

Purpose:

To overview the process required for Pennsylvania hospitals to secure accredited trauma center status through the Pennsylvania Trauma Systems Foundation (PTSF).

Pursuit Process:

Complete the following requirements to secure trauma center accreditation (requirements may occur simultaneously):

1. Determine Pursuit Eligibility/Obtain Waiver Approval if Applicable
2. Submit a Letter of Intent (LOI) to Pursue Trauma Center Accreditation
3. Submit the Education Fee Payment
4. Submit the Business Associate Agreement (BAA)
5. Participate in PTSF Education and Trauma Center Development
6. Submit the TraumaHQ *powered by IQVIA™* Fee
7. Submit the TraumaHQ *powered by IQVIA™* End User License Agreement (EULA)
8. Initiate use of TraumaHQ *powered by IQVIA™*
9. Abstract and Submit Medical Records
10. Submit a Letter of Request (LOR) for a Consultative Visit or Accreditation Survey
11. Submit the Application for Survey and Survey Fee Payment
12. Schedule the Survey Visit
13. Complete the Application for Survey (AFS)
14. Submit Outstanding Survey Fees
15. Complete the Survey Visit (Consultative Visit or Accreditation Survey)
16. Receive Deliberations Outcomes

Note: PTSF staff are available to visit a hospital and provide education prior to initiation of the accreditation pursuit process. Education covers the trauma center development process, an overview of the levels of accreditation, the accreditation process, related fees, the value and commitment to performance improvement, and guidance on the execution of resource analysis.

The Accreditation Policies of the PTSF provide additional details on the process to secure trauma center accreditation. The PTSF website (www.ptsf.org) includes all related policies. PTSF staff members are readily available throughout the pursuit process to assist, guide, and educate hospitals.

Please submit all communications electronically (via email).

Procedure:

1. Determine Pursuit Eligibility/Obtain Waiver Approval if Applicable
 - A. Based on Pennsylvania Act 54 of 2019, a hospital pursuing Level I, II, or III Trauma Center accreditation may not be within twenty-five (25) miles of another accredited Level I, II, or III Trauma Center unless the PTSF Board of Directors (Board) approves a waiver.
 - i. Hospitals within 25 miles of an accredited trauma center must apply for a waiver from this restriction to formally pursue and apply for accreditation as a trauma center. Approvals are granted if all Level I or II accredited trauma centers within 25 miles of the pursuing hospital have PTOS volumes of 1200 or more for three consecutive years.
 - ii. For additional details, refer to Policy BD-115: Process for Board Approval of Waiver Requests from Hospitals Pursuing Level I, II, or III Trauma Center Accreditation.
2. Submit a LOI to Pursue Trauma Center Accreditation
 - A. The LOI signifies a hospital's interest and intention of becoming an accredited trauma center and initiates the invoice for required PTSF Education Fees.
 - B. A hospital administrator must sign and submit the LOR to the PTSF Director of Accreditation. The letter must indicate the level of accreditation the hospital will pursue and attest that the decision to pursue has the support of the hospital's Board of Directors, Senior Management, and Medical Staff (a sample LOI is available from the PTSF).
3. Submit the Education Fee Payment
 - A. An invoice for the Education Fee is sent to the hospital with prorated fees based on the receipt date of the LOI. Refer to "PTSF Educational Offerings" document located on PTSF website.
 - B. Receipt of Education Fee payment will permit the PTSF to publicly disclose that the hospital is pursuing trauma center accreditation and triggers PTSF educational resources.
 - C. The hospital pays the Education Fee annually during the pursuit process.
4. Submit the BAA
 - A. A requirement of the Health Insurance Portability and Accountability Act, the BAA is a written agreement that specifies the hospital's responsibilities and the PTSF's responsibilities related to protected health information.
 - B. PTSF staff emails the BAA to the TPM with instructions for completion.
 - C. Trauma centers that are part of a hospital system may warrant inclusion in the hospital system's existing BAA. The LOI should acknowledge the existing BAA in place of a new BAA submission.
5. Participate in PTSF Education and Trauma Center Development
 - A. Reference the "PTSF Educational Offerings" document located on PTSF website.
 - B. Please note, certain educational programs are mandatory, while others are optional.
6. Submit the TraumaHQ *powered by IQVIA™* Fee
 - A. PTSF Staff sends an invoice to the hospital.

- B. Payment submission triggers the PTSF to complete the trauma software initiation for the trauma center. TraumaHQ *powered by IQVIA™* contains modules such as the trauma registry, performance improvement and patient safety (PIPS), report builder, application for survey, survey sync, and data validation modules.
 - C. The hospital pays the fee one time only. Payment initiates the hospital's access to TraumaHQ *powered by IQVIA™*.
7. Submit the TraumaHQ *powered by IQVIA™* EULA
- A. The EULA provides a license that gives users the right to use the PTSF supported trauma software.
 - i. The EULA details the software use and explains restrictions, including the prohibition of sharing or distributing the software in any way that benefits the licensee rather than the original creator.
 - ii. The required EULA is a standard agreement that protects the copyright owner.
 - B. PTSF staff emails the EULA to the TPM with instructions for completion.
8. Initiate use of TraumaHQ *powered by IQVIA™*
- A. All pursuing and accredited trauma centers must initiate and utilize the required PTSF supported trauma software.
 - B. PTSF staff provide additional directions and education.
 - C. Initiation and education cannot begin until the hospital submits the EULA and TraumaHQ *powered by IQVIA™* fee.
 - D. The installation process typically requires a minimum of 30 business days' notice. The PTSF does not guarantee requests made with less than 30 days' notice.
9. Abstract and Submit Medical Records
- A. Abstraction of Pennsylvania Trauma Outcome Study (PTOS) medical records into the PTSF Trauma Registry in TraumaHQ *powered by IQVIA™* must occur with cases presenting no later than July 1 of the year prior to the initial accreditation survey.
 - i. The July 1 registry implementation date is not applicable to consultative visits, which are visits tailored to the specific needs of the trauma center.
 - ii. Contact the PTSF Registry Team to discuss registry abstraction, volume, and submission requirements.
 - B. Pursuing trauma centers must electronically submit abstracted medical records to the PTOS Central Site database at least monthly starting August 1 of the year prior to the initial accreditation survey.
 - i. This starting point allows trauma centers to develop a working knowledge of the registry abstraction process prior to January 1 of the year of the initial accreditation survey when medical records become eligible for selection and review on survey.
 - ii. The PTSF recommends the performance improvement process and use of the PIPS module in TraumaHQ *powered by IQVIA™* begins simultaneously with registry abstraction. PIPS records are not viewable at the PTSF Central Site while the trauma center is in pursuit mode and until full execution of the Outcomes Agreement.
10. Submit a LOR for a Consultative Visit or Accreditation Survey
- A. A LOR signifies a hospital's request for a consultative or accreditation survey visit in the following year. A hospital administrator must sign and submit the LOR to the PTSF Director of Accreditation. The LOR should

reaffirm the sought level of trauma center accreditation and should specify the visit type (consultative visit or accreditation survey).

- i. Consultative visits typically serve as a mock survey and closely follow the schedule of an accreditation survey. This type of visit is not mandatory but highly recommended the year prior to an accreditation survey.
- ii. PTSF staff may tailor the consultative visit schedule to the specific needs of the trauma center.

B. LOR submission deadlines

- i. The hospital must submit the LOR to the PTSF on or before July 1 of the year prior to the requested visit.
- iii. The LOR triggers the PTSF to send the hospital the invoice for survey fees.
- ii. For pursuing hospitals that completed a consultative visit, the consultative visit report cover letter communicates the LOR and survey fee due date. The date is based on the timing of the report to allow the hospital to evaluate future plans accordingly.

11. Submit the Survey Fee Payment

- A. Reference “PTSF Fee Schedule” document on PTSF website.
- B. Reference policy BD-113: Payments and Refunds of Fees.

