Meeting: Trauma Program Leadership Forum
Date: Tuesday, June 19, 2018
Location: Best Western – 800 East Park Drive, Harrisburg PA
Invited Participants: Trauma Program Leadership from Accredited Trauma Centers & Hospitals Pursuing Trauma Accreditation

Presenters:

Pennsylvania Trauma Systems Foundation (PTSF)
- Juliet Altenburg, Executive Director
- Kevin Burd, Director of Operations
- Lyndsey Diehl, Manager of Trauma Data Quality
- Amy Krichten, Director of Accreditation
- Terry Snavely, Manager of Trauma Performance Improvement

The Hospital & Health System Association of Pennsylvania (HAP)
- Tim Ohrum, Vice President—Grassroots Advocacy
- Priscilla Koutsouradis – Director of Public Relations
- Kate Slatt - Senior Director, Innovative Payment and Care Delivery

Digital Innovation, Inc.
- Sue Auerbach, Program/Project Manager
- Kathleen Yetter, Director of Marketing

Duane Morris, LLP
- Lisa Clarke, Esq.

AGENDA

1:00 Trauma Program Leadership Forum (TPLF)
- Welcome ................................................................. J. Altenburg

1:05 HAP Update
- Legislative Update(s) ......................................................... T. Ohrum
- Healthy Me PA Update.......................................................... P. Koutsouradis

1:35 DI Update
- TVA Cloud............................................................................. S. Auerbach

1:50 PTSF Legal Counsel Discussion
- Update on Peer Review Protection in PA ............................. L. Clarke

2:05 PTSF Update
- PTSF Office News.............................................................. J. Altenburg
- Site Survey/Accreditation Update ................................. A. Krichten
- Technology/Trauma Registry Update ............................... L. Diehl
- Committee Updates ..................................................... PTSF Staff
2:30   Digital Innovation V5 Outcomes Conversion Update  K. Yetter
   • Kathleen will:
     ▪ Discuss themes of responses from the PTSF V5 Survey Monkey that was deployed.
     ▪ Explain new features to expect in the DI August V5 Outcomes update.
     ▪ Enlist help from participants on ways to enhance future training and communications.

3:00   Adjourn

NOTES FOR ATTENDEES:
   • PTSF discussion points are included within this document.
   • Additional news, discussion items shared during the meeting will be posted to the PTSF website within two weeks; click on Resources/Trauma Program Leadership Forum.

FUTURE MEETINGS:
   • October 17, 2018 (Wednesday) Sheraton Harrisburg-Hershey Hotel, Harrisburg, Pa. Online registration required.
Agenda

- **State Update**
  - State Budget
    - Quality Care Assessment (QCA)
    - Medicaid Supplemental Payments
  - Other State Legislative Priorities

- **Federal**
  - ACA Next Steps
  - Other Priorities

- **Political Update**
  - *Fall Elections Insights*
The Quality Care Assessment (QCA)

- Requires the hospital community and the commonwealth to work together on a program that can be approved by the Centers for Medicare & Medicaid Services (CMS)
- Began in fiscal year 2010–2011
- HAP worked with the hospital community and we agreed to pay this assessment in order to get increased hospital payments to improve the quality of patient care
  - Acute care hospitals
  - Rehabilitation hospitals
- Hospitals are currently assessed on net inpatient revenue (NIR)
- Has historically been authorized for three years at a time
Why do we need the QCA?

- For years, the commonwealth budget did not keep pace with the cost of caring for patients
- Provider reimbursement rates were woefully inadequate in Pennsylvania
- The QCA provides a framework for Medicaid modernization in Pennsylvania
  - The commonwealth gets to keep some of the assessment money to help address its budget needs
  - The rest is used to improve hospital payments for inpatient and outpatient services
- The commonwealth and the hospital community now rely heavily on funds generated by the QCA
FY 2016–2017 Statewide Hospital Assessment

ASSESSMENT
$757 million
(3.71% of FY 2011 net inpatient revenue)

Retained by the State
$220 million

Available for Federal match
$537 million

Payments to Hospitals
$1.424 billion

Net Benefit to Hospitals
$667 million
The Governor’s Budget Proposal

- The Governor’s fiscal year 2018–2019 budget proposal calls for a contribution of $350 million from the statewide hospital tax, known as the QCA, to the state general fund, which is a $130 million increase from the current contribution of $220 million in the existing QCA statute. This is a 60 percent increase and it is unsustainable.

- HAP is asking lawmakers and the administration to limit the additional contribution from the hospital QCA to $30 million during fiscal year 2018–2019, and to $50 million during the four subsequent fiscal years.
Other 2018 State Budget Priorities

- Medical Assistance Supplemental Payments
  - Maintain critical payments in state budget for:
    - Critical Access Hospitals
    - Burn Centers
    - Trauma Centers
    - Obstetrical and Neonatal units
State Legislative Priorities

- Telemedicine
- Opioid tracking and policy input
- Surprise balance billing
- Mcare informed consent
- Physician credentialing reform
- Protecting health care practitioners
- Emergency department liability reform
- Advanced practice nursing reform
- Nurse staffing
- State False Claims Act
Telemedicine

Telemedicine Legislation

- Legislative Goal
  - Identify providers and define service
  - Define who can offer the service
  - Define how it should be reimbursed
Opioid Crisis

HAP has been working with policymakers as a resource to help guide decisions and provide clinical and logistical realities to some of the proposals designed to address the opioid crisis

- State of emergency declarations (SB 1001)
- Involuntary commitment (HB 713 and SB 391)
- Electronic prescribing of opioids (HB 353)
- Integrating PDMP with electronic health information systems (HB 1679)
- Limit prescriptions to seven days and consent (SB 472)
- Regulation of pain clinics (HB 1043)
- Detoxification bed registry (HB 825)
- Limitations on Medication Assisted Treatment (MAT) (SB 1054 and SB 428)
Surprise Balance Billing
SB 678 and SB 1553

- Patients and their families should be protected from the financial burdens of unexpected bills
- SB 678 and HB 1553 seek to protect patients from surprise out-of-network bills
- HAP established a task force to recommend to the General Assembly and administration key principles for legislation to resolve surprise bills
On June 20, 2017, the Pennsylvania Supreme Court held in *Shinal v. Toms* that a physician may not delegate to others his or her obligation to provide sufficient information in order to obtain a patient’s informed consent for a procedure.

This decision has created confusion and runs counter to the team-based approach to patient care used by health care practitioners and hospitals.

HAP is working with members and other health care stakeholders on legislation (an amendment to the Mcare Act) to address the issues created by the *Shinal* decision.
Key Workforce Issues

- **Advanced practice nurses (HB100/SB 25)**
  - SB 25 (Bartolotta, R-Washington) passed the Senate during April 2017

- **Nurse staffing**
  - Legislation requiring specific nurse-to-patient ratios—No movement
  - SEIU messaging
  - Proposed Staffing Committee legislation

- **Protecting nurses (HB 646/SB 445)**
  - HB 646 (Ward, R-Blair) passed the House during June 2017
2018 Mid-term Elections Insights

- PA will be a battle ground state during the 2018 mid-term elections

  - Races to watch:
    - Governor
    - U.S Senate
    - U.S. House Races - all 18 house seats up for reelection
    - 25 State Senate Seats
    - All 203 State House Seats
U.S. Congress

- **U.S. Senate**
  - Robert Casey, D-PA (incumbent)
    - Seeking 3rd term
    - Committee Assignments: Finance; Health, Education, Labor, and Pensions; Aging; Agriculture, Nutrition, and Forestry
  - Lou Barletta, R-PA (PA-11)
    - Early prominent support of President Trump
    - Former Mayor of Hazleton – advocated for tougher laws for undocumented aliens

- **U.S. House**
  - 7 open seats, 2 members have reigned (Dent and Meehan) 3 members are retiring, Brady, Costello, Shuster, and Barletta running for U.S. Senate
  - PA-17 will feature an incumbent against and
Governor’s Race

- Tom Wolf, D-York, incumbent
  - Seeking reelection to a 2nd and final term
  - Former York County Businessman
  - Job approval ratings are solid, but not outstanding
  - Budget battles in recent years have eroded some public support

- Scott Wagner, R-York, former State Senator
  - York County Businessman
  - Fiscal Conservative
  - Outspoken
  - Populist Tendencies – Trump model
PA General Assembly

- **State Senate**
  - 25 of the 50 seats up for reelection
  - 5 open seats
  - Republicans control the Chamber 34-16

- **State House**
  - All 203 seats up for reelection
  - 26 open seats
  - Republicans control the chamber 120-83
Agenda

• What it is
• Why we’re doing it
• How it relates to PA trauma services
• What we’re asking of you
• Campaign example
What is it?

- 91,971 Facebook followers
- 42,865 email addresses
- 16,185 Twitter followers
- 151,725 online members
Why are we doing this?

• Build community
• Help members (3 ways)
• Enhance hospital brand
• Educate about policy
• Support advocacy
Trauma Services

- Forbes—from this meeting!
- Allegheny General
  Lancaster General
  Jefferson
- “Long form” education
- The need for special (supplemental) funding
Trauma Services

Healthy Me PA
May 30 at 8:30pm · ▼

After a motorcycle accident, Lisa Hicks was badly injured and in need of help. Read why she is thankful for a series of fortunate events-including care at Penn Medicine Lancaster General Health's Level II Trauma Center—that saved Lisa’s life. http://ow.ly/PhwO/30kesv9

Trauma Units Provide Specialty Care to Critically Injured in PA
Posted on May 14, 2018

Allegheny General Hospital's Shock Trauma Unit is one of 38 in Pennsylvania providing extensive care to critically ill and injured..

Trauma Centers: Treating the Most Serious Injuries
Posted on April 5, 2018

Along with emergency medical services and hospital emergency rooms, hospital trauma centers are an important part of Pennsylvania's emergency care.

What is a Trauma Center, and Why Would I Need One?
Posted on June 8, 2017

Trauma is one of the five leading causes of death for people ages 1 to 44. Trauma includes any life-threatening event.

