VENTURA COUNTY MEDICAL CENTER

Department of Surgery
Division of Trauma
Rules and Regulations

SECTION 1. ORGANIZATION

A. The Division of Trauma shall be organized, directed, and integrated with the Department of Surgery at Ventura County Medical Center (VCMC). The Division shall be composed of those members who are on the VCMC trauma panel. New members shall be board certified or board eligible. The members of the Trauma Division shall meet regularly as a group to:

1. Review clinical work, and establish and maintain criteria for quality patient care.
2. Formulate rules and regulations appropriate for anesthesia care consistent with Medical Staff Bylaws, Rules and Regulations.
3. Function as a source for medical education.

B. The Trauma Division shall be directed by a physician member of the medical staff. The trauma medical director (TMD) is the surgeon who leads the multidisciplinary activities of the trauma program. The director must be a board-certified surgeon or an American College of Surgeons Fellow with special interest in trauma care and must participate in trauma call and be current in Advanced Trauma Life Support® (ATLS®). The director must maintain an appropriate level of extramural continuing medical education and must meet the qualifications for trauma surgery. The TMD must have membership and active participation in regional or national trauma organizations. The TMD may assign deputy directorship to any member of the surgeons on the call panel in good standing.

SECTION 2. TRAUMA SERVICES

A. Standards of trauma care provided in this hospital shall be in conformity with the standards of patient care of the American College of Surgeons.

B. Trauma care at VCMC will be overseen by the Trauma division and the TMD will assure that the program of trauma care meets the standards of quality at VCMC.

C. Policies regarding Trauma services will be reviewed and approved by the trauma division.

SECTION 3. DIRECTOR'S RESPONSIBILITY

The Director of the Division of Trauma shall be responsible for:

A. Maintaining operational authority over all aspects of organized trauma care at VCMC. Specifically, he or she is empowered to adjudicate differences which may arise in the course of patient care, to include emergency decision-making to resolve such differences by the application of policy in specific situations. This includes the authority and responsibility to intervene should it come to pass that a physician on the trauma call panel has an egregious pattern of untoward outcome, clinical quality, or patient safety concerns. To initiate temporary exclusion from the trauma call panel while the physician’s performance is being reviewed, the TMD shall communicate immediately with the Chief of the Medical Staff or other appropriate individuals, according to the bylaws of the medical staff.

B. Recommending to the Executive Committee and Hospital Administration the requirements for equipment, personnel and medications, assuring thorough annual review that such equipment is available.

C. Developing regulations concerning Trauma Care.

D. Assuring regular meetings to evaluate quality and appropriateness of trauma care rendered throughout the hospital and make appropriate recommendations to the Surgery Committee and Medical Staff Executive Committee.

E. Assuring on-going continuing education for all individuals on the trauma panel.

F. Assuring quality and appropriateness of all trauma services.

SECTION 4. PRIVILEGES

Members of the trauma panel will fulfill the requirements set forth by the American College of Surgeons for a trauma center. These requirements are identified in Section 5.

SECTION 5. QUALIFICATIONS FOR TRAUMA SURGERY

A. General surgeons caring for trauma patients must meet certain requirements as described herein. These requirements may be considered in 4 categories: board certification, clinical involvement, education, and regional or national commitment. The TMD must have the responsibility and authority to ensure compliance with these requirements.

B. Basic qualification for trauma care for any surgeon is board certification in general surgery by the American Board of Surgery, the Bureau of Osteopathic Specialists and Boards of Certification, or the Royal College of Physicians and Surgeons of Canada. Board certification is essential for general surgeons who take trauma call in Level I and II trauma centers. It is acknowledged that many boards require a practice period and that complete certification may take 3 to 5 years after residency approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Board of Osteopathic Specialties. If a physician has not been certified 5 years after successful completion of an ACGME or Canadian residency, the physician usually is not eligible for inclusion on the trauma team. Such a physician may be included when given recognition by a major professional organization in his or her specialty (for example, the American College of Surgeons [ACS]. Alternative criteria for participation of non-board-certified general surgeons in trauma centers are given in the following lists:

C. Alternative Criteria for the Non-Board-Certified General Surgeon in a Level II Trauma Center:

1. A letter by the TMD 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 their specialty. This completion must be certified by a letter from the program director.
3. Documentation of current status as a provider or instructor in the Advanced Trauma Life Support® (ATLS®) program.
4. A list of the 48 hours of trauma-related continuing medical education (CME) during the last 3 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 3 years**.**
7. A list of patients treated during the past year with accompanying Injury Severity Score and outcome data**.**
8. Performance improvement assessment by the TMD demonstrating that the morbidity and mortality results for patients treated by the surgeon compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.
9. Licensed to practice medicine and approved for full and unrestricted surgical privileges by the hospital's credentialing committee.

SECTION 6. QUALIFICATIONS FOR EMERGENCY ROOM PHYSICIAN

A. Physicians providing emergency medical coverage need to meet certain requirements. These requirements fall into 3 categories: board certification, clinical involvement, and education. Compliance with these requirements is the responsibility of the trauma director and the emergency medicine director.

B. Basic qualification for trauma care for any physician is board certification in a specialty recognized by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists and Board of Certification, or the Royal College of Physicians and Surgeons of Canada. Board certification is essential for emergency physicians who take trauma call in Level I and II centers. It is acknowledged that many boards require a practice period and that complete certification may take 3 to 5 years after residency approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Board of Osteopathic Specialties. If a physician has not been certified 5 years after successful completion of an ACGME or Canadian residency, the physician usually is not eligible for inclusion on the trauma team. Such a physician may be included when recognized by major professional organizations in his or her specialty (for example, the American College of Surgeons).

C. Alternative criteria for participation of non-board-certified emergency physicians in trauma centers physician must meet at least two of the following criteria:

1. A letter by the TMD 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 instructor in ATLS®.
4. A list of the 48 hours of trauma-related continuing medical education (CME) during the past 3 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 3 years.
7. Performance improvement assessment by the TMD and the Director of the Emergency Department demonstrating that care provided by the emergency physician compares favorably with care of the other members of the emergency department on the trauma call panel.

SECTION 7. ON CALL SCHEDULE

A. The trauma division will maintain a call schedule for General and Trauma Surgery, Orthopedic, Thoracic, & Vascular Surgery, Neurosurgery, Plastic/ENT, Anesthesia, and Critical Care.

B. Trauma call panel members shall respond to Tier I activations within 15 minutes; to Tier II activations within 60 minutes; and to Tier 3 activations within 12 hours after the patient's admission orders have been inputted. Members should be available by telephone directly or by pager.

SECTION 8. PERFORMANCE IMPROVMEMENT

A. Performance Improvement activities will be performed through the regularly scheduled Trauma Performance Improvement Patient Safety Committee (PIPS) and Trauma Systems Committee meetings and will include, but not be limited to chart review based upon defined clinical criteria and occurrence screens approved by the Medical Staff.

Members of the trauma division will participate in the hospital's Medical Staff performance improvement program as well as cooperate with the Performance Improvement Committee and other clinical areas in the peer review process in a manner consistent with the hospital's Performance Improvement Plan.

SECTION 9. BYLAWS, RULES AND REGULATIONS, POLICIES AND PROCEDURES

A. The Rules and Regulations and policy and procedure manual shall be reviewed and approved annually in accordance with The Joint Commission (TJC) requirements. This review shall be documented.

In the event of any inadvertent inconsistency between these Rules and Regulations and those of the Surgery and Medical Staff Bylaws, Rules and Regulations the latter two shall prevail.

Review / Approval:
Surgery Committee: 07/25/08; 04/2011; 02/04/2014; 04/06/2021
Medical Executive Committee: 07/28/2008; 05/2011; 02/11/2014; 05/11/2021
Oversight Committee: 07/22/2021