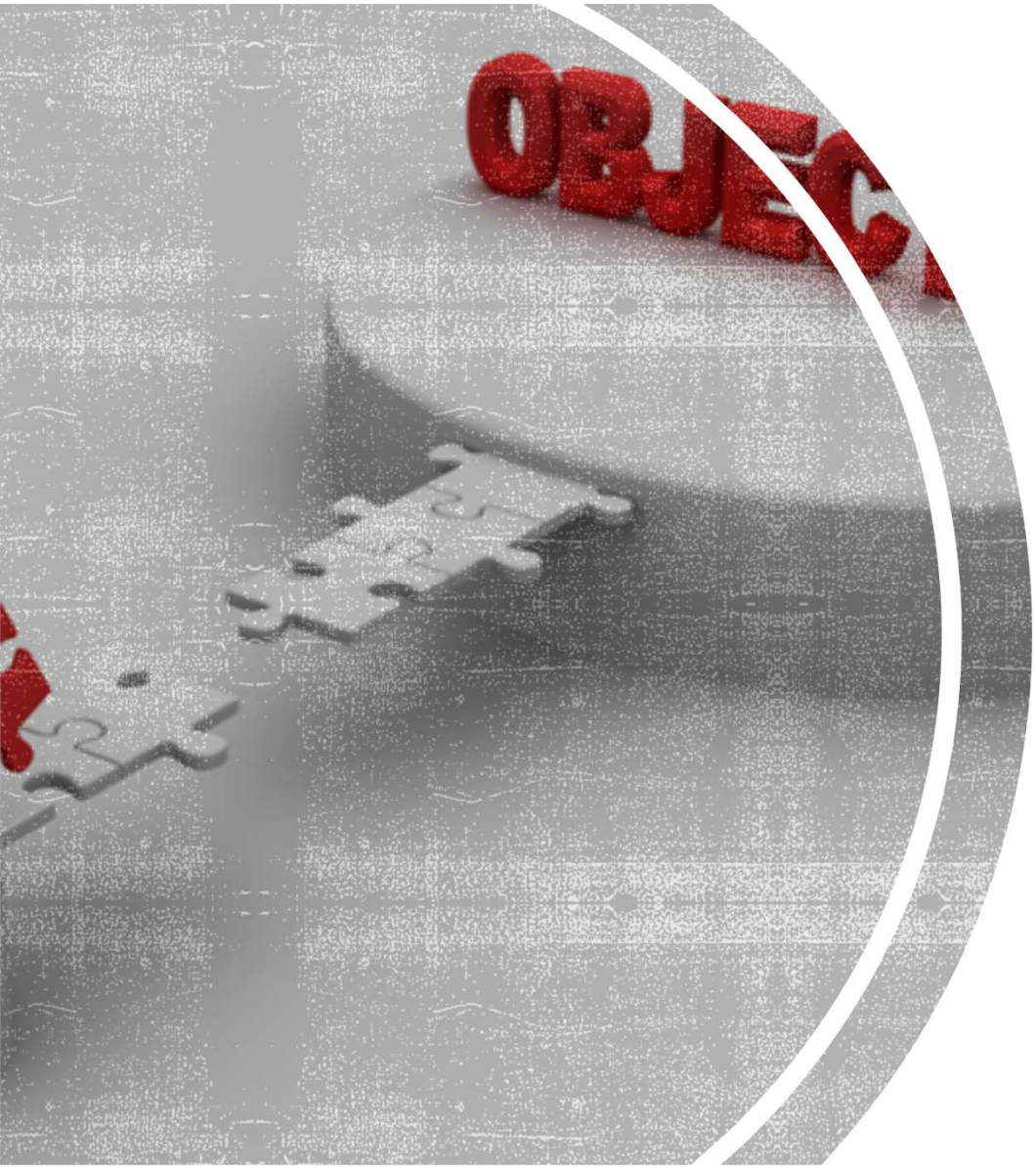
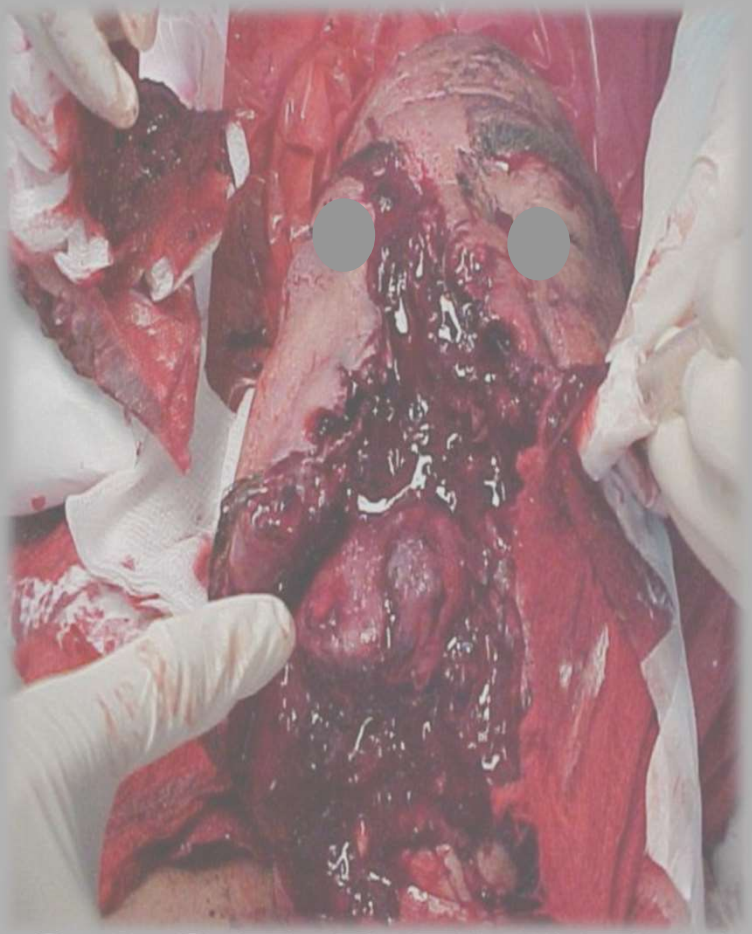
Disclosures

No financial relationships that create a conflict of interest



OBJECTIVES

- Pertinent Case review
- Discuss Applicable VRC Standards Affecting Inpatient Trauma Care



CASE REVIEW

39-year-old man upset with his family sticks a shotgun under his jaw and fires….

12-year-old boy taking out the garbage, got caught under the wheel of the garbage truck – was both run over and dragged

CASE REVIEW

A WORD ON PEDIATRIC READINESS...

5.10 Pediatric Readiness—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, each emergency department must perform a pediatric readiness assessment during the verification cycle and have a plan to address identified gaps.

Additional Information

"Pediatric readiness" refers to infrastructure, administration and coordination of care, personnel, pediatric-specific policies, equipment, and other resources that ensure the center is prepared to provide care to an injured child.

The components that define readiness are available in the Resources section below.

Measures of Compliance

- Pediatric Readiness Assessment Gap Report
- Plan to address gaps identified through the pediatric readiness assessment

Resources

Pediatric readiness assessment: *https://www.pedsready.org/*

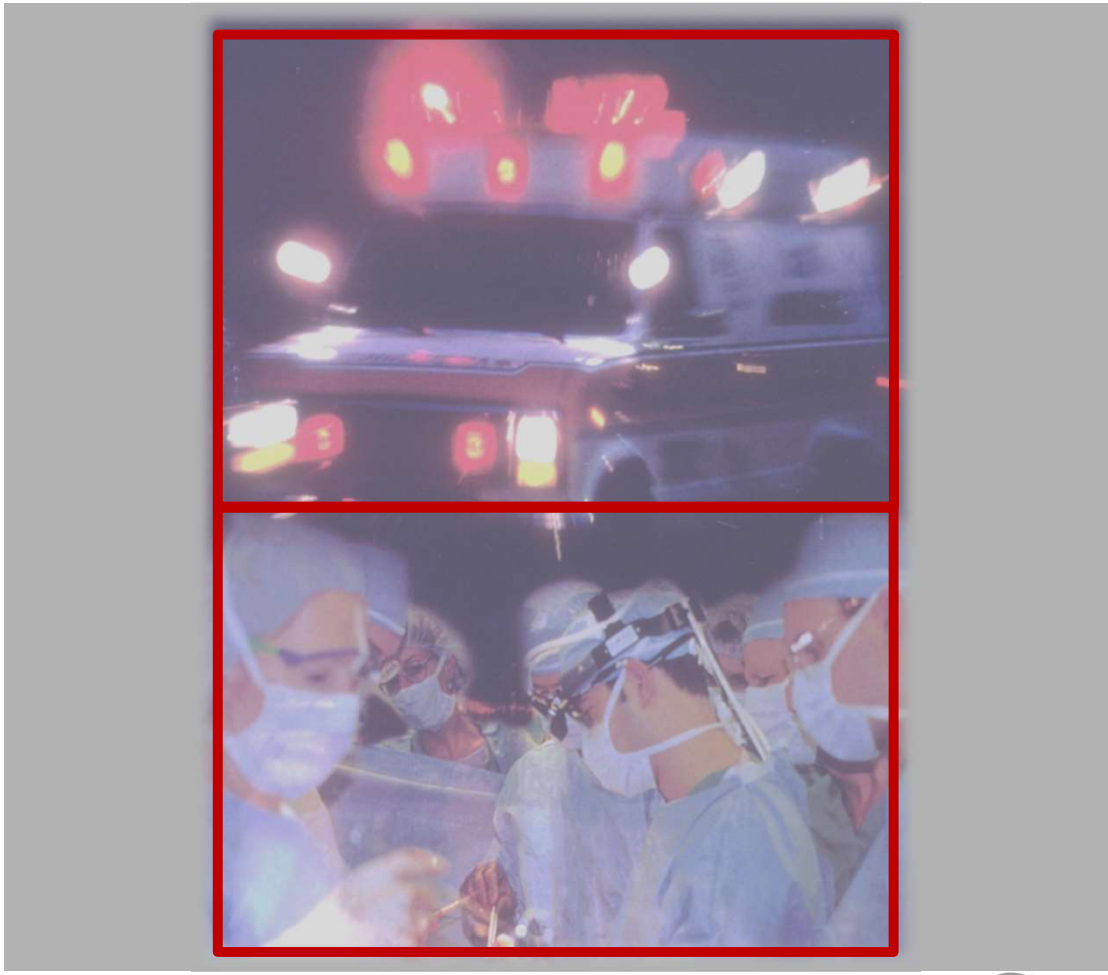
Other resources to address deficiencies: *https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/*

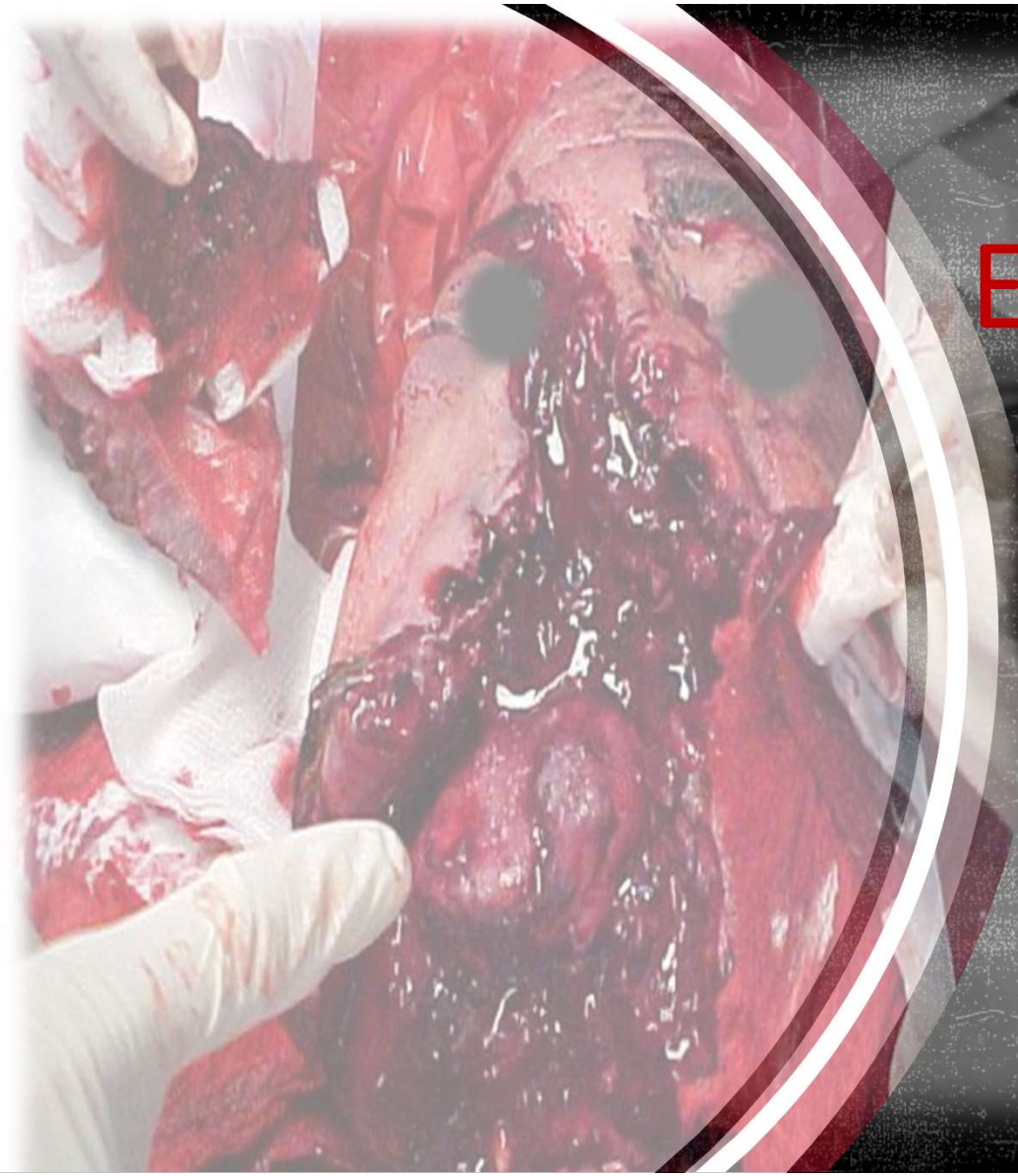
References

Remick K, Gausche-Hill M, Joseph MM, et al. Pediatric Readiness in the Emergency Department. *Pediatrics.* 2018;142(5):e20182459. doi:10.1542/peds.2018-2459.

THE INJURED PATIENTS MADE IT…

Now What?





EXSANGUINATION

- Do we have blood loss or acute exsanguination??
- Compression
- Tourniquet

AIRWAY/BREATHING

Traumatic Asphyxia

- Severe and sudden compression of the thorax causes a rapid increase in pressure in the chest
- Sternum and ribs severely compress the heart and lungs
- Causes a backflow of blood from the right ventricle into the head, shoulder and chest
- Signs/Symptoms: Bluish/purple discoloration of face, head, neck and shoulders, JVD, bloodshot eyes protruding from eye sockets, cyanotic and swollen tongue and lips, bleeding of the conjunctivae

DEFINITIVE AIRWAY

Both patients

5.11 Emergency Airway Management—TYPE I

Applicable Levels

I, II, III, PTCI, PTCII

Definition and Requirements

All trauma centers must have a provider and equipment immediately available to establish an emergency airway.

Additional Information

The emergency airway provider must be capable of advanced airway techniques, including surgical airway.

Measures of Compliance

- Plan for emergency airway management that specifies provider and means of escalation
- Equipment evaluated during the site visit process

Resources

None

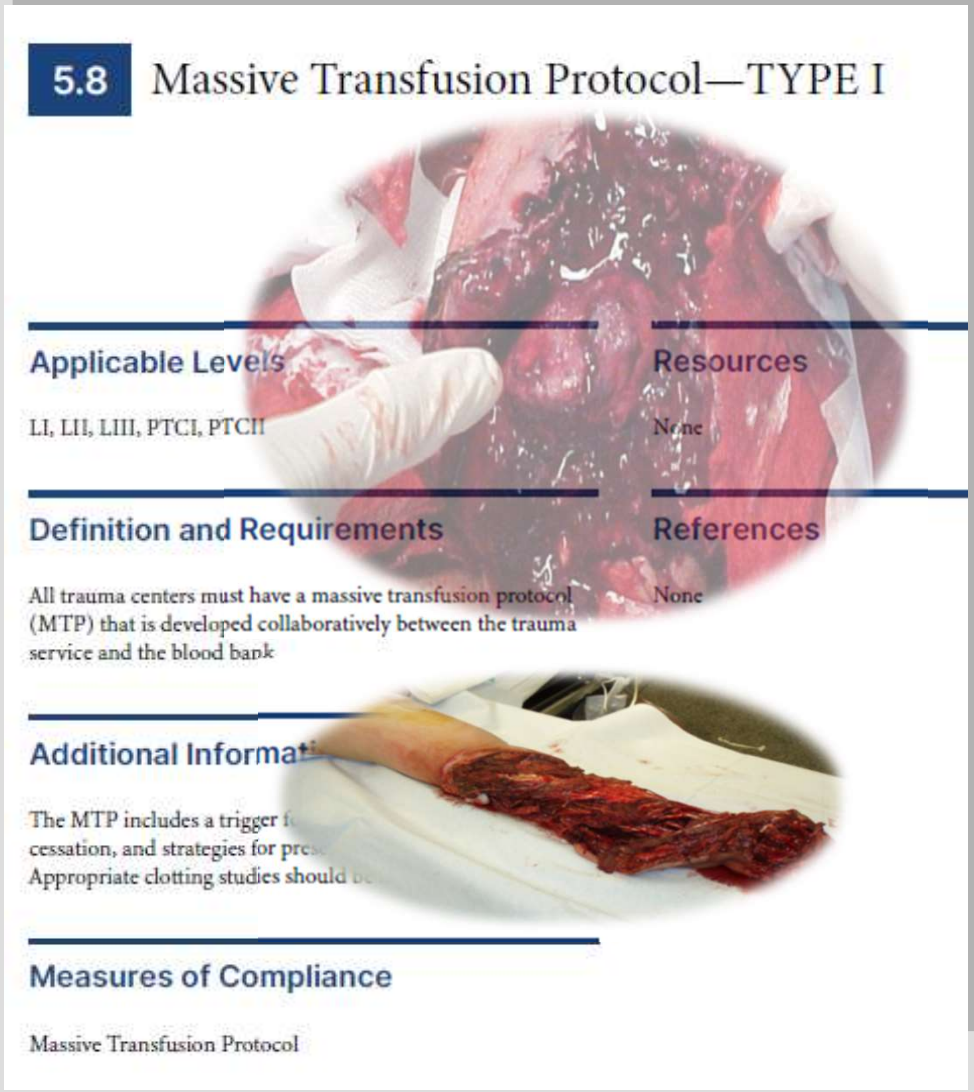
References

None

NEXT STEPS

✓Initiate the MTP

Circulation



5.8 Massive Transfusion Protocol—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Resources

None

Definition and Requirements

All trauma centers must have a massive transfusion protocol (MTP) that is developed collaboratively between the trauma service and the blood bank

References

None

Additional Informat

The MTP includes a trigger f
cessation, and strategies for pre
Appropriate clotting studies should b

Measures of Compliance

Massive Transfusion Protocol

NEXT STEPS

✓Initiate MTP

✓Call in the specialists

Vascular
Hand
Plastics
Urology
Ophthalmology
Craniofacial Expertise

NEXT STEPS

- ✓ Initiate MTP
- ✓ Call in the Specialists
- ✓ Let the OR know

3.1 Operating Room Availability—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, an operating room (OR) must be staffed and available within 15 minutes of notification, and in Level III trauma centers, within 30 minutes of notification.

