

PTSF Standards Comparison Document

DISCLAIMER: This document serves to highlight major standard concepts and requirements and the various differences between Adult Levels of Accreditation. This document is not all inclusive, nor takes the place of the Standards of Accreditation formal documents.

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
1	Commitment	<ul style="list-style-type: none"> • Commitment Demonstration Required • DOH Licensure • The Joint Commission (or equivalent) accreditation • Involvement (Leadership) in State and Regional System Planning • Trauma Team Activation Policy with Trauma Surgeon response to highest level activation within 15 minutes of patient arrival (80%), and program defined response times to additional levels of activation 	Same	Same with exceptions: <ul style="list-style-type: none"> • Involvement (Participation) in State and Regional System Planning • Compliance with Interfacility patient transfer guidelines • Formal written agreement with higher level trauma center • Must be >25 miles from a Level I, II or III trauma center • >4000 admissions through the ED annually • A minimum of double physician coverage during peak ED utilization • Trauma Team Activation Policy with response to highest level activation within 30 minutes of patient arrival, and program defined response times to additional levels of activation 	Same as Level III with exceptions: <ul style="list-style-type: none"> • No Joint Commission or equivalent accreditation requirement • Involvement in regional outreach, education and injury prevention • No mileage requirements • No minimum admission requirements • No minimum ED physician coverage

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
2	Capacity & Ability	<ul style="list-style-type: none"> • Ability to treat both uni-system and multi-system trauma • Volume Requirements <ul style="list-style-type: none"> ○ 600 PTOS • Transfer Plans • Hemodialysis capabilities • Diversion Protocol • Disaster Plans • Telephone consultation for transfers 	<ul style="list-style-type: none"> • Volume Requirements <ul style="list-style-type: none"> ○ 350 PTOS 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Excludes head injury for uni-system trauma • No volume requirements • Hemodialysis transfer agreement required if not available • Interfacility transfer and consultation requirements 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Excludes head injury for uni-system trauma and emphasis on stabilize and transfer • Hemodialysis transfer agreement required if not available • Interfacility transfer and consultation requirement • Admission guidelines
3	Trauma Program Medical Director (TPMD)	<ul style="list-style-type: none"> • TPMD Authority including impact on privileges of subspecialists • FT/ 1.0 FTE • Board Certified General Surgeon, or board-eligible, or ACS Fellow with special interest in Trauma • Participation in on-call schedule • Education: 12 hours of external CME • Fellowship in Surgical Critical Care, Trauma or Acute Care Surgery • Participation in local, state and national activities • ATLS instruction • Attend 75% of PIPS meetings • TOPIC completion • Participate in research 	<p>Same with exception:</p> <ul style="list-style-type: none"> • Research not required 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Fellowship preferred, Variance pathway in lieu of fellowship • Research not required • ATLS provider status at a minimal 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Not full time FTE • Board certification in field of specialty is desired • Fellowship not required • Participation in local and state activities • ATLS provider status at a minimal • Education: 8 hours of external CME • Research not required

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
4	Trauma Program Manager (TPM)	<ul style="list-style-type: none"> • FT/ 1.0 FTE • Registered Nurse • Education: 16 hours of continuing education • Participation in local, state and national activities • Attend 75% of PIPS Meetings • TOPIC completion • Participate in research 	<p>Same with exception:</p> <ul style="list-style-type: none"> • Research not required 	<p>Same with exception:</p> <ul style="list-style-type: none"> • Research not required 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • FTE requirement based on volume • Education: 8 hours of continuing education • Participation in local and state activities • Research not required
5	Registry	<ul style="list-style-type: none"> • PTOS participation • Concurrent abstraction • Submission to Central Site within 42 days of discharge (85% at a minimum) • 1.0 FTE for every 500-750 trauma contacts • Education including: <ul style="list-style-type: none"> ○ 8 hours/year, education logs not required for Registrars maintaining CSTR ○ Basic Registrar Course ○ AAAM Scaling Course • Inter Rater Reliability • NTDB data submission • Data Confidentiality agreements 	<p>Same</p>	<p>Same</p>	<p>Same with exception:</p> <ul style="list-style-type: none"> • Education: 4 hours/year of continuing education, logs are not required for Registrars maintaining CSTR • NTDB is desired

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
6	Performance Improvement & Patient Safety (PIPS) Program	<ul style="list-style-type: none"> • PIPS Plan • PaV5 Outcomes utilization • PaV5 Central Site Submission for death cases • Minimum 1.0 FTE Performance Improvement Coordinator (PIC) role <ul style="list-style-type: none"> ○ Education requirement of 8 hours annually ○ TOPIC completion ○ 75% PI meeting and operational meeting attendance ○ Participation in local, state and national activities • Multidisciplinary PIPS committee: Peer Review <ul style="list-style-type: none"> ○ Chairs: TPMD and TPM ○ 75% attendance by TPMD, TPM, PIC ○ 50% attendance by trauma/general surgeons, subspecialty liaisons and APs supporting trauma/general surgery team • Multidisciplinary Operational PIPS committee <ul style="list-style-type: none"> ○ 75% attendance by TPMD, TPM and PIC 	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • PIC role FTE requirement reflective of volume • Neurosurgeons not needed; Neurosurgical subspecialists participation may be used as defined by the trauma program • PI on all ICU/IICU admits • Participation in PA TQIP Collaborative is not required 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • PIC role FTE requirement reflective of volume • Minimal subspecialist involvement includes: Emergency Medicine and Radiology, and subspecialists identified by program. Medical service representative is required if patients are routinely admitted to Medicine service • The Trauma Operational meeting may be a division of the PIPS peer review meeting or hospital PI/Quality meeting • PI on all ICU/IICU admissions • NTDB, TQIP submission optional

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	PIPS Program Continued	<ul style="list-style-type: none"> Utilization of Practice Management Guidelines PIPS Core Measures TQIP submission and participation in PA TQIP Collaborative required for accredited centers 			
7	Continuing Education Program	<ul style="list-style-type: none"> Internal programs annually External program <ul style="list-style-type: none"> Minimum of four Internal Education Programs Option ATLS annually 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> No ATLS 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> No minimal external education No ATLS 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> No minimal external education No ATLS RTTDC is recommended
8	Injury Prevention, Public Education & Outreach	<ul style="list-style-type: none"> Driven by registry data Job description and salary support (not included in TPM role) Participation in national, state and local programs Clinical staff involvement Screening for abuse (physical) Screening and intervention for substance abuse (SBIRT) <ul style="list-style-type: none"> Minimum threshold 80% compliance Eligibility: Age 12 and above, admissions >24 hours, participatory and alive Should have a plan to evaluate, support and provide services for PTSD Should be involved in Stop the Bleed initiative 	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> Role may be integrated into TPM Mild TBI guideline required 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> Role may be integrated into TPM or other hospital staff role Mild TBI guideline required

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
9	Research: Level I Trauma Centers Only	<ul style="list-style-type: none"> • Research director • Research meetings • IRB process • 4 external education programs • Publications 	Not Required	Not Required	Not Required
10	Physicians	<ul style="list-style-type: none"> • Annual review with TPMD input into credentialing • Subspecialty Liaisons requirements • Physicians maintaining board certification in specialty do not require continuing education tracking, not applicable to TPMD or physicians on Alternate Pathway • Anesthesia: <ul style="list-style-type: none"> ○ Board Certification ○ In-house 24 hour availability ○ Call and Back-up Call Schedules ○ PIPS ○ Emergent consult response within 30 minutes ○ Response to emergent OR cases within 15 minutes • Emergency Medicine: <ul style="list-style-type: none"> ○ Board Certification ○ ATLS ○ Annual Con-Ed (12h) if not board certified ○ Call Schedules 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Emergency Medicine: may have other in-house responsibilities if the trauma surgeon is present in the department. • ICU Attending: ICU can have a Surgical Director or Co-Director <ul style="list-style-type: none"> ○ ICU Surgical Director must be board certified in Surgical Critical Care and Fellowship trained in surgical critical care, trauma or acute care surgery ○ ICU Director or liaison participates in PIPS • ICU team is not required; ICU coverage 24/7 as defined by the institution • Orthopedics: Trauma Fellowship credentialed oversight not required • Other surgical specialists: must have surgical capability described for Level I and may transfer 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Board Certification required for General Surgery, Emergency Medicine and Orthopedic Surgery only • Anesthesia: In-house not required, Back-up not required • Anesthesia: Response to emergent OR cases within 30 minutes • Emergency Medicine: <ul style="list-style-type: none"> ○ Back-up call not required, Double coverage during peak utilization is required ○ May have other in-house responsibilities not to exceed 45 minutes • General Surgeons: <ul style="list-style-type: none"> ○ Back-up call schedule is not required ○ In-house call is not required ○ Attendance at highest level activations within 30 minutes (80%) 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Emergency Medicine: <ul style="list-style-type: none"> ○ If not board certified in Emergency Medicine, must maintain ALTS. If Board Certified in EM, then take ATLS at least once. ○ ACLS and PALS maintained if not board certified in EM. IF Board Certified in EM, then take at least once. ○ Annual Con-Ed (8h) if not board certified ○ Competency in difficult/rescue airway ○ May have other in-house responsibilities not to exceed 45 minutes ○ Residents utilized as Moonlighters must be a PGY 3 or 4 at a higher level trauma center with access

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	<ul style="list-style-type: none"> ○ PIPS ○ Participation in trauma resuscitation ○ No other in-house responsibilities ● General Surgeons: <ul style="list-style-type: none"> ○ Board Certification ○ ALTS ○ Annual Con-Ed (12h) if not board certified ○ In-house and dedicated to 1 hospital ○ Call and Back-up Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage ○ Attendance at highest level activations within 15 minutes (80%) ● ICU Attending: <ul style="list-style-type: none"> ○ ICU must be surgically directed ○ ICU Surgical Director may be TPMD ○ ICU Surgical Director must be Board certified in Surgical Critical Care and Fellowship trained in surgical critical care, trauma or acute care surgery 	highly complex/low volume patients	<ul style="list-style-type: none"> ● ICU Attending: ICU can have a Surgical Director or Co-Director <ul style="list-style-type: none"> ○ Board certification in Surgical Critical Care is not required ○ Fellowship trained in surgical critical care, trauma or acute care surgery ○ ICU Director or liaison participates in PIPS ● ICU team is not required; ICU coverage 24/7 as defined by the institution ● Neurosurgeons: Participation as defined by the trauma program <ul style="list-style-type: none"> ○ Clear transfer plans must be identified ● Orthopedics: <ul style="list-style-type: none"> ○ Trauma Fellowship credentialed oversight not required ○ May take call at multiple locations, back-up call not required ● Radiology: <ul style="list-style-type: none"> ○ Board certification is not required ○ 30-minute response time for interventional 	<ul style="list-style-type: none"> to consulting physician <ul style="list-style-type: none"> ○ Respond to resuscitation area within 30 minutes (80%) ● Anesthesia: As defined by the trauma program <ul style="list-style-type: none"> ○ Board certification not required ○ Response to emergent OR cases within 30 minutes ● Radiology: <ul style="list-style-type: none"> ○ Interventional Radiologist not required. Scope must be defined by the institution ○ Program defines availability for interpretation of radiographs ● General Surgery, Orthopedic Surgery and Neurosurgery not required. Scope must be defined by the institution. ● General Surgery: as defined by trauma program <ul style="list-style-type: none"> ○ If utilized, expected response to ED within 30 minutes ● Other non-surgical specialists: Medicine

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	<ul style="list-style-type: none"> ○ PIPS ○ 24/7 ICU physician team coverage ○ Back-up ICU Attending if covered by Trauma Attending ● Neurosurgery: <ul style="list-style-type: none"> ○ Board Certification ○ Annual Con-Ed (12h) if not board certified ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage ○ Emergent response within 30 minutes ○ Contingency Plan ● Orthopedic Surgery: <ul style="list-style-type: none"> ○ Board Certification ○ ALTS ○ Annual Con-Ed (12h) if not board certified ○ Call and Back-up Call Schedules ○ PIPS ○ Oversight must be by a physician who completed a fellowship in orthopedic traumatology ○ Participation in trauma resuscitation and in-patient coverage 		<ul style="list-style-type: none"> ○ radiologist not required. Scope must be defined by the institution ● Other surgical specialists: desired but not required ● Other non-surgical specialists: <ul style="list-style-type: none"> ○ Internal medicine required at a minimum, Consultation services must be available ○ Dialysis transfer agreement must be in place 	<ul style="list-style-type: none"> ○ service must participate in multidisciplinary PIPS committee if routinely admitting trauma patients

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	<ul style="list-style-type: none"> ○ Emergent response within 30 minutes ○ Practice Management Guidelines ● Radiology: <ul style="list-style-type: none"> ○ Board Certification ○ 30 minute availability for interpretation of radiographs ○ IR Physicians have 30 minute response to emergent consults ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage ● Other Surgical Specialists: <ul style="list-style-type: none"> ○ Ability to manage most complex patients and have available a full spectrum of surgical specialists ○ Clear transfer-out plans for those patients with low volume, high acuity specialists needs ○ Call Schedules ○ PIPS (PRN) ● Other Non-Surgical Specialists <ul style="list-style-type: none"> ○ Call Schedules ○ PIPS (PRN) 			

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	<ul style="list-style-type: none"> • Telemedicine is not an acceptable form of consultation 			
11	Advanced Practitioners	<ul style="list-style-type: none"> • Orientation • Trauma AP: <ul style="list-style-type: none"> ○ Annual review with TPMD input into credentialing ○ PIPS Involvement • ATLS required if involved in resuscitation phase. Not required for CRNA functioning in supportive/subspecialist role (such as airway) • ACLS/PALS required if ICU first responder and involved in resuscitation 	Same	Same	Same
12	Residency Programs	<ul style="list-style-type: none"> • General Surgery Program • Continuous trauma surgery rotations for senior (PGY 4-5) residents • Surgery/EM Residents: <ul style="list-style-type: none"> ○ ATLS ○ ACLS/PALS 	Not Required	Not Required	Not Required

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
13	Nursing	<ul style="list-style-type: none"> • Registered Nurse Oversight • PA Trauma Nurse Course <ul style="list-style-type: none"> ○ Not required for nurse with TCRN advanced certification • Annual Skill Proficiency • ACLS (exception for Med/Surg and OR RNs). PALS where applicable. • Annual Continuing Education: <ul style="list-style-type: none"> ○ 8 hours ○ Tracking logs are not required for nurses with an approved advanced certification (except TPM and PIC) • Education requirements prior to survey for pursuing centers • Advanced Certification: <ul style="list-style-type: none"> ○ 50% of ED, ICU and IICU 	Same	Same with exception: <ul style="list-style-type: none"> • Advanced certifications not required 	Same with exceptions: <ul style="list-style-type: none"> • Participating units must be defined by the trauma program • Advanced certifications not required

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

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
17	Operating Room	<ul style="list-style-type: none"> • 24/7 availability • Trauma program must define minimum OR staffing • When 1st team is in surgery, the back-up team will be in-house • Equipment • Musculoskeletal capabilities including prompt scheduling 	<p>Same with exception:</p> <ul style="list-style-type: none"> • Equipment: <ul style="list-style-type: none"> ○ Cardiopulmonary bypass capability is desired ○ Operating microscope desired 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted • Back up team is not required • Equipment: <ul style="list-style-type: none"> ○ Cardiopulmonary bypass capability is desired ○ Craniotomy /ICP equipment as defined by the trauma program ○ Endoscopies desired ○ Operating microscope desired • Musculoskeletal capabilities desired 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Scope of OR utilization to be defined by the trauma program • In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted • Equipment: <ul style="list-style-type: none"> ○ Many differences refer to equipment list
18	Post Anesthesia Care Unit (PACU)	<ul style="list-style-type: none"> • Available 24/7 • Scope of PACU utilization defined by the trauma program • Equipment 	Same	Same	Same

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

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
23	Radiology	<ul style="list-style-type: none"> • Minimum 64 slice CT capability scanner • 24/7 Conventional radiology and CT technicians in-house • Trauma Surgeon, Emergency Physician and Neurosurgeon has ability to initiate CT scans • 24/7 with a 30 minute response time for <ul style="list-style-type: none"> ○ Angiography ○ Interventional Radiology ○ Nuclear Scanning ○ Sonography • MRI: 60 minute response • Priority handling policy • Provider and equipment available during transport and procedures • Ability to record preliminary and final reads and PI changes • Ability to view referring facility films • Efforts to minimize radiation doses • PIPS participation • Guidelines for incidental findings and discrepant findings 	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Minimum 64 slice CT capability scanner if vascular imaging occurs, or a minimum of 16 slice CT capability scanner if vascular imaging does not occur • Neurosurgeons are not required to have the ability to initiate CT scans • CT technicians may be out-of-house with a 30 minute response time • 24/7 availability of Angiography, Interventional Radiology, Nuclear Scanning, and Sonography is not required • MRI on-site not required however transfer plan must be identified 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Minimum 64 slice CT capability scanner if vascular imaging occurs, or a minimum of 16 slice CT capability scanner if vascular imaging does not occur • CT technicians may be out-of-house with a 30 minute response time • MRI on-site not required however transfer plan must be identified

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
24	Collaborative Services	<ul style="list-style-type: none"> • Medical Records <ul style="list-style-type: none"> ○ Discharge summary sent to patient's PCP • Nutritional Services <ul style="list-style-type: none"> ○ Screened and evaluated within 72 hours • Organ & Tissue Donation • Rehabilitation Services <ul style="list-style-type: none"> ○ Screened for rehab needs and a plan in place within 72 hours ○ Physical Therapy (PT) and Occupational Therapy (OT) available 7 days a week ○ A Physician assumes leadership of the rehab team • Respiratory Therapy (RT) <ul style="list-style-type: none"> ○ In-house 24/7 • Spiritual Counseling / Pastoral Care 	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • PT and OT is not required 7 days a week • PT will have a defined role with OT and Speech Therapy services desired at a minimum. • Mild TBI guideline including appropriate rehab screening and referral 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Program will define role of rehab services, such as PT, OT, etc. • A clinical management guideline for the mild TBI patient must be present
25	Social Services	<ul style="list-style-type: none"> • Available to all trauma patients • Social Work Liaison • All Social Workers with a Bachelors degree is SW, Masters degree is desired • Continuing Education: 8 hours annually • PIPS participation 	Same	Same	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Role may be provided in conjunction with various hospital staff

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
26	Case Management	<ul style="list-style-type: none"> Available to all trauma patients <ul style="list-style-type: none"> Case Manager or Multidisciplinary Team Continuing Education: 8 hours annually PIPS involvement 	Same	Same with exception: <ul style="list-style-type: none"> Role is desired but not required Policy is required defining the capabilities 	Not Required
27	Geriatrics	<ul style="list-style-type: none"> Age 65 and over Age-specific continuing education for providers Abuse screening Treatment protocols Age-specific injury prevention programs Geriatric PIPS audit filters 	Same	Same	Same with exception: <ul style="list-style-type: none"> Interdisciplinary approach to the care of the geriatric patient should be evident.
28	Pediatrics	<ul style="list-style-type: none"> Age 14 and younger Age-specific continuing education for providers Abuse screening Treatment protocols Age-specific injury prevention programs Pediatric PIPS audit filters 	Same	Same	Same with exception: <ul style="list-style-type: none"> Interdisciplinary approach to the care of the pediatric patient should be evident.