

***PENNSYLVANIA TRAUMA  
SYSTEMS FOUNDATION***

**ANNUAL REPORT**

2007

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

This annual report for 2007 highlights the activities of the Pennsylvania Trauma Systems Foundation as it celebrates its 22<sup>nd</sup> 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 2007 two major projects were undertaken. The first was bringing the American College of Surgeons (ACS) Trauma Systems Consultation committee to Pennsylvania to perform a system wide assessment. The assessment survey was completed by approximately 100 participants representing the trauma center community and partnering organizations. The results of this survey will serve to provide input to the Foundation in 2008 as we strive to reexamine our vision for the future to assure we are continually raising the bar to optimize care of injured patients regardless of location within the Commonwealth.

The second major project was revising our Standards for Trauma Center Accreditation to reflect the ACS "green book" document released in October of 2006. Gratitude is extended to adult and pediatrics committee chairpersons Jeffrey Bednarski, MD and Robert Cilley, MD and all their members who spent countless hours in assuring that our standards met and exceeded those of the ACS.

Both of the above projects serve to illustrate the focus of PTSF on trauma system development. Pennsylvania can now boast 28 trauma centers, the most in its history. One of those centers is our first Level III trauma center which is setting the stage for further rural trauma development efforts throughout the state.

Above and beyond the projects previously noted, throughout this report you'll read about the many accomplishments achieved by the 14 committees of the Foundation and PTSF staff. We are proud of what we do and thank all of you in the trauma community for supporting us in our efforts. Thanks to you and the support of our legislators, we can be proud of the care delivered by all our trauma centers and look forward to enhancing services with your help in the future.

Sincerely,

Gary Welch, DO, FACOS  
Chairman  
2007 PTSF Board of Directors

Juliet Geiger RN, MSN  
Executive Director  
Pa. Trauma Systems Foundation

## **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 2007 board members and their nominating organizations are listed below:

<b><u>NOMINATING ORGANIZATION</u></b>	<b><u>BOARD MEMBER</u></b>
1. American College of Emergency Physicians	Richard S. MacKenzie, MD
2. Hospital & Healthsystem Association of PA	Bob Pezzoli
3. Hospital & Healthsystem Association of PA	Gavin Kerr
4. Hospital & Healthsystem Association of PA	Kevin Mosser, MD
5. Hospital & Healthsystem Association of PA	Mary M. Mannix (Secretary/Treasurer)
6. Hospital & Healthsystem Association of PA	Margaret McGoldrick (Vice Chair)
7. Pennsylvania Emergency Health Services Council Service Council	William Frailey, DO, FACOEP
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
13. Pennsylvania State Nurses Association	Lanyce Horn, RN, BSN
14. Pennsylvania Osteopathic Medical Association	Gary Welch, DO, FACOS (Chairman)
15. Pennsylvania DOH EMS Office	Joe Schmider
16. Majority Chairman House Health and Welfare Committee	Bryan Cutler (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 Edwin B. Erickson
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 which guides 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
  - Ad Hoc Outcomes Standardization Committee
- Ad Hoc New Trauma Center Committee

## **PTSF Committee Accomplishments**

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

*Chairperson: Dr. Larry Jones*

*PTSF liaison: Nathan McWilliams*

- Assisted PTSF with mass casualty burn preparedness grant by assisting with agenda development for 4/24 PaDOH/PTSF joint conference.
- Completed burn transfer study which investigated burn transfer patterns and compliance with ABA guidelines of patients from non-trauma centers and non-burn trauma centers to burn centers.
- Finalized TRACS/Collector interface with Digital Innovations to facilitate burn data submission to the ABA.

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

#### **Ad Hoc Standardization Committee**

*Chairperson: Dr. Michael Pasquale/ Lanyce Horn*

*PTSF liaison: Paige Jordan*

- Finalized death template to standardize the review of deaths and the input of data into POPIMS.
- Developed abbreviations list.
- Chairman updated trauma center community regarding committee endeavors and national trends at PTSF fall conference.
- Poster presented at EAST conference regarding PTSF inter-rater reliability study conducted in 2006 which examined mortality preventability classifications.

### **Pediatric Standards Committee**

*Chairperson: Dr. Robert Cilley*

*PTSF liaison: Paige Jordan*

- Finalized 2008 pediatric standards of accreditation based on ACS "Resources for Optimal Care of the Injured Patient": 2006.
- Created Level II pediatric trauma standards replacing AQ pediatric standards to reflect ACS standards.
- Created pediatric transfer guidelines for adult centers caring for children.

