

HAPPY HOLIDAYS FROM THE PTSF BOARD OF DIRECTORS!



Front row (L to R): Joe Sawyer, Charles Barbera (Chair), Meg Ashton, Doug Hock (Treasurer), Henry Boateng (Vice Chair)
Back row (L to R): D. Loder (Legal Counsel), Elizabeth Dunmore, Pat Kim, Erin Pica, Denise Torres, Racquel Forsythe, Debbie Chappel,
Jeffrey Kuklinski, Rep Bryan Cutler, Dan Bledsoe
Missing from Photo: John Lewis, Philip Villanueva, Jo Ann Miller, Senator Michele Brooks, Senator Art Haywood, Representative Dan Frankel

AND STAFF



Front (L to R): Stephanie Radzevick, Darlene Gondell, Rebecca Geyer, Juliet Altenburg, Amy Kempinski, Lyndsey Diehl, Grant Dittmer
Back row (L to R): Kristen DiFiore, Matt Mowry, Gaby Wenger, Dor Adams, Heather Danley, Courtney Moraites

BOARD MEMBER FAREWELLS



At our December 15th Board Meeting we bid farewell to Immediate Past Board Chair Meg Ashton after nine years of dedicated service as a representative of the Pennsylvania State Nurses Association on our Board. Meg was the first Trauma Program Manager to serve as a PTSF Board Chair and has the distinction of being the only Board Chair to serve in that role during a Global COVID-19 Pandemic! Meg is the Trauma Program Manager at St. Mary Medical Center and has served in that role for over 16 years. We thank Meg for sharing her time, expertise, leadership, and kindness with all of us!



Additionally, we bid farewell to John Lewis who served as a Representative of the Hospital and Healthsystem Association of Pennsylvania on the PTSF Board. John served on the PTSF Board for three years and left us due to his retirement as the CEO of ACMH Hospital. We thank John for sharing his expertise with us and wish him the best on his retirement!

2024 BOARD OFFICERS



We are pleased to announce the following 2024 Board Officers who were approved at our December Board Meeting! Henry Boateng, MD will serve as our Board Chair. Dr. Boateng is the Assistant Professor of Orthopedics and Rehabilitation at the Penn State Milton S. Hershey Medical Center and represents both the Pennsylvania Medical Society and Pennsylvania Orthopedic Society.



Debbie Chappel, MSN, RN, will serve as our Board Vice Chair. Debbie is the Trauma Program Manager at Allegheny General Hospital and represents the Pennsylvania Trauma Nurse Advisory Council (PATNAC), on the Board.



Doug Hock will continue to serve as Secretary/Treasurer. Doug is the Executive Vice President and System Chief Operating Officer of The Children's Hospital of Philadelphia and represents the Hospital and Health System Association of Pennsylvania on the Board.

WELCOME 2024 NEW PTSF BOARD MEMBERS!



Rebecca Wilde-Onia, MSN, RN, CCRN, TCRN, will serve as the representative of the Pennsylvania State Nurses Association on the PTSF Board of Directors. “Becky” is the Network Director of Trauma Programs at St. Luke’s University Health Network with direct oversight for the organization’s seven Trauma Programs that include all levels of Trauma Centers.



Richard Neff, MD, will be serving as the representative of the Hospital and Health System Association of Pennsylvania. Dr. Neff is the Chief Medical Officer for Indiana Regional Medical Center (IRMC) in Indiana, PA, and works clinically as a Hospitalist.

OFFICE UPDATES

TECHNOLOGY & TRAUMA REGISTRY



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

2024 PTOS MANUAL AND ADDITIONAL RESOURCES

PTSF staff will be distributing the 2024 PTOS Manual, updated change document, updated facility lists, and an updated EMS provider list very soon! These items will be posted to the PTSF Web Portal once available. Please watch your email inboxes for further information!

2024 ESO ANNUAL UPDATE

ESO has not yet communicated when the 2024 annual update will be released for Pennsylvania. PTSF expects this release to occur approximately mid-January; however, this is just an approximation. PTSF will communicate the release date for the annual update once confirmation is received from ESO.

In the meantime, PTSF staff recommends abstracting patients with 2024 admission dates within the 2023 software until the 2024 software is installed. Also, do not delay submission of any 2024 records to the PTSF. Once the 2024 software is installed, minor updates will be required to be made within 2024 records that were originally abstracted in the 2023

software. Once these 2024 records are updated within the 2023 software, they should be reclosed and resubmitted to the PTSF. Note, resubmissions do NOT impact timeliness of submission. Please reach out to PTSF for any questions regarding the 2024 changes to PTOS and the current registry software.

POLICY TO-100: TIMELINESS OF SUBMISSION TO THE OUTCOMES CENTRAL SITE

This policy is waived again for 2024, due to ongoing software challenges and pending software enhancements needed for data accuracy. Please see the update to [Trauma Outcomes Policy \(TO-100\)](#) on the PTSF website.

PTOS QUARTERLY REPORTS

Due to the extensiveness of technical issues experienced since 2022, there will be a delay in the release of PTOS quarterly reports for the unforeseeable future. Accredited PA Trauma Centers can expect Q2 2023 Quarterly Reports to be distributed within the next month. PTSF staff is working as quickly and efficiently as possible! Thank you for your patience!

ESO CUSTOMER SUPPORT REMINDERS

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- GO-LIVE DATE ANNOUNCED!



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

The Go-Live date for all trauma centers for new Registry and PI software will now be **September 9, 2024**. This date will be when all accredited and pursuing centers will begin abstracting new records into the IQVIA registry database and will begin to use their new PI software. All patient records started prior to this day will still be abstracted on your existing software, and then migrated over to the new platform.

All accredited and pursuing centers are invited to identify up to four (4) super-users. While PTSF suggests including at least one registrar, one PIC and your TPM in that group, you can select the four individuals that your program thinks would be the best super-users to help provide hands-on support during the launch. Super-user (in-person) training will be scheduled about a month prior to go-live and those dates will be communicated out ASAP. All other users will be trained through virtual, on-demand education. All users will also have access to the playground environment prior to go-live to ensure adequate preparation and training.

There will also be extensive user-acceptance testing (UAT). This user-acceptance testing will occur with a small group of registrars and a small group of PI Coordinators that have been selected from across the state. If you're in one of these UAT groups, you will be contacted by PTSF in the coming months with additional information. This UAT process will help ensure adequate front-end users have validated the software and helped with the build process.

2024 PTSF NON-BOARD COMMITTEE MEMBERSHIPS

The PTSF Staff and Board of Directors would like to extend gratitude to all trauma centers for the submission of staff nominations for the 2024 PTSF Non-Board Committees. The 2024 Non-Board Committees include: Diversity, Equity, and Inclusion Committee, Outcomes Committee, PIPS Committee, Standards Committee, Trauma Injury Prevention Committee, Trauma Registry Committee, and Trauma Research Committee. Support from committee volunteers enables the PTSF to advance its Mission: Optimal outcomes for every injured patient. Please visit the PTSF Website for the [2024 Committee Rosters and Committee Descriptions](#).

PTSF COMMITTEE ACTION APPROVALS

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 the PTSF Board of Directors approved the following changes to PTOS. These changes are effective January 1, 2024 and will be reflected in the 2024 PTOS Manual.

1. Exclusion of skin from the definition of Hospital Event 91=Iatrogenic Organ, Nerve, Vessel
2. Additional clarification provided under "Procedures"
 - a. "Required procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications."
 - b. "This list [Appendix 11] should be used as a guide for procedures that should be reported."

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 changes and clarifications to the Adult Level I-III and Pediatric Level I-II Standards of Accreditation.

Standard 2: Capacity & Ability

- Revised the requirements for adult trauma centers caring for pediatric patients. Adult trauma centers annually caring for 100 or more pediatric patients no longer need to comply with all PTSF Pediatric Standards; they must comply with the following:
 - Pediatric emergency department area which may include dedicated pediatric rooms or mobile pediatric carts with pediatric equipment that can turn a room into an appropriate pediatric room.
 - Pediatric intensive care area which may include a dedicated pediatric intensive care unit or mobile pediatric carts with pediatric equipment that can turn a room into an appropriate pediatric room. Required pediatric equipment includes:

- Tool or chart that relies on weight (kilograms) used to assist clinicians in determining equipment size and correct medication dosing by weight and total volume
- Pediatric doses of medication
- Pediatric-specific defibrillation pads
- Pediatric monitoring equipment
- Pediatric bag-mask device, endotracheal tubes, laryngoscope blades, tracheostomy tubes, difficult airway supplies and/or kit, suction catheters, nasopharyngeal airways, oropharyngeal airways, non-rebreather masks, and nasal cannula
- Pediatric chest tubes
- Pediatric central venous catheters, intravenous and intraosseous needles, infusion devices with the ability to regulate the rate and volume of infusate (including low volumes)
 - The count of 100 or more pediatric patients includes PTOS pediatric patients who were admitted, remained at the hospital in observation status and Dead on Arrival. Pediatric patients transferred to another trauma center or pediatric patients with isolated burns are excluded in the count.
- Expected compliance by 6.1.25

Standard 4: Trauma Program Manager

- Clarified that the TPM has oversight of the trauma program, plays an essential role in the delivery of optimal and equitable trauma care to all patients, and an organizational chart depicting the relationship with the TPMD, hospital governance, and administration and other services.
 - Effective immediately
- Clarified that the TPM job description should also include development and implementation of clinical protocols and practice management guidelines, providing educational opportunities for staff development, oversight of trauma registry and performance improvement program, involvement in the budgetary process of the trauma program and serve as a liaison to administration and represent the trauma program on hospital and regional committees to enhance trauma care.
 - Effective immediately
- Added that the TPM must have a minimum of a Bachelor of Science in Nursing degree with a master's degree preferred. Clarified that measures of competency for TPMs can include attainment and maintenance of an advanced certification by an accredited organization such as TCRN, CEN, CPEN, CCRN, PCCN, CPN, CFRN and CNRN, maintenance or faculty of Advanced Trauma Care for Nurses, and three years as an RN at a trauma center in the care of the injured patient. Trauma Centers wishing to utilize a TPM that does not meet these qualifications can request a variance, refer to Policy AC-105: Applying for a Variance from a Standard for additional details.
 - Expected compliance by 1.1.25
- Revised the requirement for annual trauma-related continuing education to 36 hours over three years or 12 hours annually. Recommend participation in Advanced Trauma Care for Nurses and a trauma program management course by a national organization such as STN Optimal.
 - Expected compliance by 1.1.25
- Added that TPMs at Level I and II Trauma Centers must hold active membership in at least one national trauma organization and have attended at least one national conference during a three-year period.
 - Expected compliance by 6.1.25

Standard 5: Registry

- Added that the written data quality plan must include a minimum accuracy expectation and plan for improvement if a Registrar is below the internal accuracy expectation.
 - Expected compliance by 1.1.25
- Added the recommendation that the trauma program should utilize an electronic data transfer process to reduce key stroke entry and promote a focus on injury coding, event capture and data validation.
 - Effective immediately

Standard 6: PIPS

- Added the following to the PIPS Indicators:
 - Delayed recognition of or missed injuries
 - Compliance with prehospital triage criteria, as dictated by regional protocols
 - Delays or adverse events associated with prehospital trauma care
 - All Non-Surgical Trauma Admissions
 - Recommend utilizing the Nelson tool
 - Lack of availability of essential equipment for resuscitation or monitoring
 - MTP Activations and appropriateness of component ratios
 - Significant complications and adverse events
 - Transfers to hospice
 - Mental health screening compliance
 - Delays in providing rehab services
 - Neurotrauma care at Level III trauma centers
 - All traumatic injury related death
 - Expected compliance by 1.1.25
- Revised the following PIPS Indicators:
 - Removed annually from the Indicator - Compliance with Activation Criteria
 - Removed quarterly from the Indicator - Over/Under triage trended rate
 - Recommend utilizing Need for Trauma Intervention (NFTI) in review of over/under triage
 - Expected compliance by 1.1.25

Standard 10: Physicians

- Added that Level I and II Trauma Centers must have a Geriatric Provider Liaison to the trauma service who assists in the development and implementation of geriatric protocols and is available for patient consultation. The Geriatric Provider Liaison must be one of the following clinicians: a Geriatrician, a physician with expertise and focus in geriatrics, or an advanced practitioner with certification, expertise and a focus in geriatrics. This Liaison is not required to attend trauma PI meetings.
 - Expected compliance by 1.1.25
 - Acceptable measures of expertise in geriatrics include, but are not limited to: hospital geriatric credentialing, attendance in courses or CME specific to geriatrics, and Certificate of Added Qualifications in Geriatric Medicine. Acceptable certifications for advanced practitioners include but are not limited to: Adult-Gerontology Acute Care Nurse Practitioner Certification, and Advanced Practice Registered Nurse Gerontological Specialist – Certified.
- Added that Level I Trauma Centers must have an Orthopedic Surgeon Liaison who has completed an orthopedic traumatology fellowship approved by the Orthopedic Trauma Association (OTA). Trauma centers with both adult

and pediatric trauma programs may share the adult OTA fellowship trained Liaison. Trauma centers wishing to have an Orthopedic Surgeon liaison who has not completed an OTA-approved orthopedic traumatology fellowship must obtain a variance from this standard. Refer to Policy AC-105: Applying for a Variance from a Standard. The request for the variance must demonstrate the Liaison meets the following criteria:

- At least 50 percent of the Orthopedic Surgeon's practice is dedicated to providing care to orthopedic trauma patients.
- Active trauma committee membership in a regional, national, or international organization (outside of hospital or institution) and attendance at one member meeting during the reporting period.
- Participation in peer-reviewed publications/research in orthopedic trauma over the past three years.
- Participation in trauma-related educational activities as an instructor or educator (outside of hospital or institution) in the past three years.
- Expected compliance by 1.1.25
- Clarified that Orthopedic Surgery must have a published 24/7/365 on-call schedule without gaps in coverage.
 - Effective immediately
- Added that the Trauma Center must provide a contingency plan in case the capability of the orthopedic surgeon, hospital or system is encumbered or overwhelmed and unable to meet standards of care for the orthopedic trauma patient with time-sensitive injuries. This plan must include EMS notification of advisory status/diversion, if applicable, evaluation of timely and appropriate care during event, and monitoring the efficacy of the process and each instance by the PIPS program
 - Expected compliance by 1.1.25
- Added that the orthopedic related practice management guidelines (PMG) must include specific information. The unstable pelvic and acetabular fracture PMG must include treatment guidelines for patients who are hemodynamically unstable attributed to pelvic ring injuries. The long bone fracture PMG must include treatment guidelines for patients with multiple injuries, for example, should include time to fixation and damage control versus definitive fixation strategies. The open fracture PMG must include treatment guidelines for open extremity fractures, for example, should include time to antibiotics, time to OR for operative debridement, and time to wound coverage. Added the requirement of a geriatric patient hip fracture management PMG that should include expected time to OR.
 - Expected compliance by 1.1.25
- Added minimum parameters that must be included in the criteria for orthopedic surgery emergent consults that require a 30-minute bedside response expectation. Clarified that the time is measured from time of request until orthopedic surgery arrival at bedside. The minimum parameters include:
 - Hemodynamically unstable, secondary to pelvic fracture
 - Suspected extremity compartment syndrome
 - Fractures/dislocations with risk of avascular necrosis (e.g., femoral head or talus)
 - Vascular compromise related to a fracture or dislocation
 - Trauma Surgeon discretion

Clarified that although an Orthopedic resident in at least the second year of clinical orthopedic experience and an Orthopedic advanced practitioner can fulfill the response requirement, an Attending Orthopedic Surgeon must be involved in clinical decision-making for care of the orthopedic trauma patients. The communication with the Attending Orthopedic Surgeon must be documented in the medical record.

- Expected compliance by 1.1.25

Standard 23: Radiology

- Added that a radiologist must have access to patient images and be available for imaging interpretation within 30 minutes from the time of images' availability to the time of interpretation when an expedited read is requested.
 - Expected compliance by 1.1.25

Standard 27: Geriatrics

- Added Hip Fractures to the required geriatric PMGs.
 - Expected compliance by 1.1.25

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 is close to being complete.

The revised Standards of Accreditation will be available on the PTSF web site (dated 1.1.2024) 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](#).

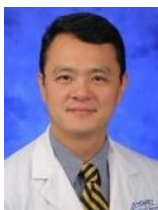
PTSF FALL CONFERENCE SUMMARY

The 2023 PTSF Fall Conference took place October 18th through October 20th at the Sheraton Harrisburg Hershey Hotel. Close to 300 attendees took part in a variety of sessions including AAAM Coding Course, Trauma Program education, research competitions, committee meetings, and a 20-year work anniversary celebration for PTSF President Juliet Altenburg. Enjoy this compilation of activities from a great three days of networking bringing together trauma staff from over 60 hospitals in Pennsylvania and other states. To see an assortment of photos from attendees go to: [2023 PTSF Conference Photo Circle](#)

PTSF RESEARCH AWARD WINNERS

The PTSF Research Committee sponsors two research competitions annually including the Best PTOS Data Application Award, and the Best Completed Research award. Award eligibility requires competitors to conduct research utilizing data from the PTSF trauma registry that is either hospital specific or from the statewide trauma database. A total of 12 studies were eligible to compete this year. PTSF Research Committee members scored blinded abstracts. The six highest scoring abstracts were selected to compete at the 2023 PTSF Fall Conference. Dr. Elinore Kaufman, Chair of the PTSF Research Committee, moderated the session. Congratulations to all the winners and presenters!

BEST PTOS DATA APPLICATION



John Oh, MD
PennState Health Hershey Medical Center
Title of Research: Whole Blood Use in Trauma

Best Completed Research Awards

First Place



Title: Revenge of the Hay-Hole: Effects of Distribution of Hay-Hole Covers
Presenter: Katherine Moore, BA, Medical Student
Organizational Affiliation: Penn Medicine Lancaster General Hospital

Second Place



Title: Changes in Payer Mix of New and Established Trauma Centers: The New Trauma Center Money Grab?
Presenter: Diane Haddad, MD, MPH, Trauma and Surgical Critical Care Fellow
Organizational Affiliation: University of Pennsylvania

Third Place



Title: An Inconvenient Truth: The Association Between Time of Day and Use of Damage Control Laparotomy
Presenter: Justin Hatchimonji, MD, MBE, MSCE, Fellow
Organizational Affiliation: Penn Presbyterian Medical Center

Pina Templeton Injury Prevention Award

The Pina Templeton Award is co-sponsored by the American Trauma Society-PA Division, and the PTSF in honor of Dr. Pina Templeton who was a lifelong Injury Prevention Advocate with her husband Dr. Jack Templeton.



Jessica H. Beard, MD, MPH,
Lewis Kaz School of Medicine, Temple University
Program: The Philadelphia Center for Gun Violence Reporting
Program Leader Partners: Jim MacMillan, BS, Founder and Director, The Philadelphia Center for Gun Violence Reporting and Jennifer Midberry, PhD, Department of Journalism and Communication, Lehigh University

Pennsylvania Committee on Trauma Resident Paper Competition

First Place: David Silver, MD, MPH, UPMC Presbyterian (shown in middle of photo)

Second Place: Eden Hunt, MD, Lehigh Valley Hospital- Cedar Crest (shown virtually)



Third Place: Cara Cama, MD, MBA, St. Luke's University Hospital (shown far right)

Congratulations to two other competitors: Jenifer Huber, St. Luke's University Health Network and Summre Blakely, MD, Geisinger Medical Center

PTSF PRESIDENT JULIET ALTENBURG CELEBRATES HER 20-YEAR WORK ANNIVERSARY



Jefferson Health Team expressing their gratitude.

Trauma Friends and Family were on hand to celebrate the 20th work Anniversary of PTSF President Juliet Altenburg at the PTSF Conference Reception. Juliet started her work at PTSF in 2003 after serving as a PTSF Board Member for three years. In 2003 there were just 26 trauma centers. Today we have 52 trauma centers, nearly doubling our number, which serve the most rural areas of our state. We've come a long way! Congratulations Juliet!

POST CONFERENCE INFORMATION

- All sessions were recorded and are now available for on demand viewing by going to [2023 PTSF Virtual Fall Annual Conference- elearningconnex](#)
 - All paid registrants at the in-person conference will be given free access. There will be a \$50.00 charge for all other customers.
 - The IQVIA-PTSF session is available free of charge to trauma program staff at all PA trauma centers and hospitals pursuing accreditation regardless of paid registration status. Please contact [@Lyndsey Diehl](#) or [@Rebecca Geyer](#) for the session code for registration.
- To receive CME and CE, registrants must complete their conference evaluations by December 21, 2023. Links to the evaluations were emailed to paid registrants.

2024 State and National Conference and Education Calendar

- EAST — January 9-13 — Orlando, Florida
- John M. Templeton Jr. Pediatric Trauma Symposium — February 29-March 1 — Philadelphia, PA
- AHIMA — March 11-12 — Washington, DC
- Society of Trauma Nurses — April 10-12 — Orlando, Florida
- American Trauma Society- PA Division — April 23-24 — Lancaster, PA
- Trauma Center Association of America — April 28-May 3 — Nashville, Tennessee
- National Association of State EMS Officials (NASEMSO) — May 12-16 — Pittsburgh, PA
- PHIMA — May 20-21 — Gettysburg, PA
- American Trauma Society — May 17-22 — San Diego, California
- AAST — September 11-15 — Las Vegas, Nevada
- PTSF Conference (ATS Injury Prevention Course being held as separate track) — October 15-16 — Sheraton Harrisburg-Hershey, Harrisburg, PA
- ACS Annual Meeting-Clinical Congress — October 19-22 — San Francisco, California
- Pediatric Trauma Society — November 6-9 — Charlotte, North Carolina
- ACS Trauma Quality Improvement Program (TQIP) — November 12-14 — Denver, Colorado

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.**