

#### Purpose:

To describe the process by which Level I, II & III Trauma Centers are eligible for, and may participate in, a one-year accreditation extension.

#### Procedure:

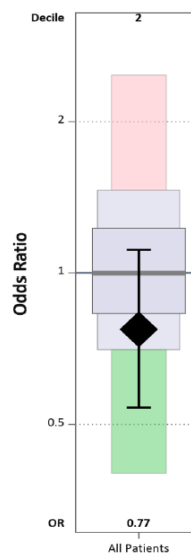
1. Level I, II & III Trauma Centers that receive a three-year accreditation certificate at the current year's deliberation process, may be eligible to apply for a one-year extension. The one-year extension will be awarded to the end of the three-year accreditation certificate if all the following criteria are met during the current deliberation process:
  - A. The immediate prior accreditation certificate must have been for three years.
  - B. The immediate prior accreditation outcome AND the new accreditation outcome must not contain any significant issues in the following categories:
    - i. Clinical Care
    - ii. Performance Improvement & Patient Safety Process
    - iii. Commitment
    - iv. Examples of significant issues that would make a center ineligible include but are not limited to:
      - a. Registry timeliness and accuracy
      - b. PI: lack of issue identification, actions, or event resolution
      - c. Clinical Care in the resuscitative phase: ATLS principles
      - d. Suboptimal Clinical Care
      - e. Physician response to activations/consults
  - C. Current Trauma Quality Improvement Program (TQIP) data must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent hospital specific TQIP Benchmark Report.
    - i. Outcomes must not be negatively statistically significant, noted as a "high outlier", as demonstrated with a red diamond in the TQIP Box Decile Figures. Green and black diamonds are acceptable.
    - ii. The only metrics that will be reviewed are from the Cohort "All Patients" in the following TQIP Box Decile Figures:
      - a. Risk Adjusted Mortality by Cohort
      - b. Risk Adjusted Major Hospital Events by Cohort
  - D. The trauma accreditation applicant must be applying for the same/current level of accreditation. Trauma Centers applying for an elevation in trauma center level of accreditation are not eligible.
2. Eligibility criteria, as noted in number one, will be verified by the Pennsylvania Trauma Systems Foundation (PTSF) after the current accreditation deliberation meeting. Eligibility confirmation, including future submission timelines, will be communicated to the Trauma Center within the current accreditation report cover letter.
3. The submission deadline date for the one-year extension request will be selected by the PTSF and communicated within the accreditation report cover letter. This will occur prior to the first PTSF Board of Directors meeting of the second full year of the accreditation cycle.
  - A. The extension request must include submission of the following:
    - i. Trauma Program Information:
      - a. A current Survey Eligibility Requirements attestation

- b. A Trauma Program Summary– max of 5 pages, PDF, and must include:
      - (1.) An update of any significant changes since the last site survey.
      - (2.) A statement that the Trauma Program Medical Director (TPMD) and/or Trauma Program Manager (TPM) maintained position consistency. Programs in which BOTH the TPMD and TPM vacate their positions between the site survey and the extension request are not eligible for extension consideration.
      - (3) A progress report on current Significant Issue(s), including actions implemented and data demonstrating progress towards resolution. Resolution of significant issues is not necessary at this point; however, progress must be demonstrated.
    - ii. One Performance Improvement Project:
      - a. Describe one PI project that was undertaken during this accreditation cycle. since the last site survey
      - b. Title of the project, Problem identification, Participants involved, Data collection and analysis, Action plan and implementation and Re-evaluation.
    - iii. Trauma Outcome Metrics:
      - a. TQIP data must demonstrate acceptable outcomes as evidenced by specific metrics from the most recent hospital specific TQIP Benchmark Report.
        - (1.) The PTSF Board of Directors may define the eligible TQIP report time frame based on software and reporting needs. For example, Spring or Fall reports in lieu of only Fall reports. PTSF staff will communicate the TQIP report timeframe.
      - b. Outcomes must not be negatively statistically significant, noted as a “high outlier”, as demonstrated with a red diamond in the TQIP Box Decile Figures. Green and black diamonds are acceptable.
      - c. The only metrics that will be reviewed are from the Cohort “All Patients” in the following TQIP Box Decile Figures:
        - (1.) Risk Adjusted Mortality by Cohort
        - (2.) Risk Adjusted Major Hospital Events by Cohort
- 4. The submission will be redacted and presented to the Board for review:
  - A. Board outcomes may include:
    - i. A one-year accreditation extension. A new one-year certificate extension will be provided.
    - ii. Continuation of the current three-year accreditation certificate.
    - iii. De-accreditation.
    - iv. Other actions as determined by the Board.
  - B. Outcomes will be communicated via email within 30 days of deliberations.

### Example of TQIP Benchmark Report Box Deciles Figures:

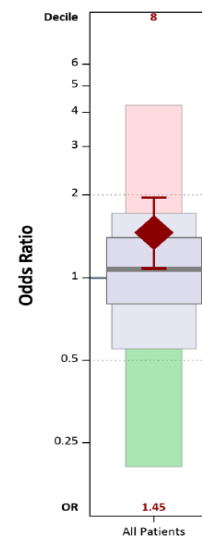
#### Risk-Adjusted Mortality by Cohort - Fall 2022 TQIP Report ID: XXX

Example of metric demonstrating eligibility.



#### Risk-Adjusted Major Hospital Events by Cohort – Fall 2022 TQIP Report ID: XXX

Example of metric eliminating eligibility.



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

Original Date: 07/23/2020

Revise Date: 03/25/2022, 07/24/2025

Review Date: 09/16/2021, 02/13/2023