

Purpose:

To provide a mechanism by which non-board certified physicians in a trauma center can be approved to care for trauma patients by using the Alternate Pathway criteria. This applies to only those physicians who, by Pennsylvania Trauma Systems Foundation (PTSF) Standards for Trauma Center Accreditation, are required to be Board Certified.

Procedure:

1. Initial Communication to PTSF
 - a. Trauma Center submits a request letter and documentation required in Attachment A to PTSF Director of Accreditation requesting permission for a non-board certified physician to provide trauma care. This permission would enable him/her to care for trauma patients for a period not to exceed 16-months. Requirements noted in Attachment A must accompany the request.
 - b. PTSF Staff will review the material and either request additional information, or approve the request.
 - c. Notification of decision will be sent back to the requesting trauma center.
2. Communication 12-months following submission of Attachment A
 - a. Trauma Center submits a follow-up letter requesting temporary or permanent exemption for a non-board certified physician to care for trauma patients to the PTSF Director of Accreditation. This letter must contain requested documentation noted in Appendix B.
 - b. The information will be blinded and submitted to the PTSF Standards Committee Chairman for review and action by the PTSF Standards Committee.
 - c. Following review by the PTSF Standards Committee, the committee Chairman will submit the request and proposed action to the PTSF Board of Directors for review and action including final determination.
 - d. PTSF staff will inform the requesting Trauma Program Medical Director (TPMD) of the board's decision.
 - e. The trauma center will note the alternate pathway status within the Application for Survey (AFS).

Approved by PTSF Board of Directors:

Original Date: 03/10/2004

Revise Date: 06/27/2013; 12/07/2018

Review Date: 04/01/2016

Juliet Altenburg, RN, MSN—Executive Director

Attachment A

Trauma Program Medical Director (TPMD) requesting variance:	
Name of physician being reviewed:	
Specialty of physician being reviewed:	
Is this physician serving as the subspecialty liaison?	
Institution:	
Date:	

Part I: Initial Approval at time of hire or assignment as trauma team member

Alternate Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Temporary request	
<input type="checkbox"/> Permanent request	
<input type="checkbox"/> Number of physician specialists in community is limited.	Letter signed by Trauma Program Medical Director (TPMD) attesting to this fact.
<input type="checkbox"/> Evidence that the U.S. or Canadian-trained surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology.	Residency certificate.
<input type="checkbox"/> Evidence that the non-U.S. or non-Canadian trained surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology with a time period for the residency program that is consistent with the years of training in the United States.	Residency certificate and attestation from Trauma Program Medical Director that length of residency program is consistent with the years of training in the United States.

Policy AC-129

Process for use of Non-Board Certified Physicians: Alternate Pathway

Alternate Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Evidence that the physician is licensed to practice medicine in Pennsylvania.	Copy of license.
<input type="checkbox"/> Evidence that the physician is approved for full and unrestricted privileges in the specialty by the hospital's credentialing committee.	Letter of approval from credentialing committee.
<input type="checkbox"/> Current curriculum vitae.	Curriculum vitae forwarded to PTSF Director of Accreditation.
<input type="checkbox"/> Evidence that the general/trauma surgeon is an ATLS provider or instructor.	ATLS certificate.
<input type="checkbox"/> Evidence of participation in an internal educational process conducted by the trauma program based on principles of practiced-based learning and the PIPS program.	Letter signed by TPMD and subspecialty liaison, if appropriate.

Alternate Pathway approved by:

Name: _____

Date: _____

Attachment B (staff/board use-only)

Physician requesting variance to Board Certification: _____

Name of physician involved: _____

Institution: _____

Date: _____

To be submitted within 12-months following initial approval of Attachment A	
Alternate Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Evidence that the physician participated in at least 50% of the trauma performance improvement/peer review meetings during the 12-month review period (if applicable/liaison).	Documentation demonstrating participation, if required.
<input type="checkbox"/> Evidence that the surgeon/physician has completed educational requirements of his/her specialty.	Documentation of CME for a minimum of this variance cycle.
<input type="checkbox"/> Experience in caring for trauma patients, reflected by a performance improvement assessment by the TPMD demonstrating that the morbidity and mortality results for patients treated by the surgeon/physician compare favorably with the morbidity and mortality results for comparable patients treated by other members of the call panel.	Data will be presented during site survey that details morbidity and mortality comparing the physician requesting alternate pathway to other members of the call panel.
<input type="checkbox"/> Meets all other qualifications for members of the trauma team.	Letters signed by the TPMD.