

2026 Standards Change Log

The Verification, Review, and Consultation (VRC) Program released the eighth edition of the *Resources for Optimal Care of the Injured Patient* (2026 Standards) in October 2026.

This change log is intended to provide a clear and concise record of revisions made since the July 2025 update to the 2022 Standards and to assist stakeholders in identifying and understanding changes reflected in the 2026 Standards. It serves as a reference for tracking revisions between editions and identifying their potential impact on program requirements and related documentation.

For each revision, the change log identifies the specific language or requirement that was modified, indicates whether the change affects compliance with the standard, and notes whether a corresponding revision to the Pre-Review Questionnaire (PRQ) has been made. The change log is intended as a supplemental reference and should be used in conjunction with the 2026 Standards.

These changes will take affect with visits starting October 2027.

Standard	Title	Section	Applicable Level	Change Type	Summary of Change	Changes to the PRQ
2.1	State and Regional Involvement	Measures of Compliance	LI, LII, LIII, PTCI, PTCII	Addition	Adds in the MOC: Narrative description of participation in a regional and/or statewide trauma system	
2.4	Level I Adult Trauma Patient Volume Criteria	Measures of Compliance	LI	Clarification	Clarifies in the MOC: Data patient volume according to NTDS inclusion criteria by ISS	X
2.5	Level I Pediatric Trauma Centers Volume Criteria	Measures of Compliance	PTCI	Clarification	Clarifies in the MOC: Data patient volume according to NTDS inclusion criteria by ISS.	X
2.7	Trauma Multidisciplinary PIPS Committee	Type	LI, LII, LIII, PTCI, PTCII	Revision	Changes the standard classification from Type I to Type II	
2.8	Trauma Medical Director Requirements	Definition + Requirements/	LI, LII, LIII, PTCI, PTCII	Revision	- Replaces the external affiliate pediatric TMD model with a pediatric surgeon liaison for pediatric centers whose TMD is not board-certified or board-eligible in pediatric surgery. - Establishes defined responsibilities for the pediatric surgeon liaison that includes: - assisting with process improvement, guideline development, and complex case discussions; - developing pediatric surgical response criteria that require direct pediatric surgeon involvement in patient care; - attending at least 50% of trauma multidisciplinary PIPS committee meetings; - completing 12 hours of pediatric trauma-related CME; and - attending the VRC site visit at the time of verification. - Increases the pediatric-specific CME requirement for a general surgeon serving as the pediatric TMD who is not board-certified or board-eligible in pediatric surgery. Of the required 36 hours of trauma-related CME, at least 12 hours must be focused on pediatric trauma care. - Removes the PALS certification requirement for a general surgeon serving as the pediatric TMD.	X
2.10	Trauma Program Manager Requirements	Definition + Requirements	LI, LII, LIII, PTCI, PTCII	Revision	- Requires one-time TOPIC completion for all TPMs. - For first-time TPMs hired on or after October 1, 2027, Level I and II programs require a minimum of three years caring for trauma patients.	X

Standard	Title	Section	Applicable Level	Change Type	Summary of Change	Changes to the PRQ
3.1	Operating Room Availability	Additional Information/ Measures of Compliance	LI,LII, LIII, PTCI, PTCII	Addition	- Defines a staffed OR as having nursing and anesthesia personnel available to prepare the room and patient for emergency surgery, and changes compliance tracking from notification-to-response to notification-to-patient arrival in the OR. - Documentation of time of notification to time of patient arrival in the OR	X
3.3	Operating Room for Orthopaedic Trauma Care	Measures of Compliance	LI,LII, LIII, PTCI, PTCII	Addition/ Clarification	Adds/clarifies in the MOC: - Narrative description of how an OR is prioritized for fracture care in nonemergent orthopaedic trauma. - Schedule for dedicated orthopaedic OR - Schedule for access to OR - Evaluated during the site visit process	
3.6	Remote Access to Radiographic Imaging	Measures of Compliance	LI,LII,PTCI,PTCII	Clarification	Clarifies in the MOC: Narrative description of the mechanism for remote access to imaging from referring hospitals.	
3.7	Cerebral Monitoring Equipment	Definition + Requirements	LI,LII,LIII-N,PTCI,PTCII	Retired	Retires the cerebral monitoring equipment standard because the equipment requirement is addressed through broader national hospital requirements.	
3.8 → 3.7	Cardiopulmonary Bypass Equipment	Renumbering	LI,LII,PTCI,PTCII	Renumbered	Shifts the standard number from 3.8 to 3.7.	
4.1	Trauma Surgeon Requirements	Measures of Compliance	LI,LII,PTCI,PTCII	Addition	Adds in the MOC: Narrative description of the pediatric surgeon(s) active involvement in the provision of direct (bedside) trauma patient care (PTCI, PTCII)	X
4.4	Trauma Surgeon Presence in Operating Room	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Retired	Retires the separate requirement for the trauma surgeon to be present for key portions of operative procedures and immediately available throughout the procedure.	
4.5 → 4.4	Specialty Liaisons to the Trauma Service	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.5 to 4.4.	
4.4	Specialty Liaisons to the Trauma Service	Definition + Requirements/ Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Addition	- Requires board-certified or board-eligible pediatric surgeon liaison (applies only to PTCI and PTCII and only if the pediatric TMD is not board-certified or board-eligible in pediatric surgery, refer to Standard 2.8) Adds in the MOC: - Documentation of orthopaedic trauma fellowship requirements (LI, PTCI) - Narrative description of the geriatric liaison qualifications (LI, LII)	X
4.6 → 4.5	Emergency Department Director	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.6 to 4.5.	
4.5	Emergency Department Director	Type/ Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	- Changes the standard classification from Type I to Type II - Clarifies that the Emergency Director may meet board requirements through the Alternate Pathway	
4.7 → 4.6	Emergency Department Physician Requirements	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.7 to 4.6.	
4.6	Emergency Department Physician Requirements	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Clarification	Clarifies that Emergency physicians may meet board requirements through the Alternate Pathway and that physicians boarded outside emergency	

Standard	Title	Section	Applicable Level	Change Type	Summary of Change	Changes to the PRQ
					medicine/pediatric emergency medicine must maintain current ATLS certification.	
4.9	Neurosurgeon Requirements	Definition + Requirements	LI,LII,LIII-N,PTCI,PTCII	New	- Creates a stand-alone standard for neurosurgeon qualifications, separating board certification/eligibility or Alternate Pathway approval from neurosurgical coverage requirements - Retains the pediatric neurosurgery fellowship requirement for Level I pediatric centers. - Establishes a new standard classification of Type II	X
4.10	Neurosurgical Trauma Coverage	Title Change/ Definition + Requirements	LI,LII,LIII-N,PTCI,PTCII	Revision	- Changes the title from Neurotrauma Care - Separates neurosurgeon qualifications from coverage and adds contingency planning when neurotrauma capability is encumbered or overwhelmed into separate stand-alone standard (4.9 and 4.10). - Requires that Level III-N plans include possible diversion and implementation when neurosurgery is unavailable, with PIPS review and monitoring.	X
4.11	Orthopaedic Surgeon Requirements	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	New	- Creates a stand-alone standard for orthopaedic surgeon board certification/eligibility or Alternate Pathway approval, including the pediatric orthopaedic fellowship requirement for Level I pediatric centers into separate stand-alone standard (4.11 and 4.12). - Establishes a new standard classification of Type II	X
4.11 → 4.12	Orthopaedic Trauma Coverage	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.11 to 4.12.	
4.12	Orthopaedic Trauma Coverage	Title Change/ Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	- Separates orthopaedic surgeon qualifications from continuous coverage requirements into separate stand-alone standard (4.11 and 4.12). - Coverage standard focuses on continuous availability and contingency planning when orthopaedic capability is encumbered or overwhelmed.	X
4.14 → 4.13	Specialized Orthopaedic Trauma Care	Renumbering	LII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.14 to 4.13.	
4.14 → 4.15	Radiologist Access	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.14 to 4.15.	
4.15	Radiologist Access	Additional Information	LI,LII,LIII,PTCI, PTCII	Clarification	Clarifies the expectation that the radiologist must be able to provide a preliminary interpretation of the imaging. The time is measured from time of request to time of interpretation.	
4.15 → 4.16	Interventional Radiology Response for Hemorrhage Control	Renumbering	LI,LII,PTCI,PTCII	Renumbered	Shifts the standard number from 4.15 to 4.16.	
4.16	Interventional Radiology Response for Hemorrhage Control	Definition + Requirements	LI,LII,PTCI,PTCII	Edit	Corrects grammatical error: angiography	
4.16 → 4.17	ICU Director	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 4.16 to 4.17.	
4.17	ICU Director and Surgical Critical Care Staffing	Title Change/	LI,LII,LIII,PTCI, PTCII	Clarification	Changes the title from ICU Director	X

