

## Geriatric Trauma Designation Criteria

The following criteria were defined at the Trauma System Committee January 24<sup>th</sup> and 25<sup>th</sup> meeting, in Dallas, Texas.

Geriatric patient is defined as an individual that is 65 years or older.

Level Of Facility	Designation Criteria	Essential Desired
	1.0 Facility shall maintain defined designation and participation in the regional trauma advisory council.	
	1.5 Facility shall integration with regional EMS system specific to triage and transfer guidelines of the geriatric trauma patient.	E
	<b>2.0 Multidisciplinary Team</b>	
I, II,	2.1 Physician led multidisciplinary rounds specific to the geriatric trauma patient that focuses on the plan of care and discharge planning.	E
III, IV	2.2 Multidisciplinary rounds specific to the geriatric patient that focuses on the plan of care and discharge planning. Rounds may be led by a physician or mid level provider.	E
	2.3 Nursing will be integrated into the daily rounding.  2.3.1 Nurses providing care to the geriatric trauma patients will have a defined orientation process that defines the needs and care considerations specific to the geriatric population. 2.3.2 Nurses providing care to the geriatric population will maintain certification and training specific to the designation criteria for trauma.	
I, II, III, IV	2.4 Nutritional support services are integrated into the patient's daily plan and progress goals. (STANDARD CoP Language)	D
I, II, III	2.5 Pharmacy provider is integrated with the plan of care and reviews all medications for potential adverse reactions and contraindications specific to the geriatric patient.	E
	<b>2.6 Respiratory Therapy</b>	
I, II, III,	2.6. 1 Respiratory Therapy is integrated with the trauma team oversight and plan of care.	E
I, II		

I, II	2.6.2 Utilizes evidenced based practice to guide ventilator management and prevention measures.	E
III,	2.6.3 RT is available and in-house or can maintain a ten minute response time.	E
IV	2.6.4 Respiratory care is available and can respond to patient's bedside as appropriate.	E
	<b>3.0 Rehabilitation Services</b>	
I, II	3.1 A physician led rehab service is integrated with the team and provides oversight for Physical Therapy, Occupational Therapy and Speech Therapy.	E
I, II, III,	3.2 Physical Therapy Services have documented evidence of daily rounds and interventions for the geriatric patient.	E
I, II, III	3.3 Speech Therapy Services demonstrate documented evidence of interventions for the geriatric patients.	E
IV	3.4 A plan for physical therapy is defined and documented for geriatric patients.	D
	<b>4.0 Pain Management</b>	
I, II	4.1 Pain Management Services are available for epidural placement and management.	E
	<b>5.0 Wound Management</b>	
I, II, III, IV	5.1 Wound Management Services are integrated into the geriatric program.	E
	<b>6.0 Social Services</b>	
I, II, III, IV	6.1 Social Services are integrated into the daily rounds of the geriatric program.	E
I, II, III, IV	6.2 Procedures to screen for geriatric abuse are evidenced through a defined protocol and documentation in the medical record.	
	<b>7.0 Family Crisis</b>	
I, II, III, IV	7.1 Crisis intervention is available for the geriatric trauma patient to assist with family support needs and patient support.	E
	<b>8. Physician Leader</b>	
I, II, II	8.1 There is an identified geriatric physician or mid level provider to serve as a liaison to the trauma service.	E
	<b>9.0 Disease Management</b>	
I, II, III, IV	9.1 The facility shall have resources available or a documented plan to manage common co-morbid diseases impacting the geriatric patient.	E
	<b>10.0 Performance Improvement</b>	
I, II, III,	10.1 The trauma program will integrate defined geriatric performance improvement events to be reviewed	E

IV	through the performance review process.	
I, II, III, IV	10.2 The trauma program will complete mortality reviews for all geriatric trauma patients meeting activation criteria.	E
	<b>11. Registry</b>	
I, II, III, IV	11.1 Trauma registry will integrate geriatric trauma patient criteria.	E
	<b>12.0 Prevention</b>	
I, II, III, IV	12.1 Trauma Program will integrate prevention programs that focus on the geriatric population.	E
	<b>14. Outreach</b>	
I, II, III, IV	14.1 Trauma Program will integrate geriatric outreach activities and coordinate with regional trauma advisory council to develop community outreach programs.	E

**NOTE: If the facility admits more than 100 geriatric trauma patients, the trauma program manager must have an additional eight hours of continuing geriatric education over the three years.**