

Purpose:

To provide guidance to 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 PTSF as soon as possible:
 - A. Any deviations from the “Standards of Trauma Center Accreditation”
 - 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.
 - 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 to PTSF within 30 days:
 - A. Changes in personnel vital to the trauma program (Including: CEO, Trauma Center Contact, Trauma Program Medical Director, Trauma Program Manager/Coordinator, Trauma Performance Improvement Coordinator and Trauma Registry staff members.)

NOTE: 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.
 - B. In order to provide evidence of compliance with the “Standards of Accreditation,” a curriculum vitae (CV)/resume must be submitted to PTSF along with the notification of a change in leadership for both Trauma Program Medical Directors (TPMD) and Trauma Program Managers/Coordinators (TPM/C). This is required for all trauma levels—both accredited trauma centers and pursuing hospitals.
 - C. Changes in staffing patterns that place a 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.)
 - D. Changes in availability of diagnostic equipment or other resources that place a trauma center at future risk for necessitating diversion of trauma patients. (Examples include one of two CT scanners becoming inoperable.)



Policy AC-128

Notification Regarding Changes in Trauma Center Operations

3. The following items must be communicated to PTSF annually:
 - A. Emergency Department Closure to Trauma Patients. (Policy AC-127, Emergency Department Closure to Trauma Patients—accredited Level I, II and III Trauma Centers)

Approved by PTSF Board of Directors:

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