### **Policy and Procedure Committee**

*Chairperson: Mary Kate FitzPatrick*

*PTSF liaison: Kevin Burd*

- Developed proposal for development of electronic AFS in collaboration with Foundation software vendor.
- Changed policy regarding submission of credentialing information to PTSF. Credentialing compliance will now be associated with a hospital's survey cycle instead of annually.
- Finalized Board accreditation deliberation guidelines.

- Revised New Trauma Center Policy AC-130. Additions included a mandatory accreditation visit and accompanying fee schedule. A mandatory consultative visit was also added starting 2009 for any hospital pursuing trauma center accreditation for the first time.
- Policy BD-106 (Conflict of Interest Policy) was revised to give guidance to board members regarding accepting consultant positions with hospitals pursuing trauma center accreditation.

## **Research**

*Chairperson: Dr. Jack Wilberger*

*PTSF liaison: Nathan McWilliams*

- Five studies submitted by trauma centers were reviewed and approved by the committee.
- Developed a fee schedule for the sale of PTSF data.
- Developed procedures to allow institution identifiers to be released in some studies.
- Developed a motorcycle helmet law position statement. (See page 19)

## **Standards**

*Chairperson: Dr. Jeffrey Bednarski*

*PTSF liaison: Paige Jordan*

- Finalized 2008 adult standards of accreditation based on ACS "Resources for Optimal Care of the Injured Patient": 2006.

## **Trauma Registry**

*Chairperson: Dr. Richard MacKenzie*

*PTSF liaisons: Kristine Lucabaugh and Nathan McWilliams*

- Definitions regarding the abstraction of the clinical data elements were reviewed and revised.
- Definitions regarding the abstraction of the Post ED Destination and ED Discharge time elements were reviewed and revised.

## **2007 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 2007 fourteen hospitals underwent trauma center accreditation surveys.

As a result of those surveys 2 additional hospitals became accredited by the PTSF raising the number of trauma centers in Pennsylvania to twenty-eight. One of those is Pennsylvania's first Level III trauma center.

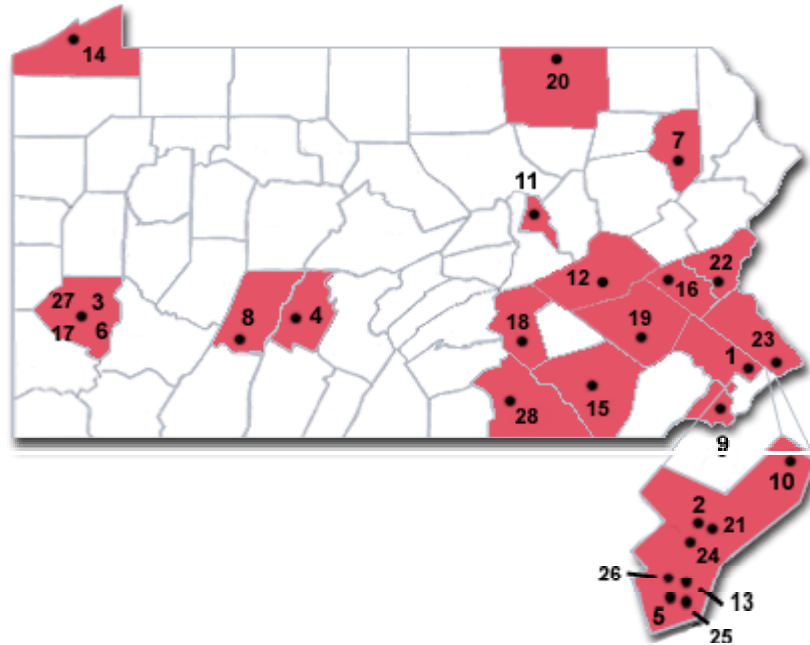
### **Board Accreditation Deliberations**

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

November 1, 2007 through September 30, 2008



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. [Good Samaritan Regional Medical Center \(effective November 1, 2007\)](#)
13. [Hahnemann University Hospital](#)
14. [Hamot Medical Center](#)
15. [Lancaster General Hospital](#)
16. [Lehigh Valley Hospital](#)
17. [UPMC Mercy](#)
18. [Penn State Milton S. Hershey Medical Center](#)
19. [The Reading Hospital and Medical Center](#)
20. [Robert Packer Hospital](#)
21. [St. Christopher's Hospital for Children](#)
22. [St. Luke's Hospital](#)
23. [St. Mary Medical Center](#)
24. [Temple University Hospital](#)
25. [Thomas Jefferson University Hospital](#)
26. [University of Pennsylvania Health System, University of Pennsylvania Medical Center](#)
27. [University of Pittsburgh Medical Center](#)
28. [York Hospital](#)

## 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° and 3° (age <10 or >50): 10%
    - burned area 2° and 3° (age >10 or <50): 20%
    - burned area 3° : >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.

