

Application for Survey (AFS) User's Manual

For 2026 Site Surveys

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Introduction

The Application for Survey (AFS) in 2026 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.

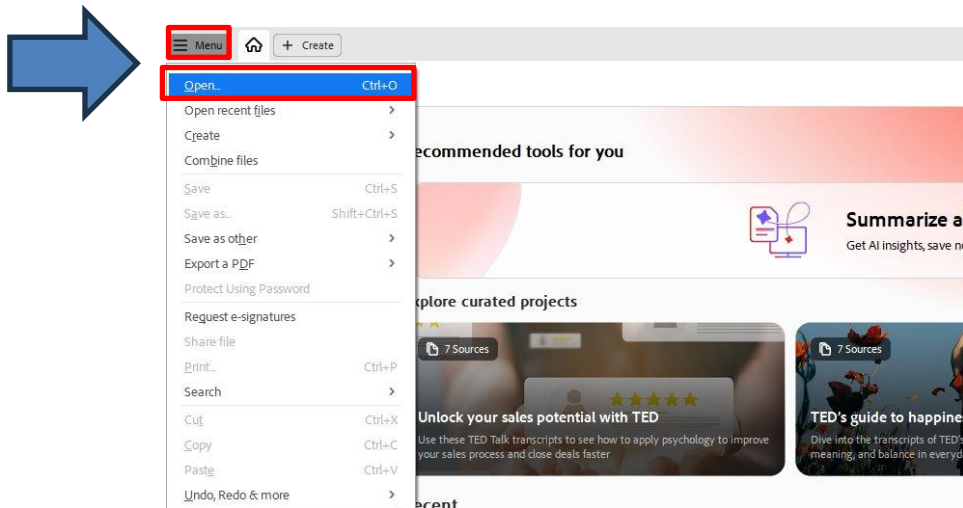
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Access Instructions

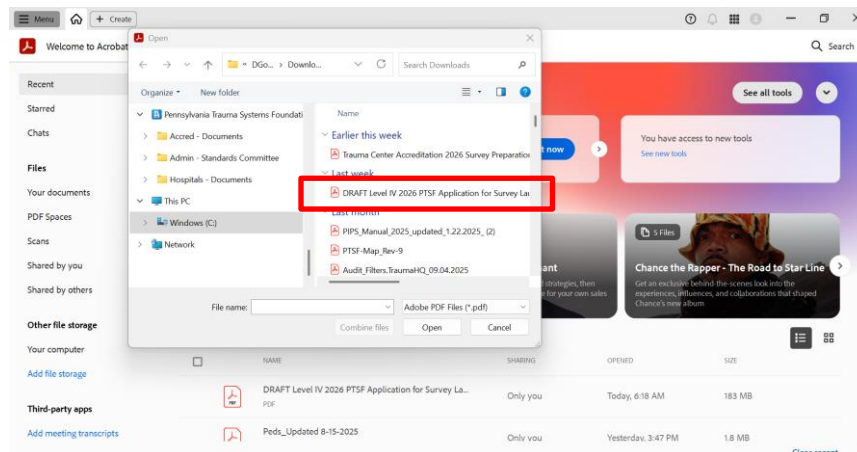
The AFS will be available in the TraumaHQ Resources Library. The AFS will need to be downloaded by the center. Save the AFS on your computer or a hospital shared folder. When opening the AFS, open directly in your PDF viewer application (such as Adobe) and not in a browser (such as Microsoft Edge, Google Chrome, etc.). Working on the AFS in the PDF viewer application allows you to provide responses to all questions, including uploading attachments. Note that the browser version will not allow you to add attachments.

Once saved on your computer or hospital shared folder, the best way to ensure the AFS is opened in the PDF viewer application is to first open the PTSF viewer application (not the AFS).

1. In the PDF viewer application open the file
 - a. In Adobe, click on “Menu” and in the drop-down menu select “Open”



- b. In the popup window choose the AFS from the folder where it is saved



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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. At the top left is the 'pennsylvania TRAUMA SYSTEMS foundation' logo. To the right is the title 'PTSF Application for Survey'. Below the logo is a 'Table of Contents: Hyperlinks' section. This section contains a list of 28 standards, each with a corresponding 'PTSF Staff Only' dropdown menu. The standards are: 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, Standard 11: Advanced Practitioners, Standard 12: Residency Programs, Standard 13: Nursing, Standard 14: Emergency Medical Services, Standard 15: Helipad, Standard 16: Emergency Department, Standard 17: Operating Room, Standard 18: Post Anesthesia Care Unit, Standard 19: Intensive Care Unit, Standard 20: Intermediate Care/Step-Down Units, Standard 21: Medical/Surgical Unit (General), Standard 22: Laboratory & Blood Bank, Standard 23: Radiology, Standard 24: Collaborative Services, Standard 25: Social Services, Standard 26: Case Management, Standard 27: Geriatrics, and Standard 28: Pediatrics. To the right of the standards is a text block explaining the purpose of the AFS and the process of completion.

2025 PTSF Application for Survey

pennsylvania
**TRAUMA
SYSTEMS**
foundation

PTSF Application for Survey

Table of Contents: [Hyperlinks](#)

Trauma Program Overview	PTSF Staff Only	<p>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 Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation.</p> <p>When the survey application is completed, PTSF Staff select a set of trauma records for a surveyor to review with the Trauma Center along with responses to the AFS. The Surveyor's responses and the AFS materials are compiled into a report for the PTSF Board to use in their deliberations. The PTSF Board can record Notes about the Report that are also captured in the core database along with everything else.</p>
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	

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.

The screenshot shows the '2025 PTSF Application for Survey' page. The page content is the same as the previous screenshot. On the right side, there is a vertical toolbar with several icons. The bookmark icon, which is a small icon of a book with a bookmark, is highlighted with a red square. A blue arrow points to this icon with the word 'Click' written next to it.

