

# Board of Directors and PTSF Office Update

June 2022

The following communication highlights news from the PTSF office and recent approvals from the PTSF Board of Directors meeting on May 20, 2022. If you have questions related to the content of this update, please contact [Juliet Altenburg, MSN, RN](#)—Executive Director.

## PTSF STAFF UPDATE

### HAPPY RETIREMENT TO LINDA STAMEY!



On Monday, May 31st, the PTSF staff held a retirement celebration for Linda Stamey, PTSF Administrative Assistant, wishing her well after 12 years of service to PTSF. Linda was the kind and reassuring voice behind every call of support and assisted her fellow PTSF colleagues with many logistical office details. One of her favorite times was interacting with trauma center staff at the registration desk as part of the PTSF Fall Conference. Linda will be welcoming her grandchild soon and looks forward to her next chapter with her growing family. We wish her well and thank her for her many years of joyful service!

### JOB OPPORTUNITIES

As part of the PTSF Strategic Plan, additional positions were added to the PTSF office to expand services. We continue to interview candidates for positions in the areas of Accreditation, Trauma Registry, Research, and Operations. Outstanding benefits, meaningful work, and tremendous professional growth opportunities await! Check us out and apply at: [BambooHR](#)

### TECHNOLOGY & TRAUMA REGISTRY UPDATES

[Lyndsey Diehl](#), RHIA, CHDA, CSTR, Director of Trauma Registry

#### Signatures Required!

As a best practice, the Pennsylvania Trauma Systems Foundation routinely reviews its privacy practices. As part of this effort, and in furtherance of PTSF's commitment to protecting the privacy and security of data submitted by trauma centers, PTSF has made updates to agreements associated with our data security processes.

All Trauma Program Managers and Coordinators at accredited and pursuing trauma centers should have received an email from DocuSign on May 18<sup>th</sup> or May 19<sup>th</sup>. This email provides you with access to the documents your center is required to sign and submit back to PTSF. There is also a cover letter summarizing changes that were made to any associated documents. Within DocuSign, you are able to "reassign" the documents to whomever is the appropriate reviewer and/or signer at your facility. If you have not received an email from DocuSign, or you are having trouble working in DocuSign, please contact Lyndsey as soon as possible.

We ask that you review and return these documents as soon as possible. Do not hesitate to contact Lyndsey with any questions you may have throughout this process. PTSF thanks you for your time and cooperation!

## 2022 Mid-Year Patch

A software patch to correct identified issues and errors within the registry software is currently being developed. The patch is scheduled to be released at the end of June. Further information will be distributed by PTSF and ESO staff in the coming months.

## COMMITTEE UPDATES

### STANDARDS OF ACCREDITATION COMMITTEE

Committee Chair: Kimberly Gorman, DNP, AG-ACNP-BC, CNL, CCRN, CNRN, TCRN

Board Committee Vice Chair: Patrick Kim, MD

PTSF Staff liaison: [Darlene Gondell](#), MSN, RN, CCRN-K, CNRN, TCRN, Manager of Accreditation

The Standards Committee and PTSF Board of Directors approved the following changes and clarifications to the Standards of Accreditation.

#### Standard 10: Physicians

- Revised the Level IV Trauma Center General Surgery Standards to be dependent on the level of participation in the care of the injured patients. The hospital will determine if General Surgeons will not participate, will participate as a Trauma Service, or participate as subspecialty consultants.
  - General Surgeons are considered a Trauma Service if they meet at least 1 of the following: involved in trauma activations, admitting injured patients, and/or performing operative care to injured patients (except wound management). General Surgery as a Trauma Service must have 24/7/365 coverage, and each General Surgeon must maintain board certification/eligibility, ATLS, and 50% attendance at the Multidisciplinary Peer Review meeting.
  - General Surgeons are considered a subspecialty consultant service if they meet all of the following: not involved in trauma activations, not admitting injured patients, and not performing operative care to injured patients. General Surgeons can be consulted and utilized for wound management, wound debridement, and external hematoma management. General Surgery as a subspecialty consultant service must have 24/7/365 coverage, assign 1 Liaison to attend 50% of the Multidisciplinary Peer Review meeting, and each General Surgeon must maintain board certification/eligibility.
  - This is an optional addition, effective immediately.
- Clarified that Other Surgical Specialties (#12) and Other Non-Surgical Specialties (#13) at Adult Level I-III Trauma Centers and Pediatric Level I-II Trauma Centers must have 24/7/365 call schedules without gaps in coverage.
  - This clarification is effective immediately.
- Clarified the expectation for the surgical specialist Oral/Maxillofacial Surgery at Adult and Pediatric Level I-II Trauma Centers. Revised the verbiage to: Craniofacial Expertise.
  - Level I Trauma Centers must have surgeons with Craniofacial Expertise capable to diagnose and manage acute facial fractures of the entire craniomaxillofacial skeleton, including the skull, cranial base, orbit, midface, and occlusal skeleton.
  - Level II Trauma Centers must have surgeons with Craniofacial Expertise and may transfer highly complex/low-volume patients as needed. Clarified if highly complex/low-volume patients will be transferred from Level II Trauma Centers, a transfer plan and PIPS review of all patients transferred must be in place.
  - Call coverage can be a combination of a single specialty or multiple specialties from the following

specialists: Otolaryngology, Oral Maxillofacial Surgery, and Plastic Surgery.

- o This clarification is effective immediately.
- Added the surgical specialty of Replantation Expertise. Adult and Pediatric Level I-II Trauma Centers must have either 24/7/365 coverage of Replantation Expertise or have a triage and transfer plan in place with a Trauma Center with Replantation Expertise. Physicians providing Replantation Expertise must be capable of replanting a severed limb, digit or other body part (for example, ear, scalp, or penis), including critical revascularization or care of a mangled extremity. The triage and transfer plan should ensure optimal care with a view toward minimizing time to replantation.
  - o This surgical specialist addition is optional therefore effective immediately.

#### **Standard 10: Physicians & Standard 23: Radiology**

- Revised the response expectation for Intervention Radiology at Adult and Pediatric Level I-II Trauma Centers. The response expectation is 60 minutes from the time of request to arterial puncture in endovascular or interventional radiology procedures for hemorrhage control. Added that interventional procedures can be performed by Neurosurgeons, Neurologists and Cardiologists who are credentialed and capable to function in the role.
  - o Expected compliance by 1.1.24. Prior to 1.1.24 either parameter will be accepted:
    - 30 minutes from time of request to time of arrival at the bedside
    - 60 minutes from time of request to time of arterial puncture to signify the start of the procedure
  - o On and after 1.1.24 the only acceptable parameter will be 60 minutes from time of request to time of arterial puncture to signify the start of the procedure.

#### **Standard 10: Physicians, Standard 16: Emergency Department & Standard 17: Operating Room**

- Added that Level IV Trauma Centers with Orthopedic Surgery involved in the care of the injured patient must have at least 1 intra-compartmental pressure monitoring device in the hospital.
  - o Expected compliance by 6.1.2023.

#### **Standard 23: Radiology**

- Revised the expectation at Adult Level I-III Trauma Centers and Pediatric Level I-II Trauma Centers for Magnetic Resonance Imaging (MRI) response for emergent tests. An emergent MRI test is expected to be initiated (test start time of first scan/slice) within 2 hours of request. The Trauma Program must define the parameters of an emergent test based on level of acuity and monitor compliance.
  - o This revision is effective immediately.
- Removed the expectation for Adult and Pediatric Level I-II Trauma Centers to have Nuclear Scanning available 24-hours a day with a maximum response time of 30 minutes for emergent/immediate response.
  - o This revision is effective immediately.

#### **Standard 24: Collaborative Services**

- Added the requirement at Adult Level I-III Trauma Centers and Pediatric Level I-II Trauma Centers to have an affiliation with an organ procurement organization (OPO).
  - o This addition is effective immediately.

The American College of Surgeons (ACS) published the updated Resources for Optimal Care of the Injured Patient on

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March 21, 2022. The PTSF Standards Committee is reviewing the updated ACS Manual and providing recommendations for updating the PTSF Standards to the Board of Directors. Many of the changes listed above are from this process. Reviewing and updating the PTSF Standards will take time and will be completed across multiple Standards Committee Meetings and Board Meetings. Pennsylvania Trauma Centers do not need to make any changes at their institution based on the updated ACS Manual. Any update in PTSF Standards of Accreditation and the timeframe for compliance will be communicated to all Pennsylvania Trauma Centers in future Board Updates.

The revised Standards of Accreditation will be available on the PTSF web site (dated 6.15.2022) with additional details. Please contact Darlene Gondell at [dgondell@ptsf.org](mailto:dgondell@ptsf.org) with any questions or comments. Requests for Standards Committee topic discussion (for example, suggested new standard or clarification of current standard) should be submitted via this [form](#) by July 15<sup>th</sup>. The next Standards Committee meeting is August 15<sup>th</sup>.

## TRAUMA SYSTEM DEVELOPMENT COMMITTEE

Committee Chair: William Hoff, MD

PTSF Staff Liaison: [Anna Over](#), MSN, RN, TCRN, EMT-I, Manager of Trauma Center Development

The Hospital and Health System Association of PA presented a legislative update to members of the committee on June 2, 2022. The session was recorded and can be accessed at this link: <https://bit.ly/3NjkwZ4>. Committee efforts at performing outreach to hospitals in rural underserved areas of PA are paused this year due to continued hospital strain and staff shortages. It is hoped that next year those outreach efforts can resume.

## OUTCOMES COMMITTEE

Board Committee Chair: Denise Torres, MD

Committee Vice-Chair: Jill Volgraf, MSN, RN

PTSF Staff Liaisons:

- [Rebecca Geyer](#), MSN, RN, TCRN, Director of Performance Improvement
- [Gabrielle Wenger](#), RHIT, CPC, CAISS, CSTR, Trauma Registry Auditor

The Outcomes Committee will be hosting an educational statewide webinar to review changes that will be coming to the PaV5 software with the mid-year patch. This **educational webinar (June 28, 1-2pm)** will review changes to the software and requirements, as defined in Policy TO-100: Timeliness of Submission to the Outcomes Central Site. As you may recall, the timeframe for Outcomes submissions has once again been waived for 2022, and the Outcomes Committee has been working to better define the statement within the policy that reads, "All issues in addition to the death will be reviewed with the taxonomy classification system." It has been recognized that the term *Taxonomy* is used often and in multiple areas throughout our systems. It has been the goal to better define what is required, and to make the expectations for documenting those requirements clearer. Please watch for more announcements coming about the educational webinar and the mid-year patch to stay up to date with these changes. We invite any trauma program staff, specifically PI Coordinators, to participate in this webinar, or to review the recorded content once it is posted to the PTSF website. Calendar invites, including the weblink, will be sent to TPMs and PICs, and we encourage you to forward that invitation to others in your trauma center that are interested.

**Educational webinar on Policy TO-100 and Taxonomy requirements**

Connect on June 28, 1-2pm at: <https://us06web.zoom.us/j/88963398182?pwd=Yk9lV3VVRTCtZWY1czhid1pQNW9yQT09>

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## PTSF STAFF INVOLVEMENT IN BOARD ACCREDITATION DELIBERATIONS

The integrity of PTSF Board Meetings and Accreditation Deliberations is of utmost importance in assuring that all hospital specific decisions made by the Board are done so as objectively as possible without bias. To ensure this, a strict conflict of interest policy is in effect in addition to blinding all hospital specific documents of identifiers. In 2017, PTSF PI staff were excluded from Board discussions involving the accreditation of hospitals. Five years later, the PTSF Board reconsidered this decision and realized that excluding PTSF PI Staff from proceedings is unjustified and by virtue of hearing Performance Improvement concerns PTSF PI staff are better equipped to mentor trauma program staff regarding PI action plans.

## EDUCATION

### PTSF ANNUAL FALL CONFERENCE: OCTOBER 6 AND 7, 2022

#### October 6-7, 2022 – Pennsylvania Trauma Systems Foundation (PTSF) Annual Conference & Meeting

PTSF staff members are actively planning for an in-person conference October 6-7, 2022, at the Sheraton Harrisburg-Hershey Hotel, Harrisburg, Pennsylvania. We look forward to returning to an in-person event after two years of connecting virtually during the height of the COVID-19 pandemic. All COVID-19 Safety Mitigation practices recommended by the CDC will be in effect based on COVID-19 community transmission at the time of the event.

### 2022 PTSF RESEARCH AWARD OPPORTUNITIES

As in years past, PTSF will again host a PTSF Research Competition as part of the 2022 PTSF Conference. Awards will be given in the categories of completed research, PTOS data requests, and Injury Prevention. To learn more, go to the Resources area of the PTSF website under “Research and References”.

### STATE, NATIONAL, AND INTERNATIONAL CONFERENCES/MEETINGS

Save the Date . . . for upcoming events. Remember to check these organization’s websites—dates are subject to change based on the latest COVID-19 guidance. A complete [listing](#) [2022 and future dates] of local, state, national, and international meetings is posted to the website and updated monthly.

June 1-3, 2022 – [Pennsylvania Emergency Nurses Association \(ENA\)](#)

June 6 – 8, 2022 – [American Association of Critical-Care Nurses Virtual Conference](#)

June 19-23, 2022 – [National Association of State EMS Officials \(NASEMSO\) Annual Meeting](#)

July 15-18, 2022 – [American College of Surgeons \(ACS\) Quality & Safety Conference](#)

September 17-21, 2022 – [Governors Highway Safety Association \(GHSA\) Annual Meeting](#)

September 21-24, 2022 – [81st Annual Meeting of AAST & Clinical Congress for Acute Care Surgery](#)

September 30-October 3, 2022 – [Emergency Nurses Association \(ENA\) Annual Conference](#)

October 1-4, 2022 – [American College of Emergency Physicians \(ACEP\) Scientific Assembly](#)

**October 6-7, 2022 – Pennsylvania Trauma Systems Foundation (PTSF) Annual Conference**

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October 9-12, 2022 – [AHIMA Conference, Columbus, Ohio](#)

October 11-14, 2022 -- [Association for the Advancement of Automotive Medicine \(AAAM\) Annual Scientific Conference](#)

October 12-15, 2022 – [Orthopedic Trauma Association \(OTA\) Annual Meeting](#)

October 16-20, 2022 – [American College of Surgeons \(ACS\) Clinical Congress](#)

November 2-5, 2022 – <https://pediatrictraumasociety.org/meeting/>

December 11-13, 2022 – [American College of Surgeons \(ACS\) Trauma Quality Improvement Program \(TQIP\) Conference](#)

## PTSF DIRECTORY

PTSF maintains directories for both Accredited Trauma Centers and hospitals pursuing accreditation. Directories are distributed twice each year in January and July to all trauma programs. It is important that contact information be reviewed carefully to assure the most accurate and up-to-date email groups are maintained within the PTSF office. Please submit any changes for your hospital's directory page as soon as they occur to Dor Adams at [dadams@ptsf.org](mailto:dadams@ptsf.org).

## PTSF COMMUNICATIONS FROM HOSPITALS

We encourage that all communications be emailed to the appropriate staff person at the PTSF office in lieu of paper mail to expedite communications and avoid delays with the postal service. Exceptions include trauma center payments which can be mailed to the address noted below.

### PTSF Mailing Address

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