

Pennsylvania Trauma Systems Foundation

**Guide to Understanding
The Trauma Center
Accreditation Report**

Guide to Understanding The Trauma Center Accreditation Report

The following guide will assist trauma centers in understanding the format and rationale for the accreditation report. In turn, this will enhance the development of an action plan to address significant issues identified through the site survey process.

Deliberation Components

Please note that all information referred to in the report can be directly linked to information reviewed by the site survey team or the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board). The following list outlines the information from which the accreditation report is based:

- Electronic Application for survey
- Significant Issue(s) identified during the site survey
- Significant Issue(s) Identified during the previous site survey
- Performance Improvement information provided by the trauma center during the site survey
- Medical Record Review
- On-site interviews during site survey day and any discussions with hospital staff
- Comments made by trauma site surveyors in the electronic survey software
- Surveyor information analyzed by PTSF Board of Directors
- Queries requested by the site survey team on survey day
- Pennsylvania Trauma Outcome Study (PTOS) data
- Clarification letter submitted by the trauma center after the site survey (if applicable)

The intent of the accreditation report is to provide you with accurate information regarding the entire site survey process and your overall compliance with PTSF Standards for Trauma Center Accreditation (Standards).

Accreditation Report

The final determination of trauma center accreditation status occurs at the PTSF Board meeting. All site survey/accreditation information is blinded and a strict conflict of interest policy is enforced for the Board. After a thorough review and discussion by Board members, a blinded vote is made and the majority vote determines whether a trauma center receives accreditation, the duration of the accreditation and any significant issues.

The accreditation report is intended to provide specific information regarding the trauma program, clinical care, compliance with PTSF Standards and performance improvement activities. This review is intended to be both regulatory and educational. By using “outside” trauma experts / surveyors to review trauma centers, the Foundation is able to validate issues identified by the trauma center and/or identify issues that negatively impact trauma clinical care. The trauma survey also validates or identifies trauma system issues. All parties must remember that the common goal for both PTSF and individual trauma centers is optimal outcomes for every injured patient.

Components of the Accreditation Report

The accreditation report is written in the same format for each trauma center regardless of the number of issues that are identified or resolved. The order of issues cited in the report does not correlate with the degree of severity of issues. Clinical Care and Performance Improvement are issues of high priority and are the main areas of consideration when the PTSF Board of Directors is making decisions regarding the frequency of surveys.

1. Significant Issues(s)

Definition of “Significant Issue” - a major clinical and/or trauma system issue that impacts or has the potential to impact the ability to provide all aspects of trauma care. A Significant Issue can be associated with any aspect of the trauma program included in the Standards for Trauma Center Accreditation. This includes, but is not limited to, the provision of direct clinical care, the support and responsiveness of administration to the needs of the trauma program, the care provided by surgical and non-surgical specialties, the care provided by support services and the thoroughness of Performance Improvement activities. Lack of documentation may be cited as a Significant Issue, as lack of pertinent information implies that clinical assessments and care have not been provided.

An explanation of the Significant Issue may include:

- A short description of the Significant Issue
- Supporting information, such as site survey documents, PTSF Standards and/or medical record numbers(s)
- “Reference(s)” that represent the specific PTSF Standard that is non-compliant

A. Significant Issue(s) Resolved

This section briefly describes significant issues that were appropriately resolved from the previous site survey. Although due diligence is warranted to assure that the issue remains controlled, no further formal action is required for the Board.

NOTE: This section does not apply to first time applicants.

B. Significant Issue(s) Not Resolved

This section describes Significant Issues that have not been resolved from the previous site survey. These issues require an action plan from the trauma center.

NOTE: This section does not apply to first time applicants.

C. Significant Issue(s) Identified During this Site Survey

This section describes any Significant Issues that were identified during the most recent site survey. These issues require an action plan from the trauma center.

2. Queries

During the course of the survey day, the Trauma Program may be asked to submit a number of trauma registry reports at the request of one or more site surveyors or PTSF staff. In addition, the Board approves standardized reports that PTSF staff provide to the surveyors during orientation the night before survey (e.g. Pediatric Patient Disposition, Spleen Injury Procedure Rates, Time to Procedure for SDH or EDH, Trauma Alert Upgrades). If information was gleaned from these reports to make a determination regarding accreditation, a summary of the query and the results are placed within the Accreditation Report. This section will not include any queries that were not commented on by the site survey team members on the day of site survey.

3. Strengths of the Trauma Program

This section lists institutional strengths identified by the Board and site survey team regarding areas that meet or exceed the standards for trauma center accreditation.

4. Opportunities for Improvement

Opportunities for Improvement are recommendations from the Board and/or site survey team that the trauma center should further explore to mature their program. These issues were found to be inconsistent and did not rise to the level of citation as a Significant Issue. These are recommendations only and do not require a formal written action plan by the facility.

The Opportunities for Improvement section of the Accreditation Report will not be provided to the site survey team for the institution's next site survey.

5. Medical Record Review

This section lists each medical record (identified by PTSF trauma number) that was reviewed by the survey team and all issues that were identified by either the trauma center or the surveyor. The list is in numerical order.

- Potential areas of concern warranting more in-depth review by members of the trauma program may be listed in the medical record review. These areas of concern are primarily focused on the sequence and/or timing of clinical care, trauma system issues, and the ability to process the trauma patient throughout the trauma continuum of care.
- Deviations in clinical practice that affect or have the potential to affect clinical outcome are priority areas considered by the Board when making accreditation decisions.
- Issues identified in POPIMS as tracking issues are traditionally not included in the issues section unless a discrepancy is identified.
- Medical record review information contained in your report is not shared with the surveyors during your next site survey

Accreditation Report Action Plans

All trauma centers who receive Significant Issues must submit an action plan for each Significant Issue by a requested date. Each action plan must contain the Significant Issue analysis, corrective actions and planned metrics to demonstrate resolution. This will provide an opportunity for PTSF staff to review and provide recommendations for further action plan development. The required template for the action plans is located on the PTSF web page.

Additionally, based on the impact and severity of the Significant Issue, a trauma center may be asked to provide additional updates (typically at the one-year mark) on Action Plan progress. Action Plan updates are submitted to the Board for review and determination if additional action is required.

Action plans are not required for hospitals that are denied accreditation.

Please contact the Director of Accreditation for assistance with action plans if needed.

Accreditation Report Review with PTSF and/or Board Panel

Hospitals that are denied accreditation OR trauma centers receiving a two-year (2) accreditation are offered a meeting with a panel of Board members to discuss the accreditation report. Trauma centers receiving a one-year (1) accreditation are required to participate in the Board Panel meeting.

The intention of this meeting is to discuss significant issues, proposed action plans and board determinations. The intent is not to dispute outcomes. If an action plan is drafted by the time of the meeting, the trauma program can use this opportunity to have the Board members review it and provide input.

Although an accreditation report meeting is not required for hospitals that do not meet the mentioned criteria, experience has shown that a meeting with PTSF staff or board panel is beneficial regardless of the outcome of the accreditation process. Please contact the Director of Accreditation if the hospital is interested in this option.

Requests for Reconsideration of a Deliberation Decision

Policy AC-136: Requests from Applicant Hospitals for Reconsideration of Accreditation Decision by the Board of Directors outlines the procedures for a center requesting deliberation reconsideration. Please contact the PTSF Executive Director if you request assistance with this process.