

Purpose:

To describe the process by which Level I, II & III Trauma Centers are eligible for, and may participate in, a one-year accreditation extension.

Procedure:

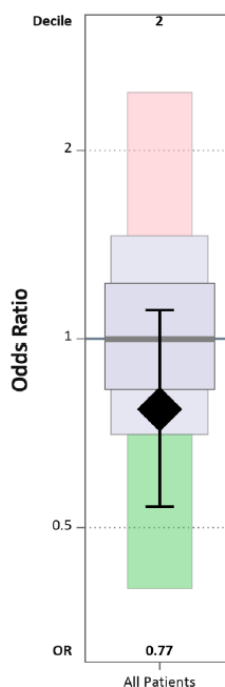
1. Level I, II & III Trauma Centers that receive a three-year accreditation deliberation outcome at the current year's deliberation process may become eligible to apply for a one-year extension to the end of that accreditation certificate time period if all of the following criteria are met during the current deliberation process.
 - a. The immediate prior accreditation certificate must have been for three-years.
 - b. The immediate prior cycle AND the current/new accreditation deliberation outcome must not contain any significant issues in the following categories:
 - i. Clinical Care
 - ii. Performance Improvement & Patient Safety Process
 - iii. Commitment
 - iv. Examples of significant issues that would make a center ineligible include but are not limited to:
 - Registry timeliness and accuracy
 - PI: lack of issue identification, actions, or event resolution
 - Clinical Care in the resuscitative phase: ATLS principles
 - Suboptimal Clinical Care
 - Physician response to activations / consults
 - c. Trauma Quality Improvement Program (TQIP) data must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent hospital-specific TQIP Benchmark Report.
 - i. Outcomes must not be (negatively) statistically significant, noted as a "high outlier" as demonstrated with a red diamond in the TQIP Box Decile Figures. Green and black diamonds are acceptable.
 - ii. The only metrics that will be reviewed are from the Cohort "All Patients" in the following TQIP Box Decile Figures:
 - Risk Adjusted Mortality by Cohort
 - Risk Adjusted Major Complications by Cohort
 - iii. The most recent TQIP Benchmark Report, though an optional attachment when completing the site survey Application for Survey (AFS), is a required attachment to meet eligibility consideration.
 - d. The trauma accreditation applicant must be applying for the same/current level of accreditation. Trauma Centers applying for an upgrade in level of accreditation are not eligible. For example: Level II applying for a Level I or a Level III applying for a Level I/II.

2. The one-year accreditation extension eligibility criteria (as noted in #1) will be verified by the PTSF after the current accreditation deliberation meeting.
 - a. Eligibility confirmation, including future submission timelines, will be communicated to the Trauma Center within the current accreditation report cover letter.
3. In the middle of the new three-year accreditation (Spring) the Trauma Center is required to submit a one-year extension request.
 - a. The submission deadline date will be scheduled by the PTSF and communicated within the accreditation report cover letter.
 - b. The extension request must include components of the Application for Survey (AFS):
 - i. Trauma Program Information: Trauma Program Overview, AFS Questions #7 & #8
 - A current Survey Eligibility Requirements attestation (Q7)
 - A Trauma Program Summary (Q8)
 - This must include an attestation that the Trauma Program Medical Director (TPMD) and Trauma Program Manager (TPM) maintained position consistency. Programs in which BOTH the TPMD and TPM vacate their positions between the site survey and the extension request are not eligible for extension consideration.
 - ii. One Performance Improvement Project: Standard 6, AFS Question #11
 - Describe one PI project that was undertaken since the last site survey
 - Title of the project, Problem identification, Participants involved, Data collection and analysis, Action plan and implementation and Re-evaluation.
 - iii. Trauma Outcome Metrics: Standard 6, AFS Question #22; specifically:
 - TQIP data must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent hospital-specific TQIP Benchmark Report.
 - Outcomes must not be (negatively) statistically significant, noted as a “high outlier” as demonstrated with a red diamond in the TQIP Box Decile Figures. Green and black diamonds are acceptable.
 - The only metrics that will be reviewed are from the Cohort “All Patients” in the following TQIP Box Decile Figures:
 - i. Risk Adjusted Mortality by Cohort
 - ii. Risk Adjusted Major Complications by Cohort
4. The material listed in items 3b will be blinded and presented to the PTSF Board of Directors at the Spring meeting for deliberation and action.
 - a. Board outcomes may include:
 - i. A one-year accreditation extension
 - A new one-year certificate extension will be awarded to the current three-year accreditation certificate.
 - ii. Continuation of the current three-year accreditation certificate.
 - iii. De-accreditation
 - iv. Other actions as determined by the PTSF Board of Directors.
 - b. Outcomes will be communicated via email within thirty-days of deliberations.

Example of TQIP Benchmark Report Box Deciles Figures:

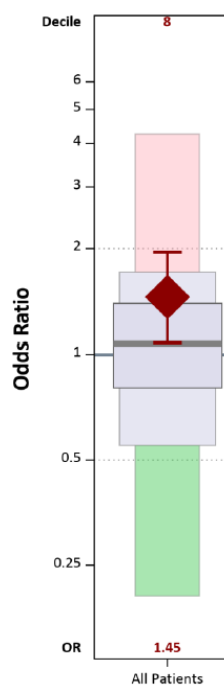
Risk-Adjusted Mortality by Cohort - Fall 2018 TQIP Report ID: XXX

Example of metric demonstrating eligibility.



Risk-Adjusted Major Complications by Cohort – Fall 2018 TQIP Report ID: XXX

Example of metric eliminating eligibility.



Approved by PTSF Board of Directors and/or Executive Committee:
 Original Date: 07/23/2020
 Revise Date:
 Review Date:

Meg Ashton, BSN, RN, MHA, CEN—Board Chair