

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 (Standards) (not applicable for pursuing centers)
 - B. Changes in Trauma Program Leadership lasting >30 days Including:
 - i. Trauma Program Medical Director (TPMD) - Provide periodic updates on recruitment efforts to the PTSF at least every 180 days.
 - ii. Trauma Program Manager (TPM) - Provide periodic updates on recruitment efforts to the PTSF at least every 180 days.
 - 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 TPMD and Trauma TPM only)
 - ii. Contact information including phone number and email address.
 - iii. 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 if interested.
 - 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. Notification must include evidence of meeting the applicable Standards.
 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).
 - 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.
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Policy AC-128

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

- 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

Revise Date: 12/11/2014, 07/27/2017, 09/21/2018, 09/27/2019, 09/16/2021, 02/23/2024, 05/22/2024

Review Date: 07/28/2010, 04/01/2016, 07/01/2019, 09/16/2021, 02/13/2023