

Welcome to the June 2023 PTSF Board Update which highlights the latest news from the PTSF Board of Directors and staff including Board of Directors approvals from the May 22, 2023, Board Meeting. The next PTSF Board meeting, which involves accreditation deliberations, is on July 10<sup>th</sup> and 11<sup>th</sup>.

## PTSF STAFF NEWS

### Congratulations Lyndsey Diehl, MHA, RHIA, CHDA, CSTR - PTSF Director of Trauma Registry



Congratulations to Lyndsey who just completed her Masters in Health Administration degree from Duquesne University after a course of study lasting four years. We are so proud of how she achieved her degree while juggling a busy work and personal life as the mother of a three-year-old! Lyndsey was given a special award at commencement for a graduate that went “above and beyond” with her academic activities. Lyndsey has been employed at PTSF for nine years. We are so grateful for her amazing support of our hospitals, her staff colleagues, and the PTSF Board!

### Farewell Anna Over, RN, MSN, TCRN, EMT-I - PTSF Manager of Trauma Center Development



It is with a mixture of sadness and best wishes that we announce that Anna Over will be leaving PTSF effective June 30<sup>th</sup>. Anna was an exceptional staff member during her two and a half years with us, supporting hospitals with trauma center accreditation pursuit, spending many hours providing education, and participating in accreditation surveys. We asked Anna to reflect on her time with us which she describes below. Anna is heading to the Orthopedics department of UPMC West Shore in Camp Hill, PA. Best Wishes Anna. We will miss you!

*“Over the last few years, I have had the privilege of working at the PTSF as Manager of Trauma Center Development. As Juliet mentioned, I have decided to return to the clinical environment and pursue professional opportunities elsewhere; June 30 will be my last day. My time at the PTSF has been incredibly enriching for me, and I will always be amazed at the strength and breadth of the trauma system in Pennsylvania; it is truly unlike any other! I have greatly enjoyed working with and visiting programs across the Commonwealth, and meeting many of you along the way!”*

*As the Manager of Trauma Center Development, I worked with hospitals pursuing trauma center accreditation, as well as new trauma program staff throughout Pennsylvania. I had the privilege to lead the Level III/IV Workgroup and helped facilitate the Policy and Procedure and Trauma System Development Committee, assisting with various projects along the way. Throughout, I have been constantly amazed by the talented providers across the state who have dedicated their careers to advancing the care of injured patients in their community. I have learned there is nothing more exciting than seeing a hospital become an accredited trauma center after many years of preparation and hard work, and I am still shocked at the sheer size of Pennsylvania and the amount of time it takes to drive from one end to the other!*

*Thank you for giving me the chance to work with and learn from you. I hope I was able to share some of my background and knowledge with some of you, in a means that was beneficial to you.”*

**Please Note:** If you have a scheduled a meeting with Anna after June 30<sup>th</sup>, a member of the PTSF staff will reach out to you with next steps.





# PTSF Board of Directors Update

June 2023

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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](mailto: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](mailto: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 still in Phase 0: Design & Analysis. Although Phase 0 was initially estimated to be a four-month process ending in May, we are continuing in Phase 0 for approximately another month. At this point, IQVIA doesn't estimate that an additional month for Phase 0 will delay the overall timeline, as they have already begun some of the build work, which wasn't to start until Phase 1. IQVIA is incredibly strong in data analytics and is learning about all our reporting needs to help us envision future best practices rather than just re-creating each individual report. IQVIA has also shared that one feature that will be available is a file uploader feature in which each trauma center can build a file export from their own electronic medical record (EMR) system. Once this file is created and run for a specific set of patients, it can then be uploaded into the IQVIA platform, allowing specific data elements to be uploaded into the Trauma Registry, reducing the manual re-abstraction component. Each trauma center can build this based on their version of their own EMR, allowing for customization between facilities and multiple EMRs. More information will be forthcoming for this feature once data dictionaries and the order of data elements has been confirmed.

## PTSF Technology Committee

The PTSF Technology Committee met on 3/7 and 6/11 and invited all members of the Technology Committee to bring an IT representative to the last meeting. Grant Dittmer, our Software Transition Manager then reviewed much of the technical content of the new platform. IQVIA has provided a Security Dossier, which is also posted to the PATNAC Basecamp site. In this Security Dossier, many of the technical requirements of the new platform are covered. We encourage all trauma programs to download the Security Dossier and send it to their IT representatives for their review. If any trauma programs require additional security questionnaires to be completed, outside of the information provided in the dossier, those questionnaires can be submitted to Rebecca Geyer ([rgeyer@ptsf.org](mailto:rgeyer@ptsf.org)) and they will be forwarded to IQVIA for completion. PTSF will also be posting a condensed version of the recording of technical content into PATNAC's Basecamp site in the coming days, which will allow Trauma Programs Managers the ability to review the recorded content and share the recording with their IT departments to ensure that the right individuals have access to the information.

## COMMITTEE UPDATES

### PIPS COMMITTEES

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

The PIPS Committee and PTSF Board of Directors approved the following changes and clarifications to the Opportunities for Improvement (OFI) identified in our current PI PaV5 Outcomes Software. These will also be incorporated into our new software due for completion in 2024.

New OFIs and associated definitions to be added (in new IQVIA software):

- **Bed availability issue:** Delay in patient throughput due to bed availability. Bed availability issue could be due to lack of physical bed/room space, or lack of staffing to open the bed.
- **FAST Exam: Issue:** FAST exam discrepancy, or FAST exam indicated and not completed.
- **Medication Issue:** medication error, an incorrect dose sent by Pharmacy, or a missing dose from Pharmacy, etc.
- **Nursing: Care Issue/Concern:** Nursing related issue that is not covered within other OFIs
- **Registry Documentation (IRR Issue):** Registry documentation discrepancy or fall-out from Registry IRR case review.

Revised OFIs and associated definitions (in new IQVIA software):

- **Nursing: Documentation Issue:** Documentation that is incomplete, incorrect, missing, or misinformed which results in a documentation error. Revised to allow this OFI to be used for any staff/providers as they can be tracked within the software under Service/Staff.

Retired OFIs (in new IQVIA software):

- ~~**Communication: Lack of documentation:**~~ Will be retired in new software and can be addressed under the above Documentation Issue.
- ~~**Pharmacy: Medication Issue:**~~ Will be retired in the new software and can be addressed in the above Medication Issue.
- ~~**Audit Filter 8: Non-operative treatment of gunshot wound to abdomen:**~~ Will be retired in the new software. Was previously approved by both Registry and PIPS for transition to PaV5 for Registry, which never occurred, and is now re-approved to retire upon transition to new software.
- ~~**Physician: Documentation Issue:**~~ Will be retired in the new software and can be addressed in the above Documentation Issue.
- ~~**Audit Filter 20: Pt with c-spine, subluxation or neuro deficit not addressed on admission:**~~ Will be retired in the new software. Was previously approved by both Registry and PIPS for transition to PaV5 for Registry, which never occurred, and is now re-approved to retire upon transition to new software.

Another approval is the recommended minimum level of review to the following list of Opportunities for Improvement (OFI), Tracked Events and Audit Filters listed below. These changes will be submitted to IQVIA for inclusion in the new software, anticipated for use in 2024. The recommended minimum levels of review will have associated level four (4) logic built into the software, which will trigger a pop-up reminder to the user to document that level of review. A level four (4) logic allows that pop-up to be bypassed if they choose not to but does provide the reminder that it is recommended to document an additional level of review.

<b>Current Tracked Event/Hospital Event/Audit Filter</b>	<b>Recommended Minimum level of review</b>
Abdominal, thoracic, vascular, or cranial surgery after 24 hours	Secondary
Acute Kidney Injury	Secondary
Acute Respiratory Distress Syndrome (ARDS):	Secondary
Airway: Delay in securing	Secondary
Alcohol Withdrawal Syndrome	Secondary
Cardiac Arrest with CPR	Secondary
Catheter Associated Urinary Tract Infection (CAUTI)	Secondary
Central Line-Associated Bloodstream Infection (CLABSI)	Secondary
Consultant: Delay in Evaluation	Secondary
Consultant: Delay in Treatment	Secondary
Death	Tertiary
Deep Surgical Site Infection	Secondary
Deep Vein Thrombosis (DVT)	Secondary
Delay in performing laparotomy/laparoscopy (from > 2 hrs after admission)	Secondary
Delay: Diagnosis	Secondary
Delirium	Secondary
Fat Embolus Syndrome	Secondary
Missed Diagnosis	Secondary
Myocardial Infarction (MI)	Secondary
Nonfixation of femoral diaphyseal (shaft) fracture in adult trauma patient	Secondary
OR Delay: Anesthesia Related	Secondary
Organ/Space Surgical Site Infection	Secondary
Osteomyelitis	Secondary
Pressure Ulcer	Secondary
Professional Behavior: Inappropriate	Secondary
Pt admitted to hospital under care of physician who is not a surgeon	Secondary
Pt req unplanned reintubation w/in 48 hrs of extubation	Secondary
Pulmonary Embolus (PE)	Secondary
Severe Sepsis	Secondary
Stroke/CVA	Secondary
Subspecialist: Deviation from guidelines/protocols	Secondary
Subspecialist: Judgment Issue	Secondary
Subspecialist: Technical Issue	Secondary
Superficial Surgical Site Infection	Secondary
Trauma Surgeon: Deviation from guidelines/protocols	Secondary
Trauma Surgeon: Judgment Issue	Secondary
Trauma Surgeon: Lack of Resident/Advanced Practice Staff Supervision	Secondary
Trauma Surgeon: Technical Issue	Secondary
Unplanned Admission to the ICU	Secondary
Unplanned Intubation	Secondary
Unplanned Visit to the Operating Room	Secondary
Unrecognized Mainstem Bronchus Intubation	Secondary
Ventilator-Associated Pneumonia	Secondary

The PIPS Committee and PTSF Board of Directors have also approved logic to be built into the new software for the following list of Opportunities for Improvement (OFI), Tracked Events and Audit Filters listed below. These changes will be submitted to IQVIA for inclusion in the new software, anticipated sometime in 2024.

Changes	Current Tracked Event/Hospital Event/Audit Filter	Logic/Manual
Add logic	AMA/Elopement	logic- Discharge destination=AMA
Add logic	Pt admitted to hospital under care of physician who is not a surgeon	Logic- Trauma patient and (ADM_SERV)=6 (Other Non-Surgical)
Add logic	Transfer: Double Transfer	logic- Transferred in from referring facility, and then ED dispo is transfer out; or, transferred in and then discharge destination is PA Trauma Center, Out of State Trauma Center, Other Hospital, Burn Center
Add logic	Triage: Over	logic- ISS 0-15 and highest initial activation
Add logic	Triage: Under	logic- ISS 16-75 and not highest activation (initial)

## OUTCOMES COMMITTEES

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

The Outcomes Committee and PTSF Board of Directors approved the following changes and clarifications to the levels of harm and their associated definitions. These changes will be submitted to IQVIA for inclusion in the new software, which will be launched in 2024. The degree of harm sustained will be evaluated during primary review and documented as to the level of harm sustained at that time. Harm will just be evaluated overall to the patient but will not be evaluated in five separate categories (physical, psychological, social, economic, and legal). Minimum levels of recommended PI review have been established and are listed below. These are recommended and can be adjusted by individual trauma centers as their PI program documents within their PIPS plan. However, the recommended levels of PI review will have associated level four (4) logic built into the software, prompting reminders to alert the user if that recommended level of review has not yet been documented. Those prompts can be bypassed, as level four (4) logic allows.

Level of Harm attributed to tracked event	TOPIC Outcome Definition (11.2021 version)	Minimum level of PI review recommended
Death	Unexpected mortality	Tertiary, with referral to higher level as needed
Severe harm	Patient outcome symptomatic requiring LIFE SAVING intervention	Tertiary, with referral to higher levels as needed
Moderate	Patient outcome symptomatic requiring intervention (i.e. operative, therapeutic treatment)	Secondary, with referral to higher levels as needed
Minimal	Patient outcome symptomatic requiring minimal or no intervention (i.e. observation, minor treatment)	Primary, with referral to higher levels as needed
No harm/Near miss	No symptoms detected, no treatment required.	Primary, with referral to higher levels as needed

### POLICY AND PROCEDURE COMMITTEE

[Anna Over](#), MSN, RN, TCRN, EMT, Manager of Trauma Center Development

The following policies were updated, and can be located on the [PTSF Website](#):

1. AC-105 – Applying for a Variance from a Standard
  - a. This policy was updated to include information about variance options that may be given by the PTSF BOD, provide details on variance contingencies including additional hospital requirements or submissions of periodic reports to the PTSF, and details about the board deliberation process.
2. AC-127 – Trauma Center Diversion: Level 1, 2 & 3 Trauma Centers
  - a. Updated to provide details about actions that may be required by the PTSF BOD when a Trauma Center has exceeded the maximum allowed number of annual Trauma Center Diversion Hours.
3. AC-138 – Process for Elevating Trauma Center Accreditation Level
  - a. This was updated to clearly state that trauma centers seeking elevation of accreditation level would be listed on the PTSF map, identifying their name and the level they are pursuing elevating to.

### TRAUMA REGISTRY COMMITTEE

[Gabrielle Wenger](#) RHIT, CPC, CAISS, CSTR, Trauma Registry Specialist

The Trauma Registry Committee and PTSF Board of Directors recently approved the following changes to PTOS/Collector. These changes will not be reflected within the PTOS Manual or within the registry software until January 1, 2025.

1. Retiring the PTOS Protective Devices element and adopting NTDB Protective Devices element. This requires adding two additional elements: Child Specific Restraint and Airbag Deployment.
2. Retiring the PTOS Race element and adopting NTDB Race element.
3. Retiring the PTOS Specify field from Congenital Disorder, Pre-existing Condition element.
4. Adding the PTOS COVID-19 Result Status element as a permanent element.
5. Retiring the menu option of 4, Skin Disease, from the Type of Injury element.
6. Allowing reporting of groups of drugs more than once in the Drug Screen elements. This would allow more accurate capture of multiple drugs identified, and appropriate reporting for clinician administered medication.

The next Trauma Registry Committee meeting **will be held August 17, 2023**. Please send any requests for discussion to Gaby.



### EDUCATION AND COMMUNICATIONS

#### JOIN US AT THE PTSF ANNUAL FALL CONFERENCE OCTOBER 19 AND 20!

Location: Sheraton Harrisburg Hershey, 4650 Lindle Road, Harrisburg, PA. We have reserved a “room block” at a discounted rate of \$153.00 per night. Book your reservation at: [Venue | PTSF Annual Conference \(knowledgeconnex.com\)](#)

- **Special Features:**

- 10/18 and 10/19 - .AAAM Course on AIS 15 and calculation of ISS. Cost \$850 including food for two days and all training materials. **Registration is now LIVE.** Register at: [AAAM Course | PTSF Annual Conference \(knowledgeconnex.com\)](#)
- 10/19 – Day 1
  - PTSF Research Competition hosted by the PTSF Research Committee
  - Pina Templeton Injury Prevention Competition hosted by the PTSF Research Committee and American Trauma Society - PA Division
  - Committee meetings
- 10/20 – Day 2
  - 15<sup>th</sup> Annual Major John P. Pryor Memorial Lecture featuring John Holcomb, MD, FACS
  - PaCOT Resident Paper Competition
  - IQVIA software training
- We are inviting Sponsors and Exhibitors to join us! Interested? Register at: [Exhibitor/Sponsorship Info | PTSF Annual Conference \(knowledgeconnex.com\)](#) Our hope is that sponsors and exhibitors will enable us to reduce registration costs! Register **by July 21** to participate!
- Conference Registration will go live **by August 1, 2023.**
- Submissions for the PTSF Research Competition and Pina Templeton Injury Prevention Competition are due by Friday July 28<sup>th</sup>. Submissions must be uploaded to the KnowledgeConnex PTSF Conference website at [KnowledgeConnex - Pennsylvania Trauma Systems Foundation \(PTSF\) \(secure-platform.com\)](#) The submission process website link will go live **by Friday, June 23<sup>rd</sup>.** We also welcome submissions of on-line posters which will be accessible by conference participants. Go to the link above to learn more.
- Questions? Contact Dor Adams at [dadams@ptsf.org](mailto:dadams@ptsf.org)

#### NEW TRAUMA PROGRAM NURSE LEADER ORIENTATION

Save the date for the next New Trauma Program Nurse Leader Orientation to be held virtually on **Wednesday, October 4, from 10 AM - 3 PM!** New nurse leaders, from both pursuing and accredited centers, are invited to join PTSF staff for the course which is taught by a variety of PTSF staff members. Topics include 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. Registration will begin this summer, announced in the next Board Update!

#### 2023 STATE AND NATIONAL CONFERENCES

- July 10 - 13 – ACS Quality and Safety Conference, Minneapolis, MN - <https://bit.ly/3LwPLA5>
- September 6-8 — PEHSC Conference – VIRTUAL - <https://bit.ly/3AWqElq>
- September 8 – PSNA Annual Summit, Lancaster Marriott at Penn Square, Lancaster PA

- September 20-23 — AAST - Anaheim, California
- October 9-12 — American College of Emergency Physicians (ACEP) Scientific Assembly - Philadelphia, PA
- **October 18-19-20 — AAAM Course (10/18, 19) and PTSF Annual Conference (10/19, 20)– Sheraton Harrisburg Hershey Hotel, 4650 Lindle Road, 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 Moraites](#), 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.**