

Application for Survey (AFS) User's Manual

For 2025 Site Surveys

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Introduction

The Application for Survey (AFS) in 2025 is a portable document format (PDF) fillable form that hospitals must complete prior to a trauma survey, panel review or consultative visit. The purpose of the AFS is to enable an institution to formally submit information about their trauma program to the Pennsylvania Trauma Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation (Standards).

This manual was developed as a resource for individuals completing the AFS. Additional resources related to the AFS and Survey are located on the PTSF website: www.PTSF.org. Please refer to the “Standards of Accreditation” and the “Survey Guidebook” for additional details.

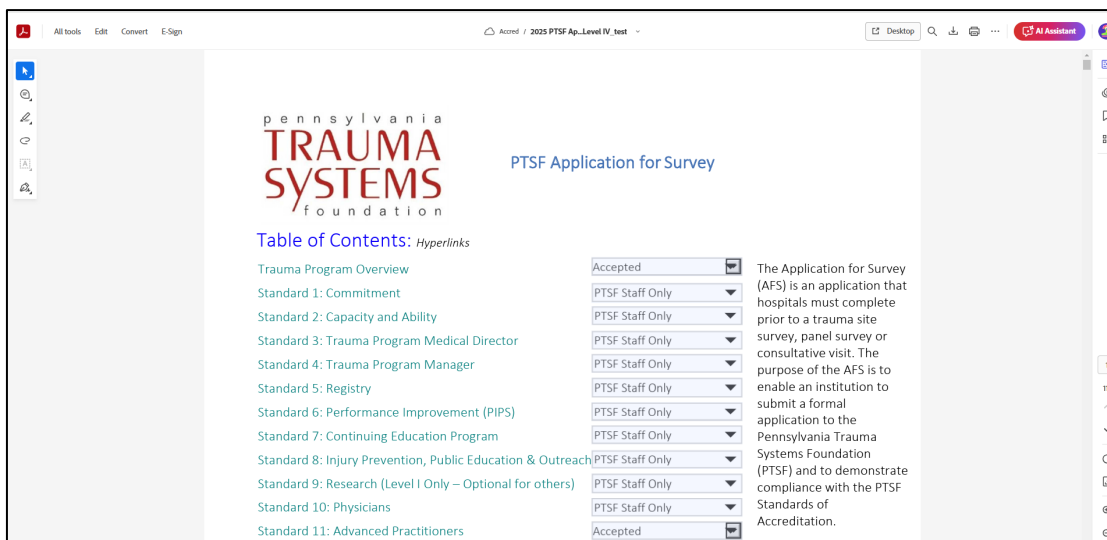
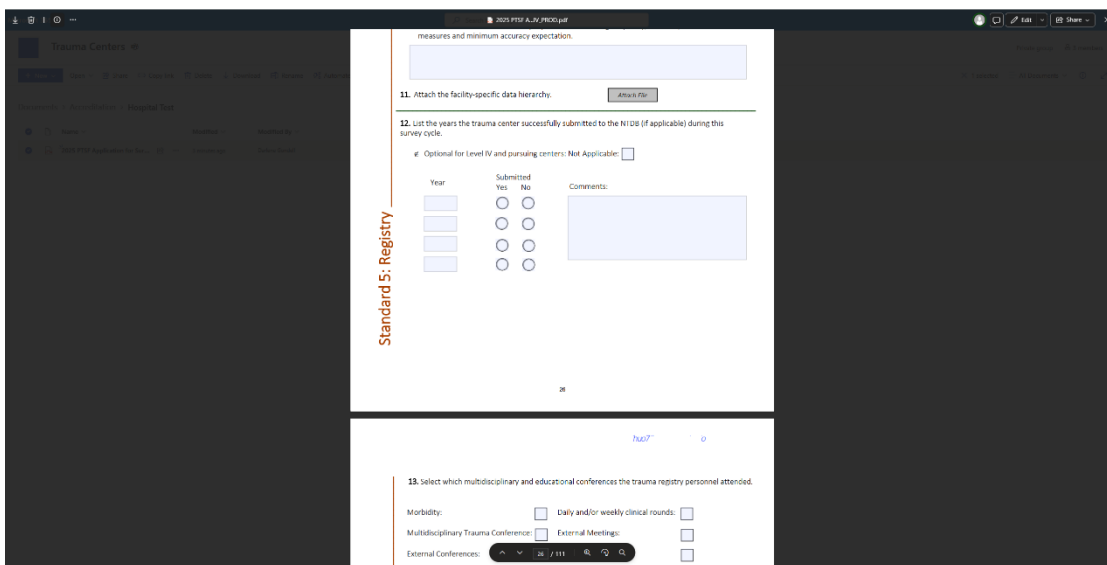
PTSF and the individual hospital agree to the method of submitting the AFS to PTSF. The method may include a file sharing platform. The hospital will email PTSF Accreditation staff when the AFS is complete. The submitted AFS is reviewed by PTSF staff for completeness and clarity. If there are any responses that are unclear, incomplete, or inconsistent, the hospital will have the opportunity to respond to the outstanding matters prior to the survey visit via a comment box in the AFS. If responses in the AFS do not appear to meet the Standards, PTSF staff may request clarification prior to survey and/or inclusion in the Significant Issue and Performance Improvement Overview presentation. Acceptance of the AFS does not indicate compliance with the Standards, as compliance is ultimately determined by the Board of Directors during deliberation.

AFS USER'S MANUAL

Access Instructions

The AFS will be saved in the file sharing method agreed upon by the hospital and PTSF. This will be either a site selected by the hospital, or PTSF's SharePoint site. When opening the AFS from this site, it will likely open in your browser or may open directly in your PDF viewer application (such as Adobe). The exact PDF view is dependent on the browser's settings and the type of PDF viewer.

Here are some examples of how the AFS will open in a browser



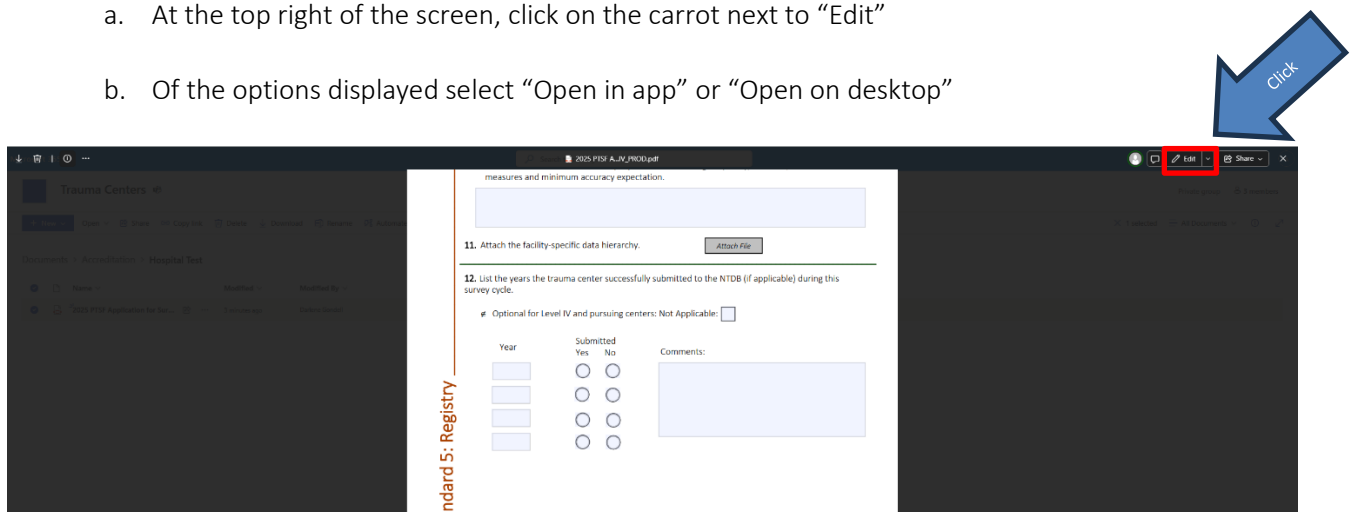
AFS USER'S MANUAL

Though you will likely be able to edit the AFS while in the browser, you may prefer to open the AFS in your PDF viewer application. There are a few different ways to do this:

1. Before opening the file
 - a. Click on the three dots next to the file name or right click on the file name
 - b. Of the displayed options go to "Open"
 - c. New options on how to open the file will be displayed. Note: the options displayed may vary from the example in the screenshot
 - d. Select to open the file in the app or Adobe Acrobat, or another non-browser option

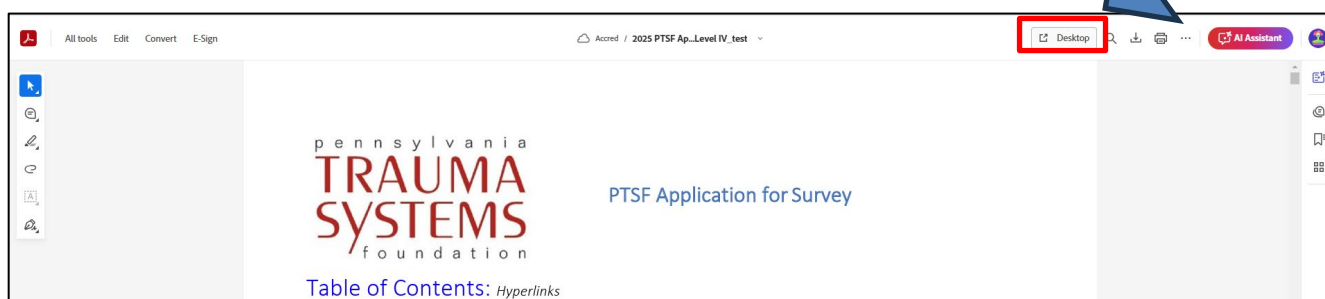



2. After opening the file, and the browser view is black
 - a. At the top right of the screen, click on the carrot next to "Edit"
 - b. Of the options displayed select "Open in app" or "Open on desktop"



AFS USER'S MANUAL

- 3. After opening the file, and the browser view is white
 - a. At the top right of the screen, click on the "Desktop" button



Note that if you download the PDF (or click ) it will save a copy of the AFS to your computer. Therefore, you are no longer working in the AFS version on the file sharing platform. It is best to work on the AFS within the file sharing platform so all who have access to the file are working on the same version.

The first page of the AFS includes a Table of Content. Click on the Standard wishing to complete, and you will be taken to that Standard.

