

Reflections on 20 years at PTSF

Juliet Altenburg RN, MSN, PTSF Executive Director



On February 10, 2023, I celebrated 20 years at the Pennsylvania Trauma Systems Foundation and the start of my "dream job" as Executive Director. When I looked for an old photo of those early years the earliest image I found was this one from 2008 with the map of Pennsylvania behind me in my office. I would gaze at that map every day in awe of the privilege I was given to do meaningful work impacting the care of trauma patients throughout Pennsylvania. Back then I had 26 colored flags on that map representing the two levels of trauma centers sprinkled throughout the state mostly in major cities. Today that map is much different with 50 trauma centers representing four levels of trauma care some of which are in the most rural underserved parts of our state including four Critical Access Hospitals. In the early years PTSF was focused on its regulatory function based on the legislation that created it - the EMS Act of 1985. This year I celebrate how far we have moved beyond that mandate adding trauma system development, performance improvement, education, and research to our vision of Zero Preventable Deaths from Injury. I've had the privilege of working with great leaders over the years on our PTSF Board of Directors who with other state partners helped pass legislation to create funding for trauma centers and prevent over-proliferation of higher-level centers which PA research studies showed as a factor contributing to adverse patient outcomes. Yes, it's been an amazing 20 years doing meaningful work making great friends along the way who inspire me every day. Thank you trauma centers, organizational partners, my PTSF Board, and my staff for making the last 20 years such a meaningful journey. You inspire me. I am blessed!

2023 PTSF BOARD OFFICERS

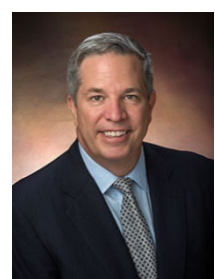
We are pleased to announce the 2023 PTSF Board Officers and new board members for 2023. To learn more about all our PTSF Board Members go to: <https://www.ptsf.org/category/board-members/>



Charles Barbera MD, MBA, MPH, FACEP
Board Chair
President and CEO
Reading Hospital



Henry Boateng, MD
Board Vice Chair
Assist Prof of orthopedics and Rehab
Penn State Hershey Med Center



Douglas Hock
Board Treasurer/Secretary
Exec VP and System COO
Children's Hospital of Philadelphia

2023 NEW PTSF BOARD MEMBERS

PHILIP A. VILLANUEVA, MD



Director, Neurotrauma and Critical Care

Temple University Hospital

Professor, Clinical Neurosurgery

Lewis Katz School of Medicine at Temple University

Represents Pennsylvania Medical Society and Pennsylvania Neurosurgical Society on the PTSF Board

JEFFREY M. KUKLINSKI, DO, MBE, CMTE



Chief, Division of Emergency Medical Services

Lehigh Valley Health Network

Represents the Pennsylvania Emergency Health Services Council on the PTSF Board

Starting June 1, 2023



Raquel M. Forsythe, MD

Assistant Professor of Surgery and Critical Care Medicine

Director of Trauma

UPMC Presbyterian

Represents Pennsylvania Medical Society

TECHNOLOGY & TRAUMA REGISTRY UPDATES



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

2023 ESO Annual Update

As previously communicated, the 2023 Annual Update will be delayed; however, ESO has recently provided an updated estimated distribution date for the update! ESO now expects the rollout of the 2023 software update to begin on **March 28, 2023**. With the installation of the 2023 software update, it is also expected that centers will be able to begin validating 2023 records using the Vendor Validator. PTSF fully understands the severe consequences of this delay and the current inability to validate 2023 records for TQIP submission on trauma programs. We will continue to assist and support PA trauma centers to the best of our abilities.

In the meantime, PTSF staff recommends abstracting patients with 2023 admission dates within the 2022 software until the 2023 software is installed. Also, do not delay submission of any 2023 records to the PTSF. Once the 2023 software is installed, updates will be required to be made within 2023 records that were originally abstracted in the 2022 software. Please refer to the [2023 PTOS and Performance Improvement Annual Software Update Education](#) located on KnowledgeConnex for further details and recommendations. Once these 2023 records are updated within the 2023 software, they should be reclosed and resubmitted to the PTSF. Note, resubmissions do NOT impact timeliness of submission. The PTSF Board of Directors is aware of this situation and understands the impact. Options such as waiving TR-110 – Timeliness of Submission to the Central Site will be considered in 2023. PTSF staff will continue to update PA

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Trauma Centers with any new information regarding the 2023 Annual Update.

