

UAMS MEDICAL CENTER

ACS SERVICES MANUAL

SUBJECT: Trauma Surgeon Responsibility & Surgical Evaluation of ICU Patients **PAGE:** 1 of 3

UPDATED: new

EFFECTIVE: 8/10/2023

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APPROVAL: 8/10/2023

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PURPOSE:

- To describe the roles and responsibilities of the SICU Medical Director and/or co-director
- To describe the clinical process of surgical evaluation of ICU patients, specifically trauma patients

SICU Medical Director

The SICU Medical Director is responsible for the development, maintenance, and continuous quality improvement of the multidisciplinary surgical critical care delivery at UAMS. The SICU Medical Director has the authority to affect all aspects of Critical Care including, but not limited to: call panel appointment, administrative duties, treatment guidelines, performance improvement and peer review. The SICU Medical Director shall be board-certified in General Surgery with a certificate of added qualifications in Surgical Critical Care with demonstrated clinical, administrative, and leadership skills. The SICU Medical Director reports to the UAMS Medical Center Trauma Medical Director and the Chair of the Department of Surgery along with liaison reporting relationships to the UAMS Chief Clinical Officer and the Chief Executive Officer of the UAMS Medical Center.

Duties:

Program Development:

- Develops a multidisciplinary program for the delivery of care to surgical critical care patients in the surgical intensive care unit with an emphasis on standardization of care and protocol driven care delivery.
- Develops and implements guidelines, protocols, care pathways, and policies for administrative and clinical functions of the SICU to standardize and improve care.
- Participates in direct patient care in the SICU as a member of the faculty schedule
- Serves as the chair of a multidisciplinary committee which oversees SICU critical care.
- Collaborates with medical staff and hospital departments to facilitate an effective provision of surgical critical care
- Coordinates efforts with the Medical Director of the Medical Intensive Care unit to ensure uniformity of protocols and pathways as appropriate
- Performs annual review of all SICU program policies, guidelines, pathways, and protocols to ensure currency and proper utilization
- Ensures availability of trained physicians available to provide care to the ICU patients within 15 minutes, 24hrs per day

These guidelines were prepared by the UAMS ACS Division. They are intended to serve only as a guideline based on current review of the medical literature and practice. They are neither policies nor protocols. Their use is at the discretion of the managing physician.

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Education:

- Ensures development of continuing education programs for critical care for the medical staff, nursing staff, allied health professionals who participate in their care delivery of the SICU.
- Ensures a robust educational program for the house staff and fellows to ensure level appropriate education activities are offered and are attended by the house staff.
- Ensures appropriate supervision of care delivery by house staff, fellows and APRN/PAs in the SICU.

Administrative Duties:

- Supervises and evaluates performance of SICU team members, identifying areas of strength and opportunity for improvement
- Performs written bi-annual review of SICU faculty and APRNs and forwards this to the Trauma Medical Director
- Supports the Performance Improvement and Patient Safety Program for Trauma and for other patients in the SICU
- Develops a robust data analytics process to support the implementation of new policies and procedures and serves as an evaluation tool for these processes.
- Works collaboratively with the Director of Critical Care (Nursing) and the SICU Nurse Manager to develop the nursing staff capabilities and to implement new processes within the SICU
- The director shall serve on the appropriate committees necessary to improve the care delivery in the SICU and facilitate the development of standardized practices across the critical care delivery environment at the facility.
- The director shall serve as a liaison to the trauma multidisciplinary conferences and attend greater than 50% of these conferences
- The director is responsible for having 16hrs per year or 48 hours per three-year cycle of verifiable external trauma related CME
- The director is responsible for ensuring that other physicians caring for patients in the SICU are current and knowledgeable in the care of injured patients and document the acquisition of 16hrs per year of trauma CME either internally or externally.

Recognizing the extent of the responsibilities associated with this position it may be split between two individuals as Co-Directors

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Surgical Evaluation of ICU patients

Introduction:

- The Surgical ICU is responsible for the care of critically-ill patients following trauma and surgery including but not limited to emergency general surgery, vascular, thoracic, ENT, orthopedic, surgical oncology, transplant, urology, plastics, and gynecology.

Surgical ICU Providers

- All trauma surgeons and SICU attendings at UAMS are board-certified surgical intensivists and general surgeons

Surgical Assessment

- All patients admitted to the surgical intensive care unit (SICU) will be cared for under a collaborative, multidisciplinary team consisting of a board-certified surgical intensivist, critical care APRNs, pharmacists, critical care fellow, surgical/ED/anesthesia residents, dietician, and consulting specialties. The SICU functions as a closed unit with the SICU being the primary admitting team.
- All critically-ill trauma patients will be admitted to the SICU with select caveats listed below. Trauma patients admitted to the SICU are immediately assessed by a trauma surgeon covering the SICU. Surgical evaluation is continuous with in-house coverage 24/7. Any changes in patient condition are reassessed by the SICU surgeon, however, the surgeon on trauma call will maintain primary surgical responsibility.

Caveats

- Neurotrauma patients
 - Trauma patients with isolated neurosurgical trauma may be admitted to the neurocritical care unit only after assessment/approval by the primary trauma surgeon on call.
 - All spinal cord injury patients will be admitted to the SICU service
- Trauma patients are not admitted to the Medical ICU unless they have a primary medical illness and no injuries or minor injuries that require no additional trauma inpatient care.

SICU Coverage

- The SICU is managed by a primary trauma surgeon on SICU call during day time hours from 0630 to 1700
- During night time hours (1700-0630), any SICU issues are covered by the in-house trauma surgeon on night call
- In the case of emergent issues, the designated trauma surgeon on backup call will be called in to manage acute issues. The SICU trauma surgeon may be contacted for issues that can be appropriately managed through verbal communication.