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A HOSPITAL EXECUTIVE'S
GUIDE TO

Practical Trauma Center Oversight



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For hospitals, earning a trauma center designation can lead to higher quality care, better community reputation and stronger financial performance. One key to realizing the benefits of a trauma designation is effective *clinical* leadership. However, another success factor is just as critical — strong *executive* oversight.

When executive leaders do not provide adequate oversight of the trauma service line, the organizational benefits of a trauma center designation fail to materialize. Many neglected trauma programs become financially unsustainable, and some hospitals are forced to close their trauma center, leading to a loss of reputation in the community.

This white paper examines the value of a strategic investment in trauma center designation and delves into the essential components of effective trauma program management. It also includes an Executive Checklist (last page) that hospital leaders can use to perform a high-level assessment of their trauma program. Our goal is to provide executives with practical knowledge and time-efficient tools for overseeing a successful trauma center that enhances hospital reputation and financial stability.

THE STRATEGIC INVESTMENT IN TRAUMA CARE

Trauma is the leading cause of death for individuals under the age of 45, and it is also a significant cause of suffering and disability across all age groups. Trauma programs are critical for providing timely and effective care to patients with injuries, often determining life-or-death outcomes.

A hospital's investment in a robust and well-structured trauma program yields a range of direct and indirect benefits.

DIRECT BENEFITS TO INJURED PATIENTS INCLUDE:

- **Increased access to care:** Trauma centers provide critical, life-saving services to their communities, ensuring that injured patients receive timely and specialized care.
- **Improved patient outcomes:** Timely and effective trauma care reduces mortality and morbidity, leading to better long-term health outcomes for patients. Many performance improvement initiatives result in measurable reductions in length of stay and complication rates.

DIRECT BENEFITS TO THE HOSPITAL INCLUDE:

- **Financial viability:** Efficient trauma care management can lead to reduced lengths of stay, lower readmission rates, and optimized resource utilization, positively impacting the hospital's financial performance. Unique revenue billing codes allow the trauma center to charge for the extraordinary costs of care.
- **Specialized services utilization:** Trauma patients typically require a range of services, including advanced imaging, surgeries, intensive care, and rehabilitation, which contribute to hospital revenue.
- **Long-term follow-up care:** Many trauma patients require long-term follow-up care, physical therapy, and outpatient services, providing additional revenue opportunities.

- **Higher overall volumes:** Due to their reputation for providing specialized care, trauma centers often experience increased total patient volumes and higher overall hospital admissions.

INDIRECT HOSPITAL BENEFITS INCLUDE:

- **Enhanced reputation within and beyond the community:** A well-regarded trauma program enhances the hospital's reputation as a leader in healthcare and helps attract top talent for all service lines. This effect is not limited to academic Level I trauma programs.
- **Community trust and engagement:** Being a trauma center fosters trust within the community, as residents feel reassured knowing they have access to high-quality emergency care.

In addition, every trauma center — regardless of its designation level — adds significant benefits to the communities it serves. These benefits include:

- **Enhanced community health:** By reducing mortality and morbidity from traumatic injuries, trauma centers contribute to overall community health and well-being.
- **Education and training:** Trauma centers often serve as training hubs for medical professionals, enhancing the skills and knowledge of healthcare providers within the community.
- **Economic impact:** Trauma centers create jobs and stimulate local economies through their need for medical professionals, support staff, and related services.



HOW YOUR CENTER FITS IN THE TRAUMA SYSTEM

A trauma center is a hospital that has the staff and resources to care for injured patients and has undergone a review of compliance with trauma center standards. Depending on your state, these standards are established by either the state government or the American College of Surgeons (ACS). ACS trauma center standards are detailed in Resources for Optimal Care of the Injured Patient.

Your trauma center is part of your state's trauma system. Trauma system organization and capabilities differ from state to state, but the ideal trauma system encompasses the entire continuum of care for injured patients — from prehospital care and transportation to acute hospital care and rehabilitation, injury prevention and trauma research.

In a strong trauma system, the needs of all injured patients are addressed wherever they are injured and wherever they receive care. One mechanism for coordinating the entire care system is the designation of each trauma center's level.

- **Level I and II trauma centers** are equipped to provide definitive care for a wide range of traumatic injuries. Under ACS standards, the clinical care requirements for Level I and II centers are identical. Level I centers differ from Level II centers in that they must meet an annual trauma volume requirement (1,200 trauma patients or 240 patients with ISS greater than 15), participate in resident training, and conduct trauma research.
- **Level III trauma centers** provide definitive care to patients with mild to moderate injuries, allowing patients to be cared for close to home. These centers also have processes in place for the prompt evaluation, initial management, and transfer of patients whose needs might exceed the hospital's available resources.
- **Level IV and V trauma centers** provide standardized initial evaluation and stabilization prior to transfer to higher levels of care.

Understanding your trauma center's role in the trauma system will help you assess resource needs and guide your hospital's overall trauma strategy to ensure optimal patient outcomes.



KEY COMPONENTS OF TRAUMA PROGRAM MANAGEMENT

Efficient trauma care requires a multidisciplinary approach, involving prehospital services, Emergency Department personnel, surgical teams, intensive care units, rehabilitation services, and community outreach programs focusing on injury prevention.

As a hospital executive, understanding the intricacies of trauma program management can help you allocate resources effectively, ensure compliance with regulatory standards, and improve patient outcomes.

Hospital executives with responsibility for trauma center strategy and/or operations should pay attention to five critical areas of trauma program performance:

1 LEADERSHIP AND GOVERNANCE

Effective clinical leadership and program management are the cornerstone of a successful trauma service line. Hospital executives must ensure that strong leaders and clinicians fill the following roles:

- **Trauma medical director:** A dedicated physician leader who oversees clinical care, ensures adherence to protocols, and drives quality improvement initiatives.
- **Trauma program manager:** A seasoned professional responsible for the day-to-day operations of the trauma program, coordination among departments, and compliance with accreditation standards.
- **Trauma multidisciplinary committee:** A team the includes representatives from surgery, emergency

medicine, nursing, anesthesiology, radiology, and rehabilitation that meets regularly to review trauma cases, discuss performance metrics, and implement improvement strategies. (Specific requirements vary depending on trauma designation level.)

2 CLINICAL CARE STANDARDS

Adherence to evidence-based clinical guidelines is essential. When reviewing trauma center performance with program leaders, hospital executives should make sure the following practices are in place:

- **Protocols and pathways:** Standardized guidelines for trauma resuscitation, surgery, critical care, and rehabilitation, which help ensure consistency and high-quality care. Examples include timing to operative intervention, blood utilization and massive transfusion, or expected surgical response to specific criteria.
- **Data-driven decision making:** Utilizing trauma registries and performance improvement programs to analyze outcomes, identify trends, and drive clinical excellence. A robust quality dashboard is essential to monitoring performance.
- **Continuous education and training:** Regular simulation exercises, training sessions, and professional development opportunities for all staff involved in trauma care.

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3 OPERATIONAL EFFICIENCY

Streamlined operations are critical for managing the complex needs of trauma patients. Executive leaders should pay close attention to:

- **Resource allocation:** Ensuring the constant availability of essential resources, including surgical coverage, key program staff, blood products, advanced imaging, and critical care beds. A critical part of resource allocation is adequate budget for required roles. For example, the ACS now specifies minimum staffing levels for trauma registrars and trauma PI coordinators (see Standards 4.31 and 4.35, respectively, for FTE-to-patient-volume minimums).
- **Interdepartmental coordination:** Facilitating seamless communication and collaboration among the Emergency Department, operating room, intensive care unit, surgical floors, ancillary services, and rehabilitation services.
- **Technology integration:** Leveraging electronic health records (EHRs), telemedicine, and other technological tools to enhance patient care and operational workflows.

4 COMMUNITY ENGAGEMENT AND PREVENTION

A holistic trauma program extends beyond the hospital walls. Hospital executives with trauma program oversight should understand and support the following initiatives:

- **Injury prevention programs:** Initiatives aimed at reducing the incidence of trauma through education, advocacy, and community partnerships.

- **Prehospital care collaboration:** Strong relationships with EMS providers to ensure rapid, coordinated response and seamless transition of care.
- **Community outreach:** Engaging with local organizations, schools, and businesses to promote trauma awareness and preparedness.

5 REGULATORY COMPLIANCE AND ACCREDITATION

Compliance with trauma standards set by the ACS or the state authority is crucial. Hospital executives should monitor trauma program activities to verify the existence of:

- **Regular audits and reviews:** Conducting internal and external audits to ensure adherence to clinical guidelines, operational protocols, and accreditation requirements. A quality dashboard is essential to achieving compliance.
- **Continuous quality improvement:** Implementing a robust quality improvement program that includes regular case reviews, mortality and morbidity conferences, and performance benchmarking. Performance improvement and patient safety (PIPS) is the foundation of every trauma program, regardless of designation level.
- **Ongoing survey readiness:** Executing ongoing efforts to monitor standards compliance, anticipate resource needs, and prepare for state or ACS surveys. The typical designation/verification period is three years, but continuous readiness helps hospitals avoid loss of trauma center verification and ensure peak performance throughout the cycle.

EXECUTIVE COMMITMENT MAKES THE DIFFERENCE



As hospital executives, your role in shaping and sustaining a successful trauma program is paramount. In fact, ACS Standard 1.1 specifies that both the hospital's leadership and its governing body must be able to demonstrate continuous commitment to the trauma program, including ensuring that the trauma center has the human and physical resources it needs to maintain its verification level.

By prioritizing leadership, clinical excellence, operational efficiency, community engagement, and regulatory compliance, you can elevate your institution's trauma care to new levels of excellence.

The commitment to continuous improvement and strategic investment in trauma care not only saves lives but also strengthens your hospital's position as a beacon of hope and healing in the community.

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EXECUTIVE CHECKLIST:

Practical Trauma Center Oversight

- Demonstrated *executive commitment* ensures trauma center support and resources
- Effective *trauma medical director* oversees clinical quality, drives organizational collaboration
- Seasoned *trauma program manager* oversees daily operations and monitors performance
- Fully engaged *trauma multidisciplinary committee* drives care and system improvements
- Standardized *protocols and pathways* help ensure consistency and high-quality care
- Robust *registry data and quality dashboards* used to drive clinical excellence
- Continuous *education and training* provided to all staff involved in trauma care
- Necessary *staff, specialty coverage, and other required resources* are continuously available
- Strong *interdepartmental coordination* between ED, OR, ICU, and other key services
- Effective *technology integration* to enhance patient care and operational workflows
- Robust *injury prevention initiatives* aimed at reducing the community incidence of trauma
- Effective *prehospital care collaboration* to ensure rapid EMS response and care transitions
- Targeted *community outreach* to promote trauma awareness and preparedness
- Regular *audits and reviews* to ensure adherence to guidelines, protocols, and requirements
- Well-designed *quality improvement program* that drives ongoing performance gains
- Ongoing *survey readiness focus* to monitor standards compliance, anticipate resource needs

