Level IV Trauma Center Applicants
Essential or Desirable Resources/Services Available

The Level IV Trauma Center in Alaska supplements care within the larger trauma system. It provides initial resuscitation and assessment of the injured patient. Most often these patients are transferred to a higher level of trauma care.

Please check off the resources listed below that are currently available at your facility. (Note: Level IV applicants do not require verification from the American College of Surgeons, Committee on Trauma). The following shows levels of categorization and their essential (E) or desirable (D) characteristics. Only items marked "E" are required for state certification as a Level IV Trauma Center in Alaska. If you need further clarification, please see resources at end of document.

		Essential (E) Desirable (D)
I.	Hospital Organization	
	A. Administrative Commitment	_____ E
	1. Letter of Support from Governing Board	_____ E
	2. Letter of Support from Medical Staff	_____ E
	B. Hospital Department/Division/Section	
	1. General Surgery	_____ D
	2. Emergency Services	_____ E
II.	Clinical Capabilities	
	A. Special Availability (on call and promptly available)	
	1. Anesthesiology	_____ D
	2. General Surgery	_____ D
	3. Radiology	_____ D
III.	Facilities/Resources/Capabilities	
	A. Emergency Department/Personnel	
	1. Designated physician director	_____ E
	2. Nursing personnel with training in trauma care who provide continual monitoring of the trauma patient from hospital arrival to disposition	_____ E
	3. Well-organized resuscitation team	_____ E
	4. Established written protocols utilizing ATLS® guidelines	_____ E
	5. Physicians must have current certification in ATLS® or hold current emergency board certification	_____ E
	B. Emergency Department/Equipment for patients of all ages	
	1. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen	_____ E
	2. Pulse oximetry	_____ D
	3. End tidal CO2 determination	_____ D
	4. Suction devices	_____ E
	5. Electrocardiograph-oscilloscope-defibrillator	_____ E
	6. Apparatus to establish central venous pressure monitoring	_____ D
	7. Standard intravenous fluids and administration devices, Including large bore intravenous catheters	_____ E
	8. Sterile surgical sets for	
	a. Airway control/crycothyrotomy	_____ E
	b. Thorocotomy	_____ D

c. Vascular access _____ E
d. Chest decompression _____ E
9. Gastric decompression _____ E
10. Drugs necessary for emergency care _____ E
11. X-Ray availability, 24 hours a day _____ D
12. Two-way communications with vehicles of emergency transport system _____ E
13. Skeletal traction devices _____ E
14. Thermal control equipment
a. For patient _____ E
b. For blood and fluids _____ E

C. Well-defined transfer plans and written transfer protocols (including burns and spinal cord injuries) _____ E

D. Clinical Laboratory Service (available 24 hours a day)
1. Standard analysis of blood, urine, and other body fluids _____ D
2. Blood typing and cross matching _____ D
3. Coagulation studies _____ D
4. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities _____ D
5. Blood gases and pH determinations _____ D
6. Microbiology _____ D
7. Drug and alcohol screening _____ D

IV. Performance Improvement

A. Performance improvement programs with evidence of loop closure _____ E

B. Trauma Registry data abstraction and submission to state Trauma registrar within 3 months of patient admission/transfer _____ E

C. Case review of all trauma deaths with classification as to preventable, possibly preventable, or non-preventable _____ E

D. Morbidity and mortality review _____ E

E. Multidisciplinary meetings: review trauma and critical cases, discuss processes and issues in providing trauma and critical care _____ E

F. Review prehospital care including those patients who are transported directly from scene to tertiary care center _____ E

G. Published on-call schedule for physicians, surgeons, and other specialists _____ D

V. Prevention/Public Education

A. Epidemiology research
1. Collaborate with other institutions in research _____ D
2. Monitor progress of prevention programs _____ D
3. Consult with qualified researchers on evaluation measures _____ D

B. Surveillance (trauma registry data) _____ D

C. Prevention (collaborate with injury prevention personnel; utilize existing trauma registry data and national, regional, state, and local programs) _____ D

VI. Continuing Education

A. Formal programs in continuing education provided by facility for:
1. Physicians _____ D
2. Nurses _____ D
3. Allied health personnel _____ D

VII. Trauma Services Support Personnel (trauma coordinator) _____ E

VIII. Organ Procurement process defined in writing _____ E

IX. Disaster Planning and Management _____ E

Available Resources:

Frank Sacco, MD
State Chair, American College of Surgeons Committee on Trauma
Alaska Native Medical Center Trauma Director
Trauma Systems Review Committee Chair
Anchorage, Alaska

907-729-2700
fsacco@anmc.org

Mary Leemhuis, RN
Trauma Program Manager
Alaska Native Medical Center
Anchorage, Alaska

907-729-2729
mleemhuis@anmc.org

Margaret Rocafort, RN
Alaska Native Medical Center
Trauma Department
Anchorage, Alaska

907-729-2714
mrocafort@anmc.org

Regina Chennault, MD
Private Practice Surgeon
Anchorage, Alaska

907-264-1204
rchennault@alaska.net

Doreen Risley, RN
Department Health & Social Services, Section of Injury Prevention & Emergency Medical Services
Juneau, Alaska

907-465-8633
doreen.risley@alaska.gov