

## PTSF Standards Comparison Document

**DISCLAIMER:** This document serves to highlight major standard concepts and requirements and the various differences between Adult Levels of Accreditation. It by no means is all inclusive or takes the place of the Standards of Accreditation formal documents.

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
1	<b>Commitment</b>	<ul style="list-style-type: none"> <li>• Commitment Demonstration</li> <li>• DOH Licensure</li> <li>• JCAHO (or equivalent) accreditation</li> <li>• Involvement (Leadership) in State and Regional System Planning</li> <li>• Trauma Team Activation Policy with Trauma Surgeon response within 15 minutes of patient arrival (80%)</li> </ul>	Same	Same with exceptions: <ul style="list-style-type: none"> <li>• Involvement (Participation) in State and Regional System Planning</li> <li>• Compliance with inter-facility patient transfer guidelines</li> <li>• Formal written agreement with higher level trauma center</li> <li>• Must be &gt; 25 miles from a Level I, II, or III trauma center.</li> <li>• &gt;4000 admissions through the ED annually</li> <li>• A minimum of double physician coverage during peak ED utilization</li> <li>• Trauma Team Activation Policy with response within 30 minutes of patient arrival</li> </ul>	Same with exceptions: <ul style="list-style-type: none"> <li>• Compliance with inter-facility patient transfer guidelines</li> <li>• Compliance with admission guidelines</li> <li>• Formal written agreement with higher level trauma center</li> <li>• Trauma Team Activation Policy with response within 30 minutes of patient arrival</li> </ul>

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
2	<b>Capacity and Availability</b>	<ul style="list-style-type: none"> <li>• Ability to treat both uni-system and multi-system trauma</li> <li>• Volume Requirements <ul style="list-style-type: none"> <li>○ L1: 600 PTOS</li> </ul> </li> <li>• Transfer Plans</li> <li>• Hemodialysis capabilities</li> <li>• Diversion Protocol</li> <li>• Disaster Plans</li> <li>• Telephone consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Volume Requirements <ul style="list-style-type: none"> <li>○ L2: 350 PTOS</li> </ul> </li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Excludes head injury for uni-system trauma</li> <li>• Hemodialysis transfer agreement required if not available</li> <li>• Interfacility transfer and consultation requirements</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Excludes head injury for uni-system trauma and emphasis on stabilize and transfer</li> <li>• Hemodialysis transfer agreement required if not available</li> <li>• Interfacility transfer and consultation requirement</li> <li>• Admission guidelines</li> </ul>
3	<b>TP Medical Director</b>	<ul style="list-style-type: none"> <li>• TPMD Authority including impact on privileges of subspecialists</li> <li>• FT/ 1.0 FTE</li> <li>• Board Certification</li> <li>• Participation in on-call schedule</li> <li>• Education: 16 hours of external CME</li> <li>• Fellowship</li> <li>• Participation in local, state and national activities</li> <li>• ATLS instruction</li> <li>• Attend 75% of PIPS meetings</li> <li>• TOPIC completion</li> <li>• Participate in research</li> </ul>	<p>Same with exception: Research not required</p>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Research not required</li> <li>• ATLS provider status at a minimal</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Board certification in field of specialty is desired</li> <li>• ATLS provider status at a minimal</li> <li>• Education: 8 hours of external CME</li> <li>• Research not required</li> </ul>

