

UAMS MEDICAL CENTER
TRAUMA and CRITICAL CARE SERVICES MANUAL

SUBJECT: Neurotrauma Diversion/Credentialing Plan

REVIEWED: 7/2017, 4/2018, 4/2019

PAGE: 1 of 2

RECOMMENDATION(S): Dr. Ron Robertson

APPROVAL: 7/01/2016

CONCURRENCE(S): Dr. J.D. Day

EFFECTIVE: 07/01/2016

I. Purpose: To define the process for implementation of a neurotrauma diversion plan when the neurosurgeon on call becomes encumbered.

II. Policy:

The on-call Faculty Neurosurgeon is dedicated to UAMS for the emergency evaluation and management of neurosurgical trauma. If the on-call Neurosurgical Faculty becomes encumbered and additional neurosurgical resources are required the first back-up Neurosurgeon will be notified, if necessary the ACH on-call Faculty serve as a second backup in cases of extreme demand. In the event that all neurosurgery faculty are encumbered, the Trauma Surgery Faculty are deemed able to provide initial evaluation and stabilization of the neurotrauma patient by the Chair of the Department of Neurosurgery. In the event back-up resources have been exhausted, the Trauma Attending will arrange for notification of the Arkansas Trauma Communication Center (ATCC) / MEMS Dispatch of delay or closed status.

III. Guideline:

The Neurosurgeon Attending will notify the Trauma Attending if the situation arises where the service lacks capability to accept additional new, severe neurotrauma patients. This notification will include an estimate of the duration of disrupted emergency neurosurgical availability. The Trauma Attending will determine and implement a response strategy appropriate to the circumstances described by the on-call Neurosurgeon. The strategy may include as example,

- Notification of the Arkansas Trauma Communication Center(ATCC) / MEMS Dispatch of a delayed or closed status
- Acceptance on a case by case basis of patients without a demonstrable operative need.

When neurosurgical readiness normalizes, the neurosurgeon will notify the Trauma Attending, who will ensure that an immediate update is made to the facility status on the ATCC dashboard.

All cases requiring transfer, bypass or diversion as a result of this policy will be reviewed by the Trauma PI process.

IV. Trauma Surgeon Neurosurgical Evaluation

In order to provide timely and appropriate care for head or spinal cord injured patients, the trauma surgeons may initiate management of these injuries prior to the arrival of the trauma neurosurgeon. The Chair of the Department of Neurosurgery reviews the education and training of the Trauma

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Surgeons and deems at his/her discretion the individual provider approved to provide the initial evaluation and stabilization of the neuro trauma patient.

Factors to be considered by the Chair of Neurosurgery when considering Trauma Surgeon approval include but are not limited to:

- Clinical competence in performing neurologic evaluations and initiating treatment for serious neurologic injuries as reviewed in the PIPS process
- Current in ATLS certification
- Utilization of the AANS Guidelines for the Management of Head Injury

Trauma Surgeons Credentialed to Manage Head/Spinal Cord Injured Patients: 2019

Dr. Ron Robertson

Dr. Katie Kimbrough

Dr. Kevin Sexton

Dr. Bill Beck

Dr. Ben Davis

Dr. Avi Bhavaraju

Dr. Anna Privratsky

Dr. Kyle Kalkwarf

Dr. John R. Taylor