

**GOOD SHEPHERD MEDICAL CENTER TRAUMA CENTER RECEIVES
RE-VERIFICATION FROM THE VERIFICATION REVIEW COMMITTEE, AN AD
HOC COMMITTEE OF THE COMMITTEE ON TRAUMA OF THE
AMERICAN COLLEGE OF SURGEONS.**

LONGVIEW, TEXAS --The trauma center at Good Shepherd Medical Center has been re-verified as a Level II Trauma Center by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.

Established by the American College of Surgeons in 1987, the COT's Consultation/Verification Program for Hospitals promotes the development of trauma centers in which participants provide not only the hospital resources necessary for trauma care, but also the entire spectrum of care to address the needs of all injured patients. This spectrum encompasses the prehospital phase through the rehabilitation process.

Verified trauma centers must meet the essential criteria that ensure trauma care capability and institutional performance, as outlined by the American College of Surgeons' Committee on Trauma in its current *Resources for Optimal Care of the Injured Patient* manual.

The ACS Committee on Trauma's verification program does *not* designate trauma centers. Rather, the program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. The actual establishment and the *designation* of trauma centers is the function of local, regional, or state health care systems agencies, such as the local emergency medical services (EMS) authority. There are five separate categories of verification in the COT's program. Each category has specific criteria that must be met by a facility seeking that level of verification. Each hospital has

an on-site review by a team of experienced site reviewers, who use the current *Resources for the Optimal Care of the Injured Patient* manual as a guideline in conducting the survey.

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to raise the standards of surgical education and practice and to improve the care of the surgical patient. The College has over 72,000 members and it is the largest association of surgeons in the world. Longstanding achievements have placed the ACS in the forefront of American surgery and have made it an important advocate for all surgical patients.

**AMERICAN COLLEGE OF SURGEONS
COMMITTEE ON TRAUMA
CONSULTATION/VERIFICATION PROGRAM FOR HOSPITALS
Information Sheet**

What is the Committee on Trauma?

The Committee on Trauma (COT), a standing committee of the American College of Surgeons (ACS), works to improve all phases of care of the injured patient and to prevent injuries before they occur. The COT promotes leadership and cooperation of all participants in a trauma center so that the best possible care will be provided to injured patients. The COT also requires the commitment of each facility's surgeons to the improvement of trauma care. Recognizing that trauma is a surgical disease that demands surgical leadership, the ACS established the Committee on Trauma, its oldest standing committee, in 1922.

What is the Consultation/Verification Program?

Established by the ACS Committee on Trauma in 1987, the Consultation/Verification Program is designed to promote the development of trauma centers in which participants provide the hospital resources necessary to address the trauma needs of *all* injured patients. The Consultation Program is designed to help hospitals and their personnel prepare for this endeavor. The Verification Program confirms that all the criteria have been met.

What is *Resources for Optimal Care of the Injured Patient*?

This document is the resource manual of the COT. First published in 1976 as *Optimal Hospital Resources for Care of the Injured Patient*, the manual established guidelines for the care of injured patients. Subsequent revisions have continued the COT's commitment to ensuring that resources and personnel for providing optimal care for injured patients are in place in trauma programs. In 1990, the name of this manual was changed to *Resources for Optimal Care of the Injured Patient* to reflect a change in trauma care and to complement an important and abiding principle of the Committee on Trauma: *To ensure that the needs of all injured patients are addressed wherever they are injured and wherever they receive care.*

How did the verification program begin?

An obvious outgrowth of the establishment of the COT's guidelines for optimal care was the development of a verification process through which a hospital could be evaluated by ACS trauma surgeons to determine whether the criteria for optimal care of injured patients were being met. Thus, the Verification/Consultation Program for Hospitals was established in 1987.

How many categories of verification does the program have?

There are five separate categories of verification in the COT's program (Level I Trauma Center, Level II Trauma Center, Level III Trauma Center, Level I Pediatric Trauma Center and Level II Pediatric Trauma Center), each with specific criteria that must be met by a facility seeking that level of verification.

How does a hospital or clinic receive verification?

The level of verification is requested by the hospital. An on-site review of the hospital is conducted by a team of reviewers experienced in the field of trauma. Using the current *Resources for Optimal Care of the Injured Patient* manual as a guideline, this team will determine if the criteria for the requested level have been met.