

Pennsylvania Trauma System Foundation

COVID-19 Standard Compliance and Accreditation Implications

The Pennsylvania Trauma System Foundation's (PTSF) Board of Directors and Staff offer thanks and support for continued care during these unprecedented times of the COVID 19 pandemic. The PTSF supports hospitals diverting resources and altering operations in efforts to provide safe care. The temporary emergency operation situations will be acknowledged and considered when evaluating hospital/trauma center functions during this time. This list addresses some of the frequently asked questions (FAQs) regarding trauma center operations, standard compliance, accreditation, and site survey implication as a result of COVID 19.

Operations:

- The American College of Surgeons publishes resources and a twice-weekly newsletter to keep providers informed on best practices: <https://www.facs.org/covid-19>
- Telehealth: Although discouraged, may be considered as an alternative to bedside consultation.
- Registry Submission Timeliness: Trauma Programs should track impacts to registry operations including staffing during this time.
- Injury Prevention: Trauma Programs should maintain records of injury prevention education impacts during this time. Consider alternative outreach options.

Credentialing & Education:

- When minimal educational/credentialing/competency requirements are unable to be met, consider additional educational resources/references, provider support and call schedule adjustments.
- The PTSF will follow the direction and guidance for CME/CE educational credits by the associated licensing authorities across the country. Several associations are modifying credentialing requirements such as decreasing hourly requirement and/or offering credit for clinical care hours.
- ATLS: The ACS COT published guidance on ATLS/ATCN courses, including certification extensions and grace periods. <https://www.facs.org/quality-programs/trauma/atls/guidance>
- Trauma Programs should maintain records of planned/cancelled/rescheduled courses to document intent: For example, Pa Trauma Nurse Core Curriculum (PaTNCC), Grand Rounds, Journal Clubs etc.
- Consider alternate learning formats including e-learning Options.

Performance Improvement:

- Although concurrent Performance Improvement (PI) is optimal, when resources are limited, typical operations may be impacted. Trauma Programs are encouraged to develop an "Emergency Operation Contingency Plan" for PI addressing areas such as case review prioritization and attendance expectations.

Site Survey Implications:

- 2020 Site Survey schedules are continuously evaluated and decisions will be made based on the needs of our trauma programs and survey teams. Communication is important.
 - For Level I, II and III Trauma Centers who are included in the updated December deliberation:
 - The medical record pull for centers who have not yet received a medical record (3-week) list will be 2019 calendar year to March 1, 2020 in attempts to avoid medical records

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- during this pandemic time and concurrent PI concerns.
- Centers who have already received a medical record list (3-week list) will not receive additional records.
- Centers who have not had a survey as of April 1, 2020 will be allowed to provide the survey team with an AFS addendum to update any center operations since the AFS submission in January.
- Centers who have already completed a site survey will be given the opportunity to provide the Board with a deliberation packet addendum to update any center operations since their site survey.
- As of 4.14.2020, PTSF is working with those hospitals with a 2020 Level IV Site Survey to determine best options.
- Action Plan, Board Panel Reviews and Reconsideration Deadlines will be adjusted based on the timing of accreditation reports.
- 2021 and beyond Site Surveys:
 - The PTSF Board of Directors, Staff and Survey team are well aware of the implications to trauma center process and functions during this pandemic. All aspects will be considered when evaluating standard compliance from this point forward. The implications may be noted for years to come.