



Policy AC-127

Emergency Department Closure to Trauma Patients (Levels 1, 2 and 3 Trauma Centers)

Purpose:

To demonstrate the trauma center's capacity and ability to care for trauma patients

Procedure:

1. Level 1, 2 and 3 trauma centers will submit emergency department closure information regarding closures to trauma patients for the fiscal year July 1 through June 30 to the Pennsylvania Trauma Systems Foundation (PTSF) using a standard format (see attached) by July 15.
2. PTSF staff member(s) will review Closure Reports.
3. If a trauma center is found to be in non-compliance with the Standards of Accreditation's diversion parameters, the information will be blinded and presented for review to the Board of Directors (Board) at its summer accreditation meeting.
4. A letter outlining the Board's concerns will be sent to the institution by October 1.
 - a) The Board will decide whether comment(s) is required from the institution.
 - b) The letter will be provided to the site surveyors at the time of the institution's next site visit.
 - c) A hospital that diverts trauma patients greater than five percent (5%) of the time (438-hours per year or 225-hours in a six-month period), as noted on their ED diversion annual report, is at risk for Board action up to and including suspension of trauma center accreditation.

(Reference: ACS COT Frequently Asked Questions for the Resources for Optimal Care of the Injured Patient: 2006.)

Approved by PTSF Board of Directors:

Original Date: 02/12/1996

Revise Date: 06/17/2003; 12/6/2006; 07/28/2010; 09/17/2014

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Trauma Diversion/Emergency Department
 Closures to Trauma Patients
 Reporting Form
 July 1, 20__ – June 30, 20__

Date on Diversion	Time on Diversion	Reason for Diversion		
Date off Diversion	Time off Diversion	Check all boxes that apply. If other please specify.		
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> OR unavailable	<input type="checkbox"/> ICU staff unavailable	<input type="checkbox"/> CT Scanner Down
		<input type="checkbox"/> ED capacity exceeded	<input type="checkbox"/> ICU capacity exceeded	<input type="checkbox"/> Other: _____