

Guide to Understanding The Trauma Center Accreditation Report

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PURPOSE

The following guide will assist hospitals in understanding the format and rationale for the content in the accreditation report. In turn, this will enhance the development of an action plan to address significant issues identified through the site survey process.

Deliberation Process and Components

Please note that all information referred to in the accreditation report can be directly linked to information reviewed by the survey team and the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board). The following list outlines the sources of information from which the accreditation report is based:

- Application for Survey completed by the trauma program
- Significant Issue(s) identified during the previous site survey
- Opening Conference by the trauma program on survey day
- Performance Improvement information provided by the trauma program on survey day
- Medical Record Review on survey day
- On-site meetings and interviews during site survey day, and any discussions with hospital staff
- Information and comments entered by trauma surveyors in the survey software
- Queries and reports requested by the site survey team on survey day
- Pennsylvania Trauma Outcome Study (PTOS) data
- PTOS Registry Timeliness Chart
- V5 Outcomes Software Timeliness Chart
- Clarification letter submitted by the trauma program after the survey (if applicable)

The trauma surveyors are fact finders, reviewing hospital information and medical records during survey day. This review is intended to be both regulatory and educational. Refer to PTSF policy AC-119: Surveyor Selection Criteria for information on trauma surveyors. By using “outside” trauma experts / surveyors to review trauma programs, the Board is able to validate issues identified by the trauma program and/or identify issues that negatively impact trauma clinical care. The trauma survey also validates or identifies trauma system issues. All parties must remember that the common goal for both PTSF and individual trauma programs is optimal outcomes for every injured patient.

On survey day, the trauma surveyors enter information and comments relevant to the care of the injured patient and the compliance with PTSF Standards of Accreditation (Standards) into the electronic survey software. Information in the survey software, reports, trauma program documents/policies, timeliness charts, and the clarification letter from the trauma program will be blinded to remove all identifiers. All blinded survey/accreditation information is presented to the PTSF Board. During Board deliberation a strict conflict of interest policy is enforced, refer to PTSF policy BD-106: Conflicts of Interest for details. The final determination of trauma center accreditation status occurs at the PTSF Board meeting and deliberations. After a thorough review and discussion by Board members, a blinded vote is made and the majority vote determines whether a hospital receives accreditation/reaccreditation, the duration of the accreditation, the status of previously cited significant issues, any new significant issues, strengths and opportunities for improvement. Refer to

PTSF policies AC-114: Certificates of Accreditation, and AC-137: Accreditation Guidelines & Continuum for Board Members for additional details.

ACCREDITATION REPORT

The intent of the accreditation report is to provide the facility with accurate information regarding the entire survey process and the overall compliance with PTSF Standards. The accreditation report provides specific information regarding the trauma program, clinical care, compliance with PTSF Standards and performance improvement activities.

Components of the Accreditation Report

The accreditation report is written in the same format for each trauma program regardless of the number of issues that are identified or resolved. The order of issues cited in the report does not correlate with the degree of severity of issues. Clinical Care, Performance Improvement and Commitment are issues of high priority and are the main areas of consideration when the Board is making decisions regarding the duration of accreditation.

Significant Issues(s)

Definition of “Significant Issue” - a major clinical and/or trauma system issue that impacts or has the potential to impact the ability to provide all aspects of trauma care. A Significant Issue can be associated with any aspect of the trauma program included in the Standards of Accreditation. This includes, but is not limited to, the provision of direct clinical care, the support and responsiveness of administration to the needs of the trauma program, the care provided by surgical and non-surgical specialties, the care provided by support services, and the thoroughness of Performance Improvement activities. Lack of documentation may be cited as a Significant Issue, as lack of pertinent information implies that clinical assessments and care have not been provided.

An explanation of the Significant Issue may include:

- A short description of the Significant Issue
- Supporting information, such as site survey documents, PTSF Standards and/or medical record numbers(s)
- “Reference(s)” that represent the specific PTSF Standard that is non-compliant

Previous Significant Issue(s) – now considered Resolved

This section of the report briefly describes significant issues that were appropriately resolved from the previous site survey. Although due diligence is warranted to assure that the issue remains controlled, no further formal action is required for the Board.

The Previous Significant Issue(s) – now considered Resolved section of the accreditation report will not be provided to the site survey team or the Board for the institution’s next survey.

NOTE: This section does not apply to first time applicants.

Unresolved Previous Significant Issue(s)

This section of the report describes significant issues from the previous site survey that have not been resolved since the previous site survey. These issues require an action plan from the trauma center.

The Unresolved Significant Issue(s) section of the accreditation report will be provided to the survey team and the Board during the hospital's next trauma survey.

NOTE: This section does not apply to first time applicants.

New Significant Issue(s) Identified During This Site Survey

This section describes any Significant Issues that were identified during the most recent site survey. These issues require an action plan from the trauma center.

The New Significant Issue(s) Identified During This Site Survey section of the accreditation report will be provided to the survey team and the Board during the hospital's next trauma survey.

Queries

During the course of the survey day, the trauma program may be asked to submit a number of trauma registry reports at the request of one or more site surveyors or PTSF staff. If information was gleaned from these reports to make a determination regarding accreditation, a summary of the query and the results are placed within the Accreditation Report. This section will not include any queries that were not commented on by the site survey team members on the day of site survey.

The Queries section of the accreditation report will not be provided to the site survey team or the Board for the institution's next survey.

Strengths of the Trauma Program

This section of the report lists institutional strengths identified by the Board and survey team regarding areas that meet or exceed the Standards.

The Strengths of the Trauma Program section of the accreditation report will not be provided to the site survey team or the Board for the institution's next survey.

Opportunities for Improvement

Opportunities for Improvement are recommendations from the Board and site survey team that the trauma program should further explore to mature their program. These issues were found to be inconsistent, or did not rise to the level of citation as a significant issue. These are recommendations only and do not require a formal written action plan by the facility.

The Opportunities for Improvement section of the accreditation report will not be provided to the site survey team or the Board for the institution's next survey.

Medical Record Review

This section of the report lists each medical record (identified by trauma number) that was reviewed by the survey team and any issues that were identified by either the trauma program or the surveyor. Issues identified by the surveyor will be noted. The list is in numerical order.

- Potential areas of concern warranting more in-depth review by members of the trauma program may be listed in the medical record review. These areas of concern are primarily focused on the sequence and/or timing of clinical care, trauma system issues, and the ability to process the trauma patient throughout the trauma continuum of care.
- Deviations in clinical practice that affect or have the potential to affect clinical outcome are priority areas considered by the Board when making accreditation decisions.
- Issues identified in PA V5 Outcomes as tracking issues are traditionally not included in the issues section unless a discrepancy is identified and the surveyor comments on it. Medical Record Review information contained in your accreditation report is not shared with the surveyors or the Board during the hospital's next survey.

ACCREDITATION REPORT ACTION PLANS

All trauma programs that receive Significant Issues must submit an action plan for each Significant Issue by a requested date assigned by PTSF. Each action plan must contain the Significant Issue analysis, the plan for corrective actions and planned metrics to demonstrate resolution. This will provide an opportunity for PTSF to review and provide recommendations for further action plan development. The required template for the submission of action plans is located on the PTSF web page in the Resources section under Site Survey.

Additionally, based on the impact and severity of the Significant Issue, a trauma program may be asked by the Board to provide additional updates (typically at the one-year mark) on Action Plan progress. This will be noted on the cover letter accompanying the accreditation report. Action Plan progress updates are submitted to PTSF, will be blinded and presented to the Board for review and determination if additional action is required. Adhering to the same “conflict of interest” policy utilized during deliberations.

Action plans are not required for hospitals that are denied accreditation.

Please contact PTSF for assistance with action plans if needed.

ACCREDITATION REPORT REVIEW WITH PTSF &/or BOARD PANEL

Hospitals that are denied accreditation OR trauma centers receiving a two-year (2) accreditation are offered a meeting with a panel of Board members to discuss the accreditation report. Trauma centers receiving a one-year (1) accreditation are required to participate in the Board panel meeting.

The intention of this meeting is to discuss significant issues, proposed action plans and board determinations. The intent is not to dispute outcomes. If an action plan is drafted by the time of the meeting, the trauma program can use this opportunity to have the Board members review it and provide input.

Although an accreditation report meeting is not required for hospitals that do not meet the mentioned criteria, experience has shown that a meeting with PTSF or a Board panel is beneficial regardless of the outcome of the accreditation process. Please contact the Director of Accreditation if the hospital is interested in this option.

REQUESTS FOR RECONSIDERATION OF A DELIBERATION DECISION

Policy AC-136: Requests for Reconsideration of Accreditation Decision outlines the procedures for a hospital requesting deliberation reconsideration. Please contact the PTSF Executive Director for assistance with this process.

CONSULTATIVE REPORT

Trauma programs with a consultative site visit will receive a consultative report that contains content different from the accreditation report. The intent of the consultative report is to provide guidance in the pursuit of trauma accreditation. The content reflects the comments by the site surveyors which is to be educational. Refer to PTSF policy AC-119: Surveyor Selection Criteria for information on trauma surveyors.

On consultative survey day, the trauma surveyors enter information and comments relevant to the care of the injured patient and the compliance with PTSF Standards into the electronic survey software. A summary of the site surveyors' comments will be blinded to remove all identifiers and presented to the PTSF Board enforcing a strict conflict of interest policy, refer to PTSF policy BD-106: Conflicts of Interest for details. Approval and/or suggestions for revision are made by the Board.

The consultative report is not shared with the surveyors or the Board during the hospital's next consultative or accreditation survey.

Components of the Consultative Report

Commitment and Trauma Program Development

This section comments on the commitment of the administration, providers and hospital staff to the pursuit of trauma accreditation and the progress of the hospital's trauma program development. Content is a result of the information gathered by the surveyors on the consultative survey day related to the support and responsiveness of administration to the needs of the trauma program, the surgical and non-surgical specialties, support services, and hospital staff. Recommendations for improving demonstration of commitment and trauma program development will be included.

Clinical Care

This section comments on the clinical care provided by the program as demonstrated by the hospital on survey day, including in any medical records reviewed. Clinical care by all providers and subspecialties, and support staff is reviewed. Deviations in clinical practice that affect or have the potential to affect clinical outcome will be identified. Recommendations for improving clinical care will be included.

Performance Improvement

This section comments are the development of the trauma program's performance improvement process and the implementation of the Performance Improvement Plan as demonstrated during consultative survey day. Recommendations for improving the performance improvement process as outlined by the trauma program or as demonstrated in the medical record review will be included.

Medical Record Review

This section of the consultation report lists each medical record (identified by trauma number) that was reviewed by the consultative survey team and any issues that were identified by either the trauma program or the surveyor. Issues identified by the surveyor will be noted. The list is in numerical order.

- Potential areas of concern warranting more in-depth review by members of the trauma program may be listed in the medical record review. These areas of concern are primarily focused on the sequence and/or timing of clinical care, trauma system issues, and the ability to process the trauma patient throughout the trauma continuum of care.
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Summary

This section is a brief overall summary of the trauma program and the readiness of the hospital for trauma accreditation.