The screenshot shows the '2025 PTSF Application for Survey' page. It features the Pennsylvania Trauma Systems Foundation logo and the title 'PTSF Application for Survey'. Below the logo is a 'Table of Contents: Hyperlinks' section. The table lists 28 standards, each with a dropdown menu set to 'PTSF Staff Only'. The standards are:

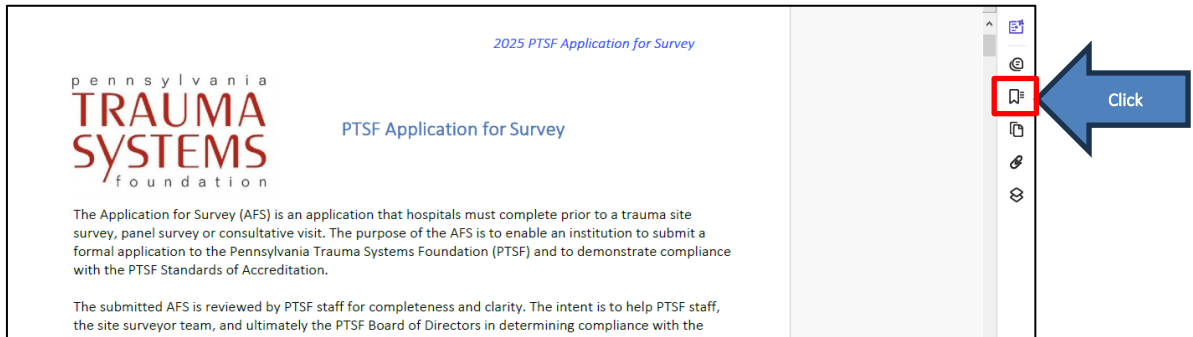
Standard	User Selection	Description
Trauma Program Overview	PTSF Staff Only	
Standard 1: Commitment	PTSF Staff Only	
Standard 2: Capacity and Ability	PTSF Staff Only	
Standard 3: Trauma Program Medical Director	PTSF Staff Only	
Standard 4: Trauma Program Manager	PTSF Staff Only	
Standard 5: Registry	PTSF Staff Only	
Standard 6: Performance Improvement (PIPS)	PTSF Staff Only	
Standard 7: Continuing Education Program	PTSF Staff Only	
Standard 8: Injury Prevention, Public Education & Outreach	PTSF Staff Only	
Standard 9: Research (Level I Only – Optional for others)	PTSF Staff Only	
Standard 10: Physicians	PTSF Staff Only	
Standard 11: Advanced Practitioners	PTSF Staff Only	
Standard 12: Residency Programs	PTSF Staff Only	
Standard 13: Nursing	PTSF Staff Only	
Standard 14: Emergency Medical Services	PTSF Staff Only	
Standard 15: Helipad	PTSF Staff Only	
Standard 16: Emergency Department	PTSF Staff Only	
Standard 17: Operating Room	PTSF Staff Only	
Standard 18: Post Anesthesia Care Unit	PTSF Staff Only	
Standard 19: Intensive Care Unit	PTSF Staff Only	
Standard 20: Intermediate Care/Step-Down Units	PTSF Staff Only	
Standard 21: Medical/Surgical Unit (General)	PTSF Staff Only	
Standard 22: Laboratory & Blood Bank	PTSF Staff Only	
Standard 23: Radiology	PTSF Staff Only	
Standard 24: Collaborative Services	PTSF Staff Only	
Standard 25: Social Services	PTSF Staff Only	
Standard 26: Case Management	PTSF Staff Only	
Standard 27: Geriatrics	PTSF Staff Only	
Standard 28: Pediatrics	PTSF Staff Only	

The right side of the page contains a detailed description of the AFS application, explaining its purpose and how it is used for accreditation.

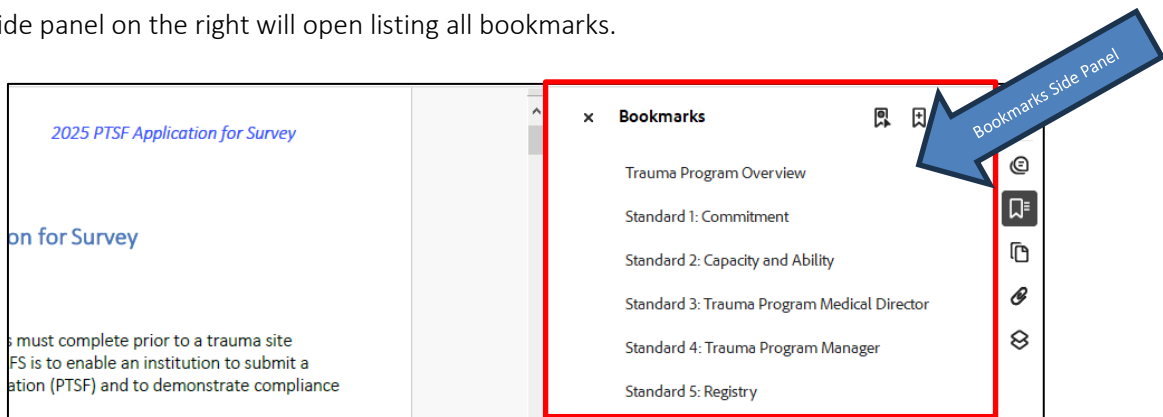
AFS USER'S MANUAL

Another way to access a specific Standard is from the bookmarks. To use the bookmarks:

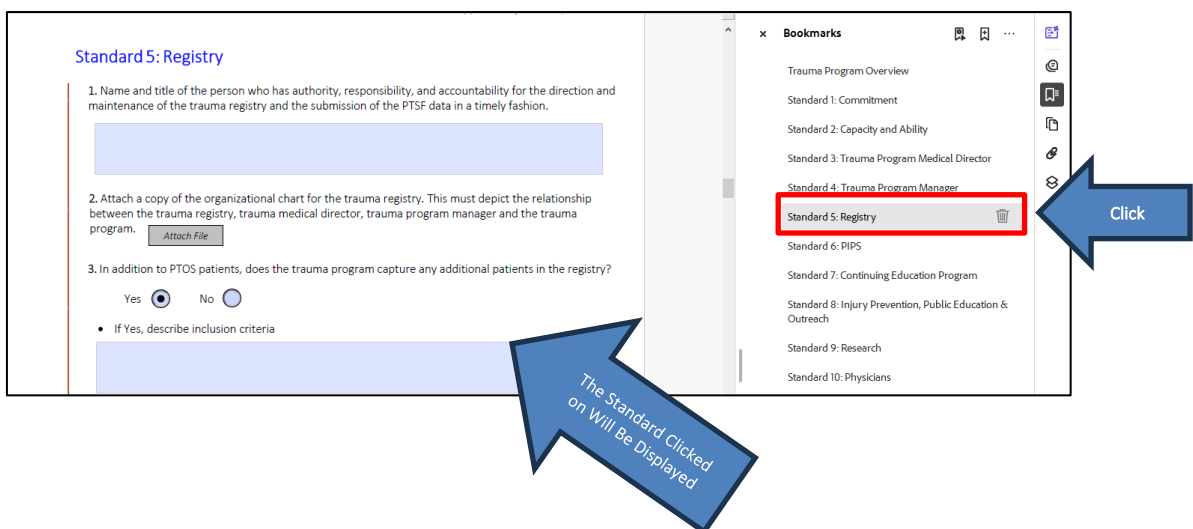
1. Select the bookmark icon from the right vertical toolbar.



2. The side panel on the right will open listing all bookmarks.

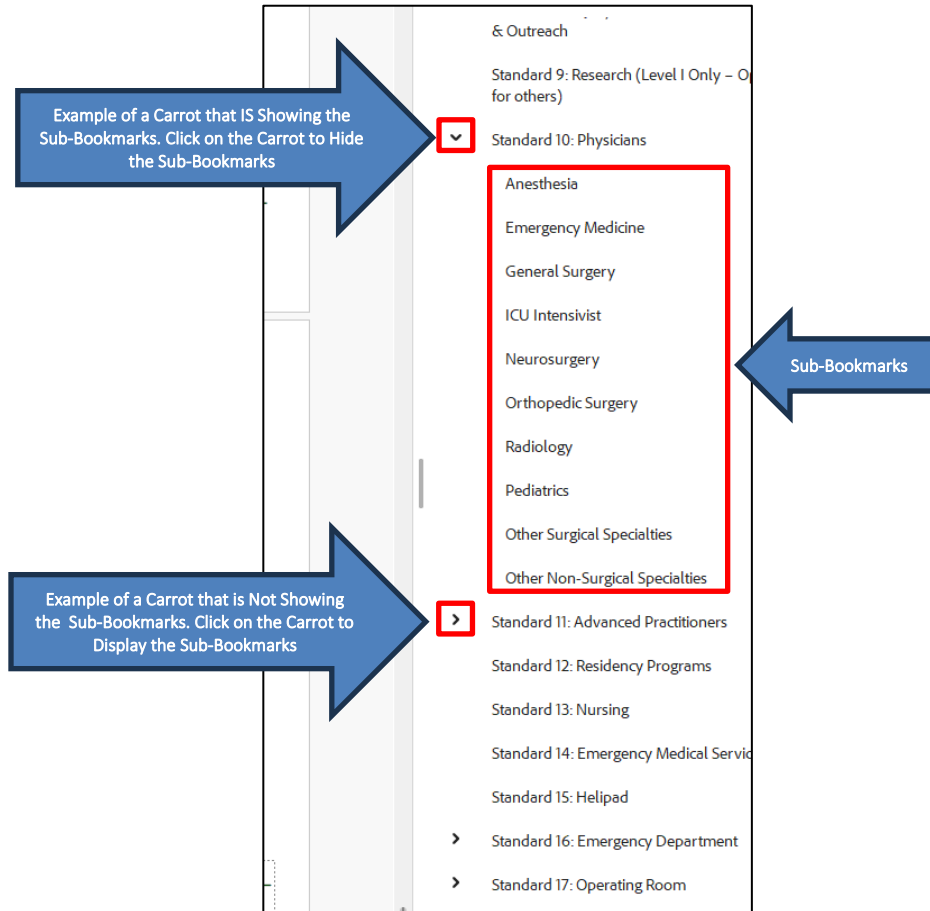


3. Click the Standard you want to go to from the bookmarks side panel and you will be taken to it.



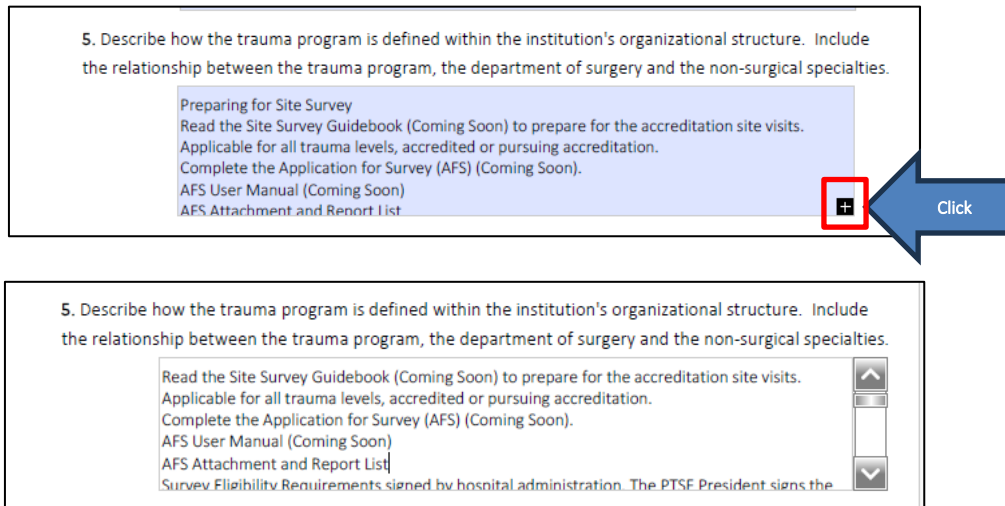
AFS USER'S MANUAL

- Some Standards will have sub-bookmarks, identified by a carrot. Click on the Carrot to display the sub-bookmarks.

