NOR-CAL EMS	4206	Trauma Program Medical Director Responsibilities and Qualifications
Nor-Cal EMS Policy & Procedure Manual		TRAUMA CARE SYSTEM
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Purpose:

To define the minimum qualifications for a Trauma Program Medical Director within a designated trauma center in the NOR-CAL EMS region.

Policy:

1) Trauma Program Medical Director Role:

i) The Trauma Program Medical Director is responsible for promoting high standards of practice through development of trauma policies, protocols and practice guidelines; participating in rigorous performance improvement monitoring; resident and staff education and trauma research.

2) Minimum Qualifications for a Trauma Program Medical Director:

a) A qualified and Board-Certified physician in the State of California. A “Board-Certified physician is defined as a licensed physician certified in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.

b) Knowledge and experience in management of trauma patients.

c) Possess knowledge of NOR-CAL EMS policies and procedures as they relate to the trauma care system;

d) Have knowledge of California laws and regulations affecting operation of a trauma center.

e) Prior administrative management experience preferred but not required.

f) Advanced Trauma Life Support (ATLS) certification within 6 months of accepting position.

g) Current Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification, unless Board-certified in emergency medicine.

h) May be an Emergency Department physician.

3) Trauma Program Medical Director Responsibilities:

a) Administrative:

i) Head of the facility trauma system:

ii) Recommend trauma team physician privileges;

iii) Working with the Trauma Program Manager to support the nursing needs of trauma patients;

iv) Developing treatment protocols;

v) Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program;

vi) Assisting in the coordination of the budgetary process for the trauma program; and

vii) Works closely with the NOR-CAL EMS Medical Director to address and correct deficiencies to improve overall trauma care.

b) Clinical Activities:

i) Coordinating day-to-day clinical process; managing the continuum of trauma care, including planning and developing clinical policy guidelines, and working closely with the Trauma Program Manager to monitor trauma care;

ii) Trauma Program Medical Director may also be a current emergency department physician.

c) Performance Improvement:

i) Works closely with the Trauma Program Manager to monitor and implement quality improvement measures;

ii) Accountability for quality improvement deficiencies.

d) Involvement in Trauma Care Systems:

i) Attend NOR-CAL EMS Trauma Advisory Committee (TAC) and pertinent county meetings relating to quality control and trauma care as necessary;

ii) Attend national and State trauma meetings relating to trauma care, policy, and quality control as necessary;

iii) Participate in the development trauma policy.