

---

The following communication highlights recent PTSF Board activity. This information is provided to you in an ongoing effort to convey PTSF news in "real-time." If you have questions, please contact Juliet Altenburg, MSN, RN—Executive Director at [jaltenburg@ptsf.org](mailto:jaltenburg@ptsf.org).

## PTSF WELCOMES A NEW BOARD MEMBER IN 2017

A new board member joined PTSF in March 2017—Ronald J. Andro represents the Pennsylvania Hospital & Healthsystem Association:



### RONALD J. ANDRO, BSN, MS, HSM

Mr. Andro serves as the President and Chief Executive Officer at West Penn Hospital, Allegheny Health Network (AHN) in Pittsburgh, Pa. He joined AHN in 2013 as the Chief Operating Officer at Allegheny General Hospital.

Previous positions include Senior Vice President and Chief Operating Officer at the University of Maryland's Baltimore Washington Medical Center; Vice President of Operations at University of Pittsburgh Medical Center (UPMC) Mercy; and, Vice President of Operations at the UPMC Shadyside. Mr. Andro's BSN is from Winona State University in Winona, Minnesota; his master's degree is in Health Systems Management is from Rush University in Chicago, Illinois.

---

## COMMITTEE UPDATES

Countless hours are spent by trauma program staff, board members and foundation staff furthering the mission and vision of PTSF. A few committee updates are listed below as a result of board action/approval from the March 2017 meeting:

- **Policy & Procedure Committee**

Two policies were revised and approved in March. Both are posted to the PTSF website under the Resources section, Policies & Guidelines subsection, including:

Policy AC-127: Emergency Department Closure. The language of the policy was revised to align with the language in the PTSF Standards of Accreditation, as well as the American College of Surgeons; the content of the policy is unchanged. The policy was also renamed as, "Trauma Center Diversion."

Policy AC-119: Surveyor Selection Criteria now has additional language added to clarify team composition for hospitals applying for an elevated of accreditation. The added language is, "The team composition will be determined by the PTSF Board with consideration for the trauma center's accreditation cycle history. Please see policy AC-138: Process for Elevating Trauma Center Accreditation for additional details."

## **Standards Committee**

The Board of Directors approved the following revisions aligning the Standards of Accreditation with those of the American College of Surgeons. Revised "Standards" for all trauma center levels will be posted to the website *on or before* April 14, 2017. Once posted, Trauma Program Managers will receive notification. If you have questions related to the Standards, contact [akrichten@ptsf.org](mailto:akrichten@ptsf.org). Revisions include:

### Standard 6—Performance Improvement & Patient Safety Program (PIPS)

Revision applies to Adult & Pediatric, Level 1 & 2 Combined Centers

To align with the revised ACS standard, a representative from adult/pediatric general surgery is required to attend the opposite adult/pediatric multidisciplinary peer-review committee.

### Standard 7—Continuing Education Programs

#### Standard 10—Physicians

Revision applies to Adult & Pediatric Combined Centers

To align with the revised ACS standard, trauma centers with both accredited adult and pediatric programs, a minimum of 4-hours (out of 16) of the required continuing education must be related to pediatric trauma care.

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

Revision applies to all trauma levels

Clarification was added to the Standard to define that both drug abuse and alcohol abuse meet the criteria for substance abuse screening.

#### Standard 10—Physicians

Revision applies to all trauma levels

To align with the revised ACS standard, the total hours of continuing education credits for physicians completing board certification/re-certification has increased to 33-hours (previously 4-hours).

#### Standard 10—Physicians

Revision applies to Adult & Pediatric, Level 1, 2 & 3 Centers

In order to make trauma attending response consistent with team expectation, tracking criteria related to required pre-hospital notification regarding attending response time to trauma activation was removed.

#### Standard 10—Physicians

Revision applies to Adult & Pediatric, Level 1, 2 & 3 Centers

To align with the revised ACS standard, vascular surgeons may meet interventional radiology emergent response qualifications. This is defined by the trauma program, and individuals meeting this criteria must be credentialed.

#### Standard 10—Physicians

Revision applies to Adult, Level 3 Centers

Clarification was added that level 3 trauma centers do not need trauma surgeons to be in-house.

*Our Vision—optimal outcomes for every injured patient*

## Standard 15—Helipad

Revision applies to Level 4 Centers

Clarification was added that level 4 centers do not need to have the trauma team meet the patient at the helipad.

## Standard 16—Emergency Department

Revision applies to Level 4 Centers

This Standard was revised to require waveform capnography. This is required by BLS/ALS and meets the current standard of care in the Emergency Department. Additionally, changed tourniquet to plural. This is also noted in the ACS Stop the Bleed initiatives.

## Standard 23—Radiology

Revision applies to Adult, Level 3 Centers

Clarification was added that emergent (30-minute) response for interventional radiology is not required for level 3 trauma centers. This was missed in the previous edition.

## Standard 25—Social Services

Revision applies to Adult & Pediatric, Level 1, 2 & 3 Centers

This Standard was revised removing the phrase, “active participation in local, state, and national trauma Social Work related activities.” Of note, continuing education is still required.

## ▪ **Trauma Systems Development Committee**

The Board of Directors approved the creation of the Trauma System Development Committee. The charge of the committee is to develop an evidenced-based process for trauma system development in Pennsylvania. Furthermore, this process will take into consideration proper placement of trauma centers based on trauma center level to maximize care of injured patients. The board developed the committee based on several factors, including:

- The American College of Surgeons Position Paper on trauma system development released in 2015 exhorting trauma lead agencies in a state to create a “needs-based” process for trauma system development: <http://bulletin.facs.org/2015/01/statement-on-trauma-center-designation-based-upon-system-need/>
- The surge in trauma center development in Pennsylvania.
- Recent, published research that has shown development of level 1 and 2 trauma centers in close proximity to each other has the potential to decrease volume and clinical outcomes of trauma patients.
- The impact of decreased volume in level 1 centers on surgical residency programs and research efforts.
- Continued areas of Pennsylvania which lack access to a trauma center within 60-minutes of the scene of injury by air or ground transport.



# BOARD OF DIRECTORS UPDATE

April 7, 2017

It is anticipated that the committee will meet for two years to develop recommendations which may include a proposed change in legislation. All stakeholders throughout the Commonwealth will be fully informed of the committee's activities and any proposals. Stakeholders include organizations comprising the PTSF Board of Directors (HAP, PSNA, PAMED, PEHSC, PATNAC, PaCOT, POS, PNS, PaDOH, the legislature) and the entire hospital community.

The first meeting of the committee took place in February under the leadership of Dr. Fred Rogers. Listed below are members of the committee. Additional guests will be invited to attend meetings as needed.

**Meg Ashton, RN, BSN, MHA, CEN, TCRN**

PTSF Board Member  
Director, Trauma Services  
St. Mary Medical Center

**Charles Barbera, MD**

PTSF Board Member  
Emergency Department Medical Director  
Reading Hospital

**The Honorable Bryan Cutler**

PTSF Board Member  
Pennsylvania House of Representatives

**William S. Hoff, MD, FACS**

PTSF Board Chairman  
Division of Trauma & Acute Care Surgery  
St. Luke's University Health Network

**Douglas Kupas, MD, FACEP**

PTSF Board Member  
Commonwealth EMS Medical Director  
PA Department of Health

**John F. McCarthy, DO, FACEP, EMT**

PTSF Board Member  
Medical Director, LVHN MedEvac  
Lehigh Valley Health Network

**Andrew B. Peitzman, MD**

Distinguished Professor of Surgery  
Mark M. Ravitch Professor and Vice-Chairman,  
Department of Surgery  
UPMC Vice-President for Trauma and Surgical  
Services

**Frederick B. Rogers MD, MS, FACS**

Chairman—Trauma Systems Development  
Committee  
Lancaster General Hospital

**Douglas R. Trostle, MD, MBA, FACS**

PTSF Board Member  
Chairman of Surgery  
The Guthrie Clinic and Robert Packer Hospital

**J. Spence Reid, MD**

Professor, Chief of Orthopedic Trauma  
The Milton S. Hershey Medical Center

**C. W. Schwab, MD, FACS, FRCS**

Division of Traumatology, SCC & ESS  
Penn Medicine  
Professor of Surgery, Perelman School of Medicine  
University of Pennsylvania

**Jami Zipf, RN, BSN**

Associate Director of Trauma  
Conemaugh Health System

*Our Vision—optimal outcomes for every injured patient*

## CRITICAL ACCESS HOSPITAL (CAH) TRAUMA RECOGNITION PILOT PROGRAM

PTSF is piloting a CAH Trauma Recognition Program which is supported through grant funding by HRSA. The 2-year pilot involves Cole Memorial Hospital and Titusville Area Hospital. Requirements of “recognition” will include trauma-related education of Emergency Department staff, abstraction and submission of trauma patient data to PTSF and use of trauma registry data as part of internal trauma performance improvement efforts. The PTSF liaison for the initiative is Dave Bradley, Trauma Center Development Specialist.

## PA-TQIP COLLABORATIVE UPDATE

A memo was drafted on behalf of the Board of Directors clarifying PA-TQIP Collaborative PTSF staff and board involvement. The memo was dated, March 27, 2017 and is posted to the website—content includes:

PTSF legal counsel input was requested in order to review concerns raised by trauma centers related to PTSF staff and board member involvement in Pennsylvania TQIP Collaborative meetings. Those concerns included:

- The potential for board members involved in the PA-TQIP Collaborative to use information shared during the Collaborative meetings as part of accreditation deliberations for a hospital under review which may lead to an adverse accreditation decision.
- The potential for PTSF staff members involved in the PA-TQIP Collaborative to share information from the Collaborative meetings with both trauma site surveyors and board members which may lead to adverse accreditation decisions.

The issues raised were discussed in several forums and the board agreed on the following measures related to both PTSF staff member and board member participation:

- Terry Snavely, PTSF Performance Improvement Specialist and Lyndsey Diehl, Trauma Data Quality Specialist will continue to support the work of the PA-TQIP Collaborative, but will not be present during site surveys or accreditation deliberations. Terry will continue to provide primary committee support, while Lyndsey will serve as a data resource and run data queries as needed. No other PTSF staff members will be involved in the PA-TQIP Collaborative meetings unless requested by the committee.
- PTSF staff will not have access to TQIP databases containing Pennsylvania trauma center hospital identifiers unless permission is granted by the hospital as required by the American College of Surgeons.
- Board Members will continue to actively participate in the PA-TQIP Collaborative based on the continued blinding of the accreditation deliberation process. During accreditation deliberations, hospital identifiers are not contained in the deliberation packet. A strict conflict of interest policy is also employed whereby hospitals under review and board members are given the opportunity to cite conflicts requiring removal of board members from the accreditation deliberation process. These potential conflicts are blinded and then reviewed in detail by the Conflict of Interest (COI) Committee. PTSF staff assures that any board members who are deemed as conflicts are not present during deliberation discussions. Furthermore, conflicts approved by the COI Committee are communicated to each hospital under review prior to deliberations, allowing the hospital to give additional input into the decision.

# BOARD OF DIRECTORS UPDATE

April 7, 2017

---

It is hoped that the above decisions will ease the concerns raised by trauma centers participating in the PA-TQIP Collaborative regarding staff and board member involvement. We hope these decisions will serve to facilitate committee member sharing to the highest degree possible for the purpose of optimizing trauma patient outcomes in all Pennsylvania trauma centers.

If you have any questions related to this board decision, please contact [jaltenburg@ptsf.org](mailto:jaltenburg@ptsf.org).

## STAKEHOLDER UPDATES

Richard "Dick" Gibbons, Director of the Pa DOH Bureau of EMS has left his position effective April 1, 2017. The interim PaDOH Bureau of EMS Director is Ray Barishansky who is also currently the Deputy Secretary for Health Planning and Assessment at the Pennsylvania Department of Health. Mr. Gibbons is now employed by the Pennsylvania Medical Society. We thank him for his efforts in supporting Emergency Medical Services in Pennsylvania and wish him the best in his new position.