Lisa’s story: A series of fortunate events help save the life of a trauma victim

Learn More
Campaign example: Telemedicine

- “Painless” (fun!) education, awareness
- Several thousand active advocates
- 3-day campaign, outreach in all 50 Senate districts
- Voted “yes” out of Senate
- House vote in the fall
Our ask of you

• Stories!
• Engagement
• Feedback
Get Social With Us

@HealthyMePA, HealthyMePA.com
Facebook.com/HealthyMePA
Twitter.com/HealthyMePA
YouTube.com ("Healthy Me PA")
PTSF – Trauma Program Leadership Forum

Trauma Cloud & 2019 ACS Compliance Reporting

Sue Auerbach, MHA, RHIA
Program/Project Manager
June 19th, 2018
Agenda

- Trauma Cloud™
  - What is it?
  - How do you register?
- 2019 ACS Reporting
  - New Submission Platform (Vendor Aggregator™)
  - How do you register?
- Analytic Solutions Network
  - What is it?
“Master Registration” system for the Trauma Industry.

A communication platform.

The Trauma Cloud™ is not a database and does not store any patient data.

Enables trauma centers & organizations to take advantage of industry standards used to promote interoperability between systems.

Registering for the Trauma Cloud™ invokes no obligation or cost on users.
Welcome to the Trauma Cloud™

The Trauma Cloud™ is a cloud-based infrastructure enabling trauma centers to take advantage of industry standards that can be utilized to promote interoperability between systems as well as allow trauma centers to receive compliance updates that are needed to keep trauma registry systems in lockstep with state, system and even national compliance initiatives.

The Trauma Cloud™ supports Collector™, NTRACS™, VS™, TraumaBase™, eTraumaBase™, and Trauma One™. All users of these Trauma Registry products need to REGISTER to ensure that your trauma center receives all available and FREE updates that are needed to meet your ongoing compliance requirements.

Learn more about the many time and cost saving BENEFITS of the Trauma Cloud™

Joint Vendor Webinar: TQIP & NTDB Compliance Roadmap

Trauma Cloud™ Registration Checklist and Instructions

www.traumacloud.com
Trauma Cloud™
Portal
# PA Trauma Cloud™ Registrations to Date

<table>
<thead>
<tr>
<th>Name</th>
<th>State/Province</th>
<th>Registry Vendor</th>
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<tbody>
<tr>
<td>Abington Hospital- Jefferson Health</td>
<td>Pennsylvania</td>
<td>Digital Innovation</td>
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<tr>
<td>The Children's Hospital of Philadelphia</td>
<td>Pennsylvania</td>
<td>Digital Innovation</td>
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<tr>
<td>Conemaugh Memorial Medical Center</td>
<td>Pennsylvania</td>
<td>Digital Innovation</td>
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<tr>
<td>Crozer Chester Medical Center</td>
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<tr>
<td>Forbes Hospital</td>
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<td>Digital Innovation</td>
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<tr>
<td>Geisinger Community Medical Center</td>
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<td>Geisinger Holy Spirit</td>
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<td>Geisinger Medical Center</td>
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<td>Lankenau Medical Center</td>
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<td>Lehigh Valley Health Network</td>
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<td>Meadville Medical Center</td>
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<td>Paoli Hospital</td>
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<td>Penn Presbyterian Medical Center</td>
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<td>Reading Hospital</td>
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<td>Suburban Community Hospital</td>
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<td>Thomas Jefferson University Hospital</td>
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<td>UPMC Hamot</td>
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<tr>
<td>Wilkes Barre General Hospital</td>
<td>Pennsylvania</td>
<td>Digital Innovation</td>
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697 Total Trauma Cloud Registrations to Date
A new technical format is being introduced and required by ACS.

DI will not be changing the technical format on which our products are built.

A new centralized solution is being introduced that will convert your registries current technical format (TQIP files) to the new ACS required format.

This new solution is called the “Vendor Aggregator™”.

2019 ACS Compliance Reporting
Vendor Aggregator™

• Secure web based data submission platform that accepts files generated from your registry.

• Home to the *single* converter location that translates files from your registry into the NTDS or future ACS formats.

• Home to the “Submission Builder” allowing for the generation of NTDB/TQIP files including file pick up.
1. Registration on the Trauma Cloud™ (www.traumacloud.com)
2. Trauma Cloud™ Portal Client Log-in (https://portal.traumacloud.com)
3. Click on Vendor Aggregator™ Registration Process Link
4. Download Vendor Aggregator™ Registration Checklist
5. Download Business Associate and Data Use Agreements
Vendor Aggregator™
Registration Process

Steps to sign up for the Vendor Aggregator™

1. Click on the link below to download the Vendor Aggregator™ Registration Checklist and Instructions.
   - Vendor Aggregator™ Registration Checklist

2. Click on the links below to download the Data Use & Security Agreements
   - ASN Business Associate Agreement
   - ASN Data Use Agreement

Support
Please contact your trauma registry vendor with any questions about the Vendor Aggregator™ solution or registration process.

- CDM - support@cdm.com
- Digital Innovation - support@dicorp.com
- Lancet - support@lancettechnology.com
- All other vendors: support@analyticssolutionsnetwork.com
Analytic Solutions Network (ASN)

- Home to the secure ASN Network supporting the Trauma Cloud™ and Vendor Aggregator™.

- Backed by the expertise and experience of DI and supported by the leading trauma registry vendors.

- The ASN network is completely grounded in creating solutions that work with all registry products regardless of vendor.

- Supports registry interoperability for the trauma industry to help technically support regional, system, state and national compliance initiatives in the most cost effective and timely manner.
Additional Resources

- Trauma Cloud – [www.traumacloud.com](http://www.traumacloud.com)
- Analytic Solutions Network (ASN) – [www.analyticsolutionsnetwork.com](http://www.analyticsolutionsnetwork.com)
- Trauma Cloud Support – [compliance@dicorp.com](mailto:compliance@dicorp.com)
- Sue Auerbach – [sauerbach@dicorp.com](mailto:sauerbach@dicorp.com)
Questions
PA Supreme Court Significantly Narrows Application of State’s Peer Review Protection Act

Biog Duane Morris Health Law

Duane Morris LLP

USA April 27 2018

On March 27, 2018, the Pennsylvania Supreme Court held in a 4-3 decision that the Pennsylvania Peer Review Protection Act (“PRPA”) would not prevent the disclosure of certain physician performance review files in an ongoing medical malpractice lawsuit despite arguments that the files in question were precisely the kind of peer review documents that the PRPA was intended to protect. This controversial decision limits the protection available to healthcare providers under the narrow PRPA evidentiary privilege and may significantly affect the manner in which Pennsylvania hospitals conduct peer review activities.

The underlying lawsuit was brought in 2012 after plaintiff Eleanor Reginelli suffered a heart attack several days after being treated by Dr. Marcellus Boggs in the emergency room at Monongahela Valley Hospital (“MVH”) for gastric discomfort. The plaintiff alleged that Dr. Boggs failed to diagnose and properly treat an underlying and emergent heart condition before discharging her from MVH. She and her husband filed a four-count complaint in 2012, asserting claims against Dr. Boggs, MVH and UPMC Emergency Medicine, Inc. (“ERMI”), which provides staffing and administrative services for the MVH emergency room.

Dr. Boggs and the other physicians in the MVH emergency department, including Dr. Brenda Walther, were members of the medical staff at MVH and employed by ERMI. Dr. Walther served as the director of the MVH emergency department and supervised the ERMI-employed emergency department physicians working at MVH. When she was deposed during the discovery phase, Dr. Walther revealed that she had prepared and maintained a performance file on Dr. Boggs as part of her regular practice of reviewing randomly selected charts associated with ERMI-employed emergency department physicians. The Reginellis responded by filing discovery requests directed at MVH, seeking production of the complete performance review file for Dr. Boggs.

MVH opposed the motion to compel and argued that the requested items fell squarely under the protection of the PRPA because they had been created and used for the purpose of reviewing the services rendered in the MVH emergency room. This argument was subsequently rejected by the trial court, and the plaintiffs’ motion to compel was granted. At this point, ERMI and Dr. Boggs entered the discovery proceedings and filed a motion for a protective order, asserting entitlement to claim protection under the PRPA for the peer review work performed by an ERMI employee. ERMI argued that the performance file on Dr. Boggs fell outside of the peer review responsibilities that ERMI performed for MVH and that Dr. Walther had created and maintained the file solely on ERMI’s behalf. However, this was not consistent with the motion for reconsideration filed by MVH in which the hospital alleged that Dr. Walther conducted the peer review work on behalf of both ERMI and MVH. Then, before the trial court could rule on the motions filed by MVH and ERMI, both entities appealed the trial court’s decision to compel production to the Superior Court.
The relationship between ERMI and MVH and the inconsistent claims regarding the performance review files were critical on appeal, and the Superior Court upheld the trial court decision that neither ERMI nor MVH were entitled to the evidentiary privilege. The lower court found that ERMI was acting as an independent contractor and, therefore, did not qualify as an entity enumerated in the PRPA as protected by peer review privilege. It also held that MVH could not claim privilege based on the finding that MVH had neither generated nor maintained the performance file for Dr. Boggs.

Both ERMI and MVH appealed the decision, but in the 26-page opinion written by Justice Donahue, the Pennsylvania Supreme Court held that neither entity was in a position to claim the PRPA's evidentiary privilege.

The Pennsylvania Supreme Court first considered whether ERMI could claim entitlement to protections under the PRPA. The PRPA defines “peer review” as the “procedure for evaluation by professional health care providers of the quality and efficiency of services ordered or performed by other professional health care providers.” The court's analysis hinged on whether ERMI could hold itself out as a “professional health care provider,” which is defined under the PRPA as “individuals or organizations who are approved, licensed or otherwise regulated to practice or operate in the health care field under the laws of the Commonwealth of Pennsylvania.” There are 12 types of entities enumerated in the statutory definition, including hospitals and physicians. The court said that although it described itself as a “physician organization comprised of hundreds of individual emergency medical physicians... that exists specifically to provide emergency medical services,” ERMI could not claim to be any of the 12 listed entities set forth in the statutory definition. The court said ERMI was not a “professional health care provider” because it was not approved, licensed or otherwise regulated to practice or operate in the healthcare field in Pennsylvania, and it did not become one merely because one of the professional healthcare providers it employed conducted an evaluation of another.

After holding that EMRI could not claim the evidentiary privilege because it did not qualify as a “professional health care provider,” the court addressed whether the PRPA was available to MVH. Although MVH clearly met the statutory definition of “professional health care provider,” the court declined to afford it protection under the PRPA on the grounds that Dr. Walther had not been established as member of the hospital’s peer review committee and the PRPA’s evidentiary privilege is reserved only for the proceedings and documents of a review committee. MVH had previously stated that Dr. Walther acted as a “separate” peer review committee for the ERMI-supplied emergency department physicians, which led the court to conclude that Dr. Walther had conducted peer review activities as an individual. Based on the majority's interpretation of the PRPA, individuals conducting peer review may qualify as a “review organization” but not as a “review committee” engaging in peer review.

Notably, the court further explained that the PRPA does not extend its grant of the evidentiary privilege to the category of review organization enumerated in the second sentence of the statutory definition of “review organization.” This category includes “any hospital board, committee or individual reviewing the professional qualifications or activities of its medical staff or applicants for admission hereto.” The court expressly identified credentials review as falling outside the scope of peer review privilege under the PRPA.

The court then addressed the argument that the performance files were entitled to peer review protection because the hospital had contracted with ERMI to perform its peer review activities. MVH pointed out that this type of relationship was very common, and hospitals would struggle to survive if they were not able to contract with outside entities like ERMI to fulfill peer review responsibilities. MVH argued that ERMI was contractually bound to perform peer review activities on its behalf. However, the court found this argument lacked merit because it was inconsistent with earlier arguments made by ERMI and unverifiable since neither MVH nor ERMI had thought to include the emergency services contract in the record. Although the Court recognized that no statutory provision exists to preclude a hospital from entering into a contact with a staffing and administrative services entity to conduct peer review services for the hospital's peer review committee, it refused to consider the issue without conclusive documentary evidence.
In a dissenting opinion, Justice Wecht found the conclusions made by the lower courts and the majority to be at odds with the intent of the legislature in creating the peer review privilege. The dissent found that ERMI did, in fact, qualify as a professional healthcare provider and went on to say that “the majority’s contrary interpretation guts the privilege, given that such contractual staffing and administrative agreements are commonplace.” Justice Wecht also expresses concern about the destabilizing effect of the majority’s reliance on “less than clear” statutory definitions.

This decision has significant implications for healthcare providers in Pennsylvania, especially hospitals and physician groups that contract with outside entities to perform peer review activities. The Supreme Court left the question open as to whether such relationships are permitted and whether the PRPA would apply to peer review documents produced by an outside peer review entity on a provider’s behalf. Therefore, hospitals should carefully evaluate any contracts related to peer review services to make sure that the provisions clearly spell out that such services are performed on the hospital’s behalf. Hospitals may also want to evaluate policies and procedures relating to credentials review as the majority opinion seems to have eliminated the evidentiary privilege for such review activities, finding them to be outside of the scope of peer review protection.

**Duane Morris LLP** - Lisa W. Clark and Samantha Dalmass

Powered by
LEXOLOGY.
The following communication highlights what’s happening with Technology at the Foundation. If you have questions, please contact Nathan McWilliams, MPA, RHIA—Director of Technology & Trauma Registry at nathan@ptsf.org.

Please share this with your colleagues.

**TRAUMA VENDOR ALLIANCE (TVA) TRAUMA CLOUD™ REGISTRATION**

This is an update to a memo originally sent on March 31, 2017. That memo (copied below) provided clarification to PA trauma center staff members related to a nationwide communication disseminated by Digital Innovations, Inc. (DI) on behalf of the Trauma Vendor Alliance (TVA) related to mandatory registration to the “Trauma Cloud”.

The TVA is made up of three registry vendors—Lancet, DI and Clinical Data Management. The purpose of this alliance is to help standardize registry industry standards. In preparation for the ACS switch to their new vendor Quintiles, the TVA has created a “cloud-based” validator contained in what the TVA calls the Trauma Cloud™. A “cloud based” validator allows for faster, easier updates to the validator used for data submission to the National Trauma Data Bank (NTDB) as opposed to updating individual software, one center at a time.

In our past memo, we stated that even though the DI memo mentioned registration was “mandatory,” we explained that there was no obligation to register. This still remains true, although we do recommend registration so that your hospital can be kept up-to-date with any communications from the TVA. Some key points to remember about registration include:

- It involves no cost
- It does not commit a hospital to participate in any data sharing/validation
- It provides the TVA with the appropriate contact information so that they may reach out to your center to discuss accessing the Trauma Cloud™ in the future
- The Trauma Cloud™ does not impact PTOS central site submissions or PTSF Collector updates

To register to the Trauma Cloud™ go to https://www.traumacloud.com. When registering, the PTSF recommends at least marking the “Register - Validator” box as “yes.”

**TO LEARN MORE**

https://www.traumacloud.com
http://www.traumavendoralliance.org
PREVIOUS PTSF MEMO—DISSEMINATED MARCH 31, 2017

Trauma Program Managers/Coordinators & Trauma Registrars:

Please share this communication with your colleagues...

Many of you recently received an email that was distributed nationally by Digital Innovation, Inc. (DI) advertising a webinar which will feature the new Trauma Cloud™ “cloud-based” technology designed to connect systems and save costs. The Trauma Cloud™ is a joint venture between DI and other trauma registry vendors who are part of the “Trauma Vendor Alliance.”

The primary focus of the technology is to enable a more efficient, cost-effective means to provide national updates on software such as TQIP validator to trauma centers. On behalf of the Commonwealth’s trauma centers, PTSF is currently in discussions with DI regarding the impact and timeline of this new technology.

Although the email advertising the webinar states registration to the Trauma Cloud™ is mandatory, please know that at this time there is no immediate need for trauma centers to do anything. No actions are necessary on your part until you receive specific communication from PTSF regarding the Trauma Cloud™.

For more insight into Trauma Cloud™ the Foundation encourages you to sign-up for the upcoming informational webinar from DI at https://www.dicorp.com/di-announces-trauma-cloud-industry-launch-and-informational-webinar/.

Contact Nathan McWilliams at nathan@ptsf.org with any questions or concerns.
COMMUNICATION FROM THE AMERICAN COLLEGE OF SURGEONS (ACS)

Forwarding this recent email communication sent by the ACS:

Dear ACS Trauma Program Participant,

We would like to remind you that the current NTDB Data Center will no longer be in use after June 30, 2017. You may want to save reports currently posted on the data center for future reference.

Reports you may want to consider saving include:

- Benchmark Reports
- TQIP Patient Listing Exports
- Validator Report - Summary
- Validator Report - Detail
- Submission Frequency Reports

For validation reports, we suggest focusing on those reports associated with more recent data submissions. Please note that while the existing NTDB Benchmark Report, TQIP Driller, and the TQIP Patient Listing Application will be discontinued with the closing of the NTDB Data Center, we will launch similar tools on the new platform in the near future. Here are step-by-step instructions for saving reports:

**Validator Reports**

Step 1: Select the “Submission Listing” link from the Activity Menu home page at the NTDB Data Center.
Step 2: Select the Validator Report - Summary, Validator Report - Detail, and Submission Frequency Report link for each report you would like to save.
Step 3: The Validator Report - Detail will open in Microsoft Excel and can be saved in that format.
Step 4: The Validator Report - Summary and Submission Frequency Report will require you to save with 1 of 2 options:
  - Print to a PDF. This option is reliant on having Adobe PDF capabilities on your machine.
  - Copy the reports and paste into Microsoft Word.

**TQIP Benchmark Reports**

Step 1: Select the “View Reports” link from the Activity Menu home page at the NTDB Data Center.
Step 2: Select the appropriate report you would like saved from the “Report Type” dropdown menu (TQIP Benchmark Report, Pediatric TQIP Benchmark Report, etc.).
Step 3: Select the appropriate years from the “Call for Data Year” dropdown menu and select search.
Step 4: Click on the link for each report you would like saved.
Step 5: When the report opens save or print to a PDF. This is reliant on having Adobe PDF capabilities on your machine.

Our Vision—optimal outcomes for every injured patient
TQIP Patient Listing Exports

Step 1: Select the “View Reports” link from the Activity Menu home page at the NTDB Data Center.
Step 2: Select the “TQIP Patient Listing” link located at the top of the page.
Step 3: Select the desired reporting period- this will need to be done for every reporting period you wish to export.
Step 4: You will be required to choose a cohort for proceeding, but for this process it does not matter which cohort you select.
Step 5: Click the search button.
Step 6: After the window loads, select the button titled “Export All in Reporting Period” located on the right hand side of the window.
Step 7: Select the .xlsx document that will appear in your Downloads folder. This will open the document in Excel.
Step 8: Save the document in Excel.

Contact TraumaQuality@facs.org with comments and questions.

QUESTIONS?
If you have any further questions related to the information highlighted in this update, please contact nathan@ptsf.org.
The following discussion points were covered during the Trauma Program Leadership Forum (TPLF) on June 19, 2018. This document, as well as supporting materials, are posted in the PTSF website in the Resources area.

**PTSF News**

- **Open Positions:** Manager of Accreditation
  - Contact Amy Krichten, Director of Accreditation, for more information regarding this exciting job opportunity at PTSF. We offer an excellent compensation plan, remote work opportunities and flexible scheduling.
- **New Pursuing Hospital:** St. Luke’s Monroe Hospital – Level IV pursuit
- **Research**
  - Thank you trauma centers for all your efforts in educating state police on STB. Please continue to send your Pre/Post evaluation forms to stbinpa.com for inclusion in our PTSF STB research study!
  - **Request for Proposals**
    - 4 submissions were received which are currently under evaluation by the research committee for consideration of research grants. The 2 topics are post discharge patient outcomes and trauma care in non-trauma centers. Awardees will be notified the last week in August.
- **Rural Grant**
  - PTSF has been the recipient of a rural grant from HRSA through the Pa Office of Rural Health for the last 10 years which has served to waive fees of critical access hospitals pursuing Level IV accreditation. Part of the current grant work plan is a CAH Trauma Recognition Program coordinated by Dave Bradley. In the summer of 2019 the program will undergo evaluation regarding next steps.

