

Purpose:

To describe the process for Level I, II or III Trauma Centers to elect to participate in an alternate survey team composition, which shall include the Pennsylvania Trauma Systems Foundation (PTSF) Trauma Registry Data Set (PTOS) metrics evaluation in lieu of a third surveyor.

Procedure:

1. Level I, II or III Trauma Centers may elect to have a two-member survey team at the next site survey, which consists of a physician and nurse, if all of the following eligibility criteria are met:
 - A. The Trauma Center has been continuously accredited by the PTSF for \geq ten (10) years
 - B. The previous and current deliberation outcomes granted the trauma center a three-year accreditation certificate including trauma centers on a three-year accreditation certificate with a one-year certificate extension
 - C. The current and next surveys are for the same/current level of accreditation
 - D. The most recent two (previous and current) accreditation reports do not contain any significant issue
2. Eligibility criteria, as noted in number one, will be verified by the PTSF after the current accreditation deliberation meeting. The PTSF will communicate eligibility confirmation to the Trauma Center within the current accreditation report cover letter.
3. PTSF staff will contact trauma program staff at eligible centers, as a component of the Save-the-Date process.
 - A. The Trauma Center may elect to change the number of surveyors by the due date communicated on the Save-the-Date notice, approximately nine months prior to survey.
 - i. The addition of a surveyor will result in additional fees and an invoice.
 - ii. Survey fees are non-refundable.
 - iii. Refer to policy BD-113: Payments and Refunds of Fees
4. The Outcomes Data Report for Accreditation must be submitted to the PTSF.
 - A. The PTSF will communicate the submission deadline via the Save the Date document, approximately one month prior to survey.
 - B. Metrics will include:
 - i. PTOS data from reporting period for trauma center,
 - ii. PTOS data from reporting period for all PA trauma centers (aggregate),
 - iii. Trending per quarter, and
 - iv. Hospital Events, Mortality Metrics and PI Process Metrics (see below).
 - C. The Outcomes Committee will review the Outcomes Data Report annually to determine metrics.
5. The survey team will review the data in advance and the hospital staff will present the data during the Performance Improvement presentation.
 - A. See the PTSF Site Survey Guidebook for additional details.
 - B. The PTSF will not utilize a first-time surveyor if possible.



Policy AC-142

Level I, II and III Survey Process for Exemplary Trauma Centers

6. The PTSF Board of Directors will review the survey team’s summary evaluation of the data during deliberations.

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

Original Date: 09/29/2023

Revise Date:

Review Date:

Outcomes Data Report for Accreditation: (This includes all cases submitted to PTSF based upon PTOS inclusion criteria without risk-adjusting. The metrics below are based upon current PTSF Quarterly and Annual Reports. The preliminary goal is to recreate these metrics, as they exist in the PTSF Quarterly & Annual reports, and then overtime, move to risk-adjusted metrics.)

Hospital events-

- Hospital events-occurrence rate (# of patients) and overall percentage of cases with any hospital event
- Pulmonary embolus- occurrence rate and overall percentage of cases with PE
- DVT-
- Any pt requiring reintubation within 48 hours of extubation
- Unplanned intubation
- Pneumonia
- VAP
- Aspiration/Aspiration Pneumonia
- Acute Kidney Injury
- UTI
- CAUTI
- Unplanned transfer to ICU
- Unplanned return to OR
- Lap > 2 hours

Mortality Metrics-

- Breakdown of mortality cases by discharge status
- Breakdown of mortality cases by type of admission
- Mortality rate
- Mortality rate including hospice
- Unexpected survivors (PRE charts)
- Unexpected survivors (TRISS EOE)
- Unexpected deaths (PRE charts)
- Unexpected deaths (TRISS EOE)
- Mortality determination status compared to TRISS ranges (<0.25, 0.25-0.5, > 0.5) for all PTOS patients
 - Breakdown for PTOS Blunt Multisystem (TQIP cohort replicated)
 - Breakdown for PTOS Penetrating (TQIP cohort replicated)
 - Breakdown for PTOS Shock (TQIP cohort replicated)
 - Breakdown for PTOS Severe TBI (TQIP cohort replicated)
 - Breakdown for PTOS Elderly (TQIP cohort replicated)
 - Breakdown for PTOS Elderly Blunt (TQIP cohort replicated)

PI Process Metrics- PI process metrics would report out only for facility data, without a comparison to state metrics.

- Percentcases (and raw numbers) in reporting cycle taken through Primary, Secondary, Tertiary and Quaternary review (all cases)
- For PTOS patients with death event:
 - Percent cases (and raw numbers) in reporting cycle taken through Primary, Secondary, Tertiary and Quaternary review
 - Percent cases (and raw number) still pending case closure
 - Interquartile range of time from case identification through case closure
 - Median time from case identification through submission
 - List of frequency of all tracked events/OFIs