

Purpose:

To provide an outline of the process for a hospital in Pennsylvania to become an accredited trauma center through the Pennsylvania Trauma Systems Foundation (PTSF).

Pursuit Process:

The procedure for becoming an accredited trauma center includes (some steps are simultaneous):

1. Determine pursuit eligibility / obtain waiver approval if indicated
2. Submit a "Letter of Intent" (LOI) to pursue trauma center accreditation
3. Submit payment of Education Fee
4. Participate in PTSF Education and Trauma Program development
5. Initiate the PTSF Trauma Registry & Performance Improvement Software
6. Abstract & Submit Medical Records
7. Submit a "Letter of Request" (LOR) for a Consultative Visit or Accreditation Survey
8. Submit payment of Survey Fee
9. Schedule Site Visit
10. Complete the Application for Survey (AFS)
11. Complete the Site Visit (Consultative Visit or Accreditation Survey)
12. Receive Accreditation Determination

Note: Prior to initiating the accreditation pursuit process, PTSF staff are available to visit a hospital and provide education on the trauma center development process including levels of accreditation, the accreditation process, related fees, the value and commitment to performance improvement, and guidance on performing an analysis of resources.

Many questions related to the process of becoming a trauma center are further defined within the Accreditation Policies of the PTSF. Policies are available on the PTSF website at www.ptsf.org.

PTSF staff is readily available during the pursuit process to assist, guide, and educate hospitals as questions arise.

Procedure:

1. Determine pursuit eligibility/obtain waiver approval if indicated:
 - 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 a waiver is approved by the PTSF Board of Directors.
 - i. Hospitals within 25 miles of an accredited trauma center must apply for a waiver from this restriction. 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.

- 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 “Letter of Intent” (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 Education Fees.
 - b. The LOI should be signed by a hospital administrator and submitted to the PTSF Executive Director. The letter must contain information related to level of accreditation being pursued and signify approval by the hospital’s Board of Directors, Senior Management and Medical Staff (sample LOI available from PTSF).
3. Submit payment of Education Fee
 - a. An invoice for the Education Fee will be sent to the hospital with prorated fees based on the date the LOI was received.
 - i. Refer to “PTSF Education Fee Schedule” 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 and software eligibility.
4. Participate in PTSF Education and Trauma Program Development
 - a. Reference “PTSF Educational Fee Schedule” located on PTSF website for mandatory and optional educational programs.
5. Initiate the PTSF Trauma Registry & Performance Improvement Software
 - a. All trauma programs are required to initiate and utilize the PTSF supported Trauma Registry and Performance Improvement Software.
 - b. PTSF supported software is purchased directly from PTSF vendor Digital Innovation, Inc. by ESO
 - i. Reference “Digital Innovation Fees for Hospital Pursuing Accreditation” on PTSF Website.
 - ii. Software fees are paid by the hospital directly to the vendor prior to trauma center accreditation. Once the hospital is accredited as a trauma center, the fee for registry software is included within the PTSF participation fee. Additional licenses are available for a fee.

6. Abstract & Submit Medical Records

- a. Abstraction of Pennsylvania Trauma Outcome Study (PTOS) medical records into the PTSF Trauma Registry Software must occur with cases presenting no later than July 1 of the year prior to the accreditation survey.
- b. Abstracted medical records must be electronically submitted to the PTOS central site database at least monthly starting August 1 of the year prior to the initial site visit.
 - i. This starting point allows the trauma program to develop a working knowledge of the registry abstraction process prior to January 1 when medical records become eligible for selection and review on site survey.
 - ii. It is recommended that the performance improvement process begin simultaneously with registry abstraction.
- c. The July 1st registry implementation date is not applicable to consultative visits, which are tailored to the specific needs of the trauma program. Contact the PTSF Accreditation Team to discuss registry abstraction and submission requirements.

7. Submit a “Letter of Request” (LOR) for a Consultative Visit or Accreditation Survey

- a. A LOR, which signifies a hospital’s request for a consultative or accreditation site survey visit in the following year, must be signed by a hospital administrator, and submitted to the PTSF Executive Director. The letter should reaffirm the level of trauma center accreditation being sought along with the type of visit (consultative visit or accreditation survey) requested.
 - i. Consultative visits serve as a mock survey, closely following the schedule of an accreditation survey. Although not mandatory, these visits are highly recommended the year prior to an accreditation survey.
 - The consultative visit may be tailored to the specific needs of the trauma program.
- b. LOR Submission deadlines
 - i. The LOR must be submitted to PTSF on or before July 1 of the year prior to the visit.
 - ii. For “pursuing hospitals” that have completed a consultative visit, the LOR & survey fee due date will be communicated within the consultative visit report cover letter and will be based on timing of the report to allow the hospital to evaluate future plans accordingly.

8. Submit payment of Survey Fee

- a. Reference “PTSF Fee Schedule” document on PTSF Website
- b. Reference policy BD-113: Payments & Refunds of Fees.

9. Schedule Site Visit

- a. Once payment is received, PTSF will send a “Save The Date” notice containing the following items:
 - i. Date of Site Survey, selected by PTSF
 - ii. AFS completion due date.
 - iii. AFS reporting period.
 - iv. AFS survey cycle.
 - v. AFS fee due date.
 - vi. Remaining 50% of the site survey fee due date.

- b. If a hospital has a conflict with the date of the scheduled site visit, or the members of the site survey team, the facility must notify PTSF within two weeks of notification. PTSF cannot guarantee a change but will attempt to accommodate the request(s).
 - i. Reference AC-119: Surveyor Selection Criteria.
 - ii. Reference BD-106: Conflicts of Interest.

- c. If a hospital must postpone or cancel a 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 survey team.
 - i. Reference AC-133: Team Member Attendance/Cancellation for Site Visits
 - ii. Reference BD-113: Payments & Refunds of Fees.

- d. If the PTSF needs to cancel a scheduled site visit, for any reason, the PTSF will notify the hospital’s trauma program manager immediately by phone/email. The PTSF absorbs all surveyor related costs incurred to date and costs associated with rescheduling survey team.
 - i. Reference AC-133: Team Member Attendance/Cancellation for Site Visits
 - ii. Reference BD-113: Payments & Refunds of Fees.

10. Submit the Application for Survey (AFS)

- a. The AFS is the electronic application completed by the hospital prior to the site survey.
- b. Pursuing trauma programs receive access to the AFS once the Digital Innovation, Inc. by ESO software is installed.
- c. Reference Site Survey Guidebook and AFS User Manual for additional details regarding the AFS.

11. Complete the Site Visit (Consultative Visit or Accreditation Survey)

- a. The format of the survey day will be in accordance with the most current version of the PTSF “Site Survey Guidebook” unless previously arranged with the PTSF Accreditation Team.
- b. Starting January 1st of the year of survey, the hospital must be in compliance with the Standards of

Accreditation.

- c. A consultative visit is tailored to the specific needs of the trauma program.

12. Receive Deliberation Outcomes

a. Successful Accreditation

- i. The PTSF Board of Directors (Board) will convene to determine if the hospital meets criteria for accreditation.
- ii. The PTSF Executive Director will convey the accreditation decision from the Board to the hospital CEO or assigned designee of pursuing hospitals.
- iii. A press release announcing all accredited trauma centers, including newly accredited trauma centers, will be issued by PTSF after Board accreditation deliberation meetings.
 - Reference AC-132: Media Notification Regarding Trauma Center Status
- iv. Accreditation certificates will be issued according to predetermined timelines as approved by the Board.
 - Reference AC-114: Certificates of Accreditation
- v. All newly accredited trauma centers will receive a provisional 1-year accreditation and will require a re-accreditation site survey within 1 year.

b. Denied Accreditation

- i. The PTSF Executive Director will convey the accreditation decision from the Board to the hospital CEO or assigned designee.
- ii. Denial of accreditation does not impact a hospital's ability to request a site survey in the future.
 - Based on the date of the report outlining accreditation denial, the PTSF will provide a deadline for the hospital to notify the PTSF regarding their intentions for a visit in the future.
- iii. If the hospital is not in agreement with the accreditation denial based on the significant issue(s) cited, the hospital may submit a written request for reconsideration to the PTSF Executive Director.
 - Reference AC-136: Request for Reconsideration of Accreditation Deliberation Decision
- iv. If the hospital remains in disagreement with the final decision of the Board (after Policy AC-136 process), the hospital may then initiate the process outlined in Policy AC-103: Appeals Process.

Approved by PTSF Board of Directors:

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