PTSF Standards Comparison Document

DISCLAIMER: This document serves to highlight major standard concepts and requirements and the various differences between Adult Levels of Accreditation. This document is not all inclusive, nor 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	• Commitment Demonstration Required • DOH Licensure • The Joint Commission (or equivalent) accreditation • Involvement (Leadership) in State and Regional System Planning • Trauma Team Activation Policy with Trauma Surgeon response to highest level activation within 15 minutes of patient arrival (80%), and program defined response times to additional levels of activation • Minimal highest-level trauma activation criteria • Must be 25-miles from a Level I, II or III trauma centers (waiver option and not applicable to centers accredited prior to 7/2/2019	Same with exceptions: • Involvement (Participation) in State and Regional System Planning	Same with exceptions: • Involvement (Participation) in State and Regional System Planning • Compliance with Interfacility patient transfer guidelines • Formal written agreement with higher level trauma center • >4000 admissions through the ED annually • A minimum of double physician coverage during peak ED utilization • Trauma Team Activation Policy with response to highest level activation within 30 minutes of patient arrival, and program defined response times to additional levels of activation	Same as Level III with exceptions: • No Joint Commission or equivalent accreditation requirement • Involvement in regional outreach, education and injury prevention • No mileage requirements • No minimum admission requirements • No minimum ED physician coverage • Emergency Physician or Advanced Practitioner response to highest level of activation is 15-minutes (80%) • Trauma program must define response time expectations for Emergency Physicians for non-activation patients

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
2	Capacity & Ability	• Ability to treat both uni-system and multi-system trauma • Volume Requirements o 600 PTOS • Trauma Centers admitting more than 100 pediatric PTOS patients must comply with Pediatric Standards • Transfer Plans; including Burns • Hemodialysis capabilities • Diversion Protocol • Disaster Plans; Joint Commission Compliant • Telephone consultation for transfers	Same	Same with exceptions: • Excludes head injury for uni-system trauma • Mandatory transfer out criteria • No minimal PTOS volume requirements • Hemodialysis transfer agreement required if not available • Interfacility transfer and consultation requirements	Same as Level III with exceptions: • Emphasis on stabilize and transfer
3	Trauma Program Medical Director (TPMD)	• TPMD Authority including impact on privileges of subspecialists • FT/ 1.0 FTE • Board Certified General Surgeon, or board-eligible, or ACS Fellow with special interest in Trauma • Participation in on-call schedule • Education: 12 hours of external CME • Fellowship in Surgical Critical Care, Trauma or Acute Care Surgery • Participation in local, state and national activities • ATLS instructor	Same with exception: • Research not required	Same as Level II with exceptions: • Fellowship preferred, Variance pathway in lieu of fellowship • ATLS provider status at a minimal	Same as Level III with exceptions: • Not full time FTE • Board certification in field of specialty is desired • Fellowship not required • Participation in local and state activities • Education: 8 hours of external CME

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
		• Attend 75% of PIPS meetings • TOPIC completion • Participate in research			
4	Trauma Program Manager (TPM)	• FT/ 1.0 FTE • Registered Nurse • Education: 16 hours of continuing education • Participation in local, state and national activities • Attend 75% of PIPS Meetings • TOPIC completion • Participate in research	Same with exception: • Research not required	Same as Level II	Same as Level II with exceptions: • FTE requirement based on volume • Education: 8 hours of continuing education • Participation in local and state activities
5	Registry	• PTOS participation • Concurrent abstraction • Submission to Central Site within 42 days of discharge (85% at a minimum) • 1.0 FTE for every 500-750 trauma contacts • Education including: o 8 hours/year, education logs not required for Registrars maintaining CSTR o Basic Registrar Course o AAAM Scaling Course • Inter Rater Reliability • NTDB data submission • Data Confidentiality agreements	Same	Same	Same with exception: • Education: 4 hours/year of continuing education, logs are not required for Registrars maintaining CSTR • NTDB is desired

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV

6	Performance Improvement & Patient Safety (PIPS) Program	• PIPS Plan
		• PaV5 Outcomes utilization
		• Timely submission of death cases to PaV5 Central Site
		• Minimum 1.0 FTE Performance Improvement Coordinator (PIC) role
		  o Education requirement of 8 hours annually
		  o TOPIC completion
		  o 75% PI meeting and operational meeting attendance
		  o Participation in local, state and national activities
		  o If multiple FTE components fulfill this role, each participant must maintain compliance
		• Optional Associate/PI Medical Director role
		  o Board Certified
		  o Job Description
		  o External CME 12 hours
		  o 75% PI meeting and operational meeting attendance
		• Multidisciplinary PIPS committee: Peer Review
			Same	Same with exceptions:
				• PIC role FTE requirement reflective of volume
				• PI on all ICU/IICU admits
				• Anesthesia secondary liaison may be a CRNA
					Same as Level III with exceptions:
					• Minimal subspecialist involvement includes: Emergency Medicine and Radiology, and additional subspecialists identified by program. Medical service representative is required if patients are routinely admitted to Medicine service
					• The Trauma Operational meeting may be a division of the PIPS peer review meeting or hospital PI/Quality meeting
					• NTDB, TQIP submission optional

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	PIPS Program Continued	○ Chairs: TPMD and TPM ○ 75% attendance by TPMD, TPM, each PIC, and Assistant TPMD if applicable ○ 50% attendance by trauma/general surgeons, subspecialty liaisons and APs supporting trauma/general surgery team • Multidisciplinary Operational PIPS committee ○ 75% attendance by TPMD, TPM and each PIC, and Assistant TPMD if applicable • Utilization of Practice Management Guidelines • PIPS Core Measures • TQIP submission and participation in PA TQIP Collaborative required for accredited centers			
7	Continuing Education Program	• Internal programs annually • External programs annually • Internal Education Programs (IEP) Option • Host at least one ATLS annually	Same with exceptions: • No ATLS hosting	Same as Level II with exceptions: • No minimal external education	Same as Level III with exceptions: • RTTDC is recommended

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8	Injury Prevention, Public Education & Outreach	• 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 (SBIRT)
		  o Minimum screening threshold 80% compliance
		  o Eligibility: Age 12 and above, admissions >24 hours, participatory and alive
		  o Expected intervention completion of 100%
		• Should have a plan to evaluate, support and provide services for PTSD
		• Should be involved in Stop the Bleed initiative
			Same	Same with exceptions:
				• Role may be integrated into TPM role
				• Mild TBI guideline required
					Same as Level III with exceptions:
					• Role may be integrated into TPM or other hospital staff role

9	Research: Level I Trauma Centers Only	• Research director • Research meetings • IRB process • 4 external education programs • Publications	Not Required	Not Required	Not Required

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
10	Physicians Physicians Continued	• Annual review with TPMD input into credentialing • Subspecialty Liaisons requirements: Coverage is expected 24/7/365 • Physicians maintaining board certification in specialty do not require continuing education tracking, not applicable to TPMD or physicians on Alternate Pathway • Anesthesia: o Board Certification o In-house 24-hour availability o Call and Back-up Call Schedules o PIPS o Emergent consult response within 30 minutes o Response to emergent OR cases within 15 minutes • Emergency Medicine: o Board Certification o ATLS o Annual Con-Ed (12h) if not board certified o Call Schedules o PIPS o Participation in trauma resuscitation	Anesthesia: • Same Emergency Medicine: • Same with exceptions: o May have other in-house responsibilities if the trauma surgeon is present in the department ICU Attending: • Same with exceptions: o ICU can have a Surgical Director or Co-Director o ICU Surgical Co-Director must be board certified in Surgical Critical Care o ICU Surgical Co-Director must be fellowship trained in surgical critical care, trauma or acute care surgery o ICU Director or liaison participates in PIPS o ICU team is not required; ICU coverage 24/7 as defined by the institution General Surgeons: • Same	Anesthesia: • Same with exceptions: o Board certification not required o In-house not required, Back-up not required o Primary PIPS Liaison must be a physician; Secondary Liaison may be a CRNA Emergency Medicine: • Same as Level II with exceptions: o Back-up call not required, Double coverage during peak utilization is required o May have other in-house responsibilities not to exceed 45 minutes ICU Attending: • Same as Level II with exceptions: o Board certification in Surgical Critical Care is not required General Surgeons: • Same as Level II with exceptions: o Back-up call schedule is not required	Anesthesia: • Not required. If utilized must be defined by the trauma program o If utilized, same as Level III • Emergency Medicine: Same as Level III with exceptions: o If not board certified in Emergency Medicine, must maintain ALTS. If Board Certified in EM, then take ATLS at least once. o ACLS and PALS maintained if not board certified in EM. IF Board Certified in EM, then take at least once. o Annual Con-Ed (8h) if not board certified o Competency in difficult/rescue airway o Residents utilized as Moonlighters must be a PGY 3 or 4 at a higher-level trauma center with access to consulting physician o Respond to resuscitation area