12. Schedule the Survey Visit

- A. Upon receipt of payment, the PTSF will work with the hospital to schedule the survey based on available dates. Once accepted, the PTSF will provide a “Save The Date” notice with the following items:
 - i. Date of Survey Visit
 - ii. Type of Visit
 - iii. Number of Surveyors
 - iv. AFS Due Date
 - v. AFS Reporting Period
 - vi. AFS Survey Cycle
 - vii. Anticipated Medical Record Pull Date Range
 - viii. Survey Visit and AFS Fees Due Date
 - ix. Month of Deliberations
- B. Once the scheduled survey visit date is finalized, if a hospital must postpone or cancel the scheduled visit, for any reason, the hospital must notify the PTSF Director of Accreditation immediately. The hospital absorbs all surveyor-related costs incurred to date and costs associated with rescheduling the survey team.
 - i. Reference policy AC-133: Team Member Attendance/Cancellation for Survey Visits.
 - ii. Reference policy BD-113: Payments and Refunds of Fees.
- C. If the PTSF must cancel a scheduled survey visit, for any reason, the PTSF will notify the hospital’s TPM immediately by phone/email. The PTSF will be responsible for all surveyor-related costs incurred to date and costs associated with rescheduling the survey team.
 - i. Reference AC-133: Team Member Attendance/Cancellation for Survey Visits.
 - ii. Reference BD-113: Payments and Refunds of Fees.
- D. The PTSF will notify the hospital of the survey team member composition. If a hospital has a conflict with the members of the survey team, the TPM must notify the PTSF, via email, as soon as possible, or no later than five business days after receipt of the notification. The PTSF cannot guarantee a change in survey team member

composition but will attempt to accommodate the request(s). Please reference policy AC-119: Surveyor Selection Criteria.

13. Complete the AFS

- A. The hospital completes the AFS, within TraumaHQ *powered by IQVIA™*, prior to the survey visit.
- B. PTSF staff conveys the deadline for submission of the AFS based on the date of the survey visit.
- C. Reference the Survey Guidebook and AFS User Manual for additional details regarding the AFS.

14. Submit Outstanding Survey Fees

- A. PTSF will generate an invoice for the outstanding survey fees in November.
- B. Payments are due by mid-January. The PTSF will communicate the exact date.

15. Complete the Survey Visit (Consultative Visit or Accreditation Survey)

- A. The PTSF Survey Guidebook dictates the format of the survey visit day unless previously arranged with the PTSF Accreditation Team.
- B. For hospitals that request a survey for accreditation, starting January 1 of the year of the survey visit, the hospital must comply with the PTSF Standards of Accreditation for the level of accreditation the hospital is pursuing.

16. Receive Deliberation Outcomes — The Board convenes to determine if the hospital meets criteria for accreditation. The PTSF fully redacts trauma center identities throughout the deliberation process; the Board renders all decisions in a confidential manner.

A. Accreditation Approval

- i. The PTSF President will convey the accreditation decision from the Board to the hospital CEO or assigned designee of pursuing hospitals via a pre-scheduled phone call.
- ii. The PTSF will issue a press release after the completion of the Board's accreditation deliberation meeting if there is a change in the accredited status of one or more trauma centers.
 - a. The press release shall include a list of all currently accredited and newly accredited trauma centers.
 - b. Reference policy AC-132: Media Notification Regarding Trauma Center Status.
- iii. If a new trauma center wishes to publish their own press release, the PTSF President must review the hospital's draft press release to assure that the content is accurate, prior to publication.
- iv. Accreditation certificates are issued in accordance with predetermined timelines approved by the Board as outlined in policy AC-114: Certificates of Accreditation.
- v. All newly accredited trauma centers receive a provisional one-year accreditation term and require an additional accreditation survey within one year.
- vi. The trauma center must execute the PTSF PIPS Central Site Agreement once accredited. PTSF staff will send this agreement to the TPM with instructions for completion.
- vii. Level I, II, and III trauma centers must enroll in the Trauma Quality Improvement Program (TQIP) through the American College of Surgeons.
- viii. Begin submission of mortality cases as detailed in Policy TO-100: Timeliness of Submission to the Outcomes Central Site.

B. Accreditation Denial

- i. The PTSF President will convey the accreditation decision from the Board to the hospital CEO or assigned designee via a pre-scheduled phone call.
- ii. Denial of accreditation does not impact a hospital's ability to request an accreditation survey in the future. The accreditation report, which details the accreditation decision, includes a deadline for the hospital to notify the PTSF regarding their intentions for a visit in the future.
- iii. The hospital may submit a request for reconsideration to the PTSF if the hospital is not in agreement with the accreditation denial based on the significant issue(s) cited. Reference policy AC-136: Request for Reconsideration of Accreditation Deliberation Decision.
- iv. If the hospital remains in disagreement with the Board's final decision, after completion of the process outlined in policy AC-136, the hospital may then initiate the process outlined in policy AC-103: Appeals Process.

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

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