



## COMMITTEE ON TRAUMA Consultation/Verification Program for Facilities

### Application for a Site Visit

**\*\*Must return 6 to 8 month in advance to preferred timeframe. Please refer to the web site, [www.facs.org/quality-programs/trauma/vrc/site-packet](http://www.facs.org/quality-programs/trauma/vrc/site-packet), for the earliest timeframe available for scheduling before submitting\*\***

The designation of trauma facilities involve 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.

**Any trauma center seeking a consultation or verification site visit must ensure their trauma registry has 12 months of data prior to a scheduling a visit.**

#### Verification

Verification of a trauma center is the process by which the ACS confirms that the facility 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 facility does not request and have the visit scheduled prior to the expiration date, their verification will expire (lapse). A subsequent new verification visit may then 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 current expiration date.

#### Consultation

The Committee on Trauma (COT) will provide a consultation visit, at the request of a facility 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 facility is found to have criterion deficiencies, the facility may be required to submit documentation by mail (“focused 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 or on-site follow-up is solely at the discretion of the Verification Review Committee (VRC).

- “On-Site Focused” review is required; one member of the original team is generally involved in the process. The facility must demonstrate that they have corrected the deficiencies before a certificate may be issued. The focused review is usually accomplished in no fewer than six months and no more than one year from the date 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.
- “Focused By Mail” is required to submit resolution documentation to the Verification, Review, &



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Consultation Program office. This can be done electronically.

#### **ALTERNATE PATHWAY (CD 6-3) FOR NON-BOARD-CERTIFIED/ELIGIBLE FOR CERTIFICATION SURGEONS/PHYSICIANS IN LEVEL I, II, OR III TRAUMA CENTERS**

- Surgeons and/or physicians who have trained outside the United States or Canada may be eligible to participate in the trauma program through an alternate pathway procedure. For a current description of alternate pathway criteria visit [www.facs.org/quality-programs/trauma/vrc/resources](http://www.facs.org/quality-programs/trauma/vrc/resources).
- The Verification, Review, & Consultation Program office must be notified immediately to accommodate this request and for further instructions.
- A copy of the surgeon/physician curriculum vitae must be submitted with this application along with the surgeon/physician’s name.
- An additional ACS reviewer from that surgeon/physician’s specialty must accompany the ACS review team.
- There is an additional fee for this process of \$3,000.
- The VRC has the final determination of whether the surgeon has been approved by the Alternate Pathway.
- Surgeons/physicians previously approved by way of the Alternate Pathway, will be required to repeat the process at every subsequent reverification visit. A reviewer from the same specialty will be required to be on the team and incur the additional cost noted above.

#### **Standard Fee Structure:**

	<u>Two person review team<sup>1</sup></u>	<u>Three-person review team<sup>2</sup></u>	<u>Four-person review</u>
Verification	\$15,000	\$18,000	\$21,000
Reverification	\$14,000	\$17,000	\$20,000
Consultation	---	\$17,000	\$20,000
Focused	\$13,500	---	---

- The fee includes the ACS administrative fee, travel expenses (includes airfare), subsistence and reviewer’s honoraria.
- If additional reviewers are needed on the team aside from the standard teams noted, there is an additional cost per reviewer of \$3,000 (e.g. trauma program manager, emergency physician, orthopaedic surgeon, or neurosurgeon.)
- International site visit will incur an ACS administrative fee of \$6,000 plus all team expenses associated with the site visit (e.g. travel expenses (includes airfare), subsistence and reviewer’s honoraria).

<sup>1</sup> Two trauma surgeons; for pediatric visits one surgeon will be pediatric

<sup>2</sup> Two trauma surgeons and a trauma program manager (nurse); for pediatric visits one surgeon and the nurse will be pediatric

<sup>3</sup> Two trauma surgeons, emergency physician and trauma program manager (nurse); for pediatric visits one surgeon and the nurse will be pediatric



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- **TQIP and Verification Bundling** for facilities that currently participate in TQIP and verification; there may be a discount opportunity. Please check back with the office once production has been implemented.

### COMBINED Level I / II trauma center and Level I / II pediatric trauma center:

	<u>Two person review team<sup>4</sup></u>	<u>Three-person review team<sup>5</sup></u>	<u>Four-person review</u>
Verification	---	\$21,500	---
Reverification	---	\$19,500	---
Consultation	---	---	\$21,500
Focused	\$13,500	---	---

- The fee includes the ACS administrative fee, travel expenses (includes airfare), subsistence and reviewer's honoraria.
- If additional reviewers are needed on the team aside from the standard teams noted, there is an additional cost per reviewer of \$3,000 (e.g. trauma program manager, emergency physician, orthopaedic surgeon, or neurosurgeon.)
- International site visit will incur an ACS administrative fee of \$6,000 plus all team expenses associated with the site visit (e.g. travel expenses (includes airfare), subsistence and reviewer's honoraria).
- The visits may occur at the same time at the reduced cost as outlined above. If the visits are conducted separately the standard fee structure will apply.
- The programs are reviewed independently and will receive separate certificates.
- **TQIP and Verification Bundling** for facilities that currently participate in TQIP and verification; there may be a discount opportunity. Please check back with the office once production has been implemented.

