

Application for Survey (AFS) User's Manual

For 2027 Site Surveys

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AFS USER'S MANUAL

Introduction

The Application for Survey (AFS) in 2027 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 and TraumaHQ Resources Library. Please refer to the “Standards of Accreditation” and the “Survey Guidebook” for additional details.

The method of submitting the AFS to PTSF is through PTSF’s file sharing platform, SharePoint. The hospital will be provided access to a SharePoint folder and upload the completed AFS. The hospital will email PTSF Accreditation staff to communicate the AFS has been submitted.

The submitted AFS is reviewed by PTSF staff for completeness and clarity to facilitate survey preparation and progression through the accreditation process. This review is intended to verify that applicable questions have been answered and that submitted responses are sufficiently clear for review. It is not a comprehensive determination of compliance with the Standards.

If responses unclear, incomplete, inconsistent, or appear not 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 by PTSF staff indicates that the application has met the requirements to move forward in the accreditation process. **Acceptance does not indicate compliance with the Standards, completion of the review process, or accreditation approval.** Compliance and accreditation decisions are ultimately determined by the Board of Directors during deliberation following consideration of all information obtained throughout the accreditation process.

Additional clarification, documentation, or information may be requested after AFS acceptance by PTSF staff or the survey team, at any time through Board deliberations, as part of the ongoing accreditation review. These requests are intended to ensure that the Board has the information necessary to fully assess the trauma center’s compliance with the Standards of Accreditation, including the processes and clinical care evaluated through the accreditation review.

What's New in the 2027 AFS

Based on feedback received from trauma centers, PTSF has made several updates to the 2027 AFS to enhance usability and improve the overall user experience. The changes below are intended to make the AFS easier to complete, review, and manage.

Enhanced Response Fields

- Response text boxes have been enlarged throughout the AFS.
- Larger text boxes allow more content to be visible while entering information, reading responses and when printing the document.
- Text boxes have been expanded to the maximum practical size within the form to improve readability and reduce the risk of content being hidden when printed.

Improved Attachment Indicators

- The Attach File buttons now provide visual confirmation when an attachment has been successfully added.
- Once a file is attached:
 - The button changes from gray to green.
 - A paperclip icon appears next to the button, allowing users to quickly open the attached file for review.

Easier Attachment Management

- To replace or remove an attached file, select the Attach File button again.
- A confirmation message will appear asking whether you wish to delete the existing attachment.
- If Yes is selected:
 - The attachment will be removed.
 - The button will change back to gray.
 - The paperclip icon will no longer be displayed.
- A new file can then be attached as needed.

Research Article Attachments

- An attachment button has been added at the end of the research article question.
- Centers may either:
 - Attach each research article individually, or
 - Combine all research articles into a single PDF and attach the combined file.
- If submitting a combined PDF, PTSF strongly recommends using bookmarks within the document so each article can be easily identified and reviewed.

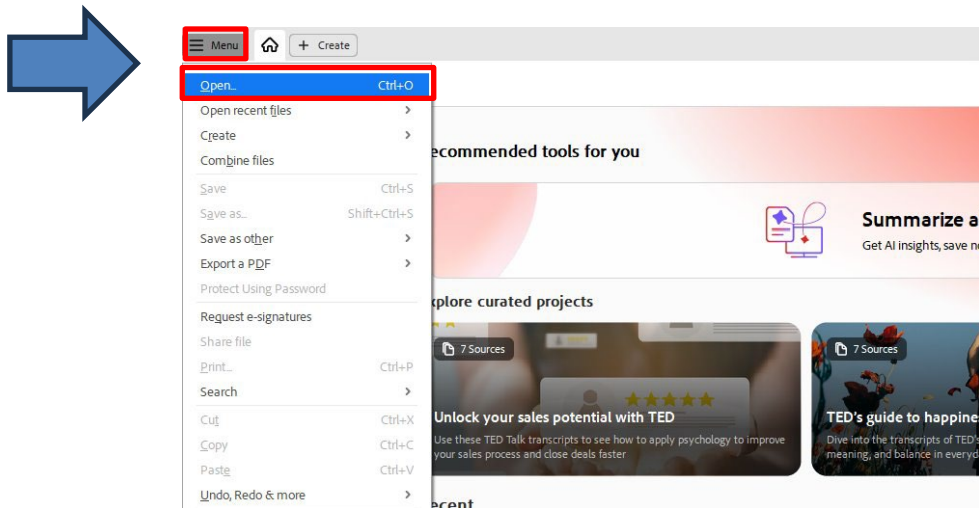
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Access Instructions

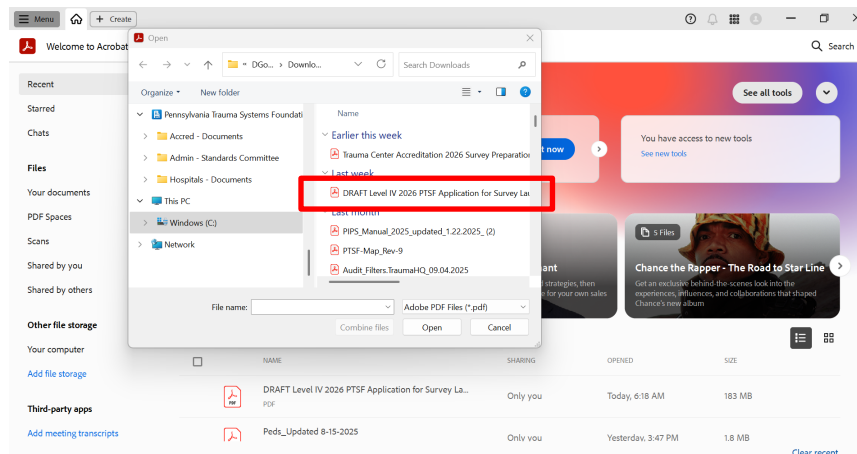
The AFS template is available in the TraumaHQ Resources Library. The AFS will need to be downloaded by the center. Save the AFS to your computer or a hospital network/shared folder. When opening the AFS, open directly in your PDF viewer application (such as Adobe) and not in a browser (such as Microsoft 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.

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PTSF Application for Survey

Table of Contents: [Hyperlinks](#)

Trauma Program Overview	PTSF Staff Only	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 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.
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.

2025 PTSF Application for Survey

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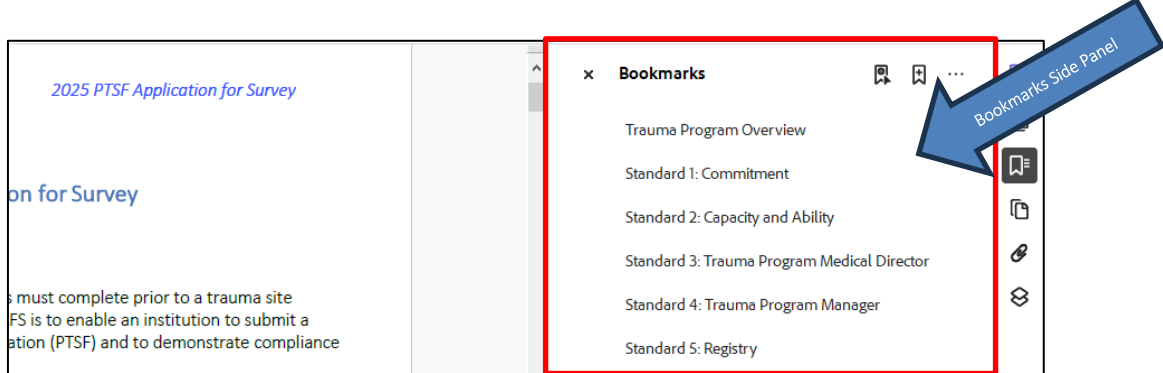
PTSF Application for Survey

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.

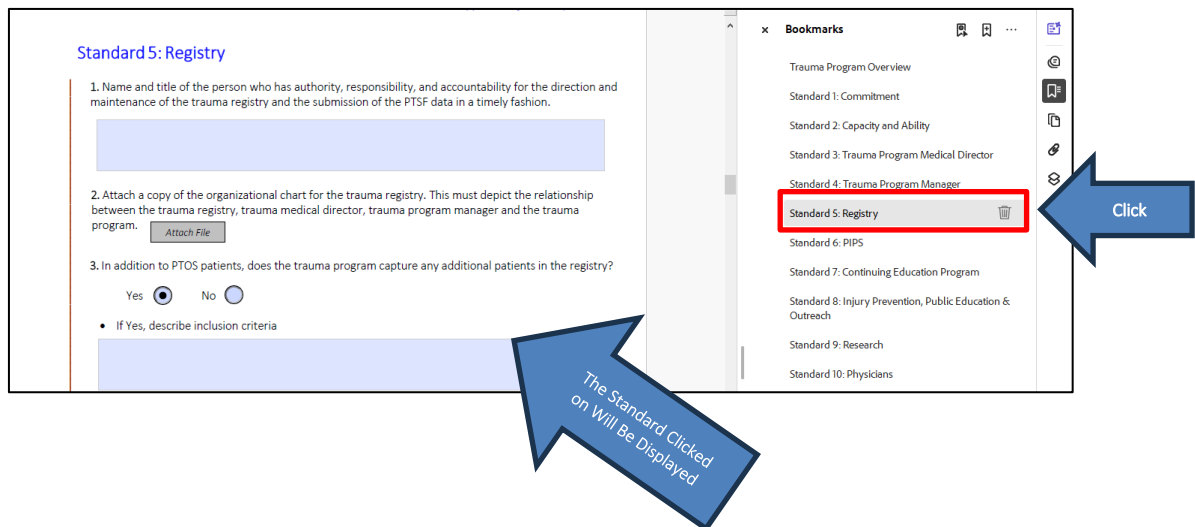
The submitted AFS is reviewed by PTSF staff for completeness and clarity. The intent is to help PTSF staff, the site surveyor team, and ultimately the PTSF Board of Directors in determining compliance with the

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

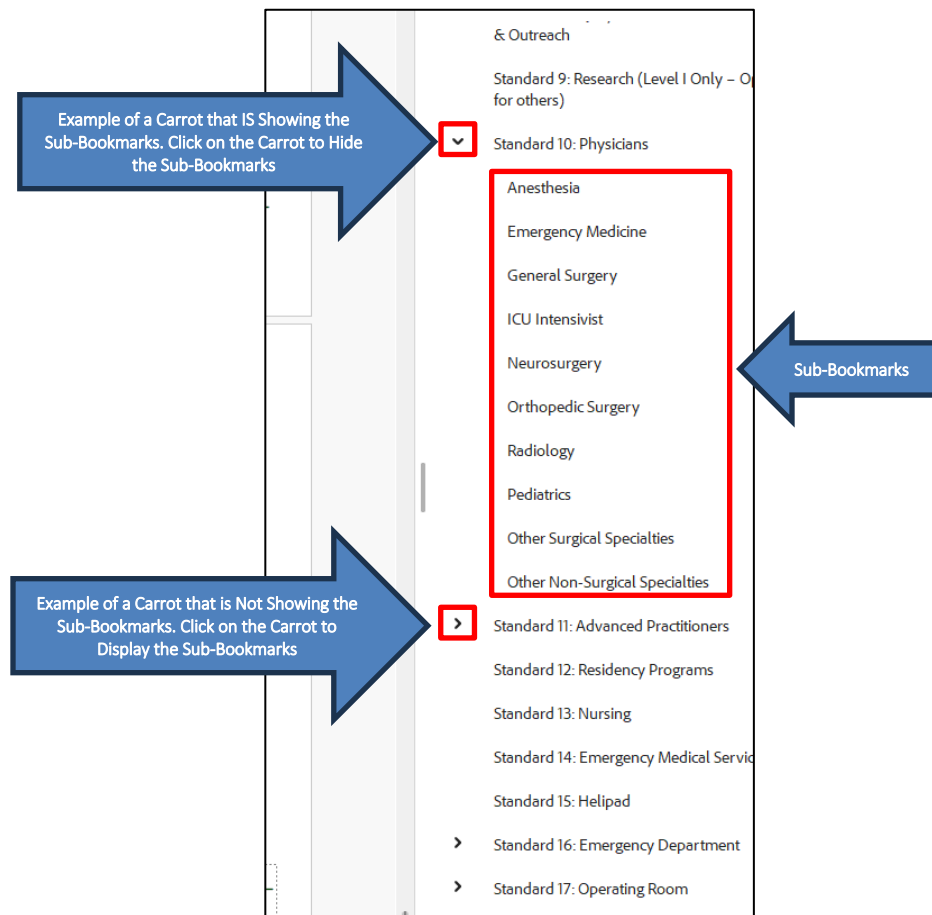


- Click the Standard you want to go to from the bookmarks side panel and you will be taken to it.



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



Important: The AFS is a fillable PDF. Unlike cloud-based documents, it does **not** automatically save changes and does **not** support multiple users editing the same file simultaneously.

To prevent loss of work:

- Save the document frequently.
- Only one person should edit the AFS at a time.
- If multiple individuals need to contribute, designate one person as the "AFS Coordinator" to maintain the master copy of the AFS.
- Before another person begins work, the current editor should save and close the document, and the next

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editor should open the most recently saved version.

5. Consider assigning different Standards or attachments to team members and having them provide their information to the AFS Coordinator for entry into the master document.

Why is this important?

Two people can open the AFS at the same time; however, they are each working on separate copies of the document. The PDF does not merge changes.

Example:

- Person A and Person B both open the AFS at 0800.
- Person A completes Standard 1 and saves at 0900.
- Person B completes Standard 2 and saves at 1000.

When the AFS is opened later, only Person B's version will be available because Person B's save replaced the earlier version. The information entered by Person A will be lost unless it was manually transferred to the latest version.

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

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.

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

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 in a consistent format.

Naming Format: Standard # Question # - brief description.

Example: Standard 1 Question 1 - Facility Board and Medical Staff Resolution

There are 2 methods to add an attachment: Via the Attach File button or the Attachment side panel.

When using the Attach File button, click on the button and choose the file to attach from your computer.

Note: If the Attach File button does not allow for uploading files in your pdf viewer application or displays a message indicating that Adobe Acrobat Pro is required, use the alternative attachment method described below.

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.

Attach File

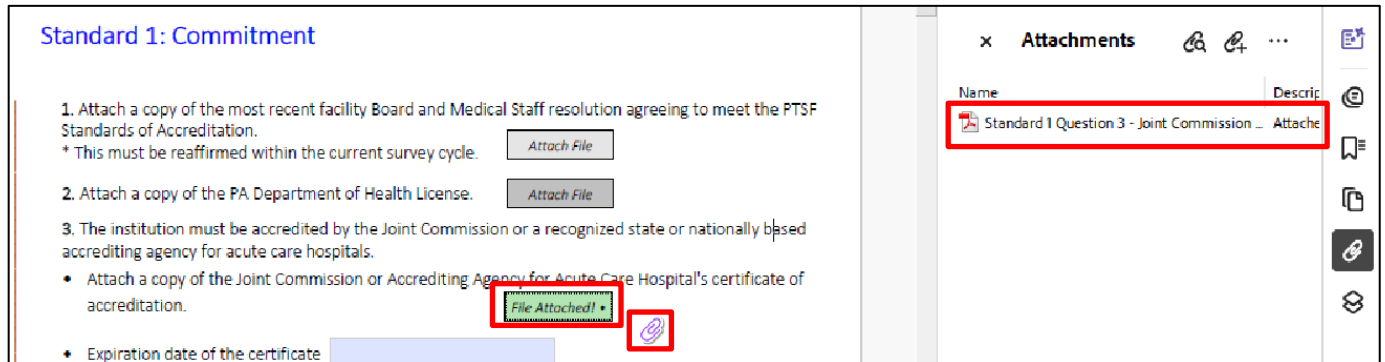
Click

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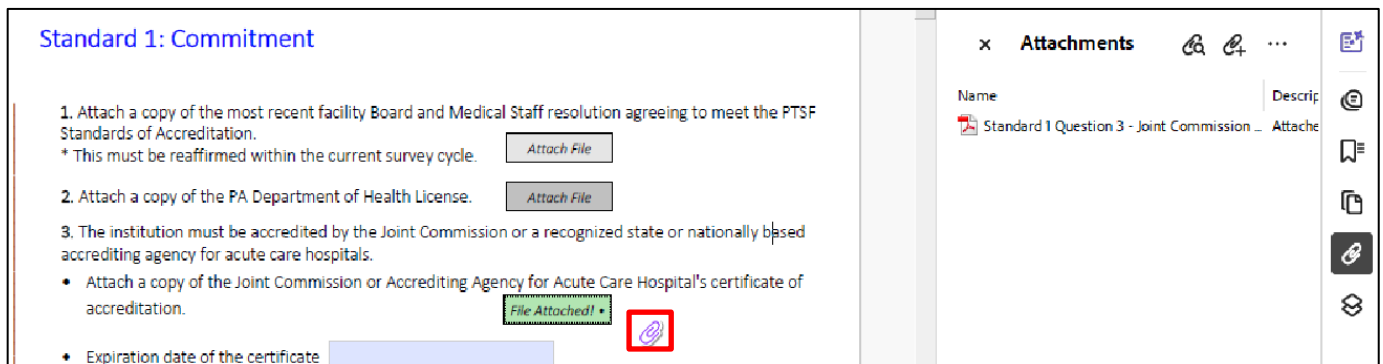
When a file is successfully attached via the Attach File button:

- The Attach File button will change from gray to green.
- The words on the Attach File button will change to File Attached!
- A paperclip icon will appear next to the button.
- The file will be listed in the Attachments side panel.

These indicators provide confirmation that an attachment has been successfully added.



Double clicking on the paperclip icon will open the attached file for review.



Important: Each Attach File button can accommodate only 1 attachment. If you have multiple documents for the response to a question that contains only one Attach File button, combine the documents into a single PDF file before attaching it.

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To replace or remove an attachment that was added using the button:

1. Click the green File Attached! button.

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. **Click**

• Expiration date of the certificate

Attachments

Name	Description
Standard 1 Question 3 - Joint Commission ...	Attache

2. A confirmation message will appear asking whether the existing attachment should be deleted.

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 the current survey cycle, attach a copy of the certificate of accreditation by the agency. If not applicable, click the button below.
Not Applicable: ☐

4. The institution must engage in ongoing operations. BRIEFLY describe the institution's operations.

Warning: JavaScript Window - Remove Attachment

Do you want to delete this attachment?

3. Click Yes to remove the attachment.

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 the current survey cycle, attach a copy of the certificate of accreditation by the agency. If not applicable, click the button below.
Not Applicable: ☐

4. The institution must engage in ongoing operations. BRIEFLY describe the institution's operations.

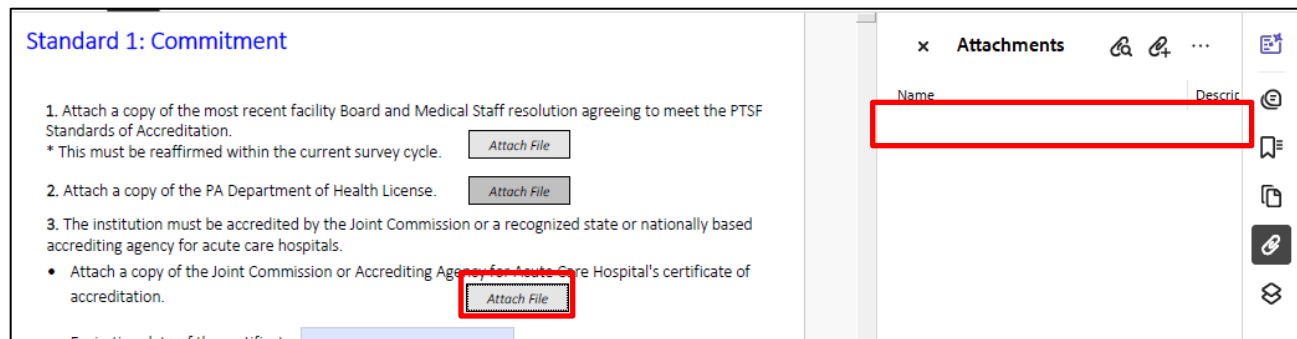
Warning: JavaScript Window - Remove Attachment

Do you want to delete this attachment?

Click

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4. The File Attached! button will return to gray and the words will change to Attach File.
5. The paperclip icon will disappear.
6. The file will no longer appear in the Attachments side panel.



7. A new file may then be attached following the instructions above.

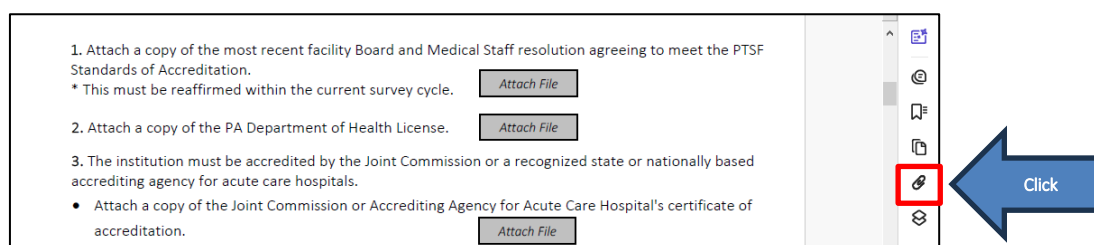
Important: Attachments added using the Attach File/File Attached! button must be removed using that same button. Deleting a button-added attachment from the Attachments side panel will cause the green File Attached! button and paperclip icon to remain displayed even though the attachment has been removed.

Alternative Attachment Method – The Attachments side panel

Some versions of the free Adobe Acrobat Reader may display a message indicating that Adobe Acrobat Pro is required when the Attach File button is selected. If this occurs, attachments can still be added in the free Adobe Acrobat Reader directly through the Attachments side panel.

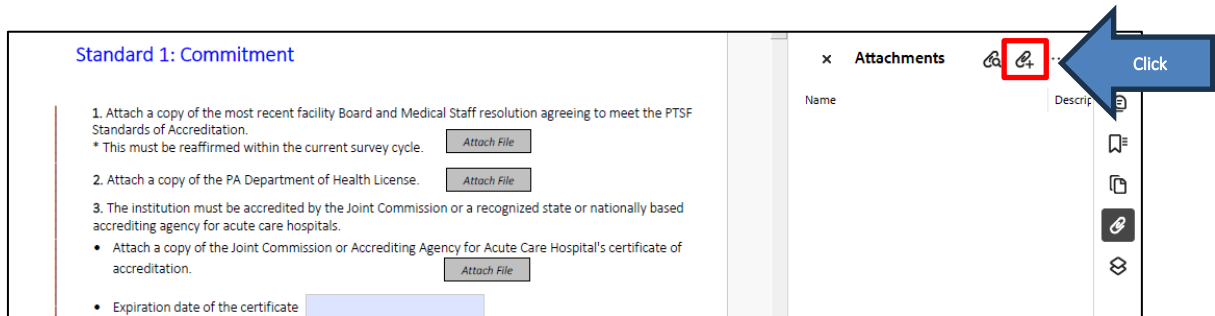
Note: Attachments added through the Attachments side panel are not linked to a specific Attach File button. Therefore, the File Attached! button will not turn green and a paperclip icon will not appear next to the question.

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



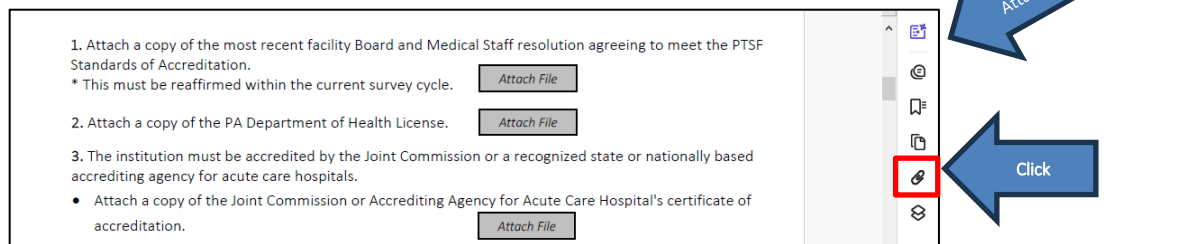
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The Attachments side panel will now display to the right of the AFS. Click the paperclip icon with the + and choose the file to attach from your computer.

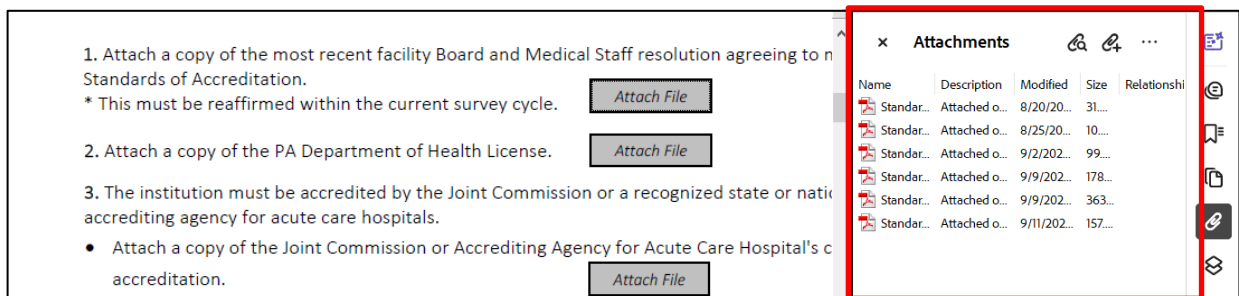


To confirm that the file attached:

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



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.

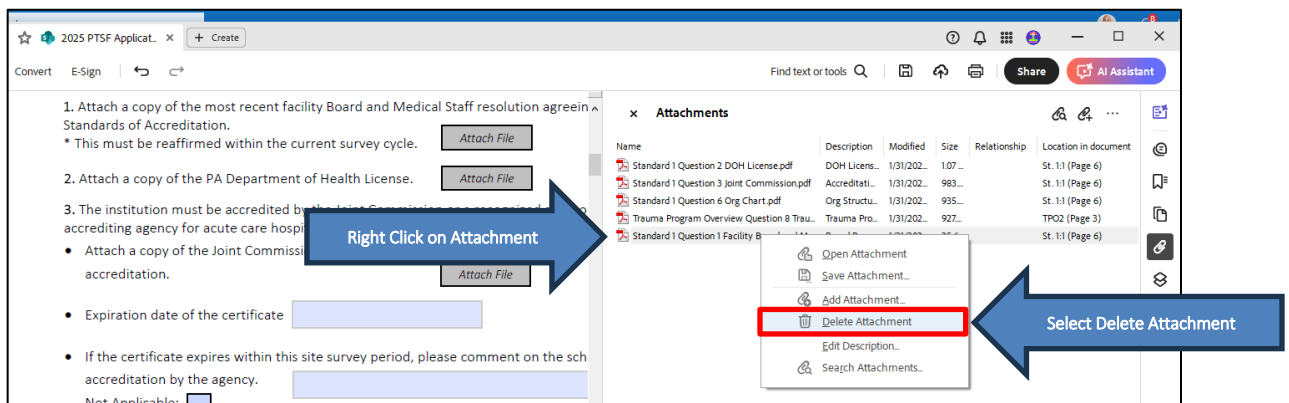


To replace or remove an attachment that was added using the side panel:

1. Locate the specific attachment in the Attachments side panel.

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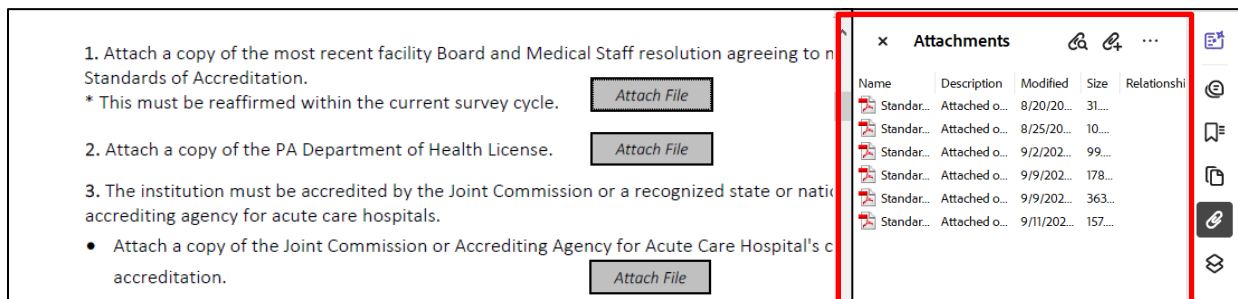
2. Right click on the attachment name and select Delete Attachment from the options.



3. A new file may then be attached following the instructions above.

Attachments Side Panel

All attached files are listed in the Attachments side panel.



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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Each column can also be enlarged by clicking and dragging the edge of the column.

activation/Trauma Consult patients) or Designee (if not the trauma surgeon) to levels other than the highest level.

Activation Level	Name of Activation/Consult	Response time in minutes	Not Applicable
• First/Highest Level:			
• Second Level:			
• Third Level:			
• Trauma Consult / Non-			

Attachments

Name	Description	Modified	Size	Relati
Standard 1 Question 6 - Org Chart.pdf	Attached o...	9/2/202...	99...	
Standard 6 Question 2 - PI Job Description.pdf	Attached o...	8/25/20...	10...	
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached o...	9/9/202...	178...	
Standard 1 Question 2 - PA DOH License.pdf	Attached o...	9/9/202...	363...	
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached o...	9/11/202...	157...	
Standard 8 Question 8 - IP Activities.pdf	Attached o...	8/20/20...	31...	

The order of the list of attachments will be in the order they were uploaded, not in the order of the questions.

activation/Trauma Consult patients) or Designee (if not the trauma surgeon) to levels other than the highest level.

Activation Level	Name of Activation/Consult	Response time in minutes	Not Applicable
• First/Highest Level:			
• Second Level:			
• Third Level:			
• Trauma Consult / Non-Activation:			

Attachments

Name	Description	Modified	Size	Relati
Standard 1 Question 6 - Org Chart.pdf	Attached o...	9/2/202...	99...	
Standard 6 Question 2 - PI Job Description.pdf	Attached o...	8/25/20...	10...	
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached o...	9/9/202...	178...	
Standard 1 Question 2 - PA DOH License.pdf	Attached o...	9/9/202...	363...	
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached o...	9/11/202...	157...	
Standard 8 Question 8 - IP Activities.pdf	Attached o...	8/20/20...	31...	

The columns in the Attachments side panel are:

- Name – The file name of the attachment; PTSF required naming format: Standard # Question # - brief description.
- Description – The date the file was attached to the AFS.
- Modified – The date the attached file was last modified.
- Size – The file size of the attachment.
- Relationship - This field is not used and will remain blank.
- Location in Document – For files was attached using the Attach File button, this column identifies the Standard, question and page number where the attachment was added. Files attached directly through the Attachments side panel will not have a location associated with a specific question.

Attachments					
Name	Description	Modified	Size	Relationship	Location in document
Standard 1 Question 6 - Org Chart.pdf	Attached on: 09/15 10:40	9/2/2026 2:37:48 PM	99.28 KB		Standard 1:1 (Page 6)
Standard 6 Question 2 - PI Job Description.pdf	Attached on: 09/15 10:39	8/25/2026 2:11:59 PM	10.71 MB		Standard 6:1 (Page 32)
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached on: 09/15 10:39	9/9/2026 2:11:35 PM	178.59 KB		Standard 1:1 (Page 6)
Standard 1 Question 2 - PA DOH License.pdf	Attached on: 09/15 10:39	9/9/2026 10:34:01 AM	363.04 KB		Standard 1:1 (Page 6)
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached on: 09/15 10:39	9/11/2026 3:28:19 PM	157.69 KB		Standard 1:1 (Page 6)
Standard 8 Question 8 - IP Activities.pdf	Attached on: 09/15 10:38	8/20/2026 12:04:21 PM	31.47 KB		Standard 8:3 (Page 49)

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The columns in the Attachments side panel can be sorted to help locate specific attachments. To sort attachments:

- Select the column heading you want to sort by (e.g., Name, Description, Modified, Size, or Location in Document).
- Select the column heading again to reverse the sort order.

Common uses include:

- Sort by Name to locate attachments associated with a specific Standard or question. Following the required naming convention (Standard # Question # - Brief Description) will make it easier to locate attachments when sorting.

× Attachments					
Name	Description	Modified	Size	Relationship	Location in document
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached on: 09/15 10:39	9/11/2026 3:28:19 PM	157.69 KB		Standard 1:1 (Page 6)
Standard 1 Question 2 - PA DOH License.pdf	Attached on: 09/15 10:39	9/9/2026 10:34:01 AM	363.04 KB		Standard 1:1 (Page 6)
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached on: 09/15 10:39	9/9/2026 2:11:35 PM	178.59 KB		Standard 1:1 (Page 6)
Standard 1 Question 6 - Org Chart.pdf	Attached on: 09/15 10:40	9/2/2026 2:37:48 PM	99.28 KB		Standard 1:1 (Page 6)
Standard 6 Question 2 - PI Job Description.pdf	Attached on: 09/15 10:39	8/25/2026 2:11:59 PM	10.71 MB		Standard 6:1 (Page 32)
Standard 8 Question 8 - IP Activities.pdf	Attached on: 09/15 10:38	8/20/2026 12:04:21 PM	31.47 KB		Standard 8:3 (Page 49)

- Sort by Description to view attachments in the order they were added to the AFS.

× Attachments					
Name	Description	Modified	Size	Relationship	Location in document
Standard 8 Question 8 - IP Activities.pdf	Attached on: 09/15 10:38	8/20/2026 12:04:21 PM	31.47 KB		Standard 8:3 (Page 49)
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached on: 09/15 10:39	9/11/2026 3:28:19 PM	157.69 KB		Standard 1:1 (Page 6)
Standard 1 Question 2 - PA DOH License.pdf	Attached on: 09/15 10:39	9/9/2026 10:34:01 AM	363.04 KB		Standard 1:1 (Page 6)
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached on: 09/15 10:39	9/9/2026 2:11:35 PM	178.59 KB		Standard 1:1 (Page 6)
Standard 6 Question 2 - PI Job Description.pdf	Attached on: 09/15 10:39	8/25/2026 2:11:59 PM	10.71 MB		Standard 6:1 (Page 32)
Standard 1 Question 6 - Org Chart.pdf	Attached on: 09/15 10:40	9/2/2026 2:37:48 PM	99.28 KB		Standard 1:1 (Page 6)

- Sort by Location in Document to group attachments by Standard and question.

× Attachments					
Name	Description	Modified	Size	Relationship	Location in document
Standard 1 Question 1 - Medical Staff Resolution.pdf	Attached on: 09/15 10:39	9/11/2026 3:28:19 PM	157.69 KB		Standard 1:1 (Page 6)
Standard 1 Question 3 - Joint Commission Certificate.pdf	Attached on: 09/15 10:39	9/9/2026 2:11:35 PM	178.59 KB		Standard 1:1 (Page 6)
Standard 1 Question 2 - PA DOH License.pdf	Attached on: 09/15 10:39	9/9/2026 10:34:01 AM	363.04 KB		Standard 1:1 (Page 6)
Standard 1 Question 6 - Org Chart.pdf	Attached on: 09/15 10:40	9/2/2026 2:37:48 PM	99.28 KB		Standard 1:1 (Page 6)
Standard 6 Question 2 - PI Job Description.pdf	Attached on: 09/15 10:39	8/25/2026 2:11:59 PM	10.71 MB		Standard 6:1 (Page 32)
Standard 8 Question 8 - IP Activities.pdf	Attached on: 09/15 10:38	8/20/2026 12:04:21 PM	31.47 KB		Standard 8:3 (Page 49)

Additional Attachments

At the end of every Standard, there is an option to attach additional attachments. Please name the file with the Standard number, Additional Attachments, and brief description. For example, "Standard 1 Additional Attachment

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- 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. As only 1 attachment can be added, if you want to include multiple documents, combine them into 1 document prior to attaching.

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			0	0.0%
Second Level			0	0.0%
Third Level			0	0.0%
Trauma Consult			0	0.0%
Direct Admissions			0	0.0%
Non-Trauma Service Involvement			0	0.0%
Other			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: ☐

AFS USER'S MANUAL

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

Review Status

Optional, however centers can use this to keep track of Standards completed.

Additional Attachments:

Review Status:

Drop-down menu:

- Hospital: Pending (default)
- Hospital: Completed

AFS USER'S MANUAL

- PTSF: Update needed
- PTSF: Accepted

The center can choose from the drop-down selection Hospital: Completed when the Standard is complete. The review status in the Standard will automatically be displayed on the Table of Contents.

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!

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 TraumaHQ Data Extraction for the AFS Guide for guidance on how to obtain this data using either the Data Download Report (DDR), one of the Standard Reports built in TraumaHQ, or a report template provided by PTSF.

Templates

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 and one of the Over/Undertriage Templates, all other templates are optional. The templates include the necessary information required to answer each of these questions.

The documents are in Word, Power BI 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 Power BI 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.

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



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.

Requirement 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

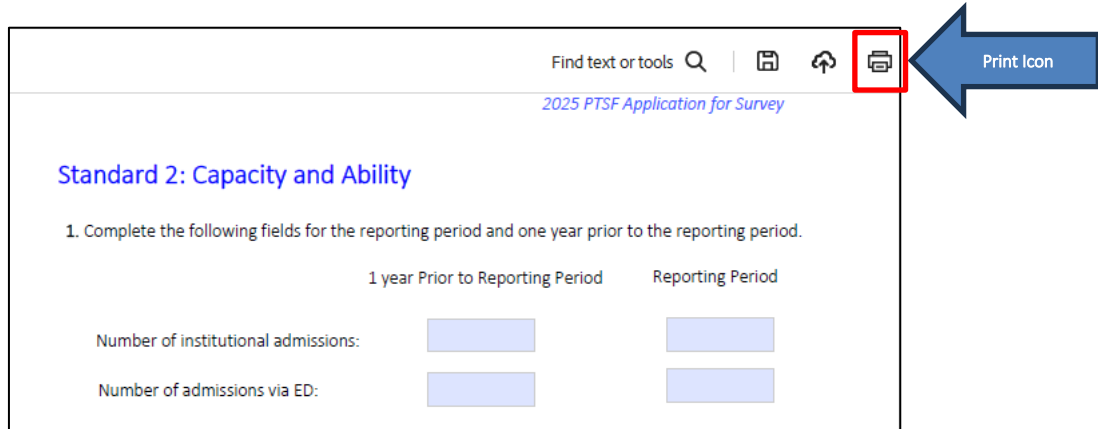
- [Anesthesiologists Template](#)
- [Emergency Medicine Template](#)
- [Injury Prevention Activities Template](#)
- [Significant Issues Template](#)
- [Trauma Program Manager Continuing Education Template](#)
- [Trauma Program Medical Director Continuing Education Template](#)

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 attached 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 towards this icon, with the text "Print Icon" 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 rectangular input box under each column header.

Important: Response fields have been enlarged to improve readability and reduce the likelihood of entered text being hidden when the AFS is printed, however if text exceeds the box size, content would not be visible when printing.

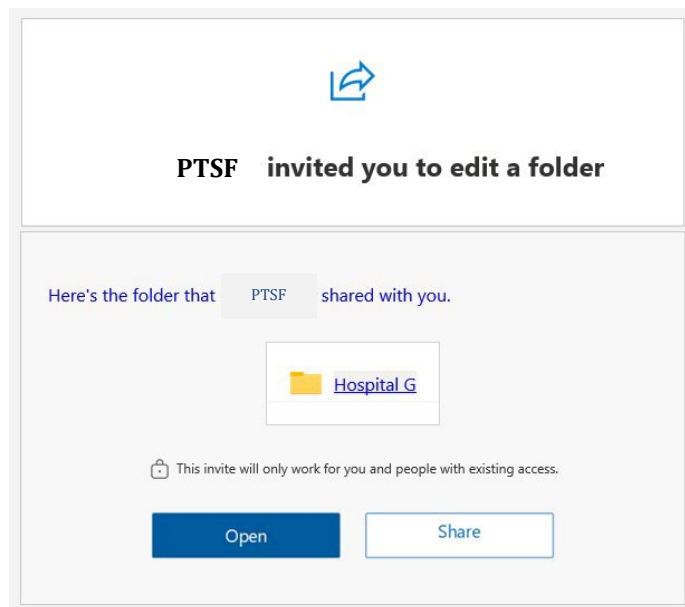
Completion/Submission and Clarifications

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:



Important: Do not continue making edits to the AFS after submitting it to PTSF unless instructed that the clarification period has opened.

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.

The screenshot shows the 'PTSF Application for Survey' form. On the left is the 'Table of Contents: Hyperlinks' with links to various standards. In the center is a table with status dropdowns for each standard. On the right is a 'Form Reset' button and explanatory text about the application.

Standard	Status
Trauma Program Overview	PTSF: Accepted
Standard 1: Commitment	PTSF: Accepted
Standard 2: Capacity and Ability	PTSF: Accepted
Standard 3: Trauma Program Medical Director	PTSF: Update needed
Standard 4: Trauma Program Manager	PTSF: Accepted
Standard 5: Registry	PTSF: Update needed
Standard 6: Performance Improvement (PIPS)	PTSF: Update needed
Standard 7: Continuing Education Program	PTSF: Accepted
Standard 8: Injury Prevention, Public Education & Outreach	PTSF: Accepted
Standard 9: Research (Level I Only – Optional for others)	PTSF: 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. Do not delete the comments left by PTSF staff.

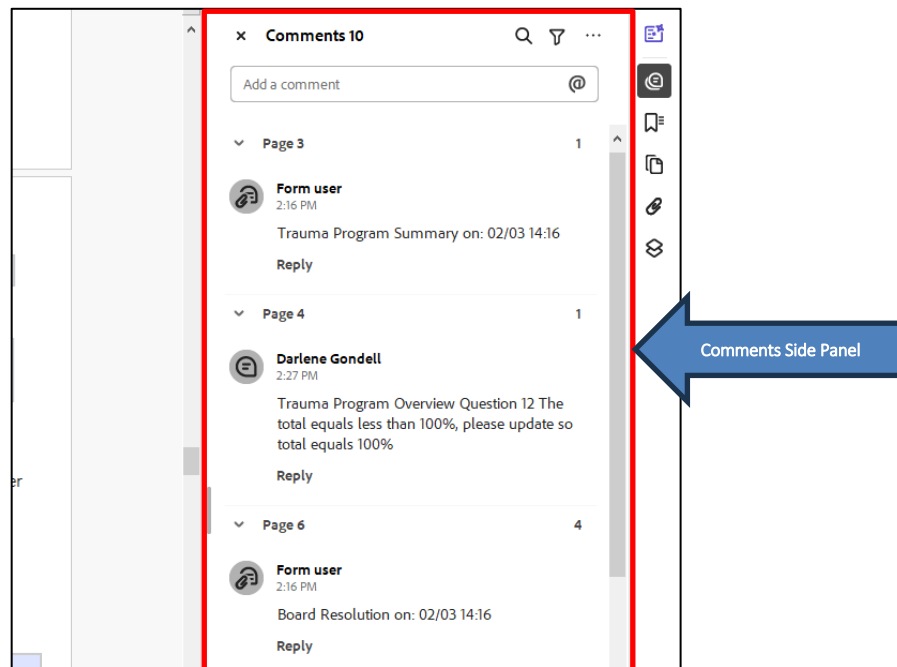
How to view clarification comments via the Comments side panel:

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

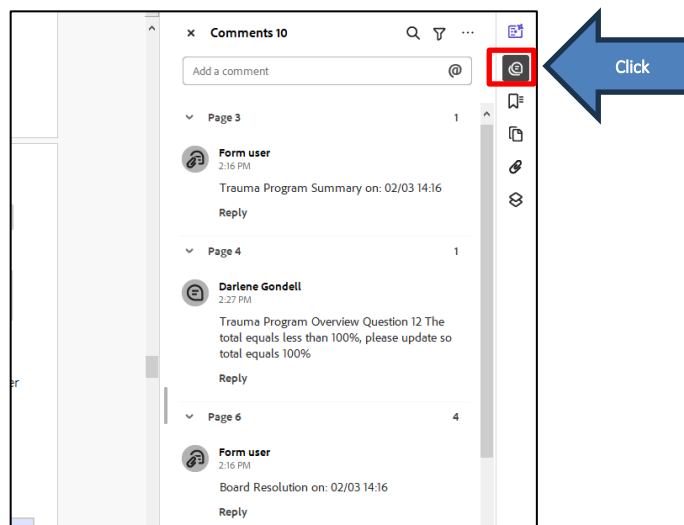
This screenshot shows the same form as above, but with a red box highlighting the comment icon (a speech bubble) in the right vertical toolbar. A blue arrow points to this icon with the label 'Click'.

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

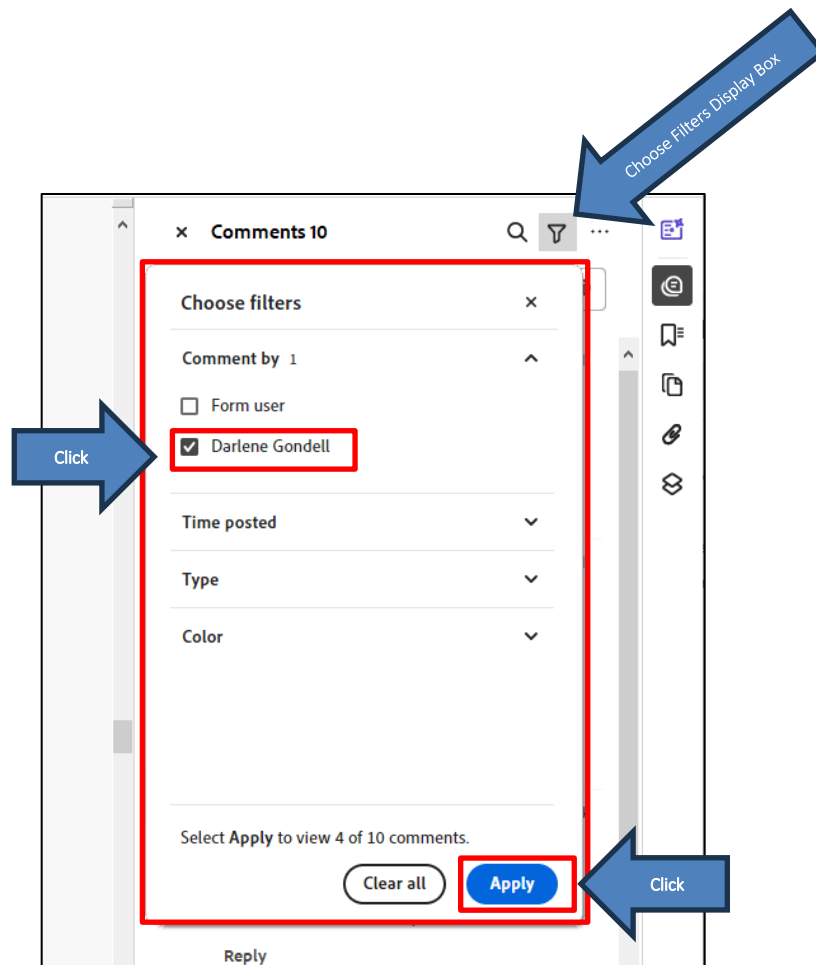


3. The comments in the side panel will include clarifications by PTSF Staff and all attachments, listed as "Form User", as displayed in screenshot above.
4. Filter to only the clarifications by clicking on the filter icon at the top right of the Comments side panel.
 - Note: when the comments are filtered, the paperclips for attachments will not be visible. Once unfiltered, the paperclips will display.



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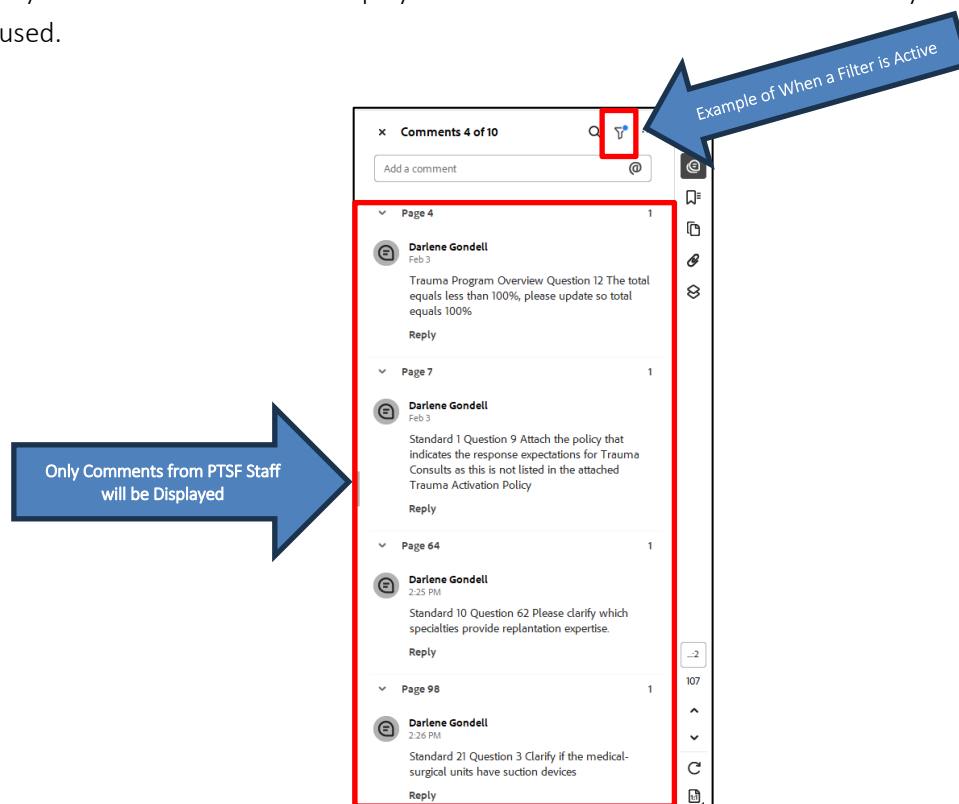
5. In the “Choose Filters” dialog box, check the checkbox next to a PTSF staff name, either Darlene Gondell, Annalisa Negrea, Jen Lau, or Kaitlin Maletsky. Then click the Apply button.



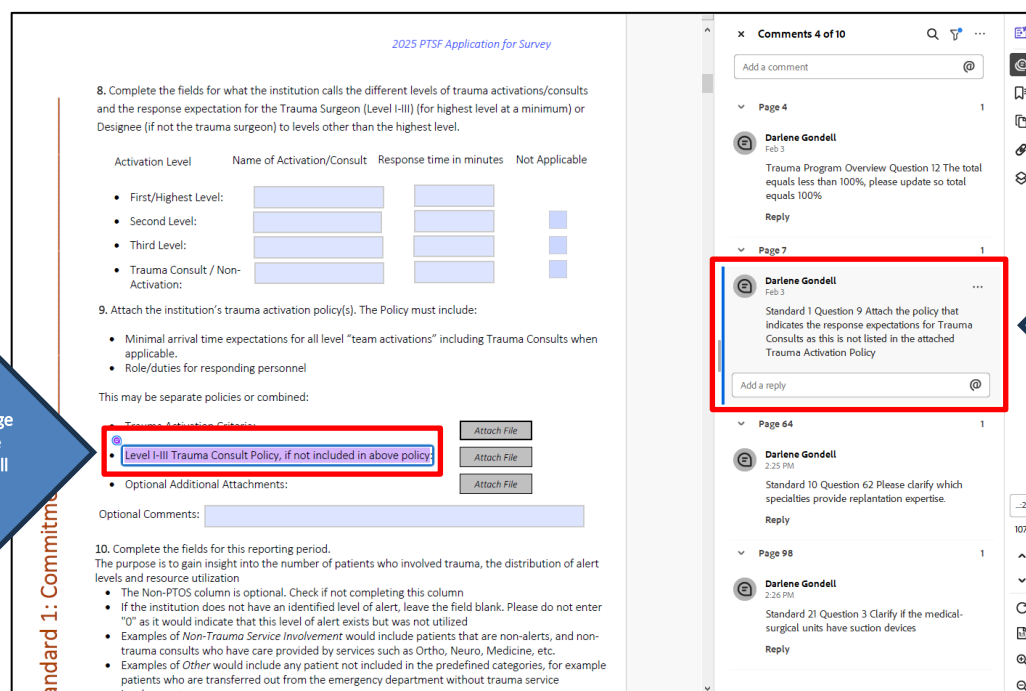
Note: Attachments added via the Attach File button will no longer display the paperclip icon next to the button when Comments are filtered.

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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 Department of Health (PA DOH) for accreditation.

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 form titled "9. Attach the institution's trauma activation policy(s). The Policy must include:" with a bulleted list of requirements. A blue arrow labeled "Question Requiring Clarification" points to the second bullet point, "Level I-III Trauma Consult Policy, if not included in above policy:", which is highlighted with a red box. To the right of the list are three "Attach File" buttons. 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:" bullet point. A blue arrow labeled "PTSF Staff Comment with Details About the Requested Clarification" points to a comment box on the right. The comment box contains the text: "Darlene Gondell Feb 3 ... x 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 box is an "Add a reply" button.

AFS USER'S MANUAL

Clarification Completion/Submission

When you are finished with the AFS clarifications, upload the updated AFS into SharePoint, and 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 to the hospital as read-only.

Important: PTSF acceptance of a preliminary review does not indicate compliance with the Standards of Accreditation, but rather that the information provided was reviewed and ready to go through the remainder of the accreditation process.

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 the respective question 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 Pediatric Centers

Level I and II Pediatric Trauma Programs at combined Adult and Pediatric Trauma Centers should only include pediatric specific data throughout the AFS.

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. AFS completion is 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, for 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.

Appendix A – FREQUENTLY ASKED QUESTIONS (FAQ)

Q: CAN MULTIPLE PEOPLE WORK ON THE AFS AT THE SAME TIME?

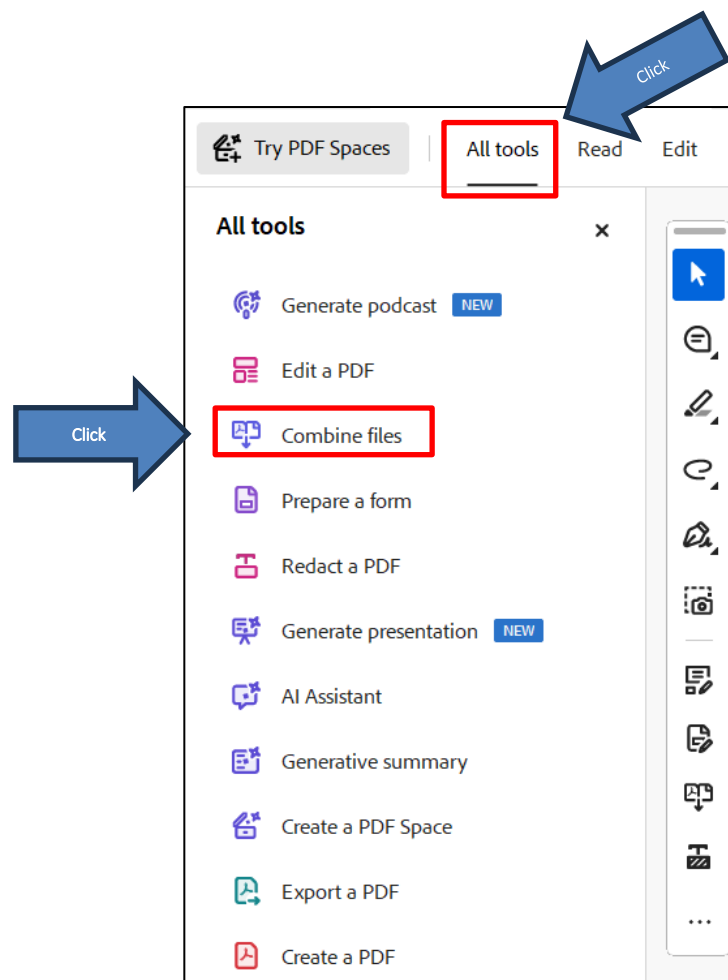
A: No. The AFS is a PDF document and does not support simultaneous editing. Multiple users may open the file at the same time, but changes made by one user will not automatically appear for the other user. The most recently saved version will overwrite previous versions. PTSF recommends maintaining a single master copy and allowing only one person to edit the AFS at a time.

Q: CAN I ATTACH MULTIPLE DOCUMENTS USING ONE ATTACH FILE BUTTON?

A: No. Each Attach File button accepts only one file. If multiple documents are needed, combine them into a single PDF before attaching.

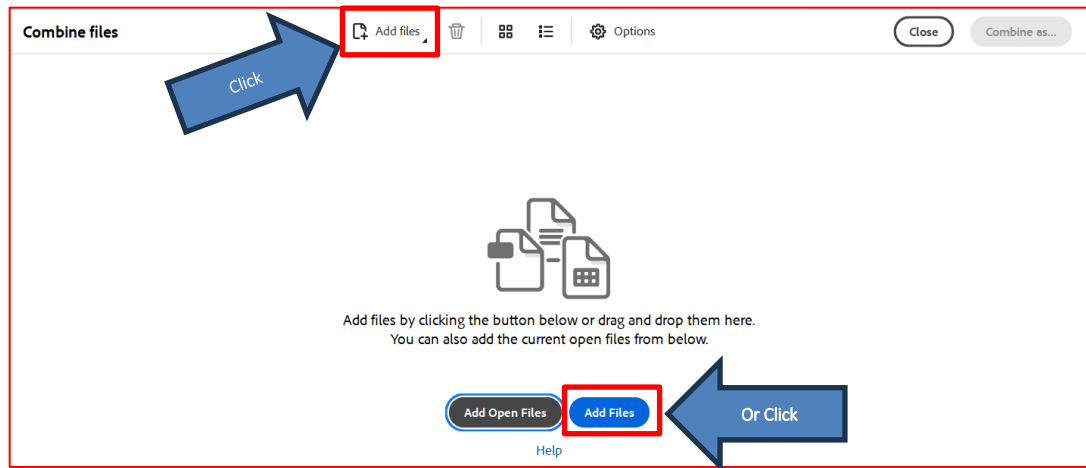
To combine documents in Adobe Acrobat:

1. Click on All Tools to open the All Tools side bar and click Combine Files.

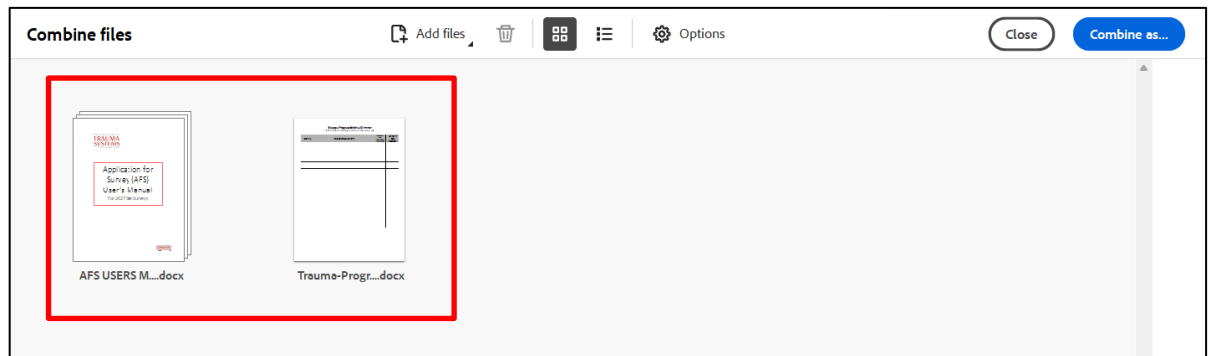


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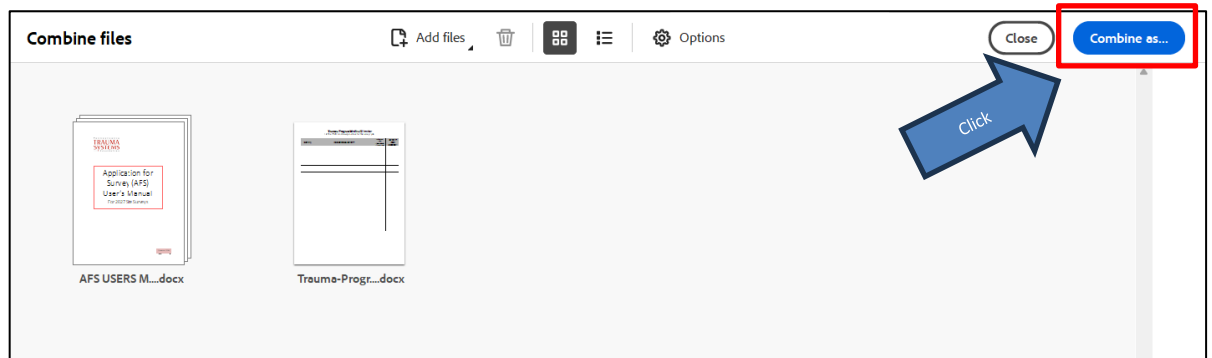
2. Click Add Files and choose the files to combine. There are 2 Add Files options. Clicking on either will allow you to add files to be combined.



3. All documents added will be listed.



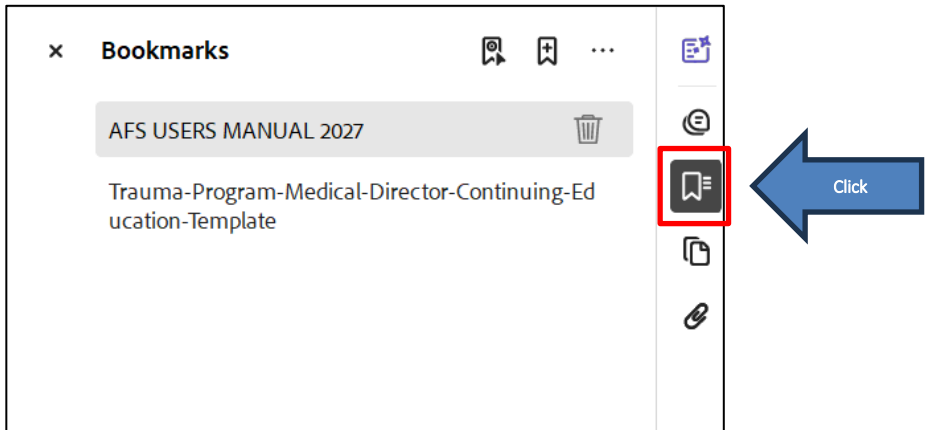
4. Arrange documents in a logical order. To change the order of a document, click and hold then move to the desired location.
5. Click Combine.



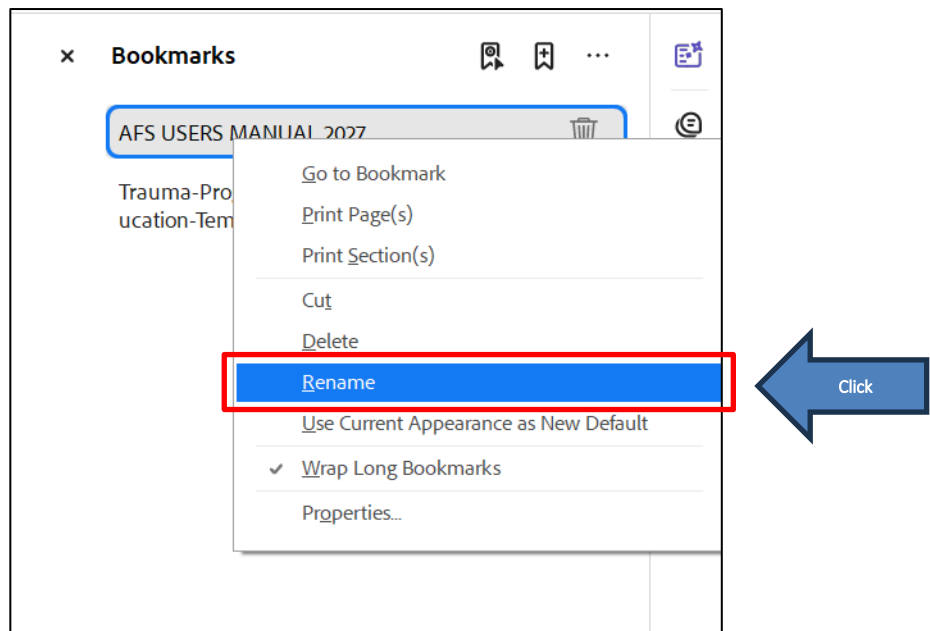
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6. Bookmark each document for ease of identifying each it. Bookmarks may automatically display when documents are combined.

To check bookmarks, open the Bookmarks side panel by clicking on the Bookmark icon.

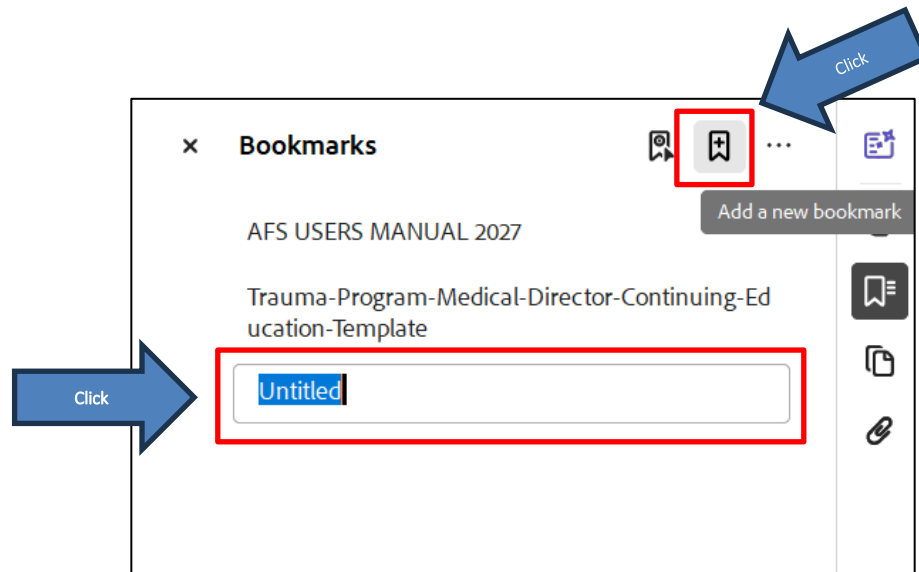


To rename existing bookmarks, right click on the bookmark and select Rename from the drop-down menu.



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To add new bookmarks ensure you are on the first page of the document you want to bookmark and click the Add Bookmark icon. Then name the new bookmark.



Q: HOW DO I KNOW AN ATTACHMENT WAS ADDED SUCCESSFULLY?

A: The Attach File button will turn green and a paperclip icon will appear next to the button.

Q: THE ATTACH FILE BUTTON SAYS I NEED ADOBE ACROBAT PRO. WHAT SHOULD I DO?

A: Files can still be attached using the attachment tools available in the PDF side panel of Adobe Acrobat Reader.

Q: 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.

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.

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

A: No. At Level I-III centers, Trauma Contacts are defined as all patients who meet PTOS inclusion criteria, NTDS inclusion criteria (not already counted in the PTOS inclusion), and those patients who meet inclusion criteria for hospital, local, and regional purposes (i.e., non-PTOS patients). At Level IV centers, Trauma Contacts are defined by the trauma program and must equal PTOS volume at a minimum. Trauma Contacts are utilized to determine the staffing plan (total budgeted FTEs) to the

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Trauma registry and PI Coordinator roles.

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.

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.

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
	Optional: Policy on the frequency of policy, guideline, job description review
	Data: Payer mix data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide) and the hospital's finance department
	Variance Information (if applicable)
	Alternate Pathway Information (if applicable)
	Significant Issue Information (if applicable). May attach the Significant Issue Action Plan Template, or the Significant Issue Template on the TraumaHQ Resources Library and on the PTSF website.
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 (if applicable)
	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
	Data: ED Responses and alert level distribution data are from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	'Site Survey Report - Trauma Alert Upgrades' report for this reporting period to identify upgrades in trauma alerts from TraumaHQ (This standard report is not currently built in TraumaHQ, see TraumaHQ Data Extraction for the AFS Guide on how to obtain this data)
	Optional: Attachment describing who is responsible for airway management during the trauma resuscitation
	Level I-III: Attachment describing the shared roles and responsibilities of the Trauma Surgeon and Emergency Medicine Physicians for trauma resuscitation
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
	Data: Age distribution data is from TraumaHQ (See TraumaHQ Data Extraction for the AFS Guide)
	Data: Transfers in and out data, and reason for transfers out data are from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	'Transfer In/Transfer Out Report' to demonstrate patients transferred into this trauma center from another hospital and then transferred out within 24 hours (aka double transfers) from TraumaHQ (This standard report is not currently built, see TraumaHQ Data Extraction for the AFS Guide)
	The transfer plan and/or agreement for: Burn Patients, Cardiopulmonary Bypass, Hemodialysis Patients, Obstetric/Labor & Delivery Injured, Pediatric Patients, Spinal

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	Cord Injured, and Other Specific Injured Populations, if applicable
	Transfer plan and/or agreement with EMS to facilitate timely transportation for trauma patients requiring transfer out
	Level I-III: 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
	Pediatric Trauma Centers: Affiliation agreement with a pediatric TPMD (if applicable)
	TPMD job description
	Level I-III: TPMD proof of attendance at the trauma related organizational meeting, of which they are a member
	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
	Optional: Attachment describing the Ongoing Professional Practice Evaluation (OPPE) process
Standard 4: Trauma Program Manager	TPM job description
	TPM CV
	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
	Registrar information if more than nine (if applicable)
	Data quality plan
	Data hierarchy
Standard 6: Performance Improvement	CV for current PI Coordinator
	Job description for the PI Coordinator(s)
	PIPS plan
	Optional: Attachment describing how the trauma PIPS process is integrated into the institutional PI/QA process
	Committee Attendance Log Template for the Multidisciplinary Peer Review PI Meeting (The required template is available in the library of TraumaHQ)

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	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
	Level I-III 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)
	Data: Mortality (total deaths; deaths by ISS group; timing of death; mortality age distribution) data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	Data: Mortality Categorization of Deaths data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	Over/Under Triage Report, Overtriage Rate and Undertriage Rate data is obtained from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Data will be entered into one of the PTSF developed templates (Power BI and Excel formats available)
	Optional: Other means of evaluating over/under triage utilized. This can be a tool or report created by the Trauma Program.
	Data: # of severe TBI (GCS less than nine) on admission for the reporting period data from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Option to attach report
	Level I-III: Percentage of severe TBI patients (GCS less than nine) who had ICP monitoring within 48 hours of admission TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Option to attach report
	Data: # of unplanned transfer to a higher level of care. Option to attach report
	Data: PTOS non-surgical service admissions by ISS distribution (This can be a tool, graph or report from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)). Option to attach report
	Data: Top three occurrences based upon #/frequency data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	TQIP Benchmark Report, if applicable
	Trauma Performance Improvement Medical Director / Associate Medical Director CV and job description (if applicable)
Standard 8: Injury Prevention	Job description for the Injury Prevention Coordinator(s)
	Optional: Organizational chart with reporting structure for the Injury Prevention Coordinator
	Data: Top three leading causes of injury in the institution's trauma patient population data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	Optional: Public/community injury prevention activities for the reporting period

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	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)
	Data: # of patients who received a screening per policy and # of patients eligible for screening from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Option to attach report
	Data: # of patients who received an intervention and # of patients who screened positive from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Option to attach report
	Policy for screening patients at high risk for psychological sequelae (e.g. PTSD, depression) with subsequent referral to a mental health provider (if applicable)
Standard 9: Research	Level I: Each research article listed by the Trauma Program will require an attachment of the published article. Can be attached as 1 combined file
Standard 10: Physicians	Anesthesiology Liaison(s) CV (if applicable)
	Optional: Policy/Guideline stating parameters of Anesthesia emergent response for emergencies (outside of the resuscitative phase of care) based on level of acuity
	Data: Anesthesiologists % compliance with emergent response within trauma program's response parameters (This can be obtained from a tracking tool) (if applicable)
	Optional: Names and dates for the anesthesiologists who provide coverage for the trauma call roster during this survey cycle (Template Available)
	Emergency Department Physician Director Job Description
	Emergency Department Physician Director CV
	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 TraumaHQ Data Extraction for the AFS Guide)
	Optional: Process assuring immediate and appropriate care of trauma patients in the emergency department
	Level III & IV Data: # 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: Each Trauma Surgeon's total # of first/highest level trauma activations, and % response time to the first/highest level activation. Required for Levels I-III, as applicable for Level IVs (This can be obtained from a tracking tool or from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide))
	ICU Director/Co-Director CV (if applicable)
	Surgical ICU director/co-director job description (if applicable)
	ICU Intensivist Liaison(s) CV (if applicable)
	Level III & IV Optional: Attachment describing the role of neurosurgery in the care of the trauma patient
	Neurosurgery Liaison(s) CV (if applicable)
	Neurosurgical contingency plan for when neurosurgical capabilities become

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	encumbered or overwhelmed (if applicable)
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for neurosurgical issues (if applicable)

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	Neurosurgeons % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)) (if applicable)
	Orthopedic Surgery Liaison(s) CV (if applicable)
	Level I & II: Orthopedic surgery contingency plan for when neurosurgical capabilities become encumbered or overwhelmed
	Policy/Guideline stating parameters for emergent response (within 30-minutes) for orthopedic issues (if applicable)
	Data: Orthopedic Surgeon % compliance with emergent response within trauma program's response parameters. (This can be obtained from a tracking tool or from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)) (if applicable)
	Radiology Liaison(s) CV
	Pediatric Centers: CV of the physician who leads the hospital's Child Protective Service
	Ophthalmology contingency plan (if applicable)
	Policy regarding podiatry involvement with orthopedic surgery oversight (if applicable)
	Level III & IV: Policy on telemedicine utilization (applicable)
	Level I-III: Geriatric provider liaison CV
	Level IV: Medical Service Liaison(s) CV
Standard 11: Advanced Practitioners	Attach the job description for the General Surgery/Trauma Nurse Practitioner (if applicable)
	Attach the job description for the General Surgery/Trauma Physician Assistant (if applicable)
	Attach the job description for the Neurosurgery Nurse Practitioner (if applicable)
	Attach the job description for the Neurosurgery Physician Assistant (if applicable)
	Attach the job description for the Orthopedic Surgery Nurse Practitioner (if applicable)
	Attach the job description for the Orthopedic Surgery Physician Assistant (if applicable)
	Attach the job description for the Emergency Medicine Nurse Practitioner (if applicable)
	Attach the job description for the Emergency Medicine Physician Assistant (if applicable)
	Attach the job description for the Certified Registered Nurse Anesthetist (if applicable)
Standard 12: Residency	Level I: General surgery residency program approval letter. This must include date of approval, length in years, comments, and contingencies
	Level I: trauma curriculum with specific trauma objectives for junior and senior residents
Standard 13: Nursing	Document demonstrating the institution specific Trauma Nurse Course was reviewed and granted continuing educational credits by a professional nursing organization.
	Optional: Describe how the PA Trauma Nurse Course Curriculum requirements are met at the institution
	Policy that outlines the requirements for ongoing/annual nursing competency
	Policy for RN oversight of care by LPN (if applicable)

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	Optional: Education & Credentialing Site Survey Report
Standard 14: Emergency Medical Services	Optional: Attachment describing an example of an identified trauma-related opportunity for improvement and how the hospital worked with EMS to address it.
Standard 15: Helipad	Helipad license
	Optional: location of the helipad/landing zone and the procedure to have emergency vehicles readily available to provide proper transport (if applicable)
	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
	Data: Helipad arrival data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide). Helipad Departure data (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
	Pediatric Readiness Assessment Gap Report (if applicable)
	Optional: Attachment describing the plan to address the gaps identified through the pediatric readiness assessment (if applicable)
	Policy demonstrating the expectation for nursing documentation of vital signs for trauma patients who are not trauma alerts
Standard 17: Operating Room	Optional: Attachment stating minimal staffing in the operating room to initiate 1 case
	Policy for activating the back-up on-call team (if applicable)
	Level I-III Data: # of times the back-up team was called in, if applicable (This can be obtained from a tracking tool created by the Trauma Program)
	Level III & IV Data: # of times the first OR team was called in, if applicable (This can be obtained from a tracking tool created by the Trauma Program)
	Operating Room booking policy/guideline (if applicable)
	Level I-III 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: # 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) (if applicable)
Standard 19: ICU	Level I-III: policy addressing how the trauma program ensures that trauma patients admitted to the ICU either have a surgical evaluation or have ongoing involvement of surgeons in their care
Standard 20: Step- Down Unit	Optional: Policy stating the admission criteria to the Intermediate Care/Step-Down Unit
	Policy stating the trauma patient receives priority in laboratory test handling

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Standard 22: Laboratory and Blood Bank	Optional: Policy stating how blood is made available to the trauma resuscitation area for the highest level of activations
	Massive Transfusion Protocol
	Data: MTP utilization data is from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	Anticoagulation reversal protocol
	Policy/guideline for the utilization of Prothrombin Complex Concentrate (PCC) in the care of the injured patient
Standard 23: Radiology	Tracking log of dates/time the on-call CT technician was utilized and the response within 30 minutes during the reporting period (if applicable)
	Policy for trauma patient prioritization for radiology studies
	Level I-III: Policy addressing the parameters for emergent/immediate response for conventional radiology, CT and point of care ultrasound
	Policy for expeditious transfer of patients requiring MRI (if applicable)
	Level I-III: Policy depicting which MRI cases are considered emergent/immediate and require MRI to be initiated within two hours (if applicable)
	Emergent MRI tracking log (if applicable)
	Policy(s) depicting which interventional radiologic (IR) cases are considered emergent/immediate and require response from request to arrival within 30 minutes or request to arterial puncture within 60 minutes (if applicable)
	Emergent IR tracking log (if applicable)
	Data: IR % compliance with emergent response within trauma program's response parameters (This can be obtained from a tracking tool or from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)) (if applicable)
	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: Attachment describing the process to ensure a radiologist has access to patient images and is available for imaging interpretation within 30 minutes
	Optional: Attachment describing the process to ensure compliance with the final interpretation of CT scans within 12 hours
	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
	Optional: Policy stating institution's plan/procedure to make the patient's discharge summary available to the primary care physician

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Standard 24: Collaborative Services	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 (if applicable)
	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
	Optional: Policy on the pain management resource as a consultant and availability for trauma patient care
Standard 25: Social Services	Optional: Policy describing how social work is available to injured patients
	Level I-III: Social work liaison Job description
	Level I-III: Social work liaison CV
	Level I-III: Organizational chart depicting social work relationship with the trauma program
Standard 26: Case Management	Level I-III: Case Management job description (if applicable)
	Level I-III: Case Management organizational chart (if applicable)
Standard 27: Geriatrics	Adult trauma centers: Geriatric specific patient care/practice management guidelines
Standard 28: Pediatrics	Data: # of PTOS patients aged 14 or younger entered into the registry. This can be obtained from TraumaHQ (see TraumaHQ Data Extraction for the AFS Guide)
	Data: # of PTOS patients aged 14 or younger admitted to this hospital
	Optional: Pediatric trauma admission policy
	Adult trauma centers: Pediatric specific patient care/practice management guidelines