
Date TBD- Due to an extended waiver period and new software rollout, this policy reinstatement is proposed for July 1, 2025. However, applicable data included will only go back as far as Jan 1, 2025.

Purpose:

To assure that the PTSF PIPS Central Site is fully populated with all required death cases in a timely manner, which will in turn optimize outcome analysis for the purpose of elevating trauma care in Pennsylvania.

Procedure:

1. In accordance with Standard 6, Performance Improvement and Patient Safety (PIPS), the trauma program is required to close and submit all death cases (100%), to the outcomes central site within 90 days of death/discharge.
2. Mortality submissions will contain all events identified and accepted for PI review. All events accepted for PI review are automatically transferred during the data submission process. Potential events/OFIs and potential audit filters that are not accepted for PI review are not viewable at the PTSF Central Site level.
3. The death event (9999 Death) is reviewed with **Full PI Classification Elements** (as defined in the PIPS Manual).
 - A. All other events associated with the death case (excluding 9999 Death) are reviewed with the required **Minimum PI Classification Elements** (as defined in the PIPS Manual).
 - B. The **Full PI Classification Elements** can be electively utilized at an institution for any event, as it applies to the PI process and as is defined in the PIPS plan.
4. Submission rate percentage will be calculated by dividing cases submitted (functionality to submit would be clicking the "complete" button) within 90 days of death/discharge by total mortality cases >90 days of death/discharge, plotted by Month of Death. Submission rate percentages will be tracked by the Trauma Program Managers/Coordinators (TPM/C). It is the responsibility of the TPM/C to follow these trends and to identify trends and to respond appropriately.
5. Any submitted (completed) mortality case that is edited to add additional data not available at the 90-day deadline, such as autopsy or referral information should be updated with additional information and then re-saved. Editing a case will not impact timeliness calculations.
6. Aggregate data is viewable by the PTSF Central Site, which displays the # of mortality cases pending submission to the PTSF Central Site, as well as the day of death/discharge. Pending cases >90 days of death/discharge are included in the total mortality case total for calculation in #4.
7. Any accredited trauma center with a submission rate <100% for any six months within a consecutive 12-month period will receive written notice from PTSF staff within 30 days following the end of a quarter.
6. THE PTSF will require the trauma center to submit an action plan.

7. The action plan must include the following components and must be submitted to the PTSF within 30 days of request by the PTSF.
 - A. Explanation of variance/non-compliance
 - B. Steps the trauma center will employ to correct the variance/non-compliance
 - C. Timeline for corrective action
 - D. Plan for on-going monitoring
8. Trauma programs must submit a progress update to the PTSF within 120 days of submission of an action plan. This progress update and the most recent submission rates are presented to the PTSF Board of Directors (Board) to show the efforts made by the trauma center to address issues with submission timeliness.
9. Based on review of the trauma center's update, the Board may issue an outcomes timeliness submission significant issue based on failure to show progress towards resolution of timeliness issues. A significant issue may be cited outside of the accreditation deliberation process.
10. Once the Board cites a significant issue, the decision stands until the significant issue is determined resolved by the Board at the next accreditation deliberations. Alternatively, the hospital may submit a request for reconsideration to the PTSF President. For additional details refer to Policy AC 136: Request for Reconsideration of Accreditation Deliberation Decision.

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

Original Date: 07/19/2018; effective 01/01/2021

Revise Date: 08/28/2020, 09/24/2020, 03/25/2022, 07/18/2024

Review Date: