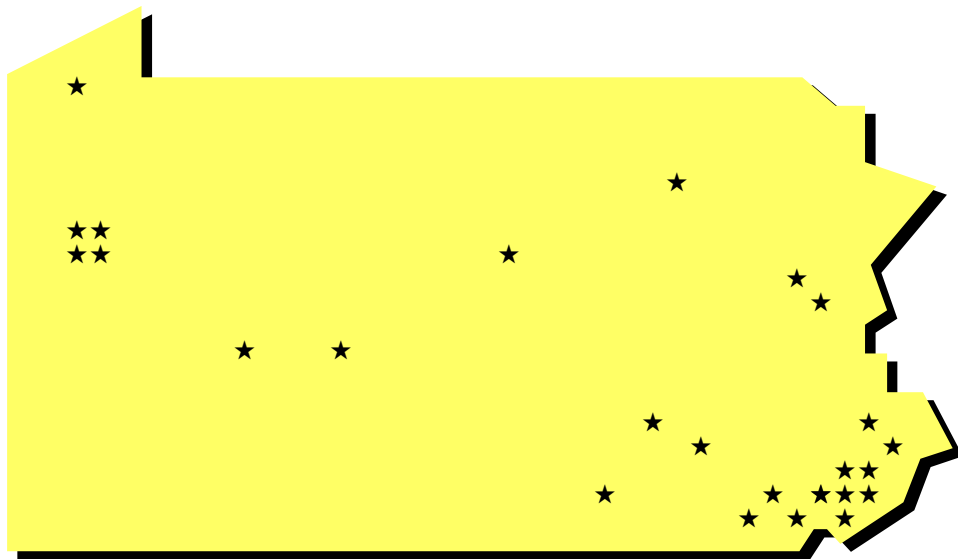


**PENNSYLVANIA TRAUMA  
SYSTEMS FOUNDATION  
ANNUAL REPORT  
2005**



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## A Message from the Chairman of the Board and Executive Director

This annual report for 2005 highlights the activities of the Pennsylvania Trauma Systems Foundation as it celebrates its 20<sup>th</sup> Anniversary of existence in advancing the care of injured patients in Pennsylvania. Twenty years ago the Foundation was developed by a group of committed organizations and incorporated into the EMS Act to assure the highest level of trauma care possible. This care involves a comprehensive network of services starting with emergency care at the time of the injury to the commitment of a hospital in providing 24 hour availability of clinical experts and resources to make the difference in saving lives. As the accrediting body for trauma centers in this state PTSF has the task of assuring the public that a trauma center meets the rigorous criteria necessary to care for the most severely injured patients.

In 2005 we continued to evolve in examining ways to focus on patient outcomes and standardize care delivery and performance review in all our trauma centers. This was accomplished through the hard work of our twelve committees led by a member of the Board of Directors in collaboration with a Foundation staff member. Their work is highlighted in this report and is indicative of the high level of commitment of its members who shared countless hours in examining the challenges of caring for trauma patients in a difficult healthcare environment.

One of these committees, the Ad Hoc Committee for Site Survey Outcome Measurements, finalized the creation of a central Performance Improvement data base housed at the Foundation office. Six trauma centers started submitting mortality data in an effort to standardize review of mortality cases and create a consistent approach to analysis and benchmarking between trauma centers.

New in 2005 as well were intensive efforts to educate hospitals pursuing Level III trauma center accreditation on how to change their processes of care to meet trauma center standards. These hospitals will be undergoing the site survey for the first time in 2006 and 2007. For those who meet the standards, certificates of accreditation for Level III's will be issued November 1, 2006.

Our Pennsylvania Statewide Trauma Registry exceeded 400,000 patients in its database. This repository ranks among the largest in the country and provides a means for evaluating care delivery for accreditation and in helping trauma centers perform research activities among its 10 Level I facilities.

The PTSF Board of Directors finalized a strategic plan focused on accreditation, funding, education, research, and trauma system development.

The Foundation staff greeted a new member to its ranks, Paige Jordan from West Virginia who relocated his family to share his expertise in trauma designation particularly with rural trauma center development.

New members were welcomed to our Board of Directors. Mary Mannix, CEO of Robert Packer Hospital, and Kevin Mosser, CEO of Gettysburg Hospital, were nominated by their sponsoring organization the Hospital and Healthsystem Association of Pennsylvania. Both board members will be valuable in offering insights into the challenges of rural trauma care.

Last but not least, the Foundation and its trauma centers gratefully acknowledge the Pennsylvania legislature in funding our accredited trauma centers and those pursuing Level III accreditation. Through the passage of The Trauma Stabilization Act in 2004 twenty-seven million dollars was disseminated for the third year in a row among 26 trauma centers and hospitals pursuing Level III trauma center accreditation. Furthermore a legislative grant was earmarked for PTSF from the Pennsylvania legislature for Level III trauma center development. These grants in addition to federal money given to PTSF to support mass casualty preparedness have been much appreciated as we seek to support care of the injured in our state.

On behalf of the Board of Directors and PTSF staff, thank you for your support of the trauma center accreditation process. We are fortunate in Pennsylvania to have a mature system which receives national recognition regarding our accreditation process and research efforts which are directed toward reducing death and disability from injury.

Sincerely,

Andrew Peitzman, Chairman  
2005 PTSF Board of Directors

Juliet Geiger RN, MSN  
Executive Director

## **Mission**

In pursuit of optimal support for injured persons in Pennsylvania, the Pennsylvania Trauma Systems Foundation exists to establish accreditation standards while promoting the advancement of trauma services.

The Pennsylvania Trauma Systems Foundation is committed to the reduction of death and disability caused by trauma and the provision of expeditious, quality health care that is evidence based.

## **Background**

The Pennsylvania Trauma Systems Foundation was created by the combined efforts of the Pennsylvania Medical Society and The Hospital and Healthsystem Association of Pennsylvania along with the Pennsylvania Nurse's Association, the Pennsylvania Emergency Health Services Council, and the Pennsylvania Department of Health.

The Commonwealth of Pennsylvania first recognized the Foundation in December 1984 when Governor Thornburg signed Act 209 into law. Act 209 expired in June 1985. A comprehensive Emergency Medical Services Act (Act 45) was signed into law in July 1985, which again recognized the Pennsylvania Trauma Systems Foundation and established its mandate.