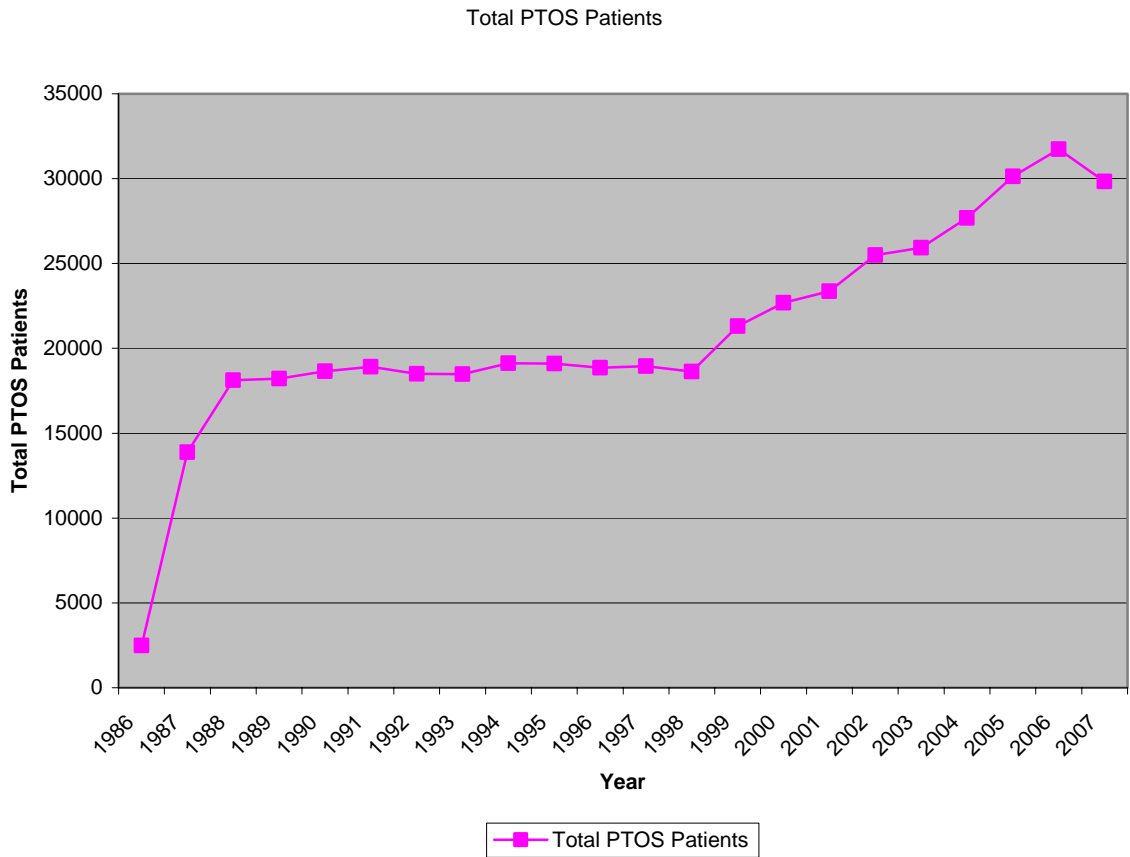
### STATISTICAL HIGHLIGHTS

- There are currently **29,835** patients in the registry with an ED admission date of calendar year 2007.
- The sum total of all trauma patients submitted to the PTOS database as of December 31, 2007 is **460,471**.
- Approximately **26** 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.