### **Additional Cost to the hospital**

Hotel accommodations must be arranged and paid for by the facility (and are not included in the fees). The facility must also organize a pre-review dinner meeting on the first evening of the site visit (excludes a Focused review).

Refer to the *Review Agenda* [www.facs.org/quality-programs/trauma/vrc/resources](http://www.facs.org/quality-programs/trauma/vrc/resources).

<sup>4</sup> Two surgeons - a trauma surgeon and a pediatric trauma surgeon

<sup>5</sup> Two trauma surgeons and a pediatric trauma surgeon

<sup>6</sup> Two trauma surgeons, a pediatric trauma surgeon and pediatric trauma program manager (nurse)



## COMMITTEE ON TRAUMA

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#### **Application Process**

The site visit application, including payment, must be received by the Verification, Review, & Consultation Program office at minimum 8 months prior to when the facility would like a visit scheduled and/or the verification expiration date. Please mail the application and associated payment to:

American College of Surgeons  
c/o Trauma Verification 26 SW  
633 N. Saint Clair St.  
Chicago, IL 60611  
[Anita.Johnson@facs.org](mailto:Anita.Johnson@facs.org)

If necessary, an electronic copy of the application may be submitted while waiting for payment processing and to ensure a visit is scheduled within the timeframe.

#### **Following submission of the application**

Access to the on-line hospital Pre-Review Questionnaire (PRQ) will be provided upon receipt of the application (**availability of the PRQ will be dependent on the development of the new PRQ that will coincide with the 2014 guidelines**). The PRQ must be marked *complete* **30 days** prior to the confirmed visit dates. During the PRQ completion process, the Verification, Review, & Consultation Program office will follow-up to begin the coordination of the visit. Please note, your visit will be scheduled approximately 3 to 6 months before the time frame specified in the application.

#### **Cancellation**

Site visits may be cancelled and rescheduled up to 30 days before the scheduled site visit. The requesting facility 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-half of the fee to recover processing and scheduling costs.

#### **Contact**

If you have any questions or comments concerning the application process, please contact the Verification, Review, & Consultation Program office.

Phone: 312-202-5134  
Email: [Anita.johnson@facs.org](mailto:Anita.johnson@facs.org)

For additional information or frequently asked questions, please visit our web site at [www.facs.org/quality-programs/trauma/vrc](http://www.facs.org/quality-programs/trauma/vrc)



**COMMITTEE ON TRAUMA**  
Consultation/Verification Program for Facilities

**Issue/mail Payment to:** Verification, Review, & Consultation  
**Must return 6 to 8 month in advance to preferred timeframe\*\*** American College of Surgeons  
633 N. Saint Clair Street  
Chicago, IL 60611-3211

**Phone:** 312-202-5134  
**Fax:** 312-202-5015  
**Email:** [Anita.Johnson@facs.org](mailto:Anita.Johnson@facs.org)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pediatric Facility Name and Mailing Address (no P.O. Box)\*:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If applicable, as indicated below.

**Previously known as (if verified under different name):** \_\_\_\_\_

**Facility website address:** \_\_\_\_\_

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

**National Provider Identifier Number (NPI):** \_\_\_\_\_

**Trauma Quality Improvement Progress (TQIP) –currently enrolled**  Yes  No

**TQIP Report ID:** \_\_\_\_\_

**Timeframe for the visit (please use a two month span and include dates to avoid):**

Preferred Dates: \_\_\_\_\_

Dates to avoid: \_\_\_\_\_

**Visit Type:**

- \_\_\_ Verification (\$15,000)
- \_\_\_ Reverification (\$14,000)
- \_\_\_ Consultation (\$17,000)
- \_\_\_ Focused (\$13,500)

**Single visit:**

- \_\_\_ Level I Trauma Center
- \_\_\_ Level II Trauma Center
- \_\_\_ Level III Trauma Center
- \_\_\_ Level I Pediatric
- \_\_\_ Level II Pediatric

**Visit Type:**

- \_\_\_ Verification (\$21,500)
- \_\_\_ Reverification (\$19,500)
- \_\_\_ Consultation (\$21,500)
- \_\_\_ Focused (\$13,500)

**Combined visits:**

- \_\_\_ Level I Trauma Center, Level I Pediatric\*
- \_\_\_ Level I Trauma Center, Level II Pediatric
- \_\_\_ Level II Trauma Center, Level II Pediatric

**Designating Department of Health or EMS agency Contact information for your state/county:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
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:**

*I attest to the validity of the content of this application and confirm our facility's readiness to proceed with the accreditation process.*       Agree  Disagree

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional reviewer(s) requested:**      \_\_\_\_\_ Alternate pathway      \_\_\_\_\_ Trauma program manager  
\_\_\_\_\_ Emergency physician      \_\_\_\_\_ Orthopaedic surgeon      \_\_\_\_\_ Neurosurgeon

**Alternate Pathway Review(s) Requested For (See Instructions Above):**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_ New      \_\_\_\_\_ Previously approved  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_ New      \_\_\_\_\_ Previously approved