Additional Information

The expectation is that the OR team is notified when a trauma patient is going to be sent to the OR. The initial call and the team members' response must be tracked. This can be documented with a logbook, an electronic medical record, or a badge swipe.

Measures of Compliance

- OR staffing policy
- Documentation of time of notification to time of response
- Evaluated during the site visit process

Resources

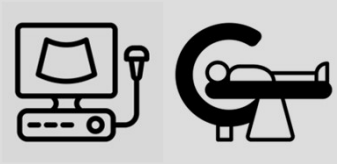
None

References

None

NEXT STEPS

- ✓ Initiate MTP
- ✓ Call in the Specialists
- ✓ Let the OR Know
- ✓ Imaging



Adjuncts

3.5 Medical Imaging—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In Level I and II trauma centers, the following services must be available 24 hours per day and be accessible for patient care within the time interval specified:

- Conventional radiography—15 minutes
- Computed tomography (CT)—15 minutes
- Point-of-care ultrasound—15 minutes
- Interventional radiologic procedures—1 hour
- Magnetic resonance imaging (MRI)—2 hours

In Level III trauma centers, the following services must be available 24 hours per day and be accessible for patient care within the time interval specified:

- Conventional radiography—30 minutes
- CT—30 minutes
- Point-of-care ultrasound—15 minutes

Additional Information

"Accessible for patient care" implies that the necessary human resources and equipment are available within the time specified. The time interval refers to the time between initial request and initiation of the test/procedure. This does not mean that every test must be completed within the interval specified. Timeliness depends on patient need. Review of perceived delays in imaging that might have affected patient care are a component of the PIPS program.

Measures of Compliance

- Equipment evaluated during site visit process
- Policies and procedures ensuring availability of services

Resources

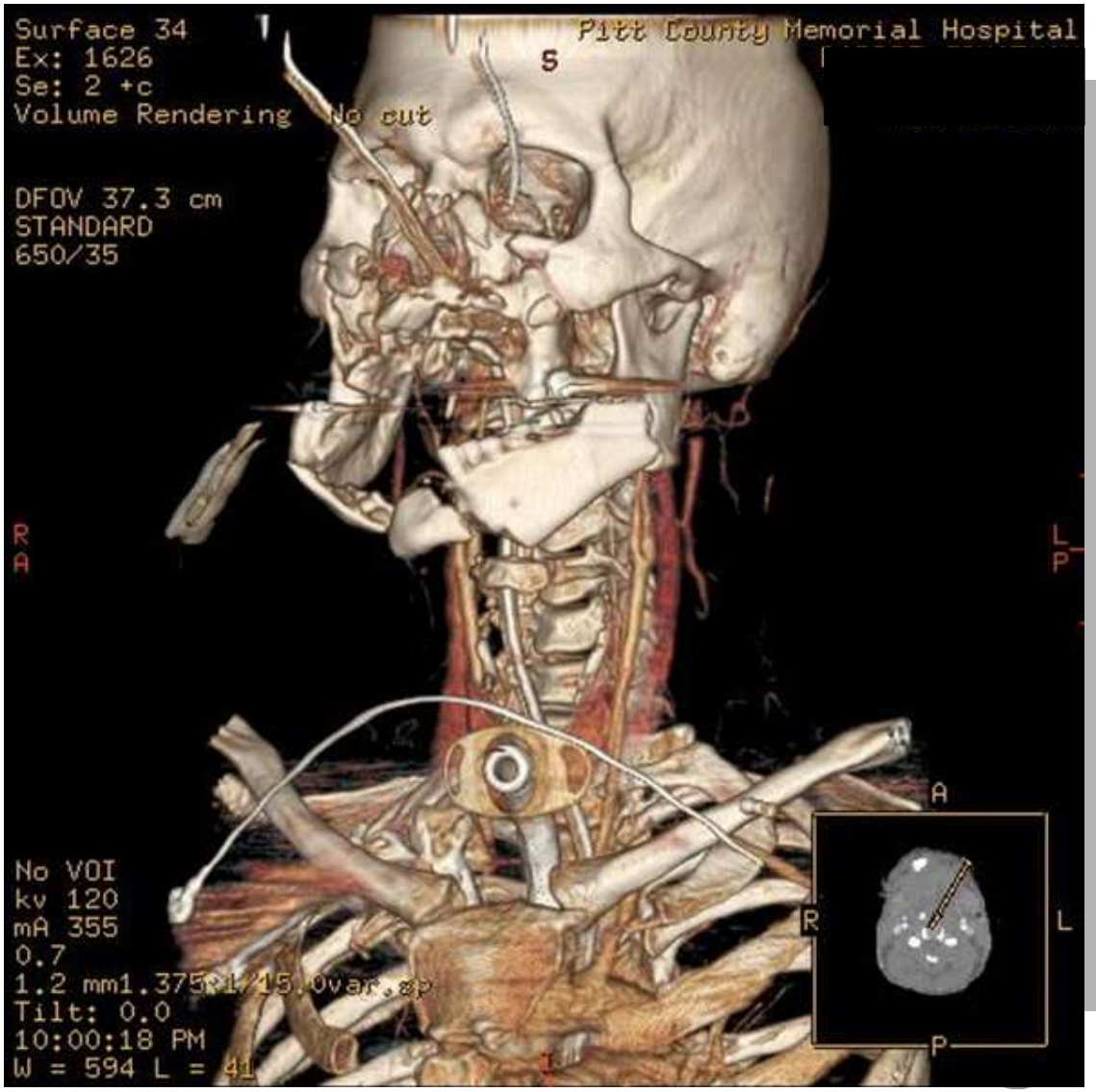
None

References

None

IMAGING

What this man's imaging looked like



POST OP MANAGEMENT

To the SICU after surgery

4.20 ICU Nursing Staffing Requirement—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the patient-to-nurse ratio in the ICU must be 1:1 or 2:1, depending on patient acuity as defined by the hospital policy for ICU nursing staffing.

Resources

None

References

None

WHAT ELSE IS THERE?

How emotional do you think the family will be?

DISCHARGE AND MENTAL HEALTH

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.

5.29 Mental Health Screening—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must meet the mental health needs of trauma patients by having:

- A protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider (LI, LII, PTCI, PTCII)
- A process for referral to a mental health provider when required (LIII)

Additional Information

Level I and II trauma centers are required to have a structured approach to identify patients at high risk for mental health problems while Level III trauma centers are required to have a means of referral should a problem or risk be identified during inpatient admission.

Measures of Compliance

- Mental health screening and referral protocol (LI, LII, PTCI, PTCII)
- Mental health referral process (LIII)

Resources

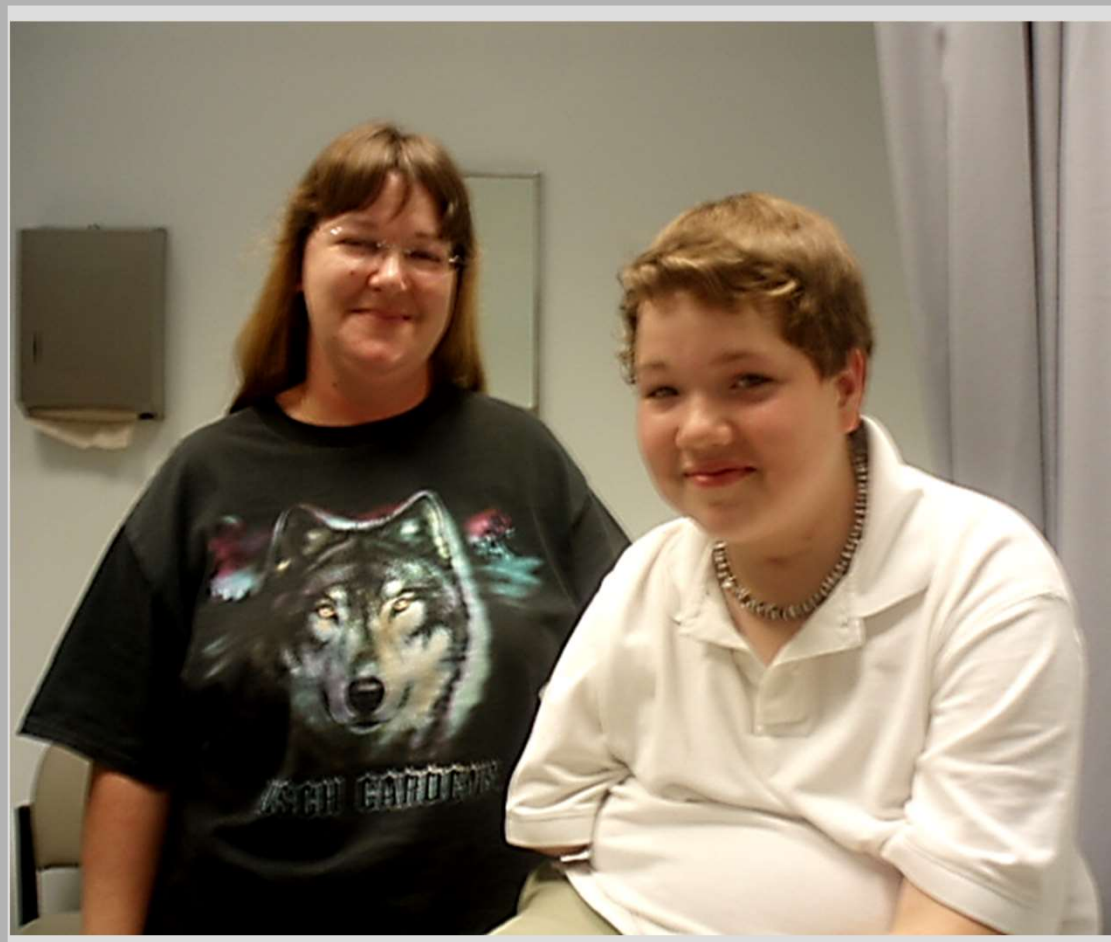
None

References

None

OUTCOME

How Did They Do?

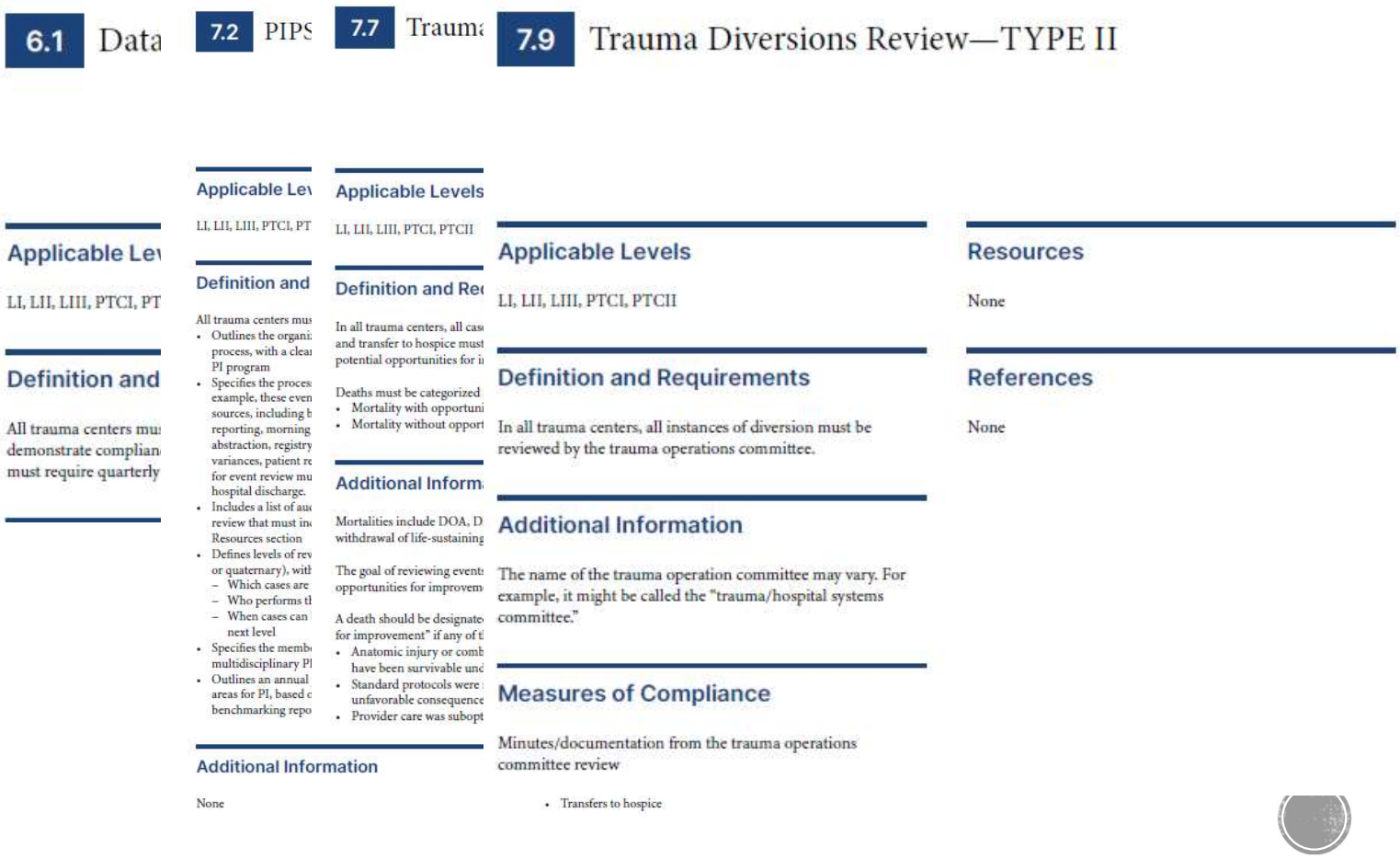


A NOTE ON PERFORMANCE IMPROVEMENT

"processes for identifying adverse events and implementing subsequent corrective actions plans – measurable through patient outcomes – are inherent cornerstones of continuous performance improvement and patient safety"

BEHIND THE SCENES OF TRAUMA CARE

- Data Quality
- PI Plan
- Mortality Review
- Diversion



6.1 Data

Applicable Lev

LI, LII, LIII, PTCI, PT

Definition and

All trauma centers mus
demonstrate complian
must require quarterly

7.2 PIPS

Applicable Lev

LI, LII, LIII, PTCI, PT

Definition and

All trauma centers mus
- Outlines the organi
process, with a clea
PI program
- Specifies the proces
example, these even
sources, including b
reporting, morning
abstraction, registry
variances, patient re
for event review mu
hospital discharge.
- Includes a list of au
review that must in
Resources section
- Defines levels of rev
or quaternary), with
  - Which cases are
  - Who performs th
  - When cases can
next level
- Specifies the membe
multidisciplinary PI
- Outlines an annual
areas for PI, based o
benchmarking repo

7.7 Trauma

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Re

In all trauma centers, all cas
and transfer to hospice must
potential opportunities for i

Deaths must be categorized
- Mortality with opportuni
- Mortality without opport

Additional Inform

Mortalities include DOA, D
withdrawal of life-sustaining

The goal of reviewing events
opportunities for improvem

A death should be designate
for improvement" if any of t
- Anatomic injury or comb
have been survivable und
- Standard protocols were
unfavorable consequence
- Provider care was subopt

Additional Information

None

7.9 Trauma Diversions Review—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, all instances of diversion must be reviewed by the trauma operations committee.