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4	<b>TP Manager</b>	<ul style="list-style-type: none"> <li>• FT/ 1.0 FTE</li> <li>• Registered Nurse</li> <li>• Education: 16 hours of continuing education</li> <li>• Attend 75% of PIPS meetings</li> <li>• TOPIC completion</li> <li>• Participate in research</li> </ul>	Same with exception: Research not required	Same with exception: Research not required	Same with exceptions: <ul style="list-style-type: none"> <li>• FTE requirement based on volume</li> <li>• Education: 8 hours of CME</li> <li>• Research not required</li> </ul>
5	<b>Registry</b>	<ul style="list-style-type: none"> <li>• PTOS participation</li> <li>• Concurrent abstraction</li> <li>• 1.0 FTE for every 500-750 trauma contacts</li> <li>• Education including: <ul style="list-style-type: none"> <li>○ 8 hours/year</li> <li>○ Basic Registrar Course</li> <li>○ AAAM Scaling Course</li> </ul> </li> <li>• Inter Rater Reliability</li> <li>• NTDB data submission</li> <li>• Data Confidentiality agreements</li> </ul>	Same	Same	Same with exception: <ul style="list-style-type: none"> <li>• Education: 4 hours of continuing education</li> <li>• NTDB is desired</li> </ul>
6	<b>Performance Improvement</b>	<ul style="list-style-type: none"> <li>• PIPS Plan</li> <li>• POPIMS utilization</li> <li>• POPIMS Central Site Submission</li> <li>• FT/ 1.0 FTE Performance Improvement Coordinator (PIC) role <ul style="list-style-type: none"> <li>○ Education requirement of 8 hours annually</li> </ul> </li> </ul>	Same	Same with exceptions: <ul style="list-style-type: none"> <li>• PIC role FTE requirement reflective of volume</li> <li>• Neurosurgeons not needed; Neurosurgical subspecialists participation may be used as defined by the trauma program</li> <li>• PI on all ICU/IICU admits</li> </ul>	Same with exceptions: <ul style="list-style-type: none"> <li>• PIC role FTE requirement reflective of volume</li> <li>• Minimal subspecialist involvement includes: Anesthesiology, Emergency Medicine and Radiology</li> <li>• PI on all ICU/IICU admissions</li> </ul>

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	<b>PI Continued:</b>	<ul style="list-style-type: none"> <li>○ TOPIC completion</li> <li>○ 75% PI meeting attendance</li> <li>• Multidisciplinary PIPS committee : Peer Review</li> <li>• Multidisciplinary Operational PIPS committee</li> <li>• Utilization of Practice Management Guidelines</li> <li>• PIPS Core Measures</li> </ul>			
<b>7</b>	<b>Continuing Education Programs</b>	<ul style="list-style-type: none"> <li>• Internal programs</li> <li>• External program <ul style="list-style-type: none"> <li>○ Minimum of four</li> </ul> </li> <li>• Internal Education Program option</li> <li>• ATLS annually</li> </ul>	Same with exceptions of <ul style="list-style-type: none"> <li>• No minimal external education</li> <li>• No ATLS</li> </ul>	Same with exceptions of <ul style="list-style-type: none"> <li>• No minimal external education</li> <li>• No ATLS</li> </ul>	Same with exceptions of <ul style="list-style-type: none"> <li>• No minimal external education</li> <li>• No ATLS</li> <li>• RTTDC is recommended</li> </ul>
<b>8</b>	<b>Injury Prevention, Public Education and Outreach</b>	<ul style="list-style-type: none"> <li>• Driven by registry data</li> <li>• Job description and salary support (not included in TPM role)</li> <li>• Participation in national, state and local programs</li> <li>• Clinical staff involvement</li> <li>• Screening for abuse (physical)</li> <li>• Screening and intervention for substance abuse <ul style="list-style-type: none"> <li>○ SBIRT Age 12 and above</li> </ul> </li> </ul>	Same	Same with exceptions of <ul style="list-style-type: none"> <li>• Role may be integrated into TPM</li> </ul>	Same with exceptions of <ul style="list-style-type: none"> <li>• Role may be integrated into TPM or other hospital staff role</li> <li>• Mild TBI guideline required</li> </ul>

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9	Research	<ul style="list-style-type: none"> <li>• Research director</li> <li>• Research meetings</li> <li>• IRB process</li> <li>• 4 external education programs</li> <li>• Publications</li> </ul>	Not required	Not required	Not required
10	Physicians	<ul style="list-style-type: none"> <li>• Annual review with TPMD input into credentialing</li> <li>• Subspecialty Liaisons requirements including 30 minute response time</li> <li>• Anesthesia: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ Call Schedules</li> <li>○ PIPS</li> </ul> </li> <li>• Emergency Medicine: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ ATLS</li> <li>○ Annual Con-Ed (16h)</li> <li>○ Call Schedules</li> <li>○ PIPS</li> <li>○ Participation in trauma resuscitation</li> <li>○ No other in-house responsibilities</li> </ul> </li> <li>• General Surgeons: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ ALTS</li> <li>○ Annual Con-Ed (16h)</li> <li>○ Call Schedules</li> </ul> </li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Emergency Medicine: may have other in-house responsibilities if the trauma surgeon is present in the department.</li> <li>• ICU Intensivist: Director or Co-director</li> <li>• ICU coverage 24/7 as defined by the institution</li> <li>• Orthopedics: Trauma Fellowship credentialed oversight not required</li> <li>• Other surgical specialists: must have surgical capability described for Level I and may transfer highly complex/low-volume patients</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Board Certification required for General Surgery and Orthopedic Surgery only</li> <li>• Anesthesia: In-house not required, Back-up not required</li> <li>• Emergency Medicine: Back-up call not required, Double coverage during peak utilization is required</li> <li>• Emergency Medicine: may have other in-house responsibilities not to exceed 45 minutes</li> <li>• General Surgeons: back-up call schedule is not required <ul style="list-style-type: none"> <li>○ Attendance at activations within 30 minutes</li> </ul> </li> <li>• ICU coverage 24/7 as defined by the institution</li> <li>• Neurosurgeons: Participation as defined by the trauma program <ul style="list-style-type: none"> <li>○ Clear transfer plans must be identified</li> </ul> </li> <li>• Orthopedics: Trauma Fellowship credentialed oversight not required</li> <li>• Orthopedics: May take call at</li> </ul>	<p>Exceptions:</p> <ul style="list-style-type: none"> <li>• Emergency Medicine: <ul style="list-style-type: none"> <li>○ If not board certified in Emergency Medicine, must maintain ALTS. If Board Certified in EM, then take ATLS at least once.</li> <li>○ ACLS and PALS maintained if not board certified in EM. IF Board Certified in EM, then take at least once.</li> <li>○ Annual Con-Ed (8 h)</li> <li>○ Competency in difficult/rescue airway</li> <li>○ May have other in-house responsibilities not to exceed 45 minutes</li> </ul> </li> <li>• Anesthesia: As defined by the trauma program</li> </ul>

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	<b>Physicians Continued</b>	<ul style="list-style-type: none"> <li>○ PIPS</li> <li>○ Participation in trauma resuscitation and in-patient coverage</li> <li>○ Attendance at activations within 15 minutes</li> <li>● ICU Intensivists: If not directed by a surgeon <ul style="list-style-type: none"> <li>○ Unit Coverage by ICU team</li> <li>○ PIPS</li> </ul> </li> <li>● Neurosurgery: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ Annual Con-Ed (16h)</li> <li>○ Call Schedules</li> <li>○ PIPS</li> <li>○ Participation in trauma resuscitation and in-patient coverage</li> <li>○ Contingency Plan</li> </ul> </li> <li>● Orthopedic Surgery: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ ALTS</li> <li>○ Annual Con-Ed (16h)</li> <li>○ Call Schedules</li> <li>○ PIPS</li> <li>○ Oversight must be by a physician who</li> </ul> </li> </ul>		<p>multiple locations, back-up call not required</p> <ul style="list-style-type: none"> <li>● Radiology: 30-minute response time for interventional radiologist not required. Scope must be defined by the institution</li> <li>● Other surgical specialists: desired but not required</li> <li>● Other non-surgical specialists: <ul style="list-style-type: none"> <li>○ Internal medicine required at a minimum, Consultation services must be available</li> <li>○ Dialysis transfer agreement must be in place.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Board certification not required</li> <li>● Radiology: interventional radiologist not required. Scope must be defined by the institution</li> <li>● General Surgery, Orthopedic Surgery and Neurosurgery not required. Scope must be defined by the institution.</li> </ul>

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	<p><b>Physicians Continued</b></p>	<p>completed a fellowship in orthopedic traumatology</p> <ul style="list-style-type: none"> <li>○ Participation in trauma resuscitation and in-patient coverage</li> <li>○ Practice Management Guidelines</li> </ul> <ul style="list-style-type: none"> <li>● Radiology: <ul style="list-style-type: none"> <li>○ Board Certification</li> <li>○ Call Schedules</li> <li>○ PIPS</li> <li>○ Participation in trauma resuscitation and in-patient coverage</li> </ul> </li> <li>● Other Surgical Specialists: <ul style="list-style-type: none"> <li>○ Ability to management most complex patients and have available a full spectrum of surgical specialists</li> <li>○ Clear transfer-out plans for those patients with low-volume, high-acuity specialists needs</li> </ul> </li> </ul>			

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	<b>Physicians Continued</b>	<ul style="list-style-type: none"> <li>○ On-Call Schedules</li> <li>○ PIPS (PRN)</li> <li>• Other Non-Surgical Specialists</li> </ul>			
<b>11</b>	<b>Advanced Practitioners</b>	<ul style="list-style-type: none"> <li>• Orientation</li> <li>• PIPS Involvement</li> <li>• Annual Con-Ed <ul style="list-style-type: none"> <li>○ PA/NP: 16 hours</li> <li>○ CRNA: 8 hours</li> </ul> </li> <li>• ATLS (if involved in resuscitation phase)</li> <li>• ACLS/PALS (if involved in ICU phase)</li> </ul>	Same	Same	Same
<b>12</b>	<b>Residency Programs</b>	<ul style="list-style-type: none"> <li>• General Surgery Program</li> <li>• Continuous trauma surgery rotations for senior (PGY 4-5) residents</li> </ul>	Not required	Not required	Not required
<b>13</b>	<b>Nursing</b>	<ul style="list-style-type: none"> <li>• Registered Nurse Oversight</li> <li>• Trauma Nurse Course</li> <li>• Annual Skill Proficiency</li> <li>• ACLS (exception for Med/Surg and OR RNs). PALS where applicable.</li> <li>• Annual Continuing Education: <ul style="list-style-type: none"> <li>○ 8 hours</li> </ul> </li> <li>• Education requirements prior to survey for pursuing centers</li> <li>• Advanced Certification: <ul style="list-style-type: none"> <li>○ 50% of ED, ICU and IICU</li> </ul> </li> </ul>	Same	Same with exception: <ul style="list-style-type: none"> <li>• Advanced certifications not required</li> </ul>	Same with exceptions: <ul style="list-style-type: none"> <li>• Participating units must be defined by the trauma program</li> <li>• Advanced certifications not required</li> </ul>



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14	<b>Emergency Medical Services</b>	<ul style="list-style-type: none"> <li>• Involvement with regional EMS system</li> <li>• Internal liaison identified</li> <li>• Participation in EMS education</li> <li>• Participation in EMS protocol development</li> <li>• Provide EMS clinical experience</li> <li>• PIPS involvement</li> </ul>	Same	Same	Same with exception: <ul style="list-style-type: none"> <li>• Participation in EMS protocol development is desired but not required</li> </ul>
15	<b>Helipad</b>	<ul style="list-style-type: none"> <li>• Lighted helipad in close proximity</li> <li>• Commonwealth of PA helipad license</li> <li>• FAA air space approval</li> </ul>	Same	Same with exception: <ul style="list-style-type: none"> <li>• If helipad is not in close proximity, a lighted, Licensed helipad within one mile of the ED</li> </ul>	Same with exception: <ul style="list-style-type: none"> <li>• If helipad is not in close proximity, a designated helicopter landing area must be within one mile of the ED</li> </ul>
16	<b>Emergency Department</b>	<ul style="list-style-type: none"> <li>• Space for two or more simultaneous trauma activations</li> <li>• A minimum of 2 RNs capable of to function in resuscitation in the department at all times</li> <li>• Equipment</li> </ul>	Same	Same with exceptions: <ul style="list-style-type: none"> <li>• 1 RN capable of functional in resuscitation in department at all times</li> <li>• Equipment: <ul style="list-style-type: none"> <li>○ Arterial catheters and Central venous pressure devices are only required if utilized</li> <li>○ Internal defibrillator paddles are only required if thoracotomies are preformed</li> </ul> </li> </ul>	Same with exceptions: <ul style="list-style-type: none"> <li>• 1 RN capable of functioning in resuscitation role in department at all times</li> <li>• Equipment: <ul style="list-style-type: none"> <li>○ Many differences refer to equipment list</li> </ul> </li> </ul>

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17	<b>Operating Room</b>	<ul style="list-style-type: none"> <li>• 24/7 availability</li> <li>• When 1<sup>st</sup> team is in surgery, the back-up team will be in-house</li> <li>• Equipment</li> <li>• Musculoskeletal capabilities including prompt scheduling</li> </ul>	<p>Same with exception:</p> <ul style="list-style-type: none"> <li>• Equipment: <ul style="list-style-type: none"> <li>○ Cardiopulmonary bypass capability is recommended</li> <li>○ Operating microscope desired</li> </ul> </li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted</li> <li>• Equipment: <ul style="list-style-type: none"> <li>○ Cardiopulmonary bypass capability is desired</li> <li>○ Craniotomy /ICP equipment as defined by the trauma program</li> <li>○ Endoscopies desired</li> <li>○ Operating microscope desired</li> </ul> </li> <li>• Musculoskeletal capabilities desired</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Scope of OR utilization to be defined by the trauma program</li> <li>• In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted</li> <li>• Equipment: Many differences refer to equipment list</li> </ul>
18	<b>Post Anesthesia Care Unit</b>	<ul style="list-style-type: none"> <li>• Scope of PACU utilization defined by the trauma program</li> <li>• Equipment</li> </ul>	Same	Same	Same

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19	<b>Intensive Care Unit</b>	<ul style="list-style-type: none"> <li>• Dedication and Priority for trauma ICU beds</li> <li>• ICU Surgical Director/ Co-Director</li> <li>• 24/7 Physician Coverage <ul style="list-style-type: none"> <li>○ Tiered response</li> </ul> </li> <li>• Defined (credentialing) 1<sup>st</sup> Responders</li> <li>• RN Staffing plan of 1:2</li> <li>• Pediatric scope as defined by the trauma program</li> <li>• Equipment</li> </ul>	<p>Same with exception:</p> <ul style="list-style-type: none"> <li>• ICU Team is not essential, however 24-hour coverage is required</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Surgeon with administrative role in ICU structure required, not necessarily director</li> <li>• ICU Team is not essential, however 24-hour coverage is required</li> <li>• Equipment: Neurosurgical equipment needs as defined by the trauma program</li> <li>• All ICU admissions must have PI completed</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Director/Surgeon Administrator not required</li> <li>• ICU Team is not essential, however 24-hour coverage is required</li> <li>• Equipment: Neurosurgical and other equipment needs as defined by the trauma program</li> <li>• All ICU admissions must have PI completed</li> </ul>
20	<b>Intermediate Care (Step-Down) Unit</b>	<ul style="list-style-type: none"> <li>• Scope defined by the trauma program</li> <li>• RN Staffing plan of 1:4</li> <li>• Equipment</li> </ul>	Same	<p>Same with exception:</p> <ul style="list-style-type: none"> <li>• All IICU admissions must have comprehensive PI</li> </ul>	<p>Same with exception:</p> <ul style="list-style-type: none"> <li>• All IICU admissions must have comprehensive PI</li> </ul>
21	<b>Medical Surgical Unit</b>	<ul style="list-style-type: none"> <li>• Staffing plan</li> <li>• Equipment</li> </ul>	Same	Same	Same
22	<b>Laboratory and Blood Bank</b>	<ul style="list-style-type: none"> <li>• 24-hour testing ability</li> <li>• Priority handling policy</li> <li>• Comprehensive blood bank including product supply</li> <li>• Massive Transfusion Policy</li> <li>• PIPS participation</li> </ul>	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Serum and urine osmolality is desired</li> <li>• Platelets as defined by the trauma program</li> <li>• Cryoprecipitate not required</li> <li>• Coagulation factors not required</li> </ul>	<p>Same with exception:</p> <ul style="list-style-type: none"> <li>• Testing capabilities minimal; see list</li> <li>• Blood product availability as determined by the trauma program</li> </ul>

