

## BOARD UPDATES

### A Message from the PTSF Board Chair



**Deborah Chappel, MSN, RN**  
**PTSF Board Chair**

I am deeply honored to have been selected to serve as Board Chair for the Pennsylvania Trauma Systems Foundation this year, and I am especially proud to be the first representative from PA Trauma Nurse Advisory Council to serve in this capacity. I look forward to working collaboratively with all of you as we move forward.

I also want to extend my heartfelt thanks to Henry Boateng, MD, for his exemplary guidance and leadership as Board chair over the past two years. His dedication has been truly inspiring.

As we look ahead, Trauma HQ continues to be a central focus for us, and I am excited about the progress we will make as we enter the next phases of this crucial project. In addition to Trauma HQ, I am excited to move forward with the implementation of the PTSF strategic plan. This plan will guide us over the next three years in further enhancing the care provided to injured patients across the commonwealth to align with the mission of “Optimal outcomes for every injured patient in Pennsylvania”, a commitment shared by the entire PTSF board and staff.

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### A Message from the PTSF President



**Amy Kempinski,**  
**MSN, RN, CEN, TCRN**  
**PTSF President**  
[akempinski@ptsf.org](mailto:akempinski@ptsf.org)

The challenging work of strategic planning is behind us—now comes the rewarding work of partnership and implementation. Our 2026-2028 strategic plan was released on February 2, reflecting broad input from stakeholders across the Commonwealth. As we move into spring, we move from vision to action.

This quarter, our primary focus remains the TraumaHQ platform implementation. We are also advancing several strategic priorities including enhancing research protocols and data access, conducting a Level IV standards gap analysis based on new ACS guidelines, and developing partnering organizations initiatives. Additionally, we are formalizing TQIP Collaborative policies and developing an Artificial Intelligence Philosophy Statement to guide our thoughtful integration of emerging technologies.

We are particularly excited to announce two new initiatives that will strengthen our trauma community: the PTSF Badge Recognition Program and the PTSF Clinical Excellence Award. You will find full details about both programs later in this board update.

Thank you for your continued dedication to trauma care excellence across Pennsylvania. Your commitment to patients and families drives everything we do at PTSF.

## PTSF STAFF NEWS

### Welcome New Manager of Accreditation, Kaitlin Maletsky

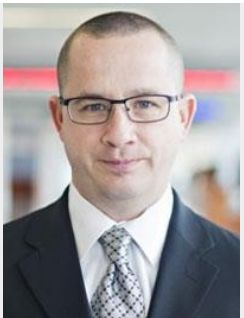


Kaitlin Maletsky, M.Ed., BSN, RN joined the Pennsylvania Trauma Systems Foundation (PTSF) on March 9, 2026, as a Manager of Accreditation. She brings a strong background in trauma care, program development, and community injury prevention. Kaitlin earned her Master of Education from Lehigh University and her Bachelor of Science in Nursing from Moravian University. She began her career as an Emergency Department nurse at a Level I Trauma Center, gaining extensive experience caring for high-acuity trauma patients. She later served as a Trauma Program Coordinator, where she played a pivotal role in launching and developing a Level IV Trauma Program. In this role, she supported performance improvement initiatives, survey readiness, and coordination across multidisciplinary teams.

Driven by her passion for education, Kaitlin has also played a key role in advancing injury prevention initiatives. She leads community outreach programs such as Think First Fall Prevention and Stop the Bleed, strengthening public safety efforts and expanding the program's community impact. In joining the PTSF, Kaitlin will support trauma centers across Pennsylvania in achieving and sustaining excellence in trauma care.

## PTSF BOARD & TRAUMA CENTER NEWS

### Policy and Procedure Committee



Board Committee Chair:  
Jeffrey Kuklinski, Do, MBE, CMTE



Staff Liaison: Amy Oliveros  
Administrative Assistant  
[aoliveros@ptsf.org](mailto:aoliveros@ptsf.org)

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

**AC-137 Accreditation Guidelines for Board Members** – updates include outlining the Level I, II, and III survey processes for exemplary trauma centers, clarification of mid-cycle panel review timing for Level IV centers, added parameters for de-accreditation or unsuccessful accreditation outcomes, and refined guidance on required progress reports.

**BD-109 Non-Board Committee Membership** - clarified that the Injury Prevention Committee has no term limits, that leadership determines committee composition to ensure balanced representation, and that membership requirements differ between accredited-only and externally inclusive committees.

**BD-123 Clinical Excellence Award** - this policy outlines the criteria for recognizing innovative trauma care, noted that the award will be presented at the annual trauma symposium with the recognition token still to be determined, and confirmed that this initiative aligns with the 2026–2028 strategic plan.

**IT-108 Accredited Trauma Center Badge Use** - establishes guidelines for using the PTSF Accredited Trauma Center Badge to protect the organization's brand integrity and support a goal of the 2026–2028 strategic plan

## Update on David Loder Legacy Fund

David Loder's legacy lives on in programs we operate, and every life touched by PTSF's work. We remain deeply grateful for his 40 years of service, friendship, and dedication to Pennsylvania's trauma system. David's passing in late 2025 was a tremendous loss for our community.

The PTSF Board of Directors established a legacy fund to carry on David's incredible work. Refer to policy [BD-122-David-Loder-Legacy-Fund](#) for additional details. If you would like to honor David's memory, 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. You may also contact Dor Adams, PTSF Finance Specialist, at [dadams@ptsf.org](mailto:dadams@ptsf.org). All contributions are tax-deductible.

Additional information is available at: [David Loder Legacy Fund - PA Trauma](#)

## Introducing the PTSF Accredited Trauma Center Badge Recognition Program



We are excited to announce the launch of PTSF's Accredited Trauma Center Badge Recognition Program! This initiative allows Pennsylvania's accredited trauma centers to proudly display their commitment to trauma care excellence.

The badge is available to all trauma centers holding current PTSF accreditation and may be used in marketing materials, websites, social media, signage, and other public-facing platforms. Each badge reflects the center's specific accreditation level, providing clear recognition of your facility's capabilities and dedication to trauma system standards. Additional information is available on our [website](#).

This recognition program is part of our strategic commitment to enhance stakeholder engagement and celebrate the outstanding work of Pennsylvania's trauma centers. Official badge artwork and usage guidelines will be distributed to accredited centers in the coming weeks.

For questions about the badge program, please contact Allison Saia, Accreditation Coordinator, at [asaia@ptsf.org](mailto:asaia@ptsf.org).

## Introducing the PTSF Clinical Excellence Award

PTSF is proud to announce the establishment of our new Clinical Excellence Award, recognizing outstanding clinical performance and innovation in trauma care across Pennsylvania. This award celebrates the exceptional work of individuals, teams, hospitals, and programs that demonstrate commitment to excellence throughout the trauma care continuum—from prehospital response through rehabilitation. [Policy BD-123: Clinical Excellence Award](#) contains all the details.

### Who Can Be Nominated?

- Individual clinicians
- Clinical teams or departments
- Hospitals or healthcare facilities
- Trauma care improvement programs or initiatives
- Prehospital agencies or EMS organizations



**Who Can Nominate?** Anyone! Trauma center staff, hospital administrators, patients and families, prehospital providers, referring facilities, and community members are all encouraged to submit nominations.

**What We're Looking For:** Nominations should demonstrate clinical excellence through outstanding patient outcomes, innovation in practice, exceptional collaboration, leadership in advancing best practices, contributions to patient safety, evidence-based implementation, or commitment to education and mentorship.

**How to Nominate:** Complete the online nomination form at [PTSF Clinical Excellence Award Nomination Form](#). The outline form makes it easy to provide comprehensive information about your nominee's outstanding work.

### Important Dates:

- Nomination Deadline: August 1, 2026
- Award Presentation: PTSF Trauma Symposium October 22, 2026

The award recipient(s) will be formally recognized at our Trauma Symposium and featured on the PTSF website and social media.

Let's celebrate the remarkable contributions of Pennsylvania's trauma care professionals!



## TECHNOLOGY UPDATES



### Software Transition and PIPS Update

Rebecca Geyer, MSN, RN, TCRN

Director of Performance Improvement

[rgeyer@ptsf.org](mailto:rgeyer@ptsf.org)

There will be a total of five planned, major releases in 2026 (Feb, April, June/July, September and December). Current prioritization remains completing the remaining Registry and PIPS work, significantly improving reporting options for all users, and then planned work to move into the Application for Survey and Site Surveyor Software. Eventually, work will then also begin on what was historically known as our Registry Education Software, which will be rebuilt as Registry and PIPS IRR software.

PTSF has worked to move away from holding Live Open Forums, knowing that sometimes too much information can be overwhelming. PTSF and IQVIA teams are working on posting expanded notifications that include more details on what is included in each release. Knowing that some of the PIPS content to come (linking tracked events with projects) is still new functionality that we didn't have in our legacy software, we do anticipate providing virtual/recorded education as those areas of the build are rolled out. PTSF has also discussed providing some options for virtual, optional focused educational sessions on specific TraumaHQ content so that all users could then pick and choose which content to attend. For example, focused content could be provided in coming months on the Audit Filters report, and then anyone that is interested could call in or watch the recording, but if you're already up and running with using the Audit Filters report, you could know that content isn't needed and not plan to watch. We are still in the planning stages of this shift, so if you have any specific topics, or input into options, please reach out to PTSF to share.

**Patient Letters-** The patient letters have been a source of frustration since go-live, with many moving to alternative solutions. The February release updated two letter types (Transfer Follow up letters and Request for Transfer Feedback letters). However, there was a gap in how they were rolled out so ONLY centers that had NEVER updated their letter templates received the updates. If your letter templates were updated, you will now find expanded elements pulled into the letters, including the patient's ISS, name, etc. It is the hope that these additional expanded elements will better serve the needs. Please give them another try and reach out to Rebecca or Maggie with issues. If you had ever updated your letter templates, Maggie has sent your TPM a short survey to gather some critical information. We will then be working with IQVIA to roll out the updates to your centers shortly.

**Audit Filters-** As many of you have identified, the Audit Filters have not been calculated until a PIPS record has been created. With the April release, this will be updated across all forms to finally calculate Audit Filters from within the Registry record. As announced earlier, if you have older records that are triggered, that were not identified timely, do your best to update with documentation and move forward.

**Case Summary Report-** This report has been built and updated and should provide your teams with a condensed summary of critical Registry and PIPS information to allow your team to send it internally to PI liaisons for your PI reviews, or to use to print a case summary for Site Surveys. While most of the PI information is in there, we don't expect to see Project data or Meetings data completely pull in until the April release, so until then, please continue printing projects and meetings, as applicable.

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

[PTSF PI Bookings Link](#)



## Trauma Registry Update

Lyndsey Diehl, MHA, RHIA, CHDA, CSTR  
Director of Trauma Registry  
[ldiehl@ptsf.org](mailto:ldiehl@ptsf.org)

## **SAVE THE DATE: PA Trauma Registrar Day**

Pennsylvania Trauma Registrar Day will be celebrated on May 15, 2026! Join us in acknowledging the exceptional trauma registry professionals across Pennsylvania and their contributions to every trauma program. Their expertise, dedication, and commitment make high-quality trauma care possible each and every day. PTSF will be sharing additional details as we get closer to this important celebration—stay tuned!

## COMMITTEE UPDATES



## Diversity, Equity, and Inclusion (DEI) Committee

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

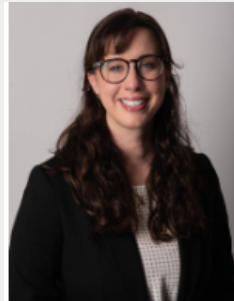
The public comment period ended on March 2nd for the proposed rule for the Department Education loan limitations. This comment period garnered much public discussion, with over 64,770 comments nationally received to the Federal Register, and a large number of those were received from Pennsylvania alone. The Department of Education is expected to publish a final rule in the coming months. Thank you to all who participated, and made your voice heard over this important matter impacting the future of trauma care delivery.



## PIPS/Outcomes Committee

Rebecca Geyer, MSN, RN, TCRN  
Director of Performance Improvement  
[rgeyer@ptsf.org](mailto:rgeyer@ptsf.org)

Board Liaison: Rebecca Wilde-Onia,  
MSN, RN, CCRN, TCRN



Maggie Broadwell, BSN, RN,  
TCRN, CEN, CPEN  
Performance Improvement  
Manager  
[mbroadwell@ptsf.org](mailto:mbroadwell@ptsf.org)

At the first PIPS Committee for 2026, initiatives discussed (non-surgical admission case reviews and Audit Filter 15b) were then sent on to other PTSF committees for review. PIPS Committee members are also working on developing additional guidance on clarifications on how to utilize the “Primary Review Complete” checkbox. A workgroup is being formed to discuss this PIPS element and to potentially draft additional language and guidance for the PIPS Manual.

The Outcomes Committee will hold its first meeting of the year on April 10th. All members should have a calendar invite with a Teams link. If you do not have the invite or link, please reach out to Maggie Broadwell, at [mbroadwell@ptsf.org](mailto:mbroadwell@ptsf.org).



## Standards Committee

Darlene Gondell, MSN, RN, CCRN, CNRN, TCRN  
Director of Accreditation  
[dgondell@ptsf.org](mailto: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 incorporated into the next published revision of the Standards on March 16, 2026. Below is a summary of the key updates, organized by the Standards they impact. Unless otherwise noted, all updates are effective immediately.

### General

#### **Clarified Requirement for Documented Policies, Guidelines, Protocols and Plans, 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.

#### **Equipment in the ED, OR, PACU and ICU, All Levels**

- Clarified that equipment listed in each Standard must be fully available within each department at all times, unless otherwise noted. Although this was the original intent, it is recognized that it was not clear or consistently interpreted. To allow time for compliance, the expected compliance date is January 1, 2027.

## Standard 1: Commitment

### Highest Level Trauma Activation, All Levels

- The criterion “transfer patients from another hospital who required ongoing blood transfusions” has been revised to “blood transfusions prior to arrival.” This now includes pre-hospital transfusions, recognizing their association with high-acuity hemorrhagic shock.
  - Effective January 1, 2027
- Clarified that the trauma activation policy must be a documented policy.
  - Effective January 1, 2027

## Standard 2: Capacity & Ability

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Admission Policy**, All Levels
- **Transfer Plan**, All Levels
- **Trauma Diversion Protocol**, Levels I-III
- **Emergency Department Plan for an Influx of Trauma Patients**, Levels I-III
- **Trauma Disaster Management Plan**, All Levels

## Standard 6: PIPS

### Non-Surgical Trauma Admission (NSA) Review, Levels I-III

- Revised to require a standardized approach to NSA review, described in the PIPS Plan. The Nelson tool is offered as an example, noting it is not validated in the pediatric population. Added the TPMD must complete secondary review of Nelson scores  $\leq 5$  if the tool is used. Nelson scores  $\geq 6$  may be closed at primary review.
  - Effective January 1, 2027

### Clinical Practice/Patient Management Guidelines, Protocols and Algorithms, All Levels

- The clinical practice/patient management guidelines, protocols and algorithms must be documented.
  - Effective January 1, 2027

## Standard 8: Injury Prevention, Public Education & Outreach

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **SBIRT**, All Levels
- **Screening and Referral for High-Risk Psychological Sequelae**, Levels I-II

## Standard 10: Physicians

### Subspecialty Liaisons to the Multidisciplinary Peer Review Committee Meetings, Levels I-III

- Revised language from “second identified representative” to “alternate”. Clarified that the primary liaison and alternate must be board-certified or board-eligible physicians, except for Level III centers, which may use CRNAs as alternates for Anesthesia. Clarified that advanced practitioners and residents (except CRNAs at Level III centers) cannot serve as liaisons or alternates.

### Emergency Medicine ATLS Certification, All Levels

- Revised the ATLS requirement for Emergency Department physicians to allow those who are board-eligible in Emergency Medicine (EM) to complete ATLS at least once rather than maintain currency, aligning this expectation with the requirement for board-certified EM physicians.

## **General Surgery Section Terminology, Levels I–III**

- Revised terminology from “General Surgery” to “Trauma Surgery” to align with American College of Surgeons Standards. Clarified that attending trauma surgeons with direct patient care responsibilities must actively participate in the trauma PIPS program.

## **Podiatry Involvement in Orthopedic Trauma Care, All Levels**

- Clarified that orthopedic trauma care must be provided by board-certified or board-eligible orthopedic surgeons. Clarified that Podiatrists may participate as adjunct providers with documented policy requiring oversight by board certified or eligible orthopedic surgeons including:
  - The orthopedic surgeon is consulted first to determine whether podiatry may provide specific aspects of care.
  - The orthopedic surgeon maintains oversight and is available throughout the patient’s hospitalization.
  - The orthopedic surgeon becomes directly involved if complications arise requiring orthopedic surgical expertise.
  - Orthopedic liaisons review cases involving podiatry as part of the Performance Improvement process.

## **Policies, Guidelines, Protocols and Plans**

The following must be documented, effective January 1, 2027:

- **Shared roles and responsibilities of Trauma Surgeons and Emergency Medicine physicians in trauma resuscitations**, Levels I-III
- **Neurosurgeon Contingency Plan**, Levels I-III
- **Orthopedic Surgery Contingency Plan**, Levels I-III
- **Cardiopulmonary Bypass Equipment Contingency Plan**, Levels I-II
- **Ophthalmology Contingency Plan**, Levels I-II

## **Standard 13: Nursing**

### **Policies, Guidelines, Protocols and Plans**

The following must be documented, effective January 1, 2027:

- **RN Oversight of Adjunct and Ancillary Staff**, All Levels

## **Standard 15: Helipad**

### **Policies, Guidelines, Protocols and Plans**

The following must be documented, effective January 1, 2027:

- **Transport to and from Landing Area**, Levels III-IV

## **Standard 16: Emergency Department**

### **Equipment Availability, Levels I-III**

- Clarified that equipment must be located within the department unless otherwise specified.
  - Effective January 1, 2027
- Pulmonary function measuring devices removed from the required lists.

### **Policies, Guidelines, Protocols and Plans**

The following must be documented, effective January 1, 2027:

- **Frequency of Vital Signs**, All Levels

## Standard 17: Operating Room

### Equipment Availability, Levels I-III

- Clarified that equipment must be located within the department unless otherwise specified.
  - Effective January 1, 2027
- Pulmonary function measuring devices removed from the required lists.

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **OR Booking Policy/Guideline**, Levels I-III
- **Cardiopulmonary Bypass Equipment Contingency Plan**, Level I-II

## Standard 18: Post Anesthesia Care Unit

### Equipment Availability, Levels I-III

- Clarified that equipment must be located within the department unless otherwise specified.
  - Effective January 1, 2027
- Pulmonary function measuring devices removed from the required lists.

## Standard 19: Intensive Care Unit

### Equipment Availability, Levels I-III

- Clarified that equipment must be located within the department unless otherwise specified.
  - Effective January 1, 2027
- Pulmonary function measuring devices removed from the required lists.

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Initial Surgical Evaluation in the ICU**, Levels I-III

## Standard 22: Laboratory & Blood Bank

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Massive Transfusion Protocol**, All Levels
- **Priority Laboratory Request Handling**, All Levels
- **Rapid Reversal Protocol**, Levels I-III

## Standard 23: Radiology

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Trauma Patient Priority Requests, Incidental Findings, and Discrepant Radiology Findings**, All Levels
- **Trauma Patient Priority to CT Scanner**, All Levels
- **Level III Center Without MRI Availability**, Level III

## Standard 24: Collaborative Services

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Organ Procurement Organization Notification, All Levels**
- **Brain Death Criteria, All Levels**
- **Patients Requiring Rehabilitation Services, All Levels**
- **Recommended Guideline for Multimodal Analgesia, All Levels**

## Standard 25: Social Services

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Social Work Capabilities, All Levels**

## Standard 26: Case Management

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Case Management Capabilities, All Levels**

## Standard 27: Geriatric Patient Care

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Abuse Screening and Management of Suspected or Confirmed Elder Abuse, Intimate Partner Violence, and Sex Trafficking, Adult Level I-IV**
- **Geriatric Patient Management Guidelines, Adult Level I-IV**

## Standard 28: Pediatrics

### Policies, Guidelines, Protocols and Plans

The following must be documented, effective January 1, 2027:

- **Abuse Screening and Management of Suspected or Confirmed Child Abuse, Intimate Partner Violence, and Sex Trafficking, Adult Level I-IV**
- **Pediatric Patient Management Guidelines, Adult Level I-III**

### **Pediatric Patient Management Guidelines, Adult Level I-III**

Revised the requirement to align with hospital pediatric capabilities.

- Continue to require pediatric resuscitation guidelines for all adult centers.
- Revised that pediatric critical care guidelines are required only at centers routinely admitting pediatric ICU patients
- Revised that pediatric rehabilitation guidelines are required only at centers routinely admitting pediatric inpatients.

## **Appendix A: Interfacility Transfer & Appendix C: Admission Considerations for Level IV Centers**

### **Neurosurgeon Consultation for Minor Traumatic Brain Injury Admissions, Levels III-IV**

Clarified that for patients with neurotrauma, it is acceptable to obtain a phone consultation with a neurosurgeon or trauma surgeon from the potential accepting trauma center who can review CT imaging. Documentation of consultation and recommendations should be entered into the medical record as defined by the hospital.

## **Appendix D: Guideline and Policy Reference Tool**

### **Policies, Guidelines, Protocols and Plans**

The following must be documented, effective January 1, 2027.

For questions or comments about these updates, please contact PTSF Staff Liaison, Darlene Gondell, at [dgondell@ptsf.org](mailto:dgondell@ptsf.org). To submit discussion topics for the Standards Committee—including proposed new Standards or clarification requirements—please use the [Standards Request Form](#).

## EDUCATION



**SAVE THE DATE!**  
**2026 PTSF Trauma Symposium**  
**October 22–23, 2026**

Mark your calendars! The 2026 PTSF Trauma Symposium is coming this October. Stay tuned for more details on speakers, sessions, and registration.

For more information, visit us at [www.ptsf.org](http://www.ptsf.org)

## **Call for Speakers!**

Do you think your team has **Best Practice initiatives for trauma patients within your Electronic Medical Record (EMR)**? Have you implemented something within EPIC or Cerner that has significantly made trauma care easier? The PA- Committee on Trauma requested that PTSF host a “quick-shot” trauma symposium session allowing centers to share their tips and tricks for leveraging their EMR to improve trauma care. Each presentation may take up to five minutes on topics such as order sets, templates and hard stops. If you would like to be considered for inclusion in this presentation, please contact Rebecca Geyer, [rgeyer@ptsf.org](mailto:rgeyer@ptsf.org). Speakers will be accepted on a first-come basis, along with applicability to the topic.

## **PTSF Trauma Registry ICD-10 Education**

PTSF is excited to announce that updated trauma registry ICD-10 education has been posted on our learning management platform, KnowledgeConnex!

You will now find a 2026 ICD-10 Coding Update, three ICD-10-PCS sessions reviewing procedures, and four ICD-10-CM sessions reviewing diagnoses posted on PTSF's KnowledgeConnex homepage.

You will also now find the seven CM and PCS sessions bundled into one PTSF ICD-10-CM/PCS Trauma Registry Coding Course and posted to KnowledgeConnex.

If you need to complete an ICD-10 refresher course or a full ICD-10 Course, please register for this course. You will receive a certificate to document your completion of an ICD-10 course or refresher course upon completion. Note, you will also need to register and complete the 2026 ICD-10 Coding Update course separately to meet the requirements of the current standard.

If you are not in need of a full ICD-10 course or refresher course and wish to only participate in a few of the ICD-10 educational courses available, PTSF suggests registering individually for any of the specific ICD-10 offerings as needed.

As with most PTSF courses on KnowledgeConnex, participation is FREE for accredited and pursuing PA Trauma center staff! Please enter the appropriate special access code during registration.

Further information about KnowledgeConnex and a full list of special access codes can also be found within the TraumaHQ Library under Educational Offerings.

Please don't hesitate to reach out to the PTSF Registry Team with any questions!

## KnowledgeConnex Special Access Codes

For easier access, a document titled “KnowledgeConnex – Special Access Codes” has been posted within the Library of TraumaHQ under Educational Offerings.

This document contains helpful information about registration for KnowledgeConnex courses and a list of all **special access codes!**

Please contact [registryquestions@ptsf.org](mailto:registryquestions@ptsf.org) with any questions.

## COMMUNICATIONS

### **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. This can be accessed by clicking the white box entitled; “Staff Change Notification to PTSF”. 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 to keep accurate directory information and email groups. PTSF updates these resources continuously, with additional updates made several times per year in IQVIA. Updated information can be found in the library section under the PTSF heading, or the directory can be emailed upon request to [aoliveros@ptsf.org](mailto:aoliveros@ptsf.org). Please note that this change request does not modify 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.



## **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](mailto: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.

## **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](mailto: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](#).

## The next PTSF Virtual Board Meeting is May 21, 2026.