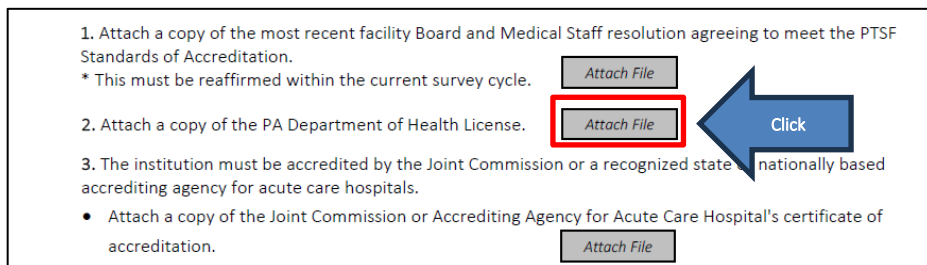


Working in a Section/Standard

Text Fields: A text field allows the user to type in alpha and numeric data entry. If the entry exceeds the field view, click the plus sign (+) located in the bottom right corner of the text field box. A scroll bar will display to allow view of all text.

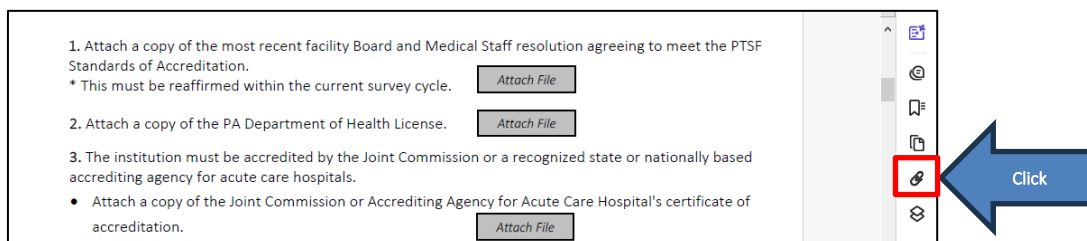


Attach File Fields: An attach file field indicates the ability to upload a document. All attachments should be in PDF format. Please name the file with the Standard number, question number, and brief description. For example, "Standard 1 Question 1 Facility Board and Medical Staff Resolution". To add an attachment, click on the Attach File button and choose the file to attach from your computer.



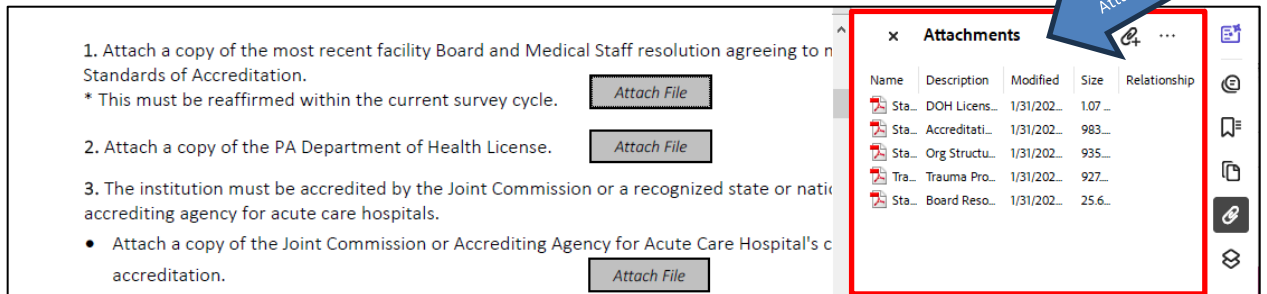
To confirm that the file attached:

1. Open the Attachments side panel by clicking on the attachment icon (looks like a paperclip) on the right toolbar.

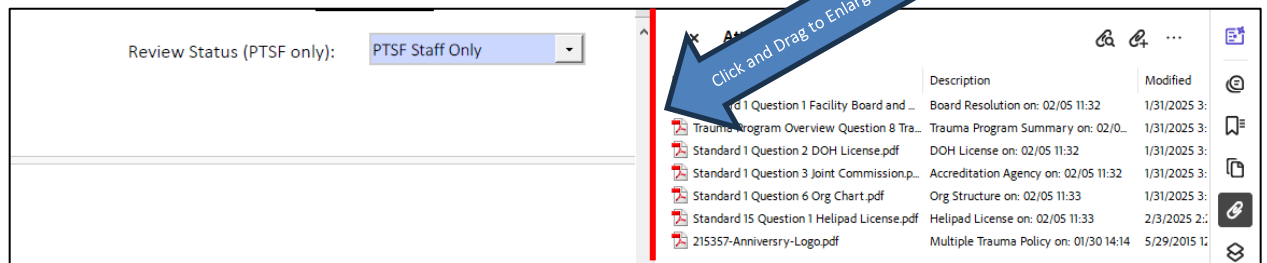


AFS USER'S MANUAL

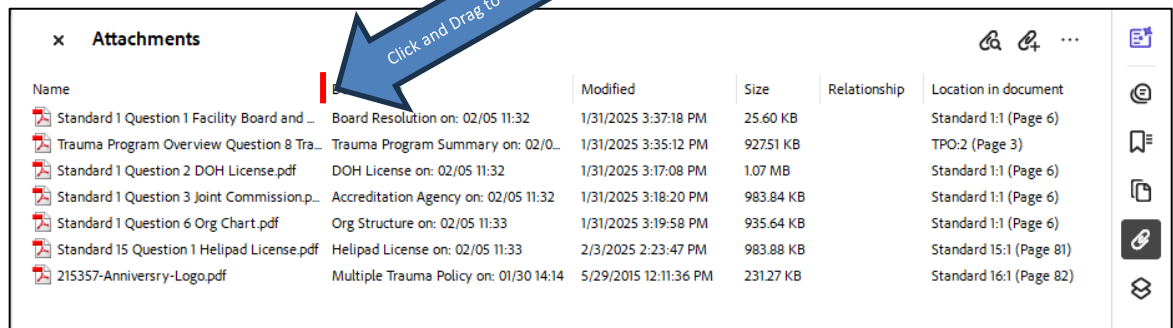
- The Attachments side panel will now display to the right of the AFS. Every attachment in the AFS will be listed in this side panel. The order of the list of attachments will be in the order they were uploaded, not in the order of the questions.



- The side panel may be too narrow to read the file name. The side panel can be enlarged by clicking and dragging the left vertical edge of the side panel.

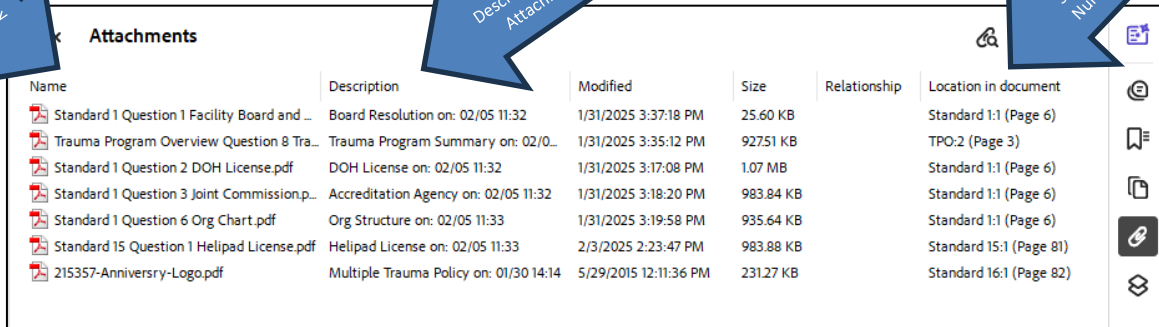


- Within the side panel, each column can also be enlarged by clicking and dragging the vertical line between each column.



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5. You should be able to locate the most recent document attached based on the file name, the description, and the location in document.

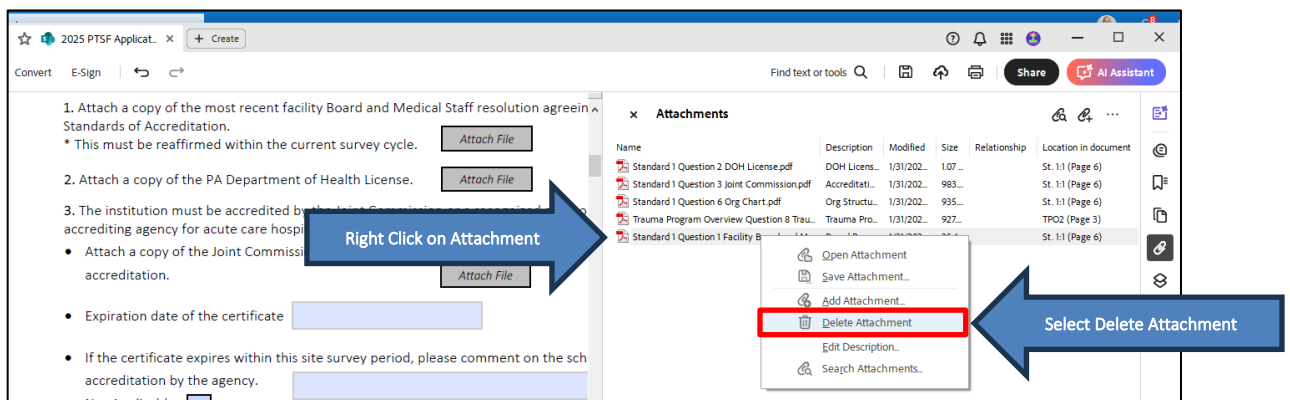


Name	Description	Modified	Size	Relationship	Location in document	
Standard 1 Question 1 Facility Board and ...	Board Resolution on: 02/05 11:32	1/31/2025 3:37:18 PM	25.60 KB		Standard 1:1 (Page 6)	
Trauma Program Overview Question 8 Tra...	Trauma Program Summary on: 02/0...	1/31/2025 3:35:12 PM	92751 KB		TPO:2 (Page 3)	
Standard 1 Question 2 DOH License.pdf	DOH License on: 02/05 11:32	1/31/2025 3:17:08 PM	1.07 MB		Standard 1:1 (Page 6)	
Standard 1 Question 3 Joint Commission...	Accreditation Agency on: 02/05 11:32	1/31/2025 3:18:20 PM	983.84 KB		Standard 1:1 (Page 6)	
Standard 1 Question 6 Org Chart.pdf	Org Structure on: 02/05 11:33	1/31/2025 3:19:58 PM	935.64 KB		Standard 1:1 (Page 6)	
Standard 15 Question 1 Helipad License.pdf	Helipad License on: 02/05 11:33	2/3/2025 2:23:47 PM	983.88 KB		Standard 15:1 (Page 81)	
215357-Anniversary-Logo.pdf	Multiple Trauma Policy on: 01/30 14:14	5/29/2015 12:11:36 PM	231.27 KB		Standard 16:1 (Page 82)	

The Location in Document column will list the Standard and the page of the Standard the attachment is in, for example the first attachment lists “Standard 1:1”, indicating the attachment is from Standard 1 on the first page of the Standard. The exact page within the entire AFS is also listed within the parentheses.

To replace an attachment:

1. Locate the specific attachment in the attachments side panel.
2. Right click on the attachment name and select Delete Attachment from the options.



3. Go back to the question in the AFS and click on the Attach File button to upload a new attachment to the question.

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Additional Attachments: Additional attachments can be added to every Standard. Please name the file with the Standard number, Additional Attachments, and brief description. For example, "Standard 1 Additional Attachment Joint Commission Extension". Additional documents, above and beyond what is requested in the questions of the AFS, are not required and should be kept to a minimum. Note that attaching files may not be possible while working on the AFS within a browser. The file may need to be opened in a PDF application to attach files.

Additional Comments:
[Text Area]
Additional Attachments: **Attach File** **Click to Attach**
Review Status (PTSF Staff Only): Please select one

Table Fields: Table Fields allow for entry of information. The table has columns and rows to enter information into. Use the column and row title to know what to enter. Some tables with table will automatically calculate totals and percentages.

Activation Level	PTOS	Non PTOS	PTOS & Non PTOS <small>*auto calculated</small>	Percent of all Levels <small>*auto calculated</small>
First Level	<input type="text"/>	<input type="text"/>	0	0.0%
Second Level	<input type="text"/>	<input type="text"/>	0	0.0%
Third Level	<input type="text"/>	<input type="text"/>	0	0.0%
Trauma Consult	<input type="text"/>	<input type="text"/>	0	0.0%
Direct Admissions	<input type="text"/>	<input type="text"/>	0	0.0%
Non-Trauma Service Involvement	<input type="text"/>	<input type="text"/>	0	0.0%
Other	<input type="text"/>	<input type="text"/>	0	0.0%
Total <small>*auto calculated</small>	0	0	0	0.0%

Dropdown Fields: Click on down arrow to view and select provided options.

2. Level of accreditation apply for:
Please select one **Click**
3. Type of review:
Please select one

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Checkbox: Checkboxes are typically used to denote the question is not applicable to the center.

4. Previously accredited trauma centers have an accreditation certificate.

- Effective Date on the Accreditation Certificate:
- Expiration Date on the Accreditation Certificate:
- Not applicable for pursuing accreditation or consultation:

4. Previously accredited trauma centers have an accreditation certificate.

- Effective Date on the Accreditation Certificate:
- Expiration Date on the Accreditation Certificate:
- Not applicable for pursuing accreditation or consultation:

Radio Buttons: Allows for selection from a few options. Typically used for yes or no questions

13. During this survey cycle, was the trauma center operating under any Variances from a standard?
- This does not include alternate pathways for physicians

Yes No

Multiselect: Some questions allow for selection of multiple responses of the provided options. Hold the control (CTRL) button and click on all that apply

Board Certification:

- Select all that apply: Click & CTRL
- Board Certified in General Surgery
- Board Certified in Surgical Critical Care
- Board Certified in Pediatric Surgery
- Board Certified in Emergency Medicine
- Board Certified in Family Practice
- Board Certified in Internal Medicine
- Board Eligible in General Surgery
- Board Eligible in Surgical Critical Care
- Board Eligible in Pediatric Surgery

Tip: Make sure you are frequently saving the AFS while you are working in it. Also, ensure it is being saved to the file sharing platform rather than your computer

AFS Responses

All AFS questions are for PTOS patients unless otherwise specified in the question.

Data: Some AFS questions require the responses to include data from the TraumaHQ Registry. Please reference the AFS Questions Handbook for guidance on how to obtain this data using either the Data Download Report (DDR) or one of the Standard Reports built in TraumaHQ.

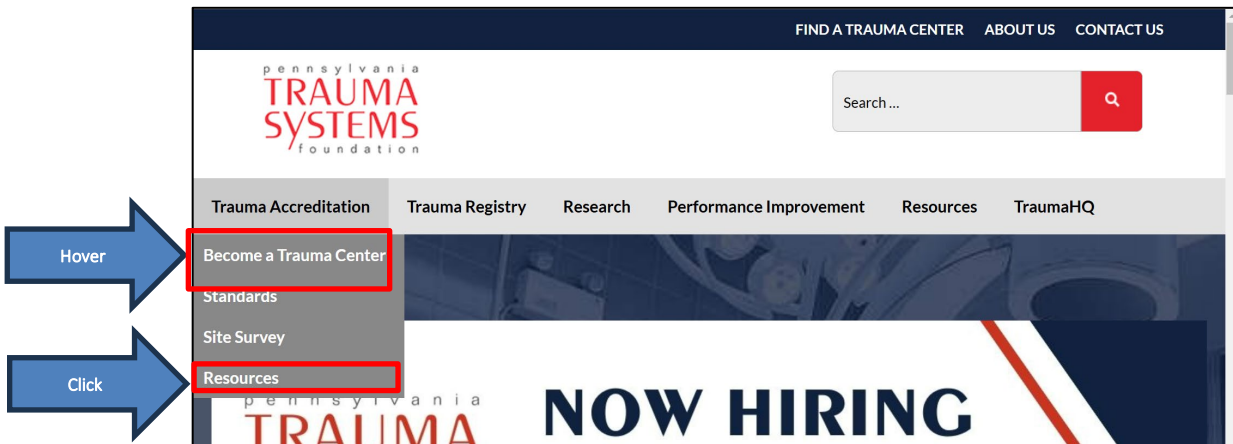
Templates: The PTSF created various templates to assist with your response to questions in the AFS. Use of the Committee Attendance Log Template is required for the Multidisciplinary Peer Review PI Meeting attendance tracking, all other templates are optional. The templates include the necessary information required to answer each of these questions.

The documents are in Word or Excel format for ease of use and should be converted to PDF prior to attaching to the AFS.

- Trauma Program Overview – Significant Issue Template
- Standard 3 - Trauma Program Medical Director Continuing Education Template
- Standard 4 - Trauma Program Manager Continuing Education Template
- Standard 6 - Committee Attendance Log Template – **Required**
- Standard 6 – Over/Undertriage Template – **Required**
 - Note: there are 2 versions, an Excel version and a PowerBI version, one of these two versions will be accepted
- Standard 8 - Injury Prevention Activities Template
- Standard 10 - Anesthesiologists Template
- Standard 10 - Emergency Medicine Template

Each template is available on the PTSF website. Within the PTSF website, navigate to the Trauma Accreditation Site Survey web page by hovering on the Trauma Accreditation tab, which will display a drop down. Clicking the Site Survey option.

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The templates are located in the Preparing for Site Survey section.

PTSF Trauma Accreditation Site Survey

[Darlene Gondell, MSN, RN, CCRN-K, CNRN, TCRN](#), Director of Accreditation
[Matthew Mowry, MSN, RN, TCRN, CEN, NE-BC](#), Accreditation Specialist

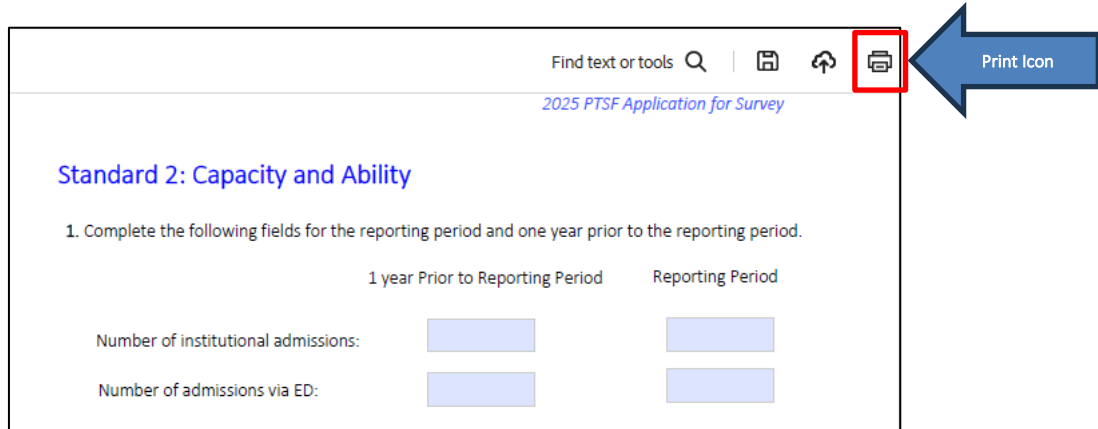
Preparing for Site Survey

- Read the Site Survey Guidebook (Coming Soon) to prepare for the accreditation site visits. Applicable for all trauma levels, accredited or pursuing accreditation.
- Complete the Application for Survey (AFS) (Coming Soon).
 - AFS User Manual (Coming Soon)
 - AFS Attachment and Report List (Coming Soon)
 - [Survey Eligibility Requirements](#) signed by hospital administration. The PTSF President signs the document after the AFS submission.
 - **Required for AFS**
 - [Multidisciplinary Peer Review PI Meeting Attendance Log Template](#)
 - **Optional for AFS**
 - [Anesthesiologists Template](#)
 - [Emergency Medicine Template](#)
 - [Injury Prevention Activities Template](#)
 - [Significant Issues Template](#)
 - [Trauma Program Manager Continuing Education Template](#)
 - [Trauma Program Medical Director Continuing Education Template](#)

Survey Eligibility Requirement Form: The survey eligibility requirement form is available on the PTSF website Site Survey section. The form requires a date and signature from hospital administration and attachment as a PDF to the AFS. There is a signature line on the form for the PTSF President. The hospital does not need to obtain the PTSF President's signature prior to AFS submission. The form will be downloaded from the submitted AFS, signed by the PTSF President, and returned to the hospital.

Printing

The AFS can be printed in similar fashion to any other PDF.



Completion/Submission and Clarifications

Completion/Submission: The due date for the AFS completion is communicated via the Save The Date notification. When you are finished with the AFS, EMAIL the PTSF Director of Accreditation or Accreditation Specialist. If the hospital completes the AFS prior to the due date, please email as soon as the AFS is ready for review. This email will signal completion.

YOU DO NOT NEED TO TAKE ANY ADDITIONAL ACTION WITHIN THE AFS TO SUBMIT IT.

Upon the due date or submission email (whichever is first), the hospital must not make changes to the AFS.

Clarifications: An email will be sent to the hospital's TPM when PTSF's first review is complete, and the clarification period is open. During the clarification period, the center may revise the AFS. This email will communicate the due date for the clarifications. The traditional timeline is two weeks. The need for clarification will be located in the table of comments. Accepted indicates no need for clarifications. Awaiting Corrective indicates the need for clarifications.

