

***PENNSYLVANIA TRAUMA
SYSTEMS FOUNDATION***

ANNUAL REPORT

2006

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A Message from the Chairman of the Board and Executive Director

This annual report for 2006 highlights the activities of the Pennsylvania Trauma Systems Foundation as it celebrates its 21st year of service in advancing the care of injured patients in Pennsylvania. In 1985 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 trauma center 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 2006 we continued to evolve in examining ways to focus on patient outcomes, standardize performance improvement, and re-examine standards of accreditation. This was accomplished through the hard work of our twelve committees through the leadership of a Board member in collaboration with a Foundation staff member. Their work is highlighted in this report and is indicative of the high level of their commitment in dedicating countless hours to examining the challenges of caring for trauma patients in an increasingly complex healthcare environment.

One of these committees, the Ad Hoc Committee for Site Survey Outcome Measurements, conducted a study utilizing trauma surgeons from 24 trauma centers to perform an inter-rater reliability study examining preventability classification of mortality. The study was presented by Chairman Michael Pasquale, MD, FACS and presented at the 2007 EAST meeting in Sanibel, FL. Additionally, an ad hoc committee was formed comprised of trauma coordinators to begin standardization of data entry into POPIMS.

Level III trauma center development continued this past year with one hospital undergoing survey and seven others continuing development of their trauma programs utilizing money allocated by the legislature for trauma program development. Although no hospitals are yet accredited as Level III Trauma Centers, it is hoped that with financial support from the legislature and educational support from PTSF and PA trauma centers that these hospitals will continue to develop to enhance trauma care for patients they are already caring for and that timeliness of transfer will be enhanced to higher level trauma centers in patients requiring more advanced care.

The Foundation continues to be proud of its Statewide Trauma Registry which is now exceeding 425,000 patients in its database. This repository ranks among the largest in the country and provides a means for evaluating care delivery for our accreditation survey and in helping trauma centers perform research activities as well as assisting other healthcare organizations. One of these, The Pennsylvania Legislative Budget and Finance Committee, used our data to examine outcomes of victims of motorcycle crashes after the helmet law was repealed. Furthermore PTSF began submission of its data to the American College of Surgeons National Trauma Data Bank.

The Foundation staff greeted a new member to its ranks, Kristine Lucabaugh, who comes to PTSF with trauma center experience as a registrar and Medical Records Supervisor.

Avi Appleton, MD was also welcomed as a new member to our Board of Directors. Dr. Appleton is an Orthopedic Surgeon from Altoona Hospital and represents the Pennsylvania Medical Society and Pennsylvania Orthopedic Society.

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 fourth year in a row among 26 trauma centers and 8 hospitals pursuing Level III trauma center accreditation in addition to money being earmarked again this year for PTSF to enhance trauma system development efforts.

On behalf of the Board of Directors and PTSF staff, thank you for your support of our mission in “providing optimal support of injured patients.” We are fortunate in Pennsylvania to have a mature system of trauma care comprised of skilled personnel who give Pennsylvania recognition as one of the best systems in the country.

Sincerely,

Gary Welch, DO, FACOS
Chairman
2006 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 conduct 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.
- Conduct programs of education and research.
- Maintain 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 members are nominated by state organizations as mandated in the EMS act. A list of the 2006 board members and their nominating organizations are listed below:

<u>NOMINATING ORGANIZATION</u>	<u>BOARD MEMBER</u>
1. American College of Emergency Physicians	Richard S. MacKenzie, MD
2. Hospital & Healthsystem Association of PA	Bob Pezzoli
3. Hospital & Healthsystem Association of PA	Marion McGowan
4. Hospital & Healthsystem Association of PA	Kevin Mosser, MD
5. Hospital & Healthsystem Association of PA	Mary M. Mannix
6. Hospital & Healthsystem Association of PA	Margaret McGoldrick (Vice Chair)
7. Pennsylvania Emergency Health Services Council Service Council	Arthur Hayes, MD, FACEP
8. Pennsylvania Medical Society (ACSCOT)	Andrew Peitzman, MD, FACS
9. Pennsylvania Medical Society/ PA Neuro Society	Jack Wilberger, MD
10. Pennsylvania Medical Society/ PA Ortho Society	Avi Appleton, MD
11. Pennsylvania Medical Society (At large)	Jeffrey Bednarski, MD, FACS
12. Pennsylvania State Nurses Association	Mary Kate Fitzpatrick, RN, MSN (Secretary/Treasurer)
13. Pennsylvania State Nurses Association	Beth Ann Savage, RN, MSN
14. Pennsylvania Osteopathic Medical Association (EMS Group)	Gary Welch, DO, FACOS Chairman of the Board
15. Pennsylvania DOH EMS Office	Joe Schmider
16. Majority Chairman House Health and Welfare Committee	Patrick Fleagle (designee of Rep. Kenney)
17. Minority Chairman House Health and Welfare Committee	Jake Wheatley (designee of Rep. Oliver)
18. Majority Chairman Senate Public Health and Welfare Committee	Senator Jake Corman
19. Minority Chairman Senate Public Health and Welfare Committee	Vincent Hughes

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 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 that guide its mission.

Committees comprised solely of Board members which govern PTSF operations are:

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

Other committees which serve to enhance trauma center/system operations beyond the walls of PTSF are as follows:

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

PTSF Committee Activities for established goals in 2006

Burn Committee

Chairperson: Dr. Larry Jones

Liaison: Juliet Geiger/Nathan McWilliams

- **Analyze responses to the second phase of the burn questionnaire and establish a burn educational offering based on that information.**
 - *Goal is ongoing - activities completed:*
 - *Preliminary information from the second burn survey was discussed at the 3/7/06 meeting.*
 - *There was a low return rate among trauma centers. A burn educational offering is being planned for spring'07.*
- **Review and comment on the general burn demographics report being developed by Morrison Informatics Inc.**
 - *Goal complete - activities completed:*
 - *The second burn survey was discussed at the 3/7/06 meeting.*
 - *Final burn assessment capacity and ability study from Morrison Informatics was reviewed in 2007*
- **Review burn elements for utility and definition.**
 - *Goal is ongoing and carried over to 2007 - activities completed:*
 - *Information was provided at the 3/7/06 meeting regarding the continued update of TRICODE specifically related to burn coding.*

Committee to Develop Site Survey Outcome Measurements

Chairperson: Dr. Michael Pasquale

PTSF Liaison: Paige Jordan

- **Continue development of POPIMS central site and conduct inter-rater reliability sessions.**
 - *Goal is ongoing and carried over to 2007- activities completed:*
 - *POPIMS Central Site submission started.*
 - *Committee meeting conducted March 2006 to discuss inter-rater reliability of mortality preventability classifications.*
 - *Physician inter-rater reliability study done May 2006 and results collated by Morrison Informatics.*
 - *Study results submitted to EAST by committee chairperson and accepted as poster presentation for the EAST annual meeting in 2007.*
 - *Committee chair to create article for submission to peer review journal.*
 - *Cases presented at PTSF/PaCOT fall conference.*

- **Work with trauma program coordinators to establish documentation standards for Performance Improvement information input into POPIMS.**
 - *Goal is ongoing and carried over to 2007- Activities Completed:*
 - *Nurse documentation meeting conducted in February.*
 - *Ad Hoc Nurse Standardization Committee created and meetings conducted in August and September.*
 - *Update given to trauma center community at PTSF/PaCOT conference in October.*
 - *Strategic Plan for accreditation revised and approval pending.*

Pediatric Standards Committee

Chairperson: Dr. Robert Cilley

PTSF Liaison: Paige Jordan

- **Review current standards for AQ and Pediatric regional resource centers and submit proposals for revisions to Standards Committee based on new Optimal Resource Document when released in 2006.**
 - *Goal is ongoing and carried over to 2007- Activities Completed*
 - *2006 Optimal Resource Guide disseminated to Pediatric Standards Committee members.*
 - *Timeline developed for completion of revised PTSF Standards of Accreditation.*
 - *Planning meeting scheduled between PTSF staff and committee chair for December 2006.*
- **Propose pediatric trauma topics for presentation at PTSF conferences.**
 - *Goal is ongoing and carried over to 2007-Activities Completed*
 - *Topic submitted to Conference Planning Committee.*

Policy and Procedure Committee

Chairperson: Marion McGowan

PTSF Liaison: Kevin Burd/ Paige Jordan

- **Examine policies specific for Level III trauma centers.**
 - *Goal is ongoing for 2007- Activities Conducted*
 - *Explored AFS Go/No Go Policy for Accreditation Site Visit.*
- **Review existing policies as recommended by PTSF staff and submit proposal to Board as needed for approval.**
 - *Goal is ongoing and carried over to 2007- Activities Conducted*
 - *PI of PTSF Survey Process*
 - *Discussion documents created based on July Board member input following accreditation deliberations and HAP/SATC survey responses.*
 - *Policy AC- 131 for consultant use*

- *Developed, revised, and approved at December 2006 board meeting*
 - *Policy AC-127 revised to include thresholds requiring Board action for ED diversions.*
- **Create Guidelines for Board Members during Accreditation Deliberations.**
 - *Goal is complete as of March 2007 when it was approved by the Board of Directors*
 - *Document will be revised as needed after use in deliberation July 2007.*
- **Examine Paperless process for accreditation.**
 - *Goal is partially complete and carried over to 2007- Activities Conducted*
 - *Paperless AFS (short term)*
 - *AFS revised and placed on PTSF website for trauma center download.*
 - *AFS paperless submission placed on hold due to document size and printing costs for PTSF. Will continue to examine for 2008.*
 - *On-Line AFS (long term)*
 - *Discussed with software vendor and is in development.*
 - *On-Line Credentialing database (long-term)*
 - *Template document provided to software vendor September 2006 awaiting budget information.*
 - *Discussed with software vendor and is on hold based on further discussed with Board of Directors.*
- **Examine use of consultative process for hospitals pursuing trauma accreditation.**
 - *Goal is ongoing- Activities conducted*
 - *Discussed with Board of Directors in 2006 but placed on hold for 2006 due to legislative mandate that site surveys be conducted starting in 2006 for hospitals pursuing Level III accreditation.*

Research

Chairperson: Dr. Jack Wilberger

PTSF Liaison: Nathan McWilliams

- **Determine types of control charts to be run with PTOS quarterly reports in collaboration with Outcomes Committee.**
 - *Goal is ongoing and overlapping with Registry committee- Activities Completed:*
 - *Discussed control charts in registry committee meeting on 11-9-06. Intend to begin use of control charts on missing data elements in first quarter of 2007.*

- **Continue work of Geriatric Research Project.**
 - *Goal is ongoing to 2007- activities Completed:*
 - *Geriatric data is scheduled to be obtained from the NTDB in December 2006. Dissemination will occur based upon recent data.*
- **Develop Level III impact and evaluation research study.**
 - *Goal is ongoing to 2007- Activities Completed:*
 - *Discussed Level III study at 11-1-06 meeting. No level III centers were accredited in 2006. Committee is charged with developing a method for the study in 2007. The earliest Level III data could be available for study is November 2007.*
- **Finalize results from Locum Tenens Survey performed in 2005.**
 - *Goal is completed- Activities completed:*
 - *Discussed at 3-2-06 meeting that the second round of surveys were largely incomplete. Committee felt best place for the question could be in the application for survey. Topic later discussed at the PTSF Board meeting. At that time the Board discussed the possibility of developing an on-line survey that would remove questions about on-call costs. Will further discuss in 2007.*

Standards

Chairperson: Dr. Jeffrey Bednarski

PTSF Liaison: Paige Jordan

- **Review and revise standards for trauma center accreditation based on revised Optimal Resource Document when released in 2006.**
 - *Goal initiated in November based on October release of document- activities Completed*
 - *Copies ordered and disseminated to committee members*
 - *Review and submission of proposed changes submitted to Foundation staff December 31, 2006.*
 - *Time line for project completion in 2007 approved by committee.*

Trauma Registry

Chairperson: Dr. Richard MacKenzie

PTSF Liaison: Nathan McWilliams

- **Refine and update data definitions per national guidelines on a quarterly basis.**
 - *Goal is ongoing- Activities completed:*
 - *The Registry Committee met via conference call four times in 2006, once per quarter, with refinement of data elements and element definitions at each meeting.*
- **Participate in National Trauma Data Bank.**
 - *Goal is complete- Activities completed:*
 - *Five years worth of data (2001-2005) was submitted to the NTDB in the spring of 2006.*

2006 Review of Operations

Accreditation:

The primary mission of the PTSF listed in the EMS Act of 1985 is trauma center accreditation. Not only is the Foundation mandated to create standards of accreditation but as part of its process it also conducts educational sessions on a regional level and institution specific level. Pennsylvania accredits its trauma centers by hiring independent trauma physicians and nurses to join PTSF staff on a one day survey visit to the institution. Typically a three member team accompanies staff. This includes two trauma surgeons, and a trauma nurse although additional subspecialists may be added to the team based on issues found during previous surveys or if an institution is applying as a new trauma center.

The frequency of hospitals surveyed in a given year varies based on when the hospital first became accredited and how often PTSF has needed to review the program based on a determination by our Board of Directors. In 2006 eighteen hospitals underwent trauma center accreditation surveys. One of these hospitals was a community hospital pursuing Level III trauma center accreditation. That facility was not accredited therefore as of yet Pennsylvania does not have Level III trauma centers.

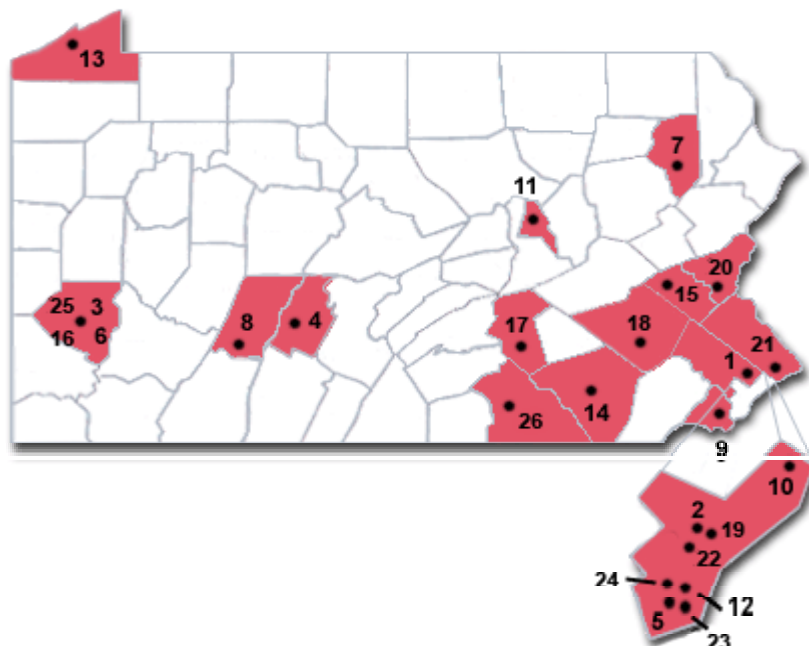
As a result of those surveys sixteen hospitals became accredited by the PTSF. Certificates of accreditation were issued October 1, 2006 and depending on the review cycle of the institution they will end one, two or three years from the time of issuance.

Board Accreditation Deliberations

Board accreditation deliberations typically take place over several days in July for Level I/II trauma centers and in the fall for Level III trauma centers. This past year after extensive deliberations the board met to discuss how to best to assure a consistent survey process among all hospitals. An ad hoc committee of board members was assigned the task and several action plans were outlined for implementation in 2007 and 2008. Efforts to insure consistency included:

- Enhancing site surveyor education regarding familiarity with POPIMS and how best to document findings within the site surveyor software. The importance of detailed documentation of suboptimal care was encouraged in addition to ongoing dialogue with trauma center staff.
- Enhancing trauma center education regarding need to orient site surveyors to medical record and documentation of PI information.
- Enhancing the site surveyor software to include prompts and feed occurrence information from the trauma registry into a PI area of the software to assure thorough review.
- Investigating inter-rater reliability testing measures of surveyors in the future.

ACCREDITED PA TRAUMA HOSPITALS
 October 1, 2006 through September 30, 2007



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 Statewide Trauma Registry Database

INCLUSION CRITERIA

The Pennsylvania Trauma Outcome Study is the Pennsylvania Trauma Systems Foundation statewide trauma registry which contains data collected by each accredited trauma center in the state. Unlike other states, Pennsylvania does not collect information on every patient treated in a trauma center who is injured. Data must meet strict inclusion criteria. These criteria have evolved over the years as a function of review by the PTSF Trauma Registry Committee. 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^o and 3^o (age <10 or >50): 10%
 - burned area 2^o and 3^o (age >10 or <50): 20%
 - burned area 3^o : >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.

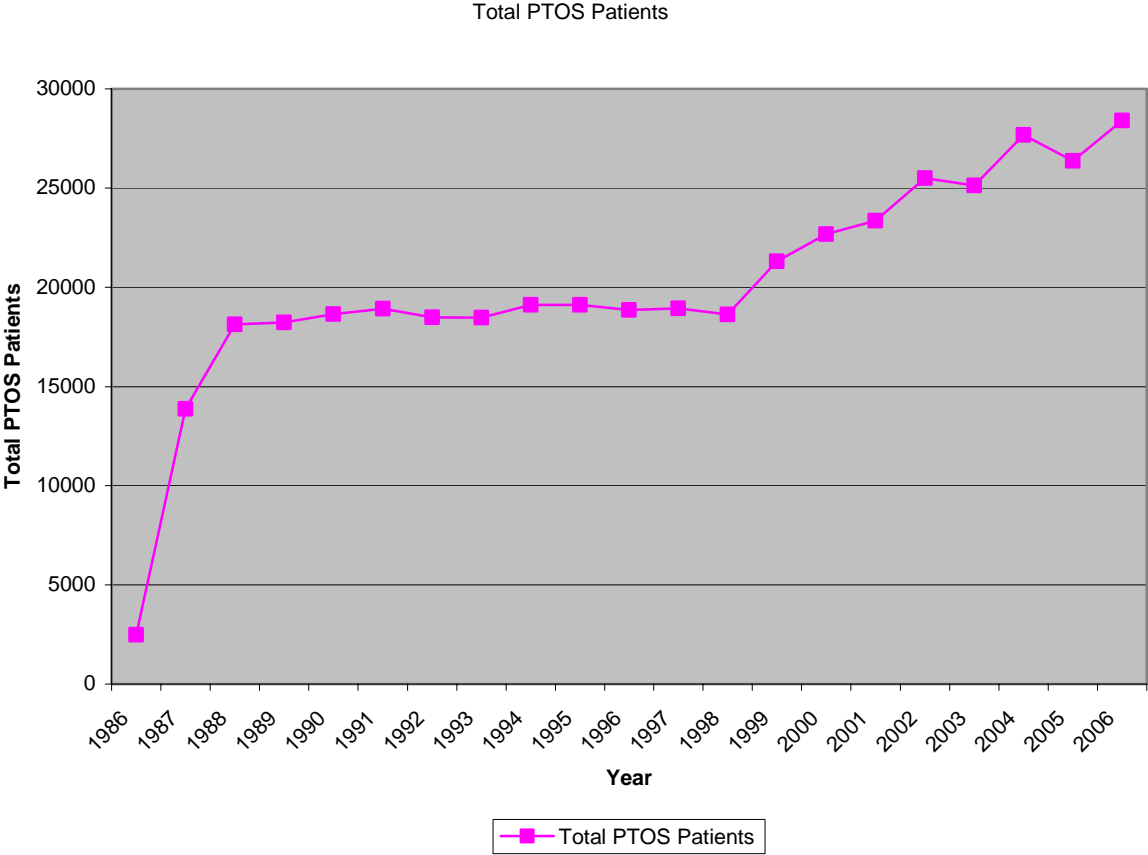
STATISTICAL HIGHLIGHTS

- There were **28,407** trauma patients submitted to the PTOS trauma registry in 2006 with an ED admission date of calendar year 2006.
- There are currently **31,503** patients in the registry with an ED admission date of calendar year 2006.
- The sum total of all trauma patients submitted to the PTOS database as of December 31, 2006 is **426,636**.
- Approximately **92** requests for data were processed using data provided by the Pennsylvania Trauma Outcome Study database.

Pennsylvania Trauma Outcome Study Highlights

Pennsylvania Trauma Outcome Study (PTOS)

Patients qualifying for the PTOS continue to increase without a significant change in the patient population criteria since 1999.

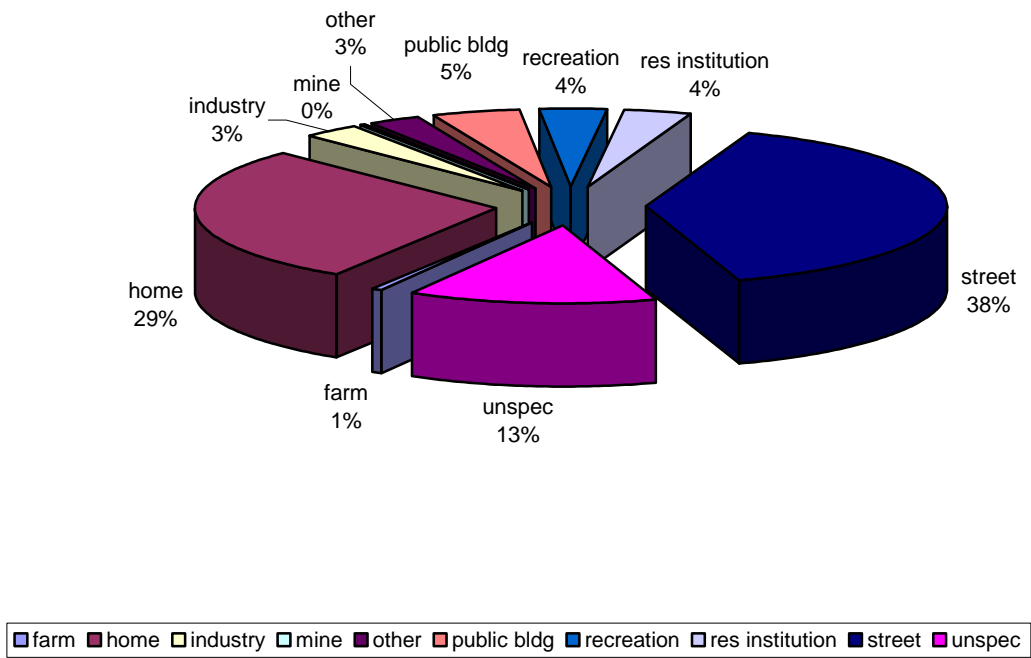


In 1999, one of the PTOS population criteria changed from “All trauma admissions over 72 hours” to “All trauma admissions over 48 hours”. This immediately increased the number of trauma patients that qualified for the PTOS.

