Pennsylvania TRAUMA SYSTEMS Foundation

PTSF Board of Directors Update

December 2025

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BOARD UPDATES

Henry A. Boateng, MD
PTSF Board Chair

Amy Kempinski, MSN, RN, CEN, TCRN
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A Joint Message from the PTSF Board of Directors and the PTSF President

As we close out 2025, we want to take a moment to reflect on what has been an exceptionally productive year for the Pennsylvania Trauma Systems Foundation. The initiatives advanced by our Board of Directors and staff represent not just completed projects, but meaningful progress toward our mission of improving trauma care across the Commonwealth.

Our most ambitious undertaking this year has been the continued development of TraumaHQ. While we've experienced significant delays in the build process, we want to assure our stakeholders that we remain fully committed to this transformative platform. We have made substantial progress on critical components and focus on TraumaHQ's maximum impact for Pennsylvania's trauma system. Though the timeline has extended beyond projections, we're confident that taking the time to build TraumaHQ will result in a robust, user-friendly system that truly serves trauma centers and ultimately, patients, across the Commonwealth. This topic continues to be the forefront of every Board meeting, including the impact on trauma centers and PTSF operations.

Beyond TraumaHQ, we've strengthened our organizational infrastructure through bylaw revisions, board governance improvements, and strategic planning efforts. Our Where Seconds Matter Campaign and Rural Health Transformation Project continue to advance trauma care awareness and rural access across Pennsylvania.

A significant milestone was reached in December when, we reached a total of twenty-one Level IV trauma centers! We welcome and congratulate five new Level IV trauma centers, effective January 1, 2026: Geisinger Medical Center Muncy, Indiana Regional Medical Center, Mount Nittany Medical Center, St Luke's Hospital Easton Campus and WellSpan Gettysburg Hospital. This achievement reflects our commitment to ensuring trauma care access in rural and underserved communities across the Commonwealth. The system now includes sixty trauma programs at fifty-seven hospitals. You can access the most recent press release here.

As we enter 2026, we do so with momentum, purpose, and gratitude for the dedicated board members, staff, and partners who make this work possible. We look forward to sharing the 2026-2028 Strategic Plan in early 2026!

Thank you for your continued commitment to trauma care in Pennsylvania. We wish you and your families a happy and safe holiday season.

PTSF Board of Directors

Front Row: Elizabeth Dunmore, Erin Pica, Debbie Chappel, Henry Boateng, Rebecca Wilde-Onia, Jeffrey Kuklinski, Patrick Kim

Back Row: Philip Villanueva, Bryan Cutler, Raquel Forsythe, Richard Neff, R. Daniel Bledsoe, Blake Bailey, Joseph Sawyer, JoAnn Miller

Not Shown: Michele Brooks, Doug Hock, Dan Frankel, Art Haywood, Denise Torres

PTSF Staff

Front Row: Annalisa Negrea, Maggie Broadwell, Amy Kempinski, Lyndsey Diehl, Dor Adams

Back Row: Jen Lau, Gabrielle Wenger, Darlene Gondell, Stephanie Radzevick, Rebecca Geyer, Heather Danley, Amy Oliveros

Not Shown: Grant Dittmer, Allison Saia

2026 Board Officers – Congratulations to the following PTSF Board Officers

Debbie Chappel, MSN, RN, CCRN, NE-BC will serve as our 2026 Board Chair. Debbie is the Trauma Program Director at AHN Allegheny General Hospital and represents the Pennsylvania Trauma Nurse Advisory Council (PATNAC) on the Board. Ms. Chappel has served on the Board for seven years.

Denise Torres, MD will serve as the 2026 Board Vice Chair. Denise is the Associate Professor and Chair of the Geisinger Surgery Institute and Department of General Surgery, as well as Division Chief of Acute Care Surgery for Geisinger Health System and Geisinger Commonwealth School of Medicine with direct oversight for the organization's Trauma Programs. Dr Torres represents the Hospital and Healthsystem Association of Pennsylvania (HAP) on the Board. Dr Torres has served on the Board for four years.

Erin Pica, MHA, will serve as the 2026 Secretary/Treasurer on the PTSF Board for a second year. Erin is the Vice President, Service Line Operations/Surgery, with responsibility for Trauma at WellSpan Health. Ms. Pica has served on the Board for five years.

Thank You to Outgoing Board Members

Doug Hock, MBA, represented the Hospital and Health System Association of Pennsylvania on the PTSF Board for seven years. Mr. Hock served as the Secretary Treasurer and precipitated on the Executive and Finance Committees.

JoAnn Miller MSN, FNP-C, CCRN, TCRN represented the Pennsylvania State Nurses Association on the PTSF Board for nine years. Ms. Miller served as the Chair of the Policy and Procedure Committee and participated on the Executive Committee.

Welcome New Board Members

The PTSF Board of Directors is pleased to welcome two exceptional trauma leaders to the PTSF Board for their 2026-2029 term.

Bret Delone, MD, FACS joins as the Hospital and HealthSystem of Pennsylvania (HAP) Representative. Dr. Delone serves as Chief Medical Officer, Vice President of Medical Affairs, and Director of Quality and Patient Safety at Penn State Health Holy Spirit Medical Center, a Level II Trauma Center. His expertise in hospital administration, quality improvement and patient safety will be invaluable to PTSF's continued growth.

