

Purpose:

To provide guidance to hospitals pursuing trauma center accreditation and accredited trauma centers regarding the types of information that should be conveyed to the Pennsylvania Trauma Systems Foundation (PTSF) and the timing of that communication.

Procedure:

1. The following must be communicated to the PTSF within 48 hours, or in advance, whenever possible:
 - A. Any deviations from the PTSF Standards of Accreditation (n/a for pursuing centers)
 - B. Changes in Trauma Program Leadership lasting >30 days Including:
 - i. Trauma Program Medical Director
 - ii. Trauma Program Manager
 - iii. Trauma Performance Improvement Coordinator
 - iv. Trauma Registry Staff
 - C. The following information must be included in the notification:
 - i. A curriculum vitae (CV)/resume (necessary for Trauma Program Medical Director (TPMD) and Trauma Program Manager (TPM) only)
 - ii. Contact information including phone number and email address.
 - a. PTSF staff are available to provide onboarding education, as well as assistance and support via phone, email or video conferencing platform, to new trauma program staff. Contact the PTSF Manager of Trauma Center Development if interested.
 - b. When personnel changes occur within a trauma program's leadership, the trauma program may request new passwords from the PTSF for the Central Site Portal, AFS, Registry Data Submission and/or Driller.
 - D. The need for accredited centers to suspend or remove trauma services beyond temporary emergency department closure/diversion.
 - i. Examples include nursing strike, the inability to fill call, back-up call schedules for trauma surgeons and/or essential sub-specialists, and/or a Level III or IV stops offering non-essential specialty services, such as neurosurgery.
 - ii. Authorization to resume trauma services after a suspension of greater than two weeks will occur after review/approval by the Executive Committee of the PTSF Board of Directors (Board).
 - E. Level III and IV: Addition of or change in physician specialty service involvement in the care of the injured patient. Examples include adding an orthopedic surgery service and/or changing the participation of general surgery from participation as a trauma service to a consultation service.
 2. The following items must be communicated to the PTSF within 30 days:
 - A. Changes in hospital leadership related to the trauma program (Including: CEO, Hospital Administrator Trauma Center Contact).
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Policy AC-128

Notification Regarding Changes in Trauma Center Operations for Pursuing & Accredited Trauma Centers

- B. Changes in staffing patterns that place an accredited trauma center at future risk for necessitating diversion of trauma patients. Examples include members of physician teams decreasing to the minimum standard such as a decrease in an orthopedic or neurosurgical team to one member.
 - C. Changes in availability of diagnostic equipment or other resources that place an accredited trauma center at future risk for necessitating diversion of trauma patients. Examples include all CT scanners becoming inoperable.
3. The following items must be communicated from accredited trauma centers to PTSF annually: Emergency Department and/or Trauma Center closure to trauma patients including interfacility transfers (Policy AC-127: Trauma Center Diversion—Level I, II & III Trauma Centers).

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

Original Date: 12/10/2003

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