

Welcome to the October 2023 PTSF Board Update which highlights the latest PTSF Board of Directors approvals from the September Board Meeting.

TRAUMA CENTER NEWS

The PTSF Board of Directors approved the accreditation of one additional Level IV trauma center in Pennsylvania effective November 1, 2023. This brings the total number of trauma centers in Pennsylvania to 52 on November 1st.

Congratulations to the following hospital:

Lehigh Valley Hospital-Schuylkill — Pottsville, PA

Additionally, several new hospitals have formally submitted requests to the PTSF to either pursue trauma center accreditation as a new applicant or to pursue an elevation in trauma center level. Please see the latest [updated map](#) on the PTSF website for the locations of these hospitals.

PTSF STAFF NEWS



We are happy to announce the addition of an Accreditation Specialist to the PTSF Team! Matt Mowry, MSN, RN, TCRN, CEN, NE-BC, will start with the PTSF on October 16, 2023, as an additional Accreditation Specialist. Matt will support hospitals in their pursuit of trauma center accreditation in addition to participating in site survey activities. Matt's most recent position was at AHN Allegheny General Hospital as a Trauma Performance Improvement Coordinator for 21 years. Since 2016 he has also served as a PTSF site surveyor. Welcome Matt!

PTSF SUPPORT OF STN POSITION STATEMENT ON QUALIFICATIONS AND COMPETENCIES OF THE TRAUMA PROGRAM MANAGER ROLE

In March 2023, the Society of Trauma Nurses (STN) published a [Position Statement on Qualifications and Competencies for the Trauma Program Manager](#). The publication was the culmination of work from a comprehensive evidence-based study commissioned by Castle Worldwide, Inc. related to knowledge, skills, and competencies required to function in a Trauma Program Manager role.

The position statement endorsed six domains including:

- Trauma Program Managers play an essential role in the delivery of optimal and equitable trauma care to all people.
- Registered Nurses (RNs) are the professionals best qualified to serve as TPMs by virtue of their education, training, and experience, and whenever possible, the role of the TPM should be assigned to an RN.
- TPMs should hold a minimum of a Bachelor of Science in Nursing; however, a Master of Science Degree is preferred.
- Continuing education, supporting the role of the TPM is required. Advanced Trauma Care for Nurses (ATCN), Optimal Trauma Center Organization & Management Course (Optimal) and Trauma Outcomes and Performance Improvement Course (TOPIC) courses, developed and disseminated by STN, offer essential clinical and administrative education, and should be completed by every TPM.
- Attainment and maintenance of an advanced certification such as the Trauma Certified Registered Nurse (TCRN®)

certification, through the Board of Certification for Emergency Nursing (BCEN) is one important measure of competency for TPMs.

- Participation in national nursing organizations, attendance at national meetings, and collaboration with organizations serving physicians and interdisciplinary professionals to communicate current evidenced-based care for implementation is essential to the TPM role.

The Society of Trauma Nurses placed a call-for action for allied organizations to join in support of this position statement to promote the unique role of the Trauma Program Manager and encourage the American College of Surgeons (ACS) to revise the Resources for the Optimal Care of the Injured Patient (2022) expectations. Organizations such as the American Trauma Society (ATS), Pediatric Trauma Society (PTS), and California Trauma Program Managers Association have already submitted endorsements.

During the September PTSF Board meeting, the PTSF Board of Directors reviewed and endorsed the STN position statement, most of which has been supported by the Standards of Accreditation since 2014. A letter of support will be sent to the STN and American College of Surgeons. These recommendations will further be discussed by the PTSF Standards Committee in early 2024 for potential updates.

PTSF is proud of Pennsylvania's longstanding history of excellence in trauma system development and accreditation including its role in supporting essential competencies necessary for the Trauma Program Manager role.

TECHNOLOGY & TRAUMA REGISTRY UPDATES



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

Updated 2023 PTOS Manual

An updated 2023 PTOS Manual with the associated change document has been posted to the PTSF Web Portal.

