

Policy:

It is the policy of the Pennsylvania Trauma Systems Foundation (PTSF) to provide a mechanism by which hospitals will understand the process for becoming an accredited trauma center.

Process:

To initiate the process for becoming an accredited trauma center the following conditions must be met:

1. Submission of a letter of intent to pursue trauma center accreditation.
2. Submission of a letter of request to schedule a consultative visit or accreditation survey. Although a consultative visit is not mandatory it is highly recommended the year prior to a site survey. A consultative visit is a “mock survey” and closely mirrors the schedule of the site survey day.
3. Initiation of a PTSF Trauma Registry database.
4. Initiation of a performance improvement process. The PTSF POPIMS Performance Improvement software is required for all trauma centers.
5. Completion of the Application for Survey (AFS).
6. Submission of all applicable fees to PTSF.
7. Completion of required PTSF education, as per trauma registry policy TR-106: Educational Visits.

NOTE: Refer to the “Site Survey Guidebook” for additional details in preparing for consultative and/or site survey visits. Contact PTSF staff members with any questions related to the survey process.

Procedure:

1. Letter of Intent
 - a. A letter of intent signed by the hospital’s CEO should be submitted to the PTSF executive director as soon as possible. The letter should contain information related to approval by the hospital’s Board of Directors, Senior Management and Medical Staff to pursue trauma center accreditation. Prior to submission of a letter of intent PTSF staff are available to personally visit the hospital to provide education on the accreditation process including fees and tools to assist the hospital in performing an analysis of resources that will be needed.
 - b. Disclosure—once a “Letter of Intent” is submitted, PTSF can disclose that a hospital is pursuing accreditation.
 - c. Education—mandatory education by PTSF staff is required once trauma program staff are appointed. Contact the PTSF Director of Accreditation to schedule this education.

2. Letter of Request

- a. A letter of request, including *half* of the site survey fee, must be submitted to the Foundation. Please adhere to the following criteria:
 - For “pursuing hospitals” requesting a consultative visit or site survey for the first time—the letter/survey fee must be submitted to PTSF on or before July 1st of the year prior to the visit.
 - For “pursuing hospitals” (level I or II) that previously received consultative visit(s)—the letter/survey fee must be submitted to PTSF on or before November 1st of the year prior to the visit.
 - For “pursuing hospitals” (level III or IV) that previously received consultative visit(s)—the letter/survey fee must be submitted to PTSF on or before December 1st of the year prior to the visit.
- b. The hospital will be notified by PTSF regarding the date of the survey and the composition of the survey team members within approximately six months of the request.

3. Trauma Registry & Performance Improvement Database Initiation

- a. Abstraction of medical records into the hospital’s internal PTSF Trauma Registry database must occur starting with cases presenting no later than July 1 of the year prior to the site visit (site survey or consultative visit) meeting PTOS criteria. A performance improvement process should be implemented concurrently. At a minimum the institution must show it was utilized from January 1 forward of the year of the visit.
- b. Abstracted medical records will be electronically submitted to the PTOS database starting August 1 of the year prior to the initial site visit. A sample of these cases will be selected for medical record review on survey day per criteria described in the PTSF Site Survey Guidebook.
- c. Trauma Registry and Performance Improvement software including Collector/TRICODE/NTDB, and POPIMS will be purchased independently from Digital Innovations and is required for all trauma centers. Additionally the facility will need to contact the American College of Surgeons to initiate participation in TQIP.
- d. Trauma registry education must be scheduled with the PTSF office.

4. Application for Survey (AFS)

- a. Pursuing trauma programs will receive access to the electronic AFS at the beginning of October of the year prior to the initial site visit (consultative review or site survey). At least three months will be given for completion of the application. The AFS will be completed by the date indicated and a check for the appropriate site survey fee will be mailed to the PTSF office.
- b. PTSF staff will review the AFS for completeness. Any areas noted as being incomplete or unclear will be submitted to the hospital to provide further clarification.
- c. During the review of the AFS, the institution will be notified to consider cancellation of the visit or replacement of the visit with a consultative review if PTSF staff members determine that the institution has not significantly met criteria for policy AC-130. (See “BD-113: Payment of Fees” for details regarding fee reimbursements due to cancellation.)

5. Site Visit (Consultative Review and/or Site Survey)

- a. Site visits will be scheduled by PTSF staff at least six months in advance.
- b. If a hospital has a conflict with the date of the site visit or the members of the site survey team, they will have two weeks to respond to PTSF from the time of notification. No guarantees are given that changes can be made, but every effort will be made to accommodate requests. (See Accreditation Policy AC-119, Surveyor Selection Criteria).
- c. The format of the survey day will be adhered to in accordance with the most current version of the PTSF “Site Survey Guidebook.”
- d. The institution will show compliance with Performance Improvement standards regarding retrospective and concurrent review in the following manner:
 - i. Performance Improvement (PI) meeting minutes must be evident from January 1 forward of the year of the site visit.
 - ii. All committees required in the Accreditation Standards must be in place.
 - iii. Medical records of trauma patients selected for site survey must show evidence of PI review including review of trauma registry complications, deaths, and any issues potentially affecting trauma patient outcome or specifically noted in the standards as requiring review. This includes but is not limited to:
 1. Appropriateness of trauma alert activation response times of all team members including surgical subspecialists, if applicable.
 2. Timeliness to operating room.
 3. Timeliness to diagnostic study.
- e. All physician call schedules and trauma alert activation criteria should be in place starting January 1 of the year of the initial site visit.
- f. A PTSF education session must be scheduled within one year prior to the first scheduled site visit (consultative visit or site survey) to educate hospital staff on preparations for site survey and an overview of the accreditation process.

6. Miscellaneous

- a. If an institution is not granted accreditation, they may reapply the following year.
- b. A press release will be issued by PTSF after PTSF Board of Director (Board) accreditation deliberation meetings. This release announces all accredited trauma centers, including newly accredited trauma centers (AC-132 Media Notification Regarding Accreditation Status of Trauma Centers).
- c. The Foundation’s policy (AC-119, Site Surveyor Selection) outlines site surveyor qualifications, as well as “Conflicts of Interest” criteria.
- d. With regard to “Standards” involving education/credentialing:

Policy AC-130

Process for Becoming an Accredited Trauma Center

- Credentialing/Education databases must be maintained by the trauma program. Evidence of non-compliance must be readily available on the day of review/survey.

- e. Many questions related to the process of becoming a trauma center are further defined within the Accreditation Policies of the PTSF. Policies are available on the PTSF website at www.ptsf.org.

Approved by PTSF Board of Directors:

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