



COMMITTEE ON TRAUMA

Consultation/Verification Program for Hospitals

Application for a Site Visit

The designations of trauma facilities are a geopolitical process by which empowered entities, government or otherwise, are authorized to designate. The American College of Surgeons (ACS) does not designate trauma centers; instead, it verifies the presence of the resources listed in current edition of the document “*Resources for Optimal Care of the Injured Patient*.” This is a voluntary process.

A trauma center seeking a consultation or verification review must ensure their trauma registry has 12 months of data prior to a visit being scheduled.

Verification

Verification of a trauma center is the process by which the ACS confirms that the hospital is performing as a trauma center and meets the criteria contained in the current edition of the “*Resources for Optimal Care of the Injured Patient*.”

The verification review process results in a report outlining the site visit findings and, if successful, a certificate of verification is issued. The certificate is valid for three years from the date of the site visit.

Reverification

Previously verified trauma centers may be reverified by applying for reverification and scheduling a visit prior to the expiration date on their certificate. If a hospital does not schedule a visit prior to the expiration date, a verification visit may be scheduled.

The reverification review process results in a report outlining the site visit findings and, if successful, a certificate of verification is issued. The certificate is valid for three years from the date of the current expiration date.

Consultation

The Committee on Trauma (COT) will provide a consultation visit, at the request of a hospital or state authority, to assess trauma care or to prepare for a verification review.

A consultation visit follows the same format as a verification review. The consultation review process results in a report outlining the site visit findings to aid the facility in attaining verification.

Focused Review

If, during a verification or reverification review, a hospital is found to have criterion deficiencies, the facility may be required to submit documentation by mail, or have an on-site focused review, in which a two-surgeon team will return to the facility. The determination of a mailed follow-up is solely at the discretion of the VRC.

If an onsite focused review is required, one member of the original team is generally involved in the process. The hospital must demonstrate that they have corrected the deficiencies before a certificate is issued. The focused review is usually accomplished in no fewer than six months and no more than one year from the time of the initial site visit. The certificate/plaque of reverification is dated from the current expiration date or if an initial verification, from the date of the initial site visit.



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NON US OR CANADIAN BOARD CERTIFIED OR BOARD ELIGIBLE SURGEON

If there is a **non US or Canadian board-certified or board-eligible surgeon taking trauma call**, an additional ACS site reviewer from that surgeon’s specialty must accompany the ACS review team. The non-board-certified/non-board-eligible surgeon must meet the new Alternate Pathway criteria, <http://www.facs.org/trauma/alternatepathway.pdf>. The VRC office must be notified immediately to accommodate this request and to provide further instructions. The VRC has the final determination of whether the surgeon has been approved by the Alternate Pathway.

Surgeons previously approved by the alternate pathway at the current trauma center do not need to repeat the process. However, if the surgeon relocates to another trauma center, the process must be repeated and the surgeon must meet the new alternate pathway criteria. The physician’s name must be disclosed to the VRC office for verification.

Report Process

The surveyors findings will be presented in a confidential report that includes an executive summary divided into four major headings: Deficiencies, Strengths, Weaknesses, and Recommendations. Deficiencies are determined by the guidelines found in the current edition of the “*Resources for Optimal Care of the Injured Patient.*”

Reports may be finalized as early as 6 to 8 weeks from the date of the site visit. The time frame will be dependent on when the report is received by the VRC office. Once the confidential report is sent to the VRC office it will be forwarded to the members of the committee. The final decisions regarding deficiencies will be made by the VRC, and may differ from the surveyors’ findings that were reported at the time of the exit interview.

Please review the VRC Web site at <http://www.facs.org/trauma/verificationhosp.html> for further information regarding the Type I criteria for your level of trauma center.

Payment

Payment must accompany the application.

	Two-person review team	Three-person review team	Four-person review team
Verification	\$11,000	\$14,000	\$17,000
Reverification	\$10,000	\$13,000	\$16,000
Consultation	---	\$13,000	\$16,000
Focused	\$ 9,500	---	---

The fee includes the ACS administrative fee, reviewer’s honoraria, travel expenses and subsistence. The cost for each additional site reviewer is \$3,000 (e.g. alternate pathway, trauma program manager, emergency physician, orthopaedic surgeon, or neurosurgeon.)

Trauma centers are no longer classified as "Adult with Pediatric Commitment" or "Adult and Pediatric." Trauma centers that wish to be verified as an “adult” trauma center as well as a pediatric trauma center, must meet the resources listed for each program. The programs are reviewed independently and will receive separate certificates.

The visits may occur at the same time at the reduced cost as outlined below. If the visits are conducted separately (different dates), the individual costs will apply.



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A hospital seeking verification for both its adult trauma center and pediatric trauma center will have the ability to choose different levels of care. For instance, a trauma center may wish to seek Level I verification, but also apply for Level II pediatric verification. Volume from the pediatric trauma center may be counted in the total volume of the trauma center if the adult center is involved in the care of pediatric patients. If the trauma surgeons are not able to treat pediatric patients, then the number of pediatric patients may not be counted as part of the volume.

For a combined adult trauma center and pediatric trauma center visit, the fees are as follows (teams are comprised of a three person team, except for a consultation visit which is a four person team):

Verification	\$17,500
Reverification	\$15,500
Consultation	\$17,500
Focused	\$12,500

The fee includes the ACS administrative fee, reviewer’s honoraria, travel expenses and subsistence. The cost for each additional site reviewer is \$3,000 (e.g. alternate pathway, trauma program manager, emergency physician, orthopaedic surgeon, or neurosurgeon.)

Hotel accommodations must be arranged and paid for by the hospital (and are not included in the fees). The hospital must also organize a pre-review dinner meeting on the first evening of the site visit (excludes a Focus review). Refer to the *Review Agenda* <http://www.facs.org/trauma/reviewagenda.pdf>.

The site visit application and payment must be received by the ACS office no later than six months prior to when the hospital would like to have the visit scheduled. Reverification visits must be scheduled on or before the current certificate expires. **Please check the website periodically for updates on months being closed due to limited capacity, <http://www.facs.org/trauma/sitepacket.html>.**

Access to the on-line Hospital Prereview Questionnaire (PRQ) will be provided upon receipt of the application. The PRQ must be marked *complete* **30 days** prior to the confirmed visit dates.

Cancellation

Site visits can be cancelled and rescheduled up to 30 days before the visit with the understanding that the requesting hospital or designating agency will be responsible for any expenses incurred that cannot be refunded due to policies/procedures outside the control of the ACS (e.g. airline tickets or hotel reservations).

Site visits cancelled after the online PRQ is marked complete will forfeit one-third of the fee due to the processing of the PRQ and arrangement of the visit.

Web Listing Of Verified Trauma Centers

Hospitals that have received a verification certificate from the ACS will be listed on the ACS Web site at <http://www.facs.org/trauma/verified.html>; unless otherwise instructed by the designating agency or hospital.

If you have any questions or comments, please contact the Trauma Verification office.

Phone: 312-202-5186

Email: JBradford@facs.org

For additional information or frequently asked questions, please visit our web site at www.facs.org/trauma/verificationhosp.html.



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Application for a Site Visit

Issue/mail Payment to: Trauma Verification Program Office
American College of Surgeons
633 N. Saint Clair Street
Chicago, IL 60611-3211

Phone: 312-202-5186
Fax: 312-202-5015
Email: JBradford@facs.org

Hospital Name and Mailing Address (no P.O. Box):

Preferred time frame for the visit, please use a two month span and include dates to avoid:

Earliest Date: _____
Latest Date: _____

Visit Type:

- ___ Verification
- ___ Reverification
- ___ Consultation
- ___ Focused

Single visit:

- ___ Level I Trauma Center
- ___ Level II Trauma Center
- ___ Level III Trauma Center
- ___ Level I Pediatric
- ___ Level II Pediatric

Combined visits:

- ___ Level I Trauma Center, Level I Pediatric
- ___ Level I Trauma Center, Level II Pediatric
- ___ Level II Trauma Center, Level II Pediatric

Department of Health or EMS Agency Contact information

Name: _____
Title: _____
Address: _____

Phone: _____ E-mail: _____

Trauma Medical Director:

Name: _____

Phone: _____ Cell Phone or Pager: _____

Email: _____

Pediatric Trauma Medical Director (if seeking a combined visit):

Name: _____

Phone: _____ Cell Phone or Pager: _____

Email: _____

Trauma Program Manager/Coordinator:

Name: _____

Phone: _____ Cell Phone or Pager: _____

E-mail: _____

Pediatric Program Manager/Coordinator (if seeking a combined visit):

Name: _____

Phone: _____ Cell Phone or Pager: _____

E-mail: _____

Signature of Authorized Personnel: President/Chief Executive Officer/Chief Executive Officer:

Signature: _____

Name: _____

Title: _____

Phone: _____ E-mail: _____

Additional reviewer(s) requested: ___ Alternate pathway ___ Trauma program manager

___ Emergency physician ___ Orthopaedic surgeon ___ Neurosurgeon

If there is a **non US or Canadian board-certified or board-eligible surgeon taking trauma call**, an additional ACS site reviewer from that surgeon’s specialty must accompany the ACS review team. The non-board-certified/non-board-eligible surgeon must meet the new Alternate Pathway criteria, <http://www.facs.org/trauma/alternatepathway.pdf>. The VRC office must be notified immediately to accommodate this request and to provide further instructions. The VRC has the final determination of whether the surgeon has been approved by the Alternate Pathway.

If a surgeon was previously approved by the alternate pathway at the current trauma center, the process does not need to be repeated. However, if the surgeon relocates to another trauma center, the process must be repeated and meet the new alternate pathway criteria. The physician’s name must be disclosed to the VRC office for verification.

Name: _____ Specialty: _____

Name: _____ Specialty: _____