

Welcome to the June 2024 PTSF Board Update which highlights the latest PTSF Board of Directors approvals from the May 22, 2024 Board Meeting in addition to other PTSF news!

## PTSF PRESIDENT TO RETIRE



Juliet Altenburg, President of The Pennsylvania Trauma Systems Foundation (PTSF) since 2003, has announced her plans to retire from PTSF effective January 1, 2025. Her more than 21-year run at PTSF caps a 40-year career in nursing, trauma system development, and advocacy. “I am grateful to the PTSF Board of Directors, PTSF staff, and our trauma centers for their support of me over these last two decades,” Altenburg said. “Together we have made an amazing team of dedicated professionals, that have expanded the reach of trauma center care throughout Pennsylvania and have been a national role model on how an effective trauma system can provide quality trauma care to injured patients. We have grown from 26 trauma centers in 2003 to 52 trauma centers with seven hospitals pursuing accreditation. We have added Level IV trauma centers to our most rural underserved areas of Pennsylvania and achieved passage of legislation that has provided funding and a thoughtful formula for expansion of Level I, II, and III trauma centers.

Altenburg started her career as a critical care staff nurse at Lehigh Valley Health Network in Allentown, PA. Her roles expanded into education and Trauma Program management of LVHN’s Lehigh Valley Hospital-Cedar Crest Site dually accredited Level I Adult/Level II Pediatric Trauma Center. In 2000, she was approved as a PTSF Board of Directors member representing the Pennsylvania State Nurses Association. When her predecessor at PTSF retired, her passions led her to apply for the President position at PTSF.

The PTSF Board of Directors is finalizing a Transition and Search Committee and an Executive Search firm to conduct a national search. More details will be announced soon at [www.ptsf.org](http://www.ptsf.org) and on all PTSF social media platforms.

## BOARD COMMITTEES

### CONFLICT OF INTEREST COMMITTEE

PTSF Staff Liaison: Juliet Altenburg, President

The PTSF Conflict of Interest Committee met in May and approved Board Member conflicts for Trauma Centers and hospitals pursuing accreditation for 2024. Conflicts are approved based on submissions by both Board Members and Hospitals regarding actual or potential conflicts. An email will be sent to all hospital Trauma Program Managers by June 14, 2024, regarding any PTSF Board Members that were approved as a conflict.

### TECHNOLOGY UPDATES

#### TECHNOLOGY & TRAUMA REGISTRY



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

#### TR-106: Trauma Registry Educational Visits

The PTSF registry staff has been working diligently on the IQVIA software transition since January 2023 while also continuing the current registry educational visit process. From now through early 2025, a tremendous amount of registry software education will be developed and provided. Additionally, the current tool used to conduct trauma registry educational visits will cease to exist beginning January 2025 and will be replaced in the TraumaHQ powered by IQVIA™ product. Therefore, the PTSF Board of Directors recently approved the pause of TR-106: Registry Educational Visits through the remainder of the software transition. A temporary trauma registry educational visit process, which can be performed in conjunction with a successful registry software transition, will be put in place, and a new registry educational visit process will be developed for implementation post software transition.

#### *What does this mean for you?*

If your center has already had a registry educational visit in 2024, please continue working through the process per [TR-106](#) with PTSF staff as needed. If you are due to have a registry educational visit later in 2024 or in 2025, PTSF staff will be in contact with you individually to discuss the details of your visit.

Please see below for an outline of the temporary registry educational visit process:

Centers w/ a previous registry related Significant Issue or required action plan.

- An abbreviated in-person educational visit will be provided.
  - Walk through of 2 records.
  - Written Summary with discussion points from two charts will be provided.
  - Discuss additional registry related questions/concerns the trauma center may have
- Ongoing 1:1 support as indicated.

All other centers due for a Registry Educational Visit

- Customized virtual educational session will be provided.
  - Discuss registry related questions/concerns the trauma center may have.
  - Written Summary with discussion highlights will be provided.
- Ongoing 1:1 support as indicated.

Pursuing Hospitals

- No change

PTSF will be developing a workgroup that will begin meeting Q4 2024 to help test the new TraumaHQ Data Validation tool and provide input into the new registry educational visit process. Initiation of the new process

will begin as soon as possible. PTSF will prioritize pursuing centers and centers with registry related SI's, OFI's, or action plans immediately once the new registry educational process is resumed.

