

PRACTICE GUIDELINE

Effective Date: **1-1-2014**

Manual Reference: **Deaconess Trauma Services**

TITLE: MID-LEVEL TRAUMA PRACTITIONER REQUIREMENTS

PURPOSE: To delineate the requirements for mid-level trauma providers participating in the care of the trauma patient at Deaconess Trauma Center.

POLICY: The following requirements must be met by the mid-level providers participating in the care of the trauma patient, specifically providers collaborating with the Trauma Surgeon.

GUIDELINES:

- A. Each day the trauma panel has two physicians that are on call for trauma; the acute care surgeon and back up surgeon. An acute care surgeon and back up surgeon 24/7 call schedule is published for hospital staff. The mid-level practitioner cannot replace the assessment and evaluation required of the trauma surgeon and/or back up surgeon. The services of the mid-level practitioner are solely to enhance and provide additional resources for the care of the trauma patient when necessary.
 1. The acute care surgeon is the first surgeon called for all trauma activations and evaluations. This surgeon also sees other emergent surgical problems in the Emergency Department and the hospital. If he/she is occupied with one of these surgical problems, the backup surgeon is then alerted or made aware that the acute care surgeon is obligated. At that point, the backup surgeon becomes primarily responsible for any additional trauma activations and evaluations that may arise.
 2. Rounds on trauma patients are made daily by the trauma surgeon in collaboration with the mid-level practitioner. The mid-level practitioner and trauma surgeon are responsible for the clinical care for the trauma patients and work in conjunction with the Trauma Service Department to meet regulatory requirements for PI and loop closure.
- B. The mid-level provider must be credentialed by the Hospital Credentialing Committee and have active privileges to participate in the care of the trauma patient. Additionally, Trauma Services will review documentation of adherence to the Mid-level practitioner requirements with an annual review by the Trauma Medical Director.
- C. Emergency Department mid-level providers cannot participate in the evaluation of trauma patients who meet activation criteria. At any time if a patient meets activation criteria during evaluation, the Emergency Department midlevel must handoff care to the

Emergency Department Physician. Emergency Department midlevels who participate in care of trauma patients must be current in ATLS.

- D. The mid-level practitioners that round with the Trauma Surgeons must be current in ATLS and demonstrate skill maintenance in suturing and arterial line placement. These skills will be documented on the mid-level practitioner’s annual review completed by the Trauma Medical Director.
- E. The trauma mid-level practitioners should attend 50% of Trauma Peer Review meetings annually to ensure keeping current of trauma center PIPS program and guidelines.
- F. The Trauma Director or his designee will complete and send the “Mid-Level Practitioners Trauma Credentials” form to Medical Affairs when requested. Trauma Services will keep on file in the Trauma Department and make readily available when needed.
- G. Services for which the Mid-level trauma practitioners are responsible shall include, but shall not be limited to, the following:
 - 1. Assist in the care and treatment of appropriate patients of the Trauma Center.
 - 2. Participating in chart review, peer review activities, and PIPS program as required by the Trauma Medical Director.
 - 3. Assisting with supplying a signed History and Physical and Discharge Summary on each activated trauma patient.
- H. A complete list of designated mid-level trauma practitioners that meet trauma requirements is available upon request from the Trauma Services Department.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2014

REVIEWED DATE	REVISED DATE
AUG 14	AUG 16
JAN 17	
JAN 18	
JAN 19	