
Policy:

It is the policy of the Pennsylvania Trauma Systems Foundation (PTSF) to provide an outline of the process for a hospital to become an accredited trauma center.

Procedure:

The procedure for becoming an accredited trauma center includes (some steps may be simultaneous):

- I. Submit a “Letter of Intent” (LOI) to pursue trauma center accreditation
- II. Initiation of the PTSF Trauma Registry & Performance Improvement Software
- III. Abstraction & Submission of Medical Records
- IV. PTSF Education
- V. Submit a “Letter of Request” (LOR) to schedule a consultative visit or accreditation survey
- VI. Complete the Application for Survey (AFS)
- VII. Site Visit (Consultative Visit or Accreditation Survey)
- VIII. Changing/Canceling a Scheduled Site Visit (Consultative Visit or Accreditation Survey)
- IX. Post Site Visit—Successful Accreditation
- X. Post Site Visit—Accreditation Denied
- XI. Miscellaneous

Note: Prior to initiating the accreditation pursuit process, PTSF staff are available to visit a hospital and provide education on the trauma center development process including levels of accreditation, the accreditation process, related fees, the value and commitment to performance improvement, and guidance on performing an analysis of resources.

Procedure:

- I. Letter of Intent (LOI)
 - A. A LOI signed by the hospital administrator is submitted to the PTSF Executive Director. The letter must contain information related to level of accreditation being pursued and signify approval by the hospital’s Board of Directors, Senior Management and Medical Staff (sample LOI available from PTSF).
 1. Submission of a LOI permits the PTSF to publicly disclose that the hospital is pursuing trauma center accreditation.
 2. Submission of a LOI triggers the PTSF educational resources (including education fee) and software eligibility (reference section IV).
 - a. *Reference PTSF Education Fee Schedule.*
- II. Initiation of the PTSF Trauma Registry & Performance Improvement Software
 - A. Collector, TRICODE, National Trauma Data Base (NTDB), and Pennsylvania Outcomes and Performance Improvement Measurement System (POPIMS) / PA V5 Outcomes (PAV5) software is purchased directly from PTSF vendor Digital Innovation, Inc.
 1. *Reference Digital Innovation Fee Schedule.*
 2. Software fees are paid by the hospital directly to the vendor prior to trauma center accreditation. Once the hospital is accredited as a trauma center, the fee for registry software is included within the PTSF

participation fee bundle. Additional licenses are available for a fee.

- III. Abstraction & Submission of Medical Records
 - A. Abstraction of Pennsylvania Trauma Outcome Study (PTOS) eligible medical records into the PTSF Trauma Registry Database Collector Software must occur with cases presenting no later than July 1 of the year prior to the accreditation survey.
 - 1. The starting point is designed to allow the trauma program to develop a working knowledge of the process prior to the January 1 review eligibility date (PTSF can select medical records for the site visit from this date forward).
 - 2. The performance improvement process must be implemented concurrently.
 - B. Abstracted medical records must be electronically submitted to the PTOS central site database starting August 1 of the year prior to the initial site visit.
 - C. Consultative visits are tailored to the specific needs of the trauma program. Contact the PTSF Director of Accreditation to discuss registry abstraction and submission requirements.

- IV. PTSF Education
 - A. Mandatory Education
 - 1. Trauma Program Development
 - a. Includes: Review of PTSF operations, overview of site survey/accreditation processes, site survey preparations, trauma program development guidance, and basic registry overview.
 - i. The trauma program development education session must be scheduled within one year prior to the first scheduled site visit (consultative visit or accreditation survey) to educate hospital staff on preparations for site survey and an overview of the accreditation process.
 - ii. Additional sessions are optional but highly recommended, especially with trauma program staff turnover.
 - 2. Trauma Registry Abstraction
 - a. Includes: Overview of PTSF registry operations, basic PTOS abstraction processes including data submission, re-abstraction and evaluation of selected case records.
 - i. Virtual Trauma Registry Orientation should occur at least one year before accreditation survey or consultative visit.
 - ii. Interrater Reliability Audit (1 day) should occur the year prior and the year of an accreditation survey or consultative visit.
 - iii. Audit re-occurs annually until accreditation is achieved.
 - iv. Audit occurs once during 1st year of accreditation.
 - 3. Performance Improvement
 - a. Includes: PI plan, purpose & components, trauma registry, trauma medical director engagement. PI review process, PI committee structure & function, value of teamwork and, PIPS Tips.
 - i. Virtual Performance Improvement Building Blocks is a one-hour session and must be completed within the first year of submitting a letter of request to pursue trauma center accreditation.
 - B. Optional Education
 - 1. Performance Improvement
 - a. Includes: Performance improvement plan implementation guidance, and POPIMS / PAV5 software hands-on training (*reference XI, B in this document*).
 - i. Session(s) are optional but highly recommended, especially with trauma program staff turnover.

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- C. Fees
 - 1. *Reference PTSF Educational Fee Schedule for education fee-related items.*
 - D. Scheduling
 - 1. Contact the PTSF office to schedule educational sessions.
 - 2. Additional educational opportunities include webinars, conference calls, etc.
- V. Letter of Request (LOR)
- A. A LOR for a site survey signed by the hospital administrator is submitted to the PTSF Executive Director when the hospital is prepared to schedule a site survey for the subsequent year. The letter should reaffirm the level of trauma center accreditation being sought along with the type of visit (consultative visit or accreditation survey) being requested.
 - 1. A consultative visit is not mandatory but, is highly recommended the year prior to an accreditation survey. A consultative visit is a “mock survey” and closely mirrors the schedule of the accreditation survey day.
 - a. The consultative visit can be tailored to the specific needs of the trauma program.
 - 2. 50% of the site survey fee must be submitted with the LOR.
 - a. *Reference BD-113 Payments & Refunds of Fees.*
 - B. Submission timelines
 - 1. For “pursuing hospitals” requesting a consultative visit or accreditation survey for the first time, the LOR must be submitted to PTSF on or before July 1 of the year prior to the visit.
 - 2. For “pursuing hospitals” that previously received a consultative visit(s), the LOR & survey fee due date will be communicated within the report cover letter and will be based on timing of the report to allow the hospital to evaluate future plans accordingly.
- VI. Application for Survey (AFS)
- A. Pursuing trauma programs receive access to the AFS once the DI software is installed.
 - B. The PTSF will send a “Save The Date” notice containing the following items;
 - 1. AFS completion due date.
 - 2. AFS reporting period.
 - 3. AFS fee due date.
 - 4. Remaining 50% of the site survey fee due date.
 - C. *Reference Site Survey Guidebook for additional details regarding the AFS.*
 - D. *Reference BD-113, Payments & Refunds of Fees for fee-related AFS items.*
- VII. Site Visit Scheduling (Consultative Visit or Accreditation Survey)
- A. The PTSF will schedule the site visit 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, the facility must notify the PTSF within two weeks from the time of notification. The PTSF cannot guarantee a change, but will attempt to accommodate the request(s).
 - 1. *Reference AC-119, Surveyor Selection Criteria.*
 - 2. *Reference BD-106, Conflicts of Interest.*
 - C. The format of the survey day will be in accordance with the most current version of the PTSF “Site Survey Guidebook” unless previously arranged with the PTSF Director of Accreditation.
 - D. By January 1st of the year of accreditation survey, compliance with the PTSF Standards of Accreditation must be demonstrated.
 - 1. The consultative visit is tailored to the specific needs of the trauma program.
- VIII. Changing / Cancelling a Scheduled Site Visit (Consultative Visit or Accreditation Survey)
- A. In the event at least one team PTSF surveyor is unable to attend the visit (for any reason), the hospital is
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provided options outlined in *AC-133, Team Member Attendance/Cancellation for Site Visits*.

- B. If the PTSF needs to cancel a scheduled site visit (for any reason);
 - 1. The PTSF will notify the hospital's trauma program manager immediately by phone and in writing (email is acceptable).
 - 2. The PTSF absorbs all surveyor related costs incurred to date and costs associated with rescheduling survey team.
- C. If a hospital needs to postpone a scheduled site visit (for any reason);
 - 1. The hospital will notify the PTSF Director of Accreditation immediately by phone and in writing (email is acceptable).
 - 2. The hospital absorbs all surveyor related costs incurred to date and costs associated with rescheduling survey team.
- D. If a hospital elects to modify their scheduled accreditation survey to a consultative visit;
 - 1. Notify PTSF Director of Accreditation immediately by phone and in writing (email is acceptable).
 - 2. *Reference BD 113 Payments & Refunds of Fees.*
- E. If a hospital elects to withdrawal pursuit of trauma center accreditation;
 - 1. If accreditation survey or consultative visit is scheduled, notify PTSF Director of Accreditation immediately by phone and in writing (email is acceptable)
 - 2. If no site visit has been scheduled, notify PTSF Trauma Center Development Specialist or Director of Accreditation in writing (email is acceptable).
 - 3. *Reference BD-113 Payments & Refunds of Fees.*

IX. Post Site Visit—Successful Accreditation

- A. The PTSF Board of Directors (PTSF BOD) will hold deliberations to determine accreditation of new and / or existing trauma centers.
 - 1. The PTSF Executive Director will convey the accreditation decision from the PTSF BOD to the hospital CEO, or assigned designee.
 - 2. A press release announcing all accredited trauma centers, including newly accredited trauma centers, will be issued by PTSF after PTSF BOD accreditation deliberation meetings.
 - 3. Accreditation certificates will be issued according to predetermined timelines as approved by the PTSF BOD.
 - a. *Reference AC-132, Media Notification Regarding Accreditation Status of Trauma Centers*
 - b. *Reference Policy AC-114, Certificates of Accreditation*

X. Post Site Visit—Accreditation Denied by PTSF BOD

- A. The PTSF BOD will hold deliberations to determine accreditation of new and / or existing trauma centers.
 - 1. The PTSF Executive Director will convey the accreditation decision from the PTSF BOD to the hospital CEO, or assigned designee.
 - 2. If a hospital is not granted accreditation, they may reapply the following year.
 - a. Based on the date of the unsuccessful accreditation report, the PTSF will assign a due date for the hospital to notify the PTSF regarding their intentions.
 - 3. If the hospital is not in agreement with the accreditation denial based on the significant issue(s) cited, the hospital may submit a written request for reconsideration to the PTSF Executive Director.
 - a. *Reference Policy AC-136, Requests from Applicant Hospitals for Reconsideration of Accreditation Deliberation Decisions.*
 - 4. If the hospital remains in disagreement with the final decision of the PTSF BOD (after Policy AC-136 process), the hospital may then initiate the process outlined in *Policy AC-103, Appeals and Procedure on Appeals*.

XI. Miscellaneous

- A. Many questions related to the process of becoming a trauma center are further defined within the Accreditation Policies of the PTSF. Policies are available on the PTSF website at www.ptsf.org.
- B. *PA V5*
 - 1. For the past several years, organizations and individuals have been working to move the current PI software known as POPIMS to a new platform and software called PA V5 Outcomes. PA V5 Outcomes provides enhanced functionality, but, cannot be incorporated into the current POPIMS platform. Installation of PA V5 Outcomes will begin in the fall of 2017 and will be accomplished in a “rolled out” fashion with the goal of full installation in every trauma center by July 1, 2018.

Approved by PTSF Board of Directors:

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