2025 PTSF Application for Survey

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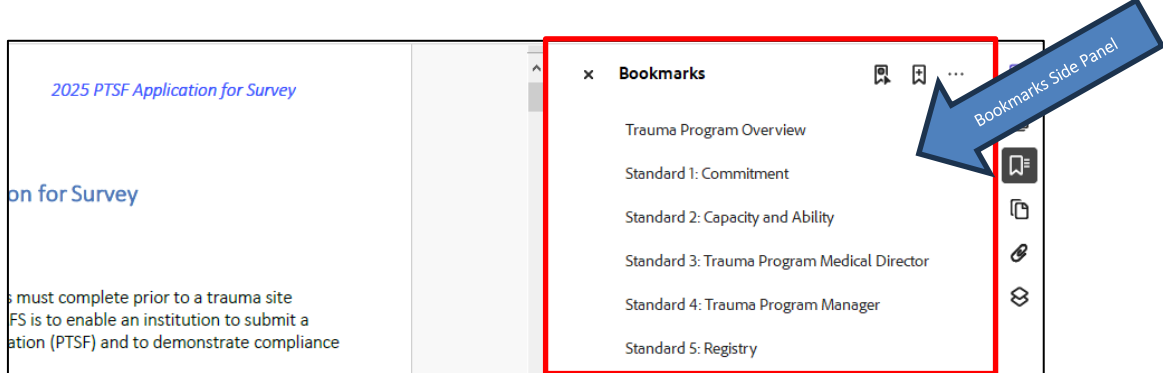
PTSF Application for Survey

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 Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation.

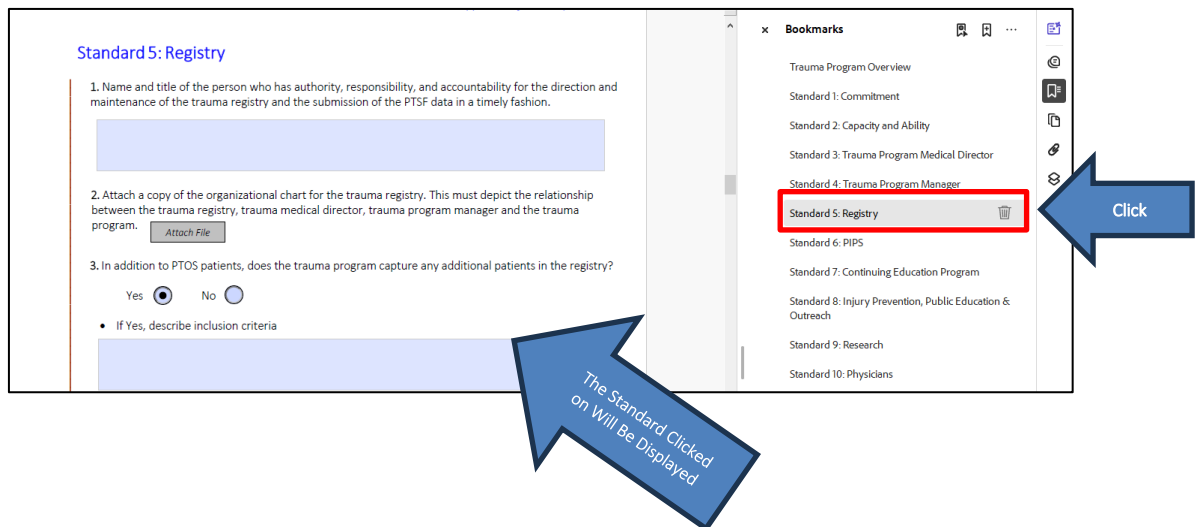
The submitted AFS is reviewed by PTSF staff for completeness and clarity. The intent is to help PTSF staff, the site surveyor team, and ultimately the PTSF Board of Directors in determining compliance with the

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

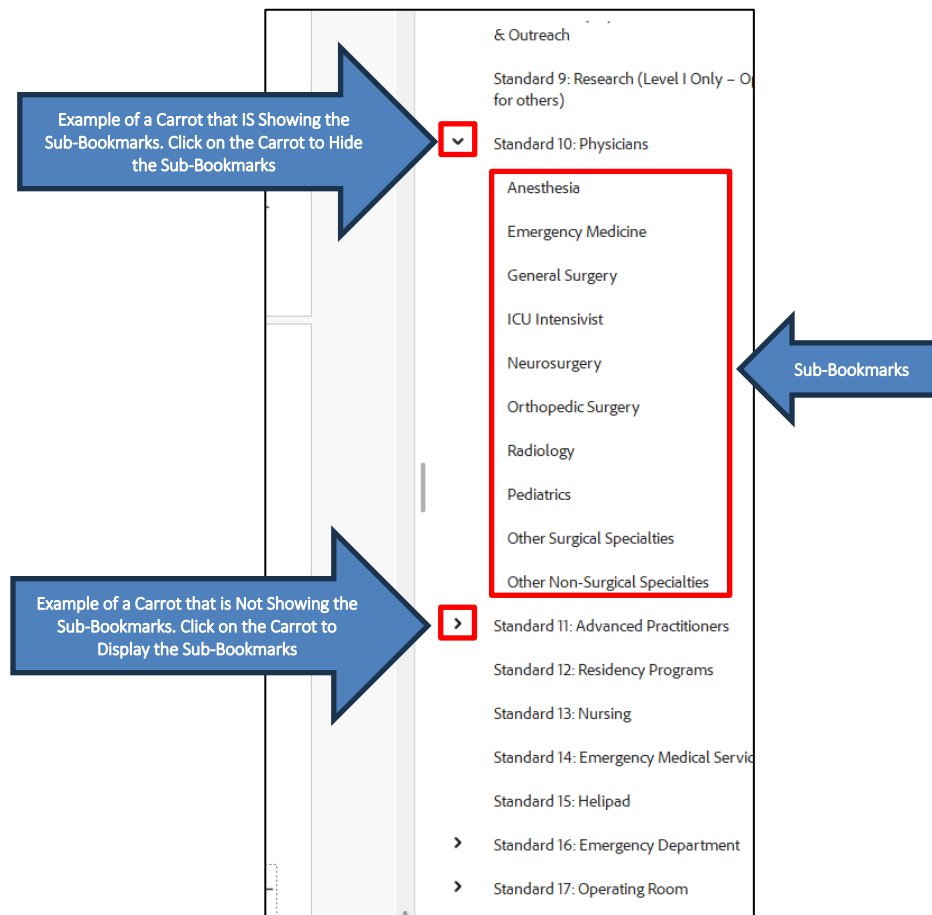


- Click the Standard you want to go to from the bookmarks side panel and you will be taken to it.



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



Important Note: When working on the AFS in a PDF viewer application, it does not automatically save, nor can multiple people work on the same document simultaneously. Ensure you are:

- Frequently save the document
- The only person working on the document
 - It is possible for two people to open the AFS at the same time, however the way PDFs work the two individuals are not technically working on the same version of the AFS. Therefore, when saving the AFS, it will override the previous saves.

For example, if both Person A and Person B open the AFS around 0800, then Person A saves the AFS at 0900 and Person B saves the AFS at 1000, only the information entered by Person B will be there when the AFS is opened again later that day. Person B's save overrode Person A's save.

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.

5. Describe how the trauma program is defined within the institution's organizational structure. Include the relationship between the trauma program, the department of surgery and the non-surgical specialties.

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

Click

The diagram illustrates a text field interface. The top part shows a question with a list of items. A red box highlights a plus sign (+) in the bottom right corner of the list. A blue arrow labeled 'Click' points to this plus sign. The bottom part shows the same text field after clicking the plus sign, revealing a scroll bar on the right side of the list.

Attach File Fields: An attach file field indicates the ability to upload a document. All attachments should be in PDF format. For ease of the center and surveyors identifying attached files, you **MUST** 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.

1. Attach a copy of the most recent facility Board and Medical Staff resolution agreeing to meet the PTSE 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 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.

Attach File

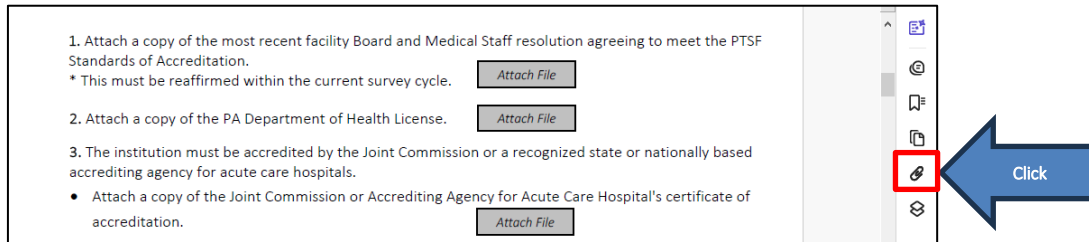
Click

The diagram shows a list of three items, each with an 'Attach File' button. A red box highlights the 'Attach File' button for the second item. A blue arrow labeled 'Click' points to this button.

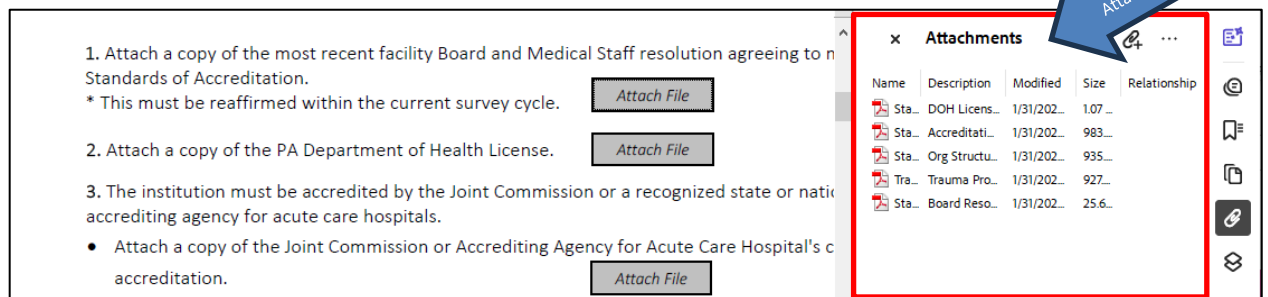
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To confirm that the file attached:

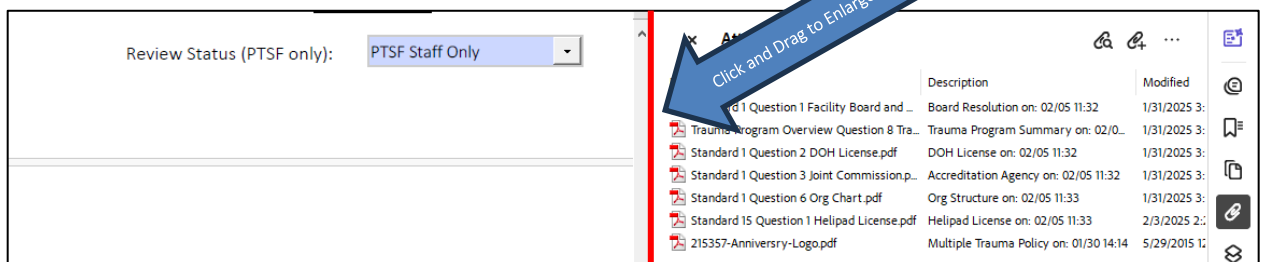
1. Open the Attachments side panel by clicking on the attachment icon (looks like a paperclip) on the right toolbar.



2. 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.

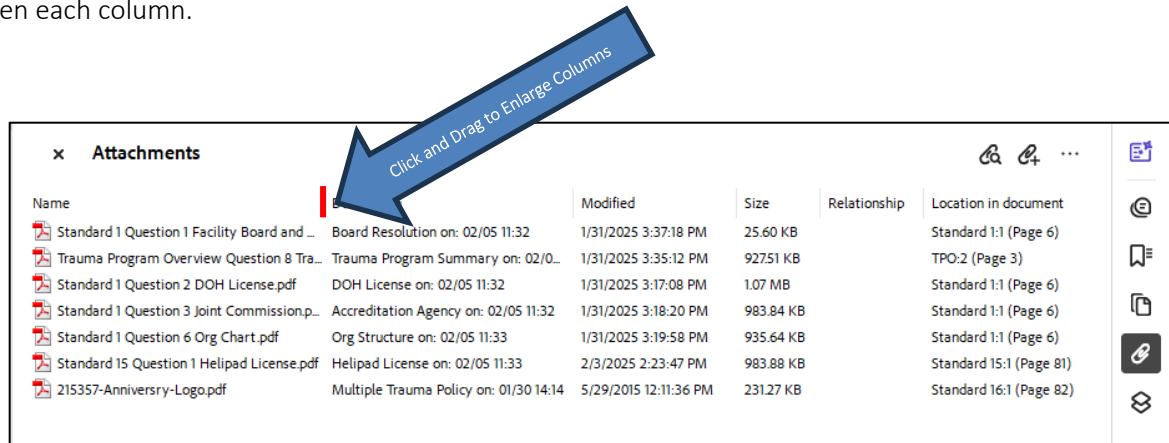


3. The side panel may be too narrow to read the file name. The side panel can be enlarged by clicking and dragging the left vertical edge of the side panel.



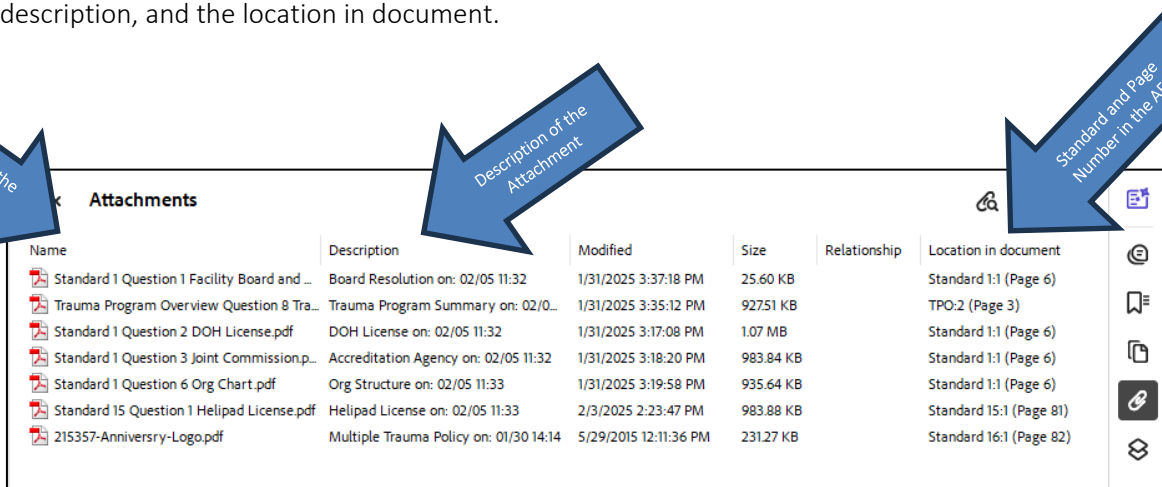
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- Within the side panel, each column can also be enlarged by clicking and dragging the vertical line between each column.



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.p...	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)

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

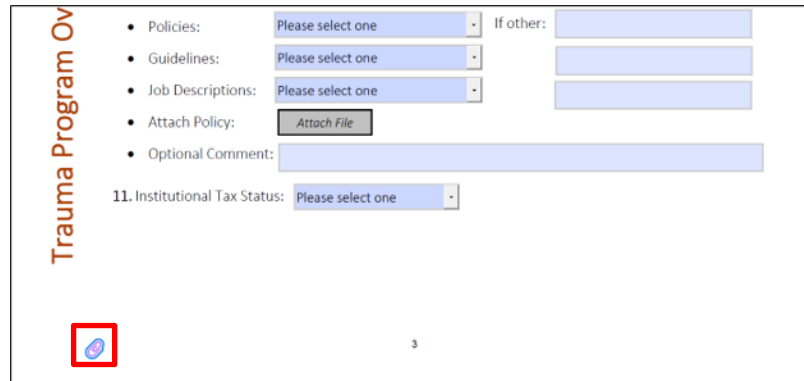


Name	Description	Modified	Size	Relationship	Location in document
Standard 1 Question 1 Facility Board and ...	Board Resolution on: 02/05 11:32	1/31/2025 3:37:18 PM	25.60 KB		Standard 1:1 (Page 6)
Trauma Program Overview Question 8 Tra...	Trauma Program Summary on: 02/0...	1/31/2025 3:35:12 PM	92751 KB		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.p...	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.

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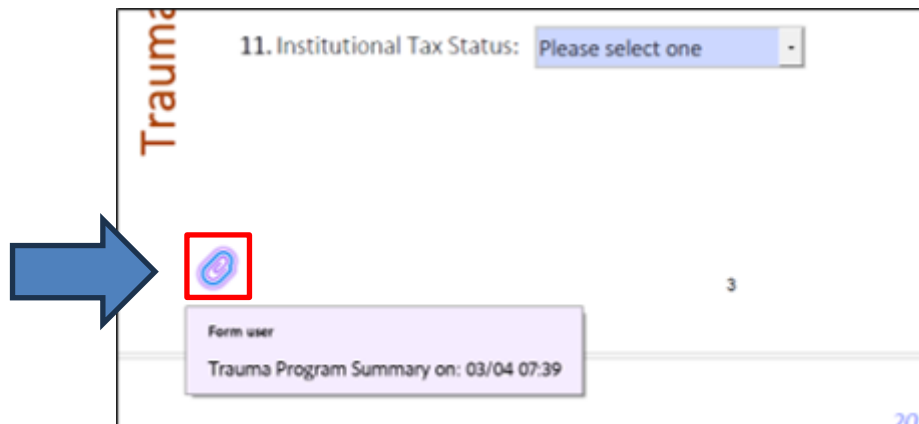
Another method to confirm that a file was attached is to locate a paperclip at the bottom left of the page. Double clicking on the paperclip will open the attachment. The availability of the paperclip on the page does not occur in every PDF view application, however we have noticed it is available in Adobe Acrobat Pro.



The screenshot shows a form titled "Trauma Program Overview" on the left. The form contains several fields: "Policies:", "Guidelines:", "Job Descriptions:", "Attach Policy:", and "Optional Comment:". Each of the first three has a dropdown menu with "Please select one" and a text box labeled "If other:". The "Attach Policy:" field has an "Attach File" button. Below these is "11. Institutional Tax Status:" with a dropdown menu. At the bottom left, a paperclip icon is highlighted with a red square. A small number "3" is visible in the bottom right corner of the form area.

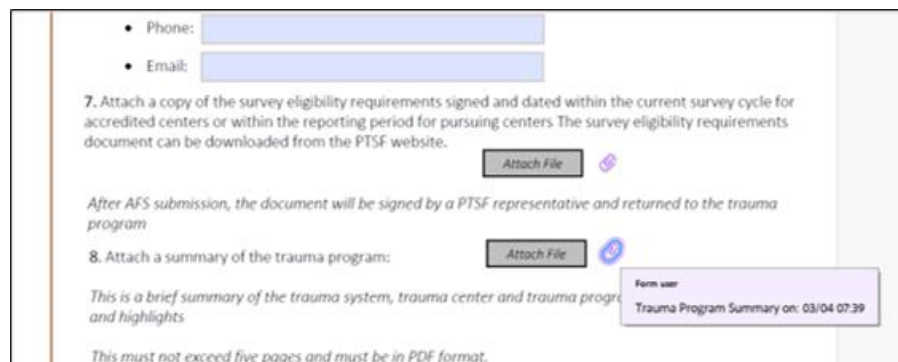
If your AFS has paperclips at the bottom left corner, we recommend moving them to the side of the related "Attach File" button. This is particularly helpful on pages where there are multiple attachments. Moving the paperclip to the associated question allows the center and surveyor easy identification and opening of attachments. To move the paperclips:

1. Hover over the paperclip to display the attachment description



This screenshot shows a close-up of the "11. Institutional Tax Status:" field. A blue arrow points from the left towards a paperclip icon, which is highlighted with a red square. Below the field, a purple box displays "Form user" and "Trauma Program Summary on: 03/04 07:39". A small number "3" is visible in the bottom right corner.

2. Click on the paperclip and drag to the associated question. Hold the mouse button to drag



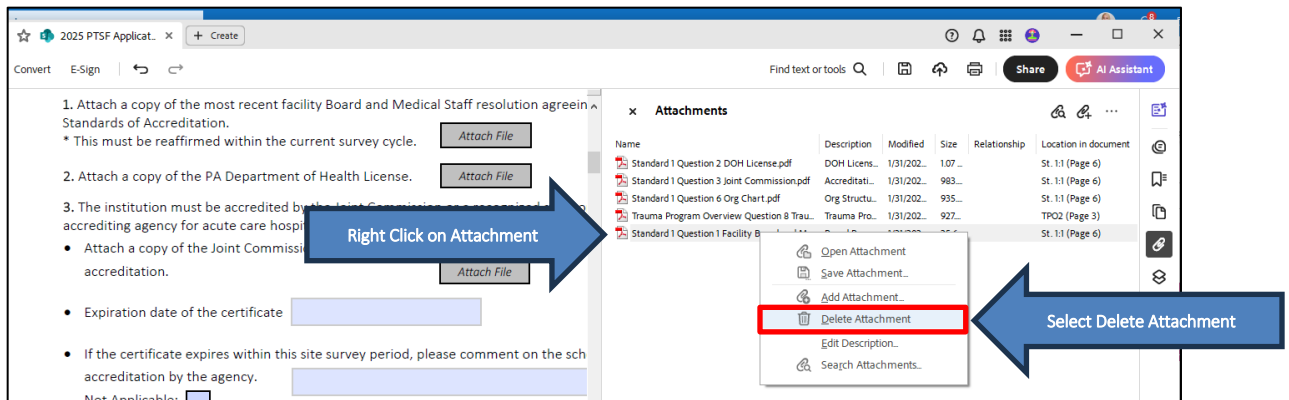
This screenshot shows a form with fields for "Phone:" and "Email:". Below these is question 7, which asks to attach a copy of the survey eligibility requirements. An "Attach File" button is next to it, with a paperclip icon. Below question 7 is question 8, which asks to attach a summary of the trauma program. An "Attach File" button is next to it, with a paperclip icon. A purple box at the bottom right displays "Form user" and "Trauma Program Summary on: 03/04 07:39".

3. If there are multiple attachments on the page, additional paperclips will be available below the first one. You can move each of them to the associated question.

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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.

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:

Additional Attachments: Click to Attach

Review Status (PTSF Staff Only):

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

Activation Level	PTOS	Non PTOS	PTOS & Non PTOS *auto calculated	Percent of all Levels *auto calculated
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 *auto calculated	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

3. Type of review:

Please select one

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: ☒

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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

Review Status: Optional, however centers can use this to keep track of Standards completed. It is a drop-down selection. Once the AFS is submitted to PTSF, PTSF Staff will use the Review Status to indicate if the Standard is accepted or if an update is needed.

Reminder: Make sure you are frequently saving the AFS while you are working in it!

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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, hovering on the Trauma Accreditation tab, which will display a drop-drop. In the drop-down select the Accreditation Survey option.

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



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PTSF Trauma Accreditation Survey

[Darlene Gondell, MSN, RN, CCRN-K, CNRN, TCRN](#), Director of Accreditation
[Annalisa Negrea, BSN, RN, CEN](#), Manager of Accreditation
[Jen Lau, MSN, RN, CNML, CEN, CPEN](#), Manager of Accreditation
[Allison Saia, BA](#), Accreditation Coordinator