**Site Survey/Accreditation Update**

- The call for diversion reports will be distributed by Dave Bradley the last week of June, with submissions accepted July 1st through Friday, July 13th.
- As a reminder, 2018 deliberation outcomes will be distributed via email, unless you are a center coming off anything other than a THREE-YEAR accreditation—in which case, a conference call will be prescheduled. Within the month following the email, you should receive the full accreditation report. Any center wishing to schedule a conference call to discuss the outcome or the report is welcome to do so.
- Staff are working on the 2019 site survey process, including the AFS revisions to be complete the first week of October.
Technology/Trauma Registry Update  

Lyndsey Diehl

- Learning Management System (LMS) courses are available. An informational e-mail with links to register for any of the available courses was sent by Kevin Burd on May 29th including:
  - Implementing Trauma PIPS Classification
  - PI Building Blocks
  - TQIP Basics Webinar
  - Trauma Registry Orientation

Once registered, participants have 14 days to complete the course. Trauma centers should expect more LMS courses later this year. Please contact Lyndsey at ldiehl@ptsf.org with any questions.

- PTSF staff are aware of an issue regarding the COLLECTOR™ to V5 Outcomes interface. An email was sent by Lyndsey Diehl with this information on May 30th. If you are having trouble getting a record to interface/import from COLLECTOR™ to V5 Outcomes, please check your menus in COLLECTOR™. A record will not interface/import if an ambulance code, Referring Facility code, or discharge to facility # is entered in COLLECTOR™ that is not in your menu. Please note that these menus are editable in the COLLECTOR™ setup. Remember to add any codes for outside states. These codes are the county code (found in Appendix 4 of the PTOS Manual) or state code followed by “8”s for ambulance code and “74” followed by all “8”s for discharge to facility #. PTSF staff are working with Digital Innovations, Inc. (DI) on a permanent solution. If you are experiencing any difficulties with the interface, please contact DI Support or PTSF staff.

Committee Updates

- Trauma Registry Committee
  - The Trauma Registry Committee met on June 14th and is presenting several action items to the Board at the July meeting. Approved Collector and/or PTOS changes will be communicated at a future time.
  - The 2019 NTDB/TQIP changes are expected to be released in July. These changes will be reviewed at the August Trauma Registry Committee meeting.

- Standards Committee
  - The Standards Committee met on June 6th and is presenting several action items to the Board at the July meeting. The recent announcement by the ACS to remove continuing education requirements for board certified physicians is amongst those considerations. Stay tuned for updates.
  - Reminder – the ACS continues to seek input and feedback related to the Orange Book. The link is: https://www.facs.org/quality-programs/trauma/vrc/stakeholder-comment
Trauma Program Leadership Forum
PTSF Staff Discussion Points

➢ Outcomes Committee
  Terry Snavely
  - 2017 POPIMS Central Site Data reports
    - Reviewed by Outcomes and PIPS committees for input on OFIs. Suggestions for further investigation:
      - **Transfer in great than 3 hours audit filter**
        - 10.8% with 38 patients in the OFI category.
        - 13 of the determinations were preventable
        - 9 had opportunities for improvement
        - 12 had no opportunities for improvement identified.
      - **Unplanned ICU admission**
        - 16% with 56 patients identified in the OFI category determination.
        - 21 in preventable determination
        - 16 in opportunity for improvement
        - 15 were determined to have no area for improvement.
    - Actions:
      - A draft policy will be circulated regarding timeliness of 2019 Outcomes Death submission to the central site which mirrors the Trauma Registry timeliness policy. Please contact Terry Snavely for concerns or comments.

➢ PIPS Committee
  Terry Snavely
  - **PA v5 Outcomes Status Report**
    - Installation: 31 trauma centers have completed installation of software
    - Education:
      - **Webinars**
        - June 13 & July 18. Each session is from 10AM - 12 noon.
      - **In-person training**
        - PTSF Fall Conference Pre-session: Monday October 15th Hand’s On
  - **Outcomes Report Assistance Project:** This board approved project is providing input on the creation of state wide standardized V5 Outcomes reports. James Pou from DI is leading effort to obtain copies of reports from 3 participating trauma centers which they created in the POPMS Report Writer.
  - **V5 Product Gap Analysis**
    - Categories of feedback that have been identified:
      - **Feature Gaps** (Lack of Browse feature, Search, Custom Elements (UDI), PowerPoint)
      - **Reporting** (user defined reports from POPIMS) Logic or Data Set (decisions to be made by PTSF) Education/Training.
      - **Lack of Collector UDI/OFI migration and the manual auto trigger concerns.**
        - Note: Some of these issues are not actual software imperfections but are temporary consequences of having Outcomes on a separate platform that is
PA v5 Outcomes Registry Feedback Survey

Kathleen Yetter
Director of Marketing
June 19, 2018
PA v5 Outcomes Registry

Feedback Themes

- Browse Feature
- Enhanced Search Functionality
- Auto-Triggering of Events
- Objective Summary
- Populating PTOS Custom Elements/UDIs
- Clinical Content Changes/Screen Changes
- Training Delivery Strategies
- Educational Opportunities
- Reporting
## Browse Feature

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update product to include browse like feature</td>
<td>Deploy update when ready.</td>
<td>August 2018</td>
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<tr>
<td></td>
<td>Communicate and train on product enhancement</td>
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# Browse Feature

