

August 11, 2017

The following communication highlights recent PTSF Board activity that features board approvals from the PTSF Board of Directors meeting on July 27<sup>th</sup> and 28<sup>th</sup>. This information is provided to you in an ongoing effort to convey PTSF news in "real-time." The PTSF and the Board of Directors wishes to thank each trauma center—and trauma care provider—for their ongoing commitment to the care for injured patients within their trauma centers. You advance our mission and vision each and every day! If you have questions related to the content of this update, please contact Juliet Altenburg, RN, MSN—Executive Director at <a href="mailto:injured-patients-injured-patie

## PTSF WELCOMES NEW TRAUMA CENTERS

The PTSF Board of Directors has approved the accreditation of two additional Level II trauma centers effective September 1, 2017 bringing the total number of trauma centers to 40. Please welcome:

- Geisinger Holy Spirit, Camp Hill, Pa. (Cumberland County), Level II adult trauma center accreditation
- Wilkes-Barre General Hospital, Wilkes-Barre, Pa. (Luzerne County), Level II adult trauma center accreditation

A comprehensive list of the Commonwealth's trauma centers is located at <a href="https://www.ptsf.org">www.ptsf.org</a>

## Trauma Center Diversions—FY 2017 Summary Report

As per PTSF Standards requirements, accredited Level I, II and III trauma centers must annually report the frequency of trauma patients that are diverted from a trauma center and the reasons why. The maximum time a trauma center can be on diversion is 5% (438 hrs./yr.) Per PTSF Policy the board is required to cite diversion as a significant issue if the standard is not met. Fortunately, all trauma centers were in compliance during the last reporting period. A summary of the findings is listed below for the reporting period July 1, 2016 to June 30, 2017:

- Total hours of diversion for all PA trauma centers: 279.5
- Number of trauma centers having no diversion: 19
- Number of trauma centers with diversion: 14 out of 33 Level I, II and III trauma centers
  - One hospital reported 137.25 hours
  - Seven additional hospitals exceeded ten hours
  - Six additional hospitals had less than ten hours
- Reasons for diversion include:
  - ED/ICU capacity exceeded
  - Trauma surgeon capacity exceeded
  - > CT scanner down
  - Mass casualty incident
  - > HVAC major malfunction



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## BOARD APPROVES POLICY REVISION: BD-113 PAYMENTS & REFUNDS OF FEES

July 27, 2017—the Board of Directors approved multiple revisions to policy BD-113. Revisions to the "Payments & Refunds of Fees" policy were submitted by both the Policy & Procedure and Finance Committees. The current version of the policy is posted to the Resources section of the website under "Policies & Guidelines." Changes to the policy include:

- For hospitals pursuing accreditation that cancel a survey:
  - ➤ No reimbursement will be given regardless of the timing of the cancellation. If the site survey is changed to a consultative visit, monies previously submitted for the site survey will be applied to the consultative visit.
  - ➤ Reimbursement will be given for the Application for Survey (AFS) fee if the request is made prior to the AFS completion deadline.
- Fee submission deadlines were clarified for (1) Site Survey, and (2) Application for Survey fees:
  - Level I, II and III pursuing centers—the final business day in January
  - Level IV pursuing centers—the final business day in May

### 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 July 2017 meeting:

#### Policy & Procedure Committee

Three policies were revised by the committee in May, and recently approved by the Board of Directors. The current versions of these policies are posted to the Resources section of the website under "Policies & Guidelines." Changes include:

Policy BD-113: Payments & Refunds of Fees. See "Board approves..." section above.

<u>Policy AC-128</u>: Notification of PTSF Regarding Changes in Trauma Center Operations. Procedure #2, B. was added to clarify that when changes in leadership occur for both Trauma Program Medical Directors and Trauma Program Managers/Coordinators, a copy of the individual's curriculum vitae (CV) or resume must be submitted to PTSF along with the notification of the leadership change. This will ensure compliance with the Standards of Accreditation for both these roles and applies to both pursuing and accredited trauma centers.