2025 PTSF Application for Survey

TRAUMA SYSTEMS foundation

PTSF Application for Survey

Table of Contents: *Hyperlinks*

- Trauma Program Overview
- Standard 1: Commitment
- Standard 2: Capacity and Ability
- Standard 3: Trauma Program Medical Director
- Standard 4: Trauma Program Manager
- Standard 5: Registry
- Standard 6: Performance Improvement (PIPS)
- Standard 7: Continuing Education Program

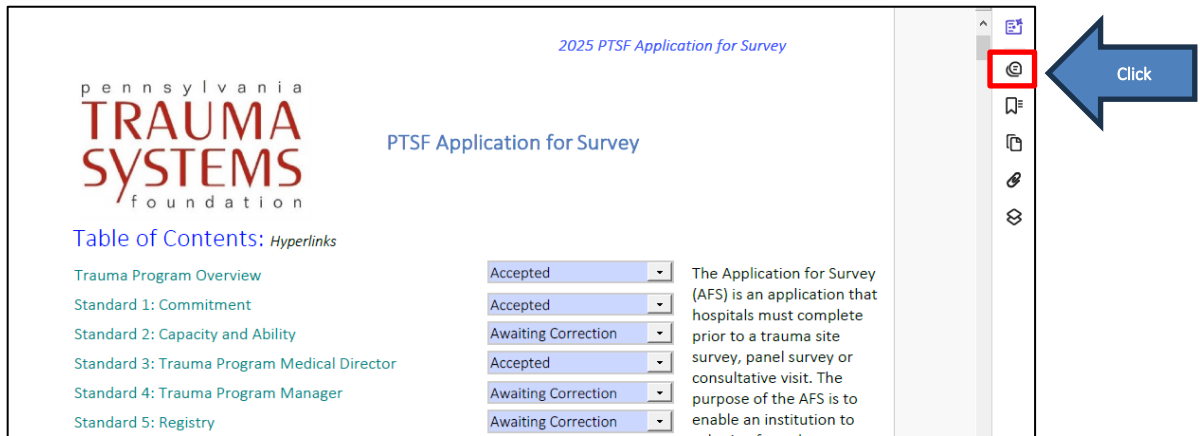
Accepted	The Application for Survey (AFS) is an application that hospitals must complete prior to a trauma site survey, panel survey or consultative visit. The purpose of the AFS is to enable an institution to submit a formal application to the Pennsylvania Trauma
Accepted	
Awaiting Correction	
Accepted	
Awaiting Correction	
Awaiting Correction	
Accepted	
Accepted	

Each AFS question where PTSF is requesting a clarification can be identified by the trauma program by either using the Comments side panel, or by the question being highlighted. Details of the request for clarifications will be in a comment left by PTSF staff. The hospital can revise the respective question within the AFS, or can respond to the comment.

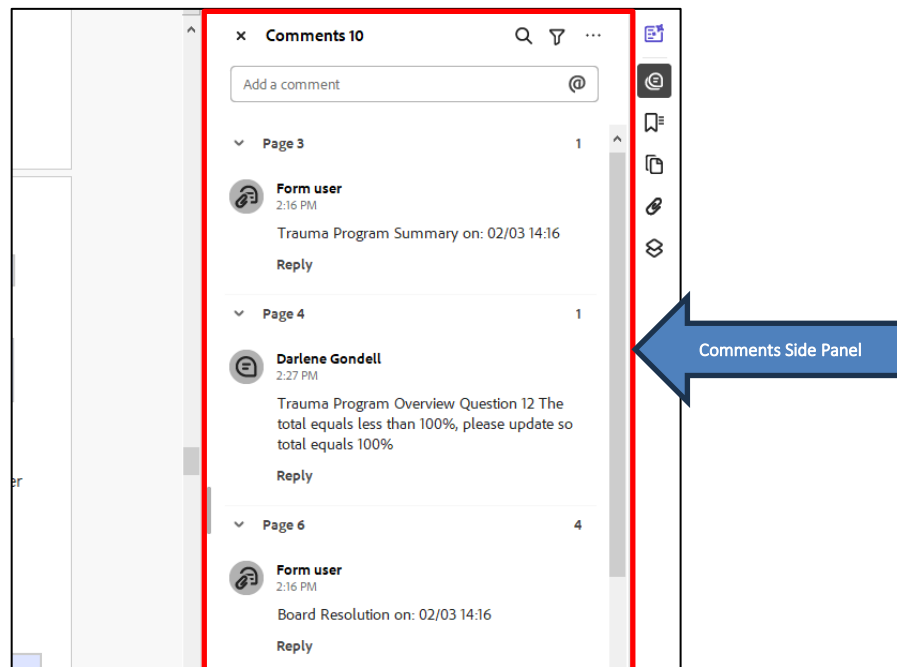
AFS USER'S MANUAL

How to view clarification comments via the Comments side panel:

1. Open the Comments side panel by clicking on the comment's icon (looks like text bubbles) on the right vertical toolbar.



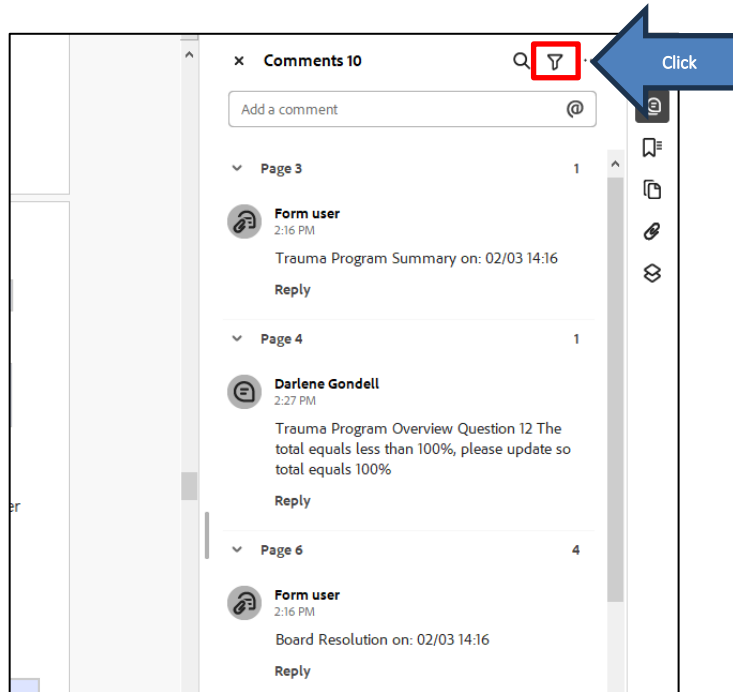
2. The Comments side panel will open, displaying all comments in the AFS.



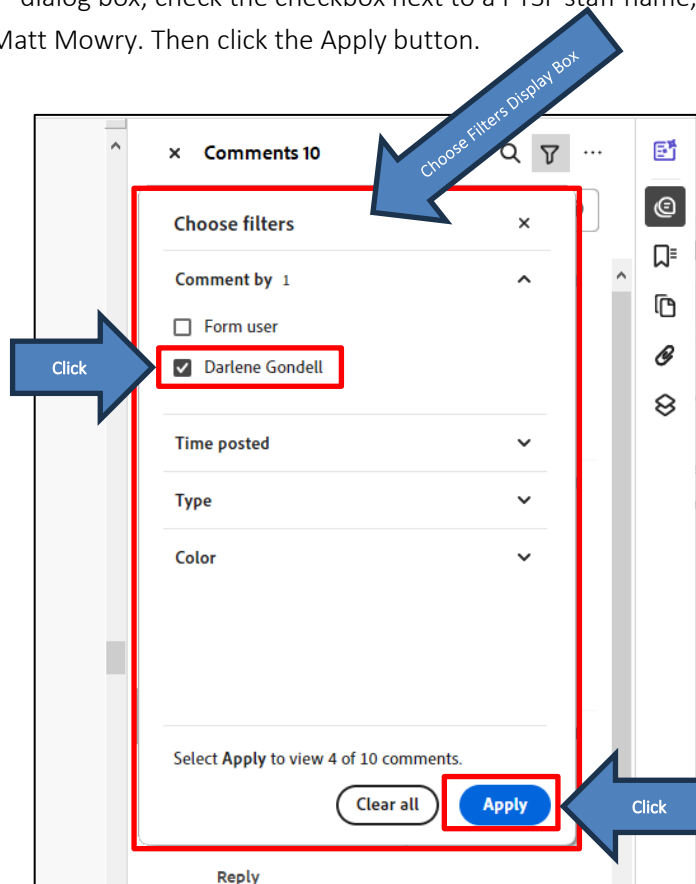
3. The comments in the side panel will include clarifications by PTSF Staff and all attachments, listed as "Form User", as displayed in screenshot above.

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4. Filter to only the clarifications by clicking on the filter icon at the top right of the Comments side panel.

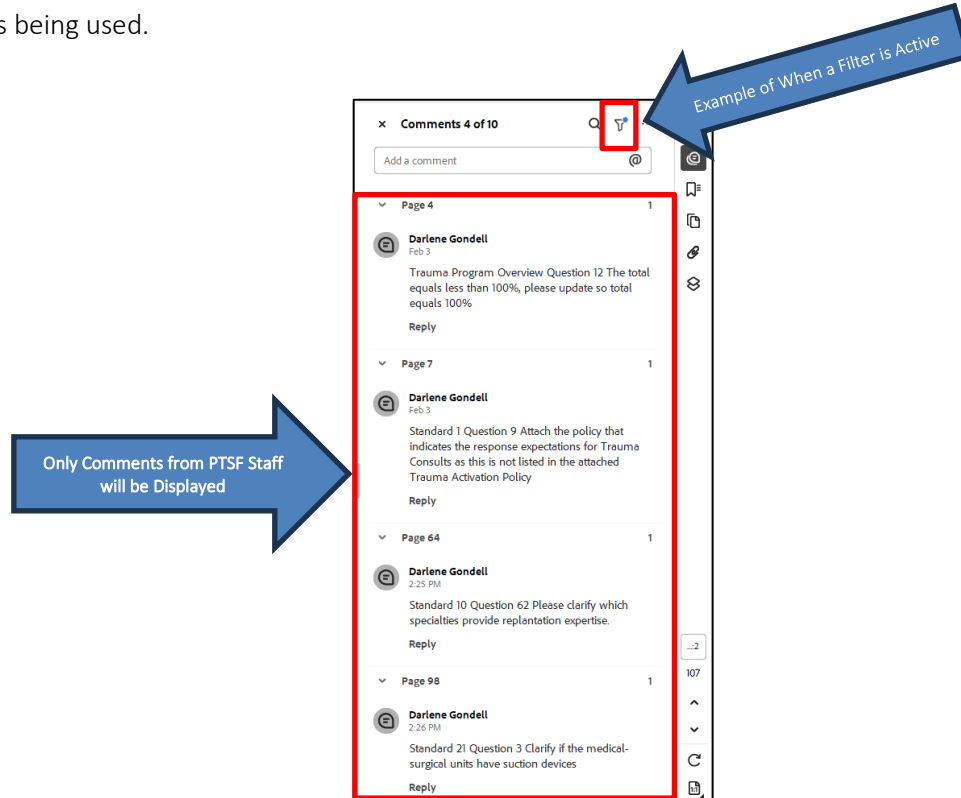


5. In the "Choose Filter" dialog box, check the checkbox next to a PTSF staff name, most likely either Darlene Gondell or Matt Mowry. Then click the Apply button.

