

Purpose:

To demonstrate the accredited trauma center's commitment and ability to send completed patient data to the central site within 42 days of discharge.

Procedure:

1. In accordance with PTSF Standards of Accreditation — Standard 5 — Trauma Registry, the trauma registry is required at a minimum, to submit 85 percent of cases to the PTOS central site within 42 days of discharge.
2. Submission rate percentage is calculated from hospital discharge date to the date the record was initially marked completed and recorded by month of emergency department (ED)/hospital admission for each center at the central site. Any submitted (completed) trauma records that are edited/reopened to add additional data or correct data after the 42-day deadline will not negatively impact the hospital's compliance percentage.
3. Aggregate data is viewable by the PTSF Central Site, which displays the # of trauma cases pending submission to the PTSF Central Site, as well as the day of death/discharge. Pending cases >42 days of discharge are included in the total trauma case total for calculation in #2.
4. Data is plotted and made available to the trauma center. This data is utilized to:
 - A. Assess stability and determine improvement strategy
 - B. Monitor performance and correct as needed
 - C. Find and evaluate causes of variation
 - D. Determine if changes to the process have yielded improvements
5. The PTSF reviews timeliness data on a quarterly basis. Any accredited center with a submission rate below 85 percent 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 trauma center is required to submit an action plan to the PTSF for a submission rate below 85% for any six months within a consecutive 12-month period.
7. The trauma center must submit the action plan to the PTSF within 30 days from request. The action plan must include the following components:
 - 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. The trauma center will submit a progress update to the PTSF within 120 days from submission of an action plan. This progress update and the most recent control charts are presented to the PTSF Board of Directors (Board) to show the efforts made by the institution to address issues with submission timeliness.
9. Upon review of the hospital update, the Board may issue a trauma registry timeliness significant issue based on failure to show progress towards resolution of timeliness issues. A significant issue can 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: 10/26/2009

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

Review Date: