

### Purpose:

To provide a mechanism by which non-board certified physicians can be approved to care for trauma patients by using the Alternate Pathway process. This applies to only those physicians who, by Pennsylvania Trauma Systems Foundation (PTSF) Standards of Accreditation, are required to be Board Certified, excluding the Trauma Program Medical Director.

### Procedure:

1. Application for Alternate Pathway, Phase 1
  - a. Hospital identifies a non-board certified physician at the time of hire or assignment as a trauma team member and initiates the PTSF Alternate Pathway process.
  - b. Hospital submits the Alternate Pathway Phase 1 Form (Appendix A) and required documentation to the PTSF Director of Accreditation via email.
    - i. Required documentation as applicable:
      1. Alternate Pathway Phase 1 Form
      2. Letter signed by Trauma Program Medical Director (TPMD) attesting:
        - a. The number of physician specialists in the community is limited.
        - b. The quality and length of the residency program completed by the physician is consistent with the years of training in the US (if not completed in the US).
        - c. The physician's participation in an internal educational process and the PIPS program.
      3. Curriculum vitae.
      4. Pennsylvania medical license.
      5. Residency certificate.
      6. ATLS certificate if applicable.
      7. ACLS and/or PALS certificate if applicable.
      8. Letter of approval from institution's credentialing committee.
    - c. All requests will be initially reviewed by a PTSF staff member, blinded then referred to the Standards Committee and/or the Executive Committee to determine if additional information is required and make a recommendation to the PTSF Board of Directors (Board).
    - d. The Board shall determine whether to grant temporary approval of the Alternate Pathway or not grant approval of the Alternate Pathway.

- i. Temporary approval enables this provider to care for trauma patients for a period not to exceed 16-months.
- ii. Notification of decision will be communicated to the requesting hospital and will include the expiration date of the temporary approval and the due date of the application for Phase 2.

### 2. Trauma Performance Review Cycle

- a. During the period between the temporary approval and the Phase 2 submission date, approximately 12-months, the trauma program will review all trauma care provided by the surgeon/physician through the performance improvement process.
- b. It is expected that the morbidity and mortality results for patients treated by the surgeon/physician compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma team.

### 3. Application for Alternate Pathway, Phase 2

- a. Hospital submits the Alternate Pathway Phase 2 Form (Appendix B) and required documentation to the PTSF Director of Accreditation via email.
  - i. Required Documentation as applicable:
    1. Alternate Pathway Phase 2 Form
    2. Letter signed by the TPMD attesting that the surgeon/physician meets all other qualifications for members of the trauma team.
    3. Documentation demonstrating at least 50% participation in the trauma performance improvement/peer review meetings (if applicable).
    4. CME documentation, this must include the title of the event and the number of hours related to trauma care as per the PTSF Standards of Accreditation, during the previous 12-month review period.
    5. Morbidity and mortality data, and performance improvement assessment by the TPMD.
  - b. Submitted forms and documents will be blinded then reviewed by the PTSF Standards Committee for recommendation to the Board.
  - c. The Board shall determine whether to grant permanent approval of the Alternate Pathway or not grant approval of the Alternate Pathway.
  - d. PTSF will notify the requesting TPMD and Trauma Program Manager of the Board's decision.
  - e. Permanent approval enables this provider to care for trauma patients at the requesting institution.

#### 4. Ongoing Monitoring

- a. The hospital will disclose the alternate pathway within the Application for Survey (AFS).
- b. The hospital will identify the medical records chosen for site survey medical record review that includes care by the alternate pathway provider(s) using the PTSF template, Alternate Pathway Provider Medical Record Form, available on the PTSF website in the Trauma Accreditation-Site Survey section.
  - i. The completed template will be electronically submitted to the Director of Accreditation 1 week prior to site survey.
  - ii. On site survey day, the site surveyors will review care in the medical record review and comment on the care provided by the provider on an alternate pathway.
  - iii. During deliberations the Board will be alerted to medical records that include care by an alternate pathway provider.