Standard	Title	Section	Applicable Level	Change Type	Summary of Change	Changes to the PRQ
		Definition + Requirements			- Combines ICU director and surgical critical care staffing requirements (Standards 4.16 and 4.18). - Establishes level-specific director qualifications and adds a Level II adult requirement for at least one board-certified/eligible surgical critical care surgeon participating in the trauma program.	
4.18	Intensivist Staffing	Definition + Requirements	LII	Retired	Retires the separate intensivist staffing standard and incorporates the applicable Level II surgical critical care requirement into revised Standard 4.17.	
4.19	ICU Provider Coverage for Level III Trauma Centers	Title Change/ Additional Information	LIII	Clarification	- Changes the title to: ICU Clinician Coverage for Level III Trauma Centers - Clarifies that coverage includes residents	
4.21	Surgical Specialists Availability	Change Type/ Definition + Requirements/ Additional Information/ Measures of Compliance	LI,LII,PTCI,PTCII	Revision/ Clarification	- Changes the standard classification from Type I to Type II - Adds endovascular surgery - Clarifies that expertise implies it can be provided by a physician and/or surgeon.	X
4.22	Ophthalmology Services	Additional Information/ Measures of Compliance	LI,LII,PTCI,PTCII	Clarification	Clarifies the following: - Ophthalmology capability includes an ophthalmologist, equipment, and personnel for surgical care - A contingency plan must provide timely access to an ophthalmologist through on-site coverage or transfer - Tele-ophthalmology may support triage but cannot replace surgical availability.	
4.23	Soft Tissue Coverage Expertise	Change Type/ Measures of Compliance	LI, PTCI	Addition	- Changes the standard classification from Type I to Type II - Adds in the MOC: Narrative description of availability and expertise for complex soft tissue reconstruction	
4.24	Craniofacial Expertise	Change Type/ Measure of Compliance	LI, PTCI	Revision	- Changes the standard classification from Type I to Type II - Adds in the MOC: Narrative description of availability and expertise for craniofacial reconstruction	
4.25	Replantation Services	Measures of Compliance	LI,LII,PTCI,PTCII	Addition	Adds in the MOC: Narrative description of availability and expertise for replantation	
4.27	Child Abuse (Nonaccidental Trauma) Physician	Definition + Requirements	PTCI,PTCII	Edit/ Clarification	Clarifies that pediatric trauma centers may meet the requirement with either a board-certified/eligible child abuse pediatrician or a board-certified/eligible physician with a special interest in child abuse who provides expertise to the trauma center.	
4.29	Renal Replacement Therapy	Definition + Requirements/ Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Edit/ Revision	Extends the contingency-plan option to Level II pediatric trauma centers and replaces the prior transfer-agreement requirement for Level III centers with a contingency plan when renal replacement therapy is unavailable.	
4.31	Trauma Registry Staffing Requirements	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	Consolidates former registry staffing, CAISS, registry course, and registrar CE standards into one standard (4.31, 4.32, 4.33, and 4.34).	X

Standard	Title	Section	Applicable Level	Change Type	Summary of Change	Changes to the PRQ
					Retains the 0.5 FTE per 200-300 entries ratio and adds required AIS and ICD-10 training, registry course content, 24 hours of trauma-related CE, at least one CAISS-certified FTE, and shared-resource provisions for combined programs.	
4.32-4.34	Registry Certification/Course/CE Standards	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Retired	Retires the stand-alone CAISS, trauma registry course, and trauma registrar continuing education standards because their requirements are consolidated into revised Standard 4.31.	
5.1	Clinical Practice Guidelines	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	- Changes the review interval from at least every three years to review during the verification cycle - Requires pediatric-specific evidence-based guidelines for Level I and II pediatric trauma centers.	
5.3	Levels of Trauma Activations	Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Addition	Adds to the MOC: - Criteria for highest-level where a trauma surgical evaluation is required - Criteria for lower-level activation where a trauma surgical evaluation is required	
5.8	Massive Transfusion Protocol	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	Requires that Level I and II pediatric trauma centers have a pediatric specific massive transfusion protocol.	
5.13	Decision to Transfer	Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Addition	Adds to the MOC: Report of all transfers out with reason for transfer	
5.15	Trauma Diversion Protocol, Hours, and Review	Title Change/ Definition + Requirements/ Additional Information/ Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Edit	- Changes the title from: Trauma Diversion Protocol - Combines diversion protocol, diversion-hour, and diversion-review requirements into one standard (5.15, 5.16, 7.9) - Adds the 400-hour reporting-period limit and requires all diversion events to be reviewed by the trauma operations committee.	X
5.16	Trauma Diversion Hours	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Retired	Incorporates the requirements into revised Standard 5.15.	
5.17 → 5.16	Neurosurgeon Response	Renumbering	LI,LII,LIII-N,PTCI,PTCII	Renumbered	Shifts the standard number from 5.17 to 5.16.	
5.16	Neurosurgeon Response	Additional Information/ Measures of Compliance	LI,LII,LIII-N,PTCI,PTCII	Edit/ Clarification	Clarifies the 30-minute neurosurgical evaluation requirement and explicitly allows the required evaluation to occur remotely or at bedside, with attending involvement in clinical decision-making.	
5.18 → 5.17	Neurotrauma Plan of Care for Level III Trauma Centers	Renumbering	LIII	Renumbered	Shifts the standard number from 5.18 to 5.17.	
5.17	Neurotrauma Plan of Care for Level III Trauma Centers	Definition + Requirements	LIII	Edit/ Clarification	Expands the written Level III neurotrauma plan to define both the injuries that may be treated at the center and which patients require neurosurgical consultation.	
5.19 → 5.18	Treatment Guidelines for Neurological and Spinal Cord	Renumbering	LI,LII,LIII-N,PTCI,PTCII	Renumbered	Shifts the standard number from 5.19 to 5.18.	
5.18	Treatment Guidelines for Neurological and Spinal Cord	Definition + Requirements	LI,LII,LIII-N,PTCI,PTCII	New	Creates a new standard requiring guidelines for TBI neurosurgical consultation, severe TBI including intracranial hypertension, and spinal cord injury.	X

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					Requires that Level I and II pediatric trauma centers have pediatric-specific guidelines.	
5.20 → 5.19	Treatment Guidelines for Orthopaedic Injuries	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.20 to 5.19.	
5.21 → 5.20	Orthopaedic Surgeon Response	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.21 to 5.20.	
5.20	Orthopaedic Surgeon Response	Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Addition	Adds to the MOC: - Report of orthopaedic surgeon response times for patients meeting the criteria in the standard - Policy outlining the criteria and requirements for orthopaedic surgeon response time	
5.23 → 5.22	Surgical Evaluation of ICU Patients	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.23 to 5.22.	
5.26 → 5.25	Timely CT Scan Reporting	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.26 to 5.25.	
5.27 → 5.26	Rehabilitation Services during Acute Phase of Care	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.27 to 5.26.	
5.26	Rehabilitation Services during Acute Phase of Care	Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Addition	Adds to the MOC: Narrative description of how patients are assessed for acute rehab needs	
5.28 → 5.27	Rehabilitation and Discharge Planning	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.28 to 5.27.	
5.29 → 5.28	Mental Health	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.29 to 5.28.	
5.28	Mental Health Assessment Protocol	Title Change	LI,LII,LIII,PTCI, PTCII	Revision	Changes the title from: Mental Health Screening	
5.30 → 5.29	Alcohol Misuse Screening	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 5.30 to 5.29.	
5.29	Alcohol Misuse Screening and Intervention	Title Change/ Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Edit/ Clarification	- Changes the title from Alcohol Misuse Screening - Combines alcohol screening and intervention into one standard - Clarifies that the standard is applicable to patients with a length of stay greater than 24 hours - Retains an 80% screening target for admitted trauma patients age 12 and older - Retains 80% documented brief-intervention target for patients who screen positive, with referral provisions for Level III centers when intervention is unavailable. - Defines “intervention” with reference	X
5.31	Alcohol Misuse Intervention	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Retired	Retires the separate alcohol misuse intervention standard because intervention requirements are incorporated into revised Standard 5.29.	
6.2	Trauma Registry Patient Record Completion	Additional Information	LI,LII,LIII,PTCI, PTCII	Clarification	Clarifies that “Patient records” are defined as records for patients who meet inclusion criteria for NTDS, hospital, local, regional, and state purposes.	X

