



Office of Community Health Systems
P.O. Box 47853
Olympia, WA 98504-7853
360-236-2874

Surgery Services

This section demonstrates compliance with [WAC 246-976-700](#) requirements for surgery personnel and resources. Check all that apply.

General surgery services available to trauma patients 24/7, with surgeons who:

Surgery services are not provided.

Level: Adult/Pediatric, I-III

Section Item 1: Are board-certified in surgery [for the adult trauma service] and available within: five minutes (Level I); 15 minutes (Level II); 30 minutes (Level III) of notification of the patient's arrival when the full trauma team is activated.

Level: Adult, I, II

This requirement can be met by a postgraduate year four or higher surgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the general surgeon. In this case the general surgeon must be available within 20 minutes of notification of the patient's arrival.

Level: Pediatric, I, II

Section Item 2: Are board-certified in pediatric surgery or board-certified in general surgery with special competence in the care of pediatric patients [for the pediatric trauma service] and available within: five minutes; 15 minutes; 30 minutes of the patient's arrival when the full trauma team is activated.

This requirement can be met by a postgraduate year four or higher pediatric surgery resident.

Or general surgery resident with special competence in the care of pediatric patients. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the pediatric or general surgeon. In this case the pediatric or general surgeon must be available within twenty minutes of notification of the patient's arrival.

Level: Adult, III

Section Item 3: Are not board-certified but trained in ACLS and currently certified in ATLS and available within: 30 minutes of notification of the patient's arrival when the full trauma team is activated.

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Level: Pediatric, III

Section Item 4: Are not board-certified or board qualified, but trained in ACLS and currently certified in ATLS, with special competence in the care of pediatric patients and available within: 30 minutes of notification of the patient's arrival when the full trauma team is activated.

Level: Adult/Pediatric, All

Section Item 5: Meet the PER. [Pediatric Education Requirement is five or seven contact hours during the current three-year designation period. Current certification in ATLS, PALS, or APLS, plus other options, meet PER]

Level: I-III, Adult and Pediatric

Section Item 6: A surgeon from the trauma call panel participates in the hospital's disaster planning process.

Section Item 7: Yes No Is the Trauma Surgeon on-call dedicated to a single trauma center while on duty? If no, explain:

Section Item 9: A published schedule for first call with a written plan for surgery coverage if the surgeon on call for trauma is otherwise clinically engaged.

Section Item 10: The plan must take into consideration (Check the boxes indicating items included):

- The trauma service's total patient volume,
- Patient acuity,
- Geographic proximity to other trauma services,
- Depth of trauma care resources,
- And the trauma scope of service.
- The plan must be monitored through the trauma service's trauma quality improvement program.

Level: Adult/Pediatric, I, II

Section Item 11: Neurosurgery services with neurosurgeons,

- Who are board-certified or board-qualified and are:
- Available within five minutes of the trauma team leader's request.
- On-call and available within 30 minutes of the trauma team leader's request.
 - This requirement can be met by a postgraduate year four or higher neurosurgery resident. The resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the neurosurgeon. In this case the neurosurgeon must be available within 30 minutes of notification of the patient's arrival.
 - For level III and IV, board-certified or board-qualified and on-call and available within 30 minutes of the trauma team leader's request if the facility's trauma scope of service includes neurosurgery services 24 hours every day.

Or

Level: Adult, III-V; Pediatric, III

- Transfer trauma patients who need neurosurgery services to a designated trauma service with neurosurgery services available.

Level: Adult/Pediatric, I, II

Section Item 12: A published schedule for first call with a written plan for neurosurgery coverage if the surgeon on call for trauma is otherwise clinically engaged.

Section Item 13: The plan must take into consideration (Check the boxes indicating items included):

- The trauma service's total patient volume,
- Patient acuity,
- Geographic proximity to other trauma services,
- Depth of trauma care resources,
- And the trauma scope of service.
- The plan must be monitored through the trauma service's trauma quality improvement program.

Section Item 14: Yes No Does the neurosurgeon cover two trauma services within the same geographic area while on trauma call?

Section Item 15: Yes No If Section Item 14 is yes, is there a contingency plan in place?

Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Response Item 1: Include the written back-up plan for general surgery coverage, if/when the general surgeon on-call for trauma is needed but is unavailable.

Response Item 2: Include the written back-up plan for neurosurgery coverage, for when the neurosurgeon on-call for trauma is needed but is unavailable.

Response Item 3: For the current designation period, submit a summary of the number of full trauma team activations with the total number and percentage of times the general surgeon arrived within the WAC required timeframe. If this percentage of timely surgeon arrival is less than 80%, include a plan of correction indicating the steps that are being taken to come into compliance with WAC 246-976-700(19)(a)(xi). In the response, also include a summary of issues identified that have contributed to the delay in surgeon arrival.

Base responses to the items below on a snapshot of any one recent week

General Surgery—Education and Training

General Surgeons:	
List all physicians on-call for trauma surgery board-certified in general surgery or pediatric surgery. If education requirements are not met, include an educational plan that will meet compliance within six months in the following pages. Limit response to 100 characters.	
Number of general surgeons on-call for trauma surgery:	
Number of general surgeons on-call for trauma surgery who have completed the pediatric education requirement (PER):	
Percentage of general surgeons on-call for trauma surgery who have accomplished the pediatric education requirement (PER's):	
Non-board-certified General Surgeons:	
If education requirements are not met, include an educational plan that will meet compliance within six months in the following pages.	
Number of non-board-certified general surgeons who are on-call for trauma surgery:	
Number of non-board-certified general surgeons on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of non-board-certified general surgeons on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of non-board-certified general surgeons on-call for trauma surgery who have accomplished PER's:	
List all physicians and residents on-call for trauma surgery not board-certified:	
If education requirements are not met, include an educational plan that will meet compliance within six months in the following pages.	
Number of physicians and residents who are on-call for trauma surgery:	
Number of physicians and residents on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of physicians and residents on-call for trauma surgery who are current in ATLS and ACLS	
Percentage of physicians and residents on-call for trauma surgery who have accomplished PER's:	