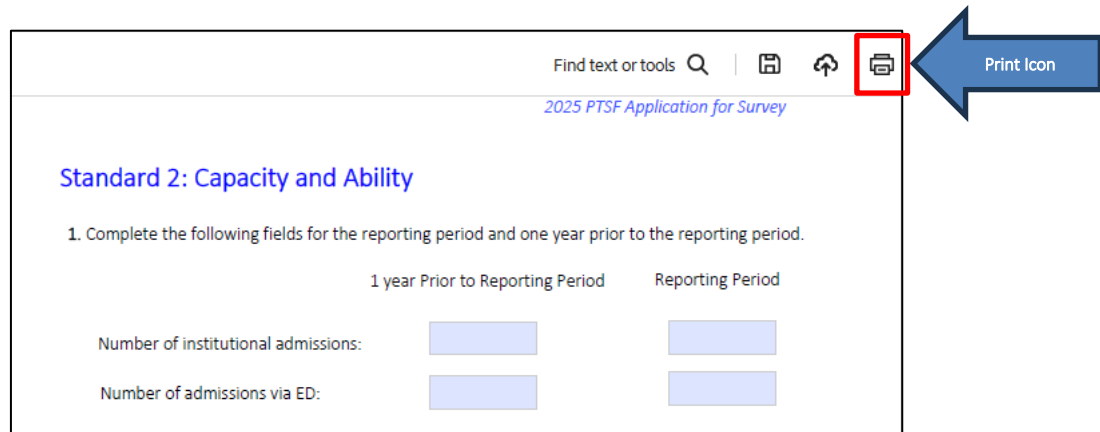
Preparing for Survey

- Read the [Survey Guidebook](#) to prepare for the accreditation visits. Applicable for all trauma levels, accredited or pursuing accreditation.
- Watch the [Trauma Center Preparation: 2026 Survey Preparation](#) video if your center is having a site survey.
 - Required for TPMs and TPMDs at pursuing centers within a year of the 1st survey.
 - Required for TPMS and TPMDs at accredited trauma centers within a year of their 1st survey in the role.
 - Recommended for all TPMs, TPMDs, TPICs and Mentors having a site survey in 2026.
 - Please reach out to [Allison Saia](#), Accreditation Coordinator, for the access code.
- Complete the Application for Survey (AFS) – provided to each hospital with a 2025 accreditation survey
 - [AFS User's Manual](#)
 - [AFS Attachment and Report List](#)
 - [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](#)
 - [Over-Undertriage Template](#) (Instructional video for each version available in TraumaHQ Library)
 - [Over-Undertriage Template – Excel Version](#)
 - [Over-Undertriage Template – Power BI Version](#) (Located in TraumaHQ Library)
 - [Instructions](#)
 - 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.



The screenshot shows the top toolbar of the AFS application. The print icon, represented by a printer symbol, is highlighted with a red rectangular box. A blue arrow points from the right side of the image towards this icon, with the text "Print Icon" written inside the arrow's body. Below the toolbar, the main content area displays the title "Standard 2: Capacity and Ability" in blue. Underneath, there is a numbered instruction: "1. Complete the following fields for the reporting period and one year prior to the reporting period." This is followed by a table with two columns: "1 year Prior to Reporting Period" and "Reporting Period". The table contains two rows of input fields: "Number of institutional admissions:" and "Number of admissions via ED:". Each row has a light blue input box under each column header.

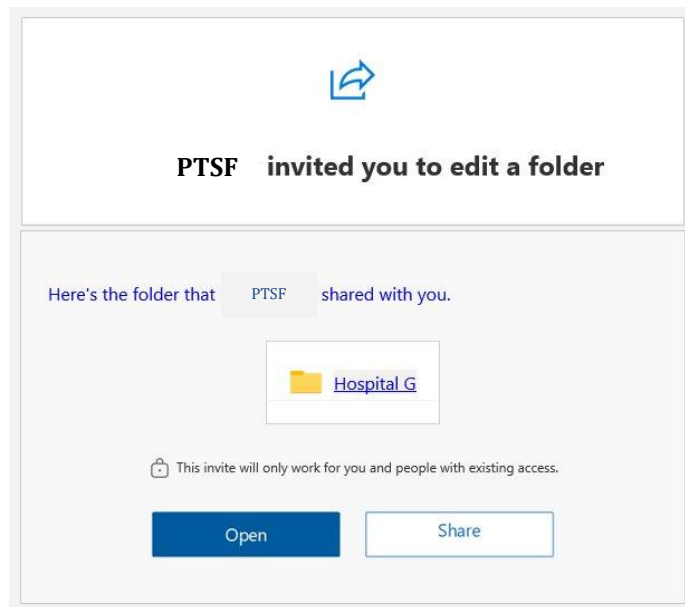
	1 year Prior to Reporting Period	Reporting Period
Number of institutional admissions:	<input type="text"/>	<input type="text"/>
Number of admissions via ED:	<input type="text"/>	<input type="text"/>

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, upload to the PTSF SharePoint folder and EMAIL the PTSF Director of Accreditation or one of the Managers of Accreditation. This email will signal completion.

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

Access to the PTSF SharePoint folder will be provided to the TPM of the hospital prior to the AFS due date. The access email will look similar to this:



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

AFS USER'S MANUAL

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. Download the AFS with Clarifications to your computer or hospital shared folder. Open the AFS with Clarification in a PDF viewer application. The need for clarification will be located in the table of comments. PTSF: Accepted indicates no need for clarifications. PTSF: Update Needed indicates the need for clarifications.

pennsylvania TRAUMA SYSTEMS foundation

PTSF Application for Survey

Form Reset

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)

PTSF: Accepted	
PTSF: Accepted	
PTSF: Accepted	
PTSF: Update needed	
PTSF: Accepted	
PTSF: Update needed	
PTSF: Update needed	
PTSF: Accepted	
PTSF: Accepted	
PTSF: 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 Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation.

When the survey application is completed, PTSF Staff select a set of trauma records for a

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.

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.

pennsylvania TRAUMA SYSTEMS foundation

2025 PTSF Application for Survey

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

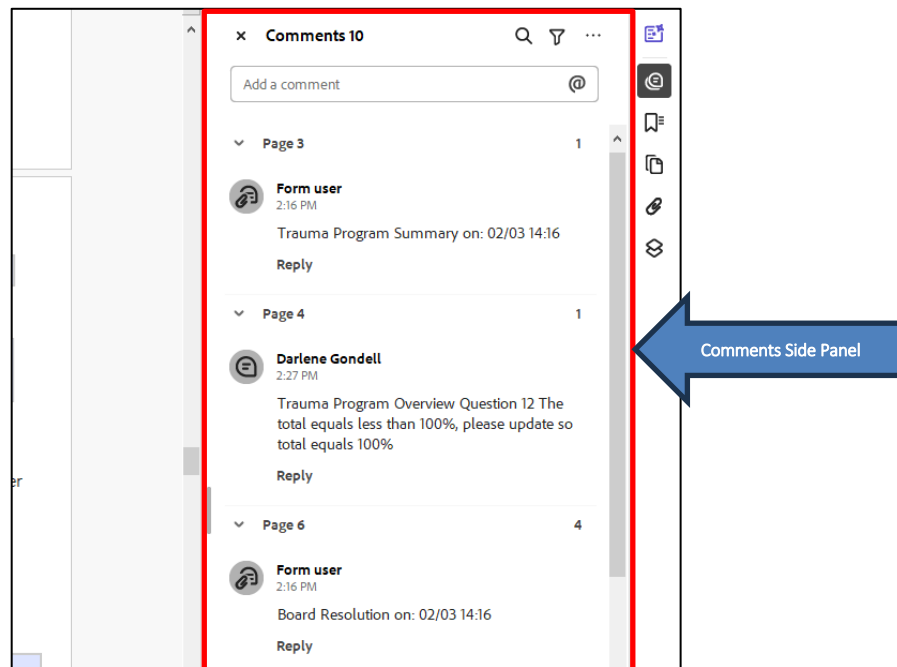
Accepted	
Accepted	
Awaiting Correction	
Accepted	
Awaiting Correction	
Awaiting Correction	
Accepted	
Accepted	
Accepted	

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 Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation.

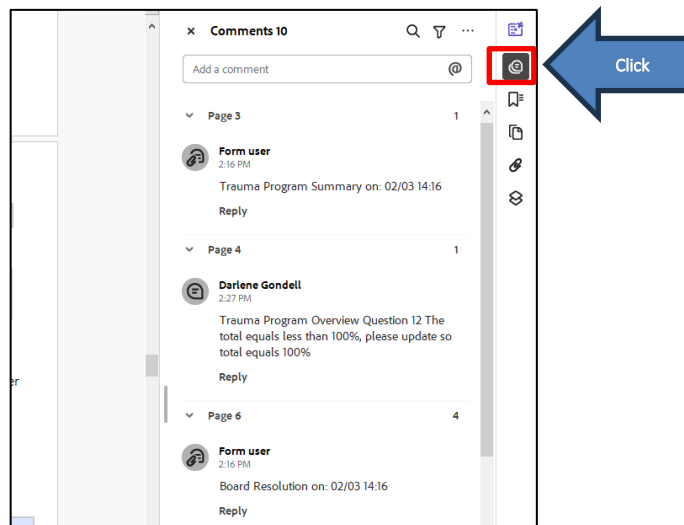
When the survey application is completed, PTSF Staff select a set of trauma records for a

AFS USER'S MANUAL

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

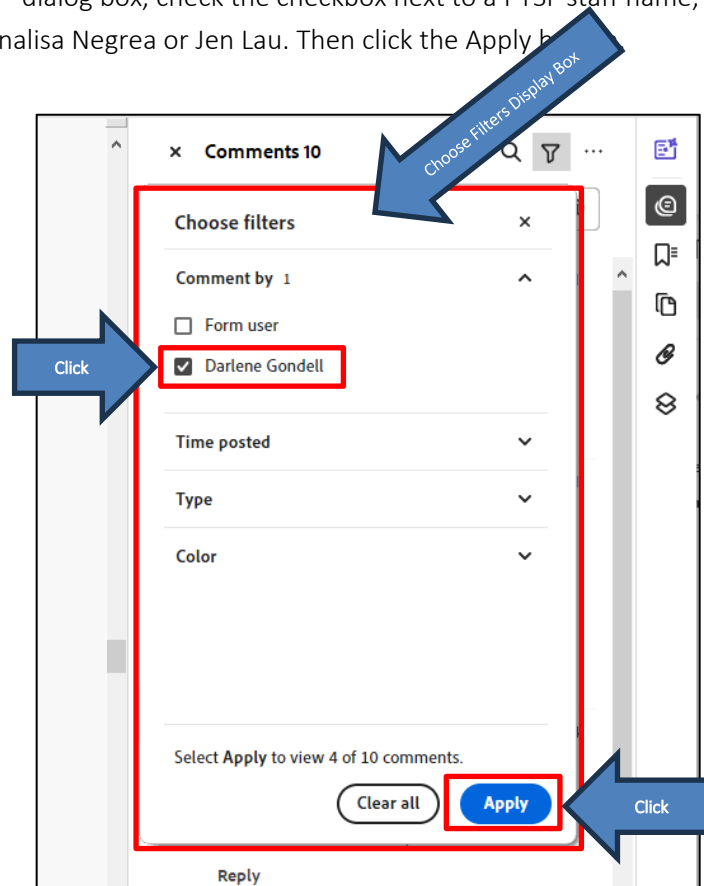


- The comments in the side panel will include clarifications by PTSF Staff and all attachments, listed as "Form User", as displayed in screenshot above.
- Filter to only the clarifications by clicking on the filter icon at the top right of the Comments side panel.



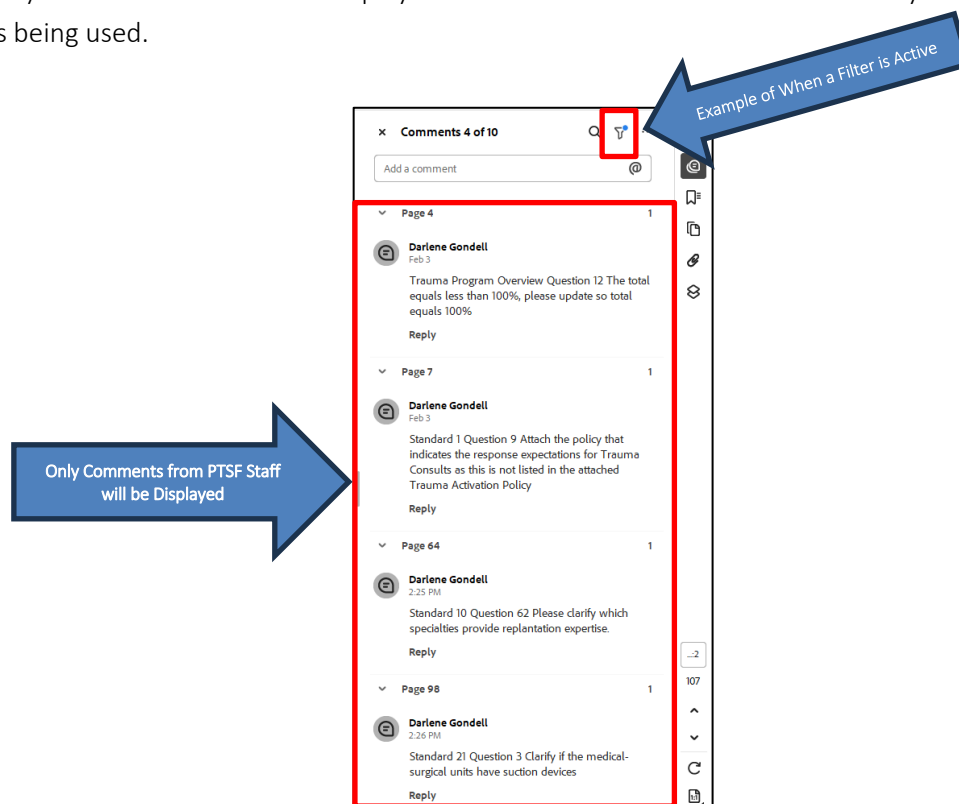
AFS USER'S MANUAL

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

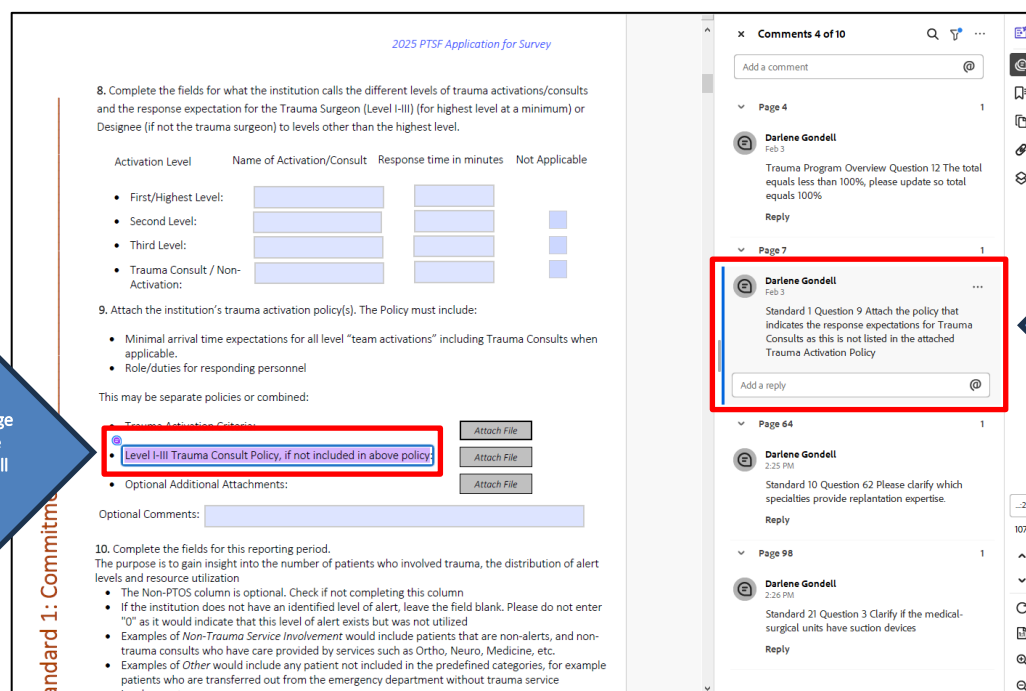


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- Now only the clarifications will be displayed. A blue circle next to the filter icon lets you know that a filter is being used.



- 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 needs an update in the Table of Contents and click on the Standard in the Table of Contents.

pennsylvania TRAUMA SYSTEMS foundation

PTSF Application for Survey

Form Reset

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 Systems Foundation (PTSF) and to demonstrate compliance with the PTSF Standards of Accreditation.

When the survey application is completed, PTSF Staff select a set of trauma records for a

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)

PTSF: Accepted

PTSF: Accepted

PTSF: Accepted

PTSF: Update needed

PTSF: Accepted

PTSF: Update needed

PTSF: Update needed

PTSF: Accepted

PTSF: Accepted

PTSF: Accepted

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. **Attach File**

2. Attach a copy of the PA Department of Health License. **Attach File**

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. **Attach File**
- 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.

The screenshot shows a web form for Standard 1, Question 9. The question text is: "9. Attach the institution's trauma activation policy(s). The Policy must include:" followed by a bulleted list: "Minimal arrival time expectations for all level 'team activations' including Trauma Consults when applicable." and "Role/duties for responding personnel". Below this, it says "This may be separate policies or combined:" followed by another bulleted list: "Trauma Activation Criteria:", "Level I-III Trauma Consult Policy, if not included in above policy:", and "Optional Additional Attachments:". Each item in the second list has an "Attach File" button next to it. A blue arrow points from the left to the "Level I-III Trauma Consult Policy, if not included in above policy:" item, which is highlighted with a red box. Below the list is an "Optional Comments:" text area.

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

The screenshot shows the same form as before, but with a red box around the "Level I-III Trauma Consult Policy, if not included in above policy:" item. To the right of the form, a comment box is open, showing a comment from "Darlene Gondell" dated "Feb 3". The comment text is: "Standard 1 Question 9 Attach the policy that indicates the response expectations for Trauma Consults as this is not listed in the attached Trauma Activation Policy". Below the comment is an "Add a reply" button. A blue arrow points from the right to the comment box.

Clarification Completion/Submission: When you are finished with the AFS clarifications, EMAIL the PTSF Director of Accreditation or Managers of Accreditation. 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. 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

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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.

Appendix A – FREQUENTLY ASKED QUESTIONS (FAQ)

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

A: Upload to the PTSF SharePoint folder. Access will be provided to the TPM prior to the AFS due date. Email the PTSF Director of Accreditation or Managers of Accreditation once it is uploaded.

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
	Level III and IV: Formal written agreement(s) with a Level I or II trauma center to provide on-going mentoring
Standard 2: Capacity and Ability	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. Level IV centers admitting patients with rib fractures must also include the rib fracture management guideline
	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
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 puncture 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