
The Pennsylvania Trauma System Foundation's (PTSF) Board of Directors and Staff recognize the COVID-19 pandemic impacted life in ways never experienced. During the previous months, temporary alterations of standard processes and care may have been necessary. As hospital operations return, PTSF Standards of Accreditation and Policy compliance are expected.

Trauma Center Operations

Standards of Accreditation and PTSF Policies & Procedures require Trauma Program's compliance with expectations. As hospitals begin to function under established operational processes, the compliance with Standards of Accreditation is required. This includes but is not limited to: Trauma Program Medical Director and Manager dedicated duties, Trauma Registry staffing Injury Prevention and Outreach, Research, Nursing & Collaborative Services Scope of Practice and Disaster Management. Trauma Programs that are unable to return to compliance expectations must submit for a variance per Policy AC-105 *Applying for a Variance from a Standard*. Policy AC-128 *Notification Regarding Changes in Trauma Center Operations for Pursuing and Accredited Trauma Centers* also must be adhered to.

FTE Requirements for Trauma Program Positions

Standards of Accreditation require Trauma Program FTE's based on trauma volume. Trauma Programs may have temporarily adjusted FTE components to accommodate COVID-19 impacts. As the hospital begins to function under established operational processes, the Trauma FTE's must return to Standard compliance.

Continuing Education and Credentialing

Standards of Accreditation require continuing education and credentialing of providers. Trauma Programs may have temporarily adjusted educational components and expectations to accommodate COVID impacts. Some formal credentialing organizations (ACS/ATLS) provided extensions for certifications. The PTSF acknowledges these formal extensions.

As the hospital begins to function under established operational processes, continuing education and credentialing compliance is expected. In circumstances where educational programs were adjusted/postponed/cancelled etc., providers should maintain documentation of verification of timely rescheduling plans. The acceptability of compliance must be defined by the Trauma Program but not to extend one year from previous expectations.

Performance Improvement Meeting Attendance

Standards of Accreditation require attendance at Performance Improvement meetings based on the role of the provider. Trauma Programs may have temporarily adjusted meeting schedules and attendance expectations based on COVID-19 impacts. As the hospital begins to function under established operational processes, the compliance with meeting attendance is expected.