X. APPENDIX B: TABLES

Table 1. Minimum Criteria for Full Trauma Team Activation
Confirmed blood pressure less than 90 mm HG at any time in adults and age-specific hypotension in children;
Penetrating injury to the head, neck, chest, or torso;
Glasgow Coma Scale (GCS) score less than 9 with mechanism attributed to trauma;
Any patient receiving blood/vasopressors;
Intubated/Supraglottic airway/BVM; OR
Patients who have respiratory compromise or are in need of emergent airway;
Included intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint); and
Emergency physician's discretion.

Table 2. Research Requirements for a Level I Trauma Center
Option 1
20 trauma-related, peer-reviewed articles in journals listed in Index Medicus or PubMed in a 3-year period.
At least one article with a general surgery author or co-author; and
Trauma-related activities from at least three of the following disciplines:
a. Basic sciences
b. Neurosurgery
c. Emergency medicine
d. Orthopedics
e. Radiology
f. Anesthesia
g. Vascular surgery
h. Plastic surgery or maxillofacial surgery
i. Critical care
j. Cardiothoracic surgery
k. Rehabilitation
l. Nursing

Option 2
10 trauma-related, peer-reviewed articles in journals listed in Index Medicus or PubMed in a 3-year period.
The same specialty authorship requirements as in Option 1; and
Demonstration of trauma-related scholarly activity in at least four of the following areas:
a. Leadership in major trauma organizations.
b. Peer-reviewed funding for trauma research.
c. Evidence of dissemination of knowledge.
d. Published trauma-related case reports.
e. Visiting professorships or invited lectures.
f. Resident participation in scholarly activity.
g. Trauma, critical care, or acute surgery fellowship.

Table 3. *Alternate Pathway Criteria

Emergency Physicians

In rare circumstances a non-board-certified emergency physician may be included in the trauma service. This situation may arise when a limited number of qualified emergency physicians are available to a hospital that wants to establish a verified trauma program. To assist these programs in providing optimal care to injured patients with existing physician resources, the following alternative to board certification is available. All of the following criteria must be met:

1. A letter by the Trauma Medical Director indicating this critical need in the trauma program because of the physician's experience or the limited physician resources in emergency medicine within the hospital trauma program;
2. Evidence that the emergency physician completed an accredited residency training program in that specialty. This completion must be certified by a letter from the program director;
3. Documentation of current status as a provider or instructor in Advanced Trauma Life Support (ATLS);
4. A list of the 36 hours of trauma-related continuing medical education (CME) during the past three years;
5. Documentation that the emergency physician is present for at least 50% of the trauma performance improvement and educational meetings;
6. Documentation of membership or attendance at local and regional or national trauma meetings during the past three years; and
7. Performance improvement assessment by the Trauma Medical Director and the director of the Emergency Department (ED) demonstrating that care provided by the emergency physician compares favorably with care of the other members of the ED on the trauma call panel.

General Surgery

In rare circumstances a non-board-certified surgeon may be included in the trauma service. This situation may arise when a limited number of qualified surgeons are available to a hospital that desires to establish a verified trauma program. To assist these programs in providing optimal care to injured patients with existing surgical resources, the following alternative to board certification is available. This option cannot be used for the director of a trauma program:

1. A letter by the Trauma Medical Director indicating this critical need in the trauma program because of the physician's experience or the limited physician resources in general surgery within the hospital trauma program;
2. Evidence that the surgeon completed an accredited residency training program in that specialty. This completion must be certified by a letter from the program director;
3. Documentation of current status as a provider or instructor in Advanced Trauma Life Support (ATLS);
4. A list of the 36 hours of trauma-related continuing medical education (CME) during the past three years;
5. Documentation that the surgeon is present for at least 50% of the trauma performance improvement and educational meetings;
6. Documentation of membership or attendance at local and regional or national trauma meetings during the past three years;
7. A list of patients treated during the past year with accompanying Injury Severity Score (ISS) and outcome data;
8. Performance improvement assessment by the Trauma Medical Director demonstrating that the morbidity and mortality results for patients treated by the surgeon compares favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel; and
9. Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.

Neurosurgery

In rare circumstances a non-board-certified neurosurgeon may be included in the trauma service. This situation may arise when a limited number of qualified neurosurgeons are available to a community that desires to establish a verified trauma program. To assist neurological services, the following alternative to board certification is available. All of the following criteria must be met:

1. A letter by the Trauma Medical Director indicating this critical need in the trauma program because of the physician's experience or the limited physician resources in neurosurgery within the hospital trauma program;
2. Evidence that the neurosurgeon completed an accredited residency training program in that specialty. This completion must be certified by a letter from the program director;
3. Documentation of current status as a provider or instructor in Advanced Trauma Life Support (ATLS);
4. A list of the 36 hours of trauma-related continuing medical education (CME) during the past three years;
5. Documentation that the neurosurgeon is present for at least 50% of the trauma performance improvement and educational meetings;
6. Documentation of membership or attendance at local and regional or national trauma meetings during the past three years;
7. A list of patients treated during the past year with accompanying Injury Severity Score (ISS) and outcome data;
8. Performance improvement assessment by the Trauma Medical Director demonstrating that the morbidity and mortality results for patients treated by the neurosurgeon compares favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel; and
9. Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.

Orthopedic Surgery

In rare circumstances a non-board-certified orthopedic surgeon may be included in the trauma service. This situation may arise when a limited number of qualified orthopedic surgeons are available to a community that desires to establish a verified trauma program. To assist these programs in providing optimal care to injured patients with existing surgical resources, the following alternative to board certification is available. All of the following criteria must be met:

1. A letter by the Trauma Medical Director indicating this critical need in the trauma program because of the physician's experience or the limited physician resources in orthopedic surgery within the hospital trauma program;
2. Evidence that the orthopedic surgeon completed an accredited residency training program in that specialty. This completion must be certified by a letter from the program director;
3. Documentation of current status as a provider or instructor in Advanced Trauma Life Support (ATLS);
4. A list of the 36 hours of trauma-related continuing medical education (CME) during the past three years;
5. Documentation that the orthopedic surgeon is present for at least 50% of the trauma performance improvement and educational meetings;
6. Documentation of membership or attendance at local and regional or national trauma meetings during the past three years;
7. A list of patients treated during the past year with accompanying Injury Severity Score (ISS) and outcome data;
8. Performance improvement assessment by the Trauma Medical Director demonstrating that the morbidity and mortality results for patients treated by the orthopedic surgeon compares favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel; and
9. Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.