Stephanie Sailes, MSN, RN joins as the Pennsylvania State Nurses Association (PSNA) Representative. Ms. Sailes is the Trauma Program Manager at Jefferson Einstein Philadelphia Hospital, a Level I Trauma Center, bringing frontline nursing leadership and program management experience to the board.

We look forward to their contributions as PTSF advances Pennsylvania's trauma system in the years ahead.

The PTSF Office will be closed from Noon on December 24th through December 26th for the holiday.

2026 Board of Directors

PA Medical Society

- Henry Boateng, MD (Orthopedic society)
- Raquel Forsythe, MD
- Patrick Kim, MD
- Denise Torres, MD (PaCOT)
- Philip Villanueva, MD (Neurological Society)

PA Chapter of American College of Emergency Physicians

- Blake Bailey, DO

PA Emergency Health Services Council

- Jeffrey Kuklinski, DO

PA State Nurses Association

- Rebecca Wilde-Onia, MSN
- Stephanie Sailes, MSN

PA Trauma Nurse Advisory Council

- Debbie Chappel, MSN

Hospital and Health System Association of PA (HAP)

- Bret DeLone, MD
- Elizabeth Dunmore, MD
- Richard Neff, MD
- Erin Pica, MHA
- Joe Sawyer, MBA

Legislators

- Senator Michele Brooks (Senate Health and Human Services Committee)
- Senator Art Haywood (Senate Health and Human Services Committee)
- Representative Bryan Cutler (House Health Committee)
- Representative Dan Frankel (House Health Committee)

PA Secretary of Health

- R. Daniel Bledsoe, MD (Commonwealth EMS Medical Director)

2026 PTSF Non-Board Committee Memberships

The PTSF Staff and Board of Directors would like to extend gratitude to all trauma programs for the submission of staff nominations for the 2026 PTSF Non-Board Committees. The 2026 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 PTSF to advance its Mission. The 2026 Committee Rosters and Descriptions are available on the PTSF website.

PTSF STAFF NEWS

Congratulations to Rebecca Geyer, Director of Performance Improvement for her appointment to the Board of Certification for Emergency Nursing's (BCEN) Board of Directors! Comprised of distinguished nurse leaders with expertise in emergency, trauma, transport and burn nursing, BCEN's Board of Directors oversees the organization's strategic direction, including activities pertaining to the quality, content, development and maintenance of BCEN's nursing specialty certification exams and the certification process.

PTSF BOARD & TRAUMA CENTER NEWS

PTSF Welcomes the 5 Newly Accredited Adult Level IV Trauma Centers Effective January 1, 2026:

1. Geisinger Medical Center Muncy – Muncy, PA
2. Indiana Regional Medical Center – Indiana, PA
3. Mount Nittany Medical Center – State College, PA
4. St. Luke's Hospital - Easton Campus – Easton, PA
5. Wellspan Gettysburg Hospital – Gettysburg, PA

This brings our total number of Trauma Centers to 57, and 60 Trauma Programs:

- 21 Level I
- 16 Level II
- 2 Level III
- 21 Level IV

2026-2028 Strategic Plan Approved

As a part of the strategic planning process, we engaged trauma center leaders, clinical staff, administrators, physician champions, partnering organizations, and PTSF board members who contributed their expertise, insights, and priorities. This truly collaborative process was facilitated by Patrick Ball of CBY Professional Services and culminated in our September 2025 board retreat and December 2025 Board Meeting where we finalized our strategic imperatives and goals.

To everyone who participated in interviews, discussions, and planning sessions: thank you. Your candid feedback, thoughtful perspectives, and commitment to excellence made this plan possible. You have helped chart a course that reflects our shared commitment to optimal outcomes for every injured patient in Pennsylvania.

In early February 2026, PTSF will formally communicate the strategic plan to Pennsylvania's trauma community through email announcements and website publications. We look forward to working together to advance optimal outcomes for every injured patient.

Memorial to David Loder: Announcing the David Loder Legacy Fund

In Memoriam and Honoring:
David Loder,
PTSF Legal Counsel
1985-2025

It was with profound sadness that we shared the passing of David Loder, PTSF's longtime legal counsel and beloved friend to our organization. David passed on October 23, 2025, leaving behind a legacy that has shaped PTSF for four decades.

David joined PTSF at its inception in 1985 as a founding partner with Duane Morris LLP, becoming not just our legal advisor but a true partner in building our organization from the ground up. His wisdom, integrity, and unwavering commitment to our mission were instrumental in establishing the strong foundation upon which PTSF stands today.

While David's legal expertise was invaluable—guiding us through countless challenges, transitions, and opportunities—his contributions extended far beyond contract negotiations. He brought warmth, compassion, and genuine care to every interaction, understanding that behind every legal matter were real people whose lives could be positively impacted by PTSF's work.

Board members and staff remember David's steady presence at meetings, his thoughtful counsel during difficult decisions, and his ability to see both the legal complexities and the human dimensions of every situation. He had a gift for making complex legal matters understandable and for always keeping our mission at the forefront.

In recognition of David's extraordinary 40 years of service, the Board of Directors has established the David Loder Legacy Fund. This permanent fund will support advocacy and policy initiatives, professional development and education, trauma system research and innovation, and other projects that advance our mission in ways that would have been meaningful to David. Please refer to Policy BD 122 David Loder Legacy Fund for additional details.

Memorial contributions to the David Loder Legacy Fund may be mailed to Pennsylvania Trauma Systems Foundation, 275 Cumberland Parkway, #234, Mechanicsburg, PA 17055, with "David Loder Legacy Fund" noted in the memo field. Contributions may also be submitted by contacting Dor Adams, PTSF Finance Specialist, at dadams@ptsf.org. All contributions are tax-deductible.

David's legacy lives on in every program we operate, and every life touched by PTSF's work. We are deeply grateful for his 40 years of service, friendship, and dedication. He was, in every sense, part of the PTSF family, and he will be profoundly missed.

Policy and Procedure Committee

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

Staff Liaison: Amy Oliveros
Administrative Assistant
aoliveros@ptsf.org

The Policy and Procedure Committee and the PTSF Board of Directors voted to modify the following policies:

AC-129 Process for Use of Non-Board Certified Physicians

The Board has approved revisions to Policy AC-129, which governs the alternate pathway process for non-approved board-certified physicians caring for trauma patients. Key changes include updated language throughout the policy to consistently reflect all applicable physician specialties, not just surgeons. The revised policy establishes enhanced ongoing monitoring requirements for physicians approved on or after January 1, 2026, including mandatory ATLS certification, active membership and meeting attendance in a national or regional trauma organization, and documented PIPS committee participation. For those providing pediatric trauma care, nine of the required 36 CME hours must now be pediatric-specific. These changes match the updated Standards of Accreditation and strengthen accountability while maintaining access to qualified trauma care providers across Pennsylvania's trauma centers.

TR-110 Timeliness of Submission

The Board has approved revisions to Policy TR-110, which establishes standards for trauma centers to submit completed patient data to the PTOS central site within 42 days of discharge. The key change clarifies the calculation methodology for compliance monitoring. The policy now explicitly states that pending cases more than 42 days past discharge are not included in the total trauma case count when calculating a center's submission rate percentage. This revision removes previous contradictory language and ensures consistent, transparent measurement of the 85 percent submission compliance requirement across all accredited trauma centers. The Board will continue to evaluate the impact of TraumaHQ on timeliness expectations.

AC-105 Applying for a Variance from a Standard

The Board has approved revisions to Policy AC-105, which establishes procedures for trauma centers to request variances from PTSF Standards of Accreditation. The revised policy emphasizes the critical importance of early engagement, strongly encouraging centers to contact PTSF during the planning stages of any situation requiring a variance—ideally before finalizing alternative plans. New language clarifies that centers operating in non-compliance without an approved variance are subject to immediate corrective action, including suspension or de-accreditation, and that retroactive variance requests may face more stringent contingencies or denial. The policy also expands disclosure requirements to include both active and closed variances during the survey and deliberation process.

TECHNOLOGY UPDATES

Software Transition and PIPS Update

Rebecca Geyer,MSN, RN, TCRN
Director of Performance Improvement
rgeyer@ptsf.org

As has been the ongoing case, software transition remains a large topic of discussion at the Board meetings. Reporting continues to be the largest need from the build perspective, so this was the focus of the conversation with multiple options for direction discussed. At this time, if centers have access to PowerBI, it does still provide the best option to 'flatten data across repeat groups' with how data currently exports from TraumaHQ.
Releases overall have become smoother with decreasing rates of defects/release based on improved processes between build teams. Recent scope for the November and December release was also released to the PTSF team for ongoing testing in a smoother process than previously.

Releases for 2026 are anticipated to be around these approximate timeframes:

- January 31st
- April 4th
- June 27th
- September 19th
- December 12th

PIPS Timeliness of Submission

Policy TO-100: Timeliness of Submission to TraumaHQ PIPS Central Site has been previously waived since the COVID-19 pandemic, and remained on hold during the TraumaHQ software transition. In May, 2025 the PTSF Board of Directors approved the policy waiver to continue through 12/31/2025 based on recommendations from the PIPS Committee. TO-100 will be reinstated on January 1, 2026 with a retrospective data inclusion to July 1, 2025. The Timeliness Submission Report released on April 11th remains a valuable resource to Trauma Programs to ensure compliance. Please reach out to the PTSF PI team with any questions.

Educational Video: PIPS Timeliness of Submission Report Overview: (Password: TraumaHQEducation)

PTSF PI Bookings Link

PIPS Timeliness of Submission Q&A:

1. If I need to update a previously completed PIPS record, do I need to deselect the "Complete" button to make changes and then reselect "Complete" to re-transfer the record to the Central Site?

   No - if no orange level validations appear when reopening the record, you do **not** need to deselect the C omplete button. If however, orange level validations are appearing on an already completed record, you will receive a Critical error when hitting save until you Deselect the Complete button. This is for data quality purposes and is identical to how the registry form functions.

2. If I need to update a PIPS record previously submitted under the 90-day timeframe, will my new updates clear out or reset my initial date of completion and days from discharge calculation times and force the record to be late?

No. When updating a PIPS record, your initial date of completion will always be saved in the background. If you deselect the Complete button and save the record, it will drop that record into the “unknown dates” category on your first tab. When clicking on the unknown case list, it does hide those data columns (first screenshot). However, once you recomplete the record and save, it will represent itself in the original category of timeliness of submission (< 90 days, 91-182 days etc) and will always retain your initial date and initial days to completion calculation (second screenshot). Your column of “date of most recent completion” is the only column that will get “overwritten” to reflect the last time the record was updated, but will never be utilized to calculate your timeliness compliance as per Policy TO-100.

****Screenshots are from the test PTSF Master Site****

Summary View

Display Value	Deaths - count at the Site		Deaths - count at all Sites	
	Sum	Percentage	Sum	Percentage
Within 90 days	6	42.86%	6	42.86%
3 Months to 6 Months (91 - 182)	4	28.57%	4	28.57%
6 Months to 1 Year (183 - 365)	2	14.29%	2	14.29%
Greater Than 1 Year (> 365)				
Unknown Dates	1	7.14%	1	7.14%

Case List

Trauma Number	EDA	PTOS	Discharge Date	Initial Date of Completion	Date of Most Recent Completion	Days from discharge to initial completion
20250045	4/15/2025 ...	Yes	4/15/2025 12:...			

Summary View

Display Value	Deaths - count at the Site		Deaths - count at all Sites	
	Sum	Percentage	Sum	Percentage
Within 90 days	6	42.86%	6	42.86%
3 Months to 6 Months (91 - 182)	4	28.57%	4	28.57%
6 Months to 1 Year (183 - 365)	2	14.29%	2	14.29%
Greater Than 1 Year (> 365)				
Unknown Dates	1	7.14%	1	7.14%

Case List

Trauma Number	EDA	PTOS	Discharge Date	Initial Date of Completion	Date of Most Recent Completion	Days from discharge to initial completion
20250001	1/1/2025 1...	Yes	1/5/2025 12:0...	4/16/2025	12/13/2025 12:00:00 ...	101
20250070	9/6/2025 1...	Yes	9/8/2025 12:0...	12/16/2025	12/16/2025 12:00:00 ...	99
20250083	9/1/2025 1...	Yes	9/1/2025 12:0...	12/16/2025	12/16/2025 12:00:00 ...	106
20250053	9/15/2025 ...	Yes	9/16/2025 12:...	12/16/2025	12/16/2025 12:00:00 ...	91

Trauma Registry Update
Lyndsey Diehl, MHA, RHIA, CHDA, CSTR
Director of Trauma Registry
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2026 Annual Updates

The 2026 PTOS Manual and 2026 PTOS change document was posted to TraumaHQ within the registry library resources on December 19th. Additional registry resources (updated facility lists, 2026 EMS provider list, etc.) will be posted in TraumaHQ over the next few weeks. Notifications will be posted as new resources become available.

The 2026 Annual Update educational webinar will be published on KnowledgeConnex soon! A notification will be posted in TraumaHQ once it is available.

TraumaHQ was updated with 2026 annual update software changes with the December 13th software release. Please note, these changes will not be visible to users until records with January 1, 2026 arrivals are created beginning January 1, 2026. Some additional 2026 updates are anticipated with the January 2026 software release.

For NTDS and TQIP specific updates for 2026, please access and review the 2026 NTDS Data Dictionary distributed by the American College of Surgeons (ACS). Click here to access.

New TQIP Submission API

The necessary framework to utilize the new TQIP API for NTDS/TQIP data submissions was deployed into TraumaHQ with the software release completed on December 13th. You will find this new functionality within TraumaHQ under Operational Reports. We know many of you are excited about this new and improved TQIP submission process; however, please note that the ACS just announced that they will begin accepting submissions via the API on January 10, 2026. Please refer to the ACS's most recent communication that was emailed directly to TQIP participants on December 17, 2025 for additional information and educational resources.

PTSF staff has included education to help users successfully submit data to TQIP using the API in TraumaHQ for future TQIP data submissions within the 2026 Annual Update educational webinar mentioned above. Additional education and updates on this new process will also be shared during upcoming Live Q&A TraumaHQ sessions and posted to the TraumaHQ Vimeo Video Series as needed.

COMMITTEE UPDATES

Diversity, Equity, and Inclusion (DEI) Committee

Maggie Broadwell, BSN, RN, TCRN, CEN, CPEN
Performance Improvement Manager
mbroadwell@ptsf.org
Board Liaison: Raquel M. Forsythe, MD

The DEI Committee respectfully requests that trauma center staff review the materials related to the proposed legislative rule changes affecting "professional degrees." If the public does not offer commentary on the Federal Register once posted, these proposed changes could significantly impact the future accessibility of higher education essential to delivering effective, multidisciplinary trauma care.

The proposed loan limits risk exacerbating existing inequities of accessing higher education, particularly for individuals from underrepresented and low-income backgrounds. As a result, future candidates may be forced to rely on private student loans, which historically carry substantially higher interest rates. These barriers may discourage advancement in professional education and further contribute to workforce shortages across critical trauma care disciplines.

30 days. One Chance. Protect the Trauma Workforce.

Join PTSF in advocating for accessible education and protecting the future multidisciplinary workforce critical to delivering trauma care. Proposed changes under Public Law 119-21 (One Big Beautiful Bill Act) would limit access to federal student loans exceeding $20,000/yr for future professionals in key fields (list is not exhaustive)

- Physician Assistant
- Social Work
- Advanced Nursing (**CRNA, DNP, MSN, CNM, APRN)**
- Speech-Language Pathology
- Physical Therapy
- Public Health
- Occupational Therapy
- Education

Pennsylvania already experiences significant staffing shortages even with current loan limits. Restricting educational access increases risk to patient care delivery.
Education is not a luxury item - it is essential to deliver high quality trauma care and ensure optimal outcomes for all injured patients.

The Federal Register public comment period is anticipated early 2026 and will only be open for 30 days- this is your opportunity to be heard. **Your Voice Matters. Join PTSF** in standing with our multidisciplinary trauma workforce. Click here to see how you can help save professional medical education critical to Trauma Care.

PIPS Committee

Rebecca Geyer, MSN, RN, TCRN
Director of Performance Improvement
rgeyer@ptsf.org
Board Liaison: Rebecca Wilde-Onia, MSN, RN, CCRN, TCRN

The PIPS Committee has been given approval from the BOD to allow for standardization of event 9999- Death related to Level of Harm documentation. All PI staff are to utilize the option for "Not Applicable" for Level of Harm on the Death Event. The PIPS Operational Manual will be updated to include these updated changes. PTSF has coordinated with IQVIA to offer a default option of selection when 9999- Death is selected to decrease variations in documentation which would come in a future release.

Standards Committee

Darlene Gondell, MSN, RN, CCRN, CNRN, TCRN
Director of Accreditation
dgondell@ptsf.org
Board Liaison: Patrick Kim, MD, FACS

The PTSF Board of Directors has approved several updates to the Standards of Accreditation. These changes will be reflected in the revised Standards, which will be published on January 1, 2026. Below is a summary of the key changes, organized by the Standards they impact. Unless otherwise noted, all updates are effective immediately.

Standard 1: Commitment

Trauma Activation Criteria Clarification, All Levels

- The criterion previously labeled "Emergency Physician Discretion" has been revised to "Emergency Physician request to activate beyond listed criteria." Activation is mandatory when any listed criteria are met; The attending physician or trauma team leader may not decline activation for patients meeting these criteria. Centers may continue to use the term "Emergency Physician Discretion" in their activation policy language.

Response to Highest-Level Activation, Adult Level IV

- Emergency physician or advanced practitioner must be at the bedside within 15 minutes of patient arrival. Compliance must be monitored; each provider must maintain ≥ 80% compliance.

Standard 2: Capacity & Ability

Hemodialysis Clarification, Adult Level I, II & III, Pediatric Level I & II

- Added language specifying that capability may include intermittent hemodialysis or any form of Continuous Renal Replacement Therapy (CRRT) to support patients with acute renal failure.

Standard 4: Trauma Program Manager (TPM)

Conference Attendance, Adult & Pediatric Level I & II

- Clarified that TPMs at Level I & II centers must attend at least one national trauma organization conference every three years. This requirement is not limited to member meetings; therefore, attendance at TQIP is acceptable.

Standard 5: Registry

Registry Staffing, Adult Level I, II & III, Pediatric Level I & II

- Centers may outsource registry abstraction to off-site personnel with the expectation that:
  - Data remains readily available for local PI activities.
  - The center maintains oversight of data quality and ensures that opportunities for data quality improvement are identified and actioned.
- **Continuing Education (CE) for New Registrars,** Adult Level I, II & III; Pediatric Level I & II
  - For registrars appointed to the position during the survey cycle, trauma-related CE requirements will be prorated based on start date.

Standard 8: Injury Prevention, Public Education & Outreach

SBIRT Compliance Expectation Update, Level IV

- The compliance date for removing a minimum length of admission requirement for SBIRT has been updated for Level IV centers to January 1, 2026. Starting on this date, all trauma centers must comply with the current SBIRT Standard, which applies to all PTOS admissions age 12 and older, regardless of length of stay. This update ensures SBIRT expectations are fully aligned with trauma registry and PIPS documentation in TraumaHQ.

Standard 9: Research

Clarification Regarding Published Articles, Adult & Pediatric Level I

- The requirement for three trauma-related publications has been clarified: these must be authored by adult or pediatric trauma surgeons, rather than members of the general surgery team.
- Case series must be specific to trauma patients.

Standard 10: Physicians

Response to Highest-Level Activation, All Levels

- Provider must be at bedside within the expected timeframe. Compliance must be monitored; each provider must maintain ≥ 80% compliance.
  - Level I & II: Attending surgeon must be at the bedside within 15 minutes of patient arrival.
  - Level III: Attending surgeon must be at the bedside within 30 minutes of patient arrival.
  - Level IV: Emergency physician or advanced practitioner must be at the bedside within 15 minutes of patient arrival.

Examples of Unapproved Physician Specialty Certification Boards, All Levels

- The existing Standards state that recognized physician specialty certification Boards are those recognized by the American Board of Medical Specialties, American Osteopathic Association or Royal College of Physicians and Surgeons of Canada. Added explicit examples to the Standards of unapproved Boards: National Board of Physicians and Surgeons, American Board of Podiatric Medicine, American Board of Foot and Ankle Surgery, and American Board of Cosmetic Surgery.

Neurosurgery, Adult Level III

- If a Level III center has Neurosurgeons participating in the care of trauma patients, they must meet Level II Standards for availability and timeliness.

Orthopedic Surgery Liaison, Adult & Pediatric Level I

- Adult and pediatric trauma programs may share an Orthopaedic Trauma Association (OTA) fellowship-trained liaison only if credentialed to care for both adult and pediatric patients at the center.

Ophthalmology Coverage, Adult & Pediatric Level I & II

- Centers must have continuous 24/7/365 availability or a contingency plan to ensure ophthalmic trauma care. If a contingency plan is used, it should ensure optimal and timely care.

Standard 12: Residency Programs

ATLS Requirement Clarification, Adult & Pediatric Level I & II

- Any resident rotating to the trauma service (including responding to activations or providing ICU care) and Emergency Medicine residents involved in trauma care must maintain ATLS certification.

Standard 19: Intensive Care Unit (ICU)

Coverage Clarification, Adult & Pediatric Level I & II

- ICU coverage has been revised from “physicians only” to clinicians – including residents, fellows, attending physicians or advanced practitioners - who must be continuously available and respond at the bedside within 15 minutes of request.

Standard 23: Radiology

Interventional Radiology (IR), Adult Level I, II & III; Pediatric Level I & II

- Necessary human resources include physicians, nurses, technologists, and physical resources include an angiography suite or hybrid OR.
- Definition of hemorrhage control for emergent IR procedures: patients requiring an emergent response for hemorrhage control are those where blood transfusion has been initiated and there is a confirmed blood pressure less than 90 mmHg at any time prior to angioembolization in adults, or age-specific hypotension in children.
  - Effective date January 1, 2027
- If a Level III center provides IR services for trauma patients, the requirements depend on the type of participation, as defined by the trauma program:
  - Emergent Interventions: If IR will be used for emergent interventions for hemorrhage control during resuscitation, the center must meet Level II Standards, including 24/7/365 availability and request to arterial puncture for hemorrhage control must be within 60 minutes.
  - Non-Emergent Interventions: If IR will be limited to only non-emergent interventions, such as IVC filter placement, chest tube insertion or management of pseudoaneurysms, 24/7/365 availability is not required.

MRI

- If a Level III center provides MRI services for trauma patients, the requirements are dependent on the type of participation, as defined by the trauma program:
  - Emergent Diagnostics: If MRI will be used for emergent diagnostics, the center must meet Level II Standards, including 24/7/365 availability and completion of STAT studies within 2 hours.
  - Non-Emergent Use: If MRI will be limited to only routine, non-emergent tests, 24/7/365 availability is not required.

Appendix A

Level III and IV Mandatory Transfer Criteria Updated

The Standards Committee convened a workgroup to update the list of conditions requiring transfer, using PTOS data (2021–2023) and current literature. These changes aim to reduce unnecessary transfers, keep patients in their community, and clarify expectations for Level III and IV centers.

- It should be a rare event with extenuating circumstances for a patient meeting mandatory transfer criteria to remain at a Level III or IV trauma center.
- Previous requirement to transfer all patients with an abnormal CT has been revised. Transfer is now required only for patients with any of the following:
  - Abnormal CT findings in a patient who takes warfarin, aspirin, platelet inhibitors, or direct oral anticoagulants (DOAC)
  - Subdural hematoma ≥ 4 mm
  - Epidural hematoma
  - Intraparenchymal hemorrhage ≥ 4 mm
  - Subarachnoid hemorrhage ≥ 3 sulci and ≥ 1 mm
  - Intraventricular hemorrhage
  - Midline shift or cerebral edema
- Clarified that bilateral pulmonary contusion with PaO2/FIO2 ratio < 300 requires transfer.
- Removed requirement to transfer patients with rib fractures and a pulmonary contusion; however, rib fractures with flail chest continue to require transfer.
- Removed requirement for Level III trauma centers to transfer patients requiring damage control laparotomy.

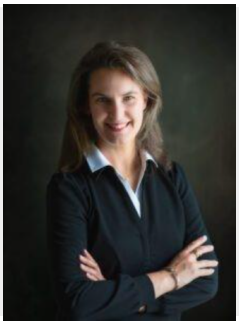
Appendix C

Admission Considerations for Level IV Trauma Centers

The Standards Committee workgroup also revised the list of injuries that may remain at Level IV centers.

- A subset of minor traumatic brain injury patients may be admitted if the center has a practice management guideline for their care.
  - Meets each of these conditions:
    - With or without loss of consciousness
    - Normal neurological examination
    - Not intoxicated
    - Not taking warfarin, aspirin, platelet inhibitors, or DOACs
  - Diagnosis limited to one of the following:
    - Subdural hematoma < 4 mm
    - Intraparenchymal hemorrhage < 4 mm
    - Subarachnoid hemorrhage < 3 sulci and < 1 mm
    - Rib fractures, with or without the presence of pulmonary contusion, may be admitted if the center has a practice management guideline for these patients.

For questions or comments, please contact Darlene Gondell at dgondell@ptsf.org. To submit requests for Standards Committee discussion topics—such as proposed new standards or clarifications to existing standards—please use this form.



Trauma Injury Prevention Committee

Annalisa Negrea, BSN, RN, CEN
Manager of Accreditation
anegrea@ptsf.org
Board Liaison: R. Daniel Bledsoe, MD, MBA

The Injury Prevention Committee developed a position statement supporting evidence-based policies, programs, and legislation addressing micromobility device definitions, injury surveillance, age appropriateness, and helmet use. This position statement was unanimously approved by the Board and can be found here.

Trauma Registry Committee

Gabrielle Wenger, RHIT, CPC, CAISS, CSTR
Trauma Registry Specialist
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Board Liaison/Committee Chair: Deborah Chappel, MSN, RN
Committee Co-Chair: Tracy Vazquez

The PTSF Board of Directors has approved the following 2026 & 2027 PTOS Registry changes:

1. Clarify coding assignment for pneumocephalus and pneumomediastinum.
   a. While ICD-10-CM has a medical code for each of these conditions, it does not have a specific code for pneumocephalus or pneumomediastinum caused by trauma. Using the medical code would mean that these conditions would not be qualifying injuries if isolated. Both conditions have AIS traumatic injury codes. The committee recommended, and the board approved, assigning the injury codes that were used in the previous software platform. S06.89_A, Other specified intracranial injury will be assigned for pneumocephalus, and S27.898A, Other injury of other specified intrathoracic organs, will be assigned for pneumomediastinum.
   b. This will be in the 2026 PTOS Manual.

2. Clarify inclusion for patients who die or transfer out with no qualifying injury codes.
   a. The Board approved a language change, new language is highlighted below.
   See the manual for the full criteria.
   Trauma patients who die or meet the transfer out criteria with no documented injuries should be captured as PTOS
   Death or rapid transfer can prevent the opportunity to confirm clinical diagnoses; therefore, trauma patients who expire or meet the transfer out criteria with no documented injuries should be captured as PTOS patients.
   NOTE: Patients who have had injury/trauma ruled out in your facility, prior to transfer or death, are to be excluded from PTOS.
   These patients may be captured as non PTOS in your facility's trauma registry.

- *Ex: patient found down, evaluated and provider notes traumatic injury was ruled out. Patient is excluded.*

- *Ex: patient found down, documentation notes "possible » injury. No injury is confirmed or ruled out and patient is transferred to an acute care center. Patient is included as PTOS.*

b. This will be in the 2026 PTOS Manual

3. Add the NTDS element Alternate Home Residence as a PTOS element.
   a. NTDS element:

Alternate Home Residence

Documentation of the type of patient without a home ZIP/postal code.

1. Homeless 2. Undocumented Citizen 3. Migrant Worker

Additional Information

• Only reported when Patient's Home ZIP/Postal Code is "Not Applicable."
• Report all that apply.
• Homeless is defined as a person who lacks housing and includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.
• Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission.
• Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country to accept seasonal employment in the same or different country.
• "Not Applicable" is reported is Patient's Home Zip Code is reported.

This will be added in the January 2027 PTOS updates.

4. Add Oncology/Hematology to the Provider Specialties menu.
   a. This will be added in the January 2027 PTOS updates.

The 2026 PTOS Manual and 2026 PTOS change document was posted to TraumaHQ within the registry library resources on December 19th.

The PTSF Office will be closed from Noon on December 31st through January 1st for the New Year holiday.

Trauma Research Committee

Stephanie Radzevick, CPC
Trauma Data Analyst
sradzevick@ptsf.org
Board Liaison: Jeffrey M. Kuklinski, DO, MBE, CMTE

Memorial to Dr Wilberger

The Pennsylvania Trauma Systems Foundation mourns the loss of Dr. Jack Wilberger, a distinguished neurosurgeon and devoted leader in neurotrauma care.

Dr. Wilberger served as Professor and Chairman of Neurosurgery at Drexel University College of Medicine and led the Department of Neurosurgery at Allegheny General Hospital from 1998 to 2017. He was Past Chairman of the Joint Section on Neurotrauma and Critical Care of the American Association of Neurological Surgeons and actively contributed to the American College of Surgeons Committee on Trauma. His scholarly impact included over 200 publications, with particular expertise in concussion and traumatic brain injury.

Dr. Wilberger served on the PTSF Board of Directors from 2004 to 2013, holding leadership positions including Vice Chair (2008-2009) and Chair (2010-2011). He chaired the Research Committee throughout his tenure and led the Needs Assessment Committee, where he helped create PTSF's first white paper on developing a Needs Assessment Process in Pennsylvania.

His legacy of service and dedication to Pennsylvania's trauma community will be remembered and honored by the research committee in 2026. Additional details will be available soon.

EDUCATION

Trauma Symposium October 23-24, 2025 Recap

The Pennsylvania Trauma Systems Foundation, in partnership with the American Trauma Society Pennsylvania Division, hosted its inaugural Joint Trauma Symposium on October 23-24, 2025. This landmark event brought together Pennsylvania's trauma care community for two days of education, collaboration, and innovation.

By the Numbers:

- Over 300 attendees from across Pennsylvania
- 55 speakers and discussants sharing expertise
- Record number of submissions for the PaCOT Resident Paper Competition
- 10 vendors showcasing the latest trauma care solutions

The conference featured three prestigious research competitions that highlighted cutting-edge work in trauma care and injury prevention. The PTOS Research Competition showcased six presentations utilizing Pennsylvania's trauma registry data. The Pina Templeton Injury Prevention Paper Competition recognized innovative prevention programs. A major milestone was the exceptional quality and quantity of submissions for the PaCOT Resident Paper Competition, which featured 11 presentations—a record for the event. These presentations demonstrated the depth of research talent among Pennsylvania's next generation of trauma care leaders.

A highlight of the symposium was Dr. Ronald Gross's prestigious John Pryor Memorial Lecture, "The History of Peer Review and Its Importance in Surgery Today," honoring the legacy of one of Pennsylvania's most influential trauma surgeons.

The symposium provided a vital platform for trauma professionals to share best practices, discuss performance improvement strategies, and advance trauma registry efforts. This collaborative event reinforced Pennsylvania's commitment to excellence in trauma care and established a strong foundation for future joint symposiums.
We extend our gratitude to all attendees, speakers, sponsors, and partners who made this inaugural event such a tremendous success. **Save the Date: Join us for the 2026 Joint Trauma Symposium, October 21-23, 2026!**

2025 PTSF Trauma Symposium Competition Winners:

First Place: Sebastian Boland, MD, MSc
UPMC Presbyterian
"The Impact of Inclement Weather on Air Medical Transport Capabilities and Patient Outcomes"

Second Place: Christopher McLaughlin, MD, MBA
University of Pennsylvania
"What's in a Level? Outcomes for Injured Patients in Shock Treated at Level I vs Level II Trauma Centers"

Third Place: Joan Brown, BS
Penn Medicine Lancaster General Hospital
"Readmission and Mortality in Trauma Patients Utilizing LACE Index"

Pina Templeton Injury Prevention Competition:

Gina Duchossois, MS
Children's Hospital of Philadelphia
"Virtual Car Seat Installation Program Evaluation: Parent Satisfaction and Installation Accuracy"

Best PTOS Data Application

Lindsey Perea, DO
Penn Medicine Lancaster
"Determining the Incidence and Severity of Injuries from Motorcycle Accidents after the Repeal of the PA Helmet Law"

PACOT Competition

Basic Science

Anna Whitlock, MD
University of Pennsylvania
"Loss of Glucagon Action in the Liver is Associated with Decreased Stress-Induced Hyperglycemia and Decreased Markers of Inflammation after Trauma and Hemorrhage"

Clinical

Sebastian Boland, MD, MSc
UPMC Presbyterian
"Development and Validation of the Air Medical Interfacility Triage Score: Predicting the Benefit of Interfacility Helicopter Transport for Trauma Patients"

COMMUNICATIONS

Action Requested: Update Your Hospital Photo on PTSF Website

Please take a moment to review your hospital's photo on the PTSF website: Find A Trauma Center Near You | PA Trauma Systems Foundation. If the current image is outdated, features staff instead of your facility, or needs updating for any reason, we ask that you submit a new photo by February 2, 2026.

Photo Guidelines: We recommend using a clear, high-quality image of your hospital's front exterior and avoiding photos featuring people to maintain consistency across all listings.

To submit your updated photo, please email it to aoliveros@ptsf.org.
Thank you for helping us maintain professional and current visuals for Pennsylvania's trauma centers.

2026 Conflict of Interest Survey

Trauma Program Mangers should watch for an email from Amy Oliveros on January 5, 2026 indicating the opening of the 2026 Conflict of Interest Surveys. The form takes approximately thirty minutes to complete and must be submitted by Friday January 16, 2026. If you have any questions about conflicts, please contact Amy Kempinski at akempinski@ptsf.org.

New TRAUMA Program Nurse Leader Orientation

The next spring orientation will be held on Monday, March 9, 2026, from 10 am to 2 pm – New nurse leaders are invited to join PTSF staff for the orientation, which is facilitated by a variety of PTSF staff members. Topics include Understanding the PTSF, Trauma Organizations & Resources, Trauma Registry, Trauma Performance Improvement, Accreditation and Survey Overview, 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 trauma program nurse leaders from both pursuing and accredited centers. Click here to register!

Staff Change Notification to PTSF - Directory, Email Distribution, and TraumaHQ

It is important to notify the PTSF of changes related to hospital and trauma program leadership. A trauma center representative must communicate changes in trauma program leadership which will last more than 30 days, within 48 hours of the change or in advance, if possible, for the following roles – Trauma Program Medical Director, Trauma Program Manager, Trauma Performance Improvement Coordinator, and Trauma Registry Staff. Additionally, a trauma center representative must communicate changes in hospital leadership related to the trauma program (Including: CEO, Hospital Administrator Trauma Center Contact) within 30 days. Please consult Accreditation Policy AC-128 Notification Regarding Changes in Trauma Center Operations for additional guidance on changes in trauma program leadership/staff.

Trauma center representatives are asked to submit staff changes via the Accredited and Pursuing Trauma Center Staff Change Notification Form available on the PTSF Website. PTSF maintains a directory and various email groups for accredited trauma centers and hospitals pursuing accreditation. Trauma center use of the Accredited and Pursuing Trauma Center Staff Change Notification Form facilitates accurate directory information and email groups. PTSF updates the directory/email groups continuously and distributes the directory twice each year to all trauma program managers, typically in January and July, or upon request. Please note, this change request does not correlate to changes in TraumaHQ access. To request new access, to update a current login, or to delete user access to TraumaHQ, please complete the TraumaHQ User Request Form.

Communications to PTSF

PTSF accepts payments via mail:
Pennsylvania Trauma Systems Foundation
275 Cumberland Parkway, #234
Mechanicsburg, PA 17055.

Please email all other communications to the appropriate PTSF staff member, in lieu of paper mail.

PTSF TraumaHQ Customer Support

Please continue submitting TraumaHQ questions or concerns to PTSF staff by completing the TraumaHQ Support Request Form on the PTSF website or by emailing TraumaHQ@ptsf.org.

Updates to existing TraumaHQ users or requests for new TraumaHQ users should be made by completing and submitting the TraumaHQ User Request Form on the PTSF website.

IQVIA TraumaHQ Technical Customer Support

Hours of Operation: Monday through Friday – 8:30 a.m. to 7:00 p.m. EST

Phone Number: 1.888.339.9039
Contact by Phone: The call is answered by the next available agent. If all agents are busy, users may leave a message with their name, facility number, phone number, email address, and the eight-digit trauma number (if applicable). The message should include the best time to return the call and a brief description of the issue. An agent will respond to the user's message as soon as possible. If the user calls after hours, an agent will contact the user the following business day.

IQVIA Technical Customer Support Email Address: PTSFTechSupport@iqvia.com
Contact by Email: The email should include the facility number, a contact phone number, the eight-digit trauma number (if applicable), and a brief description of the issue. Users receive an initial automated response of receipt of their email, which creates a ticket. Typical response is one business day.

The next PTSF Board Meeting is February 26, 2026.