



RESOURCE GUIDE

Navigating the Account Center

Purpose

The purpose of this guideline is to outline the process for centers participating in one of the ACS Trauma Quality Programs (TQP) to log in to the Account Center and review and update their facility profile.

Process

1. From the Trauma Quality Programs Participant Hub, click “Account Center.” If you are a new user at an existing facility, please contact the Data Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

TQP Participant Hub

Welcome to the ACS Trauma Quality Programs (TQP) Participant Hub!

If your hospital is a new facility, please click on **Join a Program** below.

If you are a current participant in one of our Trauma Quality Programs—the National Trauma Data Bank[®], Trauma Quality Improvement Program; or Verification, Review, and Consultation Program—you may log in by clicking on **Account Center** below.

If you are a new user at an existing facility, please contact the Primary Contact for your facility (most often the Trauma Program Manager) to request that you be added to your facility's contact list.

Join a Program

- Eligibility
- Getting started

Account Center

- Manage site information
- Manage contact information
- Request a site visit
- Access TQIP participant educational materials

Data Center

- Submit data
- Download reports
- Access interactive reports

2. This will bring you to the login screen.

- If you are a current TQIP Participant, please enter the username and password you usually use to access TQIP Educational offerings.
- If you do not participate in TQIP or do not know your username or password, please click on the “Forgot your username or password?” link and follow the instructions in the *Retrieving Your Username and Password Resource Guide*.



Already have an account?

Please enter your username and password below.

Username:

Password:

Remember Me

[Log in to your account](#)

[Forgot your username or password?](#)

Please note, if you are a current or former member of The American College of Surgeons, you already have an account with us. (If you are not a member, but have previously conducted business with the ACS, you also have an account). Please Use the [Forgot your username or password link](#) to recover your credentials. You may also contact us at 800-621-4111 or ms@facs.org to obtain your login credentials. It is critical, if you are a member, to login with your existing account in order to obtain member pricing discounts and to have CME properly credited where applicable.

New user? Create your account here

Create your user account here. We will need your name, address, and e-mail address. You will be able to create your username, password, and security questions.

[Click here if you are a new user](#)

3. Once you have logged in, you will see a collapsed menu of all sections of the Account Center.

Click on each menu item to expand. If this is your first time visiting the Account Center, you will have to review each section and save the data in those tabs, otherwise the system will consider those sections incomplete.

4. Hospital address information should be entered in the "Facility Information" section. The *Federal Employer Identification Number* field asks for your facility's unique 9-digit number assigned by the Internal Revenue Service (IRS) to all businesses operating in the United States. The *Tax ID Number if Outside USA* field should be completed by international facilities only and asks for their facility's national identification number.

Facility Information

- Federal Employer Identification Number*: asks for your facility's unique 9-digit number assigned by the Internal Revenue Service (IRS) to all businesses operating in the United States
- Tax ID Number if Outside USA*: should be completed by international facilities only, and asks for their facility's national identification number

Name: Chicago Bears Hospital

*Address: 633 N Saint Clair St

*Country: United States

*City: Chicago

*State: Illinois

*Zip: 60611

*Telephone: (Country Code/Area Code/Number) 1 _____ Ext: _____

FAX: (Country Code/Area Code/Number) _____

Email: _____

*Web Site: n/a

*Federal Employer Identification Number (FEIN) (Required for US): 123

National Provider Identifier Number (NPI): _____

Tax ID Number if Outside USA: _____

Please enter any other names this facility may be known as by clicking on the "plus" button. Continue to add as necessary

+ Add other name(s) Facility Also Known As

Facility Also Known As - current entries:

Delete Chicago Mares Hospital

Save

5. Information collected in the *Facility Characteristics* section is used in both the NTDB and TQIP Benchmark Reports. This information also allows us to best administer the Trauma Quality Programs (TQP).

Facility Characteristics

*State Adult Trauma Designation

*State Pediatric Trauma Designation

*Number of Hospital Beds:

	Adult	Pediatric	Burn	
Licensed	<input type="text"/>	<input type="text"/>		<input type="text"/>
Staffed	<input type="text"/>	<input type="text"/>	ICU for Trauma	<input type="text"/>
Average Census	<input type="text"/>	<input type="text"/>	ICU for Burn	<input type="text"/>

*Hospital Tax Status:

*Hospital Teaching Status:

*What is the hospital payer mix (use whole numbers, do not include percent sign):

	All Patients(%)	Trauma Patients(%)
Commercial	<input type="text"/>	<input type="text"/>
Medicare	<input type="text"/>	<input type="text"/>
Medicaid	<input type="text"/>	<input type="text"/>
HMO/PPO	<input type="text"/>	<input type="text"/>
Uncompensated/Indigent	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Total (must be 100%)	<input type="text" value="0"/>	<input type="text" value="0"/>

If Other, define Other

In order to submit your facility's information, you must click the "Save" button in each section. The "Submit" button at the bottom of the screen will **only** appear when all required fields are completed and saved.

6. The Contacts tab is where you will find all the users we currently have associated with your facility. Roles in the Account Center may be different than your job title, but they drive the permissions of each user in the system. The table included in this section provides information about the permissions associated with different roles, both on the Account Center and on the Data Center.

If you are a Data Primary Contact at your facility, you will be able to add, edit, and delete users and their roles. Please confirm the list of Current Contacts is correct, and make any additions, edits, or deletions as necessary.

▼ **Contacts**

Please provide contact information for the program participants at your facility. Refer to the table below ("Guide to ACS Trauma Quality Programs Roles") for more information about the permissions assigned to each role.

At least one **Primary Contact** and one **Billing Contact** must be identified at all times. The Primary Contact (usually the same individual who has the Data Primary Contact role) should be in a position to respond to all communications from the ACS. If changing the Primary Contact, uncheck the primary contact box. You must select a new Primary Contact before logging out of the portal.

If a contact is a **Fellow of the American College of Surgeons**, their contact information must be changed via the Fellows membership page or by contacting Member Services at ms@facs.org.

Pending Contacts - Please allow up to 2-3 business days for processing new user requests. Once confirmed, the new user will receive Account Center login information via email.

The ACS is not responsible for unauthorized release or sharing of login information and data by individuals authorized as Program Contacts.

Guide to ACS Trauma Quality Programs Roles							
ACS Trauma Quality Programs Role	Common Job Titles	Account Center Permissions				Data Center Permissions	
		Edit Own Contact Information	Add/Edit/Delete Other Contacts	Assign Roles to Self and Others	Request to Join Another Program or Request an ACS Site Visit	Submit Data	Access Reports
Data Abstractor	Trauma Registrar, PI Coordinator	X				X	X
Data Primary Contact	Trauma Program Manager/Coordinator/Director	X	X	X	X	X	X
Pediatric Data Abstractor	Trauma Registrar, PI Coordinator	X				X	X
Pediatric Data Primary Contact	Pediatric Trauma Program Manager/Coordinator/Director	X	X	X	X	X	X
Pediatric Trauma Medical Director	Pediatric Trauma Medical Director	X					X
Site Visit Primary Contact	Trauma Program Manager/Coordinator/Director	X	X	X	X		
TQIP Program Contact – Other		X				X	X
TQP Billing	Accounts Payable Department	X					
Trauma Medical Director	Trauma Medical Director	X					X
VRC Program Contact - Other		X					
VRC Hospital Administrator	President, VP, CEO, COO, CNO, etc.	X					
Director of Research	Physician lead for research for the trauma program	X					

The “Contacts Pending Review” section shows which contacts are pending approval by ACS Staff. Immediately after a new contact is added, they will appear in this section for review by ACS Trauma Staff. Once a contact is approved, they will receive an email instructing them on how to retrieve their log-in credentials for the Account Center.

Contacts Pending Review			
	Name	Role(s)	Title
Delete	Princess Peach	Data Abstractor	Trauma Registrar
Delete	Yoshi Dinosaur	Data Abstractor	Trauma Registrar

7. Whether you are enrolled in Pediatric TQIP or not, please indicate if your facility provides care to pediatric patients.

▼ Pediatrics

*Are you associated with a pediatric hospital? Yes No

*Do you have a pediatric ward? Yes No

*Do you have a pediatric ICU? Yes No

*Do you transfer the most severely injured children to other specialty centers? Yes No

*How do you provide care to injured children?

*What is the oldest age for pediatric patients in your facility?

8. Please list the number of personnel working at your trauma center for each category.

▼ Personnel

*Number of core trauma surgeons:

*Number of orthopedic surgeons:

*Number of neurosurgeons:

*Number of data abstractors/trauma registrars:

*Number of registrars that are certified:

9. Please provide the registry name and software version number your facility uses.

▼ Registry Information

*Registry Software Type:

If other, define other:

*Registry Software Version Number:

Save

Remember to click “Save” after completing each section.

10. The last several tabs on the portal guide you to various actions, such as viewing program pricing, requesting a site visit or requesting to join another Trauma Quality Program. Additional information, such as viewing your facility’s program enrollment or accessing various resources, is also available.

These sections are not required in order to complete the Facility Profile.

- ▶ Fee Structure
- ▶ Program Enrollment
- ▶ Join Another Trauma Quality Program
- ▶ Requested Site Visit Applications
- ▶ Access the Data Center
- ▶ Resources
- ▶ Help

11. The “Fee Structure” section displays the pricing structure for the Trauma Quality Programs.

Make sure to have a Billing contact identified for your facility, as he or she will receive the invoice. To designate someone as the Billing Contact, go to the ‘Contacts’ section and click on the ‘Change Primary/Billing Contact’ button. A list of facility contacts will appear, and you may choose the appropriate person. Please note there can only be one Billing Contact for each facility.

Current Contacts				
Add New Contact		Change Primary/Billing Contact		
Name	Role(s)	Title	Primary Contact	Billing Contact

12. The “Program Enrollment” section displays the information relevant to your facility’s participation in the Trauma Quality Programs. If your facility participates in a TQIP Collaborative, the name of that TQIP Collaborative will appear here as well.

▼ Program Enrollment

Program Participation: Level III Quality Program

TQP Facility ID: 100010

Adult Verification Level: III Adult Verified From: 4/5/2018 to: 4/4/2021

Pediatric Verification Level: Pediatric Verified From: to:

TQIP Collaborative Participation

Nintendo TQIP Collaborative

If your facility is a member of a TQIP Collaborative, the name(s) of the TQIP Collaborative(s) you participate in will be listed above. For more information about the TQIP Collaborative program, please visit our website .

13. If you wish to join another Trauma Quality Program, users with the roles of Data Primary Contact, Pediatric Data Primary Contact, or Site Visit Primary Contact may indicate which program they would like to join using the “Join Another Trauma Quality Program” section. For example, if a facility is already enrolled in Adult Level I & II TQIP and wishes to become an ACS Verified Trauma Center, they may request to change to the Adult Level I & II Quality Program and initiate the enrollment process by selecting that program in the dropdown.

▼ Join Another Trauma Quality Program

To join another ACS Trauma Quality Program, please select the program you wish to change to from the dropdown below.

ACS Trauma Quality Program staff will be notified of this request and will contact the Data Primary Contact at your facility with next steps regarding your facility's enrollment in a new Trauma Quality Program.

Requesting to Change to:

Select One

Submit

14. If you are a facility who is newly pursuing ACS Verification, or are an ACS Verified center who is due for a Reverification visit, you can now request a site visit through the Account Center. Only those with the role of Data Primary Contact, Pediatric Data Primary Contact, or Site Visit Primary Contact will be able to access the "Request a Site Visit" section. Centers must submit the completed site visit application 13–14 months in advance of their preferred visit timeframe. In some cases, additional information may be needed, which our staff will reach out to you for.

▼ Request a Site Visit

Instructions

The Site visit application must be submitted 13-14 months in advance of the centers preferred site visit date.

An Alternate Pathway review should be requested for surgeons/physicians who trained overseas, and want to participate on the trauma call schedule. Their CV's must be submitted as they will be vetted by a subcommittee for eligibility to go through the Alternate Pathway. For each surgeon, indicate if they are new to Alternate Pathway, or if the surgeon was previously approved by the Alternate Pathway Criteria at the current institution.

In addition to completing the site visit application, all Level I Trauma Centers must also complete the Orthopaedic Trauma Liaison (OTL) form and return it to the VRC office (cotvrc@facs.org) with a copy of the OTL's curriculum vitae.

Please note: We are currently accepting site visit applications to be scheduled starting in February 2019. (We are no longer accepting applications for 2018–January 2019.) For those trauma centers expiring prior to January 2019, exceptions may be made provided that capacity is not overwhelmed.

If you would like to make changes to a previously submitted site visit application, please contact us at cotvrc@facs.org.

This review is at the request of:

Select One

Preferred Dates

ACS site visits are over a 2 day period (with the exception of the half-day focused visit). Please select your preferred visit start date below.

Choice #1:

Dates to avoid:

Comments (to provide additional clarity regarding preferred dates):

Visit Type:

Select One

Visit Level:

Select One

Facility treats what kind of patients?: (Adults >= 15, Children < 15)

Select One

[screenshot continued below]

All trauma centers must use a risk-adjusted benchmarking system to measure performance and outcomes (CD 15-5). Participation in TQIP best meets this requirement. Other risk-adjusted benchmarking programs will be considered. Please indicate below if you plan to participate in risk-adjusted benchmarking program other than TQIP.

Enrolled in Other Risk-Adjusted Benchmarking (RAB) Program: Yes No

If "Yes" please provide program name:

If "Yes" please provide contact information for program:

Additional Reviewers Requested:

- Alternate Pathway
- Trauma Program Manager
- Emergency Physician
- Orthopaedic Surgeon
- Neurosurgeon

Alternate Pathway Review(s) Requested For (see Instructions section)

(+) [Add New Alternate Pathway Review](#)

Name	Specialty	Type
Orthopaedic Trauma Liaison		

Level I Adult/Pediatric Trauma Centers, was the Orthopaedic Trauma Surgery Leader (OTL) previously approved? Yes No

If "Yes" please provide their name:

Level I Adult/Pediatric Trauma Centers, was the OTL requirement previously met with a transfer agreement? Yes No

If you answered 'No' to either question above, please [download](#), complete, and return the OTL form to COTVRC@facs.org

[Save](#)

Once you have submitted a Site Visit Application through the Account Center, all users at your facility will be able to see a history of site visit requests previously submitted this way:

Requested Site Visit Applications		
Date Application Submitted	Visit Type	Visit Level
4/5/2018	Reverification	Level III Adult Trauma Center

15. Once you have completed and reviewed all necessary sections of the Account Center, you will be able to submit the form. By clicking “Submit,” the user authorizes that the facility information provided is accurate.

Remember, the submit button will not appear until all *required fields are complete, and all sections have been saved.

The screenshot shows a form submission interface. At the top, there is a dashed line. Below it are two horizontal bars: the first is labeled "Resources" and the second is labeled "Help". Below these bars is a line of text: "By clicking 'Submit,' I hereby certify that the facility information contained in this profile is accurate. (If you do not see a Submit button it means that you are missing required information.)". Below this text is the label "Last Authorization Date: 6/19/2017". At the bottom center, there is a yellow button labeled "Submit".

16. A user may log back in to update and re-submit their facility information at any time.

