



In pursuit of optimal support for injured persons in Pennsylvania

# Foundation News

## PTSF Achieves Milestone in Level IV Trauma Development

History was written as the PTSF Board of Directors approved Level IV Standards for Trauma Center Accreditation on March 10, 2011.

Approval of Level IV Standards brings PTSF one step closer to realizing its vision of becoming the premier organization for assuring optimal

outcomes for ALL trauma patients. By elevating the level of trauma care in the most remote hospitals of Pennsylvania, these optimized outcomes will be realized.

The approval of these standards was the culmination of a three-year process  
*(Continued on page 7)*

## Trauma Centers Urged to Attend HAP Advocacy Day

The Hospital and Healthsystem Association of Pennsylvania (HAP) needs **YOUR** voice.

HAP will host a "Trauma and Burn Center Advocacy Day" on **May 3, 2011**. This is in addition to the previously scheduled advocacy days: April 5, 2011 and April 27, 2011.

Governor Corbett's proposed budget eliminates Medical Assistance trauma

stabilization supplemental funding. So, this is an opportunity for trauma centers to educate their legislators on the importance of maintaining funding for trauma centers. It is vital that representatives from each trauma center attend to show the impact of what we do and the potential negative consequences related to loss of funding.

*(Continued on page 2)*

## 2010 Self-Pay Query for Legislative Funding Revised

*This article serves to clarify a recent question from a trauma center regarding the change in DPW funding calculations which started in 2010.*

In the spring of 2009, the PTSF received some questions from trauma centers regarding the appropriateness

of including Self Pay as a secondary payer in the query we used to run the numbers for the DPW funding in 2009 and years prior.

At that time, discussions were held with the DPW to determine if indeed it was  
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### 2011 Credentialing Database Upgrade

Stay tuned for information related to the database upgrade; updates and instructions will be sent electronically to Trauma Program Managers. If you have questions, or suggestions for the upgrade, please contact Kevin Burd at [kburd@ptsf.org](mailto:kburd@ptsf.org) or 717-697-5512.

## PTSF Board of Directors Welcomes Newly Appointed Members

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PTSF is proud to announce the following appointments to the Board of Directors for the 2011-2014 terms.

The Honorable Shirley M. Kitchen is the Minority Chairman for the Senate Public Health and Welfare Committee. She was first elected to the Senate of Pennsylvania on November 5, 1996. She was re-elected for a second term in 2000 and for a third in 2004. She is only the second African-American woman to be elected to the state Senate. She serves as Democratic Chair for the Senate Urban Affairs and Housing Committee; is a member of the Agriculture and Rural Affairs Committee, Veterans Affairs

Committee and Emergency Preparedness Committee.

Simon D. Lampard, MD, FACS, is the Medical Director for Trauma and Critical Care Services at Altoona Regional Health System, Altoona, Pa. Dr. Lampard will serve as the board's representative to the Pennsylvania Medical Society.

Representative Vanessa Lowery Brown serves the citizens of the 190<sup>th</sup> Legislative District. She is the Minority Chairman of the PA House Health Committee. She sits on the boards of The Community Council for Mental Health and Mental

Retardation, The East Africa Recourse and Study Center and Philadelphia Weed and Seed. She also continues to serve as a National Speaker for the Center for Community Change, a Judge of Elections, Committeewoman for Philadelphia's 44<sup>th</sup> Ward; and a Block captain.

Kathleen A. Randall, BSN, MSN, is Trauma Program Manager for UPMC-Hamot Shock Trauma at UPMC-Hamot Medical Center, Erie Pa. Ms. Randall will serve as the board's representative to the Pennsylvania State Nurses Association.

## Foundation Staff Update

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Staff members have been participating in global healthcare efforts during the last year.

Susie Werner, Director of Accreditation visited Uganda in August of 2010 to teach a trauma/emergency

course to Ugandan nurses.

Juliet Geiger, Executive Director, attended a medical mission trip to Chantal, Haiti in March sponsored by the Care to Share Program from the Diocese of Palm Beach.

Juliet was joined by Sarah Mattocks, RN from Meadville Medical Center in Meadville, Pa. and Dr. Olpha Athouriste, an emergency medicine resident from St. Luke's Hospital in Bethlehem, Pa.

## Trauma Centers Urged to Attend HAP Advocacy Day

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The focus of this day will be to restore the proposed hospital funding cuts, which total \$333.3 million (state/federal). Trauma center and hospital-based burn centers represent \$25.9 and \$11.3 million in cuts respectively, in combined state and federal funds.

HAP Memos 11-20 and 11-21 summarize the administration's fiscal year 2011-2012 state budget proposal, including the \$333.3 million in combined state and federal payment cuts to hospitals. HAP sent, under separate cover, modeling of these cuts to hospital CEOs, including how trauma and burn funding would be impacted. HAP encourages you to review this modeling and develop discussion points on how these cuts would impact your local trauma and

burn services if the cuts are not restored. It is critical that you share this information with lawmakers and their staff.

HAP will hold a briefing session at Wojdak and Associates, located at 30 North Third Street, Suite 950, Harrisburg, Pa., prior to going to the Capitol for meetings with lawmakers and staff.

The format for the day will be:

9 a.m. ~ Registration  
9:15 a.m. ~ Budget Update  
10:15 a.m. to 2 p.m. ~ Capitol Visits

You are strongly encouraged to arrange meetings with your state House and Senate members prior to the advocacy day. HAP will arrange

meetings with legislative leaders and key staff members to augment your schedule and provide for a broader advocacy push on behalf of the trauma and burn centers.

If you or your staff has questions about the advocacy day, please contact Timothy Ohrum, HAP's director, legislative services, at (412) 480-9761; or Brian Eury, regional director, legislative services, at (215) 510-5135.

HAP will post ongoing information regarding the State's budget at [www.careforpa.org](http://www.careforpa.org), as well as [www.haponline.org](http://www.haponline.org). HAP is also developing a letter template for use when writing legislators. Further information will be sent electronically to all trauma centers.

## Level III Trauma Center Update

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**Level III Pursuit Funding:** In November, 2010, SB 922 was passed to reinstate pursuit funding for hospitals meeting legislative requirements for Level III trauma center accreditation.

PTSF has been assisting the DPW with determining funding eligibility by educating interested hospitals on Level III Standards of Trauma Center Accreditation through webinars and by processing funding applications.

The deadline for submission of those

applications was April 1, 2011. Now, PTSF is in the process of submitting the names of those hospitals meeting the requirements. Any interested hospitals should contact Susie Werner, PTSF Director of Accreditation at swerner@ptsf.org.

**Level III Report to Legislature:** A Level III questionnaire, developed by the PTSF Research Committee, was disseminated to all hospitals that were eligible to pursue Level III trauma center accreditation in 2004 and 2007 to ascertain barriers for either

pursuing or achieving trauma center accreditation.

The results from this study will be used to create a report for the legislature that will describe the impact of Level III trauma center inclusion in Pennsylvania and ongoing barriers related to development.

If you are a member of a hospital that fits this criteria, please contact Kevin Burd (kburd@ptsf.org) to obtain information on completing the survey.

## Update: PTOS Population to Change in 2012

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The last time the PTOS Patient Population changed was in 1998.

This occurred when the criteria that defined the time period for a patient remaining at the trauma center was reduced from 72 hours to 48 hours.

At that time, the change was largely due to the trauma center's improved ability to get patients out of the hospital sooner. This resulted in a greater number of potential PTOS patients not being included in the state database.

Over ten years has passed, and a very similar situation is again occurring.

Substantially injured patients are leaving the hospital sooner and are subsequently not being captured in the state database. To review this situation, a workgroup was comprised of representatives from our trauma centers to determine if and how the population criteria should be changed. This work group met multiple times in 2010.

Utilizing a survey and two requests of data from all PA trauma centers, they determined that adding an additional criterion for inclusion in the PTOS

population was better than trying to replace some criteria. The new additional criterion reads as follows:

*All trauma patients remaining at your facility between 36 and 48 hours, beginning from the time of arrival to the Emergency Department, with an Injury Severity Score (ISS) of nine or greater. Trauma patients are defined as patients remaining at your facility for the treatment or diagnosis of trauma.*

This population change was discussed and approved by the Registry Committee in July 2010, as well as at the Foundation Board of Directors meeting.

Based on the data submitted to the workgroup, as requested from the PA trauma centers, it is estimated this will increase an individual institution's number of PTOS patients by at least 50 to 100 patients per year. We do realize that more patients will need to be reviewed then will actually become PTOS patients.

For those centers that do not capture non-PTOS patients, the exact impact is speculative. This change will impact each institution differently. It will be

important for you to begin the process now of determining how these additional patients will impact your current work process.

Due to the above considerations, the Board of Directors determined that more time was needed for the trauma centers to prepare for this change; therefore this population change will not be implemented until **January 1, 2012**. This will allow the institutions more time to review the impact, assess their process and determine staffing needs without the pressure of additional abstraction.

This information was presented previously in the Spring-Summer edition of this newsletter and at the 2010 fall conference.

# Quarterly *Hot Topic* for Burn Care

Submitted by the Burn Committee of the Pennsylvania Trauma Systems Foundation

## Have you been trained in ABLIS?

While many healthcare providers have received additional training with regard to adult and pediatric advanced life support, not all have received, or are even aware, of the American Burn Association's Advanced Burn Life Support (ABLS) course.

ABLS is an eight-hour educational course that is available to physicians, nurses, nurse practitioners, physician assistants, paramedics and firefighters.

The course provides healthcare personnel with the education needed to care for the burn patient during the first 24 hours post burn injury. Participants are instructed in the initial assessment, management and stabilization of the burn patient through a series of lectures.

Emphasis is also placed on the

appropriate transfer of patients to a specialized burn center. The lectures are followed by a series of case presentations in which various burn scenarios are described and group discussions of interventions are facilitated by an instructor. The student's knowledge is further tested through a written exam along with the opportunity to work with a simulated burn patient.

Upon successful completion of the course, the student receives both continuing education hours and an ABLIS provider certificate which is valid for six years.

Although this does not provide comprehensive burn care education, it does provide students with the information necessary to provide immediate, life-saving interventions for the acutely injured burn patient. (American Burn Association, 2005)

## Upcoming ABLIS courses include:

- May 4, 2011 ~ Area Services, Inc., Shamokin, PA
- May 14, 2011 ~ Southwest Regional Medical Center, Waynesburg, PA
- May 27, 2011 ~ UPMC Mercy, Pittsburgh, PA
- June 4, 2011 ~ Lycoming County Department of Public Safety, Montoursville, PA

For additional listings and information, you can visit the American Burn Association web site at [www.ameriburn.org](http://www.ameriburn.org) and visit the ABLIS course schedule link.

## Technology Update/eAFS Update

Recently the PTSF Board of Directors approved technological enhancements to the PTSF web portal and existing COLLECTOR software.

These enhancements will improve benchmarking, communication and efficiency through the following:

First, a Dashboard Module will be added to the web portal in conjunction with a Report Pickup/Posting Module. This module will allow trauma centers to query and view statewide data in a chart format independently without having to contact the PTSF.

This will enable centers to get the data they need for benchmarking and/or for a meeting or presentation in a timely, efficient manner without having to wait on PTSF staff to run the data for them. Second, the Report Pickup/Posting

Module will enhance our ability to communicate data and reports with the trauma centers. The PTSF will be able to post items to this area of the web portal to be viewed by the centers. The area works in tandem with the Dashboard Module and will be searchable.

Furthermore, PTSF can restrict items so that only certain centers can view certain documents. The Report Pickup/Posting Module will be utilized to post current data reports or papers PTSF has completed, current information and potentially quarterly reports. Both of these enhancements will be added this year.

The third enhancement is related to the COLLECTOR software and may already be in place at some centers. This enhancement is called the

National Trauma Data Set (NTDS) Customization. This project allows for the integration of the National Trauma Data Bank's (NTDB) NTDS data elements into the COLLECTOR screens. This project will place a button on each COLLECTOR screen which will take the registrar to a screen that contains the NTDS elements that are relevant to the PTSF COLLECTOR screen.

Therefore, a registrar will no longer need to enter data in the PTSF COLLECTOR screens and then go click on the NTDB module to complete that abstraction. They will be able to complete the abstraction for both data sets in a more efficient manner. This enhancement will be in the COLLECTOR 2012 update.

# Ad Hoc Outcomes Standardization Committee Update

*Chairman: Matt Mowry, RN, MSN, CEN, Trauma Performance Improvement Coordinator, Allegheny General Hospital*

The Standardization Committee is currently focused on standardizing the Opportunities for Improvement (OFI) list with the User Defined Issues (UDI) list.

The committee will also focus on developing a new POPIMS users manual to better standardize the

input of information into POPIMS during 2011.

It was determined at the Outcomes Committee conference call that the role of the Standardization Committee will expand to include the responsibility of making formal recommendations on POPIMS software changes to the Outcomes

Committee. The committee's next conference call is scheduled on Tuesday, May 10, 2011, at 2 p.m.

If you have any questions regarding this committee, please contact PTSF staff liaison, Nate McWilliams at [nathan@ptsf.org](mailto:nathan@ptsf.org).

# Policy & Procedure Committee Update

*Chairman: William Hoff, MD, FACS, PTSF Board Member—Trauma Program Medical Director, St. Luke's Hospital*

A clear, concise and accurate snapshot of each trauma program will be a major goal for the Policy & Procedure Committee in 2011. This, along with several other goals, was approved as part of the committee's overall Workplan for 2011.

In fact, committee members will team with individuals throughout the state who work in PA trauma programs and also complete site visits outside of PA. This work group will develop/enhance the current queries that are provided to survey team members during their orientation. The traditional audit filters will also be re-engineered to provide an accurate timely picture of a trauma program and its ability to enhance patient care. These enhancements will be approved by the Board of Directors, presented to

all trauma programs and implemented in the 2012 site survey season.

Another goal of this committee will be to revise the current Physician, Nursing and Social Services Education Databases. These databases will be upgraded to reflect the current Standards of Accreditation and will feature input that was received from a Trauma Program Manager survey earlier this year.

Use of these databases is voluntary for all trauma programs. The previous upgrade was in 2006; an educational manual is currently posted on the PTSF website. Trauma Program Managers will be notified of a timeline for upgrade/education in the coming weeks.

Accreditation policies were a focus in 2010. Now, all of the accreditation policies have been reviewed/ revised to include Level IV Standards of Accreditation, as well as current practice. These policies will be posted to the PTSF website in the coming weeks.

If you have any questions regarding this committee, please contact PTSF staff liaison, Kevin Burd at [kburd@ptsf.org](mailto:kburd@ptsf.org)

# Committee to Develop Site Survey Outcome Measurements

*Chairman: Michael Pasquale, MD, FACS, Trauma Program Medical Director, Lehigh Valley Health Network Cedar Crest*

Recently, the Committee discussed the American College of Surgeons (ACS) change in preventability nomenclature.

The ACS has adopted the opportunities for improvement (OFI) nomenclature. Therefore, the committee agreed to accept the ACS

nomenclature change for preventability to the opportunities for improvement language. The new ACS nomenclature can be reviewed at <http://www.facs.org/trauma/vcnews.html>. The committee continues its work on finalizing the OFI list.

The next meeting/conference call is scheduled on Tuesday, May 24, 2011, at 2 p.m.

If you have any questions regarding this committee, please contact PTSF staff liaison, Nate McWilliams at [nathan@ptsf.org](mailto:nathan@ptsf.org).

## Pediatric Trauma Committee Update

*Chairman: Barbara Gaines, MD, FACS, Trauma Program Medical Director, The Children's Hospital of Pittsburgh of UPMC*

The "Pediatric Imaging Statement" is now posted to the PTSF website.

This statement reflects the opinion of the Pediatric Trauma Committee and is a milestone for this committee that was formally recognized by the PTSF Boards of Directors in 2009. The imaging statement outlines the efforts of the committee as a whole. These findings were presented to the all PA trauma programs during the annual PTSF/PaCOT conference in October, 2010.

This is not the only achievement for the committee in 2010. The committee also continues its efforts through the Pediatric Registry Sub-Committee, through the review/revision of the Standards of Accreditation—to include input with the Level IV Standards of Trauma Center Accreditation and through ongoing pediatric education for the Commonwealth.

For 2011, the committee is working to develop a "Pediatric Standard" for

adult trauma centers, to revise pediatric-specific audit filters and to present a panel discussion that touches all phases of pediatric trauma care from the field to the trauma bay for a head-injured child.

If you have any questions regarding this committee, please contact PTSF staff liaison, Kevin Burd at [kburd@ptsf.org](mailto:kburd@ptsf.org)

## Geriatric Trauma Committee Update

*Chairman: Robert Barraco, MD, FACS, Chief—Sections of Geriatric Trauma & Trauma Outreach, Lehigh Valley Health Network*

It's official! The Geriatric Trauma Committee was approved as a standing PTSF committee in December 2010.

The Board of Directors approved the committee as a result of their demonstrated efforts since 2009. Various goals/initiatives were outlined in their Workplan including: the revision of the geriatric standard, the revised geriatric age criteria, representation at the annual conference and their ongoing efforts in the Level IV trauma development process.

Committee members also engage in

ongoing research/evaluation such as:

- *Coumadin & mechanical heart valves: parameters of correction*
- *Stopping Coumadin after injury/falls: who should stop altogether, how long to stop if going to resume*
- *Standardized spine workgroup in the elderly: Cervical, thoracic, lumbar. Who, how and when to study; effect of dementia*
- *Coumadin and negative head CT: who to re-image and when*
- *Examining the survivors or unexpected survivors for the age*

*range to see if there are any commonalities*

The committee continues to evaluate statewide data in order to develop a geriatric trauma triage initiative in collaboration with the Pennsylvania Emergency Health Services Council (PEHSC) and the EMS Bureau of the Pennsylvania Department of Health.

If you have any questions regarding this committee, please contact PTSF staff liaison, Kevin Burd at [kburd@ptsf.org](mailto:kburd@ptsf.org)

## Rural Trauma Committee Update

*Chairman: Simon Lampard, MD, FACS, PTSF Board Member—Trauma Program Medical Director, Altoona Regional Health Sys.*

The Rural Trauma committee achieved a milestone by finalizing Level IV Standards for Trauma Center Accreditation, but the committee's effort won't stop there. Goals for the coming year include:

1. Initiating reexamination of the Level III Standards of Accreditation in collaboration with our Level III trauma centers.
2. Promoting the Rural Trauma

Team Development Course. The Pa. Office of Rural Health is willing to support trauma centers doing two courses for critical access hospitals up until June 30, 2011. \$3000 will be given for each course. Please contact Larry Baronner at the Office of Rural Health to learn more at [ldb10@psu.edu](mailto:ldb10@psu.edu). Funding would be given to the hospitals to pay the trauma center for doing the

course.

3. Participating in revision of Acute Care Facility licensure regulations that elevate care of injured patients in all ED's throughout PA.
4. Submitting a rural topic for presentation at PTSF Fall Conference including one rural trauma case presentation.

## PTSF Achieves Milestone in Level IV Trauma Development

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under the leadership of Simon Lampard, MD, FACS, Rural Trauma Committee Chair, PTSF Board Member.

The Rural Trauma Committee would like to thank all committee members and the many organizations that submitted input into the development of these standards including the Office of Rural Health, PaDOH, PEHSC, PaACEP, HAP, Critical Access Hospitals, Trauma Centers,

the American College of Surgeons Committee on Trauma, and members of the trauma system manager group from the National Association of EMS State Officials.

To help in this effort the Pennsylvania Office of Rural Health has been funneling Federal Rural Flex grant money to PTSF and its critical access hospitals to take part in trauma education either geared toward achieving Level IV accreditation and/or participating in

PTSF educational endeavors.

The Rural Trauma Team Development course is one of these efforts and money is being given to two critical access hospitals this year to receive the course from a Level I or II trauma center. Additionally, the PTSF Board of Directors approved waiving PTSF fees during the next three years to critical access hospitals 45 minutes or more from a trauma center to support them in getting started.

## 2010 Self-Pay Query for Legislative Finding Revised

*(Continued from page 1)*

appropriate to include individuals with Self Pay as secondary payer in the numbers. The DPW reviewed Act 15 of 2004 (The Trauma Stabilization Act) and consulted with PHC4.

Consultation with PHC4 was necessary because PHC4 data is used when a trauma center does not have a full year of data available from the PTSF. Therefore, to maintain consistency, PHC4's guidelines are used regarding payers.

Based on review of the legislation and discussions with PHC4, the DPW

determined that the language in the legislation specifically states "uninsured" and not underinsured and based on PHC4s criteria that would be applied, a patient is considered uninsured when the primary pay field equals Self Pay.

PHC4 does not attribute uninsured status if the secondary pay field equals Self Pay. At that time it was determined that the PTSF query should be changed to more appropriately capture the Self Pay uninsured individual by definition.

Data was reviewed to determine the impact of changing the query and to

determine if the 2007 data run for fiscal year 2009 should be rerun.

Because the impact was negligible for the vast majority of trauma centers, the data had already been submitted to the DPW and the funding calculated, data was not rerun for fiscal year 2009. It was decided that the query would be changed starting with fiscal year 2010. The legislative funding memo and the instructions for running the required queries were modified to reflect the change and disseminated in 2010.

## POPIMS Webinars Confirmed

The following 2-hour webinar sessions will be offered for POPIMS education by Digital Innovation, Inc. There is no charge for accredited trauma centers; further information can be found on the PTSF website.

### April 29, 2011

9:30 a.m. ~ Using the Narrative Generator Feature for Meeting Discussion Development

2:00 p.m. ~ Query Vocabulary Development, Gather, and POPIMS Reports

### May 6, 2011

9:30 a.m. ~ Query Vocabulary Development, Gather, and POPIMS Reports

2:00 p.m. ~ Template Letter Customization

### May 13, 2011

9:30 a.m. ~ Template Letter Customization

2:00 p.m. ~ Using the Narrative Generator Feature for Meeting Discussion Development

## We want YOU!

Do you represent a hospital that was eligible for Level III Trauma Pursuit Funding in 2004 or 2007?

If so, please contact the Foundation office to complete our Zoomerang survey.

If you have already completed the survey, we value your input!



***Congratulations!*** to the following **PENNSYLVANIA** Trauma Program Staff members who were chosen to present their research/abstract posters at the recent Society of Trauma Nurses (STN) Conference in San Antonio, Texas:

**“Development of a System for Managing Imaging Studies Performed at Outside Hospitals”**

Chris McKenna, MSN, CRNP; Barbara Gaines, MD; Kathleen Kapsin (RT)R, (M) MS and Tom Sutcavage, RT, BA  
The Children’s Hospital of Pittsburgh of UPMC  
Pittsburgh, Pennsylvania

**“Hemostatic Resuscitation in a Revised Massive Transfusion Protocol (MTP) Leads to Improved Utilization and Outcome”**

Theresa Snavelly, RN, BSN; Patricia Palubinsky, RN, BSN; Amy Morgan, RN, BSN; Pamela Nichols, RN, BSN and Kazuhide Matsushima, MD  
The Penn State Milton S. Hershey Medical Center  
Hershey, Pennsylvania

**“One Institution’s Research Protocol Implementation Experience: Evaluating Utilization of a Pediatric Traumatic Stress Assessment Tool by Nursing Staff”**

Marie Campbell, RN, MEd, MS, CPC, CPHQ; Mary Jo Pedicino, RN, MSN; Kelly Eckrich, RN, BSN; Sue Rzucidlo, RN, MSN and Grace Good, RN, BSN, MA  
The Children’s Hospital of Philadelphia  
Philadelphia, Pennsylvania  
The Penn State Milton S. Hershey Medical Center  
Hershey, Pennsylvania

**“Timely Use of Proning Bed to Treat ARDS in Intensive Care Units”**

***\*\*Received award for Best Overall Abstract\*\****

Michael Lloyd, MS, RN; Ercele Reyes, MSN; Celso-Ramon Garcia, MSN and Kelly Whartnaby, RN  
Temple University Hospital  
Philadelphia, Pennsylvania

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