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.

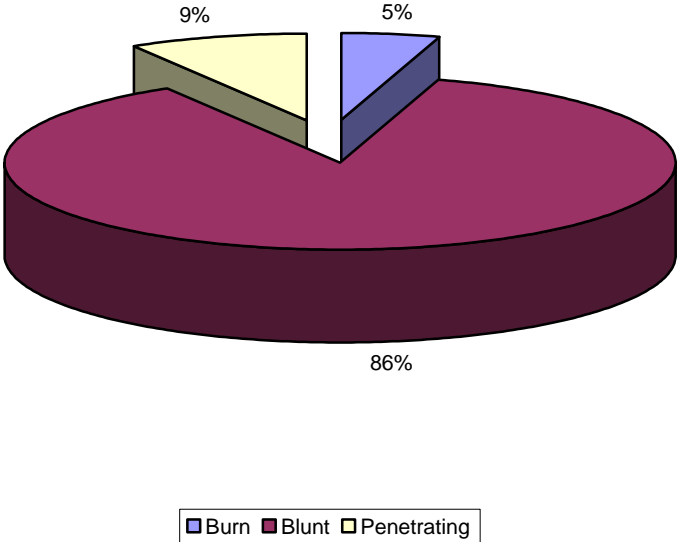
2006 PTOS Patients - Place of Injury



Type of Injury

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

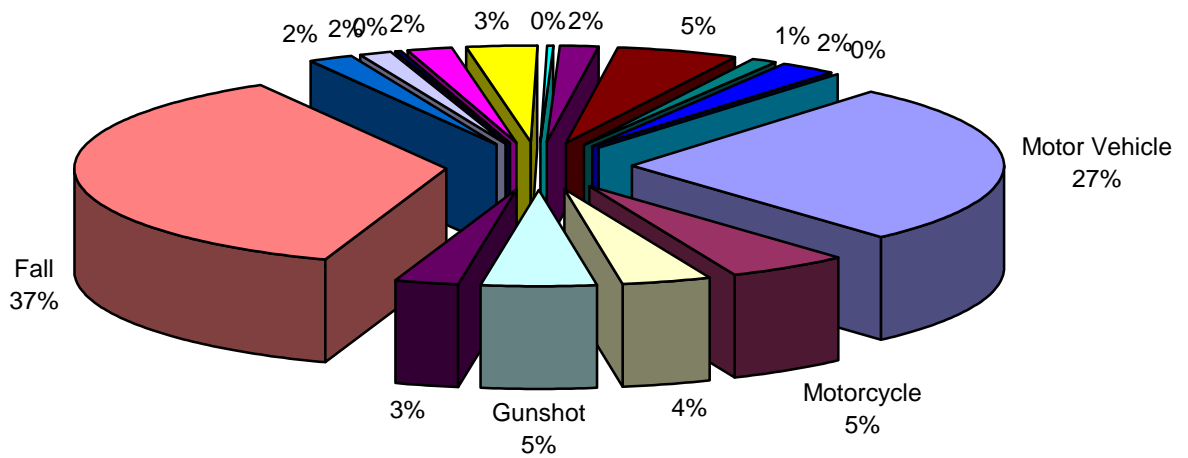
2006 PTOS Patients - Type of Injury



Cause of Injury

Motor vehicle crashes and falls remain the two primary causes of injuries for patients cared for in Pennsylvania's trauma centers.

2006 PTOS Patients - Cause of Injury

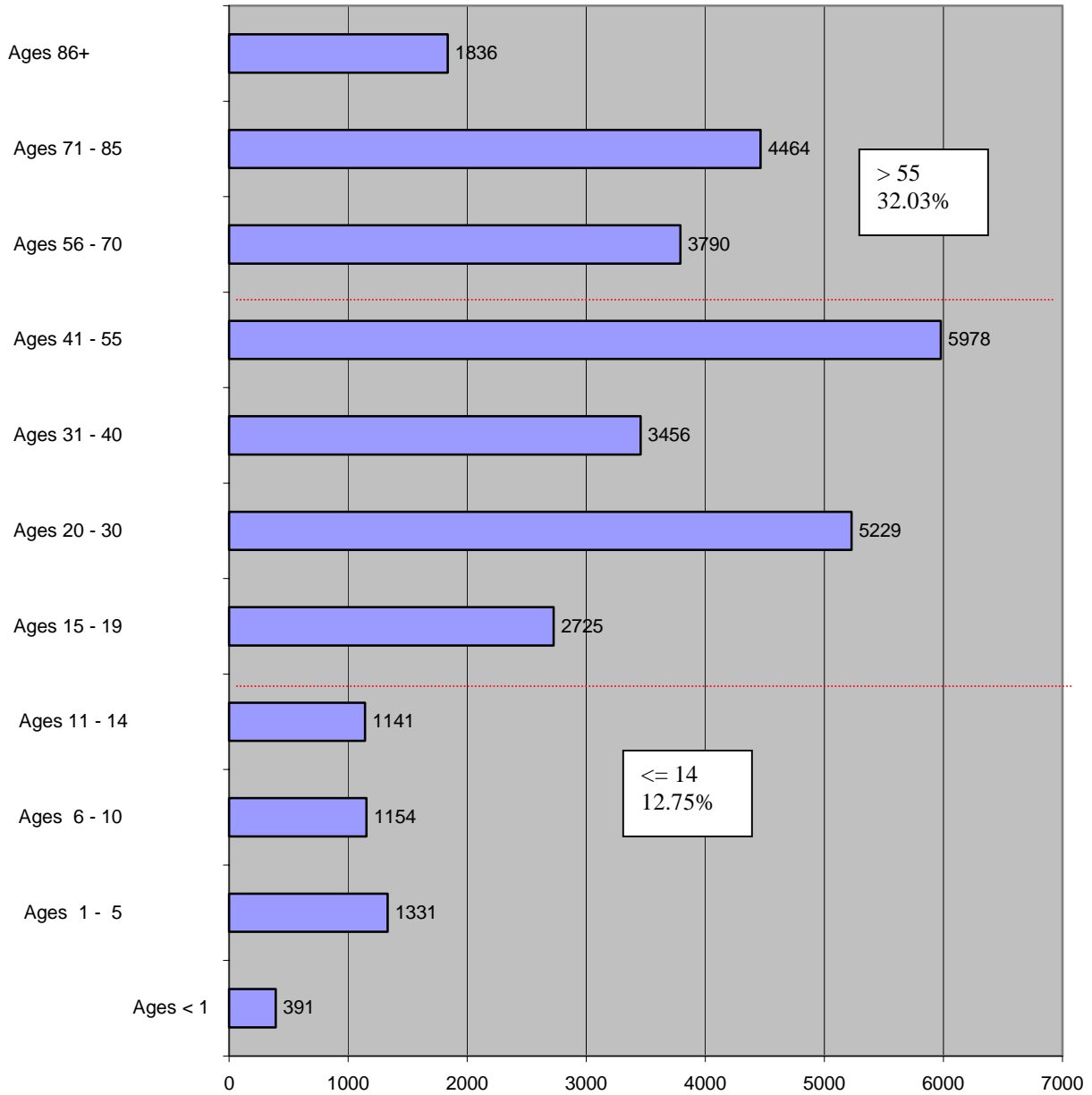


Motor Vehicle	Motorcycle	Pedestrian
Gunshot	Stabbing	Fall
Hot/Corrosive Material Injury	Pedal Cycle	Air/Water Craft
Fire/Flame	Struck By/Against Object/Person	Caught Between Object
Machinery/Powered Tools	Fight/Assault/Abuse	Animal Related
Other	Unknown	

Age

Trauma affects people of all ages. Patients between the ages of 41 and 55 were the age group most often seen by the trauma centers in 2006. Patients greater than 55 years of age represented 32.03% of the trauma population in 2006. Patients 14 years of age and under represented 12.75% of the trauma population in 2006.

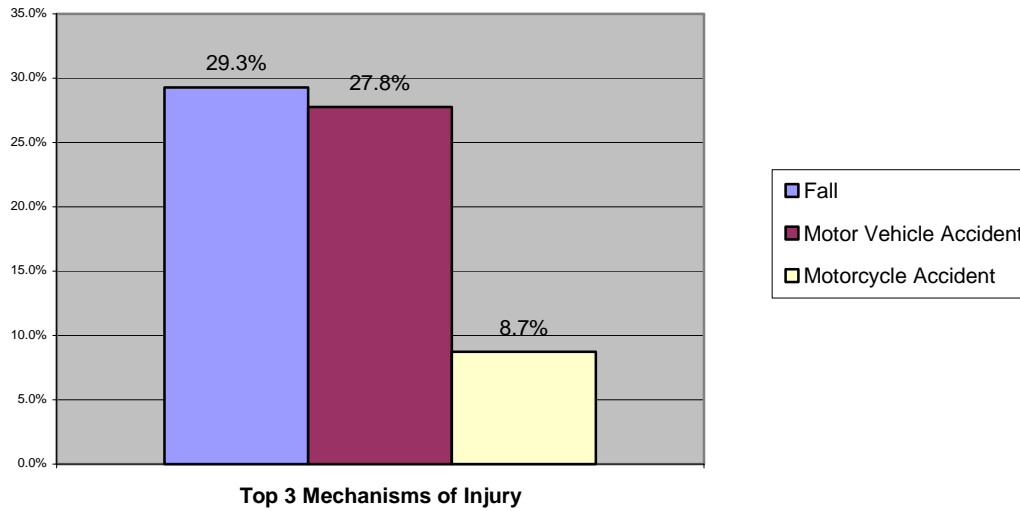
2006 PTOS Patients - Age Categories



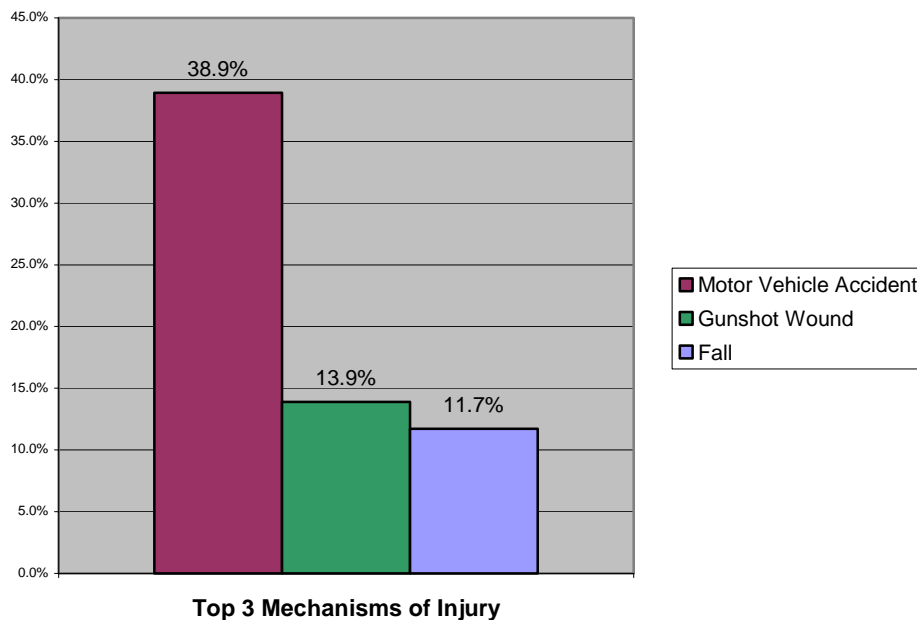
Top Mechanisms of Injury for Largest Age Groups

Falls and motor vehicle accidents are the top two mechanisms of injury for patients age 41-55. However, for the second largest age group (20-30) gunshot wounds replace falls as one of the top two mechanisms of injury. These numbers show little change compared to 2005.

Mechanism of Injury by Percent for Trauma Patients Age 41-55



Mechanism of Injury by Percent for Trauma Patients Age 20-30



PTSF Special Projects with Community Partners

The Pennsylvania Trauma Systems Foundation often gets requests from community agencies to provide data and support for research studies and other initiatives. Two of those projects are listed below.

Legislative Budget and Finance Committee (LBFC) Motorcycle Study

In 2003 the motorcycle helmet law was repealed in the state of Pennsylvania. As part of that repeal the LBFC was mandated to create a report examining the impact of the legislation in 2006 and again in 2008. The Pennsylvania Trauma Systems Foundation supplied trauma registry data to the committee as part of its report. The report can be found on the LBFC website at:

<http://lbfc.legis.state.pa.us/>

The Pennsylvania Injury Reporting and Intervention System (PIRIS)

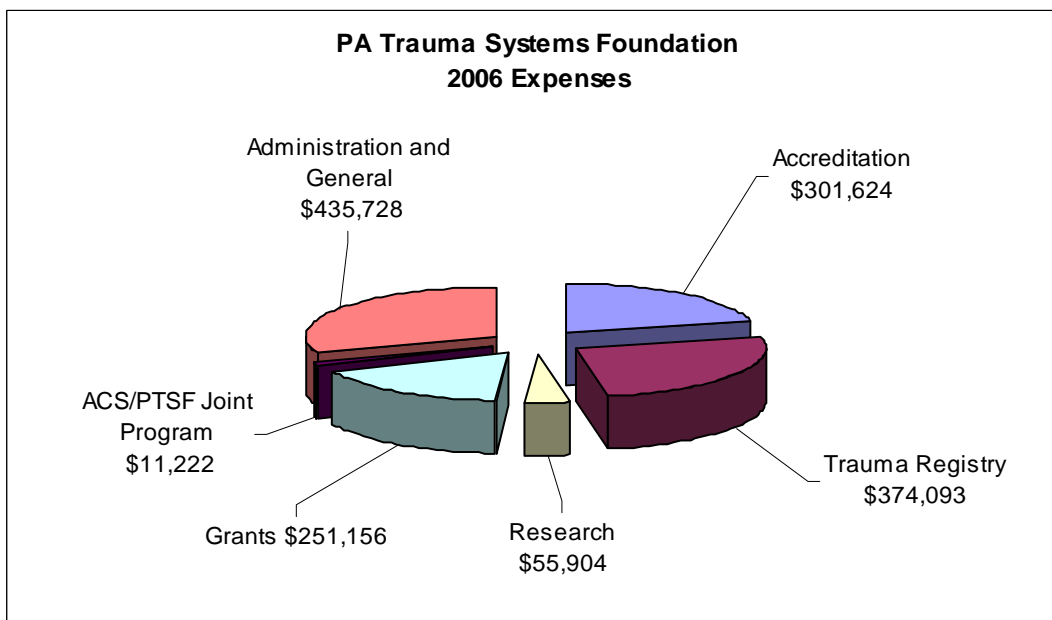
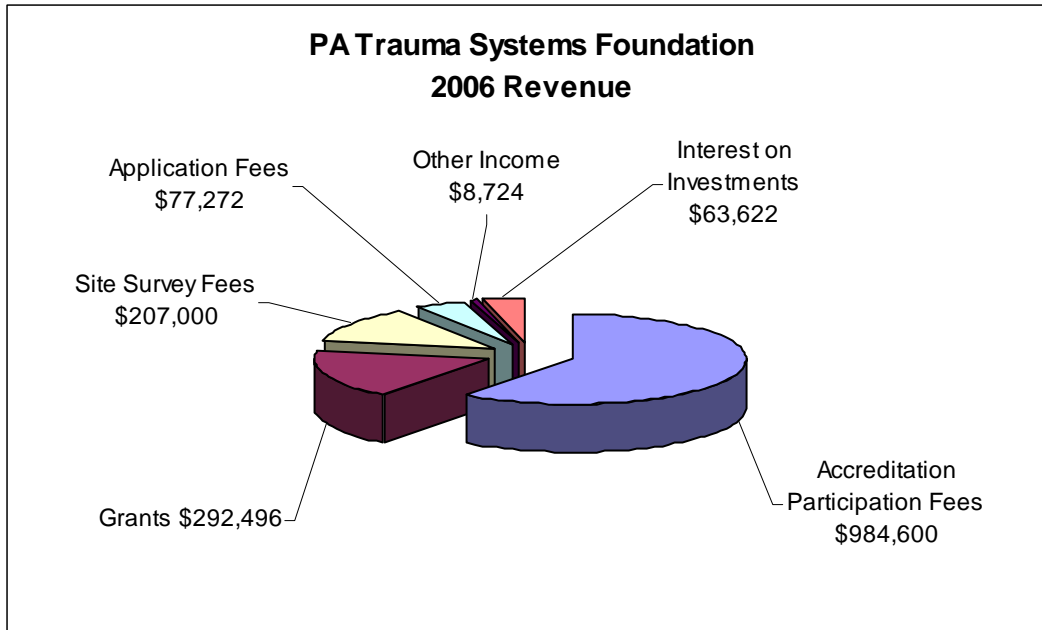
In 2006 the Pennsylvania Trauma Systems Foundation was approached by the Philadelphia Health Management Council and the Firearm Injury and Prevention Center at Penn (FICAP) to support a program funded by the Pennsylvania Department of Health called PIRIS. According to the PIRIS website:

“The goal of the Pennsylvania Injury Reporting and Intervention System (PIRIS) is to identify effective violence reduction strategies and develop programs that incorporate them. PIRIS works to accomplish this by collecting information on gun violence injuries and developing multi-system interventions for victims and perpetrators of gun violence and their families. In order to be eligible for the pilot program, clients must be gunshot wound victims between the ages of 15 and 24 who are admitted to the hospital and live in the Philadelphia area. PIRIS is being implemented as a pilot program in Philadelphia by three trauma centers, the Hospital of the University of Pennsylvania, Temple University Hospital, and Albert Einstein Medical Center.” <http://www.piris-pa.org/index.html>

The PTSF has provided this support through attendance at PIRIS meetings and by providing input and information regarding the data available within our PTOS statewide trauma registry from the involved trauma centers. We have worked as a liaison between the PIRIS project and Digital Innovations, Inc. in the development of a submission method for the PIRIS data.

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'06 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 to manage burn trauma patients in the event of a mass casualty situation. State legislative funds were also received in 2006 to enhance trauma system development in Pennsylvania for hospitals pursuing Level III accreditation and for enhancement of performance improvement activities statewide.



**Pennsylvania Trauma Systems Foundation
Grant Activities
FY'07**

HRSA Bioterrorism Grant (\$150,000) – FY'07

- One third of the money was allocated to the Pennsylvania Division of the American Trauma Society to conduct 16 Advanced Burn Life Support courses in Pennsylvania. A total of 326 providers were educated.
- Two AAAM AIS coding courses were conducted for 45 registrars and trauma coordinators educating them regarding the coding of burn injuries of patients admitted to trauma centers. This data collection supports work of the research and registry committees which use the data to examine quality of care.
- A statewide burn research study was conducted to assess timeliness of transfer of burn patients to burn centers. Morrison Informatics was employed as a consultant to query the PTOS database and work with the PTSF Burn Committee in examining transfer patterns

Legislative Grant (\$100,000) - FY'07

- Trauma System Development and statewide Performance Improvement enhancement was accomplished through refinement of the POPIMS statewide performance improvement software program. Money also supported ongoing meetings of the Committee to Develop Site Survey Outcomes Measurements and education of trauma centers.
- Inter-rater reliability testing was conducted leading to refinement of a mortality preventability classification system.
- Statewide education was conducted by Digital Innovation, Inc and PTSF for the POPIMS statewide Performance Improvement System.

HRSA Trauma Assessment Grant (\$36,000) - FY'07

- The American College of Surgeons, Trauma System Consultation Committee was hired to perform a trauma system wide assessment in two phases. The first meeting in April '07 involved achieving assessment consensus on indicators contained in HRSA trauma model system planning tool. A second meeting took place in July'07 and assessed other key components with discussion of short-term and long-term action plans for Trauma-EMS system wide enhancement in partnership with the Pennsylvania Department of Health Bureau of EMS and the Pennsylvania Emergency Health Systems Council.

Statewide Trauma System Education

During the course of the year the PTSF conducts a variety of regional and statewide educational programs. Some of them are conducted in collaboration with other organizations. Joint annual events include the fall conference developed in collaboration with the Pennsylvania Committee on Trauma and the spring conference conducted as a joint effort with the Pennsylvania Department of Health Bureau of EMS. PTSF sponsored events are conducted by PTSF staff and are geared toward the needs of its trauma centers or those facilities pursuing accreditation. Educational offerings are customized to meet the needs of those requesting support from our office.

- Pennsylvania New Trauma Coordinator Orientation
- Basic COLLECTOR training: April 21 webinar
- COLLECTOR & Outcomes Software Trainings: April 25 Intro to POPIMS webinar;
April 28 Report writing webinar; December 18 and 19 Report Writer training, New Horizons, Mechanicsburg, PA
- PTSF/PaDOH Trauma-EMS Conference: April 6 and 7, Camp Hill, PA
- Level III Trauma Center Web Education: November
- Level III Trauma Center Trauma Registry Training: January 27, Mechanicsburg, PA
- Trauma Care 2006 - Annual Conference: October 19 and 20, Harrisburg, PA

Customized Trauma Center Personnel Education

- On-site registry educational visits were conducted with three Pennsylvania trauma centers and eight hospitals pursuing Level III trauma center accreditation.
- Four additional sessions were conducted at the PTSF office with new registrars from mature trauma centers.
- One new registrar orientation was conducted at the PTSF office for an institution pursuing Level III status.

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
- Leadership Harrisburg Area
- National Association for Health Care Quality
- Pennsylvania Chamber of Commerce
- Pennsylvania Chapter of ACS Committee on Trauma
- Pennsylvania Chapter of the American College of Emergency Physicians
- Pennsylvania Department of Public Welfare
- Pennsylvania Division of American Trauma Society
- Pennsylvania Emergency Health Systems Council
- Pennsylvania Health Information Management Association
- Pennsylvania Legislative Budget and Finance Committee
- Pennsylvania Medical Society
- Pennsylvania State Nurses Association
- Society of Trauma Nurses

PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION STAFF



In order of appearance in photo:

Nathan McWilliams - Director of MIS/Trauma Registry

Juliet Geiger, RN, MSN - Executive Director

Kelly Bernhard - Secretary

Linda Henry - Administrative Assistant

Kristine Lucabaugh - Trauma Registry Data Specialist – *Welcomed in December!*

Paige Jordan, RN, BSN - Director of Accreditation

Kevin Burd - Accreditation Coordinator

2006 COMMITTEES OF THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION