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Approved by PTSF Board of Directors:

Original Date: 03/10/2004

Revise Date: 06/27/2013; 12/07/2018; 07/11/2019; 09/16/2021

Review Date: 04/01/2016; 07/01/2019; 09/16/2021

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### Appendix A: Application for Alternate Pathway, Phase 1

Submit at time of hire or assignment as trauma team member

Trauma Program Medical Director (TPMD) requesting variance:	
Institution:	
Name of physician requiring Alternate Pathway:	
Specialty of physician requiring Alternate Pathway:	
Is this physician serving as the subspecialty liaison?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of request:	
Date physician begins assignment as trauma team member:	
Reason for Alternate Pathway Request:	<input type="checkbox"/> non-U.S./non-Canadian trained <input type="checkbox"/> completed U.S./Canadian residency, no longer board eligible <input type="checkbox"/> other, specify

Alternate Pathway Criteria	Evidence Submitted to PTSF
Number of physician specialists in community is limited.	<input type="checkbox"/> Letter signed by Trauma Program Medical Director (TPMD) attesting: <ul style="list-style-type: none"> <li>• The number of physician specialists in the community is limited.</li> <li>• The quality and length of the residency program completed by the physician is consistent with the years of training in the US (If not completed in the US).</li> <li>• The physician's participation in an internal educational process and the PIPS program.</li> </ul>
Evidence of participation in an internal educational process conducted by the trauma program based on principles of practiced-based learning and the PIPS program.	
Evidence that the <b>non-U.S. or non-Canadian trained</b> surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology with a time period for the residency	

Alternate Pathway Criteria	Evidence Submitted to PTSF
<p>program that is consistent with the years of training in the United States.</p> <p><i>N/A for U.S. or Canadian trained physicians</i></p>	<input type="checkbox"/> Copy of residency certificate
<p>Current curriculum vitae.</p>	<input type="checkbox"/> Copy of curriculum vitae
<p>Evidence that the physician is licensed to practice medicine in Pennsylvania.</p>	<input type="checkbox"/> Copy of license
<p>Evidence that the <b>U.S. or Canadian-trained</b> surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology.</p> <p><i>N/A for non-U.S. or non-Canadian trained physicians</i></p>	<input type="checkbox"/> Copy of residency certificate
<p>Evidence that the general/trauma surgeon is an ATLS provider or instructor.</p> <p><i>N/A for non-general/trauma surgeons</i></p>	<input type="checkbox"/> Copy of ATLS certificate
<p>Evidence that the provider maintains</p> <ul style="list-style-type: none"> <li>• ACLS if participating in the care of adult patients (required at adult Level I-III trauma centers)</li> <li>• PALS if participating in the care of pediatric patients (required at pediatric Level I-II trauma centers, and the pediatric ICU at adult Level I-III trauma centers)</li> </ul>	<input type="checkbox"/> Copy of ATLS and/or PALS certificate
<p>Evidence that the physician is approved for full and unrestricted privileges in the specialty by the hospital's credentialing committee.</p>	<input type="checkbox"/> Letter of approval from hospital's credentialing committee

### Appendix B: Application for Alternate Pathway, Phase 2

Submit by due date indicated on Phase 1 Temporary Approval letter

Trauma Program Medical Director (TPMD) requesting variance:	
Institution:	
Name of physician requiring Alternate Pathway:	
Specialty of physician requiring Alternate Pathway:	
Date of temporary approval letter:	

Alternate Pathway Criteria	Evidence Submitted to PTSF
Meets all other qualifications for members of the trauma team.	<input type="checkbox"/> Letter signed by the TPMD.
<b>Trauma/General Surgeon or Subspecialty Liaison:</b> Evidence that the physician participated in at least 50% of the trauma performance improvement/peer review meetings during the previous 12-month review period  <i>N/A for subspecialty physicians not liaison</i>	<input type="checkbox"/> Documentation demonstrating attendance and participation.
Evidence that the surgeon/physician has completed continued educational requirements of his/her specialty, as per the PTSF Standards of Accreditation, during the previous 12-month review period	<input type="checkbox"/> Documentation of CME completion, including the title of each event and the number of hours
Experience in caring for trauma patients, reflected by a performance improvement assessment by the TPMD demonstrating that the morbidity and mortality results for patients treated by the surgeon/physician compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma team.	<input type="checkbox"/> Documentation of performance improvement assessment by the TPMD, and data that details morbidity and mortality comparing the physician requiring Alternate Pathway to other members of the trauma team.