

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. The focused, two-year mid-cycle Panel Review includes:
 - a. Pre-panel education provided by PTSF regarding Panel process and expectations. This may include trauma center and mentoring center personnel.
 - b. The Application for Survey (AFS) is due prior to the panel review meeting. The due date will be assigned by the PTSF and communicated via the "Save the Date" notification.
 - c. PTSF generated standardized level IV reports, consisting of:
 - i. Demographics Reports
 - ii. Quality Indicator Report, including Admission/Transfer summaries
 - d. PTSF will review the AFS and reports and submit follow-up questions via the AFS clarification tab to the trauma center approximately 60-days prior to the panel review meeting.
 - i. Once received, the trauma center must submit a response to PTSF within two weeks.
 - ii. The reports and follow-up response(s) will be included with the AFS for the panel review team.
 - e. Participation at the panel review meeting, location and date will be determined by PTSF.
 - f. Panel review participants will consist of:
 - i. Two in-state surveyors:
 - One physician (Surgeon or Emergency Medicine).
 - One registered nurse.
 - ii. Hospital representation:
 - Trauma Program Medical Director.
 - Trauma Program Manager/Coordinator.
 - Additional participants, as approved by PTSF
 - iii. PTSF staff.

- g. The medical records will be confirmed by PTSF and communicated to the trauma center approximately three weeks prior to the panel survey.
 - i. Refer to g. ii (Hospital Presentation) details below for case selection requirements.
- h. The panel review meeting schedule will consist of:
 - i. Overview Discussion (Private: Survey Team, prior to hospital arrival)
 - AFS review.
 - Surveyors receive the application approximately one month prior to the panel meeting.
 - Review of standard reports/queries.
 - Review of follow-up questions and hospital response, if applicable.
 - Review of previous significant issues, if applicable.
 - ii. Hospital Presentation / Group Discussion approximately 90-minutes. This must be a PowerPoint presentation, including:
 - General overview (approx. 10-minutes)
 - 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.
 - Previous significant issue presentation, if applicable (approx. 15-minutes).
 - This time may be extended based on number of significant issues.
 - This presentation should include actions and updates toward loop-closure.
 - 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.
 - Three case presentations (approx. 45-minutes total):
 - Cases must be from the current survey cycle.
 - 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. Label which case meets the following criteria:
 - 1. The trauma center identifies two cases:
 - I. One case demonstrating an identified opportunity for improvement and how the PI process effectively addressed the issue
 - II. One case demonstrating clinical excellence; for example, expedited care, extraordinary circumstances, exceptional outcomes.
 - 2. The PTSF identifies one case based upon quality indicator report review.
 - The importance of case selection is to highlight the process and not necessarily the acuity / complexity of the patient/injuries.

- Closing discussion (approx. 20-minutes).
 - This will include any follow-up or clarifying information as requested from the AFS
- iii. Survey Team Discussion and recommendation for Board determination (Private: Survey Team).
- i. 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
 - i. Power Point 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.
 - ii. Outcomes: Survey Summary Printout (from Outcomes/V5 Report Writer) for each of the 3 cases
- j. The summary from the panel review team will be reviewed by the Board at the following deliberation meeting.
- k. Board deliberation outcomes may include:
 - i. Accreditation Status
 - 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.
 - Cancellation of the existing accreditation certificate with a new one-year accreditation approval. Required on-site Accreditation Survey next year.
 - De-accreditation
 - ii. Significant Issues
 - Current significant issue(s) may be considered resolved or unresolved with progression towards resolution.
 - New significant issues may be identified.
- l. The Accreditation Report from the panel review will contain at a minimum:
 - i. Summary
 - ii. Case Review
 - iii. Significant Issue Status, if applicable. May include new significant issues.
 - iv. Strengths
 - v. Opportunities for Improvement

Accreditation certificates will be issued based upon the effective dates for the accreditation period, as approved by the Board (refer to policy AC-114).

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

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