

Policy Number: **T-13**
Issue Date: **06/2006**
Values: *Serve our Community*

Approved by: **CEO Cabinet**
Applies to: **Downtown**
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Trauma Center Temporary Closure Policy

Review Date:	Change Description:
08/07/2017	
Revised Date:	Change Description:
08/07/2017	<i>Some wording changes; contact agency changes; added references; added related policy</i>

Applies to: All Clinical Areas Caring for Trauma Patients

Policy: Upstate University Hospital has specific guidelines that will determine when to place the trauma center on “Temporary Trauma Closure.” These guidelines and this policy define the situations that suggest that further trauma patients admitted to the trauma center will adversely affect patient care, as well as the communications pathway to be implemented so that all involved parties are aware of the status of the trauma center with respect to accepting new patients.

DEFINITIONS:

Temporary Trauma Closure – Closure of the trauma center due to an extenuating circumstance in which the admission of further patients would result in 1) inadequate resuscitation and evaluation, or 2) jeopardy to patients already in the ED or hospital. Temporary Trauma Closure is considered separate from ED Diversion. It is possible to be on ED Diversion without affecting Trauma status.

Procedure:

1. The Trauma Center will only go on Temporary Closure when the facility is unable to provide the appropriate care for the patient. Examples that might necessitate the Trauma Center initiating Temporary Closure include, but are not limited to:
 - a. A disaster situation, such as a power failure or flood, where the primary and backup systems for the ED and OR are compromised.
 - b. CAT scan equipment is not working without an anticipated re-start time.
 - c. The trauma team, including the back-up team, is overwhelmed in the management of trauma patients without anticipated relief.
2. The final decision to place the trauma center on Temporary Closure will be made by the Trauma Medical Director or his/her designee, in discussion with the on-call trauma surgeon, the ED attending on Administrative call, Anesthesia Officer of the Day, and the On-Call Administrative Supervisor (refer to CM T-20, Patient Throughput Response Plan, in Clinical Manual).
3. **Duration of Temporary Closure:** Upstate University Hospital Trauma Center will be temporarily closed until above items a. & b. are completed resolved, or until a Trauma patient resuscitation can be managed somewhere else in the facility. This status will be reviewed every two hours by the Trauma attending, ED attending, and Administrative Supervisor (refer to CM T-20, Patient Throughput Response Plan, in Clinical Manual).

4. In the event that Upstate University Hospital must go on Temporary Trauma Closure, the following procedure shall be initiated by the Administrative Supervisor:
 - a. The following institutions or services will be notified by the Administrative Supervisor or his/her designee:
 - i. The Administrator on Call
 - ii. Fire Control Communications Center 435-8881
 - iii. St. Elizabeth's Hospital, Utica 315-798-8111
 - iv. UHS Wilson, Binghamton 607-763-6611
 - v. Notification to a Level I Trauma Center (Albany Medical Center - (518) 262-3131, or Strong Memorial Hospital - 800-499-9298)
 - vi. Notification to a Level I Pediatric Trauma Center – Strong Memorial Hospital - 800-499-9298
 - vii. Notification of air medical agencies: Mercy Flight Central – 585-396-0584; Lifenet – 1-800-435-3822
 - viii. UH Transfer Center 866-464-5449
5. Documentation of notification will include:
 - a. Time/date the Closure status
 - b. Name of person authorizing Closure
 - c. The reason for the Closure decision
 - d. Names of agencies/facilities contacted
 - e. Time/date agencies/facilities contacted
 - f. Name of the individuals contacted at agencies/facilities
 - g. Fax completed Temporary Closure Document Worksheet to Trauma Program Manager at 46266
6. All instances of Temporary Trauma Closure will be reviewed in the monthly Trauma Process Improvement Committee meeting.
7. The Trauma Center will remove the Temporary Closure when the facility is able to provide the appropriate care for the Trauma patient.
 - a. All agencies contacted in 3.a. will be notified by the Administrative Supervisor or his/her designee of the reopening.
8. Documentation of notification will include:
 - a. Time/date facility terminated Closure status
 - b. Names of agencies/facilities contacted regarding Closure cancellation
 - c. Time/date of agencies/facilities were contacted regarding Closure cancellation

Patient Education/Related Resources:

CM T-20, Patient Throughput Response Plan

Form Name(s) and Number(s): N/A

Originating Department(s): Trauma Services
Emergency Department

Contributing Department(s): N/A

Evidence-Based References:

NEDOCS & Patient Through Put Response Plan (clinical manual online)

American College of Surgeons. (2014). *Resources of Optimal Care of the Injured Patient 6th Ed.*
Chicago, Illinois: American College of Surgeons.

Trauma Center Temporary Closure Policy (continued)

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Temporary Closure Documentation Worksheet

1. Date of Temporary Closure _____

2. Time _____

3. Name of Persons Authorizing: Trauma Surgeon: _____

Emergency Dept. Administrative Physician: _____

Administrative Supervisor: _____

4. Reason of Temporary

Closure _____

5. Agencies Contacted (Check all that were contacted with time/Date/ person @ facility)

Check when complete	DATE	TIME	AGENCY/POSITION NAME	Name of Peron Contacted
			Trauma Surgeon	
			Anesthesia Officer of the Day	
			Administrator on call	
			Fire Control Communications Center 435-8881	
			St. Elizabeth's Hospital, Utica 315-798-8111	
			UHS Wilson, Binghamton 607-763-6611	
			Notification to a Level I Trauma Center (Albany Medical Center 518-262-3131 or Strong Memorial Hospital 800-499-9298)	
			Notification to a Level I Pediatric Trauma Center – Strong Memorial Hospital 800-499- 9298	
			Notification of flight agencies: Mercy Flight Central – 585-396-0584; Lifenet – 1-800-435-3822	
			UH Transfer Center 866-464-5449	

6. Temporary diversion Terminated Agencies Contacted (Check all that were contacted with time/Date/ person @ facility)

Fax to Trauma Coordinator Office @ 46266 when complete

Check when complete	DATE	TIME	AGENCY NAME	Name of Peron Contacted
			Administrator on call	
			Fire Control Communications Center 435-8881	
			St. Elizabeth's Hospital, Utica 315-798-8111	
			UHS Wilson, Binghamton 607-763-6611	
			Notification to a Level I Trauma Center (Albany Medical Center 518-262-3131 or Strong Memorial Hospital 800-499-9298)	
			Notification to a Level I Pediatric Trauma Center – Strong Memorial Hospital 800-499- 9298	
			Notification of flight agencies: Mercy Flight Central – 585-396-0584; Lifenet – 1-800-435-3822	
			UH Transfer Center 866-464-5449	