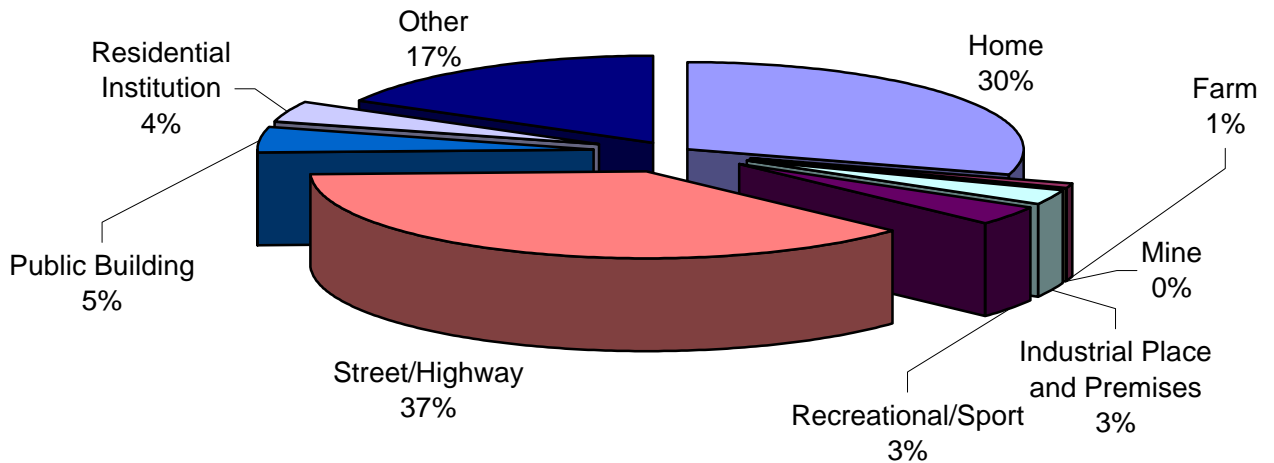


In 1999, one of the PTOS population criteria changed from “All trauma admissions over 72 hours” to “All trauma admissions over 48 hours”. This immediately increased the number of trauma patients that qualified for the PTOS.

## 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 30% range. The “other” category includes patients whose place of injury was unknown.

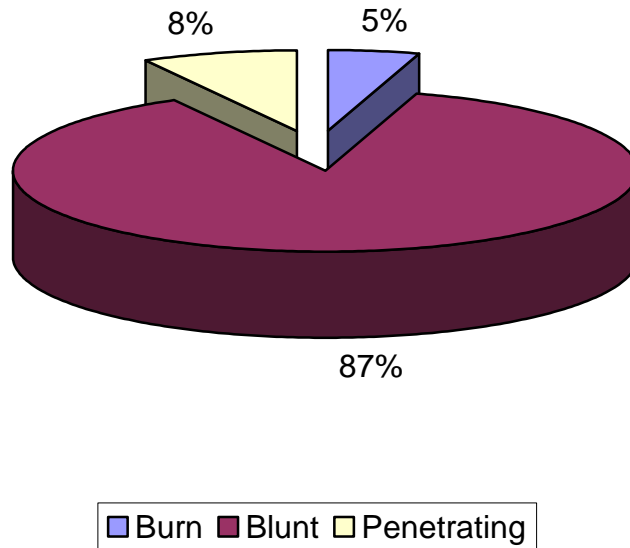
### 2007 PTOS Patients - Place of Injury



### Type of Injury

The vast majority of injuries are caused by motor vehicle crashes and falls, which generally result in blunt injuries. Though penetrating injury comprises only 8% of all injuries, approximately 45% of those penetrating injuries are seen at Philadelphia county trauma centers.

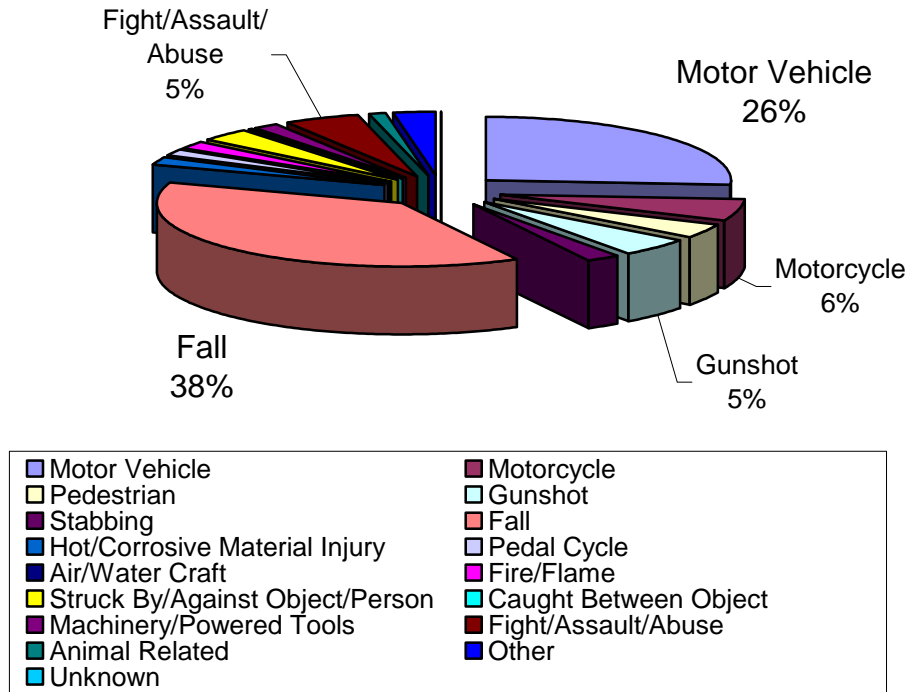
### 2007 PTOS Patients - Type of Injury



## Cause of Injury

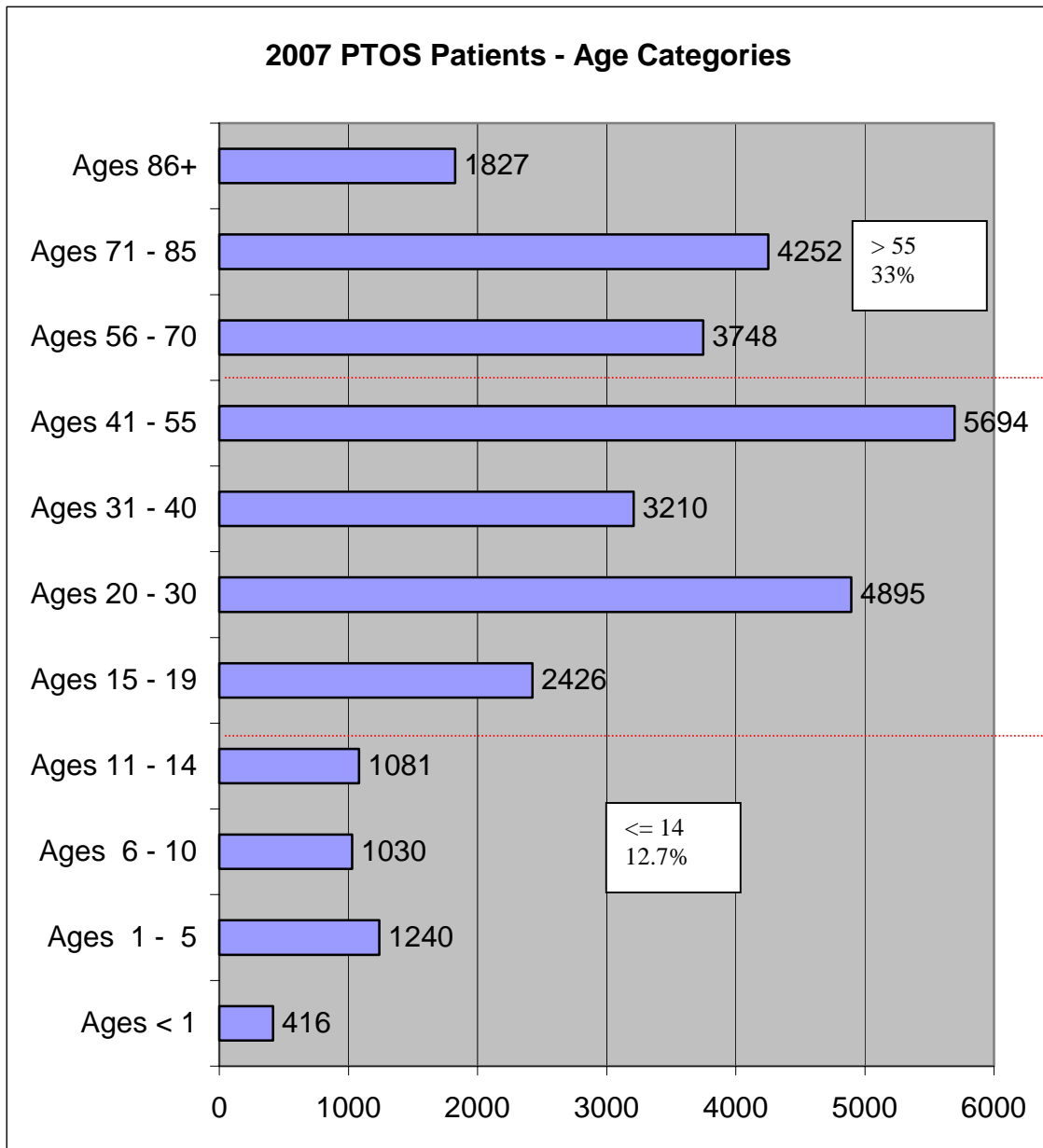
Motor vehicle crashes and falls remain the two primary causes of injuries for patients cared for in Pennsylvania's trauma centers. Motorcycle injuries moved ahead of both Gunshot injuries and Assaults as the third highest cause of injuries in Pennsylvania in 2007.

### 2007 PTOS Patients - Cause of Injury



## Age

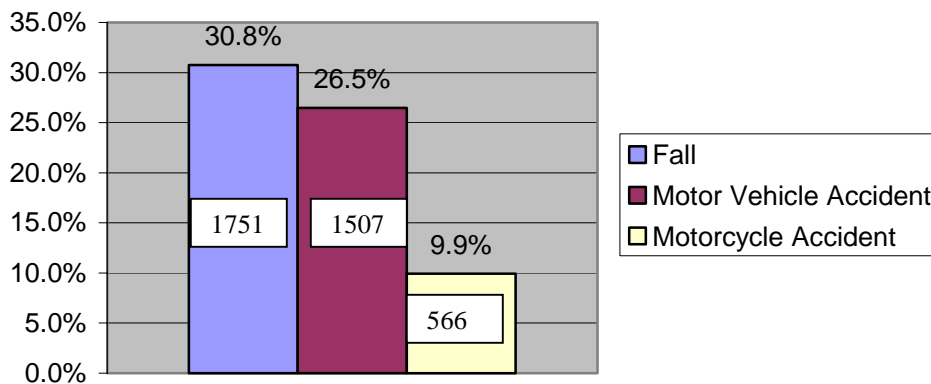
Trauma affects people of all ages. Patients between the ages of 41 and 55 were the age group most often seen by the trauma centers in 2007. Patients greater than 55 years of age represented 33% of the trauma population in 2007, an increase of almost 1% over 2006. Patients 14 years of age and under represented 12.7% of the trauma population in 2007.



### Top Mechanisms of Injury for Largest Age Groups

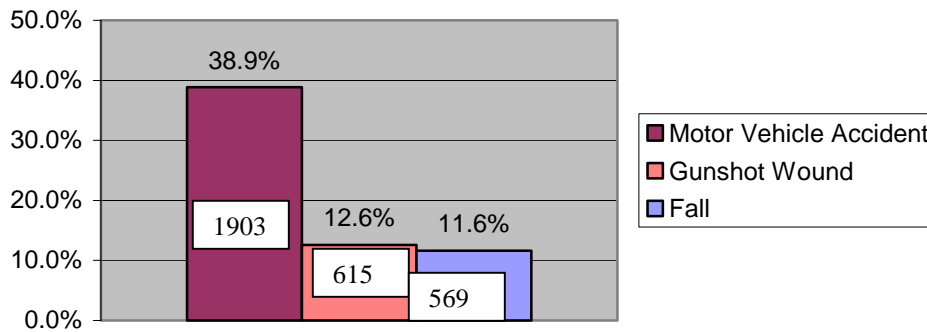
Falls and motor vehicle accidents are the top two mechanisms of injury for patients age 41-55. The number of 41-55 year olds involved in motorcycle accidents increased 1.2% in 2007. For the second largest age group (20-30), gunshot wounds remain the second leading cause of injury. Unlike the 41 to 55 age group, motorcycle accidents are the fifth leading cause of injury for the 20 to 30 age group.

**Mechanism of Injury by Percent for Trauma Patients Ages 41-55**



**Top 3 Mechanisms of Injury**

**Mechanism of Injury by Percent for Trauma Patients Ages 20-30**



**Top 3 Mechanisms of Injury**

## **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. Four of those projects are listed below.

### **Legislative Budget and Finance Committee (LBFC) Motorcycle Study**

In 2003 the motorcycle helmet law was repealed in the commonwealth of Pennsylvania. As part of that repeal the LBFC was mandated to create a report examining the impact of the legislation in 2006 and 2008. In preparation for the 2008 report, Foundation staff met with LBFC staff to begin discussions of the data. The Foundation's trauma registry data will again provide the bulk of the data for the 2008 LBFC report.

### **The Pennsylvania Injury Reporting and Intervention System (PIRIS)**

In 2006 the Pennsylvania Trauma Systems Foundation was approached by the Philadelphia Health Management Corporation and the Firearm Injury and Prevention Center at Penn (FICAP) to support a program funded by the Pennsylvania Department of Health called PIRIS. The goal of the Pennsylvania Injury Reporting and Intervention System (PIRIS) is to identify effective violence reduction strategies and develop programs that incorporate them.

The PTSF continues to provide 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 continue to work as a liaison between the PIRIS project and Digital Innovations, Inc. in the development of a submission method for the PIRIS data.