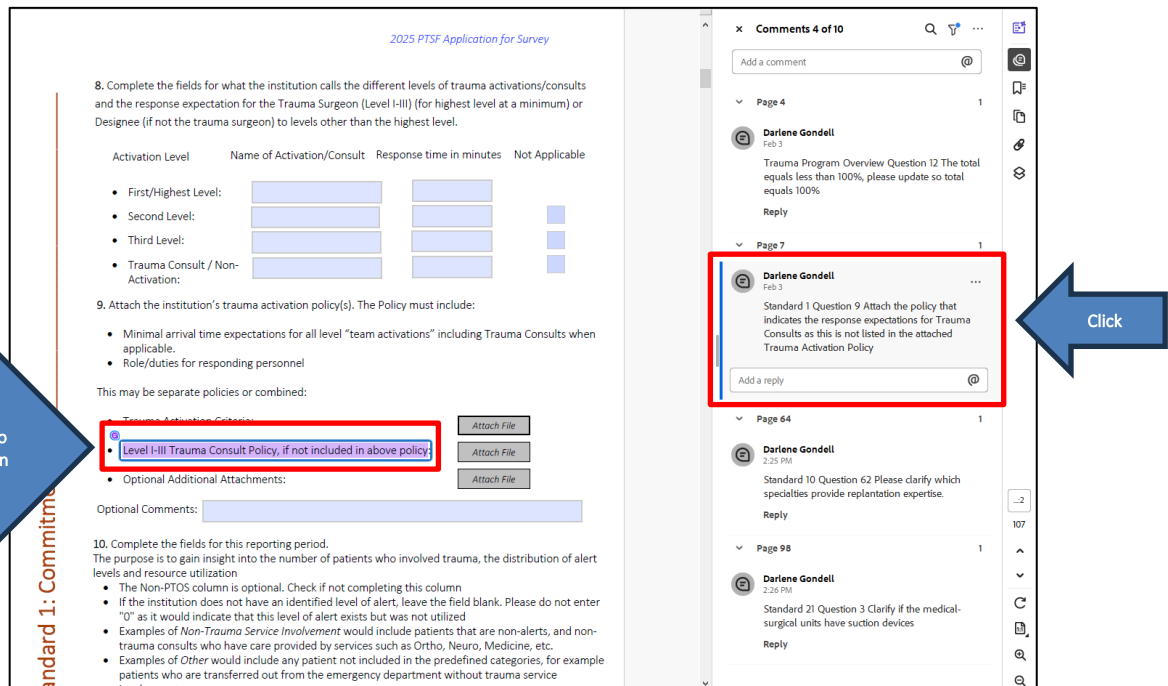


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- Now only the clarifications will be displayed. A blue circle next to the filter icon lets you know that a filter is being used.



- Click on a specific comment in the Comments side panel to take you directly to the question it is attached to.



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How to view clarification comments via highlighted questions within the AFS:

1. Identify a Standard that is Awaiting Correction in the Table of Contents and click on the Standard in the Table of Contents.

2025 PTSF Application for Survey

pennsylvania
TRAUMA
SYSTEMS
foundation

PTSF Application for Survey

Table of Contents: *Hyperlinks*

- Trauma Program Overview
- Standard 1: Commitment**
- Standard 2: Capacity and Ability
- Standard 3: Trauma Program Medical Director
- Standard 4: Trauma Program Manager
- Standard 5: Registry
- Standard 6: Performance Improvement (PIPS)
- Standard 7: Continuing Education Program
- Standard 8: Injury Prevention, Public Education & Outreach
- Standard 9: Research (Level I Only – Optional for others)
- Standard 10: Physicians

Awaiting Correction	↓
Awaiting Correction	↓
Accepted	↓
Accepted	↓
Accepted	↓
Accepted	↓
Accepted	↓
Accepted	↓
Accepted	↓
Accepted	↓
Awaiting Correction	↓

2. The document will take you directly to that Standard.

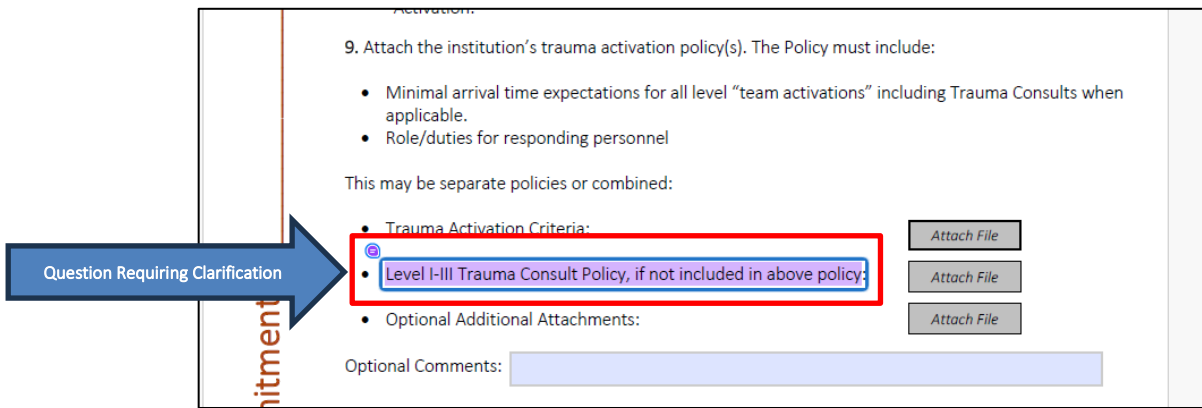
2025 PTSF Application for Survey

Standard 1: Commitment

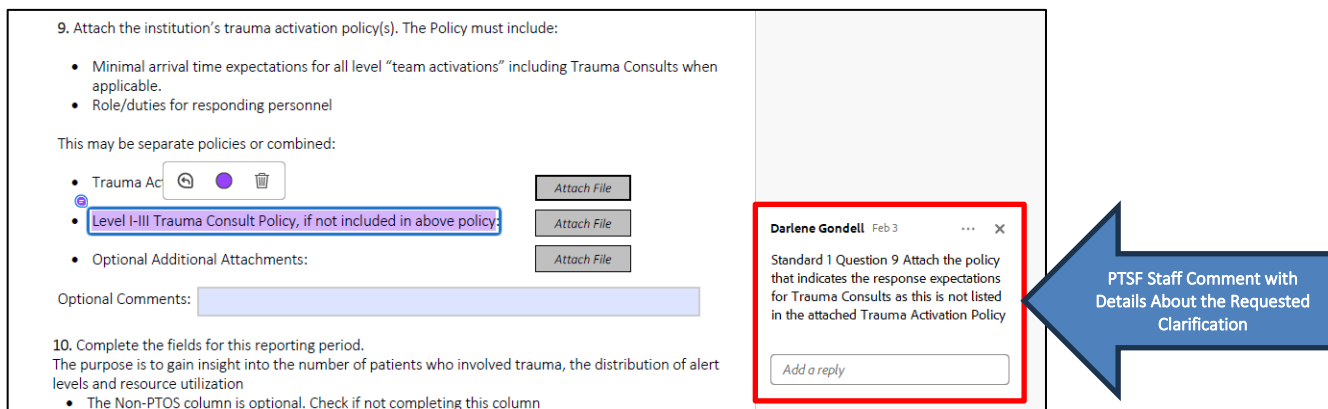
1. Attach a copy of the most recent facility Board and Medical Staff resolution agreeing to meet the PTSF Standards of Accreditation.
* This must be reaffirmed within the current survey cycle.
2. Attach a copy of the PA Department of Health License.
3. The institution must be accredited by the Joint Commission or a recognized state or nationally based accrediting agency for acute care hospitals.
 - Attach a copy of the Joint Commission or Accrediting Agency for Acute Care Hospital's certificate of accreditation.
 - Expiration date of the certificate
 - If the certificate expires within this site survey period, please comment on the schedule for re-accreditation by the agency.
Not Applicable:
4. The institution must engage in state and regional trauma system planning, development, and

AFS USER'S MANUAL

3. Scroll through the Standard to find a highlighted question. This is the question requiring clarification.



4. Click on the highlighted question to display the PTSF comment with details about the requested clarification.



Clarification Completion/Submission: When you are finished with the AFS clarifications, EMAIL the PTSF Director of Accreditation or Accreditation Specialist. If the hospital completes the AFS clarifications prior to the due date, please email as soon as the AFS is ready for second review. This email will signal completion. PTSF will delete any comments that no longer need to be in the AFS. PTSF will communicate acceptance of the clarifications.

YOU DO NOT NEED TO TAKE ANY ADDITIONAL ACTION WITHIN THE AFS TO SUBMIT IT.

Upon the due date or submission email (whichever is first), the AFS will be locked and available as read-only.

NOTE: PTSF acceptance of a preliminary review does NOT indicate compliance with the Standards of Accreditation, but rather that the information provided was reviewed and accepted as submitted.

Guidance for Completing the Significant Issue Question

Trauma Centers with Significant Issues from the last site survey must utilize the Significant Issue template and attach to question #15 within the Trauma Program Overview section. Each Significant Issue must be addressed on the template. You are not required to attach the previously submitted PTSF Action Plan.

Significant Issue:

- Enter the title of the significant issue as was listed in the previous Accreditation Report.

Primary Contacts:

- List the name and title of those involved in the project to resolve the significant issue.

Actions Performed:

- List each corrective action implemented since being assigned the significant issue.

Re-evaluation Phase/Evidence of Resolution (example: Data):

- Enter the date of re-evaluation and the data obtained during the re-evaluation phase (after implementation of corrective actions) of the PI process that supports resolution of the significant issue.

Document:

- Additional documents for the significant issue are not required but can be included to demonstrate resolution. For example, you may attach a chart or graph.

Guidance for Level IV Trauma Centers

Level IV Trauma Centers vary in their scope of practice. Multiple Level IV Standards of Accreditation are only applicable if the hospital determines that it is within their scope of practice. For example, Orthopedic Surgery participation in the care of the injured patient at a Level IV Trauma Center is optional, but if a hospital chooses to include Orthopedic Surgery in the care of the injured patient, then that hospital must meet the Orthopedic Surgery Standards.

Due to the variability between Level IV Trauma Centers, it is essential that the AFS submission accurately depicts the subspecialty services and hospital departments involved in the Trauma Program. Throughout the AFS there are questions with an accompanying check box for a Level IV Trauma Center to indicate that the question is not applicable to them. This checkbox should only be selected if the hospital does not have that subspecialty service or department participate in the care of the injured patient. The hospital must respond to the question of whether the subspecialty or department participates in the care of the injured patient.

