

Level IV Trauma Facility Multidisciplinary Peer Review Guidance*

The multidisciplinary peer review committee is the tertiary (3rd level) of review. ACS CD 2-18 states, “Level I, II, III and IV trauma centers the multidisciplinary trauma peer review committee must meet regularly, with required attendance of medical staff active in trauma resuscitation, to review systemic and care provider issues, as well as propose improvements to the care of the injured.”

Committee Members:

- Providers who care for trauma patients
 - Required:
 - Trauma Medical Director
 - Trauma Program Manager
 - Two additional ED Physicians (other than the TMD) who care for trauma patients (not required to be the same ED physicians every meeting)
 - The following providers are also required if they are caring for trauma patients:
 - General Surgeons
 - Orthopedic Surgeon Liaison
 - One Advanced Practice Provider
 - Anesthesia Liaison
 - Consider:
 - Hospitalist/Admitting physician service (if hospital admits trauma patients)

Attendance Requirement:

- The multidisciplinary peer review committee must meet at least quarterly.
- The General Surgeons, Orthopedic Liaison and Anesthesia Liaison are required to attend a minimum of 50 percent of the multidisciplinary trauma peer review committee meetings.
- Attendance can be met via conference call or other web-based conferencing method.

Meeting Minutes:

- Document comprehensive minutes that capture the essence of the discussion and consensus of the participants and documenting loop closure (i.e. if the meeting is a part of the hospital peer review meetings, there must be clear and separate minutes for the trauma piece - gavel in/gavel out).

Dissemination of Information:

- Disseminate information from the multidisciplinary peer review meetings to the physicians in each service line represented on the call panel.

****Beginning with site visits that occur after January 1, 2021 the above guidance will become required minimum standards****