PRACTICE GUIDELINE

Effective Date: 7-10-03 **Manual Reference:** Deaconess Trauma Services

TITLE: TRAUMA TEAM ATTENDING CREDENTIALS

PURPOSE: To delineate the requirements for attending physicians participating on the Trauma Team.

POLICY: The following requirements must be met by attending physicians participating on the Trauma Team.

GUIDELINES:

A. The Trauma Medical Director and Trauma Program Manager will review documentation of adherence to the requirements using the "Trauma Credentials" form. (See Exhibit A as an example.) This will be done at the provisional review (first year) and upon reappointment (annually). Anesthesiology (with exception of trauma liaison) and Pediatric Intensivist are credentialed through Medical Affairs.

B. Listed below are the requirements for participation on the trauma call panel team:

1. Anesthesiology:
   a. Successfully completed an anesthesia residency program.
   b. Board Certification within 3 years of successful completion of Accreditation Council for Graduate Medical Education (ACGME).
   c. Advanced Trauma Life Support ("ATLS") course preferred for all Anesthesiologists.
   d. Designated Anesthesiologist liaison for trauma program that actively participates in the PIPS program and is committed to education in trauma-related anesthesia.
   e. Anesthesiologist designated liaison required Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50 % in a rolling calendar year. All other Anesthesiologist attendance preferred.

2. Emergency Department Physicians:
   a. Board Certification in Emergency Medicine within 3 years of successful completion of ACGME, American Board of Osteopathic Specialties (ABOS), or American Osteopathic Board (AOB).
   b. Advanced Trauma Life Support ("ATLS")
      i. All Emergency Medicine physicians must have successfully completed the Advanced Trauma Life Support ("ATLS") course at least once.
      ii. Physicians who are certified by boards other than Emergency Medicine are required to have current ATLS status.

iii. If the emergency medicine physician is board certified in another specialty other than Emergency Medicine, they must have received their training in the U.S. or they will be required to be approved through the Alternate Pathway via the ACS. They cannot cover the ED without an ED physician board certified in emergency medicine, and according to State of Illinois should not care for trauma patients.
iv. Any Emergency Physician hired after January 1, 2017 will be required to be board certified in Emergency Medicine.

c. Continuing Education
    i. If Board Certified in Emergency Medicine and participating in MOC, no additional CME required per ACS.
    ii. If not Board Certified in Emergency Medicine, must have 12 hours of trauma-related Category I CME per year (preferred) or 36 hours of trauma-related Category 1 CME in a 3-year period.
d. ED Designated Liaison required to maintain Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50 % in a rolling calendar year.
e. Emergency physicians on the call panel must be regularly involved in the care of injured patients.
f. An Emergency Physician will be present in the Emergency Department at all times.

3. Emergency Department Midlevels
    a. Current Advanced Trauma Life Support ("ATLS") certification if caring for trauma patients in the Emergency Department.
    b. 12 hours of trauma-related CME or 36 hours of trauma-related CME in a 3-year period is preferred.

4. General Surgery:
    a. Board Certification or eligible for certification by the American Board of Surgery within 3 years of successful completion of ACGME.
    b. Current Advanced Trauma Life Support ("ATLS") certification.
    c. Continuing Education
        i. If Board Certified in General Surgery and participating in MOC, no additional CME required per ACS.
        ii. If not Board Certified in General Surgery, must have 12 hours per year of Category 1 trauma-related (preferred) or 36 hours of Category 1 trauma-related CME in a 3-year period.
        ii. Trauma Medical Director must have 12 trauma-related Category 1 CME **external** hours
    d. Trauma Mortality and Morbidity ("Peer Review") Committee attendance must remain ≥ 50 % in a rolling calendar year.
    e. Trauma Panel surgeons defined as:
        i. Have privileges in general surgery
        ii. Participate on the trauma call rosters as primary or back-up
        iii. Participate in elective and emergency general surgery

iv. Participate in the organization of trauma protocols by attending Trauma Mortality and Morbidity ("Peer Review") Committee
v. Complete requirements in the Trauma Surgeon Call Panel Process
vi. Be credentialed for pediatric trauma care

5. Trauma Midlevels
   a. Actively participate in the initial care of the injured patient under the guidance of the trauma surgeon.
   b. Must attain Advanced Trauma Life Support ("ATLS") certification within 6 months of hire and remain current thereafter.
   c. 12 hours of Category 1 trauma-related CME annually (preferred) or 36 hours of Category 1 trauma-related CME in a 3-year period.
   d. Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50 % is preferred.
   e. Have privileges to practice as a midlevel by the hospital.
   f. Receive annual evaluation by TMD including skill maintenance.

6. Neurosurgery:
   a. Board Certification within 5 years of successful completion of ACGME.
   b. Advanced Trauma Life Support ("ATLS") course preferred for all Neurosurgeons.
   c. Continuing Education
      i. If Board Certified in Neurosurgery and participating in MOC, no additional CME required per ACS.
      ii. If not Board Certified in Neurosurgery, must have 12 hours of trauma-related Category I CME per year (preferred) or 36 hours of trauma-related Category 1 CME in a 3-year period.
   d. Designated Neurosurgery Liaison for trauma program that actively participates in the PIPS program.
   e. Neurosurgery Designated Liaison required to maintain Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50 % in a rolling calendar year. All other Neurosurgeons attendance preferred.

7. Orthopedic Surgery
   a. Board Certification within 5 years of successful completion of ACGME or Fellow of the American College of Surgeons (FACS). After January 1, 2017, all orthopedic surgeons must be board certified regardless of FACS status.
   b. Advanced Trauma Life Support ("ATLS") course preferred for all Orthopedic surgeons.
   c. Continuing Education
      i. If Board Certified in Orthopedic Surgery and in MOC, no additional CME is required per ACS.
      ii. If not Board Certified in Orthopedic Surgery, must have 12 hours of trauma-related Category I CME per year (preferred) or 36 hours of trauma-related Category 1 CME in a 3-year period.

d. Designated Orthopedic Liaison for trauma program actively participates in the PIPS program.
e. Orthopedic Designated Liaison required Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50 % in a rolling calendar year. All other Orthopedic surgeons' attendance preferred.

8. Pediatric Intensivist
   a. Pediatric Board Certification within 5 years of successful completion of ACGME.
   b. Pediatric Medical Director ad hoc attendance at Trauma Mortality and Morbidity ("Peer Review") as requested by TMD/TPM for pediatric discussion.
   c. Advanced Trauma Life Support ("ATLS") certification is preferred.
   d. Pediatric Medical Director for trauma program actively participates in the PIPS program.

9. Critical Care Physicians
   a. Continuing Education
      i. If Board Certified in Pulmonology or Critical Care and participating in MOC, no additional CME is required per ACS.
      ii. If not Board Certified in Pulmonary or Critical Care, must have 12 hours of trauma-related Category I CME per year (preferred) or 36 hours of trauma-related Category 1 CME in a 3-year period

C. All participating physicians must be in good standing with the hospital (i.e. not on suspension) and have active admitting/practicing privileges.

D. Physicians will not be listed on the Trauma Call Schedule by the Trauma Director if they do not have current credentials as listed on the physician credentialing forms. The attendance on the Trauma Call Schedule is a privilege extended to qualified physicians by the Medical Director.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2014

REVIEWED DATE	REVISED DATE
Previous dates removed for space	Previous dates remove for space
JAN 2007	JAN 2012
AUG 2014	DEC 2013
AUG 2016	AUG 2016
JAN 2019	JUN 2018
AUG 2020	JAN 2020
JUNE 2021	

* General surgeons and each subspecialty have a credential form with requirements to serve on the Trauma Team. See Exhibit A below as an example for General Surgeons

Exhibit A

Deaconess
REGIONAL TRAUMA CENTER

GENERAL SURGEON TRAUMA CREDENTIALS

Physician:_____ **Board Certification:**_____

Date of Residency:_____ **Residency:**_____

Location:_____

Date of Residency:_____

ATLS Course #:_____ **Location:**_____

Requirement	Essential/Desired	Date Certified	Expires
Surgery Board Certification (current)	Essential		
ATLS (current)	Essential		
MOC: No additional CME required Not MOC: 12 hrs/yr*	Essential	NA	NA
Trauma Mortality and Morbidity ("Peer Review") Committee attendance ≥ 50	Essential	NA	NA

* Must be external hours for Trauma Medical Director; all other may be either internal/external

☐ Approved ☐ Not Approved

_____ _____
Jay Woodland, MD, FACS Date
Trauma Medical Director

_____ _____
Dara Dilger MSN, RN, NE-BC Date
Trauma Program Manager