

PTSF Standards Comparison Document

DISCLAIMER: This document serves to highlight major standard concepts and requirements and the various differences between Adult Levels of Accreditation. It by no means is all inclusive or takes the place of the Standards of Accreditation formal documents.

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
1	Commitment	<ul style="list-style-type: none"> • Commitment Demonstration Required • DOH Licensure • JCAHO (or equivalent) accreditation • Involvement (Leadership) in State and Regional System Planning • Trauma Team Activation Policy with Trauma Surgeon response within 15 minutes of patient arrival (80%) 	Same	Same with exceptions: <ul style="list-style-type: none"> • Involvement (Participation) in State and Regional System Planning • Compliance with inter-facility patient transfer guidelines • Formal written agreement with higher level trauma center • Must be > 25 miles from a Level I, II, or III trauma center. • >4000 admissions through the ED annually • A minimum of double physician coverage during peak ED utilization • Trauma Team Activation Policy with response within 30 minutes of patient arrival 	Same as with exceptions: <ul style="list-style-type: none"> • Compliance with inter-facility patient transfer guidelines • Compliance with admission guidelines • Formal written agreement with higher level trauma center • Trauma Team Activation Policy with response within 30 minutes of patient arrival
2	Capacity and Availability	<ul style="list-style-type: none"> • Ability to treat both uni-system and multi-system trauma • Volume Requirements 	<ul style="list-style-type: none"> • Volume Requirements <ul style="list-style-type: none"> ○ L2: 350 PTOS 	Same with exceptions: <ul style="list-style-type: none"> • Excludes head injury for uni-system trauma 	Same with exceptions: <ul style="list-style-type: none"> • Excludes head injury for uni-system trauma and

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		<ul style="list-style-type: none"> ○ L1: 600 PTOS • Transfer Plans • Hemodialysis capabilities • Diversion Protocol • Disaster Plans • Telephone consultation 		<ul style="list-style-type: none"> • Hemodialysis transfer agreement required if not available • Interfacility transfer and consultation requirements 	<ul style="list-style-type: none"> • emphasis on stabilize and transfer • Hemodialysis transfer agreement required if not available • Interfacility transfer and consultation requirement • Admission guidelines
3	TP Medical Director	<ul style="list-style-type: none"> • TPMD Authority including impact on privileges of subspecialists • FT/ 1.0 FTE • Board Certification • Participation in on-call schedule • Education: 16 hours of external CME • Fellowship • Participation in local, state and national activities • ATLS instruction • Attend 75% of PIPS meetings • TOPIC completion • Participate in research 	Same with exception: Research not required	Same with exceptions: <ul style="list-style-type: none"> • Research not required • ATLS provider status at a minimal 	Same with exceptions: <ul style="list-style-type: none"> • Board certification in field of specialty is desired • ATLS provider status at a minimal • Education: 8 hours of external CME • Research not required
4	TP Manager	<ul style="list-style-type: none"> • FT/ 1.0 FTE • Registered Nurse • Education: 16 hours of continuing education • Attend 75% of PIPS meetings 	Same with exception: Research not required	Same with exception: Research not required	Same with exceptions: <ul style="list-style-type: none"> • FTE requirement based on volume • Education: 8 hours of CME • Research not required

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		<ul style="list-style-type: none"> • Multidisciplinary Operational PIPS committee • Utilization of Practice Management Guidelines • PIPS Core Measures • TQIP Submission Required 			
7	Continuing Education Programs	<ul style="list-style-type: none"> • Internal programs • External program <ul style="list-style-type: none"> ◦ Minimum of four • Internal Education Program option • ATLS annually 	Same with exceptions of <ul style="list-style-type: none"> • No minimal external education • No ATLS 	Same with exceptions of <ul style="list-style-type: none"> • No minimal external education • No ATLS 	Same with exceptions of <ul style="list-style-type: none"> • No minimal external education • No ATLS • RTTDC is recommended
8	Injury Prevention, Public Education and Outreach	<ul style="list-style-type: none"> • Driven by registry data • Job description and salary support (not included in TPM role) • Participation in national, state and local programs • Clinical staff involvement • Screening for abuse (physical) • Screening and intervention for substance abuse <ul style="list-style-type: none"> ◦ SBIRT Age 12 and above 	Same	Same with exceptions of <ul style="list-style-type: none"> • Role may be integrated into TPM 	Same with exceptions of <ul style="list-style-type: none"> • Role may be integrated into TPM or other hospital staff role • Mild TBI guideline required
9	Research	<ul style="list-style-type: none"> • Research director • Research meetings • IRB process • 4 external education programs • Publications 	Not required	Not required	Not required

