

### Purpose:

To describe the participation process for Level IV Trauma Centers (four-year accreditation recipients) to undergo the mid-cycle panel review.

### Procedure:

1. Upon successful completion of the provisional year of accreditation, Level IV Trauma Centers may receive a four-year accreditation certificate.
  - A. All four-year accreditation certificates require a focused, panel review in two-years.
  - B. The Pennsylvania Trauma Systems Foundation (PTSF) Board of Directors (Board) will determine eligibility for four-year accreditation during the deliberations process. Refer to Policy AC-137 for accreditation determination guidance.
2. The panel review will occur in coordination with PTSF staff and is conducted virtually via a video conferencing platform.
3. Panel review education will be provided to trauma program leadership by PTSF staff within one-year prior to the day of the panel review.
  - A. The education will focus on panel review process and expectations.
  - B. Mentoring trauma center personnel may participate in the education session.
4. A modified version of the Application for Survey (AFS). is due prior to the panel review meeting.
  - A. The required sections of the AFS are noted on the "Save the Date" notification.
    - i. The PTSF understands other sections of the AFS may contain information; however, only the sections outlined in the "Save the Date" notice will be reviewed as a component of the Panel Review.
  - B. The AFS due date will be assigned by the PTSF and communicated via the "Save the Date" notification.
  - C. PTSF staff will review the AFS and provide follow-up questions via the AFS clarification tab to the trauma center within two weeks of submission.
  - D. Once received, the trauma center must submit a response to the AFS clarifications within two weeks.
  - E. The follow-up response(s) will be included with the AFS for the panel review team.
  - F. There is no AFS Fee for Level IV Trauma Center Mid-Cycle Panel Reviews.
5. Panel Review participants will consist of:
  - A. Two 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. Three (3) medical records are reviewed as a component of the panel review:
    - i. One (1) medical record from the survey cycle is selected by the PTSF from a standardized level IV registry query, consisting of the Demographics Reports and the Quality Indicator Report, including Admission/Transfer summaries.
      - a. PTSF will communicate the one (1) medical record to the trauma center approximately three weeks prior to the panel review.
    - ii. Two (2) medical records, from the survey cycle, are selected by the hospital.
      - a. Medical record selection should focus on highlighting effective processes, and not necessarily the acuity/complexity of the patient/injuries.
        - (1.) One (1) medical record demonstrating an identified performance improvement (PI) event with an opportunity for improvement and how the PI process effectively addressed the issue.
        - (2.) One (1) medical record demonstrating clinical excellence; for example, expedited care, extraordinary circumstances, exceptional outcomes.
7. The panel review meeting schedule will consist of:
- A. Pre-panel review and survey team discussion (private, prior to hospital participation) including:
    - i. AFS review - 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 lasts approximately 90-minutes and must include a slide show presentation that addresses the following topics:
    - i. General overview (approximately 10-minutes) this must include, at a minimum:
      - a. An overview of the hospital and trauma program demographics
      - b. A Pennsylvania map with hospital location marked
      - c. A summary of significant changes since the last survey
    - ii. Significant issue presentation, if applicable (approximately 15-minutes, but may be extended due to the number of significant issues):
      - a. This presentation should include actions and updates toward loop-closure.
      - b. For a significant issue resolution, the presentation must include data with demonstratable metrics. Significant issue resolution is not a requirement of the mid-cycle panel review. The survey team may provide recommendations for continued progress.
    - iii. Three case presentations (approximately 45-minutes total) 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. PI with events identified, actions, and loop closure
      - g. Labels indicating which case meets the following criteria:
        - (1.) PTSF identified
        - (2.) Highlighting PI process

- (3.) Highlighting clinical excellence
    - (4.) Closing discussion (approximately 20-minutes), this will include any follow-up or clarifying information as requested from the AFS
  - C. Survey Team Discussion and recommendations for Board determination (private for the Survey Team).
- 8. The following must be submitted via email to the PTSF staff lead assigned to the panel review one week prior to the Panel Review:
  - A. Copy of the slideshow presentation: Submitted in PDF format, two slides per page, in color. It is acceptable to submit the overview, significant issue review (if applicable), and medical record presentations combined in one document or divided into three documents.
  - B. Copy of the PI documentation: PTSF staff will provide guidance on the required summary submission for the three medical records.
- 9. The panel review team writes a summary with recommendations for the Board to review at the next deliberation meeting.
- 10. Board deliberation outcomes may include:
  - A. Accreditation Status
    - i. Maintain the remainder of the four-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 four-year accreditation certificate, which requires an on-site accreditation survey the following year and PTSF will provide an updated one-year accreditation certificate to the trauma center.
    - 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:

Original Date: 09/30/2016

Revise Date: 12/07/2018, 09/27/2019, 07/23/2020, 03/25/2022, 02/03/2025

Review Date: 07/01/2019, 09/16/2021, 02/13/2023