### **Trauma Stabilization Act Funding**

Since the passage of HB100 in 2004, which supported trauma centers and developing Level III trauma centers with financial support, PTSF continues to provide the Department of Public Welfare with data submitted by trauma centers to the Pennsylvania Trauma Outcome Study. In support of burn center funding, the PTSF provides the Department of Public Welfare with data submitted by burn centers to the Pennsylvania Trauma Outcome Study. In both cases, the PTSF data is used to calculate funding amounts.

### **Pennsylvania Injury Community Planning Group**

In 2007, the PTSF began involvement with the Injury Community Planning Group (ICPG). Developed by federal grant monies in 2005 the mission of the ICPG is to develop a comprehensive and coordinated injury prevention effort which will guide Pennsylvanians to prevent injuries and violence across the lifespan by empowering state and local partners through the collection and analysis of data and the leveraging of resources for injury prevention programs to recapture lost human potential. The PTSF supports this goal by providing data and expertise to the group.

## ***Statement in support of universal motorcycle helmet law*** **by the Pennsylvania Trauma Systems Foundation**

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*The following statement in support of a universal motorcycle helmet law was developed by the Research Committee of the Pennsylvania Trauma Systems Foundation. It was approved by the Board of Directors at its December 2007 meeting.*

Total care of the trauma patient includes endorsement of measures designed to prevent injuries. Regarding the use of motorcycle helmets, the Pennsylvania Trauma Systems Foundation recognizes that:

- The number of patients that have been involved in a motorcycle traffic accident seen at Pennsylvania trauma centers has increased 52.3% since 2003.
- Helmet use by these Pennsylvania patients has decreased from 70.9% in 2003 to 53.8% in 2006.
- When universal helmet use laws are enacted, helmet use increases and fatalities and serious injuries decrease.
- When universal helmet use laws are repealed, helmet use decreases and injuries and associated costs increase.
- The average inpatient care costs for motorcyclists who sustain a brain injury are more than twice the costs incurred by hospitalized motorcyclists without brain injury.
- A large portion of the economic burden of motorcycle crashes is borne by the public.
- In states with universal helmet use laws, helmet use is close to 100 percent.

Therefore, the Pennsylvania Trauma Systems Foundation supports efforts to enact and sustain universal helmet laws for motorcycle riders.

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Max W, Stark B, Root S: Putting a lid on injury costs: The economic impact of the California motorcycle helmet law. *J Trauma*, 45:550-556, 1998.

National Highway Traffic Safety Administration: Report to Congress: Benefits of Safety Belts and Motorcycle Helmets. (DOT HS 808 347). Washington DC: U.S. Department of Transportation, February 1996.

