

The following communication highlights recent approvals from the PTSF Board of Directors meeting held on Thursday, September 16, 2021. If you have questions related to the content of this update, please contact [Juliet Altenburg](#), MSN, RN—Executive Director.

LEVEL IV TRAUMA CENTER ACCREDITATION APPROVED FOR FOUR HOSPITALS

The PTSF Board of Directors approved Level 4 trauma center accreditation to four hospitals in Pennsylvania effective November 1, 2021. Congratulations to the following hospitals:

- [Adult Level IV Trauma Center Accreditation](#)
Geisinger Jersey Shore Hospital – Jersey Shore, PA
- [Adult Level IV Trauma Center Accreditation](#)
Geisinger Lewistown Hospital – Lewistown, PA
- [Adult Level IV Trauma Center Accreditation](#)
Geisinger -- St. Luke's Hospital – Orwigsburg, PA
- [Adult Level IV Trauma Center Accreditation](#)
St. Luke's University Health Network -- St. Luke's Hospital – Lehighon Campus – Lehighon, PA

These accreditations will bring the total number of accredited trauma centers to 50 in Pennsylvania on November 1st. To see the latest PTSF press release regarding the status of accredited trauma centers, please [CLICK HERE](#).

PTSF ANNUAL CONFERENCE & MEETING

PTSF's *virtual* Fall Conference and meeting is October 13-14, 2021; please plan to attend. Attendees must [REGISTER ONLINE](#). Trauma Program Managers received a coupon code to attend for NO FEE and can share it with you, or you can contact [Kevin Burd](#) for this coupon code.

Applications for CE/CME and CSTR credits were submitted. Registered attendees can attend the live event and/or will have access for 30-days post-conference and will have the opportunity to receive continuing education credit during that time.

The 13th Annual Major John P. Pryor Memorial Lecture titled, "The National Stop the Bleed Initiative: Maintaining Momentum During a Pandemic," will be presented by Dr. Mark Gestring, MD, FACS. Dr. Gestring is the Director of Adult Trauma at Strong Regional Trauma Center, and Assistant Professor of Surgery and Emergency Medicine at the University of Rochester Medical Center in Rochester, New York. PTSF wishes to thank PATNAC for their ongoing support for the lecture series.

Additional highlights include topics on Trauma Research; Best Practices in Trauma Care; Diversity, Equity, and Inclusion; Firearm Injury; Performance Improvement; Trauma Registry; Technology Updates; the PaCOT Resident Trauma Papers Competition—and so much more! For the full [SCHEDULE OF EVENTS](#) click the link to "Learn More" on the PTSF website's homepage.

All attendees are required to complete an evaluation to receive educational credits. We also ask that you complete the evaluation and answer an important question about the 2022 Conference—whether you would like it to be a virtual conference or return to an in-person event.

POLICY & PROCEDURE COMMITTEE UPDATE

Jo Ann Miller, MSN, RN, TCRN—Committee Chair

[Kevin Burd](#)—staff liaison

The Board of Directors approved the following Accreditation policy changes that the Policy & Procedure Committee proposed during the September board meeting, including:

AC-114 Certificates of Accreditation

- Clarification was added for new trauma centers related to the effective date of the hospital's trauma center accreditation.

AC-128 Notification Regarding Changes in Trauma Center Operations

- Clarification was added related to the timeframe for notification of changes in operations.

AC-129 Process for use of Non-Board-Certified Physician: Alternate Pathway

- Clarification was added related to process, as well as PTSF staff review, and board approval of alternate pathways.

These policies are currently being revised and will be posted to the website by October 15, 2021. When posted, Trauma Program Managers/Coordinators will be notified.

TRAUMA REGISTRY COMMITTEE UPDATE

Deborah Chappel, MSN, RN, CCRN-K—Trauma Registry Committee, Chair

[Lyndsey Diehl](#), RHIA, CHDA, CSTR—Trauma Registry Committee, Staff Liaison

The PTSF Board of Directors approved the following changes to PTOS/Collector during the September 2021 board meeting. These changes will be reflected in the 2022 PTOS Manual and 2022 Collector software and are effective January 1, 2022. All changes to PTOS/Collector for 2022 admissions will be discussed in detail during the PTSF Fall Conference.

1. Language to be added to the PTOS Inclusion Criteria to clarify the capturing of readmissions in PTOS.

a. Proposed Language:

If a patient that previously met the PTOS inclusion criteria is discharged from your facility and later returns to your facility for treatment due to the same injury mechanism, the patient's subsequent encounter(s) should be excluded from PTOS.

If a patient that was previously seen at your facility did not meet the PTOS inclusion criteria prior to discharge and later returns to your facility for treatment due to the same injury mechanism, the patient's subsequent encounter should be considered for inclusion in PTOS. The subsequent encounter must meet the PTOS inclusion criteria in order for the patient to be captured as a PTOS patient.

2. Changes to the PTOS dataset based on the 2022 NTDB/TQIP changes.

- a. Blood Elements: Whole Blood, Plasma, Platelets, Packed Red Blood Cells, Cryoprecipitate
 - i. Add "exclude cell saver blood"

- b. Require Plain radiography of whole body, Plain radiography of whole skeleton, and Plain radiography of infant whole body to be captured in PTOS.
 - c. Updated Definitions for:
 - i. Pre-existing Condition – Disseminated Cancer
 - ii. Pre-existing Condition – Steroid Use
 - iii. Pre-existing Condition – Hypertension
 - iv. Pre-existing Condition – Advanced Directive Limiting Care
 - v. Pre-existing Condition – Prematurity
 - vi. Pre-existing Condition – Angina Pectoris
 - vii. Hospital Event – Osteomyelitis
 - viii. Hospital Event – Unplanned Visit to the OR
 - ix. Hospital Event – Unplanned Admission to ICU
 - d. Hospital Event language changed from “Must have occurred during the patient's initial stay at your hospital” to “Onset of symptoms began after arrival to your ED/hospital.” for the following:
 - i. Acute Kidney Injury (AKI), Acute Respiratory Distress Syndrome (ARDS), Alcohol Withdrawal Syndrome, Cardiac Arrest w/ CPR, Catheter-Associated Urinary Tract Infection (CAUTI), Central-Line Associated Blood Stream Infection (CLABSI), Deep Surgical Site Infection, Deep Vein Thrombosis (DVT), Delirium, Myocardial Infarction (MI), Organ Space Surgical Site Infection, Osteomyelitis, Pulmonary Embolism, Pressure Ulcer, Severe Sepsis (added to PTOS for 2022 admissions), Stroke/CVA, Superficial Incisional Surgical Site Infection, Ventilator-Associated Pneumonia (VAP)
3. Allow a GCS of 15 can be recorded based on documentation of “AAOx3” with no other contradicting documentation.
- a. Proposed language: “If a patient does not have a numeric GCS recorded, but documentation of their level of consciousness is “AAOx3” or “awake alert and oriented status”, report this as GCS of 15 IF there is no other contradicting documentation.
4. Remove the language that states, “Open cardiac massage should not be considered intrathoracic surgery for the purpose of this audit filter” from the definition for Audit Filter 13.
5. Add language stating documentation of PEA be recorded as 1, arrived with no signs of life, for the “Signs of Life” data element.
6. The addition of an “Other” and corresponding “Other Specify” option to the Tourniquet Location menu.
7. Addition of an auto-calculation to calculate the time between a change in the level of alert if applicable.
8. The Receiving Facility tab of Collector to open for data completion when 2, other hospital, is entered as the Discharge Destination.
9. Clarification regarding “mixed flora” added to the Hospital Event UTI definition.
- a. Add “Exclude urine specimen with “mixed flora.” to definition.