Guidance for Level IV Mid-Cycle Panel Review

Level IV Trauma Centers completing the AFS for a Mid-Cycle Panel Review are not required to complete the entire AFS. The Save-The-Date notice will communicate the modified version of the AFS. It is typically limited to the following sections:

- Trauma Program Overview
- Standard 1: Commitment
- Standard 2: Capacity and Ability
- Standard 3: Trauma Program Medical Director
- Standard 4: Trauma Program Manager
- Standard 5: Registry
- Standard 6: Performance Improvement
- Standard 10: Physicians

Guidance for Pursuing Hospitals

Pursuing hospitals encounter unique circumstances when completing the AFS. This section will address some of those:

Each hospital receives a Save The Date notice that includes important dates relevant to the AFS:

- AFS Due Date – the date that the AFS is due to the PTSF
- AFS Reporting Period – a period of time that all data entered in the AFS should be collected
- AFS Survey Cycle – the period of time that coincides with the accreditation certificate length

The length of time a hospital could be pursuing trauma accreditation varies depending on the hospital. Some hospitals remain in pursuit for five plus years whereas some hospitals notify the PTSF of pursuit July 1st the year prior to initial site survey. The PTSF does not require collection of data in the trauma registry for the entire duration of pursuit, but does require abstraction into the registry to begin July 1st with submission by August 1st the year prior to the initial site survey, as per PTSF policy [AC-130: Process for Becoming an Accredited Trauma Center](#). Therefore, the data available in the hospital's trauma registry may not be from the entire assigned reporting period. This is acceptable for pursuing hospitals. This was modified for hospitals pursuing trauma accreditation in 2025, abstraction into the registry was to begin September 9, 2024. It is recommended that the pursuing hospital leaves a comment in the Trauma Program Overview section of the AFS, in the Additional Comments question, to clarify the date range for the trauma-specific data from the trauma registry. Questions in the AFS that pertain to the entire hospital, not just the Trauma Program, must include data from the entire reporting period.

A similar circumstance occurs with AFS questions that request information for the survey cycle. A pursuing hospital's survey cycle is not applicable (n/a), but for those questions that request information for the survey cycle, the hospital should provide information from within the reporting period.

The PTSF requires pursuing hospitals to be compliant with the PTSF Standards of Accreditation by January 1st the year of the initial site survey, as per PTSF policy AC-130. Though January 1st is the date the Standards must be in place, some pursuing hospitals meet the Standards prior to this date. Therefore, it is acceptable to clarify within the response of an AFS question or the Additional Comments question when the process/policy/etc. began. For example, in questions regarding activations, indicate the date that the hospital began calling trauma activations.

If a question in the AFS requests a report from the trauma registry and the report indicates zero (0) patients, the hospital must upload the report. If the hospital would like to include a report that is more recent than the reporting period, the hospital could attach it in the Additional Attachments tab. If the hospital's assigned reporting period ends prior to January 1st, and an AFS question pertains to the implementation of a Standard

that did not occur during the reporting period, the hospital should clarify this in the response. The response to the AFS question must be from within the reporting period, however the hospital could also include more recent information in the question's comment field, Additional Comments tab or Additional Attachments tabs.

Guidance for Level I, II and III Trauma Centers Accreditation Extension

Level I, II and III Trauma Centers completing the AFS for an Accreditation Extension are not required to complete the entire AFS. The modified version of the AFS is typically limited to the following questions:

- Trauma Program Information: Trauma Program Overview
 - A current Survey Eligibility Requirements attestation
 - A Trauma Program Summary – max of five pages, PDF, and must include:
 - An update on any significant changes since the last site survey.
 - A statement that the Trauma Program Medical Director (TPMD) and/or Trauma Program Manager (TPM) maintained position consistency.
 - Programs in which BOTH the TPMD and TPM vacate their positions between the site survey and the extension request are not eligible for extension consideration.
 - A progress report on current Significant Issue(s), including actions implemented and data demonstrating progress towards resolution. Resolution of significant issues is not necessary at this point; however progress must be demonstrated.
- One Performance Improvement Project: Standard 6
 - Describe one PI project that was undertaken since the last site survey
 - Title of the project, Problem identification, Participants involved, Data collection and analysis, Action plan and implementation, and Re-evaluation.
- Trauma Outcome Metrics: Standard 6, specifically:
 - TQIP data must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent hospital specific TQIP Benchmark Report.
 - Outcomes must not be (negatively) statistically significant, noted as a “high outlier” as demonstrated with a red diamond in the TQIP Box Decile Figures. Green and black diamonds are acceptable.
 - The only metrics that will be reviewed are from the Cohort “All Patients” in the following TQIP Box Decile Figures:
 - Risk Adjusted Mortality by Cohort
 - Risk Adjusted Major Hospital Events by Cohort

Appendix A – FREQUENTLY ASKED QUESTIONS (FAQ)

1. HOW DO I SUBMIT THE AFS WHEN I AM FINISHED WITH IT?

A: Email the PTSF Director of Accreditation or Manager of Accreditation.

2. Q: I AM RUNNING A REPORT TO ATTACH TO THE AFS. ARE THERE ANY SPECIAL FORMATTING SUGGESTIONS?

A: Suggest attaching all documents in PDF format. Landscape view often allows for better page distribution. Do not remove any cases or alter the report in any way.

3. Q: ARE 'TRAUMA CONTACTS' THE SAME AS 'PTOS PATIENTS'?

A: Trauma Contacts are defined by the Trauma Program. Trauma Contacts includes all PTOS patients, plus additional patients (i.e., non-PTOS patients) the program includes in the workload of the Trauma Registrar. Some Trauma Programs count each non-PTOS patient as 1 Trauma Contact, whereas other Trauma Programs count each non-PTOS patient as <1 Trauma Contact. Trauma Contacts are utilized to determine the staffing plan (total budgeted FTEs) to the Trauma registry role.

4. Q: SHOULD RESPONSES TO QUESTIONS RELATED TO HOSPITAL DEPARTMENTS SUCH AS OPERATING ROOM, RADIOLOGY AND LAB BE TRAUMA-SPECIFIC OR THE ENTIRE DEPARTMENT?

A: If the question is related to emergent response time, then the response must be trauma specific. For other questions, such as radiology discrepancy rate, the response can either be trauma-specific or all cases, dependent on how the hospital tracks it. Many centers will provide data specific to trauma, which is the PTSF's main concern. If there is a comment field associated with the question, clarify if the response is trauma-specific or for all patients.

5. Q: NO EMERGENT CONSULTS WERE CALLED DURING THE REPORTING PERIOD. HOW DO I ANSWER THE EMERGENT RESPONSE COMPLIANCE QUESTIONS?

A: Click the box that states there were no emergent response in that reporting period. Do not enter 0 as it would give the impression that the subspecialist was 0% compliant with response to the emergent consult.

6. Q: WE ARE A PEDIATRIC TRAUMA PROGRAM AT A COMBINED ADULT AND PEDIATRIC TRAUMA CENTER. DO WE ENTER DATA FOR THE ENTIRE TRAUMA CENTER OR ONLY PEDIATRIC SPECIFIC DATA IN STANDARD 2 QUESTION #4?

A: Enter only pediatric specific data.

Appendix B - APPLICATION FOR SURVEY ATTACHMENT AND REPORT LIST

Trauma Program Overview	Signed copy of the survey eligibility requirements
	Summary of the trauma program
	Does not require attachment to the AFS, but payer mix data is from TraumaHQ (see AFS Questions Handbook) and the hospital's finance department
	Optional: Policy on the frequency of policy, guideline, job description review
	Variance Approval Letter (if applicable)
	Alternate Pathway Approval Letter (if applicable)
	Significant Issue Template (if applicable)
Standard 1: Commitment	Board and Medical Staff resolution
	PA Department of Health License
	The Joint Commission or Accrediting Agency for Acute Care Hospital's certificate of accreditation
	Organizational chart showing the relationship of the trauma program to the institution
	Policy(s) for admission of the trauma patient to the institution
	Policy(s) indicating the Trauma Activations Criteria, Minimal arrival time expectations for all level "team activations" including Trauma Consults when applicable, Role/duties for responding personnel, and arrival time expectations for the Emergency Medicine provider to trauma ED patients in Level IV center
	Does not require attachment to the AFS, but ED Responses and alert level distribution data are from TraumaHQ (see AFS Questions Handbook)
	'Site Survey Report - Trauma Alert Upgrades' report for this reporting period to identify upgrades in trauma alerts from TraumaHQ (see AFS Questions Handbook)
	Optional: Attachment describing who is responsible for airway management during the trauma resuscitation
	Optional: Attachment describing the role of the Emergency Department Attending and/or ED resident/AP in the resuscitative phase of care in the Trauma Resuscitation Area
Standard 2: Capacity and Ability	Level III and IV: Formal written agreement(s) with a Level I or II trauma center to provide on-going mentoring
	Does not require attachment to the AFS, but age distribution data is from TraumaHQ (see AFS Questions Handbook)
	Does not require attachment to the AFS, but transfers in and out data, and reason for transfers out data are from TraumaHQ (see AFS Questions Handbook)
	Does not require attachment to the AFS, but total PTOS cases transferred out (excluding pediatric and burn) data is from Report Writer report = Transfer Summary Statistics Report
	'Transfer In/Transfer Out (Double Transfer) Patient Data Report' to demonstrate patients transferred into this trauma center from another hospital and then transferred out within 24 hours (aka double transfers) from TraumaHQ (see AFS Questions Handbook)

	Total # of Patients who double transferred data is from this report
	If applicable the transfer plan and/or agreement for: Burn Patients, Cardiopulmonary Bypass, Hemodialysis Patients, Obstetric/Labor & Delivery Injured, Pediatric Patients, Spinal Cord Injured, and Other Specific Injured Populations
	Transfer plan and/or agreement with EMS to facilitate timely transportation for trauma patients requiring transfer out
	Policy for formal consultation with institutions requesting transfer to this trauma center
	Policy explaining how the Emergency Department mobilizes resources for multiple simultaneous traumas (prior to activation of disaster plan)
	Policy(s) for Emergency Department diversion. This must include trauma diversion, CT diversion and neurosurgical diversion plans
	Hospital-Wide Disaster Plan
Standard 3: Trauma Program Medical Director	TPMD's CV
	TPMD job description
	TPMD continuing education for this survey cycle (Template Available)
	Institutional organization chart including the relationship between the TPMD, hospital governance, administration, nursing administration and other services
Standard 4: Trauma Program Manager	TPM CV
	TPM job description
	TPM continuing education for this survey cycle (Template Available)
	Institutional organization chart including the relationship between the TPM and other services and units including the Administration, TPMD, Department of Nursing and Trauma Program Staff (including registry)
Standard 5: Registry	Organizational chart for the trauma registry. This must depict the relationship between the trauma registry, trauma program medical director, trauma program manager and the trauma program
	Job description for a Trauma Registrar
Standard 6: Performance Improvement	CV for each PI Coordinator
	Job description for the PI Coordinator(s)
	PIPS plan
	Committee Attendance Log Template for the Multidisciplinary Peer Review PI Meeting (The required template is available in the library of TraumaHQ)
	Patient management guidelines. This must include at a minimum: Open fracture management; Unstable pelvic fracture management; Long bone fracture management; Cervical spine clearance; Trauma resuscitation management; DVT prophylaxis; and TBI management
	Optional: 2 Practice management guidelines compliance tracking and results (This can be a tracking tool or report created by the Trauma Program)
	Optional: 1 Document pertaining to the PI project described in the AFS

	Optional: Policy/description of Multidisciplinary forum to address trauma program operational/system issues
	Optional: Attendance log for required attendance at the multidisciplinary operational meeting for the reporting period (must include TPMD, TPM and Trauma PI Coordinator) (This can be a tracking tool created by the Trauma Program, which includes the % attendance to demonstrate compliance of each mandatory participant)
	Does not require attachment to the AFS, but Mortality (total deaths; deaths by ISS group; timing of death; mortality age distribution) data is from TraumaHQ (see AFS Questions Handbook)
	Does not require attachment to the AFS, but Mortality Categorization of Deaths data is from TraumaHQ (see AFS Questions Handbook)
	'Over/Under Triage Analysis: Initial Activation Level – Arrival Month/Year' AND 'Over/Under Triage Analysis: Initial Activation Level – Arrival Year' - for this reporting period. Over Triage Rate and Under Triage Rate data is obtained from TraumaHQ (see AFS Questions Handbook)
	Optional: Other means of evaluating over/under triage utilized, including compliance with activation criteria and/or Report Writer Over/Under triage report (This can be a tool or report created by the Trauma Program)
	Optional: Report from TraumaHQ (see AFS Questions Handbook) to obtain # of times unplanned transfer to a higher level of care within the institution occurred (unplanned upgrades in care) # of unplanned transfers to a higher level of care can be obtained from TraumaHQ (see AFS Questions Handbook).
	Optional: # of severe TBI (GCS less than nine) on admission for the reporting period from TraumaHQ (see AFS Questions Handbook)
	Optional: Percentage of severe TBI patients (GCS less than nine) who had ICP monitoring within 48 hours of admission TraumaHQ (see AFS Questions Handbook)
	Optional: PTOS non-surgical service admissions by ISS distribution (This can be a tool, graph or report from TraumaHQ (see AFS Questions Handbook))
	Does not require attachment to the AFS, but Total # of PTOS Admissions and # of PTOS Patients Admitted to a Non-Surgical Service data is from TraumaHQ (see AFS Questions Handbook)
	Does not require attachment to the AFS, but the top three occurrences based upon #/frequency data is from TraumaHQ (see AFS Questions Handbook)
	Most recent TQIP Benchmark Report
	Optional: One example of how a risk-adjusted benchmarking report (aka TQIP report) is utilized in the PI activities for this trauma center.
	Optional: Other documents demonstrating risk-adjusted benchmarking
Optional: Trauma Performance Improvement Medical Director / Associate Medical Director CV and job description	
	Job description for the Injury Prevention Coordinator(s)
	Optional: Organizational chart with reporting structure for the Injury Prevention Coordinator
	Does not require attachment to the AFS, but the top three leading causes of injury in the institution's trauma patient population data is from TraumaHQ (see AFS Questions Handbook)

Standard 8: Injury Prevention	Optional: Public injury prevention activities for the reporting period
	Policy for how trauma patients undergo evaluation (screening) for investigation of causes or injury/abuse. This includes but is not limited to physical, verbal, sexual, emotional, domestic, child and elder abuse
	Optional: Policy on institution's child protective service/team
	Policy for screening and referral/intervention for trauma patients who are at risk for substance abuse (This must include alcohol and drugs)
	Optional: Report with compliance of SBIRT screening from TraumaHQ (see AFS Questions Handbook)
	Data required for # of patients who received a screening per policy and # of patients eligible for screening from TraumaHQ (see AFS Questions Handbook)
	Optional: Report with compliance of SBIRT intervention TraumaHQ (see AFS Questions Handbook)
	Data required for # of patients who received an intervention and # of patients who screened positive from TraumaHQ (see AFS Questions Handbook)
	Optional: Plan to evaluate, support and provide services for Post-Traumatic Stress Disorder
Standard 9: Research	Level I: Each research article listed by the Trauma Program will require an attachment of the published article
	Optional: Add in "Additional Attachments" a document with additional research (Template available)
Standard 10: Physicians	Anesthesiology Liaison(s) CV
	Optional: Policy/Guideline stating parameters of emergent response (within 30-minutes) for emergencies (outside of the resuscitative phase of care) based on level of acuity
	Data required for Anesthesiologists % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool)
	Optional: Names and dates for the anesthesiologists who provide coverage for the trauma call roster during this survey cycle (Template Available)
	Emergency Medicine Liaison(s) CV
	Optional: If > 20 providers names and dates for the attending emergency department physicians who provide coverage for the trauma call roster during this survey cycle (Template Available)
	Level IV: Data required for Emergency Medicine Physicians % response time to the first/highest level activation within 30 minutes from TraumaHQ (see AFS Questions Handbook)
	Optional: Process assuring immediate and appropriate care of trauma patients in the emergency department
	Level III & IV: Data required for the # of times the ED physician had to leave the ED to attend in-house emergencies exceeding 45-minutes. (This can be obtained from a tracking tool)
	Data required for each General Surgeon's total # of first/highest level trauma activations, and % response time to the first/highest level activation within 15 minutes (L I/II) or 30 minutes (L III). (This can be obtained from a tracking tool or from TraumaHQ (see AFS Questions Handbook))
	ICU Director/Co-Director CV

	ICU Intensivist Liaison(s) CV
	Neurosurgery Liaison(s) CV
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for neurosurgical issues
	Data required for Neurosurgeons % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or from TraumaHQ (see AFS Questions Handbook))
	Orthopedic Surgery Liaison(s) CV
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for orthopedic issues
	Data required for Orthopedic Surgeon % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or from TraumaHQ (see AFS Questions Handbook))
	Radiology Liaison(s) CV
	Optional: Names and dates for the radiologists who provide coverage for the trauma call roster. Include any provider who participated in trauma care during this site survey cycle (Template Available)
	Level IV: Medical Service Liaison(s) CV
Standard 11: Advanced Practitioners	Attach the job description for the General Surgery/Trauma Nurse Practitioner
	Attach the job description for the General Surgery/Trauma Physician Assistant
	Attach the job description for the Neurosurgery Nurse Practitioner
	Attach the job description for the Neurosurgery Physician Assistant
	Attach the job description for the Orthopedic Surgery Nurse Practitioner
	Attach the job description for the Orthopedic Surgery Physician Assistant
	Attach the job description for the Emergency Medicine Nurse Practitioner
	Attach the job description for the Emergency Medicine Physician Assistant
Attach the job description for the Certified Registered Nurse Anesthetist	
Standard 12: Residency	Optional: Attachment with Residency specialty, participation in trauma care, fellowship, affiliation, and name of residency head.
	General surgery residency program approval letter. This must include date of approval, length in years, comments, and contingencies
Standard 13: Nursing	Evidence that the PaTNCC trauma nurse course utilized by the hospital was reviewed and continuing education credits granted by an organization accredited to provide continuing education by a professional nursing organization.
	Policy that outlines the requirements for ongoing/annual nursing competency
	If LPNs participate in the care of the trauma patient: policy for RN oversight of care

Standard 15: Helipad	Helipad license
	If the helipad is located off-site, Optional: location of the helipad/landing zone and the procedure to have emergency vehicles readily available to provide proper transport
	Diagram/picture demonstrating the location of the helipad to the resuscitation area
	Policy for transport of the patient to and from the helipad to/from the resuscitation area
	Does not require attachment to the AFS, but Helipad Use Arrival data is from TraumaHQ (see AFS Questions Handbook) Data required for Helipad Departures (This can be obtained from a tracking tool)
Standard 16: Emergency Department	Optional: Policy describing the space and equipment to care for multiple trauma patients, including back-up location/area and equipment
	Optional: Policy of trauma resuscitation area's ability to provide care for both adult and pediatric patients
Standard 17: Operating Room	Optional: Policy stating minimal staffing in the operating room to initiate 1 case
	If back-up OR team is not in-house: Policy for activating the back-up on-call team
	Data required for # of times the back-up team was called in (This can be obtained from a tracking tool created by the Trauma Program)
	Level III and IV: Data required for # of times the first OR team was called in (This can be obtained from a tracking tool created by the Trauma Program)
	Optional: Policy of institution assurance that there is availability of operating rooms within 15 minutes (L I/II) or 30 minutes (L III)
Standard 18: PACU	Data required for # of times the PACU was utilized as an overflow ICU due to lack of bed availability (This can be obtained from a tracking tool created by the Trauma Program)
Standard 20: Step-Down Unit	Optional: Policy stating the admission criteria to the Intermediate Care/Step-Down Unit
Standard 22: Laboratory and Blood Bank	Policy stating the trauma patient receives priority in laboratory test handling
	Optional: Policy stating how blood is made available to the trauma resuscitation area for the highest level of activations
	Massive Transfusion Protocol
	Does not require attachment to the AFS, but MTP Utilization data is from TraumaHQ (see AFS Questions Handbook)
	Anticoagulation reversal protocol
	Policy/guideline for the utilization of Prothrombin Complex Concentrate (PCC) in the care of the injured patient
	Policy for trauma patient prioritization for radiology studies
	If MRI is not available 24/7 at your institution, policy for expeditious transfer of patients requiring MRI

Standard 23: Radiology	Policy(s) depicting which radiologic cases are considered emergent/immediate and require response from request to arrival within 30 minutes or request to arterial punction within 60 minutes
	Data required for Interventional Radiologist % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or from TraumaHQ (see AFS Questions Handbook)
	Optional: Policy stating vascular surgeons utilized to cover interventional radiologist for emergent response parameters
	Optional: Policy stating how critical information regarding radiology findings is communicated to the trauma team
	Optional: Policy stating how discrepancies in radiological interpretation are handled including: communication to the care team, documentation, and performance improvement process
	Policy addressing incidental radiologic findings
	Policy that indicates who accompanies and monitors the trauma patient during performance of radiology/CT studies
	Optional: Policy stating mechanism in place to view radiographic imaging from referring hospitals within the catchment area
	Optional: Policy stating institution's credentialing policy for FAST exam privileges
	Optional: Institution's performance improvement policy for FAST exams in relation to false positive/negative findings
Standard 24: Collaborative Clinical Services	Optional: Policy stating institution's plan/procedure to make the patient's discharge summary available to the primary care physician
	Policy explaining the process for how screening and evaluation for nutritional needs are provided to the trauma patient within 72 hours of admission
	Policy triggering the timely notification of the Organ Procurement Organization
	Policy for confirmation of brain death
	Policy explaining the process for how screening and evaluation for rehabilitation needs are provided to the trauma patient within 72 hours of admission
Optional: Policy stating how spiritual counseling/pastoral care is available to all trauma patients, families, and significant others	
Standard 25: Social Services	If Social Work intervention is not available in-house 24/7, Optional: Policy describing social work coverage hours and access availability
	Job description for social work liaison
	CV for the social work liaison
	Organizational chart depicting social work relationship with the trauma program
	Optional: Job description for other trauma social workers (not the liaison) if it is different from the liaison
Standard 26: Case Management	If there is an identified role of Case Management: job description
	If there is an identified role of Case Management: organizational chart
Standard 27: Geriatrics	Geriatric specific patient care/practice management guidelines

Standard 28: Pediatrics	Optional: Pediatric trauma admission policy
	Pediatric specific patient care/practice management guidelines