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	o No other in-house responsibilities • General Surgeons: o Board Certification o ALTS o Annual Con-Ed (12h) if not board certified o In-house and dedicated to 1 hospital, can be met by PGY-4 or above o Call and Back-up Call Schedules o PIPS o Participation in trauma resuscitation and in-patient coverage o Attendance at highest level activations within 15 minutes (80%) • ICU Attending: o ICU must be surgically directed o ICU Surgical Director may be TPMD o ICU Surgical Director must be Board certified in Surgical Critical Care and Fellowship trained in surgical critical care, trauma or acute care surgery	Neurosurgeons: • Same Orthopedics: • Same with exceptions: o Trauma Fellowship credentialed oversight not required Radiology: • Same Other Surgical Specialists: • Same Other Non-Surgical Specialists: • Same	o In-house call is not required o Attendance at highest level activations within 30 minutes (80%) Neurosurgeons: • Not required. If utilized, must be defined by the trauma program o If utilized, same as Level II o Clear transfer plans must be identified Orthopedics: • Same as Level II with exceptions: o May take call at multiple locations, back-up call not required Radiology: • Same as Level II with exceptions: o Board certification is not required o Interventional radiologist not required. Scope must be defined by the institution	within 30 minutes (80%) o Response times to non-activation patients per hospital policy ICU Attending: • Not required. If utilized, scope must be defined by the institution o If utilized, same as Level III General Surgeons: • Not required. If utilized must be defined by trauma program o If utilized, same as Level III Neurosurgeons: • Not Required. If utilized, scope must be defined by the institution o If utilized, same as Level III Orthopedics: • Not required. If utilized, must be defined by the institution o If utilized, same as Level III

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	Physicians Continued	o PIPS o 24/7 ICU physician team coverage o Back-up ICU Attending if covered by Trauma Attending • Neurosurgery: o Board Certification o Annual Con-Ed (12h) if not board certified o Call Schedules o PIPS o Participation in trauma resuscitation and in-patient coverage o Emergent response within 30 minutes o Contingency Plan • Orthopedic Surgery: o Board Certification o ALTS o Annual Con-Ed (12h) if not board certified o Call and Back-up Call Schedules o PIPS o Oversight must be by a physician who completed a fellowship in orthopedic traumatology o Participation in trauma resuscitation		Other Surgical Specialists: • Desired but not required. If utilized, must be defined by the institution Other Non-Surgical Specialists: o Internal medicine required at a minimum, Consultation services must be available o Dialysis transfer agreement must be in place	Radiology: • Same as Level II with exceptions: o Program defines availability for interpretation of radiographs Other Surgical Specialists: • Not required Other Non-Surgical Specialists: • Same as Level III with exceptions: o Admitting medical service must participate in multidisciplinary PIPS committee if routinely admitting trauma patients o Best Practice for medical service who primarily covers in-patient care to maintain ALTS

