

***Timeliness of Submission to the Central Site***

Purpose: To demonstrate the 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 Standard 5 – Trauma Registry, the trauma registry is required to at a minimum, submit 85% of cases to the PTOS central site within 42 days of discharge.
2. Submission rate percentage will be calculated from hospital discharge date to the date the transfer file was created and recorded by month of ED admission for each center at the central site.
3. Data will be plotted on a run sheet until 12 data points have been recorded, at which time the data will be converted to a control chart.
4. The control chart tool will be 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. Control Chart data will be provided to the trauma centers on a quarterly basis.
6. An action plan by the trauma center will be required for a submission rate below 85% for any six months within a consecutive 12-month period.
7. The action plan will include the following components and be submitted to the PTSF within 30 days from request by the PTSF.
  - a. Explanation of variance/non-compliance
  - b. Steps the trauma center will be employing to correct the variance/non-compliance
  - c. Timeline for corrective action
  - d. Plan for on-going monitoring
8. A progress update will be submitted to the PTSF within 120 days from submission of an action plan. This progress update and the most recent control charts will be presented to the Board of Directors to show efforts made by the institution to address issues with submission timeliness.
9. Based on review of the hospital update, the Board of Directors 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 a Significant Issue is cited by the Board of Directors, the Significant Issue stands until it is determined resolved by the Board of Directors at the next site survey board accreditation deliberations. Please refer to the *PTSF Guide to Understanding the Accreditation Report*, for further information on significant issue citation and hospital requirements for action plans.
11. Any trauma center with a submission rate below 85% for any six months in the twelve-month period prior to a scheduled accreditation visit will receive a one-week medical record selection list.

Approved by Executive Committee:  
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*Meg Ashton, RN, BSN, MHA, CEN—Board Chair*