PTSF Web Portal access

PTSF will continue to update trauma centers regarding the latest status of access to Registry Anywhere and the PTSF Web Portal as communicated by ESO. Thank you for your patience as we do our best to support timely resolution to any software issues which impact PA trauma centers.

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.

Quarterly Reports

PTSF staff have continually been working through various technical issues to process quarterly reports for accredited trauma centers. We thank you for your patience and understanding as we work as quickly as possible to release updated

reports. Accredited trauma centers can expect their Q2 2023 reports soon. If you would like to request a Q1 2023 quarterly report, please contact Stephanie at sradzevick@ptsf.org.

Please note that due to the extensiveness of the technical issues experienced, there will be a delay in the release of quarterly reports for the foreseeable future.

SOFTWARE TRANSITION UPDATE

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



PTSF's software transition planning continues with a projected go-live date for Beta sites in March 2024. Stay tuned for our next PTSF software transition newsletter for additional details related to new educational webinars that are available, optional features for the new Next Gen platform, training plans and timelines for the project.

ACCREDITATION AND SITE SURVEY UPDATE



[Darlene Gondell](#), MSN, RN, CCRN-K, CNRN, TCRN, Director of Accreditation

Thank you for your attention to the latest information regarding hospital planning for future PTSF Site Surveys:

- AFS questions have not changed from the 2023 version for many reasons. As a result, hospitals will complete the AFS labeled 2023. To locate the 2023 version, enter 2023 into the Name column and click the "enter" button. Each row will contain 2023 within the name.
- The 2024 AFS User Manual is available on the PTSF Central Site Portal. Please review this resource for guidance on completing the AFS, including an update to six questions.
- The 2024 [Site Survey Guidebook](#) is available on the PTSF website. Please review this resource for newly implemented changes.
- Surveyor Teams are being confirmed. Anticipate team biographies later this year.
- Please refer to the Save-the-Date document for important site survey deadlines and details.
- We will be onboarding the newest Accreditation Specialist, Matthew Mowry, during the 2024 surveys, which may require three PTSF staff on the survey team. Thank you for your assistance as we onboard our new colleague!
- Centers with surveys in 2025 can anticipate the Accreditation Team's communications regarding Save-the-Dates in the next few months.

TELEMEDICINE TASK FORCE



[Kristen DiFiore](#), MSN, RN, TCRN, Accreditation Specialist

PTSF Standards of Accreditation previously stated: *Telemedicine, by itself, is not an acceptable method of consult*. The expectation is that the specialist must be available in person at the bedside by a predefined time when a request is made. This Standard was based on the ACS Standards. The updated 2022 ACS

Standards did not include guidance on telemedicine. Questions sent to the ACS-COT by the PTSF have clarified there are acceptable situations where telemedicine can be utilized. As noted in the Standards Committee update, the PTSF Board approved the revision to all Trauma Center levels Standard 10: Physicians to allow utilization of telemedicine for Pain Management, Psychiatry and Physiatry.

Though telemedicine can be utilized in three subspecialties, there may be other subspecialties where telemedicine utilization may be appropriate. The Level III/IV Workgroup has organized a Telemedicine Task Force to explore further utilization of telemedicine. The Task Force is currently gathering peer reviewed articles related to the use of telemedicine by non-surgical subspecialty services for admitted patients in all levels of Trauma Centers. The goal is to provide an evidence-based recommendation to the PTSF Standards Committee to support the inclusion of additional non-surgical telemedicine consultative services.

The Level III/IV Workgroup has issued a call for articles specifically addressing the utilization of non-surgical telemedicine consultation in admitted patients. Please forward articles to [Kristen DiFiore](#).

COMMITTEE UPDATES

TRAUMA REGISTRY COMMITTEE



Board Committee Chair: Debbie Chappel, RN

PTSF Staff Liaison: [Gabrielle Wenger](#), RHIT, CPC, CAISS, CSTR, Trauma Registry Specialist

The Trauma Registry Committee and PTSF Board of Directors approved the following changes to PTOS/Collector. These changes are effective January 1, 2024, will be reflected in the 2024 PTOS Manual, and are anticipated to be included within the 2024 Collector software.

1. REITRE - PTOS element "Interim ED Disposition – Temporary Location".
2. REVISION - PTOS element "Is This a Transfer Patient?"
3. REVISION - PTOS element "Total Ventilator Days" to count the total number of days patient is mechanically ventilated in your hospital.
4. REVISION - PTOS element "Documented History of Cirrhosis" to match revisions in the NTDB definition of "Cirrhosis".
5. REVISION - PTOS element, "Acute Kidney Injury", to match revision to the NTDB element.
6. REVISION - PTOS element "Time Administratively Discharged from ED" to match a change in language for the NTDB element "ED Discharge Time".
7. REVISION - PTOS element "Date Administratively Discharged from ED" to match a change in language for the NTDB element "ED Discharge Date".
8. REVISION - PTOS element, "Dementia", to match revision to the NTDB element "Dementia".

The next Trauma Registry Committee meeting will be held November 16, 2023. Please send any requests for discussion to Gabrielle Wenger.

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, Director of Accreditation

The Standards Committee and PTSF Board of Directors approved the following clarification to Adult Level I-IV and Pediatric Level I-II of the Standards of Accreditation.

Standard 5: Registry

- Added that Trauma Centers must create a facility-specific data hierarchy for all required elements in the PTOS Manual, to allow for consistent data abstraction.
- Revised the definition of Trauma Contacts to all patients who meet PTOS inclusion criteria, NTDS inclusion criteria (not already counted in the PTOS inclusion), and those patients who meet inclusion criteria for hospital, local, and regional purposes. TQIP is based on NTDS inclusion criteria.
 - Expected compliance by 6.1.25

Standard 8: Injury Prevention, Public Education & Outreach

- Updated the Tables 2 and 3 “Suggestions for planning optimal injury prevention and violence intervention strategies with the greatest impact” and “Suggested methods for tracking and reporting of injury prevention activities.”
 - Effective immediately

Standard 10: Physicians

- Added that telemedicine is an acceptable form of consult for Pain Management, Physiatry, and Psychiatry subspecialists. Trauma Centers wishing to utilize telemedicine for other subspecialties should refer to Policy AC-105: Applying for a Variance from a Standard and include each subspecialty the variance is being requested for.
 - Effective immediately

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 2: Capacity & Ability

- Added that at Level III Trauma Centers the admission policy must include the types of neurotrauma injuries that may be treated at the center and be approved by the TPMD.
- Added that the trauma program must be integrated into the hospital’s disaster plan to ensure a robust surgical response. The surgical response must include an outline of the critical personnel, means of contact, initial surgical triage (including subspecialty triage when appropriate), and coordination of secondary procedures.
- Added that the trauma surgeon who is a member of the hospital’s disaster committee is responsible for the development of a surgical response to a mass casualty event. At Level I and II Trauma Centers, this individual must successfully complete the Disaster Management and Emergency Preparedness (DMEP™) or eDMEP at least once.
- Added that at Level I Trauma Centers an Orthopedic Surgeon who provides care to injured patients must be a member of the hospital’s disaster committee.
- Added that the Trauma Center must participate in regional disaster/emergency management committees, health care coalitions, and regional mass casualty exercises.
- Added that the trauma program must participate in two hospital drills or disaster plan activations per year that include a trauma response with the goal of refining the hospital’s response to mass casualty events. Actual plan activations and tabletop exercises are acceptable.

- Expected compliance by 6.1.25
- Clarified that the Trauma Center must have a provider and equipment immediately available to establish an emergency airway. The emergency airway provider must be capable of advanced airway techniques, including surgical airway.
 - Effective immediately

Standard 3: Trauma Program Medical Director

- Clarified that attendance at the Annual Trauma Quality Improvement Program is not equivalent to attending a trauma organization's member meeting and therefore does not satisfy the Standard for Level I and II Trauma Program Medical Directors.
 - Effective with the associated Standard on 1.1.24

Standard 5: Registry

- Added that the registry staffing plan must include at least one Registrar with a current certification as a Certified Abbreviated Injury Scale Specialist (CAISS) offered by AAAM. There is a recommended minimum of 1 year of experience with AIS prior to certification. A trauma program with Registrars with less than 1 year of registry experience must have a plan in place to achieve CAISS within 3 years of appointment. A CAISS certified Registrar with FTEs attributed to a combined adult/pediatric trauma program can meet the CAISS requirement for each of those programs. Additional trauma program personnel, including but not limited to Performance Improvement Coordinators and Injury Prevention Coordinators, with 0.5 FTE dedicated to the trauma registry, can meet this Standard.
 - Expected compliance by 1.1.26
- Added the recommendation that at Trauma Centers with multiple registrar FTEs, a registry structure should include an identified individual(s) with a portion (% of effort) of their FTE dedicated for administrative duties to oversee registry operations, quality (data validation), data analytics, and education.
- Added the recommendation that additional registrars may be needed to support Trauma Center research through report generation and abstraction of additional customized elements. One consideration would be to determine a percentage of registry effort per faculty/fellow, especially if the faculty's academic appointment requires a certain volume of publications for advancement.
- Added the recommendation that at minimum, registry staff should have a basic understanding of anatomy/physiology and medical terminology prior to attending an AIS class.
 - Effective immediately

Standard 6: PIPS

- Added that the clinical practice/patient management guidelines, protocols, or algorithms must be reviewed and updated at least every three years and can be developed or revised in response to new evidence or opportunities for improvement.
 - Expected compliance by 6.1.25

Standard 8: Injury Prevention, Public Education & Outreach

- Clarified that injury prevention programs can also reflect local epidemiological data.
 - Effective immediately
- Revised that two annual injury prevention activities must address separate major causes of injury and have specific objectives, goals, and timeframes for completion. Each of the prevention initiatives' specific objectives, goals, and timeframes for completion should be documented in advance of implementation so that the trauma center can describe the success relative to the stated goals.
 - Expected compliance by 6.1.25
- Added that Injury Prevention Coordinator position must be someone other than the trauma Performance Improvement Coordinator, in addition to the current expectation that it cannot be the Trauma Program Manager.

- Expected compliance by 6.1.25
- Added the reference “ACS COT Best Practice Guideline for recognition of abuse”
https://www.facs.org/media/o0wdimys/abuse_guidelines.pdf.
- Revised the SBIRT Standard to require substance misuse screenings and brief interventions for all PTOS admissions over 12 years of age, removing a minimum length of admission. The screening methods are at the discretion of the individual trauma center but must include a validated tool or blood/urine laboratory testing. The brief intervention must be completed by appropriately trained staff as determined and credentialed by the institution (could include nurses, social workers, etc.) and must occur prior to patient discharge. Included the references “ACS COT Quick Guide Alcohol Screening and Brief Intervention for Trauma Patients”
<https://www.facs.org/media/wdanhnsc/alcohol-screening-and-brief-intervention-sbi-for-trauma-patients-cot-quick-guide.pdf> and “Best Practice Guidelines Screening and Intervention for Mental Health Disorders and Substance Use and Misuse in the Acute Trauma Patient” <https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>.
 - Expected compliance by 6.1.25
- Added that the Trauma Center must meet the mental health needs of the trauma patient and must have a protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider. The protocol must include a structured approach to identify patients at high risk for mental health problems. Included the reference “ACS COT Best Practice Guidelines Screening and Intervention for Mental Health Disorders and Substance Use and Misuse in the Acute Trauma Patient”
<https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>.
 - Expected compliance by 6.1.25

Standard 10: Physicians

- Clarified that at Pediatric Trauma Centers there must be Obstetric and Gynecologic surgical expertise, and if OBGYN expertise is not immediately available for emergent surgical intervention, a contingency plan, including immediate transfer to an appropriate center and PIPS review of all patients transferred must be in place.
 - Effective immediately
- Revised that Level I & II Trauma Centers must have physicians in the Emergency Department who are board certified or board eligible in Emergency Medicine or Pediatric Emergency Medicine. Physicians who completed primary training in a specialty other than emergency medicine or pediatric emergency medicine prior to 2016 may participate in trauma care. At Level III Trauma Centers, physicians in the Emergency Department can be board certified or board eligible Emergency Medicine, Pediatric Emergency Medicine, or a specialty other than emergency medicine.
- Added that the Emergency Department Physician Director at Level I and II Trauma Centers must be board certified or board eligible in Emergency Medicine or Pediatric Emergency Medicine.
- Revised that at both Level I and II Trauma Centers a board certified or board eligible Emergency Medicine physician must be present in the emergency department 24/7/365 with no gaps in coverage.
- Added that there must be a protocol/policy defining the shared roles and responsibilities of Trauma Surgeons and Emergency Medicine physicians for trauma resuscitation and clearly established responsibilities of the Emergency Medicine Physician on the trauma team. The protocol/policy must be approved by the TPMD.
 - Expected compliance by 6.1.25
- Clarified that at Pediatric Level I Trauma Centers there must be at least one board certified or board eligible neurosurgeon who has completed a pediatric neurosurgery fellowship and one additional board certified or board eligible neurosurgeon with demonstrated interest in trauma care.
 - Effective immediately
- Revised that the defined parameters of Neurosurgical emergent consults based on level of acuity must include, at a minimum, severe traumatic brain injury (GCS less than 9) with head CT evidence of intracranial trauma,

moderate traumatic brain injury (GCS 9–12) with head CT evidence of potential intracranial mass lesion, neurologic deficit as a result of potential spinal cord injury (applicable to spine surgeon, whether a Neurosurgeon or Orthopedic surgeon, and Trauma Surgeon discretion/request for emergent consult. The emergent consult must be within 30 minutes and may occur remotely (viewing CT, MRI, etc.). Neurosurgical provider response times must be documented.

- Expected compliance by 6.1.25
- Added required non-surgical specialties of Pain management (with expertise to perform regional nerve blocks), Physiatry and Psychiatry who must be available 7 days a week. Bedside response preferred and telemedicine response acceptable.
 - Expected compliance by 1.1.26

Standard 16: Emergency Department

- Added that a pediatric readiness assessment (<https://www.pedsready.org/>) and a documented plan to address identified gaps must be completed at a minimum every 3 years. “Pediatric readiness” refers to infrastructure, administration and coordination of care, personnel, pediatric-specific policies, equipment, and other resources that ensure the center is prepared to provide care to an injured child. Includes the reference “Pediatric Readiness Toolkit” <https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/>.
 - Expected compliance by 6.1.25

Many of 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 10.15.2023) with additional details. Please contact Darlene Gondell at 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](#).

OUTCOMES COMMITTEE

Committee Chair: Jill Volgraf, RN

Committee Vice Chair: Raquel Forsythe, MD

PTSF Staff Liaison: [Rebecca Geyer](#), MSN, RN, TCRN, Director of Performance Improvement

The Outcomes Committee and the PTSF Board of Directors approved the Outcomes data metrics that will accompany new [Policy AC-142](#). These metrics will be created into a report within the new software system and will be available for all trauma centers to run and monitor and then submit, if applicable. The Outcomes Committee will review the new report to ensure accuracy of the build and will then review the report annually and update as needed.

PA-TQIP COLLABORATIVE

PaCOT Representatives: Russell Dumire, MD and Raquel Forsythe, MD

PATNAC Representatives: Jill Volgraf, RN and Anthony Martin, RN

PTSF Staff Liaisons: [Rebecca Geyer](#), MSN, RN, TCRN, Director of Performance Improvement
[Gabrielle Wenger](#), RHIT, CPC, CAISS, CSTR, Trauma Registry Specialist

The PA-TQIP Collaborative will be meeting in person again this year at the Annual TQIP Conference in Louisville, KY. If you are planning to attend TQIP, please join us as we meet in person on either Friday or Saturday morning before the main session begins. Calendar invites will be sent out to current PA-TQIP Collaborative members, but any staff from any PA trauma center involved in TQIP is invited and welcome to attend!

POLICY AND PROCEDURE COMMITTEE



Board Committee Chair: Jo Ann Miller, MSN, FNP-C, CCRN, TCRN
PTSF Staff Liaison: [Courtney Moraites](#), MPA

[Accreditation Policy AC-142: Level I, II and III Survey Process for Exemplary Trauma Centers](#) — The PTSF Policy and Procedure Committee and the PTSF Board of Directors recently approved AC-142. This new policy describes the process for Level I, II or III Trauma Center participation with an alternate survey team composition, which shall include the PTSF Trauma Registry Data Set (PTOS) metrics evaluation in lieu of a third surveyor. Exemplary trauma centers that meet specific eligibility criteria may elect to have a two-member survey team, which will consist of a physician and nurse, at the next site survey. The PTSF will notify trauma program staff at eligible centers via the Save-the-Date process.

[Trauma Registry Policy TR-106: Trauma Registry Educational Visits](#) — The Policy and Procedure Committee and the PTSF Board of Directors voted to revise TR-106. This revision included updates to the Educational Visit Frequency and Accuracy section.

EDUCATION

JOIN US AT THE PTSF ANNUAL FALL CONFERENCE OCTOBER 19 AND 20, 2023!

Location: Sheraton Harrisburg Hershey, 4650 Lindle Road, Harrisburg, PA. The PTSF discounted “room block” is now expired. Register for the conference **through Friday 10/13** at: <https://ptsf.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 closed.)
 - 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
 - 15th Annual Major John P. Pryor Memorial Lecture featuring John Holcomb, MD, FACS
 - PaCOT Resident Paper Competition
 - PTSF and IQVIA new software overview
 - Sponsors and Exhibitors are still welcome to join us through **10/9/2023!** Interested? Register at: [Exhibitor/Sponsorship Info | PTSF Annual Conference \(knowledgeconnex.com\)](#)
 - We continue to 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

2023 STATE AND NATIONAL CONFERENCES

- October 9-12 - American College of Emergency Physicians (ACEP) Scientific Assembly - Philadelphia, PA
- **October 18-19-20 - AAAM Coding Course (October 18 and 19) and PTSF Annual Conference (October 19 and 20) – Sheraton Harrisburg Hershey Hotel, 4650 Lindle Road, Harrisburg, PA**
- October 22-25 - ACS Clinical Congress - Boston, Massachusetts
- November 1-3 - Pediatric Trauma Society – New Orleans, Louisiana
- December 1-3 - ACS TQIP Annual Conference - Louisville, Kentucky

COMMUNICATIONS

CALL FOR NON-BOARD COMMITTEE MEMBERSHIP NOMINATIONS

Attention Trauma Program Managers: The PTSF is seeking non-board committee member nominations for 2024. Please email all new member nominations and continued member nominations to [Courtney Moraites](#) by **Thursday, November 2, 2023**. You may review the list of [2024 PTSF Committee Descriptions](#) on the PTSF Website.

After submission PTSF Staff Committee Liaisons will work with Committee Chairs to select committee compositions for 2024. Committee composition is contingent upon consideration of member locale, Trauma Center Level (I-IV), and nominee skill set. Continuation of membership is based on active participation in the past and committee term limits. Please reference [Board of Directors Policy BD-109](#) for more information Non-Board Committee Membership. The PTSF's goal is to ensure that all trauma centers are represented by some means in all committees and work groups. The PTSF will publish the 2024 PTSF Non-Board Committee Roster in December 2023, pending Board Chair approval.

PTSF DIRECTORY

PTSF maintains a directory for Accredited Trauma Centers and hospitals pursuing accreditation. The directory is distributed twice each year to all trauma program managers 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 members. Exceptions include payments which should be mailed to: **Pennsylvania Trauma Systems Foundation, 275 Cumberland Parkway, #234, Mechanicsburg, PA 17055.**