

#### Purpose:

To provide a procedure for hospitals to request a permanent or temporary variance from the Pennsylvania Trauma Systems Foundation (PTSF) Standards of Accreditation (Standards). Requests may be made due to building construction, equipment failure requiring time to replace, key personnel changes, or other major factors affecting the operations of a pursuing or accredited trauma center.

**IMPORTANT:** Centers are strongly encouraged to contact PTSF as early as possible in the planning stages of any situation that may require a variance or deviation from the Standards. Early engagement allows for thoughtful review, collaborative problem-solving, and timely decision-making. Operating without an approved variance when Standards cannot be met places the center at risk of suspension or de-accreditation.

#### Procedure:

1. The hospital must send communication, which states the reason and estimated duration for the proposed variance, to the PTSF. The communication should include applicable supporting documentation.
  - A. Communications must be submitted as soon as possible and prior to actual implementation of the proposed alternative plan.
    - i. Centers should contact PTSF early in the planning stages—ideally before finalizing any alternative plans—to allow adequate time for review, discussion, and Board of Directors (Board) consideration. Early consultation helps ensure alignment with PTSF Standards and may prevent delays in approval.
  - B. For content and supporting document recommendations, as well as submission deadlines, please contact any PTSF staff member of the Accreditation Team.
2. A PTSF staff member of the Accreditation Team will initially review all requests to determine if the request requires further information. The request is redacted for confidentiality and presented to the Standards, Executive, or Ad-hoc Board Committee to determine if further information is required, assess the impact of the proposed variance on the operations of the hospital, and make a recommendation to the PTSF Board as time permits.
3. The Board shall determine whether to grant a permanent variance with or without contingencies, grant a temporary variance with or without contingencies, suspend accreditation or services until the trauma center is fully compliant with the standards or de-accredit a trauma center.
  - A. All requests are reviewed on a case-by-case basis. Decisions are based on the circumstances at the hospital, and impact of the requested variance on the hospital, trauma system, and trauma patient care.
  - B. Contingencies may include, but are not limited to, additional requirements to the alternative plan and/or submission of periodic reports to the PTSF.
  - C. Centers that operate in non-compliance with PTSF Standards without an approved variance are subject to immediate corrective action, including suspension of accreditation or de-accreditation. Variance requests submitted after a center has already implemented changes or after non-compliance has been identified may result in more stringent contingencies or denial of the variance request.
4. The PTSF notifies the hospital seeking a variance of the status of the request as soon as possible but not later than three business days after the next scheduled Board meeting.

5. If a hospital had a variance during the survey cycle, active or closed, this information will be disclosed to the survey team members via the application for survey and presented in the Performance Improvement Overview session on the date of the site visit(s) or Panel Review. It is also disclosed to the Board during the deliberation process. Effort is made to incorporate the variance (if applicable) into the overall medical records selected for survey. Hospitals must have information available for the survey team members related to the variance, including associated performance improvement efforts, and quality-related initiatives.
6. If a hospital is operating with an active variance on the day of a site visit or Panel Review this information is disclosed to the Board during the deliberation process. The Board will determine whether to continue the permanent variance with or without contingencies, continue the temporary variance with or without contingencies, change approval of a temporary variance to a permanent variance, or deny continuation of a variance.
7. If a hospital is operating with a variance that requires a periodic report, the report must be submitted to PTSF staff by the date(s) and with the information outlined in the approval letter.
  - A. PTSF staff will review periodic reports for acceptance. Periodic reports with concerning information, including but not limited to non-compliance with alternative plan, substantial opportunities for improvement, or deviation from other standards, are redacted for confidentiality and presented to the Board.
  - B. The Board shall determine whether to accept the periodic report, modify a variance approval status (e.g., temporary, or permanent), revise the contingencies associated with a variance, deny continuation of a variance, or suspend accreditation or services until the trauma center is fully compliant with the standards.
8. The hospital must notify the PTSF, via email, within seven calendar days if any changes occur to the alternative plan as outlined in the variance request or approval letter or making the variance no longer necessary.
  - A. If the updated alternative plan deviates substantially from the previously approved plan, the update is redacted for confidentiality and presented to the Board.
  - B. The Board shall determine whether to continue a variance with the updated plan, modify a variance approval status (e.g., temporary, or permanent), revise the contingencies associated with a variance, deny continuation of a variance, or suspend accreditation or services until the trauma center is fully compliant with the standards.

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Approved by the PTSF Board of Directors and/or Executive Committee:

Original Date: 09/28/1989

Revise Date: 02/09/2000, 06/05/2008, 03/12/2015, 07/28/2016, 5/23/2023, 07/18/2024, 12/11/2025

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