

## BOARD UPDATES

### A Message from the PTSF Board of Directors Chair & President

#### Strategic Plan in Action: Progress Across All Three Imperatives

As PTSF moves through the first half of 2026, meaningful progress continues across all three imperatives of the 2026–2028 Strategic Plan. Developed through an extensive stakeholder engagement process from across Pennsylvania's trauma system, the plan reflects a shared vision — and its implementation is well underway.

Work advancing under **Data Infrastructure Completion & Excellence** is focused on strengthening TraumaHQ capabilities and supporting trauma centers in leveraging registry data to its fullest potential. Reliable, high-quality data remains the cornerstone of an effective trauma system, and continued investment in this area positions Pennsylvania for long-term success.

Efforts aligned with **Comprehensive Trauma System Optimization** are ensuring that trauma centers at every designation level have access to the education, resources, and support necessary to deliver exceptional patient care. Upcoming educational programming, including the 2026 Trauma Symposium, reflects this imperative in action.

Through **Operational Excellence**, PTSF continues to refine its internal infrastructure — policies, processes, and partnerships — to better serve trauma centers, EMS providers, and stakeholders across the Commonwealth. Significant work has focused on Disaster Preparedness, alongside active advocacy efforts including TCAA Advocacy Day on Capitol Hill. PTSF advocated for \$11.5 million in appropriations for Mission Zero and supports the Improving Trauma Systems and Emergency Care Act, which is essential to ensuring that individuals who experience traumatic injury receive prompt and appropriate care. Advocacy efforts are also ongoing in support of the Rural Health Transformation/Rapid Response Stabilization program and the ASPR Trauma Care Readiness Improvement Program.

PTSF is grateful for the continued engagement and collaboration of its membership and stakeholder community. It is through these relationships that the Strategic Plan moves from vision to reality. We look forward to sharing continued updates as this important work progresses.



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



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

## Honoring a Legacy: PTSF Names Research Competition First Place Award in Memory of Dr. Jack Wilberger

The Pennsylvania Trauma Systems Foundation Board of Directors is pleased to announce that the first place Research Competition award presented at the annual Trauma Symposium has been named the Dr. Jack Wilberger Memorial Award.

Dr. Wilberger was a distinguished neurosurgeon, prolific researcher, and devoted servant to Pennsylvania's trauma community. He served on the PTSF Board of Directors from 2004 to 2013, including as Vice Chair and Chair, and dedicated his tenure to advancing the organization's research mission. As Chair of the Research Committee, he helped shape the foundation upon which PTSF's research programs continue to stand today.

It is fitting that this award bears his name. The first place Research Competition award recognizes the highest caliber of scholarly contribution submitted to the annual symposium — a standard Dr. Wilberger embodied throughout his career, which included over 200 publications and nationally recognized expertise in traumatic brain injury and concussion.

The Dr. Jack Wilberger Memorial Award will be presented annually, scored and determined by members of the Research Committee. PTSF is honored to ensure that his commitment to trauma research excellence lives on in the work of the next generation of trauma professionals.

## PTSF STAFF NEWS



### 2026 Trauma Symposium & ATS TPM Course Registration Now Open!

Join us October 22–23, 2026 at the Sheraton Harrisburg-Hershey Hotel for two days of cutting-edge education in trauma care.

Connect with trauma professionals from across Pennsylvania and gain insights into the latest techniques and research shaping the field.

[Register today](#) to secure your spot!

The American Trauma Society is offering their nationally recognized Trauma Program Management Course (TPMC) on October 23–24 presented in a dynamic 1.5-day format led by expert Trauma Program leaders.

Separate registration is required. [Register now!](#)

## PTSF Clinical Excellence Award — Now Accepting Nominations!

PTSF is proud to introduce the new Clinical Excellence Award, honoring outstanding performance and innovation in trauma care across Pennsylvania. Individuals, teams, hospitals, EMS organizations, and trauma programs are all eligible — and anyone can nominate, including patients, families, and community members.

Nominations should highlight exceptional patient outcomes, innovative practice, collaboration, leadership, or contributions to education and safety. Complete the [online nomination form](#) by August 1, 2026. Award recipients will be recognized at the PTSF Trauma Symposium on October 22, 2026.



Full details available in [Policy BD-123](#).

## Standards Reminder from Darlene Gondell, Director of Accreditation:

### Trauma Patient Transfers & Appropriate Use of Variances

As part of our ongoing commitment to supporting high-quality, compliant trauma care across all accredited centers, the board would like to provide clarification and a reminder regarding expectations for trauma patient transfers, particularly for patients already admitted for a trauma indication.

#### **Standard 2: Capacity & Ability – Key Expectations**

If a transfer is required, the expectation is that patients will be transferred to a higher-level trauma center, based on the patient's clinical needs and the capabilities of the sending facility.

Specifically, the Level I-IV Standards state: "The trauma center must assess the clinical capabilities of the institution and have a documented protocol and plan which explains the types of patients requiring transfer to a higher-level trauma center."

#### **The intent of this standard includes:**

- Transfers are expected when a patient requires a higher level of care than the center can clinically provide.
- Trauma centers, particularly Level III and IV centers, should appropriately transfer patients to higher-level trauma centers when care needs exceed their capabilities.
- Trauma centers with the capability to provide definitive care (particularly Level I and II centers) are expected to retain and manage patients they are fully capable of treating.
- When transfer is clinically necessary, patients should be transferred to an appropriate trauma center (same or higher level), based on patient need.
- Transferring patients admitted for a trauma indication to a non-trauma center, even after clinical stabilization, does not align with the Standards.

Clarification regarding specialty populations: The Standards recognize that certain patients may require specialized resources not available at all trauma centers, such as pediatric or burn care. Trauma centers are required to define in their transfer plans the patient populations that exceed their capabilities and require transfer. While the primary expectation is transfer to a higher-level trauma center, transfer to a pre-identified, appropriate specialty center is acceptable when clinically indicated and aligned with the established transfer plan.

## Board Position

The Board has reviewed this issue and affirms consistency with the American College of Surgeons:

- Trauma centers must not transfer trauma patients to non-trauma centers when they are fully capable of managing their care.
- Transfers should follow established transfer plans and be directed to appropriate higher-level trauma centers, with specialty destinations used when clinically indicated (e.g., pediatric or burn care)
- Requests to formalize this practice through a variance have not been supported.

## Variance Process – When and How to Use It

If a center believes there is a unique circumstance that warrants deviation from a Standard, the appropriate mechanism is to submit a request under [AC-105: Applying for a Variance from a Standard](#).

The variance process:

- Ensures transparency and consistency
- Allows for formal review and consideration by the Board
- Provides an opportunity for centers to present rationale and safeguards

It is important to note that variances must be requested and approved in advance of implementing a non-compliant practice. Not all variance requests are approved; decisions are based on alignment with system goals and patient safety.

## What This Means for Centers

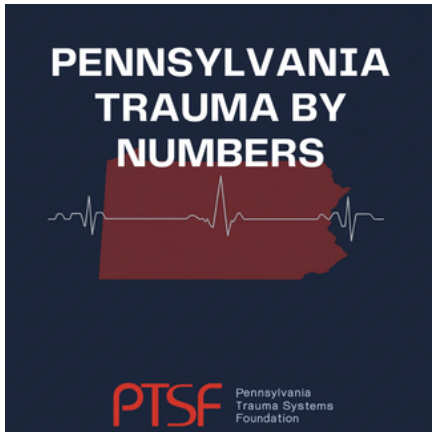
- Level III–IV centers: Continue to transfer patients to higher-level trauma centers, or specialty centers when clinically indicated.
- Level I–II centers: Retain and manage trauma patients the center is fully capable of treating; transfer only when higher-level or specialized care is required, as defined in the facility’s transfer plan.
- Do not transfer trauma patients to non-trauma centers or non-specialized centers.
- Ensure transfers are based on clinical need.
- Utilize established transfer plans that account for both higher-level trauma care and specialty populations.
- If you believe a deviation from this expectation is necessary, submit a variance request before implementing the practice.

## We’re Here to Help

We understand that patient flow and capacity challenges are complex, and we encourage centers to reach out with questions or to discuss specific scenarios.

If you have questions or would like guidance, please contact the [Accreditation Team](#).

## PENNSYLVANIA TRAUMA BY NUMBERS NOW LIVE!



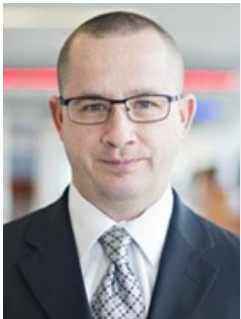
We are excited to share that Trauma by the Numbers data is now available on our [website](#). This new resource provides an informative, data-driven overview of trauma across Pennsylvania, helping to highlight key trends, outcomes, and opportunities for improvement in care.

This project represents a significant collaborative effort, and we extend our sincere thanks to everyone who contributed their time, expertise, and dedication to bringing it to life. Your work is helping to advance transparency, and ultimately improve outcomes for patients across the Commonwealth.

We encourage you to explore the data and learn more about the landscape of trauma care in Pennsylvania.

## 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:

**IT-107 Artificial Intelligence AI Acceptable Use** – This new policy outlines the responsible and secure use of AI technologies across the organization. It establishes clear expectations for all employees, contractors, volunteers, and board members regarding which AI tools are approved for use and what types of data may be entered into those tools. Key protections include prohibitions on entering protected health information or raw confidential data into AI systems, requirements for human review of all AI-generated outputs, and specific consent and notification standards for AI-powered meeting tools. This policy reflects PTSF's commitment to embracing innovative technology while maintaining the highest standards of data security, ethical practice, and organizational accountability.

**BD-109 Non-Board Committee Membership** – This policy was updated to align with the new IT-107 Artificial Intelligence AI Acceptable Use policy, mentioned above.

**BD-121 – Research Fund Management** – This is a new policy, based on historical operational practice, establishes clear governance and spending standards for funds set aside to advance trauma research. The policy also formalizes the annual conference research awards, including the DeMuth Memorial Fund grants, the Dr. Wilberger Memorial Research Award, and the Pina Templeton Injury Prevention Awards. This policy reflects PTSF's commitment to transparent stewardship of research resources and its investment in advancing the science of trauma care.

**AC-129 – Process for Use of Non-Board-Certified Physicians** – This policy was updated to reflect the June 2024 revision of the Standards of Accreditation related to alternate pathways, which included an effective date of January 1, 2026.

## TECHNOLOGY UPDATES



### Software Transition and PIPS Update

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

#### **Overall status update:**

TraumaHQ has seen significant activity in 2025, with seven releases completed to date spanning major, minor, and patch updates. Looking ahead, the July release will be substantial, featuring long-anticipated PI updates including the ability to link Projects down to the specific tracked event level. The September and December releases are also in active planning, with end-of-year updates reserved for the final release cycle.

#### **Reporting Update:**

Progress continues on multiple fronts to expand reporting capabilities within TraumaHQ. Grant Dittmer is actively developing additional PTSF-provided operational reports alongside IQVIA's concurrent build work, with the goal of increasing the volume of reports available in the production environment for all users. IQVIA is also advancing a major milestone on the Research/Central Site Database solution, an advancement that will meaningfully expand research data options for trauma programs. PTSF is also exploring a potential query-based reporting pathway that would restore query functionality within the reporting environment. PTSF remains available to support any reporting needs in the interim — please do not hesitate to reach out.

#### **Legacy Data Update:**

Phase 1 data migration is underway and currently being tested internally for a few centers. Please see the email sent statewide to all TPMs by R. Geyer (sent 5.21.26) regarding an optional opportunity to shorten the anticipated timeline to get your data validated at a high-level and migrated into TraumaHQ. Final data migration and validation will then occur with input from all trauma center staff.

## Upcoming Educational webinars (these are optional, depending on your role and interest!)

1. **Audit Filters:** June 18, 12-1pm (calendar invite already sent to PICs. Please forward as needed to any trauma program staff involved and/or interested)
2. **Form Linking for Tracked Events** -we are offering different options, depending on your availability and interest. While some content will be the same, you are welcome to call in for more than one session to increase comfort with the new functionality to be released. (Calendar invites not yet sent out, but will be sent to all PICs and TPMs- please forward as needed to any trauma program staff involved and/or interested)

a. Thursday, July 23 12-1pm

b. Thursday, July 30 12-1pm

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)

## Trauma Registrar Day – Thank you!

Thank you for recognizing and celebrating PA Trauma Registrar Day alongside PTSF on May 15th! Trauma registry professionals truly are the superheroes of this story, and behind the “mask” work hard every day ensuring data accuracy, supporting performance improvement, and ultimately helping to improve patient outcomes. The acknowledgement of trauma registry professionals and the important role they play within each trauma program on this special day reminds us how important this work is and reinforces the dedication these individuals bring to it every day. We truly appreciate your thoughtful recognition!



## Updated PTOS Manuals and Other Trauma Registry Resources

As the PTOS Manual and other Trauma Registry resources such as the PTOS change document, facility lists, EMS affiliate list, etc. are updated, they will be posted within the Library of TraumaHQ. A notification will also be posted on TraumaHQ alerting users of updated resources. Please ensure you are utilizing the most current PTOS Manual as clarifications are added throughout the year!

## The Call for Research is OPEN for the 2026 PTSF Completed Research and Pina Templeton Injury Prevention Competitions.

On an annual basis as part of the PTSF Trauma Symposium, we dedicate time to the PTSF Completed Research Competition and Pina Templeton Injury Prevention Competition. The submission links for both competitions are now live at this link: [2026 Research Competition website](#). The deadline for submissions is July 6, 2026. All the details related to submissions for both competitions are outlined on the conference website. Also available again this year is an opportunity to submit a poster for virtual viewing by conference participants. Posters are not part of an awards competition and can also be submitted through the conference website.

Please note that the PaCOT Resident Paper Competition is being handled by Dr. Denise Torres. Please contact her directly at [dmtorres@geisinger.edu](mailto:dmtorres@geisinger.edu) with questions about the submission process.

## COMMITTEE UPDATES



### 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)

The Board has approved verbiage updates to two tracked events, to provide clarification that they may pertain to both OETT, trach, or ventilators, as documented below:

- Airway: Equipment Malfunction (9102) – Any intentional change of an **artificial airway or ventilator** due to **equipment** malfunction/issue.
- Airway: Self Extubation (ETT) (9003) - Patient initiated removal of endotracheal tube or **artificial airway**, regardless of if the patient required initial intubation or did not require reintubation.

There will be an updated PIPS Operational Manual posted shortly to incorporate these changes.

Policy TO-100: Timeliness of Submission to the TraumaHQ PIPS Central Site has been updated to reflect:

- Maintaining submission of PTOS mortality cases at the central site. The policy historically addressed the timeframe in which to submit cases, but the word “maintain” has also been added to reflect the intent of the policy that once submitted; cases are maintained at the Central Site. Cases can still be marked “incomplete” to make changes but then should be re-submitted to allow the data to stay within the Central Site Outcomes database.
- Updated language to better reflect that rejected events are transferred to the central site.
- Clarification that Registry cases must be submitted prior to PIPS cases. Our legacy system had validation preventing a PIPS case from being submitted prior to a Registry record being completed. It is currently possible to submit these out of order. Language has been added to the policy, and software validation will be requested in a future release. Cases can still be marked as “in-complete” and then updated on either side (Registry or PIPS records) in any order, but initial case submission must have the Registry record submitted and then the PIPS record submitted, ensuring complete patient information being included in the PIPS record.

SBIRT Audit Filters D and E have been a topic of great discussion within both the PIPS and Registry Committees. Based on their recommendations and BOD approval, these audit filters (D and E) will now be updated to exclude non-admitted patients. These changes will be applicable starting with Jan 1, 2027 EDA records.

**Audit Filter D logic:**

SBIRT Screening not completed – (Audit Filter D) “Was a screen completed to evaluate for substance abuse?” = NO

AND

Patient is ≥ 12 years

AND

Discharge Status = Alive

AND

Admitting Service ≠ Not Admitted (Transferred Out or Died in ED)

**Audit Filter E logic:**

SBIRT Intervention not completed – (Audit Filter E) Screen Result = POSITIVE

AND

“Was a brief intervention offered?” = NO

AND

Patient is ≥ 12 years

AND

Discharge Status = Alive

AND

Admitting Service ≠ Not Admitted (Transferred Out or Died in ED)

The recommendation would be to document N/A for any patient not admitted, starting with EDA 1/1/2027 patient records.

The screenshot shows a portion of a medical form. On the left, there are several text labels: 'Time Attending Anesthesiologist Arrived in OR - Unknown', 'Admitting Service', 'Admit Service If Other Surgical', 'Admit Service If Other Non Surgical', 'Admitting Physician', 'Admitting Physician - Unknown', 'Trauma Attending Physician', 'Trauma Attending Physician - Unknown', 'Trauma Attending Physician - Not Applicable', 'National Provider Identifier \*', 'National Provider Identifier - Not Applicable \*', and 'Primary service type \*'. On the right, there is a date field (MM/DD/YYYY HH:MM) and a dropdown menu for 'Admitting Service'. The dropdown menu is open, showing a list of services: 'Trauma Service (General Surgery)', 'Neurosurgery Service', 'Orthopedic Service', 'Thoracic Surgery Service', 'Other, Surgical', 'Other, Non-Surgical', 'Oromaxillofacial Service (Dental, ENT, Oral)', 'Obstetrics/ Gynecology Service', 'Burn Service', 'Not Admitted (transferred out or died in ED)', and 'Unknown'. The 'Not Admitted (transferred out or died in ED)' option is highlighted in yellow. Below the dropdown menu, there are radio buttons for 'ADULT' and 'Pediatric'.



## Trauma Registry Committee

Gabrielle Wenger, RHIT, CPC, CAISS, CSTR

Trauma Registry Specialist

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

Committee Chair: Tracy Vazquez, CSTR

Committee Vice-Chair/Board Liasion: Stephanie Sailes, BSN, RN

The Trauma Registry Committee met April 9, 2026, and reviewed recommendations for 2027 annual updates. The Board of Directors approved the changes listed below for the 2027 PTOS data set. These changes will go into effect, beginning with patients with hospital arrival January 1, 2027.

- Add fentanyl as a separate menu option under Drug Screen
- Add a checkbox in provider response elements to indicate if emergent response (optional)
- Add a checkbox to the procedure element group to identify if emergent (optional)
- Approved changes to Audit Filter 15b, Burn patient with inhalation injury not admitted to burn service, to change to Burn patient with inhalation injury not admitted to burn, trauma, critical care, or pulmonary service, and to exclude patients transferred out to acute care hospitals
- Add element "Were any procedures performed on patient?" [Yes/No]

## EDUCATION

### 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.



The PTSF Office will be closed on Friday, June 19<sup>th</sup> in observance of the Juneteenth holiday and Friday, July 3<sup>rd</sup> in observance of the July 4<sup>th</sup> holiday.



## 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 blue 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 provide 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.

**The next PTSF Board Meeting is July 16 & 17, 2026.**



## **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](#).