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7.2	PIPS Plan	Resources	LI,LII,LIII,PTCI, PTCII	Edit	Clarifies audit filters: - Delays in access to time-sensitive diagnostic or therapeutic interventions, including any differences across populations as identified in the TQIP report - Compliance with policies related to timely access to the OR for urgent surgical intervention, including any differences across populations as identified in the TQIP report	
7.3		Additional Information/ Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Edit/ Addition	References use of the PIPS plan in Standard 7.2	
7.6	Trauma Multidisciplinary PIPS Committee Attendance	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Revision	- Requires 50% of meetings for the pediatric surgery liaison (applies only to PTCI and PTCII and only if the TMD is not board-certified or board-eligible in pediatric surgery; refer to Standard 2.8) - For combined adult Level I/II and pediatric Level II programs, requires separate adult and pediatric meetings with the appropriate specialists plus a TMD or predetermined alternate attending 50% of the other program's meetings.	X
7.7	Trauma Mortality Review	Additional Information	LI,LII,LIII,PTCI, PTCII	Addition	Adds that, after secondary review, mortalities without an opportunity for improvement may be placed on a consent agenda for the trauma multidisciplinary PIPS committee.	
7.8	Nonsurgical Trauma Admissions Review	Definition + Requirements/ Additional Information	LI,LII,LIII,PTCI, PTCII	Clarification	- Clarifies criteria for secondary review, and notes that cases not meeting those criteria may close at primary review - Clarifies that centers may use either ISS or the Nelson tool.	
7.9	Trauma Diversion Review	Definition + Requirements	LI,LII,LIII,PTCI, PTCII	Retired	Retires the separate diversion-review standard and incorporates diversion review into revised Standard 5.15.	
7.10 → 7.9	Prehospital Care Feedback	Renumbering	LI,LII,LIII,PTCI, PTCII	Renumbered	Shifts the standard number from 7.10 to 7.9.	
7.9	Transfer and Prehospital Care Feedback	Title Change/ Definition + Requirements/ Measure of Compliance	LI,LII,LIII,PTCI, PTCII	Edit	- Changes the title from Prehospital Care Feedback - Expands the former Prehospital Care Feedback standard to include feedback to both receiving and referring providers regarding patient care, outcomes, and opportunities for improvement, in addition to EMS feedback.	X
8.1	Public and Professional Trauma Education	Measures of Compliance	LI,LII,LIII,PTCI, PTCII	Edit	Clarifies in the MOC: documentation demonstrating public and professional trauma education	
8.2	Nursing Trauma Orientation and Education	Additional Information	LI,LII,LIII,PTCI, PTCII	Addition	Clarifies that Education may include internal courses or modules pertaining to trauma care.	
8.3	Prehospital Provider Training	Additional Information	LI,LII,LIII,PTCI, PTCII	Addition	Adds to the MOC: Narrative description of the involvement in the training of prehospital personnel	
9.1	Research and Scholarly Activities	Measures of Compliance	LI, PTCI	Addition	Adds to the MOC: - Evidence of participation at a regional, national, or international trauma conference - Narrative description of support of resident or fellow scholarly activities	

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Appendix A	Appendix A: Board Certification	Board Certification	LI,LII,LIII,PTCI, PTCII	Edit/ Clarification	- Removes the prior FACS-before-2017 exemption language - Formalizes a two-step Alternate Pathway: Step 1 pre-eligibility review of training equivalency, followed by Step 2 requirements for CME, ATLS, trauma organization participation, PIPS attendance, institutional privileges, and comparable processes/outcomes of care. - Removes the requirement for a previously approved Alternate Pathway physician to reapply after moving to a new institution	X