## **Purpose**

The purpose of the Foundation is to develop a private voluntary trauma center accreditation program to:

- Develop standards for the operation of trauma centers in Pennsylvania, adopting at a minimum the current guidelines for trauma centers as defined by the American College of Surgeons.
- Evaluate any Pennsylvania hospital, which makes application to the Foundation to determine if the applicant hospital meets the Standards for Trauma Center Accreditation.
- Conduct site survey visits by site survey teams composed of independent, qualified persons selected by the Foundation to determine if applicant hospitals meet the Standards for Trauma Center Accreditation.
- Issue certificates of accreditation to those hospitals, which meet the Standards for Trauma Center Accreditation.
- Establish an appeals mechanism to reconsider accreditation decisions.
- Conduct programs of education and research.
- Develop a statewide trauma registry - known as the Pennsylvania Trauma Outcome Study (PTOS).

## **Structure**

A 19-member board of directors governs the activities of the Foundation. This board is comprised of professionals with experience and expertise in the trauma and health care industry. The Foundation strives to ensure equal geographic representation among board members. Board membership includes:

- five members representing statewide physician organizations including:
  - Pennsylvania Medical Society
  - Pennsylvania Neurologic Society
  - Pennsylvania Orthopedic Society
  - Pennsylvania Osteopathic Medical Association
- five members representing the Hospital and Healthsystem Association of Pennsylvania
- two members representing the Pennsylvania State Nurse's Association
- two members representing statewide emergency services organizations including:
  - Pennsylvania Emergency Health Services Council
  - Pennsylvania Chapter, American College of Emergency Physicians
- Chairman and Minority Chairman of both the Senate and House Health and Welfare Committees, or their committee member designees
- Secretary of the Department of Health or designee

## **Committees**

There are several standing committees within the organized structure of the Foundation. These committees serve a variety of functions ranging from revising and implementing the Standards for Trauma Center Accreditation and the accreditation process to researching and analyzing PTOS data. The Pennsylvania Trauma Systems Foundation relies on the expertise of both its Board members and committee representatives to assure policies and procedures are in place to assure optimal trauma care delivery throughout the state. Committees comprised solely of Board members include:

- Bylaws Committee
- Conflict of Interest Committee
- Executive Committee
- Finance Committee
- Nominating Committee
- Policy and Procedure Committee

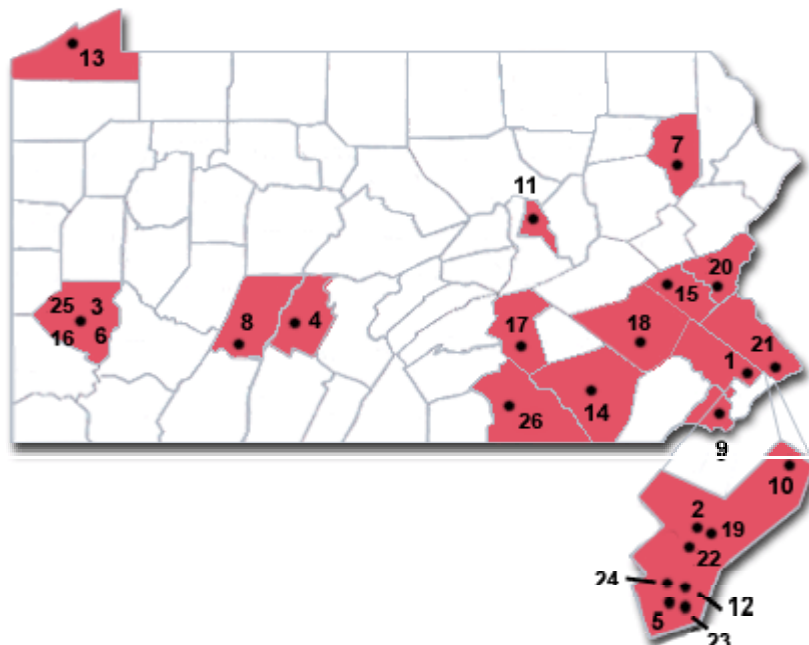
Other committees have a board member as their chairperson and involve trauma center and nontrauma center representatives. These committees include:

- Research Committee
- Standards Committee
  - Pediatric Standards Committee
- Trauma Registry Committee
- Committee to Develop Site Survey Outcome Measurements

Several Ad Hoc Subcommittees have also formed including:

- Ad Hoc Committee to Review Burns

**ACCREDITED PA TRAUMA HOSPITALS**  
October 1, 2005 through September 30, 2006



1. [Abington Memorial Hospital](#)
2. [Albert Einstein Medical Center](#)
3. [Allegheny General Hospital](#)
4. [Altoona Hospital](#)
5. [The Children's Hospital of Philadelphia](#)
6. [The Children's Hospital of Pittsburgh](#)
7. [Community Medical Center](#)
8. [Conemaugh Memorial Medical Center](#)
9. [Crozer-Chester Medical Center](#)
10. [Frankford Hospital-Torresdale Campus](#)
11. [Geisinger Medical Center](#)
12. [Hahnemann University Hospital](#)
13. [Hamot Medical Center](#)
14. [Lancaster General Hospital](#)
15. [Lehigh Valley Hospital](#)
16. [The Mercy Hospital of Pittsburgh](#)
17. [Penn State Milton S. Hershey Medical Center](#)
18. [The Reading Hospital and Medical Center](#)
19. [St. Christopher's Hospital for Children](#)
20. [St. Luke's Hospital](#)
21. [St. Mary Medical Center](#)
22. [Temple University Hospital](#)
23. [Thomas Jefferson University Hospital](#)
24. [University of Pennsylvania Health System, University of Pennsylvania Medical Center](#)
25. [University of Pittsburgh Medical Center](#)
26. [York Hospital](#)

Total Number: **26 hospitals**

## Pennsylvania Trauma Outcome Study

### INCLUSION CRITERIA

The Pennsylvania Trauma Outcome Study is the Pennsylvania Trauma Systems Foundation statewide trauma registry whereby all accredited trauma centers submit data on each of the “PTOS Qualifying” trauma patients cared for in their institution. Only patients with the following criteria are submitted:

ALL patients admitted for treatment of a diagnosis of trauma (ICD-9-CM injury codes 800-995) and who meet any of the following criteria:

- All Intensive Care Unit (ICU) admissions (2:1 ratio)
- All step-down unit admissions (4:1 ratio)
- All Dead on Arrivals (DOA), pronounced dead after arrival
- All Trauma Deaths
- All trauma admissions over 48 hours, beginning from the time of arrival to the Emergency Department.
- All **admitted** transfers In
- All transfers out to an accredited trauma center or burn center
- Cases meeting **any** of the above criteria but have no documented injuries
  - Burn cases which meet one of the above criteria plus one of the following:
    - burned area 2<sup>o</sup> and 3<sup>o</sup> (age <10 or >50): 10%
    - burned area 2<sup>o</sup> and 3<sup>o</sup> (age >10 or <50): 20%
    - burned area 3<sup>o</sup> : >5% at any age
    - chemical burn
    - electrical injury
    - burn of face, hands, feet or perineum
    - airway or inhalation injury
    - burn accompanied by:
      - significant associated injury or pre-existing disease
      - suspected child abuse

OPTIONAL Elective admissions (patients not admitted through the Emergency Department not transferred from another facility) with an injury date > 72 hours prior to admission and an Injury Severity Score  $\geq$  13 may be submitted to PTOS. Elective admissions with injury > 72 hours prior to admission and ISS < 13 need not be submitted.

### STATISTICAL HIGHLIGHTS

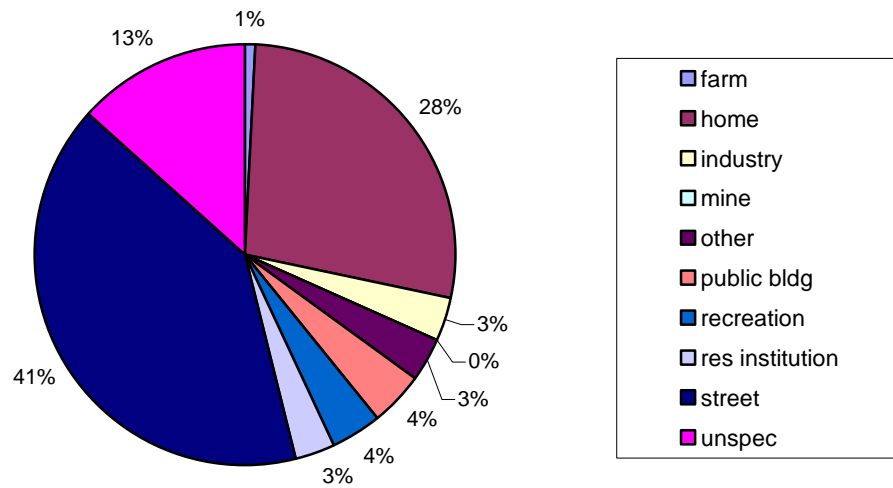
- There were **26,394** trauma patients submitted to the PTOS trauma registry with an ED admission date of calendar year 2005.
- The sum total of all trauma patients submitted to the PTOS database as of December 31, 2005 is **393,972**.
- Fifty-eight requests for research data were provided using data provided by the Pennsylvania Trauma Outcome Study database. Five reported articles were published or presented as abstracts using PTOS data.

## Pennsylvania Trauma Outcome Study Highlights

### Place of Injury

The most common place of injury continues to be streets due to motor vehicle crashes comprising the highest mechanism of injury. Injuries in the home consistently remain in the 25-30% range. The “unspecified” category means there was no information available regarding where the patient was injured.

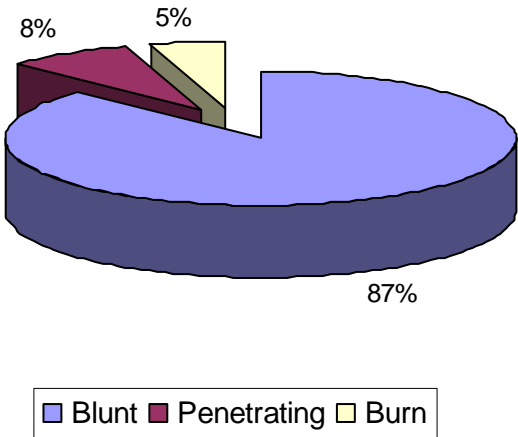
### 2005 PTOS Patients - Place of Injury



**Type of Injury**

The vast majority of injuries are caused by motor vehicle crashes and falls which generally result in blunt injuries.

**2005 PTOS Patients - Type of Injury**

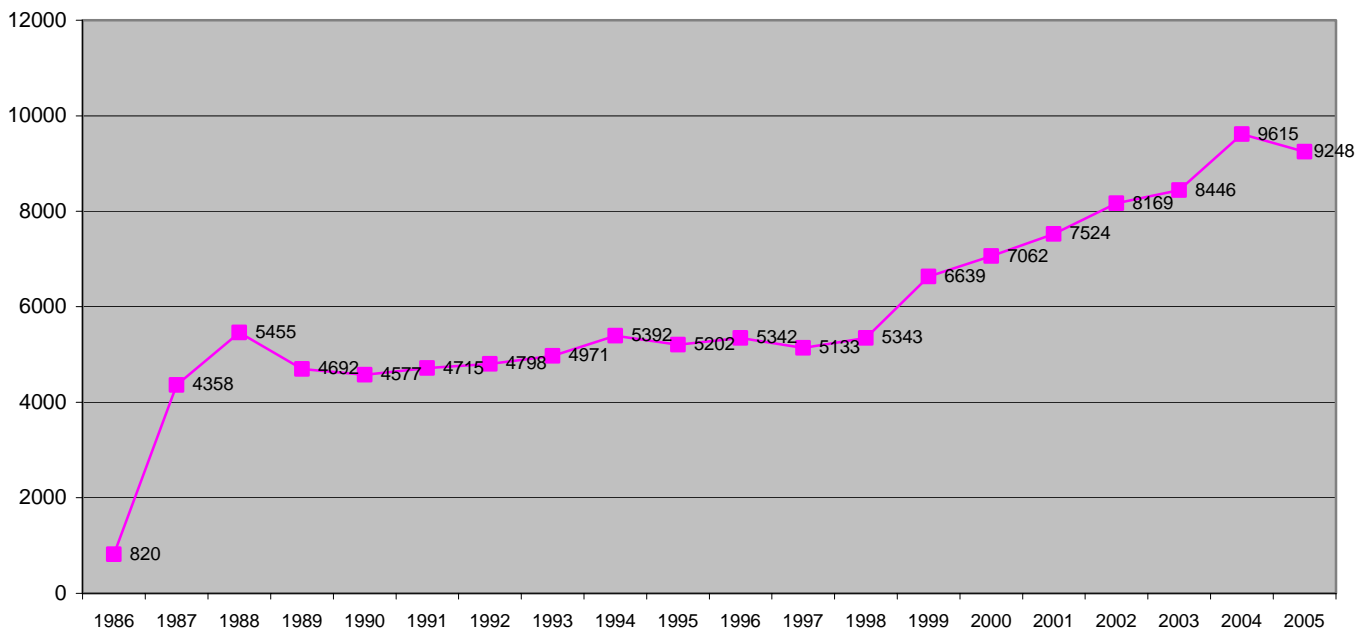


## Cause of Injury

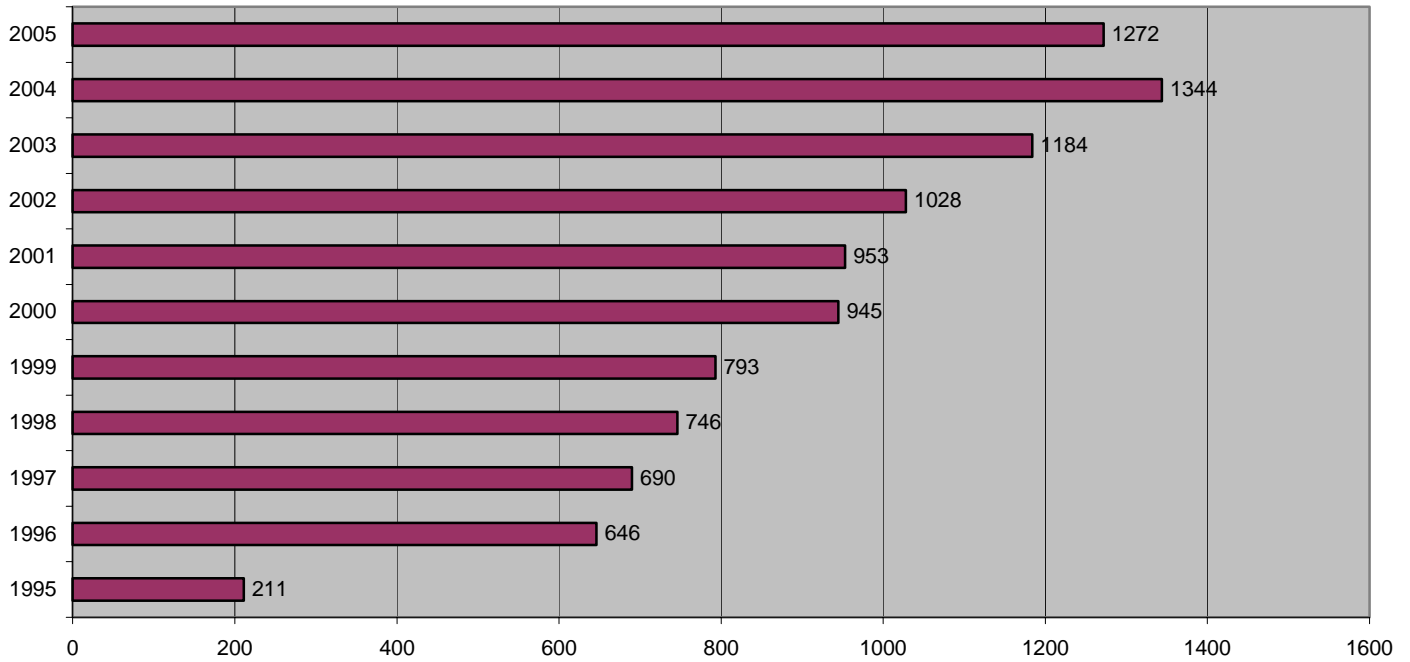
Motor vehicle crashes and falls are the two primary causes of injuries for patients cared for in Pennsylvania's trauma centers. Falls by year is shown below. Burn injuries have steadily increased in frequency from 211 in 1995 to 1272 in 2005.

Cause of Injury	Total Patients	%
Fall	9248	35.04%
Motor Vehicle	7550	28.60%
Motorcycle	1582	5.99%
Gunshot	1251	4.74%
Fight/Assault/Abuse	1233	4.67%
Pedestrian	989	3.75%
Struck By/Against Object/Person	876	3.32%
Stabbing	672	2.55%
Other	656	2.49%
Hot/Corrosive Material Injury	521	1.97%
Fire/Flame	504	1.91%
Pedal Cycle	461	1.75%
Machinery/Powered Tools	441	1.67%
Animal Related	276	1.05%
Caught Between Object	92	0.35%
Air/Water Craft	32	0.12%
Unknown	10	0.04%

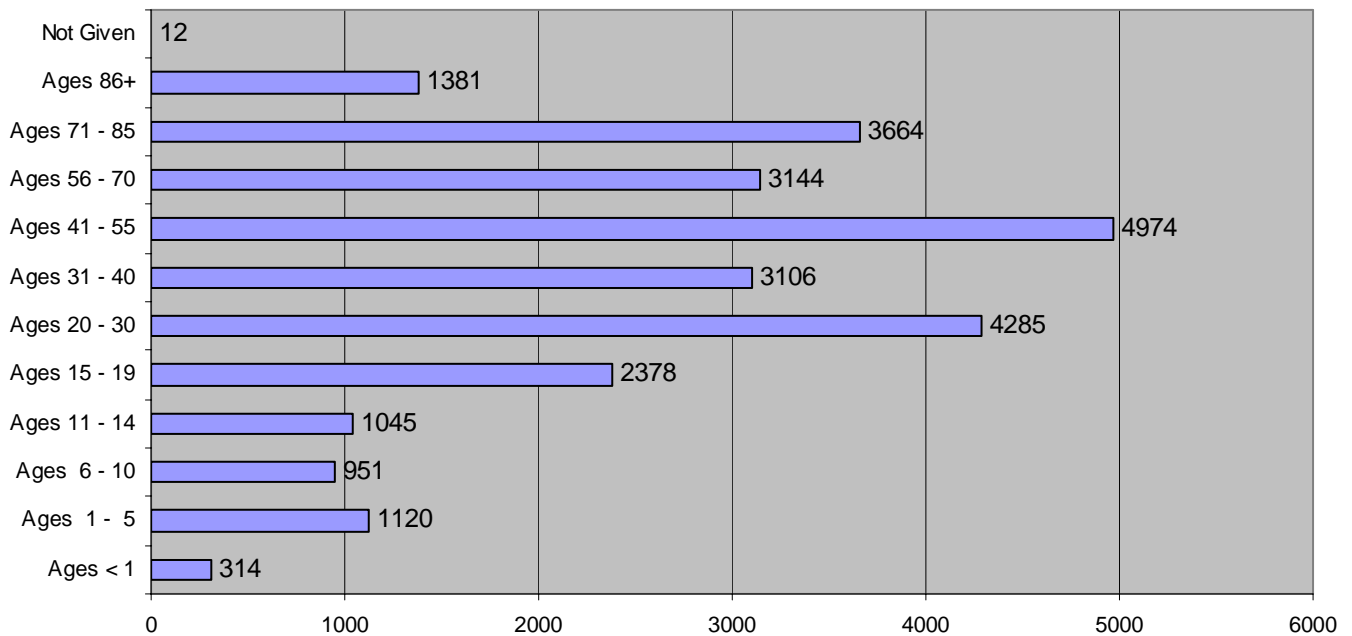
## PTOS Falls by Year



### PTOS Burn Cases by Year

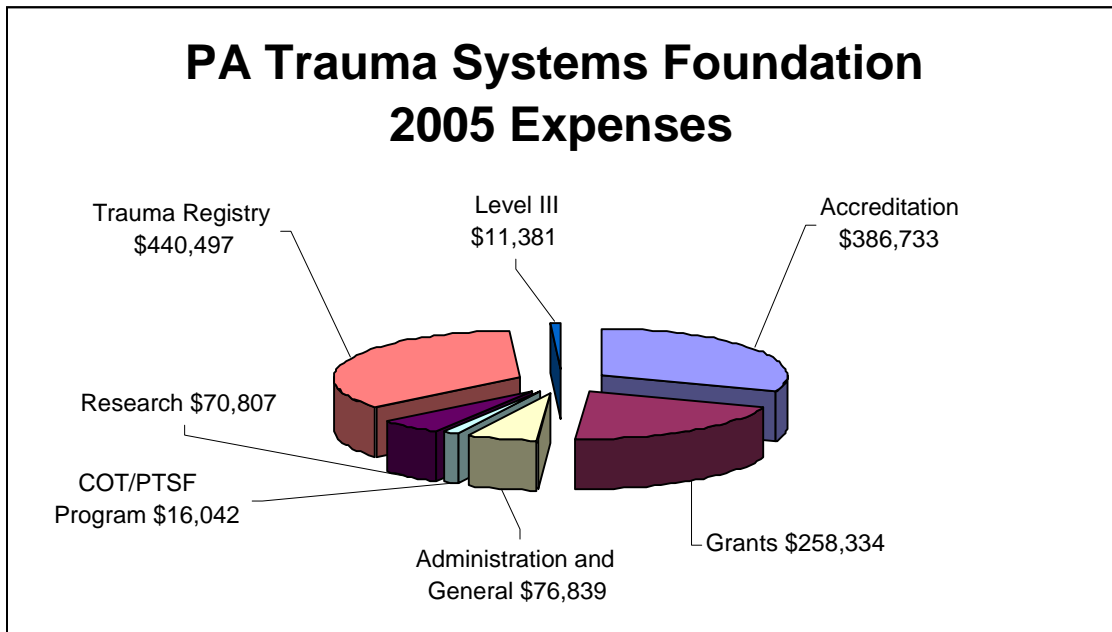
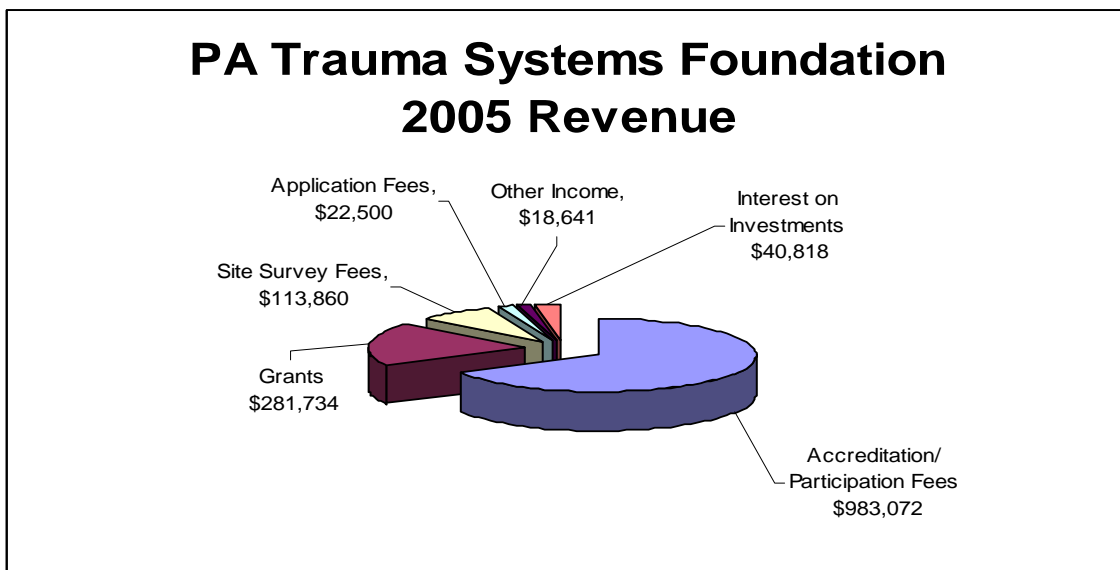


### 2005 PTOS Patients - Age Categories

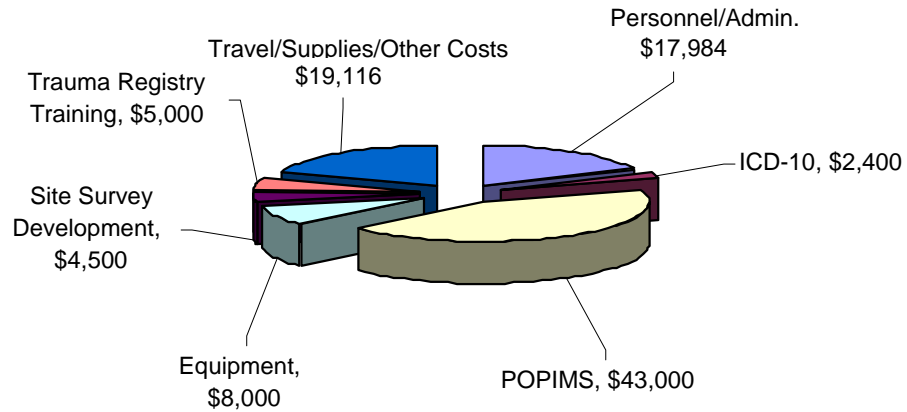


## Finances

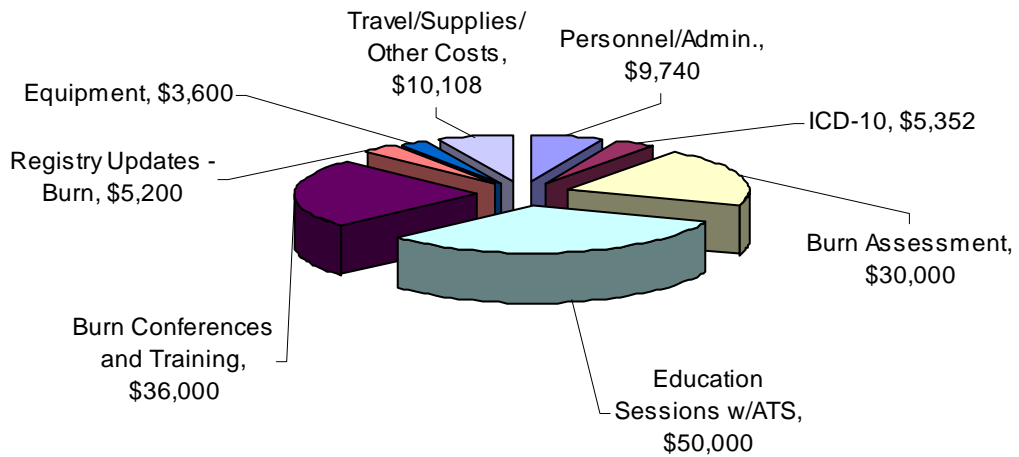
The Foundation is a non-profit Pennsylvania corporation operating under Section 501 (C) (3) of the Internal Revenue Service Code. Primary funding is obtained through fees associated with the accreditation process. Occasional federal and state grants are obtained. In FY'05 the Foundation received money as part of a HRSA Bioterrorism grant. The focus of the money was dedicated toward improving the ability of acute care hospitals and pre-hospital personnel in managing burn trauma patients in the event a terrorist act creates a mass casualty situation. State legislative funds were also received in 2005 to enhance trauma system development in Pennsylvania for hospitals pursuing Level III accreditation and for enhancement of performance improvement activities statewide.



## PA Trauma Systems Foundation Legislative Grant 7/1/05 - 6/30/06



## PA Trauma Systems Foundation HRSA Grant 07/01/05 - 06/30/06



## **Pennsylvania Trauma Systems Foundation Grant Activities**

### **HRSA Bioterrorism Grant (\$150,000)**

- \$50,000 allocated to Pa Division of ATS to conduct eight Advanced Burn Life Support courses in PA. 170 providers educated.
- AAAM AIS coding course conducted for 20 registrars.
- Statewide Burn Assessment – Part II conducted with all hospitals in PA to determine their ability to provide burn care in a mass casualty incident. Outside research firm Morrison Informatics employed as consultant to assist in developing survey tool and data analysis.

### **Legislative Grant (\$100,000)**

- Trauma System Development and statewide Performance Improvement enhancement
- Inter-rater reliability testing and refinement of mortality preventability classification system.
- Statewide Education by Digital Innovation, Inc and PTSF for POPIMS statewide Performance Improvement System.

## **Statewide Education**

- Pennsylvania Trauma Coordinator Orientation: January 24, Mechanicsburg, PA
- Basic COLLECTOR training: April 13, Mechanicsburg, PA (6 participants)
- COLLECTOR & Outcomes Software Trainings: April 14 and 15 at Intellimark in Mechanicsburg, PA (138 participants)
- Performance Improvement & Burn Triage Training: May 9 and 10, State College, PA
- Level III Trauma Center Educational Session: May 27, Harrisburg, PA (40 participants)
- Level III Trauma Center Trauma Registry Training: July 7 and 8, Mechanicsburg, PA
- Trauma Care 2005 - Annual Conference/Meeting: October 20 and 21, Harrisburg, PA (112 participants)
- Hospital and Healthsystem Association of PA/PTSF Conference for Disaster Response and Burn Trauma – “How to Function in a Mass Casualty Incident Involving Multiple Burn Victims”: November 15, Harrisburg, PA

## **Trauma Center Education**

- Registry educational visits were conducted with all 26 Pennsylvania trauma centers including 4 new registrar orientations. Eight additional on site registry visits were conducted to meet with new Level III trauma registry staff.
- Meetings were conducted with all trauma centers surveyed in 2005 with additional on-site visits to meet with new trauma center staff.

## **State and National Partners**

The Pennsylvania Trauma Systems Foundation partners with many organizations to accomplish the work of trauma system development, education, and research. Some of the many organizations the Foundation collaborates with are:

- American Association for the Surgery of Trauma
- American College of Emergency Physicians, PA Chapter
- American Health Information Management Association
- American Trauma Society
- Central Pennsylvania Health Information Management Association
- Department of Health, Bureau of Emergency Medical Services
- Eastern Association for the Surgery of Trauma
- Hospital and Healthsystem Association of Pennsylvania
- National Association for Health Care Quality
- Pennsylvania Chapter of ACS Committee on Trauma
- Pennsylvania Division of American Trauma Society
- Pennsylvania Emergency Health Systems Council
- Pennsylvania Health Information Management Association
- Pennsylvania State Nurses Association
- Society of Trauma Nurses

## **PTSF Committee Goal Completion**

### **Ad Hoc Committee on Burns**

*Chairperson: Dr. Larry Jones*

*PTSF Liaison: Mary Ann Spott*

- Goal: Conduct statewide educational session on burns focusing on mass casualty triage and care from admission to discharge. (This will be subsidized by a Bioterrorism grant through HRSA and the Pennsylvania Department of Health.)
  - Activities Completed:
    - Conducted 3 meetings/conference calls
    - Reviewed second phase of statewide burn capacity questionnaire
    - Participation in joint conference with HAP in November exclusively on burns
- Goal: Establish future mission of the committee and whether it should become a standing PTSF Committee.
  - Activities Completed: PTSF Board to determine

### **Committee to Develop Site Survey Outcome Measurements**

*Chairperson: Dr. Michael Pasquale*

*PTSF Liaison: Mary Ann Spott*

- Goal: Educate all trauma directors and trauma coordinators on use of preventability classification criteria for mortalities.
  - Activities Completed:
    - Two hour interactive session held in October at PTSF Fall Conference
    - Documentation on preventability classification included in POPIMS manual
- Goal: Implement POPIMS central site database.
  - Activities Completed:
    - Central Site installed at PTSF
    - Three sites have signed written agreements to participate
    - WinZip software has been sent to the three sites and DI has been working with those sites to download to the central site

### **Level III Ad Hoc Committee**

*Chairperson: Dr. Jeff Bednarski*

*PTSF Liaison: Juliet Geiger*

- Goal: Finalize Level III trauma center standards.
  - Activities Completed: Level III standards finalized
- Goal: Establish future mission of the committee and whether it should become a standing PTSF Committee.
  - Activities Completed: Decision made to end committee

## **Pediatric Standards Committee**

*Chairperson: Dr. Robert Cilley*

*PTSF Liaison: Juliet Geiger*

- Goal: Assist PTSF outcomes committee and research committee in formulating pediatric specific criteria for examining pediatric trauma outcome.
  - Activities Completed: Outcomes committee not ready to examine specific outcome criteria other than mortality in 2005
- Goal: Formulate recommendations for transfer criteria of pediatric patients from Level I, II, and III trauma centers to pediatric centers.
  - Activities Completed: Statewide trauma registry queries performed examining frequency of pediatric patient admissions to adult trauma centers including ICU stays, ventilator days, and injury severity
- Goal: Review current standards for AQ and Pediatric regional resource centers and submit proposals for revisions to standards committee.
  - Activities Completed:
    - Recommendations made for change in pediatric standards including:
      - Deletion of pediatric surgeon availability requirement for adult trauma centers
      - Deletion of need for internal defibrillator paddles on med/surg floors
- Goal: Propose pediatric trauma topics for presentation at PTSF conferences.
  - Activities Completed: Pediatric standards committee representative involved in PTSF/PaCOT conference development

## **Policy and Procedure Committee**

*Chairperson: Marion McGowan*

*PTSF Liaisons: Juliet Geiger and Paige Jordan*

- Goal: Examine policies specific for Level III trauma centers.
  - Activities completed: No new policies needed. Already existing policies updated to include Level III trauma centers.
- Goal: Review existing policies as recommended by PTSF staff and submit proposal to Board as needed for approval.
  - Activities completed:
    - Developed New Trauma Center Policy AC-130
    - Revised AC-119 – Surveyor Selection Criteria to include team composition for Level III trauma centers, which enables in-state surveyors to be utilized. Level I/II survey teams also re-examined and team numbers reduced from 5 to 4 for probationary and provisional surveys. Probationary surveys will focus only on cited significant issues from prior survey.
    - Revised AC-124

## Research

*Chairperson: Dr. Jack Wilberger*

*PTSF Liaison: Mary Ann Spott*

- Goal: Implement control charts in PTOS quarterly reports.
  - Activities Completed: Board determined at the strategic planning meeting that they need to decide what aspect(s) of clinical care will be studied and formatted into control charts
  
- Goal: Formulate research priorities utilizing PTOS data.
  - Activities Completed: Committee met by conference call three times. Members participated in developing project priorities, including a two part Locum Tenens survey, and a geriatric research project.
  
- Goal: Examine pediatric trauma care in nonpediatric trauma centers.
  - Activities completed: Pediatric Ad Hoc Committee examined data and presented it at PTSF fall conference
  
- Goal: Integrate Trauma Plan research priorities into Research Committee goals including:
  - Establish an ongoing research group that creates a Trauma Systems Research Plan with the goal to further improve patient outcomes.
    - Activities Completed: Research Committee determined its role to act as a resource to all trauma centers for reviewing and facilitating research projects
  
  - Develop a research priority list, with timelines, from the NHTSA evaluation recommendations and specific stakeholder recommendations.
    - Activities Completed: A priority list of projects have been discussed and a geriatric subcommittee established. Timelines for that project are formulated within the meeting minutes. Evaluation and recommendations are ongoing.
  
  - Evaluate the efforts, products, and impact on injury/trauma patient care of the Trauma Systems Research Plan.
    - Activities Completed: Committee has discussed the impact of Level III designation and the desired outcomes. Project formulation is forthcoming.
  
  - Maintain a current list of the research projects that relate to trauma clinical care.
    - Activities Completed: To date, 55 research requests have been completed and data on these projects are kept in an Excel format on the PTSF server
  
  - Provide to the accredited trauma centers a list of current trauma related research projects within Pennsylvania.

- Activities Completed: Projects that reach fruition and are presented are placed on the PTSF web site for two months so that trauma centers can refer to them
  - Perform a survey (i.e. Delphi Process) to determine the research priorities for multiple disciplines.
    - Activities Completed: The committee sent a questionnaire to all trauma centers which was completed in December 2004 and used in 2005 discussions for committee priorities.

