

Purpose:

To demonstrate the trauma center's capacity and ability to care for trauma patients and outline the process by which a hospital must notify the Pennsylvania Trauma Systems Foundation (PTSF) of their annual diversion hours.

Procedure:

1. Level I, II and III trauma centers will submit trauma diversion information for the fiscal year July 1 through June 30 to PTSF using a standard template.
 - A. The template is emailed to trauma centers in June and must be electronically submitted to PTSF by a July date, determined by PTSF.
 - B. Diversion is defined as any time when the trauma center is not accepting trauma patients from the scene or via interfacility transfer.
2. PTSF staff member(s) will review Diversion Reports for patterns of diversion affecting the ability to provide consistent, essential care for the injured patient. A redacted, aggregate summary of the statewide findings will be distributed to the Board of Directors (Board) for review.
3. A redacted Diversion Report is presented to the Board for review when the report demonstrates deviations from PTSF Standards of Accreditation. Non-compliance includes, but is not limited to:
 - A. More than four hundred (400) diversion hours of trauma patients per year.
 - B. Demonstration of diversion based on circumstances such as day of week or time of day.
 - C. Demonstration of lack of service coverage for extended periods of time without PTSF notification. Refer to Policy AC-128: Notification Regarding Changes in Trauma Center Operations for additional details.
 - D. Lack of event review at the Operations Committee Meeting.
4. The Board may require additional action from the institution. Actions may include but are not limited to:
 - A. Submission of an initial action plan submission demonstrating meaningful actions to mitigate diversion.
 - B. Additional, interim diversion report submissions.
 - C. Non-compliance with diversion hours will be disclosed within the Application for Survey. Additionally, the diversion status must be presented in the Performance Improvement Overview during the survey visit.
 - D. The hospital is at risk for Board action up to and including suspension of trauma center accreditation.
5. Communication outlining the Board's determination will be sent, via email, to the trauma center after the Board review.

Approved by the PTSF Board of Directors and/or Executive Committee

Original Date: 02/12/1996

Revise Date: 06/17/2003, 12/06/2006, 07/28/2010, 09/17/2014, 03/21/2017, 09/21/2018, 01/04/2023, 05/23/2022, 05/22/2024, 08/11/2026

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