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
	Physicians Continued	and in-patient coverage o Emergent response within 30 minutes o Practice Management Guidelines • Radiology: o Board Certification o 30-minute availability for interpretation of radiographs o IR Physicians have 30-minute response to emergent consults o Call Schedules o PIPS o Participation in trauma resuscitation and in-patient coverage • Other Surgical Specialists: o Ability to manage most complex patients and have available a full spectrum of surgical specialists o Clear transfer-out plans for those patients with low volume, high acuity specialists need o Call Schedules o PIPS (PRN)			

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		• Other Non-Surgical Specialists o Call Schedules o PIPS (PRN) • Telemedicine is not an acceptable form of consultation			
11	Advanced Practitioners	• Orientation • Trauma AP: o Annual review with TPMD input into credentialing o PIPS Involvement • ATLS required if involved in resuscitation phase. Not required for CRNA functioning in supportive/subspecialist role (such as airway) • ACLS/PALS required if ICU first responder and involved in resuscitation • All APs supporting Trauma/Surgical Service must attend a minimum of 50% of the PIPS peer-review meetings	Same	Same	Same
12	Residency Programs	• General Surgery Program • Continuous trauma surgery rotations for senior (PGY 4-5) residents • Surgery/EM Residents: o ATLS o ACLS/PALS	Not Required • If utilized, same as Level III	Not Required • If utilized, same as Level III	Not Required • If utilized, same as Level III

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13	Nursing	• Applicable to all departments that routinely admit trauma patients.
		• Registered Nurse Oversight
		• PA Trauma Nurse Course
		  o Not required for nurse with TCRN advanced certification
		• Annual Skill Proficiency
		• ACLS (exception for Med/Surg and OR RNs). PALS where applicable.
		• Annual Continuing Education:
		  o 8 hours
		  o Tracking logs are not required for nurses with an approved advanced certification (except TPM and PIC)
		• Education requirements must be at a minimum of 50% prior to survey for pursing centers
		• Advanced Certification:
		  o 50% of ED, ICU and IICU
			Same	Same with exception:
				• Advanced certifications not required
					Same as Level III with exceptions:
					• Participating units must be defined by the trauma program

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14	Emergency Medical Services (EMS)	• Medical Command Designation • Involvement with regional EMS system • Internal liaison identified • Participation in EMS education • Participation in EMS protocol development • Provide EMS clinical experience • PIPS involvement • EMS patient care record (PCR) must be sought	Same	Same	Same with exception: • Participation in EMS protocol development is desired but not required
15	Helipad	• Lighted helipad in close proximity to ED • Commonwealth of PA helipad license • FAA air space approval	Same	Same with exception: • If helipad is not in close proximity, a lighted, Licensed helipad within one mile of the ED	Same with exception: • If helipad is not in close proximity, a designated helicopter landing area must be within one mile of the ED
16	Emergency Department	• Space and personnel for two or more simultaneous trauma activations • A minimum of 2 RNs capable of to function in resuscitation in the department at all times • Designated resuscitation area • Equipment	Same	Same with exceptions: • 1 RN capable of functioning in resuscitation in department at all times • Equipment o Arterial catheters and central venous pressure devices are only required if utilized o Internal defibrillator paddles are only required if thoracotomies are performed	Same as Level III with exceptions: • Equipment o Many differences, refer to equipment list

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17	Operating Room	• 24/7 availability • Trauma program must define minimum OR staffing • When 1st Operating Room team is in surgery, the back-up team will be in-house • Equipment • Musculoskeletal capabilities including prompt scheduling	Same with exception: • Equipment: o Cardiopulmonary bypass capability is desired o Operating microscope desired	Same as Level II with exceptions: • In-lieu of in-house OR team, an on-call team with a 30-minute response time is permitted • Back up team is not required • Equipment: o Craniotomy /ICP equipment as defined by the trauma program o Endoscopies desired • Musculoskeletal capabilities desired	Same as Level III with exceptions: • Scope of OR utilization to be defined by the trauma program • Equipment: o Many differences refer to equipment list
18	Post Anesthesia Care Unit (PACU)	• Available 24/7 • Scope of PACU utilization defined by the trauma program • Equipment	Same	Same	Same
19	Intensive Care Unit (ICU)	• Dedication and Priority for trauma ICU beds • ICU Surgical Director • 24/7 ICU Physician Team o Tiered response • Defined First Responders	Same with exception: • ICU Surgical Director/ Co-Director • ICU Team is not essential, however 24-hour coverage is required	Same as Level II with exceptions: • Surgeon with administrative role in ICU structure required, not necessarily director	Same as Level III with exceptions: • Director/Surgeon Administrator not required