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10	<p>Physicians</p> <p>Physicians Continued</p>	<ul style="list-style-type: none"> • Annual review with TPMD input into credentialing • Subspecialty Liaisons requirements including 30 minute response time • Anesthesia: <ul style="list-style-type: none"> ○ Board Certification ○ Call Schedules ○ PIPS • Emergency Medicine: <ul style="list-style-type: none"> ○ Board Certification ○ ATLS ○ Annual Con-Ed (16h) ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation ○ No other in-house responsibilities • General Surgeons: <ul style="list-style-type: none"> ○ Board Certification ○ ALTS ○ Annual Con-Ed (16h) ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Emergency Medicine: may have other in-house responsibilities if the trauma surgeon is present in the department. • ICU Intensivist: Director or Co-director • ICU coverage 24/7 as defined by the institution • Orthopedics: Trauma Fellowship credentialed oversight not required • Other surgical specialists: must have surgical capability described for Level I and may transfer highly complex/low-volume patients 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Board Certification required for General Surgery, Emergency Medicine and Orthopedic Surgery only • Anesthesia: In-house not required, Back-up not required • Emergency Medicine: Back-up call not required, Double coverage during peak utilization is required • Emergency Medicine: may have other in-house responsibilities not to exceed 45 minutes • General Surgeons: back-up call schedule is not required <ul style="list-style-type: none"> ○ Attendance at activations within 30 minutes • ICU coverage 24/7 as defined by the institution • Neurosurgeons: Participation as defined by the trauma program <ul style="list-style-type: none"> ○ Clear transfer plans must be identified • Orthopedics: Trauma Fellowship credentialed oversight not required • Orthopedics: May take call at multiple locations, back-up call not required • Radiology: 30-minute response time for interventional radiologist not required. Scope must be defined by the institution 	<p>Exceptions:</p> <ul style="list-style-type: none"> • Emergency Medicine: <ul style="list-style-type: none"> ○ If not board certified in Emergency Medicine, must maintain ALTS. If Board Certified in EM, then take ATLS at least once. ○ ACLS and PALS maintained if not board certified in EM. IF Board Certified in EM, then take at least once. ○ Annual Con-Ed (8 h) ○ Competency in difficult/rescue airway ○ May have other in-house responsibilities not to exceed 45 minutes • Anesthesia: As defined by the trauma program <ul style="list-style-type: none"> ○ Board certification not required • Radiology: interventional radiologist not required. Scope must be defined by the institution

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	<p style="text-align: center;">Physicians Continued</p>	<ul style="list-style-type: none"> ○ Attendance at activations within 15 minutes • ICU Intensivists: If not directed by a surgeon <ul style="list-style-type: none"> ○ Unit Coverage by ICU team ○ PIPS • Neurosurgery: <ul style="list-style-type: none"> ○ Board Certification ○ Annual Con-Ed (16h) ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage ○ Contingency Plan • Orthopedic Surgery: <ul style="list-style-type: none"> ○ Board Certification ○ ALTS ○ Annual Con-Ed (16h) ○ Call Schedules ○ PIPS ○ Oversight must be by a physician who completed a fellowship in orthopedic traumatology ○ Participation in trauma 		<ul style="list-style-type: none"> • Other surgical specialists: desired but not required • Other non-surgical specialists: <ul style="list-style-type: none"> ○ Internal medicine required at a minimum, Consultation services must be available ○ Dialysis transfer agreement must be in place. 	<ul style="list-style-type: none"> • General Surgery, Orthopedic Surgery and Neurosurgery not required. Scope must be defined by the institution.

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	<p>Physicians Continued</p>	<ul style="list-style-type: none"> <ul style="list-style-type: none"> resuscitation and in-patient coverage ○ Practice Management Guidelines • Radiology: <ul style="list-style-type: none"> ○ Board Certification ○ Call Schedules ○ PIPS ○ Participation in trauma resuscitation and in-patient coverage • Other Surgical Specialists: <ul style="list-style-type: none"> ○ Ability to management most complex patients and have available a full spectrum of surgical specialists ○ Clear transfer-out plans for those patients with low-volume, high-acuity specialists needs ○ On-Call Schedules ○ PIPS (PRN) • Other Non-Surgical Specialists 			

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11	Advanced Practitioners	<ul style="list-style-type: none"> • Orientation • PIPS Involvement • Annual Con-Ed <ul style="list-style-type: none"> ○ PA/NP: 16 hours ○ CRNA: 8 hours • ATLS (if involved in resuscitation phase) • ACLS/PALS (if involved in ICU phase) 	Same	Same	Same
12	Residency Programs	<ul style="list-style-type: none"> • General Surgery Program • Continuous trauma surgery rotations for senior (PGY 4-5) residents 	Not required	Not required	Not required
13	Nursing	<ul style="list-style-type: none"> • Registered Nurse Oversight • Trauma Nurse Course • Annual Skill Proficiency • ACLS (exception for Med/Surg and OR RNs). PALS where applicable. • Annual Continuing Education: <ul style="list-style-type: none"> ○ 8 hours • Education requirements prior to survey for pursuing centers • Advanced Certification: <ul style="list-style-type: none"> ○ 50% of ED, ICU and IICU 	Same	Same with exception: <ul style="list-style-type: none"> • Advanced certifications not required 	Same with exceptions: <ul style="list-style-type: none"> • Participating units must be defined by the trauma program • Advanced certifications not required
14	Emergency Medical Services	<ul style="list-style-type: none"> • Involvement with regional EMS system • Internal liaison identified • Participation in EMS education 	Same	Same	Same with exception: <ul style="list-style-type: none"> • Participation in EMS protocol development is desired but not required

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		<ul style="list-style-type: none"> • Participation in EMS protocol development • Provide EMS clinical experience • PIPS involvement • Medical Command Designation 			
15	Helipad	<ul style="list-style-type: none"> • Lighted helipad in close proximity • Commonwealth of PA helipad license • FAA air space approval 	Same	Same with exception: <ul style="list-style-type: none"> • If helipad is not in close proximity, a lighted, Licensed helipad within one mile of the ED 	Same with exception: <ul style="list-style-type: none"> • If helipad is not in close proximity, a designated helicopter landing area must be within one mile of the ED
16	Emergency Department	<ul style="list-style-type: none"> • Space for two or more simultaneous trauma activations • A minimum of 2 RNs capable of to function in resuscitation in the department at all times • Equipment 	Same	Same with exceptions: <ul style="list-style-type: none"> • 1 RN capable of functional in resuscitation in department at all times • Equipment: <ul style="list-style-type: none"> ○ Arterial catheters and Central venous pressure devices are only required if utilized ○ Internal defibrillator paddles are only required if thoracotomies are preformed 	Same with exceptions: <ul style="list-style-type: none"> • 1 RN capable of functioning in resuscitation role in department at all times • Equipment: <ul style="list-style-type: none"> ○ Many differences refer to equipment list

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17	Operating Room	<ul style="list-style-type: none"> • 24/7 availability • When 1st team is in surgery, the back-up team will be in-house • Equipment • Musculoskeletal capabilities including prompt scheduling 	<p>Same with exception:</p> <ul style="list-style-type: none"> • Equipment: <ul style="list-style-type: none"> ○ Cardiopulmonary bypass capability is recommended ○ Operating microscope desired 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted • Equipment: <ul style="list-style-type: none"> ○ Cardiopulmonary bypass capability is desired ○ Craniotomy /ICP equipment as defined by the trauma program ○ Endoscopies desired ○ Operating microscope desired • Musculoskeletal capabilities desired 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Scope of OR utilization to be defined by the trauma program • In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted • Equipment: Many differences refer to equipment list
18	Post Anesthesia Care Unit	<ul style="list-style-type: none"> • Scope of PACU utilization defined by the trauma program • Equipment 	Same	Same	Same
19	Intensive Care Unit	<ul style="list-style-type: none"> • Dedication and Priority for trauma ICU beds • ICU Surgical Director/ Co-Director • 24/7 Physician Coverage 	<p>Same with exception:</p> <ul style="list-style-type: none"> • ICU Team is not essential, however 24-hour coverage is required 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Surgeon with administrative role in ICU structure required, not necessarily director 	<p>Same with exceptions:</p> <ul style="list-style-type: none"> • Director/Surgeon Administrator not required

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		<ul style="list-style-type: none"> ○ Tiered response • Defined (credentialing) 1st Responders • RN Staffing plan of 1:2 • Pediatric scope as defined by the trauma program • Equipment 		<ul style="list-style-type: none"> • ICU Team is not essential, however 24-hour coverage is required • Equipment: Neurosurgical equipment needs as defined by the trauma program • All ICU admissions must have PI completed 	<ul style="list-style-type: none"> • ICU Team is not essential, however 24-hour coverage is required • Equipment: Neurosurgical and other equipment needs as defined by the trauma program • All ICU admissions must have PI completed
20	Intermediate Care (Step-Down) Unit	<ul style="list-style-type: none"> • Scope defined by the trauma program • RN Staffing plan of 1:4 • Equipment 	Same	Same with exception: <ul style="list-style-type: none"> • All IICU admissions must have comprehensive PI 	Same with exception: <ul style="list-style-type: none"> • All IICU admissions must have comprehensive PI
21	Medical Surgical Unit	<ul style="list-style-type: none"> • Staffing plan • Equipment 	Same	Same	Same
22	Laboratory and Blood Bank	<ul style="list-style-type: none"> • 24-hour testing ability • Priority handling policy • Comprehensive blood bank including product supply • Massive Transfusion Policy • PIPS participation 	Same	Same with exceptions: <ul style="list-style-type: none"> • Serum and urine osmolality is desired • Platelets as defined by the trauma program • Cryoprecipitate not required • Coagulation factors not required 	Same with exception: <ul style="list-style-type: none"> • Testing capabilities minimal; see list • Blood product availability as determined by the trauma program
23	Radiology	<ul style="list-style-type: none"> • 24/7 Conventional radiology and CT (technicians in-house) • 24/7 with a 30 minute response time for 	Same	Same with exceptions: <ul style="list-style-type: none"> • CT technicians may be out-of-house with a 30 minute response time. 	Same with exceptions: <ul style="list-style-type: none"> • CT technicians may be out-of-house with a 30 minute response time.

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		<ul style="list-style-type: none"> ○ Angiography ○ Interventional Radiology ○ Nuclear Scanning ○ Sonography ● MRI: 60 minute response ● Priority handling policy ● Provider and equipment available during transport and procedures ● Ability to record preliminary and final reads and PI changes ● Ability to view referring facility films ● Efforts to minimize radiation doses ● PIPS participation 		<ul style="list-style-type: none"> ● MRI on-site not required however transfer plan must be identified 	<ul style="list-style-type: none"> ● MRI on-site not required however transfer plan must be identified
24	Collaborative Clinical Services	<ul style="list-style-type: none"> ● Medical Records ● Nutritional Services ● Organ & Tissue Donation ● Rehabilitation Services ● Respiratory Therapy ● Spiritual Counseling / Pastoral Care 	Same	Same with exceptions: <ul style="list-style-type: none"> ● PT will have a defined role with OT and ST services at a minimum. 	Same with exceptions: <ul style="list-style-type: none"> ● Physical Therapy involvement ● A clinical management guideline for the mild TBI patient must be present
25	Social Services	<ul style="list-style-type: none"> ● Available to all trauma patients ● Social Work Liaison ● Continuing Education: 8 hours annually ● PIPS participation 	Same	Same	Same with exceptions: <ul style="list-style-type: none"> ● Role may be provided in conjunction with various hospital staff

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26	Case Management	<ul style="list-style-type: none"> • Available to all trauma patients <ul style="list-style-type: none"> ○ Case Manager or Multidisciplinary Team • Continuing Education: 8 hours annually 	Same	Same with exception: <ul style="list-style-type: none"> • Role is desired but not required • Policy is required defining the capabilities 	Not required
27	Geriatrics	<ul style="list-style-type: none"> • Age 65 and over • Age-specific continuing education for providers • Abuse screening • Treatment protocols • Age-specific injury prevention programs • Geriatric PIPS audit filters 	Same	Same	Same with exception: <ul style="list-style-type: none"> • Interdisciplinary approach to the care of the geriatric patient should be evident.
28	Pediatrics	<ul style="list-style-type: none"> • Age 14 and younger • Age-specific continuing education for providers • Abuse screening • Treatment protocols • Age-specific injury prevention programs • Pediatric PIPS audit filters 	Same	Same	Same with exception: <ul style="list-style-type: none"> • Interdisciplinary approach to the care of the pediatric patient should be evident.