V5 Interface Issues

PTSF staff continues to see many issues regarding the interface process from Collector (v4) to Outcomes (v5). Some of these issues can be avoided! To avoid issues with interfacing the PA CV4 Trauma Registry data to the PA Outcomes V5, the best practice is to NOT copy and paste text from another program (like EPIC) or Word into the Patient Registry. Please refer to the *PA V5 Interface Best Practice* resource posted on the PTSF Web Portal for additional information.

REMINDERS:

Resources Posted to PTSF Web Portal

Resources such as the *PTOS Manual* and *Outcomes Manual* have also been transitioned from the PTSF website to the Web Portal. PTSF staff will now be updating the home page of the Web Portal regularly to keep you informed of all important information and provide you with educational resources related to accreditation, the trauma registry, and performance improvement.

ESO Customer Support

ESO Support is available **7 a.m.-7 p.m. CT, Monday-Friday**. For high priority items please call ESO's 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 and ESO Support will call you back **within one hour**. For lower priority items, place a support ticket by emailing ESO Support at support.ptsf@eso.com. PTSF staff continues to advocate on behalf of PA Trauma centers when issues regarding ESO customer support arise. Please continue to copy Lyndsey (ldiehl@ptsf.org) on support tickets submitted to ESO Support and provide the assigned case #. This will provide PTSF with the information needed to discuss any concerns with ESO staff.

SOFTWARE TRANSITION UPDATE

[Rebecca Geyer](#), MSN, RN, TCRN, Director of Performance Improvement



PTSF and IQVIA are currently in Phase 0: Design & Analysis, which is an anticipated four-month process in which IQVIA learns more specifics about our five software applications and needs as we begin to collaboratively design ideas for the future state of the software. A Software Transition Newsletter is attached to this Board Update which details additional information about the software transition and areas of impact. You will see recommendations for what you can do right now, and some additional details on the general timeline for 2023. There is a survey link included in the newsletter in which everyone can start to share some information and thoughts about the new software build. Please complete the survey [here](#) by March 24! As we continue to move forward in this process, there will be more opportunities for individuals to be involved.

PTSF Technology Committee

The PTSF Technology Committee has been restored and will meet next on Tuesday, March 7th. This committee will support PTSF staff with the many aspects of the software transition. Members will receive more information through email.

COMMITTEE UPDATES

STANDARDS COMMITTEE

Board Committee Chair: Patrick Kim, MD

Committee Vice Chair: Mike Taramelli, RN



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 All Levels of the Standards of Accreditation:

Standard 2: Capacity & Ability

- Updated the indications for transfer of burn patients based on the updated American Burn Associations Guideline for Burn Patient Referral to a Burn Center.
 - Expected compliance by 1.1.24

The Standards Committee and PTSF Board of Directors approved the following changes and clarifications to the Adult Level I-III and Pediatric Level I-II Standards of Accreditation:

Standard 1: Commitment and Standard 2: Capacity & Ability

- Clarified that the decision to transfer an injured patient must be based solely on the needs of the patient, without consideration of their health plan or payor status. Subsequent decisions regarding transfer should be made by the Trauma Surgeon only after stabilization of the patient's condition and appropriateness of the receiving facility's resources relative to the patient's needs.
 - Expected compliance by 1.1.24
- Removed the requirement of transfer agreements. Added that written transfer plans must also include a list of predetermined referral centers, the expected time frame for initiating transfers and the expected time frame for accepting a transfer.
 - Expected compliance by 1.1.24

Standard 2: Capacity & Ability

- Clarified that the transfer consultation process may include communication through a transfer center.
 - Effective immediately

Standard 3: Trauma Program Medical Director (TPMD) for Pediatric Trauma Centers Only

- Added additional requirements for pediatric TPMDs who are not board certified in pediatric surgery. The affiliate pediatric TPMD must be identified in the written affiliation agreement. The affiliate pediatric TPMD must attend 50 percent of the trauma multidisciplinary PIPS committee meetings and must attend the accreditation site surveys.
 - Expected compliance by 1.1.24

Standard 5: Registry

- Revised the FTE requirements for registry staff to 0.5 Registrar FTE per every 200-300 trauma contacts.
 - Expected compliance by 1.1.25

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- Added that Registrars must complete an ICD course or refresher course every five years, as evidenced by a certificate. The course should correspond to the ICD version utilized within the PTOS submission software.
 - Expected compliance by 1.1.25
- Clarified Registrar continuing education is eight hours annually or 24 hours over three years. At pursuing hospitals, for the initial accreditation survey, each registrar must have at least eight hours during the reporting period.
 - Effective immediately
- Added that the trauma program must have a written data quality plan that reflects compliance with the PTOS operations manual, includes a minimum of quarterly review of data quality, allows for a continuous process that ensures the fitness of data for use which may include an inter-rater reliability approach, internal or external data validation, or the use of reports.
 - Expected compliance by 1.1.24

Standard 9: Research Level I Only

- Added that the hospital administration must demonstrate support for the research program and included suggested methods of support.
- Added that at least once per survey cycle a trauma program faculty member will speak at a regional, national, or international trauma conference.
- Revised the publication requirements and removed the option for two different methods to achieve compliance. All Level I trauma centers must publish a minimum of 10 trauma related publications within a three year period.
 - Three publications must be from members of the general surgery trauma team (adult program), or general/pediatric surgery trauma team (pediatric program).
 - One publication from three different specialties: Anesthesia, Basic Sciences, Cardiothoracic Surgery, Critical Care, Emergency Medicine, Neurosurgery, Nursing, Orthopedics, Plastics/Maxillofacial Surgery, Radiology, Rehabilitation, and Vascular Surgery.
 - Added that a case series must have more than five patients to be counted among the 10 trauma related publications, and a maximum of one publication can be from acute care surgery.
- Added that publication authors from the trauma center must meet accepted authorship requirements of the International Committee of Medical Journal Editors.
- Added the trauma center must support residents or fellows in any of the following scholarly activities: laboratory experiences, clinical trials, resident trauma paper competitions, or resident trauma research presentations.
- Expected compliance for all Research revisions by 1.1.24. Prior to 1.1.24, the trauma center may choose between meeting the previous standard requirement or the new standard requirement.

Standard 10: Physicians Pediatric Trauma Centers Only

- Added the requirement of a Child Abuse Physician who provides expertise in child abuse/nonaccidental trauma.
 - Minimally the physician must have a special interest in child abuse/non-accidental trauma; preferably has board certification or board eligibility in child abuse pediatrics.
 - This role provides leadership in addressing the needs of children with nonaccidental trauma, is involved in the development of relevant policies and procedures, and where necessary, provides inpatient assessment and care.
 - Expected compliance by 1.1.24

Standard 17: Operating Room

- Clarified that the first OR team must include nursing and anesthesia personnel.
 - Effective Immediately
- Added the requirement of an OR booking policy/guideline that specifies time expectation for timely access to the OR based on level of urgency/acuity, includes access expectations for a range of clinical trauma priorities, and defines the parameters of immediate/emergent response based on level of urgency/acuity. At Level I & II trauma centers, it must outline the process and expectations related to preparing a second OR, both during regular working hours and after hours.
 - Expected compliance by 1.1.24
- Added that at a minimum OR staffing must include nursing and anesthesia personnel to prepare the room and patient for an emergency surgical intervention. Added that the OR must track the on call personnel's response from initial notification to arrival. The expectation is that the OR team is notified when a trauma patient is going to be sent to the OR.
 - Expected compliance by 1.1.24
- Clarified that the first OR team must include nursing and anesthesia personnel. Revised the expectation for available ORs for musculoskeletal trauma care.
 - Level I & II trauma centers must have a dedicated OR prioritized for fracture care in nonemergent musculoskeletal trauma. Level III trauma centers must make ORs available for nonemergent musculoskeletal trauma.
 - The TPMD and the Orthopedic Liaison shall collaboratively determine and approve operational details related to staffing, frequency of availability, and use by other services. The frequency of availability should be sufficient to provide timely fracture care for patients.
 - Skeletal fixation is often secondary to immediate and lifesaving resuscitative intervention, might be staged, and often requires unique expertise. Predictable access to an OR assures that musculoskeletal trauma care can be planned and that the right expertise will be available to provide optimal care.
 - Expected compliance by 1.1.25

Standard 22: Laboratory & Blood Bank

- Added that the Massive Transfusion Protocol must include details on the process to trigger MTP activation, the process for cessation, and strategies for preservation of unused blood.
 - Expected compliance by 1.1.24
- Clarified that the rapid reversal protocol for patients on anticoagulants should include therapeutic options and indications for the use of each reversal agent.
 - Effective Immediately

Standard 24: Collaborative Services

- Pediatric Trauma Centers Only: Added that the child protective service must be led by a physician who is board certified/board eligible in child abuse pediatrics or has a special interest in child abuse/nonaccidental trauma.
 - Expected compliance by 1.1.24
- Added expectations for discharge planning.
 - The hospital must have a process to determine the level of care patients require after trauma center discharge, as well as the specific rehabilitation care services required at the next level of care. The medical record must show documentation of level of care and service requirements.

- The discharge planning should ensure a patient-centered approach. The core of a patient-centered approach is the acknowledgment that patients' perspectives can be integrated into all aspects of the planning, delivery, and evaluation of trauma center care.
- Added that if the trauma patient is transferred to another institution for rehabilitation, outcome and follow-up must be formally requested if not received.
- Recommend Level I & II trauma centers adopt a means to facilitate the transition of patients into the community. This transition shall use patient-centered strategies such as peer-to-peer mentoring, a trauma survivors' program, or continuous case management. Transition management shall elicit and address patient concerns and link trauma center services with community care.
- Expected compliance by 1.1.24
- Clarified that the hospital must have nutritional support services.
 - Effective immediately
- Added that the hospital must have a protocol that identifies which patients will require rehabilitation services during their acute inpatient stay. The protocol must include screening of geriatric patients for mobility limitations and assurance of early, frequent, and safe mobility. At Level I & II trauma centers, Physical Therapy and Occupational Therapy must be available seven days a week. Availability can be in-house or on call with response expectations defined by the hospital.
 - Expected compliance by 1.1.24

Standard 25: Social Work

- Added that at Level I & II trauma centers a social worker must be available for trauma patients seven days a week. Availability can be in-house or on call with response expectations defined by the hospital.
 - Expected compliance by 1.1.24

Standard 27: Geriatrics

- Added required content for geriatric trauma patient management guidelines (protocols):
 - Identification of vulnerable geriatric patients
 - Identification of patients who will benefit from the input of a health care provider with geriatric expertise
 - Prevention, identification, and management of depression and delirium
 - Identification and management of dementia
 - Process to capture and document what matters to patients, including preferences and goals of care, code status, advanced directives, and identification of a proxy decision maker
 - Medication reconciliation and avoidance of inappropriate medications
 - Screening for mobility limitations and assurance of early, frequent, and safe mobility
 - Implementation of safe transitions to home or other health care facility
 - Expected compliance by 1.1.24

These changes are a product of the ongoing PTSF Standards Committee process of reviewing the American College of Surgeons' (ACS) updated publication of the Resources for Optimal Care of the Injured Patient and updating the PTSF Standards. This process will take time and will be completed across multiple Standards Committee Meetings and Board Meetings.

The revised Standards of Accreditation will be available on the PTSF web site (dated 3.15.2023) with additional details. Please contact Darlene Gondell at dgondell@ptsf.org with any questions or comments. Requests for Standards

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Committee topic discussion (for example, suggested new standard or clarification of current standard) should be submitted via this [form](#). The next Standards Committee meeting is June 13th.

EDUCATION AND COMMUNICATIONS

NEW TRAUMA PROGRAM NURSE LEADER ORIENTATION: APRIL 5, 2023

New nurse leaders, from both pursuing and accredited centers, are invited to join PTSF staff for the bi-annual New Trauma Program Nurse Leader Orientation to be held virtually on Wednesday, April 5, from 10 a.m. - 3 p.m. The course, taught by a variety of PTSF staff members, highlights National Trauma Organizations and Resources, the American College of Surgeons (ACS), the PTSF, Trauma Registry, Trauma Performance Improvement, Site Survey & Accreditation, Trauma Program Resources, and "Hot Topics in Trauma." The primary audience includes new Trauma Program Coordinators/Managers, Trauma Program Directors, Performance Improvement Coordinators, Nurse Registrars, Educators, and other nurse leaders working with the trauma program.



To register, please [fill out this form](#). If you have any questions about New Trauma Program Nurse Leader Orientation please contact Anna Over, Manager of Trauma Center Development, at aover@ptsf.org.

2023 STATE AND NATIONAL CONFERENCES

- March 8-12 — ACS COT Annual Meeting and ATLS Global Symposium - Chicago, Illinois
- March 29-31 — STN TRAUMACON - Denver, Colorado, <https://www.traumanurses.org/education/traumacon-2023>
- April 25-26 — ATSPA Annual Conference - Kalahari Resort, Pocono Manor, PA <https://www.atspa.org/conference>
- May 22-24 — AACN - Philadelphia, PA
- September 6-8 — PEHSC Conference - VIRTUAL
- September 20-23 — AAST - Anaheim, California
- October 9-12 — American College of Emergency Physicians (ACEP) Scientific Assembly - Philadelphia, PA
- **October 18-20 — Pennsylvania Trauma Systems Foundation (PTSF) Annual Conference & Meeting – Harrisburg, PA**
- October 22-26 — ACS Clinical Congress - Boston, Massachusetts
- December 1-3 — ACS TQIP Annual Conference, Louisville - Kentucky

PTSF DIRECTORY



The PTSF maintains a directory for Accredited Trauma Centers and hospitals pursuing accreditation. The directory is distributed twice each year, to all trauma programs, in January and July. Please submit any changes for your hospital's directory page as soon as they occur to [Courtney Moraes](#), PTSF Accreditation Coordinator.

COMMUNICATIONS TO PTSF

In lieu of paper mail we encourage **emailing** of **all communications** to the appropriate PTSF staff person. Exceptions include payments which should be mailed to: **Pennsylvania Trauma Systems Foundation, 275 Cumberland Parkway, #234, Mechanicsburg, PA 17055.**

SOFTWARE TRANSITION



PTSF UPDATE:

Thank you for the outpouring of support with our announcement that we have entered into an agreement with IQVIA to build new trauma software to support our 5 current trauma applications (PTOS Registry, PI Outcomes software, Application for Survey, Site Surveyor Software and the Registry Educational software). PTSF and IQVIA team members are so grateful for the overwhelming positive response and support.

In the initial memo, it was stated that 2023 would be a build year, and then 2024 would be the transition year. We wanted to provide additional information to more fully describe 2023. Please refer to the high-level timeline in the box to the right for more details for the 2023 build year. We anticipate continuing to provide periodic updates as we proceed throughout the next two years.

2023 Timeline

Feb-May 2023: Phase 0: Discovery

Phase 0 is a "discovery" phase where IQVIA learns about our current software needs, the expanse of our legacy data, multitude of reports, mapping, logic and personnel roles that use the software.

June-March 2024 Phase 1: Build

IQVIA will be building all 5 applications during this timeframe. As they build, they'll have us "test" different features and screens. We'll be utilizing the Tech Committee and PIPS Committee as part of the user-acceptance testing (UAT) process.



WHAT YOU CAN DO NOW

As Phase 0 is currently focused on IQVIA discovering our current system, we are currently in a "calm before the storm" aspect of this build. While we know it will get busier, PTSF would recommend the following for your immediate focus:

- preparing for the 2023 annual update install with ESO (if you haven't yet watched the educational video to prepare for the install, you can access it [here](#))
- familiarizing yourself and implementing new Standards of Accreditation as PTSF continues to implement the updated ACS 2022 Resources for Optimal Care of the Injured Patient.
- completing the PTSF software transition survey [here](#). We are committed to not only "taking you along for the ride" and eliciting your thoughts, concerns and questions throughout all phases of this build process, but allowing that feedback and input to drive the process as much as possible.



COMMITTEE IMPACT

Some statewide committees will be impacted by the overall workload that is required for this software transition. Listed below are some of the anticipated impacts to our committees:

Technology Committee: All members have been notified, and the 1st meeting will be scheduled for March. This committee will provide input into tech aspects of the build, including cybersecurity, firewalls, legacy data migration, and user roles and log-in permissions.

PIPS Committee: decreased to 3 scheduled mtgs/year. Spring 2023 will be reviewing content for the new build, and then they will be involved in PI user-acceptance testing during the 2nd half of the year.

Outcomes Committee: decreased to 2 scheduled mtgs/year with focus on projects that directly relate to the software, or strategic initiatives.

Trauma Systems Development Committee: Will be on hold for 2023-2024



PTSF STAFF INVOLVEMENT

Do you have questions or input for the transition?

Rebecca Geyer-Director of PI, lead contact for PI software and IQVIA transition rgeyer@ptsf.org

Amy Krichten- Director of Accreditation, lead contact for Application for Survey & Site Surveyor Software akrichten@ptsf.org

Lyndsey Diehl- Director of Trauma Registry, lead contact for PTOS and Registry Educational Software, as well as continued lead for ESO questions ldiehl@ptsf.org