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23	<b>Radiology</b>	<ul style="list-style-type: none"> <li>• 24/7 Conventional radiology and CT (technicians in-house)</li> <li>• 24/7 with a 30 minute response time for <ul style="list-style-type: none"> <li>○ Angiography</li> <li>○ Interventional Radiology</li> <li>○ Nuclear Scanning</li> <li>○ Sonography</li> </ul> </li> <li>• MRI: 60 minute response</li> <li>• Priority handling policy</li> <li>• Provider and equipment available during transport and procedures</li> <li>• Ability to record preliminary and final reads and PI changes</li> <li>• Ability to view referring facility films</li> <li>• Efforts to minimize radiation doses</li> <li>• PIPS participation</li> </ul>	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• CT technicians may be out-of-house with a 30 minute response time.</li> <li>• MRI on-site not required however transfer plan must be identified</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• CT technicians may be out-of-house with a 30 minute response time.</li> <li>• MRI on-site not required however transfer plan must be identified</li> </ul>
24	<b>Collaborative Clinical Services</b>	<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Nutritional Services</li> <li>• Organ &amp; Tissue Donation</li> <li>• Rehabilitation Services</li> <li>• Respiratory Therapy</li> <li>• Spiritual Counseling / Pastoral Care</li> </ul>	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• PT will have a defined role with OT and ST services at a minimum.</li> </ul>	<p>Same with exceptions:</p> <ul style="list-style-type: none"> <li>• Physical Therapy involvement</li> <li>• A clinical management guideline for the mild TBI patient must be present</li> </ul>

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25	<b>Social Services</b>	<ul style="list-style-type: none"> <li>• Available to all trauma patients</li> <li>• Social Work Liaison</li> <li>• Continuing Education: 8 hours annually</li> <li>• PIPS participation</li> </ul>	Same	Same	Same with exceptions: <ul style="list-style-type: none"> <li>• Role may be provided in conjunction with various hospital staff</li> </ul>
26	<b>Case Management</b>	<ul style="list-style-type: none"> <li>• Available to all trauma patients               <ul style="list-style-type: none"> <li>○ Case Manager or Multidisciplinary Team</li> </ul> </li> <li>• Continuing Education: 8 hours annually</li> </ul>	Same	Same with exception: <ul style="list-style-type: none"> <li>• Role is desired but not required</li> <li>• Policy is required defining the capabilities</li> </ul>	Not required
27	<b>Geriatrics</b>	<ul style="list-style-type: none"> <li>• Age 65 and over</li> <li>• Age-specific continuing education for providers</li> <li>• Abuse screening</li> <li>• Treatment protocols</li> <li>• Age-specific injury prevention programs</li> <li>• Geriatric PIPS audit filters</li> </ul>	Same	Same	Same with exception: <ul style="list-style-type: none"> <li>• Interdisciplinary approach to the care of the geriatric patient should be evident.</li> </ul>
28	<b>Pediatrics</b>	<ul style="list-style-type: none"> <li>• Age 14 and younger</li> <li>• Age-specific continuing education for providers</li> <li>• Abuse screening</li> <li>• Treatment protocols</li> <li>• Age-specific injury prevention programs</li> <li>• Pediatric PIPS audit filters</li> </ul>	Same	Same	Same with exception: <ul style="list-style-type: none"> <li>• Interdisciplinary approach to the care of the pediatric patient should be evident.</li> </ul>