

Level I & II Pediatric Trauma Center

Designation Criteria for Level I and II Pediatric Trauma Center

Criteria for designation of Level I & II pediatric trauma centers are based upon *Resources for Optimal Care of the Injured Patient, COT/American College of Surgeons, 2006*. Criteria to verify the services and systems are in place to ensure optimal care of the trauma patient are defined in that document. The following elements must be met for designation as a Level I or II pediatric trauma center in Idaho.

Criteria Element	Level
10.1 Pediatric trauma centers meet the same resource requirements as adult trauma centers in addition to pediatric resource requirements.	I, II
10.2 A Level I pediatric trauma center annually admits 200 or more injured children younger than 15 years.	I
10.3 A Level II pediatric trauma center annually admits 100 or more injured children younger than 15 years.	II
10.4 A pediatric trauma center has a pediatric trauma program manager or coordinator.	I, II
10.5 A pediatric trauma center has a pediatric trauma registrar.	I, II
10.6 The pediatric trauma program manager or coordinator is dedicated to the pediatric trauma service.	I
10.7 A pediatric trauma center has a pediatric trauma PIPS program.	I, II
10.8 A pediatric trauma center has all of the following programs: pediatric rehabilitation; child life and family support programs; pediatric social work and child protective services; pediatric injury prevention and community outreach programs; and pediatric trauma education programs.	I, II
10.9 A pediatric trauma center has identifiable pediatric trauma research.	I
10.10 A Level I pediatric trauma center has at least two Surgeons, board-certified or board-eligible in pediatric surgery by the American Board of Surgery.	I
10.11 A Level I pediatric trauma center has at least one board-certified or board-eligible orthopedic Surgeon who has had pediatric fellowship training.	I
10.12 A Level I pediatric trauma center has at least one board-certified or board-eligible neurosurgeon who has had pediatric fellowship training.	I
10.13 A Level I pediatric trauma center has at least one additional board-certified or board-eligible orthopedic Surgeon with demonstrated skills and interest in the care of pediatric trauma patients.	I
10.14 A Level I pediatric trauma center has at least one additional board-certified or board-eligible neurosurgeon with demonstrated skills and interest in the care of pediatric trauma patients.	I
10.15 A Level I pediatric trauma center has at least two physicians who are board-certified or board-eligible in pediatric critical care medicine (pediatric or surgical).	I
10.16 A Level I pediatric trauma center has at least two physicians board-certified or board-eligible in pediatric emergency medicine.	I
10.17 Individuals who provide pediatric care in the pediatric ICU are credentialed by the hospital to provide pediatric trauma care in their respective trauma areas.	I, II

10.18 Individuals who provide pediatric care in the pediatric area of the ED are credentialed by the hospital to provide pediatric care in the ED.	I, II
10.19 A Level II pediatric trauma center has at least one surgeon who is board-certified or board-eligible in pediatric surgery.	II
10.20 A Level II pediatric trauma center has at least one additional board-certified or board-eligible orthopedic surgeon with interests and skills in pediatric surgery.	II
10.21 A Level II pediatric trauma center has at least one board-certified or board-eligible neurosurgeon with interests and skills in pediatric surgery.	II
10.22 The pediatric trauma medical director is board-certified or board-eligible in general surgery.	I, II
10.23 The pediatric trauma medical director is board-certified or board-eligible in pediatric surgery.	I
10.24 There are non-pediatric-trained Surgeons serving on the pediatric panel with proper qualifications:	I, II
a. Credentialed by the hospital to provide pediatric trauma care;	
b. Members of the adult trauma panel;	
c. The pediatric trauma medical director has agreed to their having sufficient training and experience in pediatric trauma care; and	
d. Their performance has been reviewed by the pediatric PIPS program.	
10.25 Trauma surgeon attendance in the ED for the highest level of activations is documented to be greater than 80%.	I, II
10.26 There is a mechanism for documenting Surgeon presence in the operating room.	I, II
10.27 The program offers specialty-specific pediatric education for the specialists.	I, II
10.28 There is a pediatric trauma service led by the trauma medical director.	I, II
10.29 All hospitals seeking verification as an adult and pediatric trauma center meet criteria for the verification level sought in each type of center.	I, II
10.30 Trauma Surgeons in adult trauma centers that admit 100 or more injured children annually are credentialed for pediatric trauma care by the hospital's credentialing body.	I, II
10.31 The adult trauma center that admits 100 or more injured children annually has all of the following: a pediatric emergency department area, a pediatric intensive care area, appropriate resuscitation equipment, and a pediatric-specific trauma PIPS program.	I, II
10.32 The adult trauma center that admits fewer than 100 injured children annually reviews care of injured children through the PIPS program.	I, II
10.33 There is a multidisciplinary peer review committee with participation by the trauma medical director or designee and representatives from pediatric/general surgery, orthopedic surgery, neurosurgery, emergency medicine, critical care medicine, and anesthesia that reviews selected deaths, complications, and sentinel events to identify issues and appropriate responses.	I, II
10.34 Attendance by the required representatives to at least 50% of the multidisciplinary peer review meetings is documented.	I, II
10.35 The pediatric trauma medical director and the liaisons from neurosurgery, orthopedic surgery, emergency medicine, and critical care medicine have adequate pediatric trauma CME.	I, II