### Reminder: 2024 Trauma Registry Resources

The most recent trauma registry resources, such as the 2024 PTOS Manual, have been distributed via email. Note, PTSF staff remains unable to edit the home page of the PTSF Web Portal. Please refer to the resources emailed instead of those posted on the PTSF Web Portal as most of these are now outdated. If you need any updated registry resources resent to you, please contact [Lyndsey](#).

### ESO Invoicing Concerns

PTSF recommends that PA trauma centers carefully review invoices received directly from ESO. If you have questions or concerns regarding any charges, please reach out to ESO's Accounts Receivable department directly. If your center receives additional or customized trauma registry services from ESO, we recommend continuing these services through 2024. For any period of service that you have paid for that extends beyond 2024, please work with ESO directly regarding any possible reimbursement or credit.

### 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](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

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



June will kick off the next phase of the software build, as we train a group of trauma center staff members on the new TraumaHQ *powered by IQVIA™* software. This group participated in the User Acceptance Testing (UAT) on June 3, which will help us test the functionality of the new software and then work to test the environment remotely throughout the month.

There is also an Uploader template, and associated resources including an educational video, available within PATNAC's Basecamp site. This uploader template is available for any trauma centers that plan to use the uploader feature after go-live. This feature will allow extracted data from your EMR to be uploaded into TraumaHQ, decreasing manual re-abstractation by Registry. If your trauma center is interested in this functionality, please see the available template and resources to begin the work of setting up your EMR export to pull your desired data elements. Each center can have an export with as many, or as few, data elements as desired. Additional information regarding mapping and uploading will be tested further as part of the June UAT work, and then released to the state.

### 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, Director of Accreditation

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

#### Standard 1: Commitment

- For Level I-III trauma centers, added to the list of considerations for inclusion in trauma activation criteria at some level Geriatric specific criteria:
  - Ground level fall patients on antithrombotic agents
  - Systolic blood pressure < 110
  - Heart rate > 90
  - Shock index > 1
  - Ground level fall patients not on anticoagulants with GCS < 14 and signs of head trauma
- Effective immediately

#### Standard 6: PIPS

- Clarified the non-surgical trauma admissions (NSA) expectations at Level I-III trauma centers. NSA must be reviewed by the TPMD in secondary review at a minimum if one of the following is met:
  - NSA without trauma or other surgical consultation
  - NSA with ISS > 9
  - NSA with identified opportunities for improvementNSA may be closed in primary review if none of the above items are met, there are trauma or other surgical consultations, ISS ≤ 9, and without identified opportunities for improvement.
- Added to the Standards for all levels existing educational requirements for Trauma PI Coordinators as per PTSF Educational Offerings. Participation in the PTSF PI Part 1: Theory & Review is required within one year of appointment.
- Clarified the educational requirements for additional PI personnel above the required 1.0 FTE at all trauma centers:
  - Participation in the STN-TOPIC Course (incl. Rural for Level IV) within one year of appointment.
  - Participation in the PTSF PI Part 1: Theory & Overview within one year of appointment.
  - Maintain 75 percent attendance at the Trauma PIPS:
    - Multidisciplinary Peer Review PI Meeting
    - Multidisciplinary Trauma Program Operational Meeting
  - Eight hours of trauma-related continuing education per year.
- All changes in Standard 6 are effective immediately.

#### Standard 10: Physicians

- Revised the requirements for Level I-III physicians on an alternate pathway. Physicians on an alternate pathway

prior to January 1, 2026, must complete 36 hours in three years or 12 hours annually of trauma-related CME. For pediatric trauma care, nine of 36 hours must be pediatric-specific CME. Physicians approved for an alternate pathway after January 1, 2026, must:

- Complete 36 hours in three years or 12 hours annually of trauma-related CME. For pediatric trauma care, nine of 36 hours must be pediatric-specific CME.
- All general surgeons, all neurosurgeons, all orthopedic surgeons, all emergency department physicians, and the anesthesiology liaison:
  - Current ATLS certification.
  - Active membership in at least one national or regional trauma organization and must have attended at least one meeting during the reporting period.
  - Attendance of 50 percent or more at the Trauma multidisciplinary PIPS committee meeting during the reporting period.
- Processes and outcomes of care comparable to that of other physicians.

Additionally, physicians who are no longer board eligible are unacceptable for inclusion on the trauma team. The ICU surgical director or co-director is not eligible for an alternate pathway.

- Expected compliance by 1.1.26.
- Added that the Level III anesthesiology liaison must be board certified or board eligible.
  - Expected compliance by 1.1.26.
- Added that Level I-III emergency department directors who completed primary training prior to 2016 and are board certified in a specialty other than emergency medicine or pediatric emergency medicine may serve as the emergency department director.
  - Expected compliance by 1.1.25.
- Revised that Level I-II surgical director or co-director is not eligible for an alternate pathway.
  - Expected compliance by 1.1.26.
- Revised that at Level I-III centers the radiology board certification/eligibility requirement is limited to only the radiology liaison.
  - Effective immediately
- Added that Level I-III physicians on the ophthalmology service cannot be a surgeon with ophthalmology expertise.
  - Expected compliance by 1.1.26.
- Revised that at Level III-IV trauma centers telemedicine is an acceptable method of consult for non-surgical subspecialties, for non-trauma indications, in admitted patients. Telemedicine, by itself, is not an acceptable method of consultation for surgical specialties or for trauma indications. Injured patients must be admitted to an onsite service and not a telemedicine service.
  - Effective immediately

### Standard 16: Emergency Department

- Clarified that there must be a policy at all trauma centers defining the frequency of vital signs. Trauma alert patients must have hourly vital sign documentation beginning with ED arrival through post-ED transport time or at the time a physician/provider order extends vital signs to an adjusted, longer frequency. Non-trauma alert patients must have expected vital sign frequency defined by the trauma center which may be a tiered expectation based on triage level, such as emergency severity index levels. Vital signs include respirations, blood pressure, and pulse at a minimum.
  - Effective immediately

### Standard 27: Geriatrics

- Added that a frailty screening tool should be used in the evaluation of the geriatric trauma patient at Level I-III trauma centers. The Trauma-Specific Frailty Index is a validated screening tool. Included the reference [ACS COT Best Practices Guidelines Geriatric Trauma Management](#)
  - Expected immediately.

A few 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.

Thank you to members of Telemedicine Taskforce, facilitated by PTSF staff liaison Kristen DiFiore, for the exceptional work on this project. The thorough literature review and synthesis of the latest evidence laid the foundation for a meaningful evidence-based Standard change. The updated telemedicine Standard for Level III & IV trauma centers represents a significant step forward in promoting high-quality, safe, and effective telemedicine practices in trauma, specifically filling gaps at rural trauma centers. Thank you for your collaboration, passion for excellence, and commitment to getting this right.

The revised Standards of Accreditation will be available on the PTSF web site (dated 6.15.2024) with additional details. Please contact Darlene Gondell at [dgondell@ptsf.org](mailto:dgondell@ptsf.org) with any questions or comments. Requests for Standards Committee topic discussion (for example, suggested new standard or clarification of current standard) should be submitted via this [form](#).

### PIPS COMMITTEE

Committee Chair: Kim Shoff, BSN, RN, CCRN-K

Committee Vice Chair: Leda Heidenreich, MSN, RN, CCRN

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

The PIPS Committee reviewed the new ACS TQIP Geriatric Trauma Management Best Practice Guidelines and surveyed the PA-TQIP Collaborative for current use of frailty tools. Although a few centers have implemented a variety of frailty tools, others have not. The PIPS Committee recommends the implementation of the Trauma-Specific Frailty Tool (TSFI), as it is identified specifically in the ACS TQP Geriatric Trauma Management BPG and is the only tool to use an objective measure (albumin level) as part of the assessment. Although it won't be incorporated into the TraumaHQ software immediately, the PIPS Committee has recommended inclusion in the software with future annual updates, as the build progresses, which would then allow for statewide research.

### POLICY AND PROCEDURE COMMITTEE



Board Committee Chair: Jo Ann Miller, MSN, FNP-C, CCRN, TCRN

PTSF Staff Liaison: [Courtney Moraites](#), MPA

[Accreditation Policy AC-127: Trauma Center Diversion—Level I, II & III Trauma Centers](#) — The Policy and Procedure Committee and the PTSF Board of Directors voted to revise AC 127 to include indicators of non-compliance, which necessitate review by Board of Directors. These indicators include:

- More than four hundred (400) diversion hours of trauma patients per year.
- Demonstration of diversion based on circumstances such as day of week or time of day.
- Demonstration of lack of service coverage for extended periods of time without PTSF notification. Refer to Policy AC-128: Notification Regarding Changes in Trauma Center Operations for additional details.
- Lack of event review at the Operations Committee Meeting.

[Accreditation Policy AC-128: Notification Regarding Changes in Trauma Center Operations for Pursuing & Accredited Trauma Centers](#) — The Policy and Procedure Committee and the PTSF Board of Directors voted to revise AC 128.

- Changes in Trauma Program Leadership that last longer than 30 days now require trauma programs to provide periodic updates on recruitment efforts to the PTSF at least every 180 days for the Trauma Program Medical Director and Trauma Program Manager positions.
- Additions or changes in physician specialty service involvement in the care of the injured patient: Notification to the PTSF from Level III and IV Trauma Programs must now include evidence that the addition/change meets applicable PTSF Standards of Accreditation.

## EDUCATION

### JOIN US AT THE PTSF ANNUAL FALL CONFERENCE OCTOBER 15 AND 16, 2024!

Location: Sheraton Harrisburg Hershey, 4650 Lindle Road, Harrisburg, PA. Find out more [HERE](#).

- **Special Features:**
  - Day One
    - PTSF and Pina Templeton Injury Prevention Competitions
      - Go to: [2024 PTSF Research Competition website](#) for more information on how to apply.
    - Committee meetings
    - Trauma education
    - PATNAC and PACOT Meetings
    - Reception
  - Day Two
    - 15<sup>th</sup> Annual Major John P. Pryor Memorial Lecture featuring John Holcomb, MD, FACS
    - PaCOT Resident Paper Competition (For more information contact Dr. Torres at [dmtorres@geisinger.edu](mailto:dmtorres@geisinger.edu).)
    - IQVIA Software Transition Education on Key Steps after Go-Live
    - Violence in our Trauma Centers – Best Practices on Protecting staff. Lunch Session hosted by CeaseFirePA.
- The ATS Injury Prevention Professionals Course will be conducted both days as a separate track requiring separate registration. An overview of the course can be found at: <https://www.amtrauma.org/page/InjuryPrevention>
- Sponsor and Exhibitor opportunities will be open through October 1, 2024. Register at: [PTSF Annual Conference Exhibitor Registration](#) — Questions? — Contact Courtney Moraites at [cmoraites@ptsf.org](mailto:cmoraites@ptsf.org)
- Registration for the Conference and ATS Injury Prevention Professionals Course will commence by June 5. Register at <https://ptsf.knowledgeconnex.com/>

## 2024 STATE AND NATIONAL CONFERENCES

- September 11-14 — AAST - Las Vegas, NV <https://www.aast.org/annual-meeting/2024-annual-meeting>
- Sept 29 – October 2 - American College of Emergency Physicians (ACEP) Scientific Assembly - Las Vegas, NV. <https://www.acep.org/sa>
- **October 15 and 16 - PTSF Statewide Annual Conference:** Sheraton Harrisburg Hershey, Harrisburg PA.
- October 19-22— ACS Clinical Congress with COT Meetings – San Francisco, CA. <https://www.facs.org/for-medical-professionals/conferences-and-meetings/clinical-congress-2024/>
- November 12-14 — ACS TQIP Annual Conference, Denver, CO. <https://www.facs.org/quality-programs/trauma/quality/trauma-quality-improvement-program/conference/hotel-2024/>

## COMMUNICATIONS

### 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 all communications to the appropriate PTSF staff. Exceptions include payments which should be mailed to: **Pennsylvania Trauma Systems Foundation, 275 Cumberland Parkway, #234, Mechanicsburg, PA 17055.**

## PHOTO GALLERY

*THANK YOU UAT PARTICIPANTS WHO JOINED US ON JUNE 3<sup>RD</sup> AT THE SHERATON HARRISBURG HERSHEY!*

