

Purpose:

The intent of this document is to provide guidance to the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board) on the voting criteria for Trauma Center Accreditation.

Procedure:

The following considerations are made by the Board during the deliberation process for hospitals pursuing accreditation, reaccreditation and/or ongoing accreditation.

Four-Year Accreditation with a two-year “Focused” Panel Review*

This option exists for level IV trauma centers; all criteria listed for “3-Year Accreditation” must be met or exceeded.

**Eligibility requirements are outlined in AC-139 Level 4 Trauma Center Re-Accreditation.*

Three-Year Accreditation

All criteria listed below must be met or exceeded . . .

- Clinical Care
 - Issues are *singular* in nature
 - Resuscitative phase of care is strong and without multiple concerns
- Performance Improvement & Patient Safety Process
 - Adequately identifies deviations from standards; however, loop closure documentation may be weak on identified issues
- Commitment
 - Evident in all domains of program-leadership, organization, medical staff, and ED hospital access by the pre-hospital system
- Compliance
 - Substantial compliance with PTSF “Standards of Accreditation”

Two-Year Accreditation

Generally, accreditation is defined in one-year and three-year terms; however, at the Board's discretion, two-year accreditation may be granted. There are numerous trauma program-specific reasons why two-year determination is considered. Examples include, but are not limited to . . .

- The trauma program's overall success related to the *timing* of significant issue resolution, *and/or*
- Significant issue(s) that warrant a trauma site visit in less than three years, *and/or*
- Deficiencies within the "Standards of Accreditation" document(s)

One-Year Accreditation

Any *ONE* of the issues listed below must be present . . .

- Clinical Care
 - *Multiple* significant issues surrounding clinical care versus singular issues
 - Inappropriate clinical care of trauma patients during the resuscitative phase of care. This includes an inconsistent approach to the management of critically ill patients utilizing ATLS principles during the resuscitative and critical care phases
 - Inconsistent or inadequate Neurosurgical or Orthopedic management of patients with severe traumatic injury
 - Inadequate Attending Physician oversight of Resident or Advanced Practitioners
- Performance Improvement & Patient Safety Process
 - The inability to recognize or trend significant Performance Improvement (PI) issues.
 - The ability to critically analyze and provide loop closure for patient care issues resulting in negative patient outcomes.
- Commitment
 - Singular examples whereby commitment is questionable
 - The lack of clinical support for the trauma service
 - ED Closure to Trauma more than 5% of the time.
- Compliance
 - Substandard compliance with PTSF "Standards of Accreditation"
- Significant Issues
 - Significant Issues unresolved from prior one-year survey
 - The inability to effectively demonstrate the resolution of Significant Issues identified from the previous site survey

De-accreditation

Any ONE of the issues listed below could result in de-accreditation . . .

- Clinical Care
 - Multiple significant issues surrounding clinical care versus singular issues
 - Inappropriate clinical care of trauma patients during the resuscitative phase of care, including an inconsistent approach to the management of critically ill patients utilizing ATLS principles during the resuscitative and critical care phases
 - Inconsistent or inadequate Neurosurgical or Orthopedic management of patients with severe traumatic injury
 - Inadequate Attending Physician oversight of Resident or Advanced Practitioners
- Performance Improvement & Patient Safety Process
 - Multiple examples of:
 - ✓ The inability to recognize or trend significant PI issues
 - ✓ The ability to critically analyze and provide loop closure for patient care issues resulting in negative patient outcomes
- Commitment
 - Multiple examples of lack of commitment
 - The lack of clinical support for the trauma service
- Compliance
 - Substantial non-compliance with PTSF “Standards of Accreditation”
- Significant Issues
 - Significant Issues unresolved from prior one-year survey
 - The inability to effectively demonstrate the resolution of Significant Issues identified from the previous site survey

Additional Deliberation Considerations

For further information, reference policy AC-138 Process for Elevating Trauma Center Accreditation Level.

Newly Accredited Trauma Centers—Trauma centers receiving full accreditation after the result of the site visit following the first, provisional year of accreditation may receive either one-year or two-year accreditation status.

Required Action Plans—Trauma centers receiving significant issues are required to submit action plans for each significant issue. These action plans are reviewed by PTSF staff with follow-up, as appropriate. PTSF staff can respond to inquiries concerning the development of action plans.

Board-Requested Progress Reports—The Board may request initial and/or follow-up progress reports within an accreditation period from any trauma center. The intention of the progress report is to ensure that significant issues continue to be addressed in the absence of a site visit. This report is blinded, presented for Board review during deliberations and adheres to the same “conflict of interest” policy for all trauma programs being reviewed. PTSF staff will notify the trauma center of the results of the Board review including any additional requests and/or action from the board, if applicable.



Policy AC-137

Accreditation Guidelines & Continuum for Board Members

Site Survey Team Composition—during the deliberation process, any trauma center receiving less than three years for their accreditation cycle will have the site survey team composition evaluated/determined based upon the significant issues for the next scheduled review (for level I, II & III trauma centers).

Definitions

Significant Issue—a major clinical and/or trauma system issue that impacts or has the potential to impact the ability to provide all aspects of trauma care. A Significant Issue can be associated with any aspect of the trauma program included in the Standards of Accreditation. This includes, but is not limited to, the provision of direct clinical care, the support and responsiveness of administration to the needs of the trauma program, the care provided by surgical and non-surgical specialties, the care provided by support services and the thoroughness of Performance Improvement activities. Lack of documentation may be cited as a Significant Issue, as lack of pertinent information implies that clinical assessments and care have not been provided.

Opportunities for Improvement—include recommendations from the Board that the trauma center should further explore to mature their program. These issues were found to be inconsistent and did not rise to the level of citation as a Significant Issue. These are recommendations only and do not require a formal written action plan by the facility.

The Opportunities for Improvement section of the Accreditation Report will not be provided to the site survey team for the institution's next site survey.

Source: "Guide to Understanding Accreditation Report"

Approved by PTSF Board of Directors:

Original Date: 09/19/2014

Revise Date: 12/11/2014, 07/27/2017; 09/29/2017

Review Date: 04/01/2016; 07/01/2019

Juliet Altenburg, RN, MSN—Executive Director