Policy:

It is the policy of the Pennsylvania Trauma Systems Foundation (PTSF) to provide a mechanism by which hospitals will understand the process for becoming an accredited trauma center.

Process:

In order to initiate the process for becoming an accredited trauma center the following conditions must be met:

1. Submission of a letter of intent to pursue trauma accreditation.

2. Submission of a letter of request to schedule a consultative visit or accreditation survey. Although a consultative visit is not mandatory it is highly recommended the year prior to a site survey. A consultative visit is a “mock survey” and closely mirrors the schedule of the site survey day.

3. Initiation of a PTSF Trauma Registry database.

4. Initiation of a performance improvement process. The PTSF POPIMS Performance Improvement software must be used as a tool for level I, II, and III trauma centers.

5. Completion of the Application for Survey (AFS).

6. Submission of all applicable fees to PTSF.

7. Completion of required PTSF education. See the following documents: “PTSF Fee Schedule” and “Site Survey Guidebook” for details.

Procedure:

1. Letter of Intent

   a. A letter of intent signed by the organization’s CEO should be submitted to the PTSF executive director as soon as possible. The letter should contain information related to approval by the hospital’s Board, Senior Management and Medical Staff to pursue trauma center accreditation. Prior to submission of a letter of intent PTSF staff is available to personally visit the hospital to provide education on the accreditation process including fees and tools to assist the hospital in performing an analysis of resources that will be needed.

   b. The intention to pursue accreditation will be kept confidential by PTSF unless permission to disclose this information is granted by the facility.
2. Letter of Request

   a. A letter of request outlining plans to arrange either a consultative visit or accreditation site survey must be submitted to PTSF by July 1 of the previous year along with half of the fee for the site visit.

   b. The hospital will be notified by PTSF regarding the date of the survey and the composition of the survey team members within approximately six months of the request.

3. Trauma Registry database initiation

   a. Abstraction of medical records into the hospital’s internal PTSF Trauma Registry database must occur starting with cases presenting no later than July 1 of the year prior to the site visit (site survey or consultative visit) meeting PTOS criteria. A performance improvement process should be implemented concurrently. At a minimum the institution must show it was utilized from January 1 forward of the year of the visit.

   b. Abstracted medical records will be electronically submitted to the PTOS database at PTSF starting August 1 of the year prior to the initial site visit. A sample of these cases will be selected for medical record review on survey day according to criteria described in the PTSF Site Survey Guidebook.

   c. Trauma Registry Collector software including TRICODE and POPIMS will be purchased independently from Digital Innovations. Level IV trauma centers are not required to purchase POPIMS PI Software. PI screens within the PTOS trauma registry database can be used instead.

   d. Trauma registry education must be scheduled with the PTSF office in the fall the year prior to the initial site visit (consultative review or site survey) and in the spring during the year of the site visit. This will take place at the hospital.

4. Application for Survey

   a. PTSF will give access to the electronic Application for Survey (AFS) to the hospital by the end of October of the year prior to the initial site visit (consultative review or site survey). Three months will be given for completion of the application. The AFS will be completed by the date indicated and a check for the appropriate site survey fee will be mailed to the PTSF office.

   b. PTSF staff will review the AFS for completeness. Any areas noted as being incomplete or unclear will be submitted to the hospital to provide further clarification.
c. During the review of the AFS, the institution will be notified to consider cancellation of the visit or replacement of the visit with a consultative review if Foundation staff determines that the institution has not significantly met criteria for policy AC-130. (See BD 113 “Payment of Fees” for details regarding fee reimbursements due to cancellation.)

5. Site Visit (including Consultative Review, Site Survey)

a. Site visits will be scheduled by PTSF staff at least six months in advance.

b. If a hospital has a conflict with the date of the site visit or the members of the site survey team, they will have two weeks to respond to PTSF from the time of notification. No guarantees are given that changes can be made, but every effort will be made to accommodate requests. (See Accreditation Policy AC-119, Surveyor Selection Criteria).

c. The format of the survey day will be adhered to in accordance with the most current version of the PTSF “Site Survey Guidebook.”

d. The institution will show compliance with Performance Improvement standards regarding retrospective and concurrent review in the following manner:

   i. Performance Improvement (PI) meeting minutes must be evident from January 1 forward of the year of the site visit.
   
   ii. All committees required in the Accreditation Standards must be in place.
   
   iii. Medical records of trauma patients selected for site survey must show evidence of PI review including review of trauma registry complications, deaths, and any issues potentially affecting trauma patient outcome or specifically noted in the standards as requiring review. This includes but is not limited to:

      1. Appropriateness of trauma alert activation response times of all team members including surgical subspecialists, if applicable.
      2. Timeliness to operating room.
      3. Timeliness to diagnostic study.

   e. All physician call schedules and trauma alert activation criteria should be in place starting January 1 of the year of the initial site visit.

   f. A PTSF education session must be scheduled with PTSF staff to educate hospital staff on preparations for site survey and an overview of the accreditation process. This will be conducted in the fall prior to survey. (This does not apply to those hospitals that have already had a PTSF survey conducted.)
6. Miscellaneous

a. If an institution is not granted accreditation, they may reapply the following year.

b. A press release will be issued by PTSF annually regarding only those hospitals accredited by the Board of Directors (AC-132 Media Notification Regarding Accreditation Status of Trauma Centers).

c. The Foundation’s policy (AC-119, Site Surveyor Selection) outlines site surveyor qualifications, as well as “Conflicts of Interest” criteria.

d. With regard to “Standards” involving education/credentialing:
   - Standard VI—Physician Credentials, Certifications & Continuing Medical Education
   - Standard VII—Advanced Practitioners
   - Standard X—Nursing Credentials, Certifications and Continuing Education.
   - Standard XXXI—Social Work Capabilities

Physician-related CME and Nursing/Social Work education must be maintained by the trauma program. Evidence of non-compliance with the aforementioned Standards must be readily available on the day of review/survey. This process is outlined in policy AC-134 Monitoring of Credentialing/Education Information at Site Visits.

   NOTE: PTSF has Physician, Nursing/Social Work Education Database(s) that are available for use/tracking, if requested.

e. Many questions related to the process of becoming a trauma center are further defined within the Accreditation Policies of the PTSF. They are available on the PTSF website at www.ptsf.org.

Approved by PTSF Board of Directors:

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Executive Director