

PURPOSE:

To designate an individual to serve as the Trauma Program Manager who will assist with Trauma Center operations and quality improvement processes in collaboration with the Trauma Medical Director and function as a liaison between the Local EMS Agency and Trauma Center program

AUTHORITY:

Title 22, Division 9, Chapter 7

POLICY:

The Trauma Program Manager is fundamental to the development, implementation and evaluation of the trauma program. As a guideline, one full-time equivalent in support of the registry for each 500 to 1,000 admissions per year is recommended. A comparable level of secretarial and clinical nursing support helps fulfill needs for outreach, concurrent case review, and discharge planning.

QUALIFICATIONS:

1. A registered nurse licensed in the State of California.
2. Have three to five years of emergency department, intensive care unit, or surgical experience and be knowledgeable about and experienced in the care of the adult and/or pediatric trauma patients;
3. Certified Emergency Nurse (CEN) or Critical Care Registered Nurse (CCRN) certification.
4. Current Advanced Cardiac Life Support and Pediatric Advanced Life Support certification.
5. Successfully complete and maintain the Emergency Nurses Association's Trauma Nurse Core Curriculum (TNCC) or equivalent course within six months of appointment.
6. Have experience and knowledge of trauma center and trauma system operations preferred;
7. Be familiar with Nor-Cal EMS policies and procedures as they relate to the trauma care system; and
8. Have knowledge of California laws and regulations affecting operation of a trauma center.

RESPONSIBILITIES:

1. Administration – Managing, as appropriate, the operational, personnel, and financial aspects of the Trauma Program, serving as a liaison to administration, and representing the Trauma Program on various hospital and community committees to enhance and foster optimal trauma care management.
2. Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient.
3. Clinical Activities – Coordinating day-to-day clinical process; managing the continuum of trauma care, including planning and implementing of clinical protocols/practice management guidelines, monitoring care of in-hospital patients, and serving as a resource for clinical practice.
4. Performance Improvement – Collaborating with the trauma program medical director in monitoring clinical outcomes and system issues related to quality of care delivery developing quality filters, audits and case reviews, identifying trends and sentinel events, and helping to outline remedial actions while maintaining confidentiality.
 - a. Perform routine critiques and evaluations of trauma care through review of patient records.
 - b. Coordinate with the local EMS agency and identify and report trauma care or trauma care systems issues/concerns/complaints to the Trauma System Director.
5. Education/Prevention – Providing for interfacility and regional professional staff development, participating in case review, standardizing practice guidelines, and directing community trauma education and prevention programs.

- a. Assess education and performance skill areas requiring development and establish individual trauma team member priorities.
 - b. Assist staff members in maintaining special certifications.
 - c. Coordinate public education and prevention programs.
 - d. Participate in outreach training with other hospitals.
6. Supervision of the Trauma Registry –
- a. Collecting, coding, scoring, and developing processes for validation of data and designing the registry to facilitate performance improvement activities, trend reports, and research while protecting confidentiality.
 - b. Maintain the Trauma Registry, including gathering and evaluating data. Submit statistics related to the trauma care system as requested by the EMS Agency.
7. Consultant/Liaison – Stabilizing the complex network of many disciplines that work in concert to provide high-quality care, serving as an internal resource for staff in all departments and acting as an extended liaison for Nor-Cal EMS, the community and the nation.
- a. Field care provider agencies; maintain communications and coordinate trauma matters with prehospital and hospital personnel.
 - b. Other trauma centers
 - c. Non-trauma center receiving hospitals
 - d. Support services
8. Community/National Involvement in Trauma Care Systems – Participating in the development of trauma care systems at the community, regional, state, or national levels.
- a. Coordinate communications between the hospital and the EMS Agency on matters related to day-to-day operation of the trauma center.
 - b. Attend meetings of the Nor-Cal EMS Trauma Advisory Committee and other Nor-Cal EMS and county meetings relating to quality control and trauma care as necessary.
 - c. Participate in the development, coordination, and monitoring of trauma treatment and operations policies and procedures within the region.
 - d. Represent trauma service on county and regional disaster committee(s).
9. LEVEL II CENTERS ONLY: Research – Being involved in research selection, analysis, and distribution of findings, and facilitating protocol design for accurate data collection, feedback, and analysis.