

Trauma Patient Transfer and Diversion

This section demonstrates compliance with [WAC 246-976-700](#) requirements for trauma patient transfer and diversion.

Level: All

- Section Item 1:** Written transfer-in guidelines consistent with the facility's designation level and trauma scope of service. If you do not accept patient transfers in, skip to Section Item 3.
- Section Item 2:** The guidelines must identify the type, severity and complexity of injuries the facility can safely accept, admit, and provide with definitive care.
- Section Item 3:** Written transfer-out guidelines consistent with the facility's designation level and trauma scope of service.
- Section Item 4:** The guidelines must identify the type, severity and complexity of injuries that exceed the resources and capabilities of the trauma service.
- Section Item 5:** Interfacility transfer agreements with all trauma services that receive the facility's trauma patients.
- Section Item 6:** Agreements must have a process to identify medical control during the interfacility transfer, and address the responsibilities of the trauma service, the receiving hospital, and the verified prehospital transport agency.
- Section Item 7:** All trauma patients must be transported by a trauma verified prehospital transport agency.
- Section Item 8:** An air medical transport plan addressing the receipt or transfer of trauma patients with a heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer trauma patients by fixed-wing or rotary-wing aircraft.
- Section Item 9:** A written diversion protocol for the ED to divert trauma patients from the field to another trauma service when resources are temporarily unavailable.
- Section Item 10:** The process must include (check the boxes below to indicate each is included):
- Trauma service and patient criteria used to decide when diversion is necessary;
 - How divert status will be communicated to nearby trauma services & prehospital agencies;
 - How diversion will be coordinated with the appropriate prehospital agency;
 - A method of documenting and tracking when the trauma service is on trauma divert, including the date, time, duration, reason, and decision maker.

Respond to the following items:

Upload the following response items in the Supporting Documents section of the application. Label each with the corresponding Section number and Item number.

Response Item 1: Upload the trauma transfer-out guideline(s) for adult patients and for pediatric patients with needs exceeding the facility's capabilities listed in the trauma scope of service. Include the receiving facilities for specific injury types (e.g., burns, neurotrauma, spine, hand, etc.), and for specific populations (e.g., pediatric, geriatric, etc.). (The state pediatric transfer guideline can be found here: [Pediatric Consultation & Transfer Guideline](#).) As a Level I, this may be where you would send your patients if a mass casualty occurred.

Response Item 2: Upload a summary of issues regarding patients transferred-out from your facility for both adult and pediatric patients, (e.g., patients transferred to a non-trauma designated facility, double- transfers, inappropriate transfers, transfers with ED LOS >3 hours.)

Response Item 3: Yes No Does the trauma service QI review all adult and pediatric patients transferred out?

Response Item 4: Explain what was done to develop relationships with facilities that receive this facility's trauma patients (Limit response to 500 characters): _____

Response Item 5: Yes No Does the trauma service QI review all patients transferred in? Skip to Section 8 if your facility does not receive trauma patients transferred in.

Response Item 6: Yes No Does the trauma service reach out to other facilities that could potentially transfer trauma patients to this facility?

Response Item 7: What percentage of the time was the facility on trauma divert in the most recent 12-months? _____