

2. Quality Review Process:

- **Oversight:** Conducted by the Radiology Department, with quality reviews shared with the Trauma Medical Director, Trauma Program Manager, and Performance Improvement (PI) Coordinator.
- **Components:** Includes provider education, counseling as needed, and performance review for continuous quality improvement.

3. Loop Closure:

- **Collaboration:** The Radiology Liaison and Director of the Department of Radiology work in conjunction with the Trauma Program to ensure closed-loop communication and documentation.
- **Follow-Up:** Documented and reviewed actions support adherence to quality standards, optimizing patient care outcomes.

Effective Date: March 2023

Next Review Date: March 2026

TRAUMA PRACTICE MANAGEMENT MANUAL

9. OPERATIONAL MANAGEMENT GUIDELINES

H. Neurosurgery Response Guideline

Guideline for Neurosurgery Response Times

Purpose

To ensure timely and appropriate neurosurgical evaluation and intervention for trauma patients with traumatic brain injury (TBI) or potential spinal cord injuries, this guideline outlines the criteria and requirements for neurosurgical response times

Definition and Requirements for Neurosurgery Response

1. Response Time

- Neurosurgical evaluation must occur within **30 minutes** from the time of request for neurosurgical evaluation.
- The time interval will be measured from the **time of request** to the **start of the neurosurgical evaluation**.

2. Criteria for Neurosurgical Evaluation

Neurosurgical evaluation within 30 minutes is required in the following clinical situations:

- **Severe Traumatic Brain Injury (TBI):**
Patients with a Glasgow Coma Scale (GCS) score of less than 9 with **head CT evidence of intracranial trauma**.
- **Moderate TBI:**
Patients with a GCS score between 9 and 12 with **head CT evidence of a potential intracranial mass lesion**.
- **Neurological Deficit from Suspected Spinal Cord Injury:**
Patients presenting with a neurological deficit suggestive of spinal cord injury requiring evaluation by a neurosurgeon or an orthopedic spine surgeon.
- **Trauma Surgeon Discretion:**
Neurosurgical consultation will be required at the trauma surgeon's discretion in any case where neurosurgical input is deemed necessary for patient care.

3. Documentation

- Neurosurgical response times must be **documented** in the patient's medical record
- Documentation must include communication between the trauma and neurosurgical teams, particularly when a resident or advanced practice provider (APP) is acting as the initial consultant.

4. Attending Neurosurgeon Involvement

- At all times, a **neurosurgery attending must be involved in clinical decision-making**, even if the initial evaluation is performed by a neurosurgery resident or APP.
- **Communication between the resident/APP and the attending neurosurgeon** must be documented to ensure attending oversight in care management.

5. Consultants

- A **neurosurgery resident or APP** may perform the initial evaluation; however, they must **communicate with the attending neurosurgeon** and document the consultation.
- The attending neurosurgeon must provide final approval for any clinical decisions regarding management or surgical intervention.

Compliance and Monitoring

- The trauma center will regularly review compliance with these response time requirements through the Performance Improvement (PI) process.
- Cases where neurosurgical response times exceed 30 minutes will be reviewed to identify potential barriers and implement corrective actions.

Effective Date: March 2023 **Next Review Date:** March 2026