

Purpose:

To provide guidance on voting criteria for the Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board) related to Trauma Center Accreditation.

Procedure:

During deliberations for hospitals pursuing accreditation or seeking re-accreditation as a trauma center, the PTSF Board determines the accreditation cycle length a hospital receives. When making this determination, the following considerations are made:

Full Accreditation Cycle

1. Level I-III Trauma Centers are eligible for a full, three-year accreditation cycle after completion of the provisional year, and one additional survey cycle.
 - A. After initial accreditation, the maximum cycle length a Level I-III Trauma Center can receive is one provisional year, followed by a two-year accreditation cycle.
 - B. Level I, II and III Trauma Centers receiving a full, three-year accreditation may be eligible for a one-year extension. Refer to policy AC-140: Level I, II & III Trauma Center Accreditation Extension for additional details.
 - C. Level I, II and III Trauma Centers accredited for 10 or more years, receiving a full, three-year accreditation, may be eligible to participate in the virtual survey process, in lieu of the on-site process. Refer to policy AC-141: Level I, II & III Virtual Survey Process for additional details.
2. Level IV Trauma Centers may receive a full, four-year accreditation cycle, with a mid-cycle panel review, after completion of the provisional year. After initial accreditation, the maximum cycle length a Level IV Trauma Center can receive is one provisional year.
3. A full accreditation cycle is only given to trauma centers who meet, or exceed, the following criteria:
 - A. Clinical Care
 - i. Issues are singular in nature
 - ii. Resuscitative phase of care is appropriate and without multiple concerns
 - B. Performance Improvement and Patient Safety Process Adequately
 - i. identifies
 - ii. evaluates
 - iii. classifies
 - iv. implements action plans
 - v. demonstrates event resolution (loop-closure) when applicable
 - C. Commitment
 - i. Evident in all domains of the program including leadership, organization, medical staff, and access and availability to the community and EMS organizations.

- ii. Standards of Accreditation Compliance
- iii. Substantial compliance with PTSF Standards of Accreditation

Reduced Accreditation Cycle, Two-Years

1. This outcome may be given to any accredited trauma center with one of the following:
 - A. Inability to resolve or demonstrate sustained resolution of previous significant issues
 - B. Multiple Significant Issues
 - C. Significant Issues pertaining to areas which may require more than one-year cycle to resolve

Reduced Accreditation Cycle, One-Year

1. This is the shortest accreditation cycle an accredited trauma center may receive, and may be assigned as a result of having one of the issues listed below:
 - A. Clinical Care
 - i. Multiple significant issues surrounding clinical care versus singular issues
 - ii. 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
 - iii. Inconsistent, or inadequate, Subspecialist management of patients with severe traumatic injury
 - iv. Inadequate Attending Physician oversight of Residents or Advanced Practitioners
 - B. Performance Improvement and 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 and/or trauma program
 - iii. Diversion greater than four hundred (400) hours annually
 - D. Standards and Accreditation Compliance — 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 actions
 - ii. Abundance of Significant Issues

De-Accreditation

1. This may be assigned to any accredited trauma center if any one of the issues listed below are identified:
 - 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, Subspecialist management of patients with severe traumatic injury
 - iv. Inadequate Attending Physician oversight of Residents or Advanced Practitioners
 - B. Performance Improvement and 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. Standards of Accreditation Compliance — Substantial non-compliance with PTSF Standards of Accreditation
 - E. Significant Issues
 - i. Significant Issues unresolved from prior reduced accreditation cycle
 - ii. The inability to effectively demonstrate the resolution of Significant Issues identified from the previous site survey

Additional Deliberation Considerations

1. Mid-cycle panel review deliberations for Level IV Trauma Centers may result in maintaining the full, 4-year accreditation cycle with an on-site survey in 2 years, reducing the cycle to 1-year, or de-accreditation.
2. As a component of survey and deliberations, PTOS volume will be reviewed. In compliance with Act 54 of 2019, accredited Adult Level I and Adult Level II Trauma Centers must maintain an annual PTOS volume of 600 PTOS patients.
 - A. Annual PTOS volume is generated for a calendar year by the PTSF staff via the Collector registry database and will be reviewed during deliberations.
 - i. Trauma Centers not meeting the legislation requirements will receive a Significant Issue related to PTOS volume. Pursuing and provisional hospitals undergoing a survey cannot receive a PTOS volume related Significant Issue since a full calendar year of PTOS volumes is not yet available.
 - ii. This will require an initial action plan submission demonstrating meaningful actions to meet volume growth.
 - iii. 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.
 - (1). Outcomes must not be (negatively) statistically significant, noted as a “low performer” also known as a red diamond. Green and black diamonds are acceptable.
 - (2). The metrics that will be reviewed are the “All Patient Category” only for:
 - (A.) Risk Adjusted Mortality by Cohort
 - (B.) Risk Adjusted Major Complications by Cohort
- 3. Significant Issue Assignment, Required Action Plans and Progress Reports:
 - A. A Significant Issue, assigned by the PTSF Board, is a major clinical and/or trauma system issue that impacts, or has the potential to impact, the ability to provide any aspect of trauma care. A Significant Issue can also be assigned when any aspect of the trauma program does not meet 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 PI activities. Lack of documentation may be assigned as a Significant Issue, as lack of pertinent information implies that clinical assessments and care have not been provided.
 - i. Action Plan: Trauma centers receiving Significant Issues are required to submit action plans to the PTSF, by a date outlined in the hospitals’ Accreditation Report. The Action Plan Template is available on the PTSF website. 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.
 - ii. Progress Reports: The Board may request initial and/or follow-up progress reports within an accreditation cycle 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 survey. This report is blinded and presented for Board review, adhering 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.

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

Original Date: 09/19/2014

Revise Date: 12/11/2014, 07/27/2017, 09/29/2017, 07/23/2020, 9/15/2022, 12/08/2022

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