

### Purpose:

To provide an outline of the process for a hospital in Pennsylvania to become an accredited trauma center through the Pennsylvania Trauma Systems Foundation (PTSF).

### Pursuit Process:

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

1. Determine pursuit eligibility / obtain waiver approval if indicated
2. Submit a "Letter of Intent" (LOI) to pursue trauma center accreditation
3. Submit payment of Education Fee
4. Initiate the PTSF Trauma Registry & Performance Improvement Software
5. Abstract & Submit Medical Records
6. Participate in PTSF Education
7. Submit a "Letter of Request" (LOR) to schedule a consultative visit or accreditation survey
8. Complete the Application for Survey (AFS)
9. Site Visit (Consultative Visit or Accreditation Survey)
10. Changing/Canceling a Scheduled Site Visit (Consultative Visit or Accreditation Survey)
11. Post Site Visit—Successful Accreditation
12. Post Site Visit—Accreditation Denied
13. 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:

1. Determination of pursuit eligibility:
  - a. Based on Pennsylvania Act 54 of 2019, a hospital pursuing Level I, II or III Trauma Center accreditation may not be within twenty-five (25) miles of another accredited Level I, II or III Trauma Center unless a waiver is approved by the PTSF Board of Directors.
    - i. Hospitals within 25 miles of an accredited trauma center must apply for a waiver from this restriction. Approvals are granted if all Level I or II accredited trauma centers within 25 miles of the pursuing hospital have PTOS volumes of 1200 or more PTOS patients.
    - ii. For additional details, refer to Policy BD-115: Process for Board Approval of Waiver Requests from Hospitals Pursuing Level I, II or III Trauma Center Accreditation

### 2. Letter of Intent (LOI)

- a. The LOI signifies a hospital's interest and intention of becoming an accredited trauma center.
- b. 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).

### 3. Submission of a LOI triggers the PTSF educational resources (including education fee) and software eligibility.

- a. An invoice for the Education Fee will be sent to the hospital prorated based on the LOI date.
  - i. Refer to Education Fee Schedule
- b. Digital Innovation, Inc. by ESO will be notified by PTSF that software installation may occur. See # for additional details.
- c. Receipt of Education Fee payment will permit the PTSF to publicly disclose that the hospital is pursuing trauma center accreditation.
  - i. A hospital is not deemed "in pursuit mode" until after the Education Fee is paid.

### 4. Initiation of the PTSF Trauma Registry & Performance Improvement Software

- a. All trauma programs require the PTSF Trauma Registry (Collector, TRICODE, National Trauma Data Base (NTDB)), and the PTSF Performance Improvement Software (PA V5 Outcomes Registry). Pursuing trauma programs will require the software to be installed and/or accessed.
- b. Collector, TRICODE, NTDB, and PA V5 Outcomes software is purchased directly from PTSF vendor Digital Innovation, Inc. by ESO
  - i. Reference Digital Innovation, Inc. by ESO Fee Schedule.
  - ii. 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.

### 5. 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.
  - i. 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).
  - ii. The performance improvement process must be implemented concurrently.
- b. Abstracted medical records must be electronically submitted at least monthly 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.

### 6. PTSF Education

- a. Reference PTSF Educational Fee Schedule located on PTSF website for mandatory and optional educational programs.

### 7. Letter of Request (LOR)

- a. The LOR signifies a hospital's request for a consultative or accreditation site survey visit by PTSF.
- b. 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.
  - i. 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.
    - The consultative visit can be tailored to the specific needs of the trauma program.
  - ii. 50% of the site survey fee must be submitted with the LOR.
    - Reference BD-113: Payments & Refunds of Fees.
- c. Submission timelines
  - i. For "pursuing hospitals" requesting a consultative visit or accreditation survey, the LOR must be submitted to PTSF on or before July 1 of the year prior to the visit.
  - ii. For "pursuing hospitals" that have a consultative visit scheduled, the LOR & survey fee modified due date will be communicated within that consultative visit report cover letter and will be based on timing of the report to allow the hospital to evaluate future plans accordingly.

### 8. Application for Survey (AFS)

- a. The AFS is the application completed electronically by the hospital prior to the site survey.
- b. Pursuing trauma programs receive access to the AFS once the Digital Innovation, Inc. by ESO software is installed.
- c. PTSF will send a "Save The Date" notice containing the following items:
  - i. AFS completion due date.
  - ii. AFS reporting period.
  - iii. AFS survey cycle.
  - iv. AFS fee due date.
  - v. Remaining 50% of the site survey fee due date.
- d. Reference Site Survey Guidebook and AFS User Manual for additional details regarding the AFS.

- e. Reference BD-113: Payments & Refunds of Fees for fee-related AFS items.

### 9. Site Visit Scheduling (Consultative Visit or Accreditation Survey)

- a. PTSF will schedule the site visit and assign the site survey team 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 PTSF within two weeks from the time of notification. PTSF cannot guarantee a change but will attempt to accommodate the request(s).
  - i. Reference AC-119: Surveyor Selection Criteria.
  - ii. Reference BD-106: Conflict 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 1<sup>st</sup> of the year of accreditation survey, compliance with the PTSF Standards of Accreditation must be demonstrated.
  - i. The consultative visit is tailored to the specific needs of the trauma program.

### 10. 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 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):
  - i. The PTSF will notify the hospital's trauma program manager immediately by phone/email.
  - ii. 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):
  - i. The hospital will notify the PTSF Director of Accreditation immediately by phone/email.
  - ii. 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:
  - i. Notify PTSF Director of Accreditation immediately by phone/email.
  - ii. Reference BD 113: Payments & Refunds of Fees.
- e. If a hospital elects to cancel their scheduled consultative visit:
  - i. Notify PTSF Director of Accreditation immediately by phone/email
  - ii. Reference BD-113: Payments & Refunds of Fees
- f. If a hospital elects to withdraw pursuit of trauma center accreditation:
  - i. Notify PTSF Director of Accreditation immediately by phone and in writing (email is acceptable).
  - ii. Reference BD-113: Payments & Refunds of Fees.

### 11. Post Site Visit—Successful Accreditation

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

### 12. Post Site Visit—Accreditation Denied by Board

- a. The Board will hold deliberations to determine accreditation of new and / or existing trauma centers.
  - i. The PTSF Executive Director will convey the accreditation decision from the Board to the hospital CEO or assigned designee.
  - ii. If a hospital is not granted accreditation, they may request an accreditation site survey visit the following year.
    - 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.
  - iii. 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.
    - Reference AC-136: Request for Reconsideration of Accreditation Deliberation Decisions.
  - iv. If the hospital remains in disagreement with the final decision of the Board (after Policy AC-136 process), the hospital may then initiate the process outlined in Policy AC-103: Appeals Process.

### 13. 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](http://www.ptsf.org).

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