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<th>Patient First Name</th>
<th>Medical Record Number</th>
<th>Account Number</th>
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Browse Feature

Meetings:

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<tr>
<th>Meeting Type</th>
<th>Meeting Name</th>
<th>Meeting Date</th>
<th>Attendees</th>
<th>Discussions</th>
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<tr>
<td>Trauma Conference</td>
<td>Monthly Trauma Committee</td>
<td>06/18/2018</td>
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Related Documents:

File

Other buttons for Add, Edit, Delete, New Link, Edit Link, Unlink, Open Link.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update product to provide more search capabilities.</td>
<td>Deploy update when ready. Distribute and train on product enhancement.</td>
<td>August 2018</td>
</tr>
<tr>
<td><strong>Show Search screen before the Record Manager screen</strong></td>
<td></td>
<td></td>
</tr>
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</table>
Enhanced Search Functionality
Enhanced Search Functionality
# Auto–Triggering of Events

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New search functionality allows user specify query and return records meeting criteria</td>
<td>Deploy update when ready</td>
<td>August 2018</td>
</tr>
<tr>
<td>• Display list of all identified Events and whether or not they have been triggered</td>
<td>Determine change to be made</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>• Add a batch trigger feature/capability in V5</td>
<td></td>
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</table>
## Objective Summary

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add tabs to the Patient Summary section and display the information on screens within a record.</td>
<td>Determine change to be made</td>
<td>To Be Determined</td>
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</tbody>
</table>
## Populating PTOS Custom Elements

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore converting the PTOS custom data elements into the V5 structure</td>
<td>Discuss technical needs and methods</td>
<td>To Be Determined</td>
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</table>
## Clinical Content Changes

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen Changes/ Fixes</td>
<td>Determine changes to be made</td>
<td>August 2018</td>
</tr>
<tr>
<td></td>
<td>Deploy update when ready</td>
<td></td>
</tr>
<tr>
<td>Data Set/ Logic Changes</td>
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## Training Strategies

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<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
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</thead>
<tbody>
<tr>
<td>• Get input from users on preferred style/methods of training and topics</td>
<td>Get input from users</td>
<td>Sept 2018</td>
</tr>
<tr>
<td>• Restructure the live training class</td>
<td>Restructure content and classes</td>
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<tr>
<td>• Restructure the recorded session</td>
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</table>
## Educational Opportunities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct session on entering real cases into software</td>
<td>Discuss topics and strategies</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>• Provide training on clinical definitions of the fields (Taxonomy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conduct session on using V5 Outcomes in a live PI meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• DI provide training</td>
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</tbody>
</table>
# Reporting

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5 Report Project</td>
<td>In progress</td>
<td>August 2018</td>
</tr>
<tr>
<td>Create file of user report objects to be shared</td>
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</table>
PA v5 Outcomes Registry

QUESTIONS?
Policy No. TO-100

Timeliness of Submission to the Outcomes Central Site

Purpose: To assure that the PTSF Outcomes Central Site is fully populated with all required death cases in a timely manner which will in turn optimize outcome analysis for the purpose of elevating trauma care in Pennsylvania.

Procedure:

1. In accordance with Standard 6 – Performance Improvement and Patient Safety (PIPS), the trauma program is required to close and submit all death cases (100%), to the Outcomes central site within 90 days of death/discharge.

2. Mortality submissions will contain all issues associated with the mortality. (All issues associated with a case are automatically transferred during the data submission process.)

3. All issues in addition to the death will be reviewed with the taxonomy classification system.

4. Submission rate percentage will be calculated by comparing death cases received in the PTOS central site (42-day post discharge requirement) to the death cases received in the Outcomes central site (90 days post discharge). Submission rate percentages will be sent to the Trauma Program Managers quarterly.

5. Any submitted Outcomes case that is reopened to add additional data not available at the 90-day deadline, such as autopsy or referral information should be closed and resubmitted to the Outcomes central site within 10 days of reopening and will not negatively impact the facilities’ compliance percentage.

6. An action plan by the trauma center will be required for a submission rate below 100% for any six months within a consecutive 12-month period.

7. The action plan will include the following components and be submitted to the PTSF within 30 days from request by the PTSF.
   a. Explanation of variance/non-compliance
   b. Steps the trauma center will be employing to correct the variance/non-compliance
   c. Timeline for corrective action
   d. Plan for on-going monitoring

8. A progress update will be submitted to the PTSF within 120 days from submission of an action plan. This progress update and the most recent submission rates will be presented to the Board of Directors to show efforts made by the institution to address issues with submission timeliness.

9. Based on review of the hospital update, the Board of Directors may issue an Outcomes timeliness submission significant issue based on failure to show progress towards resolution of timeliness issues. A significant issue can be cited outside of the accreditation deliberation process.

10. Once a Significant Issue is cited by the Board of Directors, the Significant Issue stands until it is determined resolved by the Board of Directors at the next site survey board accreditation deliberations. Please refer to the PTSF Guide to Understanding the Accreditation Report, for further information on significant issue citation and hospital requirements for action plans.
Approved by PTSF Board of Directors
Original Date:
Revised:

_____________________
Juliet Altenburg RN, MSN
Executive Director