

Purpose:

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

Procedure:

1. The hospital must send a signed letter, via email, which states the reason and estimated duration for the proposed variance, to PTSF. The letter should include applicable supporting documentation.
 - A. Variances must be requested as soon as possible and prior to actual implementation of the proposed alternative plan or anticipated noncompliance with a standard.
 - B. For content and supporting document recommendations, as well as submission deadlines, please contact the PTSF Standards Committee Staff Liaison.
2. A PTSF staff member will initially review all requests to determine if the request requires further information. The request is redacted for confidentiality and presented to the Standards and/or Executive 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 of Directors (Board).
3. The Board shall determine whether to grant a permanent variance with or without contingencies, grant a temporary variance with or without contingencies, or suspend accreditation or services until the trauma center is fully compliant with the standards.
 - 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 PTSF.
4. PTSF notifies the hospital seeking a variance in 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 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). 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, this information is disclosed to the PTSF 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 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.

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, 08/11/2026

Review Date: 09/20/2012, 04/01/2016, 07/01/2019, 09/16/2021, 02/22/2023