## **Standards**

*Chairperson: Dr. Gary Welch*

*PTSF Liaisons: Juliet Geiger and Paige Jordan*

- Goal: Review and revise Level I/II standards for trauma center accreditation based on ACS criteria.
  - Activities Completed: Reviewed alternate pathway requests submitted by 2 facilities.

## **Trauma Registry**

*Chairperson: Dr. Richard MacKenzie*

*PTSF Liaison: Nathan McWilliams*

- Goal: Refine and update data definitions per national guidelines.
  - Activities Completed:
    - Met June 28, 2005. Several discussions occurred regarding elements in each section of the data registry including a discussion regarding documentation by physician extenders. In addition to the clarification of element definitions, one element was added while several other elements were retired. The Board approved the registry committee recommendations at the July meeting.
    - Met November 7, 2005 via conference call. Questions regarding the current recommendations as presented in October as well as some element clarifications were discussed. In addition to the elements being discussed, Dr. MacKenzie presented his idea of doing an ease of abstraction versus impact of element survey.
- Goal: Participate in National Trauma Data Bank
  - Activities Completed:
    - Multiple meetings conducted with NTDB staff. PTSF is still awaiting their approval of contract prior to submitting data.

**PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION**

***2005 BOARD OF DIRECTORS***

**NOMINATING ORGANIZATION**

**BOARD MEMBER**

American College of Emergency  
Physicians – PA Chapter

Richard S. MacKenzie, MD

Hospital & Healthsystem Association  
of Pennsylvania

Bob Pezzoli\*\*

Hospital & Healthsystem Association  
of Pennsylvania

Marion McGowan

Hospital & Healthsystem Association  
of Pennsylvania

Kevin Mosser, MD\*\*

Hospital & Healthsystem Association  
of Pennsylvania

Mary M. Mannix \*\*

Hospital & Healthsystem Association  
of Pennsylvania

Margaret McGoldrick

Pennsylvania Emergency Health  
Service Council

Arthur Hayes, MD, FACEP

Pennsylvania Medical Society  
(ACSCOT)

Andrew Peitzman, MD, FACS\*

Pennsylvania Medical Society  
(At Large) – Pa Neuro Society

Jack Wilberger, MD

Pennsylvania Medical Society  
(At Large) – Pa Ortho Society

Spence Reid, MD

Pennsylvania Medical Society  
(At Large)

Jeffrey Bednarski, MD, FACS

Pennsylvania State Nurses Association

Mary Kate Fitzpatrick, RN, MSN\*

Pennsylvania State Nurses Association

Beth Ann Savage, RN, MSN

Pennsylvania Osteopathic  
Medical Association (EMS Group)

Gary Welch, DO, FACOS\*

Pennsylvania DOH EMS Office

Joe Schmider\*\*

**NOMINATING ORGANIZATION**

Majority Chairman  
House Health and Welfare Committee

Minority Chairman  
House Health and Welfare Committee

Majority Chairman  
Senate Public Health and Welfare Committee

Minority Chairman  
Senate Public Health and Welfare Committee

**BOARD MEMBER**

Patrick Fleagle\*\*  
(designee of Rep. Kenney)

Jake Wheatley  
(designee of Rep. Oliver)

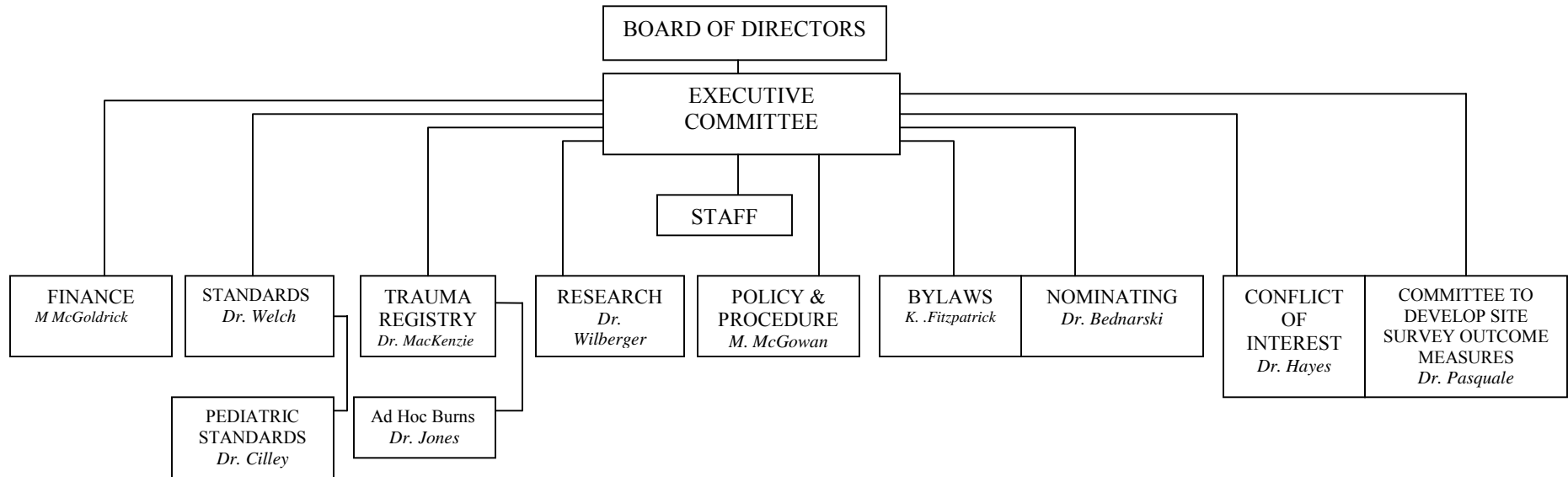
Senator Jake Corman (R) \*\*

Vincent Hughes

\* *Current officer of the Board*

\*\* *New Board member for 2005*

**2005**  
**COMMITTEES OF THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION**



2005  
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**Juliet Geiger, RN, MSN**

Executive Director

**Linda Henry**

Administrative Assistant

**Paige Jordan, RN, BSN**

Associate Director of Accreditation

**Nathan McWilliams**

Trauma Registry Coordinator

**Mary Ann Spott MPA, MSIS, MBA, RHIA**

Associate Director/MIS & Trauma Registry