

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 from accredited trauma centers to the PTSF as soon as possible/at least within 48 hours and in advance whenever possible:
 - a. Any deviations from the “Standards of Accreditation”
 - i. Changes in key Trauma Program Leadership: Reflective of permanent or temporary coverage lasting >30 days
 - ii. Including:
 1. Trauma Program Medical Director
 2. Trauma Program Manager
 3. Trauma Performance Improvement Coordinator
 4. Trauma Registry Staff
 - iii. A curriculum vitae (CV)/resume must be submitted to PTSF for Trauma Program Medical Director (TPMD) and Trauma Program Manager (TPM).
 - iv. Contact information including
 1. Email
 2. Phone Number
 - v. When personnel changes occur within a trauma program’s leadership, PTSF staff are available to provide an in-person, trauma program educational visit, assistance via phone/conference call or online training component (example: webinar). Contact the PTSF Director of Accreditation if interested.
 - vi. 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.
 - b. The need to suspend trauma services beyond temporary emergency department closure. Examples: nursing strike, inability to fill call and/or back-up call slots for trauma surgeons and essential sub-specialists,

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

- c. The request to resume trauma services after a suspension of greater than two weeks. Authorization to resume services will occur after review/approval by the Executive Committee of the PTSF Board of Directors (Board).
2. The following items must be communicated from accredited and pursuing trauma centers to the PTSF within 30 days:
 - a. Changes in hospital leadership related to the trauma program (Including: CEO, 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— i.e., a decrease in an orthopedic or neurosurgical team to two members in a Level I trauma center.)
 - 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 one of two CT scanners becoming inoperable.)
 3. The following items must be communicated from accredited trauma centers to PTSF annually:
 - a. Emergency Department Closure to Trauma Patients (Policy AC-127, Trauma Center Diversion—Level I, II & III Trauma Centers)

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

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