

### *October 27, 2022—Board decision to waive TO-100 Requirements for 2023*

*Due to the continued challenges trauma centers are experiencing within the V5 Outcomes software and ongoing software enhancements needed for data accuracy, the PTSF Board of Directors approved that timeliness requirements for submission of death cases to the PTSF Outcomes Central Site [originally waived in 2021] will continue through the end of 2023.*

#### Purpose:

To assure that the PTSF Outcomes 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 issues associated with the mortality. (All issues associated with a case are automatically transferred during the data submission process).
3. The death event (9999 Death) will be reviewed with **Full PI Classification Elements** (as defined in the Outcomes Manual).
  - A. All other issues associated with the death case (excluding 9999 Death) will be reviewed with the required **Minimum PI Classification Elements** (as defined in the Outcomes Manual).
  - B. The **Full PI Classification Elements** can be electively utilized at your institution for any event, as it applies to your PI process and as is defined in your PIPS plan.
4. Submission rate percentage will be calculated by dividing cases submitted within 90 days of death/discharge by total cases received in the V5 Outcomes Central Site, plotted by Month of Death. Submission rate percentages will be sent to Trauma Program Managers/Coordinators quarterly.
5. Any submitted outcomes case that is reopened to add additional data not available at the 90-day deadline, such as autopsy or referral information should be closed and resubmitted to the outcomes central site within ten days of reopening and will not negatively impact the facilities' compliance percentage.
6. An action plan by the trauma center will be required for a submission rate below 100% 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 submission rates 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 an outcomes timeliness submission 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.

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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, 03/25/22

Review Date: