BOARD UPDATES

Deborah Chappel, MSN, RN, CCRN, NE-BC
PTSF Board Chair

Amy Kempinski, MSN, RN, CEN, TCRN
PTSF President
akempinski@ptsf.org

A Message from the PTSF Board of Directors Chair & President

As autumn arrives, we are pleased to share continued progress on the priorities set forth in our 2026–2028 Strategic Plan. The Pennsylvania Trauma Systems Foundation remains focused on strengthening the infrastructure, partnerships, and programs that support Pennsylvania's trauma system, and we are grateful for the engagement of our trauma centers in this work.

Our TraumaHQ data platform continues to advance, with recent releases delivering enhancements to performance improvement and reporting capabilities. We appreciate the collaboration of our IQVIA partners and, most importantly, the professionals across the state whose feedback continues to shape the platform. As a reflection of the commitment to prioritize registry, PI and report solutions, development of additional models has been postponed focusing resources on backlogged improvements.

We are also pleased to report that the Pennsylvania Disaster Trauma Response Workgroup held its inaugural meeting in August. This multi-year effort, grounded in our Strategic Plan, brings together experts from across the state with the goal of formalizing a statewide trauma disaster plan, and we look forward to sharing its progress in future updates.

Finally, the 2026 Trauma Symposium is nearly here, taking place October 22–23 in Harrisburg. Alongside favorite annual traditions, this year's agenda brings fresh content, and a new optional bonus session on real-world ICD-10 coding challenges in trauma. The Symposium will also feature the first presentation of the PTSF Clinical Excellence Award; we were honored to receive so many nominations recognizing outstanding individuals and teams from trauma programs across the Commonwealth, and we look forward to celebrating the nominees and recipient. If you have not yet registered, we encourage you to visit the PTSF website for details and to join us for what promises to be an outstanding educational event.

Thank you for your continued engagement and commitment to our mission.

PTSF BOARD & TRAUMA CENTER NEWS

St. Luke's Anderson Elevation

Congratulations to St. Luke's Anderson Campus on its elevation from a Level II to a Level I Trauma Center. This significant achievement reflects the dedication, expertise, and continued commitment of the entire trauma team to providing the highest level of care to injured patients. We commend St. Luke's Anderson for reaching this important milestone and for its ongoing commitment to trauma care and the communities it serves.

Welcome New Board Member, Dr. Michael Prasto

PTSF is pleased to welcome Dr. Michael Prasto, MD, to the Board of Directors, nominated by the Hospital and Healthsystem Association of Pennsylvania (HAP) and approved by the Executive Committee. Dr. Prasto fills the seat vacated by Dr. Richard Neff.

Dr. Prasto currently serves as Vice President, Medical Affairs at St. Luke's University Health Network in Bethlehem. He is a physician executive with more than fifteen years of experience spanning emergency medicine, health system operations, and physician governance. He previously served as Vice President of Medical Affairs and Chief Medical Officer at Grand View Health, where he led the clinical planning and opening of a Level II Trauma Center and guided the health system through its affiliation with St. Luke's. He also chaired the Department of Emergency Medicine at Grand View and holds board certification from the American Board of Emergency Medicine. Dr. Prasto earned his M.D. from Rutgers Robert Wood Johnson Medical School and is completing an MBA at Northwestern University's Kellogg School of Management.

We look forward to his contributions as PTSF continues its work across the state's trauma system.

The PTSF office will be closed on Monday, October 12, 2026, in observance of Columbus Day/Indigenous Peoples' Day.
Normal business hours will resume on Tuesday, October 13.

Revised PTOS Inclusion Criteria

After many years of feedback regarding the inclusion of patients with minor lacerations in both the Pennsylvania Trauma Outcome Study (PTOS) and the National Trauma Data Standard (NTDS), the Pennsylvania Trauma Systems Foundation (PTSF) is pleased to announce an update to the PTOS inclusion criteria, aligned with a recent change released by the American College of Surgeons (ACS).

Effective for patients admitted on or after **January 1, 2027**, the following injuries will be excluded from PTOS and the NTDS:

- **Isolated injuries:**
  - T68, T71.1, and T75.1
- **Superficial injuries with an ISS of 1,** unless repaired in the operating room under anesthesia:
  - S00, S10, S20, S30, S40, S50, S60, S70, S80, S90
- **Lacerations without foreign body with an ISS of 1**, unless repaired in the operating room under anesthesia:
  - S01, S11, S21, S31, S41, S51, S61, S64, S71, S81, S91
- **Late-effect codes**, represented by the same injury diagnosis code ranges listed above when assigned a 7th-character modifier of **D through S**.

We recognize that this will be a welcome change for many trauma programs. We extend our thanks to the trauma registry professionals and centers that provided feedback to both PTSF and the ACS over the past several years, helping drive this important revision.

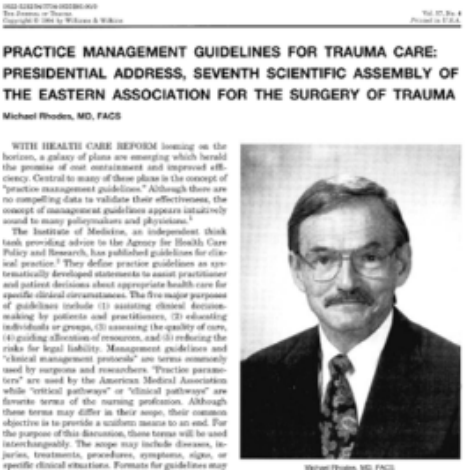
These details are also included in the Trauma Registry Committee update article later in this newsletter. Additional information will also be shared during the upcoming Trauma Symposium.

New Application Process Announced for the DeMuth Research Program

The PTSF Board of Directors, in coordination with the Research Committee, adopted Policy TR-114: DeMuth Research Program, establishing a formal application and review process for research funding. The program honors Dr. William E. DeMuth, Jr., the first Chair of the PTSF Board of Directors, and supports research and related activities that advance trauma care, trauma systems, and trauma outcomes in Pennsylvania, with preference given to projects that utilize PTOS data. Applications from both internal and external applicants are accepted on a rolling basis, are reviewed by the PTSF Research Committee, and are forwarded to the Board of Directors for final funding decisions. For eligibility, application requirements, funding limits, and recipient expectations, please refer to TR-114 DeMuth Research Program

In Memory of Dr. Michael Rhodes (1943–2026)

It is with great sadness that PTSF shares news of the passing of Michael Rhodes, MD, FACS, on September 9, 2026. Dr. Rhodes was a true pioneer in trauma care and a foundational figure in the Pennsylvania trauma system. As Chief of the Division of Trauma and Surgical Critical Care at Lehigh Valley Hospital from 1978 to 1995, he built a program that helped earn Lehigh Valley Health Network designation as one of Pennsylvania's first Level I Trauma Centers, and he was instrumental in establishing the region's MedEvac helicopter program. He went on to serve as President of the Eastern Association for the Surgery of Trauma and Vice President of the American Association for the Surgery of Trauma, and he held significant leadership roles with the American College of Surgeons Committee on Trauma. His decades of teaching and mentorship shaped generations of trauma clinicians across the Commonwealth and beyond.



PRACTICE MANAGEMENT GUIDELINES FOR TRAUMA CARE: PRESIDENTIAL ADDRESS, SEVENTH SCIENTIFIC ASSEMBLY OF THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

Michael Rhodes, MD, FACS

WITH HEALTH CARE REFORM looming on the horizon, a galaxy of plans are emerging which herald the promise of cost containment and improved efficiency. Central to many of these plans is the concept of "practice management guidelines." Although there are no compelling data to validate their effectiveness, the concept of management guidelines appears intuitively sound to many policymakers and physicians.[1]

The Institute of Medicine, an independent think tank providing advice to the Agency for Health Care Policy and Research, has published guidelines for clinical practice.[2] They define practice guidelines as systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. The five major purposes of guidelines include (1) assisting clinical decision-making by patients and practitioners, (2) educating individuals or groups, (3) assessing the quality of care, (4) guiding allocation of resources, and (5) reducing the risks for legal liability. Management guidelines and "clinical management protocols" are terms commonly used by surgeons and researchers. "Practice parameters" are used by the American Medical Association while "critical pathways" or "clinical pathways" are favorite terms of the nursing profession. Although these terms may differ in their scope, their common objective is to provide a uniform means to an end. For the purpose of this discussion, these terms will be used interchangeably. The scope may include diseases, injuries, treatments, procedures, symptoms, signs, or specific clinical situations. Formats for guidelines may

Mark Cipolle, MD, PhD, FACS, FCCM, Division of Trauma and Acute Care Surgery, Vice-Chair for Research and Education for the Lehigh Valley Health Network, and close colleague of Dr. Rhodes shared: "The full measure of Dr. Rhodes' career, cannot be found in titles, publications, or awards. It resides in the many lives he saved directly as a surgeon and in the countless others touched indirectly through the trauma systems he helped build, the physicians and other professionals he taught, the teams he led, the research and guidelines he helped advance, and the standards of care he worked throughout his career to improve. Despite his professional accomplishments, Dr. Rhodes was humble and possessed a wonderful sense of humor. He was also a devoted fitness enthusiast and was well known to family and friends as a "gym rat." Music was one of Dr. Rhodes' great joys throughout his life. A talented musician who played multiple instruments, he shared his love of music with his family, making music an enduring source of joy and connection throughout his life."

PTSF extends its deepest condolences to Dr. Rhodes' family, colleagues, and the entire Lehigh Valley Health Network community.

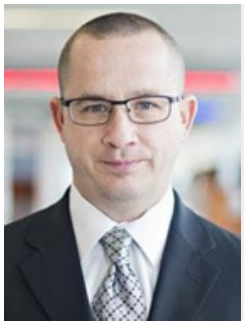
Celebrating PTSF Board Members Through the Years

PTSF launched the PTSF Board member document, a collection that honors the people who have been part of our organization's story from 1985 to the present. Through names and photographs, this packet offers a meaningful look back at the members whose involvement, dedication, and presence have helped shape our organization over the years.

Each caption represents more than a name and a picture; it reflects a moment in time, a shared connection, and a lasting contribution to our history. Together, these images create a visual timeline of membership, friendship, service, and tradition.

As you look through this packet, we invite you to enjoy the familiar names and faces, remember the milestones, and appreciate the many members who have helped carry our mission forward across the decades. We are grateful for every individual represented here and proud to celebrate the legacy they continue to build moving forward into the future.

Policy and Procedure Committee



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

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-106: Transition Period for the Implementation of New or Revised Standards of Accreditation - This existing policy was revised to clarify that pursuing and accredited trauma centers are required to demonstrate full compliance with all applicable standards by the published compliance date. Plans for future implementation, beyond the compliance date do not constitute compliance.

AC-128: Notification Regarding Changes in Trauma Center Operations for Pursuing and Accredited Trauma Centers - This existing policy was revised to enhance the details around a nursing strike: Trauma centers are to notify PTSF as soon as they become aware of a potential or planned strike, preferably before it begins and notification must include the plan to ensure availability of trauma-credentialed registered nurses to care for injured patients in accordance with the Standards of Accreditation.

AC-133: Survey Team Member Attendance/Cancellation for Site Visits - This existing policy was revised to enhance the details around when a survey team member is unable to participate in a scheduled event. The hospital must provide a chart navigator for the virtual medical record review, and they must be able to display the medical record and performance improvement documentation. Electronic performance improvement documentation is strongly encouraged to facilitate efficient virtual review.

BD-109: Non-Board Committee and Initiative Governance - This existing policy was revised to extend its governance to PTSF-sponsored initiatives and activities, in addition to non-board committees. This policy applies to PTSF sponsored initiatives operating under PTSF's name, funding, and/or administrative support, including requirements for Board liaison oversight and external communications.

PTSF sponsored committees, initiatives, and collaboratives may not independently advocate for/ or recommend this policy or regulatory action on behalf of PTSF. Any external communication intended to influence policy, or decision making must receive prior approval from the PTSF Board of Directors, including requests for the PTSF Board to sign, endorse, or co-author such communications.

TR-114 DeMuth Research Program & BD-121: Research Designated Funds Management - TR-114 is a new policy developed in collaboration with the Research Committee to establish how DeMuth Funds are used including: application requirements, eligibility, selection criteria, and expectations for awardees.

BD-121 Research Designated Funds Management policy was subsequently revised to reference Policy TR-114 for specific information regarding the DeMuth Research Program.

Finance Committee

Board Committee Chair:
Erin Pica, MHA,
PTSF Secretary/Treasurer

Staff Liaison: Dor Adams
Finance Specialist
dadams@ptsf.org

The fee structure for accredited trauma centers and hospitals pursuing accreditation will increase by five percent in 2028, according to PTSF Board approval at the September 2026 board meeting. This increase applies to all fees, including annual participation, application for survey, accreditation visits, panel surveys, consultative visits, education, and software initiation fees.

The 2027 and 2028 Fee Schedules are posted to the PTSF website in the Resources section, along with a detailed Education Offering document.

If you have any questions regarding fees or invoicing, please contact Dor Adams, Finance Specialist, at dadams@ptsf.org.

TECHNOLOGY UPDATES

Software Transition and PIPS Update

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

The October releases will continue to focus on Registry, PIPS, and reporting. PTSF and IQVIA teams are working on the year-end annual release, which is expected to be the largest release of the year. There may be need to split it into a December ('26) and January ('27) releases; we are awaiting final feasibility study results from the IQVIA team.

Legacy data has long been anticipated and while PTSF's work to map older elements to newer elements has been completed for quite some time, we continue to wait for the IQVIA team to finalize migration details. At this time, we are exploring a platform in which users can review (and edit, if needed) migration data. The IQVIA team's priority is maintaining platform performance while loading a large volume of data spanning many years, so they continue to work through test scenarios to confirm they are moving in the right direction. We recognize that access to legacy data is critical for research, reporting and many other functions. As always, if you need immediate access to legacy data, please contact Grant Dittmer, who can a copy of migrated data into a usable format.

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

TraumaHQ User Satisfaction Survey Results

The Pennsylvania Trauma Systems Foundation (PTSF) recently conducted a user satisfaction survey to gather feedback on the TraumaHQ Registry Form and identify opportunities for improvement. Thank you again to those of you who took the time to participate! Your feedback is important to us and will help shape the future direction of TraumaHQ software improvements.

The survey received 129 responses from 437 active users, representing a 29.5% response rate. Most respondents were trauma registrars (70%), followed by Trauma Program Managers (16%) and PI Coordinators (13%).

Overall, feedback reflects a mixed but generally encouraging picture. Forty-one percent of respondents reported being satisfied with the Registry Form, while 23% were neutral and 36% were dissatisfied. Satisfaction was highest among trauma registrars and Trauma Program Managers, while PI Coordinators reported lower levels of satisfaction. Despite concerns about usability, users rated the platform's reliability favorably, with 57% describing it as reliable and an additional 19% remaining neutral.

One notable finding involved chart completion timeliness. While registrars were divided on whether TraumaHQ had improved timeliness since implementation, PTSF performance data shows substantial gains. During the most recent 12-month reporting period, trauma programs achieved a 92.98% on-time submission rate, and the number of accredited programs with prolonged non-compliance dropped significantly. These results suggest that the platform has contributed to measurable improvements in registry performance even as users continue to adapt to workflow changes.

Survey responses also highlighted important differences based on user experience. Registrars with five years or less of experience reported significantly higher satisfaction levels than those with more than five years in the field, suggesting newer users may be adapting more easily to the platform's workflows and design. Additionally, 74% of respondents indicated that the Registry Form either meets their needs well or adequately, although opportunities remain to enhance the user experience.

Open-ended feedback identified several commonly praised features, including the platform's ease of learning, web-based accessibility, workflow tools, dashboards, task management features, and the uploader functionality. Users also viewed the available training resources positively. At the same time, respondents cited excessive scrolling, inefficient navigation, reporting limitations, lack of validation logic, and the absence of encoder support as key frustrations. Many users expressed interest in additional training, more structured onboarding, report-writing education, and coding examples.

Based on survey findings and feedback from the Registry Committee, PTSF is working with IQVIA to evaluate potential enhancements to the Registry Form. Future efforts will focus on improving form layout, workflow efficiency, and overall usability while balancing implementation timelines and costs.

User feedback will continue to play a critical role in guiding platform improvements and supporting PTSF's ongoing commitment to data quality, efficiency, and user satisfaction. Additional surveys requesting feedback for other TraumaHQ modules will be released in the near future. We greatly appreciate your continued participation in these important surveys!

2027 NTDS Data Dictionary Now Available!

The 2027 NTDS Data Dictionary and change log has been released by the American College of Surgeons (ACS)! Click here to access.

Please note that the 2027 PTOS Manual will be distributed mid-December via TraumaHQ. Additional registry resources (change document, facility lists, etc.) will also be updated and distributed via TraumaHQ mid-December. Detailed information and education surrounding 2027 annual updates will be provided during the upcoming Trauma Symposium.

TQIP Submission Reminder

The next TQIP Call for Data deadline is December 1, 2026. TQIP participating centers should submit data from January 1, 2024 – June 30, 2026 for this upcoming deadline. More information regarding TQIP Call for Data schedule can be found here.

PTSF staff encourages users to utilize the new TQIP API functionality that was implemented in TraumaHQ earlier this year. This functionality allows users to submit records and receive validation summary reports on a regular basis. Start submitting and reviewing your data for the December submission deadline now! Do not wait until the end of the submission window!

An updated "Known TQIP Issues" document will be posted within the library resources of TraumaHQ with any new issues PTSF staff is made aware of related to the upcoming TQIP submission. PTSF anticipates three known mapping issues to be resolved with the upcoming October 2026 software release.

Please utilize the TraumaHQ User Support Request Form to submit any questions or concerns to PTSF staff regarding TQIP Validation Summary Reports.

PTSF staff will attempt to address your questions and concerns as quickly as possible. Please note that while PTSF staff are happy to offer assistance to try and resolve any concerns, we are not the NTDS or TQIP experts. PA TQIP participating centers can also contact the ACS TQIP staff directly at TQIP@facs.org with any questions or concerns involving specific NTDS and/or TQIP data elements or guidelines.

ACCREDITATION UPDATE

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

2027 Trauma Accreditation Resources Are Now Available!

The PTSF Accreditation Team is pleased to announce that the 2027 Application for Survey (AFS) and updated accreditation resources are now available to help trauma centers prepare for their 2027 accreditation activities.

We know that preparing for accreditation takes significant time and planning. Our goal is to make the process as clear as possible by providing trauma programs with the tools, education, and guidance they need throughout their preparation.

Preparing for a 2027 Site Survey

Trauma centers scheduled for a 2027 site survey can now download the 2027 AFS from the TraumaHQ Resources Library. Centers should be sure to select the 2027 AFS that corresponds to their trauma center level.

Updated resources to support survey preparation include:

- **AFS User's Manual**, the recommended starting point before completing the AFS
- **Trauma Center Accreditation: 2027 Survey Preparation** recorded education
- **Survey Guidebook**
- **TraumaHQ Data Extraction for the AFS Guide**, to assist with obtaining data from TraumaHQ for completion of the AFS
- **AFS templates and other survey preparation resources**

These resources are available through the PTSF Accreditation Survey webpage, the TraumaHQ Resources Library, or both.

2027 Survey Preparation Education

The recorded Trauma Center Accreditation: 2027 Survey Preparation presentation provides an overview of the accreditation survey process and guidance related to completing the AFS, preparing for survey day, Medical Record Review and PI documentation, and the deliberation process.

The presentation is mandatory for TPMs and TPMDs who are new to their role and for whom the 2027 site survey will be their first site survey. It is also recommended for TPMs, TPMDs, Trauma PI Coordinators, and Mentors involved in preparing for a 2027 site survey.

Access the 2027 Survey Preparation presentation

Access Code: Please contact Allison Saia, asaia@ptsf.org

Level IV Mid-Cycle Panel Reviews

Level IV Trauma Centers scheduled for a 2027 Mid-Cycle Panel Review should also begin preparing their AFS. For the Mid-Cycle Panel Review, centers only need to complete the Trauma Program Overview, Standards 1–6, and Standard 10 of the 2027 Level IV AFS.

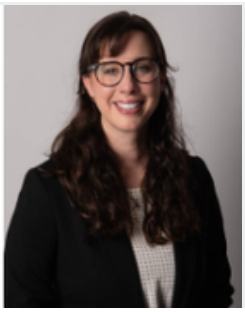
Education dedicated specifically to the Level IV Mid-Cycle Panel Review will be available shortly. In the meantime, Level IV centers undergoing a Mid-Cycle Panel Review are encouraged to view the Trauma Center Accreditation: 2027 Survey Preparation presentation for the guidance related to completing the AFS.

We're Here to Help

The PTSF Accreditation Team is here to support trauma programs throughout the accreditation process. We encourage everyone involved in preparing for a 2027 accreditation survey or Mid-Cycle Panel Review to become familiar with the available resources early in the process.

Questions are always welcome. Please use this form so we can respond quickly.

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

As part of our ongoing review of PTSF's committees, the Board of Directors approved a motion to sunset the standalone Diversity, Equity, and Inclusion (DEI) Committee beginning in 2027. Since its inception in 2021, the DEI Committee has provided PTSF with a dedicated forum to consider diversity, equity, and inclusion within the trauma community. As PTSF continues to evolve in its committee structure, we also recognize an opportunity to carry these considerations forward more broadly throughout the organization. The transition of the committee is not intended to diminish the importance of this work or the contributions of its members.

Beginning in 2027, each PTSF non-board committee will be charged with considering principles of diversity, equity, and inclusion, as applicable, within its respective area of responsibility. This may include examining how differences in patient populations, geography, socioeconomic factors, access to resources, and other relevant considerations influence injury prevention, access to care, trauma care delivery, performance improvement evaluation, research, and outcomes across the trauma continuum. The Board of Directors will re-evaluate this structure at the end of 2027 to determine whether it is effectively supporting these considerations or whether further adjustments are warranted.

PTSF extends our sincere appreciation to each of you who has contributed your time, expertise, and perspectives to the DEI Committee since its establishment in 2021. Your participation has helped inform PTSF's understanding and consideration of these issues, and the perspectives developed through the committee's work will continue to inform the organization moving forward.

PTSF remains committed to supporting high-quality trauma care for all patients and to recognizing the diverse needs and circumstances of the populations and communities served by Pennsylvania's trauma system.

Don't Miss the 2026 Trauma Symposium!

The 2026 Trauma Symposium is almost here! Join us October 22–23 at the Sheraton Harrisburg-Hershey Hotel for two days of cutting-edge trauma education, networking, and collaboration with professionals from across Pennsylvania.

Registration closes October 11.
Register today to secure your spot!

Trauma Registry Committee

Gabrielle Wenger, RHIT, CPC, CAISS, CSTR
Trauma Registry Specialist
gwenger@ptsf.org
Committee Chair: Tracy Vazquez, CSTR
Committee Vice-Chair/Board Liaison: Stephanie Sailes, BSN, RN

The Trauma Registry Committee met August 20, 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.

See PAGE 16 for the full list of approved changes.

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 incorporated into the next published revision of the Standards on October 15, 2026. Below is a summary of the key updates, organized by the Standards they impact. Updates are effective immediately unless a specific compliance date is listed.

Consistent with PTSF Policy AC-106, when a compliance date is identified for a new or revised Standard, trauma centers are expected to be fully compliant with the requirement by that date. The transition period is provided to allow centers sufficient time to implement necessary changes. Plans for implementation beyond the published compliance date do not constitute compliance.

See PAGE 19 for the full list of updates.

For questions or comments about this update, please contact Standards Committee PTSF Staff Liaison Darlene Gondell at dgondell@ptsf.org. To submit discussion topics for the Standards Committee—including proposed new Standards or clarification requests—please use the **Standards Request Form**.

Non-Board Committee Nominations for 2027

Submission of interested/qualified staff from hospitals for participation with PTSF Committees is performed annually. Trauma Program Managers must provide the names, titles, email addresses, and committees of interest on behalf of the trauma program. PTSF Committee Liaisons emailed any committee member who will rotate off of a committee due to term limits. Deadline for submission is October 30, 2026, to AOliveros@ptsf.org.

The 2027 Committees are:

- Outcomes
- Performance Improvement and Patient Safety (PIPS)
- Standards of Accreditation
- Trauma Injury Prevention
  - Trauma Program Managers are encouraged to nominate staff in trauma injury prevention roles. This committee is open to accredited trauma centers and non-accredited hospitals.
- Trauma Registry
- Trauma Research

After submission, the PTSF Staff Committee Liaisons will collaborate with Committee Chairs to select the committee compositions for 2027. Committee membership is contingent upon consideration of member locale, Trauma Center Level (I-IV), and nominee skill set. Continuation of membership is based on active participation in the past and committee term limits. The PTSF's goal is to ensure that all trauma centers are represented by some means. The PTSF will publish the 2027 PTSF Non-Board Committee Roster in December 2026, pending Board approval.

Please refer to BD-109 Non-Board Committee and Initiative Governance for additional information.

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 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 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 is to provide accurate directory information and email distribution 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. 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 December 10 & 11, 2026.

TraumaHQ powered by IQVIA

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.

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.

REGISTRY UPDATES

The Trauma Registry Committee met August 20, 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.

Highlighted text shows language revisions.

- **Revise the PTOS Inclusion Criteria:**
  - Revise the exclusion criteria for isolated injuries to match NTDS:
    - Excluding the following isolated injuries:
      - T68, T71.1, and T75.1
      - Superficial injuries with an ISS of 1 unless repaired in the operating room under anesthesia:
        - S00, S10, S20, S30, S40, S50, S60, S70, S80, S90
      - Lacerations without foreign body with an ISS of 1 unless repaired in the operating room under anesthesia:
        - S01, S11, S21, S31, S41, S51, S61, S64, S71, S81, S91
      - Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th character modifier of D through S.
  - Update inclusion criteria code range to match NTDS:
    - Patient must have a diagnosis within the following range:
      - ICD-10-CM injury codes S00-S99, T07, T14, T20-T28, T30-T34, T68*, T71.1*, T75.0, T75.1*, T75.4, T79.0, T79.A1-T79.A9
  - Revise language for inclusion of patients with no traumatic injury diagnosis:
    - ~~Trauma~~ patients who die or meet the transfer out criteria with no documented injuries should be captured as PTOS
  - Add language to inclusion criteria for clarification of the 14-day timeframe when patients are transferred in:
    - If the patient was transferred from another hospital, the injury must have occurred within 14 days prior to arrival at the referring hospital. If the patient's initial hospital encounter occurred at the hospital reporting the data, the injury must have occurred within 14 days prior to arrival at the reporting hospital.

- **Add three auto calculations to the form and reporting:**
  - Add an auto calculation for Total Elapsed Scene Time to the Prehospital tab and in reporting.
    - Individual provider scene time calculation (Scene Time – Prehospital) will remain unchanged.
  - Add an auto calculation for Time to Procedure on the Procedures tab, in each repeat group on the form and in reporting.
  - Add an additional elapsed provider response time which would calculate from patient arrival to provider response.

    - The current elapsed time which calculates from provider call time to provider arrive time will remain, renamed as Elapsed Response Time – Call time.
- **Record County of Injury for all patients.**
- **Add a menu option of "Other Medical Facility" to Post ED Destination and Discharge Destination.**

- **Retire Prehospital Scene/Transport Method – Quick Response Service (QRS) and create two new menu options:**
    - QRS – Ambulance
    - QRS – Helicopter
  - Menu options will be updated in Audit Filters 1 and 2.
- **Add prehospital/PCR to abstraction hierarchy for Final Anatomical Diagnoses.**
  - Only for external injuries (abrasion, contusion, laceration).
- **Add new element Blood Pressure Support to match NTDS.**
  - Blood pressure support administered within 30 minutes prior to ED/hospital arrival.
    - 1. None 2. Blood Transfusion 3. Intravenous Vasopressor
  - Additional Information
    - Report all that apply.
      - Intravenous vasopressors include dopamine, epinephrine, norepinephrine, and vasopressin.
      - If blood pressure support was initiated prior to arrival at your hospital and remained ongoing, it must have continued up to 30 minutes prior to arrival at your hospital.
      - Element Value "2. Blood Transfusion" includes red blood cells and whole blood.
      - Report Element Value "1. None" if the patient received blood pressure support that is not listed as an available Element Value or if the patient did not receive blood pressure support.
- **Add language to element Gender to clarify the difference when reporting "Non-disclosed" or "Unknown."**
  - ADD: Report "Non-disclosed" if the patient was asked and declined to answer.
  - ADD: "Unknown" is reported for patients who were not asked, or if there was no gender identity documented.
- **Add language to element Gender-Affirming Hormone Therapy to clarify the difference when reporting "Non-disclosed" or "Unknown."**
  - ADD: Report "Non-disclosed" if the patient was asked and declined to answer.
  - ADD: "Unknown" is only reported if no past medical history is available.
- **Update pre-existing condition Attention Deficit Hyperactivity Disorder (ADD/ADHD)**
  - ADD: Report "Yes" for patients who were non-compliant with their prescribed ADD/ADHD medication.
- **Update pre-existing condition Bleeding Disorder**
  - A bleeding disorder diagnosis must be documented in the patient's medical record (e.g., hemophilia, von Willebrand disease, Factor V Leiden, thrombocytopenia).
- **Update language in pre-existing condition Congestive Heart Failure**
  - A diagnosis of CHF, HFrEF or HFpEF must be documented in the patient's medical record.
  - To be included, this condition must be noted in the medical record as CHF, congestive heart failure, HFrEF, HFpEF, or pulmonary edema with onset of increasing symptoms within 30 days prior to injury.
- **Update language in pre-existing condition Diabetes Mellitus to include GLP-1 medications.**
  - Diabetes mellitus that requires exogenous parenteral insulin, an oral hypoglycemic agent, or GLP-1 medications.

    - Report "Yes" for patients who were non-compliant with their prescribed exogenous parenteral insulin, oral hypoglycemic agent, or GLP-1 medications.
- **Update language in pre-existing condition Other Mental/Personality Disorder**
  - Add Oppositional Defiant Disorder
- **Add language to Final Anatomical Diagnoses:**
  - EXCLUDE: Injuries that are iatrogenic in origin (injuries that occur as a direct result of medical treatment, diagnostic procedures, or surgical intervention) that are not attributable to an external traumatic mechanism.

- Periprosthetic and osteoporotic/pathologic fractures must only be reported when there is documented evidence of a qualifying external mechanism of injury (MOI) and an assigned ICD-10-CM diagnosis code that falls within the NTDS-accepted code list.

- **Update definition of hospital event Delirium**
  - Acute onset of behaviors characterized by restlessness, illusions, and incoherence of thought and speech. Delirium can often be traced to one or more contributing factors, such as a severe or chronic medical illness, changes in your metabolic balance (such as low sodium), medication, infection, surgery, or alcohol or drug withdrawal.

  ~~OR~~
  ~~Patient tests positive after using an objective screening tool like the Confusion Assessment Method (CAM) or the Intensive Care Delirium Screening Checklist (ICDSC).~~
  OR
  A diagnosis of delirium documented in the patient's medical record.
  EXCLUDE:
    - Patients whose delirium is due to alcohol withdrawal

- **Update definition of hospital event Organ/Space Surgical Site Infection and Superficial Incisional Surgical Site Infection to update the year of the reference for CDC defined SSI to January 2024**
- **Add Triage/Trauma Flow Sheet to abstraction hierarchy for Ventilator Days**

STANDARDS UPDATES

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 October 15, 2026. Below is a summary of the key updates, organized by the Standards they impact. Updates are effective immediately unless a specific compliance date is listed.

Consistent with PTSF Policy AC-106, when a compliance date is identified for a new or revised Standard, trauma centers are expected to be fully compliant with the requirement by that date. The transition period is provided to allow centers sufficient time to implement necessary changes. Plans for implementation beyond the published compliance date do not constitute compliance.

Standard 1: Commitment

- **Board and Medical Staff Resolution**, All Levels
  Clarified the reaffirmation requirement for the Board and Medical Staff resolution. Reaffirmation is required during each survey cycle and must have occurred within the preceding three years.

Standard 3: Trauma Program Medical Director (TPMD)

- **Continuing Medical Education (CME) Requirements**, All Levels
  Clarified that CME requirements may be prorated for newly appointed TPMDs based on their date of appointment and may also be prorated during approved leaves of absence.

Standard 4: Trauma Program Manager (TPM)

- **Advanced Nursing Certification**, All Levels
  Expanded the list of advanced nursing certifications recommended for TPMs to include CTRN and CBRN.
- **Continuing Education (CE) Requirements**, All Levels
  Clarified that CE requirements may be prorated for newly appointed TPMs based on date of appointment and may also be prorated during approved leaves of absence.

Standard 5: Registry

- **Definition of Trauma Contacts**, Levels I-III
  Revised the definition of trauma contacts used to calculate Registry staffing requirements. Trauma contacts are limited to patients entered into the trauma registry and include:
  - Patients meeting PTOS inclusion criteria.
  - Patients meeting NTDS inclusion criteria who are not already included in the PTOS dataset.
  - Additional patients entered into the trauma registry for hospital, local, or regional purposes who are not already included in the PTOS or NTDS datasets.

  Each qualifying patient is counted as one trauma contact regardless of the level of abstraction completed. Partial abstraction may not be counted as a partial trauma contact.
  - **Effective January 1, 2028**

- **Continuing Education Requirements**, All Levels
  Clarified that CE requirements for Registrars may be prorated during approved leaves of absence.

Standard 6: PIPS

- **Performance Improvement Coordinator (PIC) Trauma-Specific Education**, All Levels
  Added trauma-specific education requirements for PICs. PICs must complete TNCC, ATCN, ATLS, or TCAR within one year of appointment. RTTDC is also an acceptable option for Level IV trauma centers. PICs in the role prior to the effective date of this requirement must achieve compliance by January 1, 2028.
  - **Effective January 1, 2028**

- **PIC Advanced Nursing Certification**, All Levels

Added a recommendation for PICs to obtain an advanced nursing certification. Acceptable certifications include CEN, CPEN, CCRN, TCRN, PCCN, CPN, CFRN, CTRN, CBRN, and CNRN.

- **Multidisciplinary Peer Review Meeting Attendance**, All Levels

Clarified that bereavement is an excused absence for multidisciplinary peer review meeting attendance and may be considered when prorating attendance requirements.

- **Continuing Education Requirements**, All Levels

Clarified that CE requirements for PICs may be prorated for newly appointed PICs based on date of appointment and may also be prorated during approved leaves of absence.

Standard 10: Physicians

- **Emergent Orthopedic Surgery Consultation**, Levels I-III

Clarified the emergent orthopedic surgery consultation criterion for suspected extremity compartment syndrome to specify suspected extremity compartment syndrome associated with a fracture.

Standard 13: Nursing

- **Continuing Education Requirements**, All Levels

Clarified that CE requirements for RNs may be prorated during approved leaves of absence.

Standard 16: Emergency Department

- **Pediatric Readiness**, Level I-III

Expanded pediatric readiness requirements to require use of the National Pediatric Readiness Project (NPRP) assessment tool, achieve a score greater than 86 (out of 100) or higher, at least every three years. Centers must also designate a Pediatric Emergency Care Coordinator (PECC). The PECC may be a nurse, physician, or advanced practitioner (AP) responsible for leading pediatric-specific readiness activities, quality improvement, and education. The PECC role may be incorporated into existing responsibilities and does not require a dedicated FTE. A single PECC may serve multiple trauma centers within the same health system.

  - **Effective January 1, 2028**

- **Pediatric Readiness**, Level IV

Added the requirement to complete the NPRP assessment tool, achieve a minimum score >86, and have a documented plan to address identified gaps within each survey cycle. Centers must also designate a PECC who may be a nurse, physician, or AP responsible for leading pediatric-specific readiness activities, quality improvement, and education. The PECC role may be incorporated into existing responsibilities and does not require a dedicated FTE. A single PECC may serve multiple trauma centers within the same health system.

  - **Effective January 1, 2028**

Standard 22: Laboratory & Blood Bank

- **Trauma Priority Laboratory Requests**, All Levels

Clarified that priority laboratory testing requirement applies to highest-level trauma alert patients during the resuscitative phase. Laboratory requests for these patients must receive priority handling and processing over other STAT laboratory requests. When competing priorities exist, responsible providers must collaborate to determine priority based on clinical need.

  - **Effective July 1, 2027**

Standard 23: Radiology

- **Trauma Patient Priority Radiology Requests**, All Levels

Clarified that priority radiology testing applies to highest-level trauma alert patients during resuscitative phase. Radiology requests for these patients must receive priority completion over other STAT radiology requests. When competing priorities exist, responsible providers must collaborate to determine priority based on clinical need.

- **Effective July 1, 2027**

Standard 24: Collaborative Services

- **Recovery and Rehabilitative Care Services**, All Levels

Clarified that the specialty services identified for recovery and rehabilitative care are the minimum required services and must have defined roles in the recovery and rehabilitative care of trauma patients. At a minimum, these services include:

  - Family Support Programs
  - Physical Therapy
  - Psychosocial
  - Occupational Therapy, Level I-III only
  - Speech Therapy, Level I-III only
  - Neuropsychology (mild brain injury), Level I-III only
  - Pain Management Services, Level I-III only
  - Child Life Services, Pediatric Level I-II only

Standard 25: Social Services

- **CE Requirements**, All Levels

Clarified that CE requirements for Social Workers may be prorated for newly appointed Social Workers based on date of appointment and may also be prorated during approved leaves of absence.

Standard 26: Case Management

- **CE Requirements**, Levels I-III

Clarified that CE requirements for Case Managers may be prorated for newly appointed Case Managers based on date of appointment and may also be prorated during approved leaves of absence.

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

Upcoming Compliance Reminder: January 1, 2027

Several previously approved Standards changes have a compliance date of January 1, 2027. Trauma centers should ensure implementation is complete and compliance can be demonstrated by this date, including at all surveys conducted in 2027. See the Standards of Accreditation for complete requirements and applicability.

- **Standard 1: Commitment** – Highest-Level Trauma Activation criteria update; Trauma Activation Policy must be documented.

- **Standard 2: Capacity & Ability** – Admission Policy, Transfer Plan, and Trauma Disaster Management Plan must be documented. Levels I-III must also have a documented Trauma Diversion Protocol and Emergency Department Plan for an Influx of Trauma Patients.

- **Standard 6: PIPS** – Clinical practice/patient management guidelines, protocols, and algorithms must be documented. Levels I-III must also comply with the revised Non-Surgical Trauma Admission Review requirements.

- **Standard 8: Injury Prevention, Public Education & Outreach** – Applicable policies, protocols, and guidelines must be documented.

- **Standard 10: Physicians** – Contingency plans and other applicable policies must be documented. Level IV medical service physicians admitting injured patients must meet the trauma-related CME requirement.

- **Standard 13: Nursing** – RN Oversight of Adjunct and Ancillary Staff policy must be documented.

- **Standard 15: Helipad** – Transport to and from Landing Area policy must be documented at applicable Level III & IV centers.

- **Standards 16-19: ED, OR, PACU & ICU** – Equipment availability requirements must be met; Applicable policies must be documented.

- **Standard 22: Laboratory & Blood Bank** – Applicable policies, protocols, and plans must be documented.

- **Standard 23: Radiology** – Level I & II centers must comply with the revised Interventional Radiology hemorrhage-control criteria; Applicable policies, protocols, and guidelines must be documented.

- **Standard 24: Collaborative Services** – Applicable policies, protocols, and guidelines must be documented.

- **Standards 25-26: Social Services & Case Management** – Applicable protocols must be documented.

- **Standards 27-28: Geriatric & Pediatric Patient Care** – Applicable protocols and guidelines must be documented.

- **Appendices C & D** – Applicable guidelines and policies must be documented.