10. Changes to the data elements for monitoring during radiology and CT studies to align with an approved change to the Standards of Accreditation.

a. Revised language:

PATIENT MONITORING DURING RADIOLOGY STUDIES

- 1 = Yes – ~~an RN or a CRNA~~ **Personnel trained to fully monitor the patient** was present with the patient during radiological study. (The presence of the RN, **physician, APP, or CRNA or other personnel trained to monitor patients**, patient vital signs, and/or care rendered must be documented).
- 2 = No – ~~an RN or a CRNA~~ **Personnel trained to fully monitor the patient** did not accompany the patient during the studies.
- 3 = No radiological studies were performed on the patient during the resuscitative phase (the resuscitative phase is the time between ED arrival and Time Transported to Post ED destination).
- 4 = **Hospital policy does not require patient to be monitored during transport to and from radiology**

Additional Information

- Radiology studies refer to radiology studies, other than CTs performed at your facility during the resuscitative phase.
- If the radiology studies are done via a portable x-ray in the trauma bay, then the response should be “1” (yes).
- This question will automatically skip if the patient was a direct admit.
- **The response cannot be “4” if the patient is the highest-level trauma activation (first level)**

PATIENT MONITORING DURING CT STUDIES

Was the patient monitored during CT studies during the resuscitative phase (the resuscitative phase is the time between ED arrival and Time Transported to Post ED Destination)

- 1 = Yes
- 2 = No
- **3 = Hospital policy does not require patient to be monitored during transport to and from radiology**

Additional Information

- For an answer of “yes”, ~~an RN or Nurse Anesthetist~~ **Personnel trained to fully monitor the patient** must accompany the patient, with documentation of presence, care, and/or vital signs
- If the CT scan(s) are done directly in the ED or trauma bay, then the response should be “1” (yes).
- This question will automatically skip if the patient was a direct admission
- **The response cannot be “3” if the patient is the highest-level trauma activation (first level)**

11. Audit Filters 4a, 4b, and 5 be changed to optional elements that are not submitted to the central site (PTSF).

These approvals conclude the changes for 2022 admission. The 2022 PTOS Manual will be released and posted to the PTSF website in mid-December.

The next Trauma Registry Committee meeting is scheduled for November 18, 2021. Please send any requests for discussion to [Lyndsey Diehl](#) by November 4, 2021. Changes discussed at this meeting and then approved by the PTSF Board of Directors at the December 2021 Board Meeting will not take effect until January 1, 2023.

STANDARDS OF ACCREDITATION COMMITTEE UPDATE

Charles Barbara, MD—Committee Chair

Kimberly Gorman, DNP, AG-ACNP-BC, RN, CNL, CNRN, TCRN—Committee Vice-Chair

[Darlene Gondell](#), MSN, RN, CCRN-K, CNRN, TCRN—Staff Liaison

The Board of Directors approved the following Standards of Accreditation changes and clarifications that the Standards of Accreditation Committee proposed during the September board meeting, including:

Standard 6: PIPS

- Clarified that registrars functioning in the PI role must be an RN.

Standard 6: PIPS

Standard 10: Physicians

Glossary

- Clarified Multidisciplinary Peer Review Meeting attendance requirements.
- All Trauma/General Surgeons must attend 50% of meetings, regardless of the amount of call. Back-up Trauma Surgeons—who only serve in this capacity on the back-up call schedule, and not on the primary trauma call roster, are not expected to participate in 50% of multidisciplinary peer review committee meetings.
- The definition of excused absences was expanded to include situations that are not excused and included within Standard 6.
 - Excused Absences definition: Peer-review meeting attendance may be waived / pro-rated for military deployment, medical leave, and missionary work. The center must provide documentation to support the excused absence. Vacation, patient care, illness and contracted but not working that month are not excused absences and may not be prorated. TPMD/Liaison providing a review of the meeting minutes to the absent provider cannot be counted as attendance at the meeting. Per Diem providers, providers rotating from another hospital, and Locum Tenens providers cannot have attendance expectations prorated based on amount of call taken.
- A new reference for calculating meeting attendance is available on the last page of Standard 6. The reference includes examples of unique provider situations that can affect meeting attendance tracking.

Standard 10: Physicians

Standard 11: Advanced Practitioners

Standard 12: Residency Programs

Standard 13: Nursing

Standard 16: Emergency Department

Standard 19: Intensive Care Unit

- PTSF acknowledges the value of ACLS and PALS (or equivalents) in the care of patients. However, as the accrediting body for Trauma Centers, the scope of PTSF must be specific to Trauma Center operations and trauma patient care. Therefore, the Standards have been revised to reflect that PTSF will not include within its purview the maintenance of ACLS and PALS. Hospitals should define which clinicians require maintenance of ACLS and/or PALS and monitor their compliance.

Standard 24: Collaborative Services

- Added a new subcategory in this standard: Acute Pain Management. The utilization of a pain management resource as a consultant for trauma care is recommended. This may be a formal pain management service, a representative from pharmacy, or an identified liaison from the trauma program. A protocol for multimodal analgesia (MMA) regimens and limited duration prescriptions is recommended.
 - This is optional and not a requirement.

In addition to the above Standards of Accreditation updates, the Standards Committee wants to support Trauma Programs in the unique situations they may experience in tracking the multidisciplinary peer review meeting attendance. Therefore, an educational video “Tracking Trauma Meeting Attendance” is in development and will be available on the PTSF website. Stay tuned for communication on when it is posted.

The revised Standards of Accreditation will be available on the PTSF web site [dated 10.15.2021] with additional details. Please submit any requests for Standards Committee topic discussion (for example, suggested new standard or clarification of current standard) anytime in this [form](#) or directly to Darlene Gondell at dgondell@ptsf.org. The next Standards Committee meeting occurs in October.

TECHNOLOGY & TRAUMA REGISTRY UPDATES

ESO UPDATE

PTSF staff is committed to supporting PA trauma centers and continues to advocate on behalf of all PA trauma centers to get ESO related issues resolved in a timely fashion. To help us best support you, we ask that all customer service concerns brought to the attention of ESO also be communicated directly to Lyndsey Diehl, PTSF Director of Trauma Data Quality at ldiehl@ptsf.org.

Remember, a new support email address has been created for use by PA trauma centers. The new email address is support.ptsf@eso.com. NOTE: For high priority items, call into the ESO Support line at 866-766-9471 (select option 3) to connect with a registry technical support representative. If you are not directly connected to a representative, please leave a voicemail. ESO should call you back within one hour.

ASN SUPPORT

PTSF staff has been informed by ESO that the Analytic Solutions Network (ASN) support email is no longer in effect. If you have an ASN specific question or concern, please e-mail support@di.eso.com.

PTOS QUARTERLY REPORTS AND DRILLER

PA Trauma Centers should have recently received their Q2 2021 Quarterly Reports. Q3 2021 Quarterly Reports will be sent by the end of October. PTSF staff is working with ESO to update Driller with 2021 data as soon as possible. Thank you for your patience.

NTDS/TQIP UPDATES

- 2022 NTDS Data Dictionary
The 2022 NTDS Data Dictionary has been released! Click on this hyperlink, or copy it to your browser to download the data dictionary and review the current change log: <https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds/data-dictionary>.
- Submitting a Change Request to the NTDS/TQIP
To submit a change request to the NTDS/TQIP click on this hyperlink, or copy it to your browser to download the data dictionary and review the current change log: <https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds>. Click “Data Dictionary Revision Site” from the menu on the left-hand side of your screen. Login and follow the instructions provided.
- NTDS Data Hierarchy
The data source hierarchy guide for each NTDS data element is simply a guide. Other data sources not listed in the NTDS can be used if the information meets the NTDS definition. For example, if a psychologist documents delirium or the behaviors listed in the definition, and it occurred during the patient’s initial stay at the hospital, then Delirium should be captured as a Hospital Event for the patient. This is true even though psychologist is not included in the data source hierarchy guide for this hospital event.
- 4-Year Cycle
PTSF has been informed that the NTDS plans to update any Hospital Event definition that is consistent with another organization’s definition every four (4) years. For example, the NTDS utilizes the January 2020 CDC definition of Bone and Joint Infection for the Hospital Event Osteomyelitis. You can expect this definition to be updated to be consistent with the January 2024 CDC definition of Bone and Joint Infection in the future. Note, that PTOS captures the same Hospital Events as the NTDS, and therefore PTOS will follow this same cycle.

PA-TQIP COLLABORATIVE UPDATE

Denise Torres, MD – Geisinger Medical Center
Russell Dumire, MD – Conemaugh Memorial Medical Center
Donna Titus, MSN, RN, CEN – Jefferson Torresdale
Jill Volgraf, BA, RN – Temple University Hospital
[Rebecca Geyer](#), MSN, RN, TCRN – PTSF Staff Liaison
[Gabrielle Wenger](#), RHIT, CPC, CAISS, CSTR – PTSF Staff Liaison

The PA-TQIP Collaborative is currently working on reviewing our penetrating data, based upon opportunities identified in the Spring 2021 collaborative reports. The PA-TQIP Collaborative approved a list of data elements to be reviewed, including data points that will be abstracted by each trauma center. Trauma centers should receive their individual data report the first week of October and will have until October 29 to submit their updated data back to the Collaborative. Penetrating data to be reported out at the November PA-TQIP Collaborative.

[VTE Prophylaxis best practice management guidelines](#) were discussed, specifically with ongoing challenges regarding limited consensus regarding VTE prophylaxis in spine and TBI patient populations. Collaborative members completed a survey for additional insights into this population. A small workgroup will be formed with neurotrauma input for potential next steps. If your center has a neurotrauma surgeon (NS, Spine, Ortho) that is interested in supporting this, please reach out to [Rebecca Geyer](#) or [Gabrielle Wenger](#).

The PA-TQIP Collaborative has also started a Pediatric-focused workgroup. This workgroup is working to establish Radiologic recommendations for the Pediatric trauma patient to help guide radiologic scans in pediatric patients from referring centers.

PIPS COMMITTEE UPDATE

Richard Lopez, DO Committee Chair – Geisinger Wyoming Valley
Kim Shoff, BSN, RN, CCRN-K Committee Vice Chair – WellSpan York Hospital
[Rebecca Geyer](#), MSN, RN, TCRN – PTSF Staff Liaison
[Gabrielle Wenger](#), RHIT, CPC, CAISS, CSTR – PTSF Staff Liaison

The PIPS Committee made the recommendation for Audit Filters 4a, 4b and 5 (see below) to be changed from blue fields (optional but submitted to the central site) to white fields (optional and not submitted to the central site). This recommendation went to the Registry Committee and was approved. Software will be updated to reflect this change.

- Audit Filter 4a: Absence of sequential neurological documentation on emergency department record of trauma patients with a diagnosis of skull fracture or intracranial injury
- Audit Filter 4b: Absence of sequential neurological documentation on emergency department record of trauma patient with a diagnosis of spinal cord injury
- Audit Filter 5: Absence of at least hourly determination and recording of blood pressure, pulse, and respirations measurements for a trauma patient, beginning with arrival in the resuscitation area and including time spent in radiology up to admission, death, or transfer to another hospital.

The PIPS Committee will have an ad hoc committee meeting on November 23, 2021, to continue discussions regarding Undertriage Opportunities for Improvement. The final PIPS meeting of the year will be held on December 7, 2021. Both meetings will remain virtual.

OPERATIONS UPDATE

Submitted by [Kevin Burd](#), Director of Operations

PTSF Directory

PTSF maintains directories for both Accredited Trauma Centers and hospitals pursuing trauma center accreditation. Names in the directory are also placed within PTSF email groups that are used for PTSF communications. Please submit any changes for your hospital's directory page to PTSF administrative assistant [Linda Stamey](#).

Address Change

Please be advised that PTSF has a new mailing address, although the physical location has not changed. Please inform your accounting/billing departments. The new address is:

Pennsylvania Trauma Systems Foundation
275 Cumberland Parkway, #234
Mechanicsburg, PA 17055

We still encourage use of electronic correspondence (EMAIL) since all paper mail is scanned and stored electronically. The only communications that should be mailed through the postal service are hospital payments of trauma center fees.

Thank you for your attention as we attempt to **GO GREEN** when possible!

NEW TRAUMA PROGRAM LEADER ORIENTATION

Trauma Nurse Colleagues, the *New Trauma Program Nurse Leader Orientation* is scheduled on Wednesday, November 10, 2021, from 10 a.m. until 2:30 p.m. This optional course offers an overview for nurse leaders who are new to their roles in both accredited trauma centers and hospitals pursuing trauma accreditation. The primary audience includes Trauma Program Coordinators/Managers, Trauma Program Directors and Trauma Performance Improvement Coordinators.

Provided by PTSF staff, this course features several topics to orient you, and guide you in your new role. Highlights include the American College of Surgeons (ACS), PTSF, Trauma Registry, Trauma Performance Improvement, Site Survey & Accreditation, Trauma Program Resources, and “Hot Topics in Trauma.”

[REGISTRATION](#) is open until November 1, 2021. If you have any questions about the New Trauma Program Nurse Leader Orientation, please contact [Anna Over](#), Manager of Trauma Center Development.

STATE, NATIONAL, AND INTERNATIONAL CONFERENCES/MEETINGS

Save the Date . . . for upcoming events. If you have events that you would like to advertise on the PTSF calendar, contact [Linda Stamey](#). Remember to check these organization’s websites. Dates are subject to change based on the latest COVID-19 guidance.

Scheduled meetings include (this is not an inclusive list, please let us know if we missed any events):

- September 20-22, 2022 -- [AHIMA Conference sessions available October 1 through November 5](#)
- October 13-14, 2021 – **[PTSF Annual Conference & Meeting \(Virtual\) Register Today!](#)**
- October 19-22, 2021 -- [Association for the Advancement of Automotive Medicine \(Virtual Conference\)](#)
- October 23-27, 2021 -- [American College of Surgeons Clinical Congress \(Virtual Conference\)](#)
- October 25-28, 2021 -- [American College of Emergency Physicians \(ACEP\) Scientific Assembly](#)
- November 4-6, 2021 -- [Pediatric Trauma Society 7th Annual Meeting](#)
- November 15-17, 2021 -- [ACS/TQIP Annual Conference \(Virtual Conference\)](#)
- January 11-15, 2022 – [EAST 35th Annual Scientific Assembly](#)
- February 6-9, 2022 -- [Society of Critical Care Medicine 51st Critical Care Congress](#)
- February 20-25, 2022 -- [Western Trauma Association Annual Meeting](#)
- March 3-4, 2022 -- [Annual John M. Templeton Jr. Pediatric Trauma Symposium](#)
- March 22-26, 2022 -- [American Academy of Orthopaedic Surgeons Annual Meeting](#)
- March 27, 2022 – [Medical Disaster Response \(in conjunction with TCCACS\)](#)
- March 28-30, 2022 -- [Trauma, Critical Care & Acute Care Surgery Conference \(MATTOX VEGAS TCCACS\)](#)
- March 30-April 1, 2022 -- [Society of Trauma Nurses TraumaCon 2022](#)
- April 5-6, 2022 -- [American Trauma Society -- Pennsylvania Division](#)
- April 5-8, 2022 -- [American Burn Association Annual Meeting](#)
- April 19-May 7, 2021 -- [Trauma Center Association of America \(Virtual Conference\)](#)
- May 12-15, 2022 -- [Annual Meeting of the American Pediatric Surgical Association](#)
- September 21-24, 2022 – The American Association for the Surgery of Trauma Annual Meeting
- October 1-4, 2022 – American College of Emergency Physicians Scientific Assembly
- **October 5-7, 2022 – PTSF Annual Conference & Meeting – Save the Date!**
- October 16-20, 2022 – American College of Surgeons Annual Meeting—Clinical Congress

NEED TO CONTACT A PTSF STAFF MEMBER?

Follow this [LINK](#).