Trauma Program-Trauma Services
Department of Surgery

Trauma Services-Trauma Program Description
CSMC is designated as a Level I Trauma Center by the Los Angeles County Department of Health Services and verified by the Committee on Trauma of the American College of Surgeons. The hospital is the Trauma Center inclusive of departments and services across the continuum of care. The Trauma Program-Trauma Services is the overall operation and administrative component of Cedars-Sinai Medical Center Trauma Center. As trauma is a surgical disease, the Trauma Program is under the auspices of the Department of Surgery. The Trauma Program-Trauma Services interfaces with all departments, divisions and services that deal with trauma patients. Of note, the Trauma Service resides within the Acute Care Surgery (ACS) Service. The ACS Service combines the disciplines of trauma, surgical critical care, and emergency general surgery. Cedars-Sinai Medical Center (CSMC) is one of 15 trauma hospitals within the Los Angeles County Trauma System. The hospital is one of four Level I trauma centers within the County.

I. Scope of Services Provided
The staff of the Trauma Program along with collaborating departments and divisions ensures that all Level I Trauma Center standards, requirements and criteria are met and maintained including but not limited to:
- Organizational capabilities
- Clinical capabilities
- Facilities
- Resources
- Performance improvement
- Quality improvement / peer review
- Continuing education
- Outreach education
- Injury prevention
- Trauma and trauma related research

II. Integration with Other Departments / Services
The Trauma Program interfaces with all departments, divisions and services that are directly and indirectly involved with trauma patients including but not limited to:
A. Pre-hospital Base Station
B. Emergency Department
C. Emergency Medicine
D. Imaging
E. Operating Room
F. Anesthesia
G. PACU
H. Surgical Critical Care Service
I. SICU, Neurosurgical ICU, and Other ICU’s as needed
J. Neuroscience Critical Care
K. Pediatrics and PICU
L. Orthopedic, Spine, Neurosurgery Services
M. Laboratory and Transfusion Medicine Services
N. Physical Medicine and Rehabilitation
O. Neurosurgery
P. Orthopedic Surgery
Q. Cardiac and Cardiothoracic Surgery
R. Hand Surgery
S. Microvascular / Replant Surgery
T. Obstetrics/Gynecologic Surgery
U. Ophthalmic Surgery
V. Oral/maxillofacial Surgery
W. Plastic Surgery

III. Organization of the Trauma Program
The Trauma Medical Director and Trauma Program Manager administer the Trauma Program. The Trauma Medical Director works collaboratively with the Trauma Program Manager to manage both the clinical and the administrative operations of the Trauma Program. Nursing personnel providing trauma care in each of the specific departments across the continuum of care are accountable to the Chief Nursing Officer for nursing practice.

CSMC - Trauma Program, Department of Surgery Organizational Chart

Vice President, Service Line Operations

Chairman, Dept. of Surgery

Department of Surgery Service Line Director

Trauma Medical Director

Trauma Program Manager

Trauma PI Coordinator

Trauma Educator, Injury Prevention, & Outreach Coordinator

Trauma Registrars (3)

Trauma Program MA
IV. **Trauma Medical Director**  
The Trauma Medical Director is the surgeon who leads the multidisciplinary activities of the program. The Trauma Medical Director identifies representatives/liaisons from neurosurgery, orthopedic surgery, emergency medicine, anesthesia, and other appropriate disciplines that work with the Trauma Medical Director and Trauma Program Manager. These representatives are responsible for communicating trauma related information to their respective departments and to the Trauma Program. The Trauma Director has the authority to affect all aspects of trauma care including:
- Review and recommendation of trauma call panel privileges
- Cooperating and collaborating with nursing administration to support the nursing needs of the trauma patient
- Developing treatment protocols / practice management guidelines / policies
- Coordinating the performance improvement and quality improvement/peer review process in collaboration with the Trauma Program Manager
- Correcting deficiencies in trauma care in collaboration with the appropriate departments and divisions
- Participating in the budgetary process for the trauma program

V. **Trauma Program Manager**  
The Trauma Program Manager (TPM) is fundamental to the Trauma Program and works in close collaboration with the Trauma Medical Director. The TPM interfaces with all departments, divisions, and personnel at all levels that deal with the trauma patient and/or who are involved in any aspect of trauma care or any of the trauma administrative components within the medical center. The TPM is responsible for the organization of services and systems necessary for a multidisciplinary approach to trauma care. The role/activities/oversight of the TPM encompass the following general categories:
- Education
- Clinical & administration
- Performance Improvement
- Consultant/liaison
- Supervision of the trauma registry & research
- Community/national involvement in trauma care systems
VI. **Trauma Program Personnel**

Staff within Trauma Program Administration includes:
- Trauma Medical Director
- Assistant Trauma Medical Director
- Trauma Program Manager
- Trauma Registrars: (3, plus 1 PRN Registrar)
- Trauma Educator, Injury Prevention & Outreach Coordinator
- Trauma PI Coordinator
- Trauma Management Assistant

VII. **Trauma Performance Improvement Program**

The Trauma Program has a multidisciplinary hospital performance improvement committee. This committee meets monthly and deals with internal (operational / systems) trauma issues. This committee is a mandatory requirement as a Level I trauma hospital. Clinical peer review issues are not a component of this forum. The Trauma Performance Improvement Program is under the auspices of the Department of Surgery Performance Improvement Committee (DOS PIC). Reports are provided to the DOS PIC by the Trauma Medical Director.

VIII. **Trauma Quality Improvement Committee**

Mandatory trauma hospital criteria require a multidisciplinary “peer-review” committee, which encompasses review of clinical care. The Trauma Program at CSMC maintains an attending physician multidisciplinary committee that meets monthly to review all deaths, major complications, and clinical indicators/audit filters. All information, minutes, discussions are peer review protected. If there are non-provider related opportunities for improvement identified, these are directed to the Trauma PI Committee and the appropriate departments/divisions for corrective action. Consistent with trauma hospital requirements, we have a current Trauma PIPS Master Plan.

IX. **Recognized Standards / Criteria**

As a Level I Trauma Center, CSMC operates under the following criteria:

A. California Title 22, Trauma Regulations
B. LA County Department of Health Emergency Medical Services Trauma Hospital Contract
C. Committee on Trauma of the American College of Surgeons “Resources for Optimal Care of the Injured Patient”

X. **Trauma Program Goals**

To maintain all criteria and requirements for a Level I Trauma Center as outlined by the Los Angeles County Department of Health, Title 22, and the American College of Surgeons Committee on Trauma.
Trauma Services

I. Trauma Service Description (ACS Service)

The Trauma-ACS Service is the clinical leadership component for trauma care. The Trauma-ACS Service is responsible for all aspects clinical management of the trauma patient across the continuum of care. The Trauma-ACS Service will bring in specialty consultants as needed. The Trauma-ACS Service includes, but is not limited to the following personnel:

- Trauma Medical Director
- Trauma Surgical Attending on call
- Trauma Service Chief Resident (PGY IV or V)
- PGY II or III Surgical Resident
- General Surgery Intern(s)
- Medical Student(s)

II. Patient Population

The trauma patient population is defined by the LA County Trauma Hospital contract and the pre-determined catchment area. However, universal access is provided for any trauma patient that presents to the medical center. Trauma patients are also received via air transport (helicopter). Catchment borders are eliminated during a multiple or mass casualty incident. The borders of CSMC’s catchment area are:

- Northern Boundary: Victory Blvd.
- Eastern Boundary: Burbank Western City Limits / Barham Blvd. / Caheunga Blvd. / Franklin Ave. / Western Ave.
- Southern Boundary: Santa Monica Freeway (I-10)
- Western Boundary: Woodman Ave. / Ventura Blvd. / Coldwater Canyon Dr. / Rexford Dr. / Pico Blvd. / Motor Ave.

III. Scope of Services Provided

Management of the trauma patient is directed and overseen by the Trauma-ACS Service. The Trauma Service follows the trauma patient across the continuum of care as needed. Specialty consultants are brought in as indicated by the type of injury(s) sustained.

IV. Direct Physician Supervision

Care on the Trauma Service is under the direction of the trauma medical director and / or one of the trauma surgical attending physicians on call. Clinical care is under the direct medical supervision (located within the department) by one or more of the following at all times in both locations to provide immediate direction and assistance pre – intra - post procedure:

- Trauma Medical Director
- Trauma Attending Physicians

No therapeutic or diagnostic services outside the scope of practice of the licensed and technical staff are provided to patients in the absence of direct physician supervision.
V. **Integration with Other Departments / Services**
The Trauma-ACS Service works closely with all services to provide optimal care of the injured patient.

VI. **Attending Coverage and Privileging for the Trauma Call Panel**
The Trauma Medical Director performs an annual review of all trauma surgeons on the trauma call panel as well as the trauma physician liaisons from emergency medicine, orthopedic surgery, and neurosurgery. This review is done upon hiring, and on an annual basis. All physicians taking call for trauma must first complete the medical centers credentialing process.

VII. **Notification of Physicians**
The Trauma Team is notified of incoming trauma patients per the Trauma Team Activation Policy and paging system. For those trauma patients that are transferred from another facility to CSMC for a higher level of care, notification is initiated and facilitated through the Transfer Center who then contacts the trauma attending surgeon on call.

VIII. **Nursing Personnel**
Scope of service for nursing personnel interfacing with Trauma Services is addressed under each specific department’s Scope of Service. Each nursing department that provides clinical care to trauma patients must have a component in their orientation that is specific to trauma. Trauma continuing education for nurses is required as a Level I trauma hospital.

IX. **Assessment and Reassessment**
The Trauma-ACS Service assesses the trauma patient immediately upon arrival to the Emergency Department. If the Trauma Service is “consulted”, the timeframe for initial assessment is determined following an assessment and prioritization of the stability of the other patients on the Trauma-ACS Service. Reassessment of trauma patients occurs during team rounds, following each procedure, change in patient condition, and whenever necessary.

X. **Admission, Discharge and Transfer Criteria**
Admission, discharge and transfer of trauma patients are at the discretion of the trauma surgical attending.

XI. **Recognized Standards / Criteria**
As a Level I Trauma Center, CSMC operates under the following criteria:
A. Title 22
B. LA County Department of Health Emergency Medical Services Trauma Center Contract
C. Committee on Trauma of the American College of Surgeons “Resources for Optimal Care of the Injured Patient”
XII. Patient Safety Goals:

XIII. FY16 Nursing Goals:

Version: June 19, 2017