Additional Information

The name of the trauma operation committee may vary. For example, it might be called the "trauma/hospital systems committee."

Measures of Compliance

Minutes/documentation from the trauma operations committee review

- Transfers to hospice

Resources

None

References

None


ACS AMERICAN COLLEGE OF SURGEONS
Resources for Optimal Care of the Injured Patient
2022 STANDARDS
Released March 2022 | Revised July 2025
ACS AMERICAN COLLEGE OF SURGEONS SURGICAL QUALITY PARTNER
ACS Trauma Verified Trauma Center
facs.org/vrc
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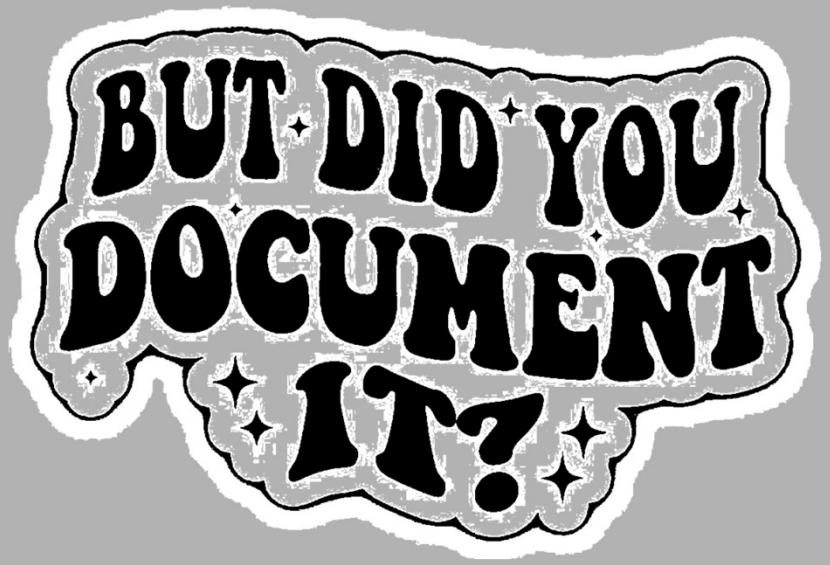
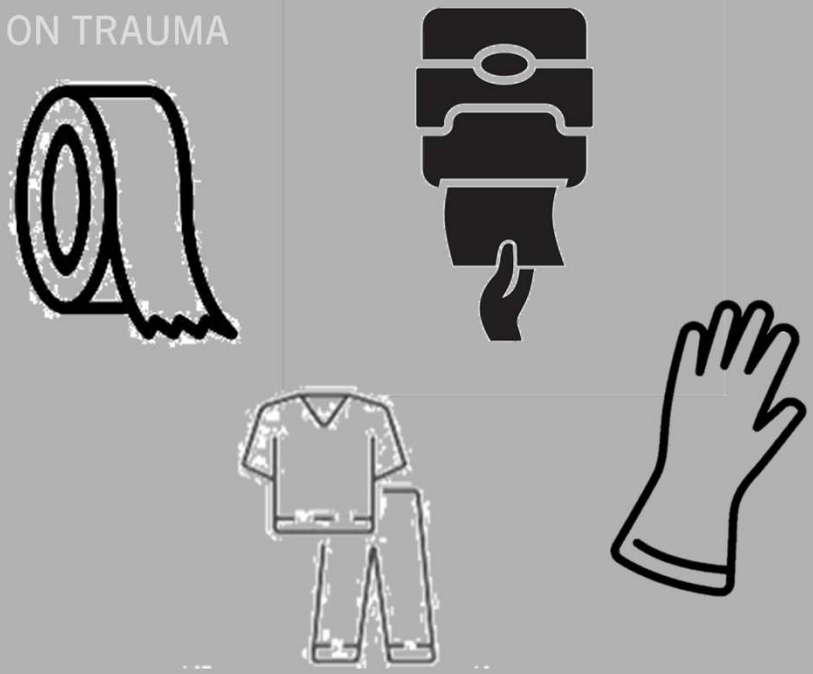
The Why...

THE AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA





"The hard work done, day in and day out, ensures that each injured patient has the greatest opportunity for recovery."

THANK YOU

REFERENCES

- American College of Surgeons (2025). *Resources for Optimal Care of the Injured Patient.* American College of Surgeons.
- Moke (2025) *Traumatic Asphyxia*. Retrieved from slideserve.com/moke/chest-trauma