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		• RN Staffing plan of 1:2 • Pediatric scope as defined by the trauma program • Equipment		• Equipment: Neurosurgical equipment needs as defined by the trauma program • All ICU admissions must have PI completed	• Equipment: Equipment needs as defined by the trauma program •
20	Intermediate Care / Step-Down Units	• Not required, if utilized scope must be defined by the trauma program • RN Staffing plan of 1:4 • Equipment	Same	Same with exception: • All IICU admissions must have comprehensive PI	Same as Level III •
21	Medical / Surgical Unit (General)	• Staffing plan • Equipment	Same	Same	Same
22	Laboratory & Blood Bank	• 24-hour testing ability • Priority handling policy • Comprehensive blood bank including adequate product supply • Massive Transfusion Policy • PIPS participation • Prothrombin Complex Concentrate (PCC) must be available and a guideline/policy for utilization	Same	Same with exceptions: • Serum and urine osmolality testing ability is desired • Platelets as defined by the trauma program • Cryoprecipitate not required • Coagulation factors not required	Same with exception: • Testing capabilities minimal; see list • Blood product availability as determined by the trauma program
23	Radiology	• Minimum 64 slice CT capability scanner • 24/7 Conventional radiology and CT technicians in-house • Trauma Surgeon, Emergency Physician and	Same	Same with exceptions: • Minimum 64 slice CT capability scanner if vascular imaging occurs, or a minimum of 16 slice CT capability scanner if vascular imaging does not occur	Same as Level III •

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV

		Neurosurgeon has ability to initiate CT scans
		• 24/7 with a 30-minute response time for
		  o Angiography
		  o Interventional Radiology
		  o Nuclear Scanning
		  o 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
		• Guidelines for incidental findings and discrepant findings
				• Neurosurgeons are not required to have the ability to initiate CT scans
				• CT technicians may be out-of-house with a 30-minute response time
				• 24/7 availability of Angiography, Interventional Radiology, Nuclear Scanning, and Sonography is not required
				• MRI on-site not required however transfer plan must be identified	

24	Collaborative Services	• Medical Records
		  o Discharge summary sent to patient's PCP
		• Nutritional Services
		  o Screened and evaluated within 72 hours
		• Organ & Tissue Donation
		• Rehabilitation Services
			Same	Same with exceptions:
				• PT and OT is not required 7 days a week
				• PT is required with a defined role in trauma recovery
				• OT and Speech Therapy services desired at a minimum.
					Same as Level III with exceptions:
					• Program will define role of rehab services, such as PT, OT, etc.

#	STANDARD	Adult Level I	Adult Level II	Adult Level III	Adult Level IV
		o Screened for rehab needs and a plan I place within 72 hours o Physical Therapy (PT) and Occupational Therapy (OT) available 7 days a week o A Physician assumes leadership of the rehab team • Respiratory Therapy (RT) o In-house 24/7 • Spiritual Counseling / Pastoral Care		• Mild TBI guideline including appropriate rehab screening and referral	
25	Social Services	• Available to all trauma patients • Social Work Liaison • All Social Workers with a Bachelors degree is SW, Masters degree is desired • Continuing Education: 8 hours annually • PIPS participation	Same	Same	Same with exceptions: • Role may be provided in conjunction with various hospital staff
26	Case Management	• Available to all trauma patients o Case Manager or Multidisciplinary Team • Continuing Education: 8 hours annually • PIPS involvement •	Same	Same with exception: • Role is desired but not required • Policy is required defining the capabilities	Not Required

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27	Geriatrics	• 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: • Interdisciplinary approach to the care of the geriatric patient should be evident.
28	Pediatrics	• 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: • Interdisciplinary approach to the care of the pediatric patient should be evident.