

**WebEx PTSF Town Hall Meeting Transcript
May 19, 2016**

- 1. I have always wondered about this. If the deliberations for accreditation by the board are supposed to be blinded, how is this affected when you have a member from your hospital on the board? If they are being asked to step out, how does everyone else not know it's your institution?**

Answer: Board members never know the exact reason a colleague steps out. It is pretty rare that a board member has just one conflict. Sometimes even the board member doesn't know the reason and which institution he/she is stepping out for! The number of conflicts continues to increase as our system grows. All deliberation packets are assigned a letter and are blinded with no identifiers. Board members are given an index card that list the letters they need to remove themselves from the room for Board members review the deliberation packets on-line prior to the meeting so they don't feel rushed. They are only given access to those deliberation packets they have no conflicts with.

- 2. Question for Nathan: If we admit someone who has minor injuries that would not keep a patient long enough for PTOS status, but they get transferred to another service for a medical condition... how long do we follow them and register their occurrences. Say they remain hospitalized for 3 months. Do we have to continue to follow them?**

Answer: If a patient is a PTOS qualifier they should be followed and abstracted appropriately until discharge from your facility or death while in your facility. Based on your question, what may need to be determined is whether or not the patient should be PTOS to begin with.