<u>Policy AC-137: Accreditation Guidelines & Continuum for Board Members</u>. Language was added to further clarify the board of director's re-accreditation options for accredited level IV trauma centers. This is fully defined in policy AC-139, Level IV Trauma Center Re-Accreditation. Additional language was also added noting that the board will evaluate and determine the team make-up for trauma centers that receive less than three-year accreditation as a result of the deliberation process.



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#### Standards of Accreditation 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* August 23, 2017. Once posted, Trauma Program Managers will receive notification. If you have questions related to the Standards, contact <a href="mailto:akrichten@ptsf.org">akrichten@ptsf.org</a>. Revisions include:

<u>Standard 1—Commitment</u>. Applies to all trauma levels; revision clarifies that a trauma activation policy must include the defined role expectations of the trauma team participants.

<u>Standard 2—Capacity & Ability</u>. Applies to all trauma levels; revision clarifies that diversion applies to the entire trauma center and not just the Emergency Department.

<u>Standard 6—Performance Improvement & Patient Safety</u>. Applies to all levels; no. 3, removed JCAHO initials from taxonomy, as it is not proprietarily owned by JCAHO.

<u>Standard 8—Injury Prevention</u>. Applies to all levels; clarifies that SBIRT at a minimum must be completed on patients admitted greater than 24-hours.

<u>Appendix A: Level III & IV Transfer Guidelines</u>. Applies to all levels; transfer out criteria—brain/c-spine criteria updated.

<u>Appendix C: Level IV Admission Guidelines</u>. Applies to all levels; admission criteria—neurotrauma criteria updated.

<u>NEW Appendix D</u>. Applies to all levels; guideline and policy reference tool—this is a list of guidelines and policies that are referenced throughout the Standards of Accreditation documents.

Appendix F. The revision log—this was previously titled as Appendix D.

### Trauma Registry Committee

The Board approved changes to PTOS inclusion criteria, audit filters, ICD-10 coding—as well as the addition/removal of some elements within the trauma registry. These revisions/additions will be outlined—in detail—and posted to the website on or before November 1, 2017. The latest PTSF edition of Registry Roundup was released on August 10<sup>th</sup> and is available in the "resources" area of the PTSF website. This publication is a great educational resource!



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## PTSF STAFF ACCOMPLISHMENTS

At PTSF we strive to promote professional development of all our staff to make sure they not only serve as the best resource possible for our trauma centers but also to showcase the work of PTSF statewide and nationally. Here is a summary of the most recent accomplishments of several of our staff members:

#### Graduations

Terry Snavely —Master's Degree in Nursing, Western Governors University

#### Certifications

- Lyndsey Diehl—CSTR from American Trauma Society
- Amy Krichten —TCRN from Board of Certification of Emergency Nurses & STN
- Gabrielle "Gaby" Wenger —CAISS from Association for the Advancement of Automotive Medicine (AAAM)

### **Leadership Activities**

- Juliet Altenburg
  - o Board Member, Pa Emergency Health Services Council
- Amy Krichten
  - o Board Member, Director at Large, Society of Trauma Nurses
  - o TCRN Item Writer Contract, BCEN/STN
- Nathan McWilliams
  - o President, Pa Health Information Management Association

#### **National Presentations**

- Altenburg, Juliet Panel Discussion, National Academies-ACS Meeting on Zero Preventable Deaths Publication, Walter Reed National Medical Center, Bethesda, Maryland.
- Altenburg, Juliet "The Evolution of Pennsylvania's Trauma System . . .," Georgia Trauma Foundation Conference, April 2017.
- Krichten, Amy "Leading from Behind" Society of Trauma Nurses Leadership Pre-conference, and Learning Module, March, 2017.
- McWilliams, Nathan "Pennsylvania's State Trauma Registry From Collection to Quality," Georgia Trauma Foundation Conference, April 2017.

#### **Published Research**

 DJ, Holena DN, Delgado MK, McWilliams N, Altenburg J, Carr BG. The Pennsylvania Trauma Outcomes Study Risk-Adjusted Mortality Model: Results of a Statewide Benchmarking Program. The American Surgeon. 2017;83(5):445-452