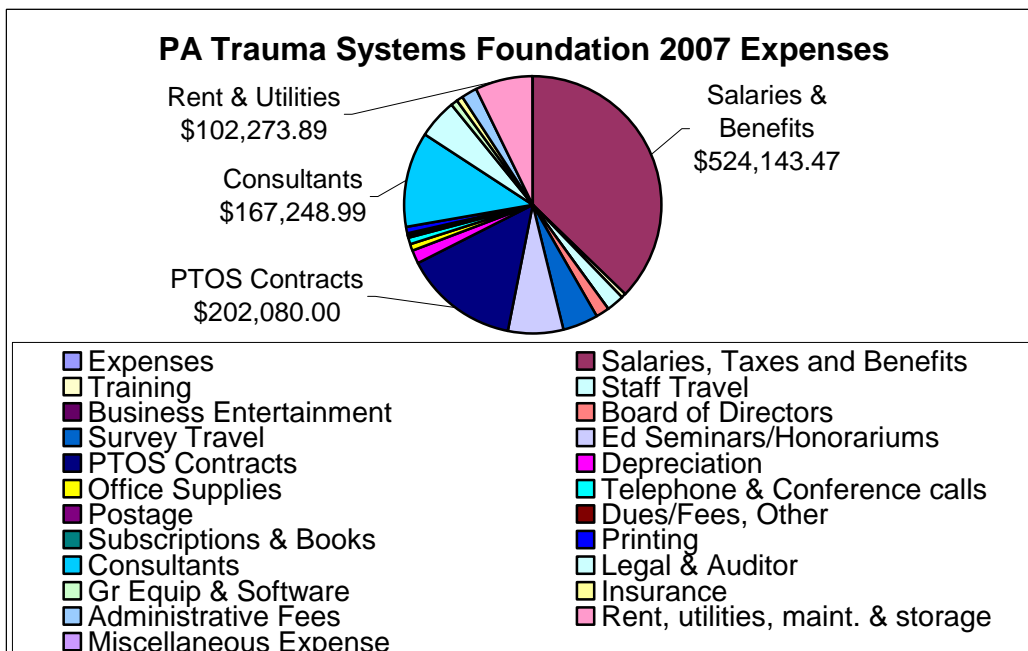
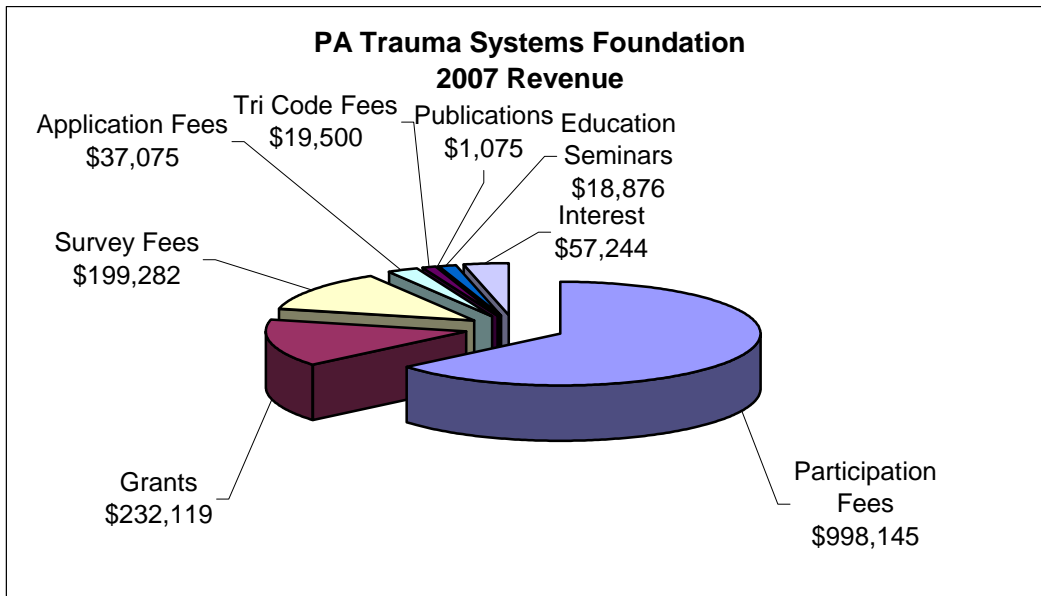
Offner PJ, Rivara FP, Maier RV: The impact of motorcycle helmet use. *J Trauma*, 32:636-641, 1992.

United States General Accounting Office: Highway Safety: Motorcycle Helmet Laws Save Lives and Reduce Costs to Society. (GAO/RCED-91-170). Washington DC: U.S. General Accounting Office, July 1991.

Data provided by the Pennsylvania Trauma Outcome Study 2003-2006.

## 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. Occasionally federal and state grants are obtained. State legislative funds were received in FY'07 for \$50,000 to enhance trauma system development in Pennsylvania for hospitals pursuing Level III accreditation and for enhancement of performance improvement activities statewide. HRSA funding was received in FY'07 for \$150,000 to conduct burn education and research to prepare for a mass casualty incident. Revenue: 1,563,315. Expenses: 1,408,850



## **Grant Activities FY'08**

**Legislative Grant (\$50,000):** Trauma System Development and statewide Performance Improvement enhancement is being accomplished through refinement of the POPIMS statewide performance improvement software program.

### **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. Education provided by the Foundation in 2007 included the following:

#### **PTSF Sponsored Educational Conferences**

- March: Level 3 webinar for hospitals pursuing trauma center accreditation
- April: American College of Surgeons trauma system assessment – Part I
- April: PTSF/PaDOH Trauma-EMS Conference
- June: AIS trauma coding course
- July: AIS trauma coding course
- July: ACS trauma system assessment – Part II
- October: Trauma Care 2007 - Annual Conference: Lancaster, PA

#### **Customized Trauma Center Personnel Education**

- On-site registry educational visits were conducted with **25** Pennsylvania trauma centers and **6** hospitals pursuing Level III trauma center accreditation.
- One new registrar orientation was conducted at the PTSF office for an institution pursuing Level III status.
- Three on-site accreditation educational visits were conducted to prepare hospitals for trauma center accreditation.

## **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
- Firearm Injury and Prevention Center at Penn
- 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 Health Management Corporation
- Pennsylvania Legislative Budget and Finance Committee
- Pennsylvania Medical Society
- Pennsylvania Office of Rural Health
- 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

**Paige Jordan, RN, BSN** - Director of Accreditation

**Kevin Burd** – Projects Coordinator

## 2007 COMMITTEES OF THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION

