CORE CONCEPT

Trauma System and Trauma Centre Management Course: Levels, Activation and Registry

17 – 21 October 2027
Jeddah - Corniche four-star

CORE CONCEPT

Trauma System and Trauma Centre Management Course: Levels, Activation and Registry

Ref: 2021_29752 **Date:** 17 – 21 October 2027 **Location:** Jeddah - Corniche four-star **Fees:** 19500 SAR

Introduction:

Trauma system and trauma centre management, covering trauma centre levels, team activation and the trauma registry, is a 1-week course for hospital executives, trauma service leaders and health-authority planners that ends with a Trauma Centre Verification Readiness and Trauma System Plan for a case organisation. Injured patients lose time when hospitals claim a trauma role they cannot resource, activation criteria are vague, transfers stall and no registry shows preventable deaths. Nominees lead hospital services or regional planning and work through case studies on resource gaps, transfer logs and registry extracts. CoreConcept Training Center delivers this trauma system management course.

Course Objectives:

- Assess a hospital against trauma centre level criteria and the Resources for Optimal Care of the Injured Patient standard, and prepare a verification site review
- Design tiered trauma team activation criteria with resourcing, response expectations and over-triage and under-triage monitoring
- Structure a regional trauma network with destination rules, inter-facility transfer agreements and repatriation pathways between trauma centres and trauma units
- Operate a trauma registry with Abbreviated Injury Scale coding, Injury Severity Score calculation and TRISS-based outcome benchmarking
- Run a PIPS process with audit filters, multidisciplinary peer review, preventable death panels and corrective action loops
- Produce a Trauma Centre Verification Readiness and Trauma System Plan with injury prevention links for a case organisation

Target Audience:

- Hospital executive teams responsible for deciding which trauma centre level a facility will resource and sustain
- Trauma service leaders accountable for trauma programme operations, staffing and verification readiness
- Health-authority planning units responsible for designating trauma facilities and shaping regional injury care networks
- Trauma registry and quality units responsible for injury data, outcome benchmarking and performance review
- Surgical, critical care and nursing leaders who manage trauma team rosters, on-call cover and transfer decisions

CORE CONCEPT

Course Outline:

Day 1: Trauma Systems, Centre Levels and Readiness Baseline

- Inclusive Trauma System Components From Prevention to Rehabilitation
- Trauma Centre Level Criteria From Major Centre to Stabilise-and-Transfer Facility
- Verification Versus Designation Roles in Trauma Facility Recognition
- Hub-and-Spoke Trauma Network Models With Trauma Units
- Trauma Readiness Gap Assessment of Current Hospital Resources

Day 2: Resources for Optimal Care Standard and Trauma Programme Structure

- Resources for Optimal Care of the Injured Patient Criteria Mapping
- Trauma Medical Director and Trauma Programme Manager Accountabilities
- Trauma Surgeon, Anaesthesia and Operating Theatre Availability Requirements
- Trauma Service Budget, Cost Drivers and Readiness Cost Estimation
- Verification Site Review Preparation, Pre-Review Questionnaire and Chart Selection

Day 3: Trauma Team Activation, Inter-Facility Transfer and the Trauma Registry

- Tiered Trauma Team Activation Criteria and Response Roster Design
- Over-Triage and Under-Triage Rate Monitoring by Activation Tier
- Inter-Facility Transfer Agreements, Destination Rules and Repatriation Pathways
- Trauma Registry Inclusion Criteria and Abstraction Workflow
- Abbreviated Injury Scale Coding and Injury Severity Score Calculation

Day 4: PIPS, Outcome Benchmarking and Injury Prevention Links

- PIPS Audit Filters for Delays, Missed Injuries and Unplanned Returns
- Multidisciplinary Trauma Peer Review and Preventable Death Panel Determination
- TRISS Probability of Survival and Risk-Adjusted Outcome Benchmarking
- WHO Trauma Quality Improvement Corrective Action and Loop Closure
- Registry-Driven Injury Prevention Targeting and Community Outreach Links

Day 5: Case Study on the Trauma Centre Verification Readiness and Trauma System Plan

- Case Organisation Trauma Level Selection and Resource Gap Review
- Case Activation Criteria and Transfer Agreement Redesign
- Case Registry Extract Review of Injury Severity and Outcomes
- Case PIPS Calendar, Audit Filter Set and Peer Review Terms
- Trauma Centre Verification Readiness and Trauma System Plan Completion

Skills You Will Gain:

- Trauma Level Gap Analysis
- Verification Site Review Preparation
- Trauma Activation Criteria Design
- Transfer Agreement Negotiation
- Injury Severity Scoring
- Trauma Outcome Benchmarking
- Trauma Peer Review Facilitation
- Injury Prevention Targeting

Why Attend This Course:

- Deliver a Trauma Centre Verification Readiness and Trauma System Plan to the hospital board, the chief executive and the regional health planning authority
- Decide which trauma level a facility can sustain, which activation tier to call and which patients a transfer agreement should move
- Avoid failed verification reviews, delayed transfers and unreviewed preventable deaths that damage outcomes and funding
- Pass registry coding guides, audit filter sets and peer review templates to trauma coordinators, registrars and department heads

Conclusion:

Back at work, the participant presents the Trauma Centre Verification Readiness and Trauma System Plan to the hospital board, the trauma medical director and the regional planning authority. Leaders use it to confirm the trauma level the facility will resource, approve activation tiers and transfer agreements, fund registry staffing and schedule the verification site review. After the first quarter under the plan, the trauma committee should compare over-triage and under-triage rates, transfer times, registry completeness and peer review findings with the baseline and correct the gaps before the review.

Frequently Asked Questions FAQ:

What should participants know before the trauma system and trauma centre management course?

Participants should already lead a hospital service, trauma programme, registry or regional health planning function and understand how their facility receives injured patients. No clinical skill is taught. Bringing an anonymised registry extract, transfer log or resource list helps apply the case work to their own organisation.

How does trauma system and trauma centre management differ from an emergency department management course?

It manages the trauma service across a hospital and a region: centre levels, verification, activation tiers, transfers, the trauma registry and peer review. Emergency department courses manage patient flow, crowding and triage queues inside one department for every type of attendance.

Why does a trauma system and trauma centre management plan depend on the Injury Severity Score?

The Injury Severity Score summarises how badly a patient is injured, so registries can separate major trauma from minor cases. It supports TRISS survival predictions, risk-adjusted benchmarking and peer review selection, showing whether deaths and complications were expected or preventable.

What do participants take back from the trauma system and trauma centre management course?

Participants take back a Trauma Centre Verification Readiness and Trauma System Plan, with a level gap assessment, activation criteria, transfer agreement terms, registry coding guide, audit filter set and peer review calendar they can adapt to their own hospital or region.