

Guidance for Level 4 Trauma Hospitals

General Surgeon Attendance at Tertiary Case Review Meetings

Section 17.5 of the Level 4 Trauma Hospital Designation Criteria requires the general surgeon to attend at least 50 percent of the scheduled tertiary case review meetings if the hospital admits trauma patients described in Section 10.2. The purpose of this document is to provide guidance for determining which surgeons must attend these meetings.

Hospitals use a variety of strategies to provide general surgeon coverage for their patients. Commonly, the hospital's own general surgeons provide most of the coverage while surgeons from other facilities fill holes in the call schedule. Surgeons from other facilities who cover infrequently are not expected to regularly attend tertiary case review meetings. Surgeons who cover frequently are expected to attend at least 50 percent of those meetings.

The hospital may determine for itself which surgeons cover frequently, and which cover infrequently. Below are some guidelines to consider when making that determination.

Frequently covering general surgeons:

- The surgeon is considered part of the core medical staff of the hospital.
- The hospital is the surgeon's primary practice location.
- The surgeon is part of the regular general surgery call rotation.
- The surgeon covers more than five days/month on average.

Infrequently covering general surgeons:

- The surgeon is not considered a member of the core medical staff of the hospital.
- A different hospital is the surgeon's primary practice location.
- The surgeon covers five or fewer days/month on average.
- The surgeon typically fills-in vacancies in the schedule after frequently covering surgeons are assigned shifts.

Additional Guidelines

- To achieve optimal results from the performance improvement process, a best practice is to involve as many people with varied knowledge and experience in the review of trauma care as possible. The case review committee membership is scrutinized during re-designation process.
- The hospital should make a good-faith effort to involve the general surgeons who are responsible to the local community for the care provided at the hospital.
- Infrequently covering surgeons should be invited to and strongly encouraged to attend any tertiary meetings where their case is being reviewed.

- While hospitals have latitude to design their own performance improvement processes, the design must result in an effective process. When in doubt, consult with a state designation coordinator for advice while developing policies.