

Purpose:

The intent of this document is to provide guidance to the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board) on the voting criteria for Trauma Center Accreditation.

Procedure:

The following considerations are made by the Board during the deliberation process for hospitals pursuing accreditation, reaccreditation, and/or ongoing accreditation.

- 1) Three (Level I, II and III trauma centers) and Four (Level IV trauma centers) Year Accreditation Cycles: All criteria listed below must be met or exceeded. This includes but is not limited to:
 - a. Clinical Care
 - i. Issues are *singular* in nature
 - ii. Resuscitative phase of care is strong and without multiple concerns
 - b. Performance Improvement & Patient Safety Process
 - i. Adequately identifies, evaluates, classifies, implements action plans and demonstrates event resolution (loop-closure) when applicable.
 - c. Commitment
 - i. Evident in all domains of program-leadership, organization, medical staff, and ED hospital access by the pre-hospital system
 - d. Standards of Accreditation compliance
 - i. Substantial compliance with PTSF “Standards of Accreditation”
- 2) Two-Year Accreditation Cycle: Any one of the issues listed below may be present, including but not limited to:
 - a. Inability to resolve, or inability to demonstrate sustained resolution of previous significant issues
 - b. Number of Significant Issues
 - c. Significant Issues pertaining to areas which may require more than one-year cycle to resolve
- 3) One-Year Accreditation Cycle: Any one of the issues listed below may be present, including but not limited to:
 - a. Clinical Care: Multiple significant issues surrounding clinical care versus singular issues
 - i. Inappropriate clinical care during the resuscitative phase of care. This includes an inconsistent approach to the management of critically ill patients utilizing ATLS principles during the resuscitative and critical care phases
 - ii. Inconsistent or inadequate Subspecialists management of patients with severe traumatic injury
 - iii. Inadequate Attending Physician oversight of Resident or Advanced Practitioners
 - b. Performance Improvement & Patient Safety Process
 - i. The inability to recognize or trend significant Performance Improvement (PI) issues
 - ii. The inability to critically analyze and provide loop closure for patient care issues resulting in negative patient outcomes

- c. Commitment
 - i. Singular examples whereby commitment is deficient
 - ii. The lack of clinical support / resources for the trauma service
 - iii. ED Closure to Trauma more than 5% of the time
 - d. Standard Compliance
 - i. Substandard compliance with PTSF Standards of Accreditation
 - e. Significant Issues
 - i. The inability to effectively demonstrate the resolution of Significant Issues identified from the previous site survey, including suboptimal corrective action plans
 - ii. Number of Significant Issues
- 4) De-Accreditation: Any one of the issues listed below could result in de-accreditation
- a. Clinical Care
 - i. Multiple significant issues surrounding clinical care versus singular issues
 - ii. Inappropriate clinical care of trauma patients during the resuscitative phase of care, including an inconsistent approach to the management of critically ill patients utilizing ATLS principles during the resuscitative and critical care phases
 - iii. Inconsistent or inadequate Subspecialists management of patients with severe traumatic injury
 - iv. Inadequate Attending Physician oversight of Resident or Advanced Practitioners
 - b. Performance Improvement & Patient Safety Process
 - i. The inability to recognize or trend significant PI issues
 - ii. The inability to critically analyze and provide loop closure for patient care issues resulting in negative patient outcomes
 - c. Commitment
 - i. Multiple examples of lack of commitment
 - ii. The lack of clinical support for the trauma service
 - d. Compliance
 - i. Substantial non-compliance with PTSF “Standards of Accreditation”
 - e. Significant Issues
 - i. Significant Issues unresolved from prior one-year survey
 - (1) The inability to effectively demonstrate the resolution of Significant Issues identified from the previous site survey

5) Additional Deliberation Considerations

- i. Level IV Trauma Centers with a provisional or re-accreditation survey may receive a four-year accreditation with a two-year mid-cycle panel review. Eligibility requirements are outlined in AC-139: Level IV Trauma Center Re-Accreditation.
 - b. Trauma Centers Elevating Trauma Center Accreditation:
 - i. Policy AC-138: Process for Elevating Trauma Center Accreditation Level.
 - c. Newly Accredited Level I, II or III Trauma Centers receiving full accreditation after the result of the site visit following the first, provisional year of accreditation may receive either one-year or two-year accreditation status.
 - d. Level I, II and III Trauma Centers receiving a three-year accreditation may be eligible for a one-year extension.
 - i. Refer to Policy AC 140: Level I, II & III Trauma Center Accreditation Extension for additional details.
 - e. As a component of site survey and deliberations, PTOS volume will be reviewed. In compliance with Act 54 (July 2, 2019), accredited Adult Level I and Adult Level II Trauma Centers must maintain an annual PTOS volume of 600 PTOS patients.
 - i. Annual PTOS volume is generated by the PTSF staff via the Collector registry database and will be reviewed during deliberations.
 - (1) Trauma Centers not meeting the legislation requirements will receive a significant issue related to PTOS volume.
 - (2) This will require an initial action plan submission demonstrating meaningful actions to meet volume growth.
 - (3) A mid-cycle action plan progress report will be submitted and reviewed by the Board for further actions. This progress report will include:
 - (a) Updated volume metrics.
 - (b) Trauma Quality Improvement Program (TQIP) data which must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent TQIP hospital-specific report.
 - (i) Outcomes must not be (negatively) statistically significant, noted as a “low performer” also known as a red diamond. Green and black diamonds are acceptable.
 - (ii) The metrics that will be reviewed are the “All Patient Category” only for:
 1. Risk Adjusted Mortality by Cohort
 2. Risk Adjusted Major Complications by Cohort
- 6) Required Action Plans—Trauma centers receiving significant issues are required to submit action plans for each significant issue. These action plans are reviewed by PTSF staff with follow-up and recommendations as appropriate. PTSF staff can respond to inquiries concerning the development of action plans.

- 7) Board-Requested Progress Reports—The Board may request initial and/or follow-up progress reports within an accreditation period from any trauma center. The intention of the progress report is to ensure that significant issues continue to be addressed in the absence of a site visit. This report is blinded, presented for Board review during deliberations and adheres to the same “conflict of interest” policy for all trauma programs being reviewed. PTSF staff will notify the trauma center of the results of the Board review including any additional requests and/or action from the board, if applicable.
- 8) Level I, II and III Trauma Center Site Survey Team Composition—during the deliberation process, any trauma center receiving less than three years for their accreditation cycle will have the site survey team composition evaluated/determined based upon the significant issues for the next scheduled site visit.

Definitions

- 1) Significant Issue—a major clinical and/or trauma system issue that impacts or has the potential to impact the ability to provide all aspects of trauma care. A Significant Issue can be associated with any aspect of the trauma program included in the Standards of Accreditation. This includes, but is not limited to, the provision of direct clinical care, the support and responsiveness of administration to the needs of the trauma program, the care provided by surgical and non-surgical specialties, the care provided by support services and the thoroughness of Performance Improvement activities. Lack of documentation may be cited as a Significant Issue, as lack of pertinent information implies that clinical assessments and care have not been provided.
- 2) Opportunities for Improvement—include recommendations from the Board that the trauma center should further explore to mature their program. These issues were found to be inconsistent and did not rise to the level of citation as a Significant Issue. These are recommendations only and do not require a formal written action plan by the facility. The Opportunities for Improvement section of the Accreditation Report will not be provided to the site survey team for the institution’s next site survey.

Source: “Guide to Understanding Accreditation Report”

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