

### Purpose:

To describe the process by which a level IV trauma center, that received a four-year accreditation, participates in the mid-cycle panel review.

### Procedure:

- 1) Upon successful completion of the provisional year of accreditation, eligible level IV trauma centers enter a 4-year accreditation / survey cycle with a focused, panel review within 2-years.
  - a) The Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board) will determine eligibility for panel reviews based upon the trauma center's accreditation determination.
    - i) Refer to Policy AC-137: Accreditation Guidelines & Continuum for Board Members for accreditation determination guidance.
- 2) Scheduling the Panel Review will occur in coordination with PTSF staff.
  - a) The Panel Review may be in-person or remotely via a video conferencing platform.
  - b) Location of an in-person Panel Review will be determined by PTSF.
- 3) Panel Review education will be provided to Trauma Program Leadership by PTSF staff within 1-year prior to the day of the Panel Review.
  - a) The education will focus on Panel Review process and expectations.
  - b) Mentoring center personnel may participate in the education session.
- 4) The Application for Survey (AFS) is due prior to the panel review meeting.
  - a) The due date will be assigned by the PTSF and communicated via the "Save the Date" notification.
  - b) PTSF staff review the AFS and provide follow-up questions via the AFS clarification tab to the trauma center within 2 weeks of AFS submission.
  - c) Once received, the trauma center must submit a response to the AFS clarifications within two weeks.
  - d) The follow-up response(s) will be included with the AFS for the panel review team.
- 5) Panel Review participants will consist of:
  - a) Two in-state surveyors:
    - i) One physician (Surgeon or Emergency Medicine).
    - ii) One registered nurse.

- b) Hospital representation:
  - i) Trauma Program Medical Director.
  - ii) Trauma Program Manager/Coordinator.
  - iii) Additional participants, as approved by PTSF staff
  
- 6) Panel Review medical record selection
  - a) PTSF selects one (1) medical record from PTSF generated standardized level IV reports, consisting of the Demographics Reports and the Quality Indicator Report, including Admission/Transfer summaries
    - i) PTSF will communicate the one (1) medical record to the trauma center approximately three weeks prior to the Panel Review.
  - b) Hospital selects two (2) medical records from the survey cycle
    - i) One (1) medical record demonstrating an identified opportunity for improvement and how the PI process effectively addressed the issue.
    - ii) One (1) medical record demonstrating an identified opportunity for improvement and how the PI process effectively addressed the issue.
    - iii) The importance of case selection is to highlight the process and not necessarily the acuity / complexity of the patient/injuries.
  
- 7) The Panel Review meeting schedule will consist of:
  - a) Pre-Panel Review Survey Team Discussion (Private, prior to hospital participation)
    - i) AFS review
      - (1) Surveyors receive access to the AFS approximately one month prior to the Panel Review.
    - ii) Review of standard reports/queries.
    - iii) Review of follow-up questions and hospital response, if applicable.
    - iv) Review of previous significant issues, if applicable.
  - b) Hospital Presentation / Panel Discussion approximately 90-minutes. This must be a slideshow presentation, including:
    - i) General overview (approx. 10-minutes)
      - (1) This must include at a minimum the hospital and trauma program demographics (overview), PA Map with hospital location marked and a summary of significant changes since the last survey.
    - ii) Previous significant issue presentation, if applicable (approx. 15-minutes).
      - (1) Time may be extended based on number of significant issues.
      - (2) This presentation should include actions and updates toward loop-closure.
      - (3) For a significant issue to be considered resolved, data, including demonstratable metrics, must be presented. As this is a mid-cycle Panel Review, significant issues are not required to be resolved. The Survey Team may provide recommendations for continued progress.
    - iii) Three case presentations (approx. 45-minutes total):
      - (1) Each case presentation should include:
        - (a) A timeline of events

- (b) Pre-hospital information/care if applicable
  - (c) ATLS assessment (A, B, C, D etc.)
  - (d) Radiologic images when important/applicable
  - (e) Outcomes
  - (f) Performance Improvement with events identified, actions, and loop closure
  - (g) Labels indicating which case meets the following criteria:
    - (i) Highlighting PI process
    - (ii) Highlighting clinical excellence
    - (iii) PTSF identified
  - iv) Closing discussion (approx. 20-minutes).
    - (1) This will include any follow-up or clarifying information as requested from the AFS
  - c) Survey Team Discussion and recommendation for Board determination (Private: SurveyTeam).
- 8) The following must be submitted via email to the PTSF Director of Accreditation 1 week prior to the Panel Review (The PTSF will print these documents for the survey team):
- a) Copy of the Slideshow Presentation: Submitted in PDF format, two slides per page, in color. It is acceptable to submit Overview, Significant Issue Review (if applicable) and Case Presentations combined in one document or divided into three documents.
  - b) Copy of the PA v5 Outcomes Documentation: Survey Summary Printout (from PA v5 Outcomes Report Writer) submitted in PDF format for each of the 3 medical records.
- 9) The Panel Review team will write a summary with recommendations to be reviewed by the Board at the next deliberation meeting.
- 10) Board deliberation outcomes may include:
- a) Accreditation Status
    - i) Maintain the remainder of the 4-year accreditation cycle as per the current accreditation certificate. The next survey will be an on-site Accreditation Survey in two years.
    - ii) Cancellation of the existing accreditation certificate with a new one-year accreditation approval. Required on-site Accreditation Survey next year.
    - iii) De-accreditation
  - b) Significant Issues
    - i) Current significant issue(s) may be considered resolved or unresolved with progression towards resolution.
    - ii) New significant issues may be identified.

11) The Accreditation Report from the Panel Review will contain at a minimum:

- a) Summary
- b) Case Review
- c) Significant Issue Status, if applicable. May include new significant issues.
- d) Strengths
- e) Opportunities for Improvement

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

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*Meg Ashton, BSN, RN, MHA, CEN—Board Chair*