

The following communication highlights recent PTSF Board activity from the PTSF Board of Directors meeting on December 1st. PTSF and the Board of Directors wish to thank each trauma center—and trauma care provider—for their ongoing commitment to the care for injured patients. 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, MSN, RN—Executive Director at jaltenburg@ptsf.org.

BOARD OF DIRECTORS APPOINTS 2018 OFFICERS

December 1, 2017—The PTSF Board of Directors approved the Nominating Committee’s recommendations for officers for the 2018 term.

Patrick Reilly, MD, FCCP, FACS will serve as the Chairman for the 2018 term. Previously, Dr. Reilly served as the Vice-Chairman in 2016 and 2017. Dr. Reilly is a member of the Executive Committee, as well as the current Chair of the Outcomes Committee. He was nominated to the PTSF board by the Pennsylvania Medical Society in 2010.



Dr. Reilly is Chief of the Division of Traumatology, Surgical Critical Care and Emergency Surgery and is the current chair of the C. William Schwab endowed Professorship at the University of Pennsylvania, Penn Presbyterian Medical Center in Philadelphia, Pa.—an accredited Level 1 adult trauma center. Starting in March 2018 he will also be the new Vice Chair of the American College of Surgeons Committee on Trauma.



Meg Ashton, MA, BSN, RN, CEN will serve as the Vice-Chairman for the 2018 term. Meg is Chair of the Policy & Procedure Committee and serves on the Executive, Finance, Nominating, PIPS and Trauma System Development Committees. Meg was nominated to the PTSF board by the Pennsylvania State Nurses Association in 2015.

Meg is the Trauma Program Manager at St. Mary Medical Center in Langhorne, Pa.—an accredited Level 2 adult trauma center.

Philip E. Pandolph will serve as the Secretary-Treasurer for the 2018 term. Philip has served as Secretary-Treasurer since 2013. He is chair of the Finance Committee and serves on the Executive, Conflict of Interest and Nominating Committees. Philip was nominated to the PTSF board by the Hospital & Healthsystem Association of Pennsylvania in 2012 and currently serves on their Board of Directors.



Philip is the President and Chief Executive Officer of Meadville Medical Center, an independent community health system serving Crawford County, Pa.

PTSF BOARD NEWS

Re-Nominations to the Board of Directors—December 1, 2017 the board approved three re-nominations to the Board of Directors, as recommend by the Nominating Committee and the organizations whose seats they occupy. Meg Ashton, MA, BSN, RN, CEN was re-nominated by the Pennsylvania State Nurses Association. She will serve her second three-year term from 2018-2020. Lisa Golden, MHA, BSN, RN, ACM was re-nominated by the Hospital & Healthsystem Association. She will serve her second three-year term from 2018-2020. Phillip E. Pandolph was re-nominated by the Hospital & Healthsystem Association. He will serve his third three-year term from 2018-2020. Board members can serve up to three, three-year terms. Terms may be longer if a board member is filling an open seat prior to beginning his/her term, or if the board recommends an extension.

Board of Directors Meeting & Deliberation Schedule—the following meeting dates were previously approved for 2018, including:

- March 2, 2018—board meeting
- July 19-20, 2018—board meeting & accreditation deliberations
- September 21, 2018—board meeting & accreditation deliberations
- December 7, 2018—board meeting

Additional Board Information—2019 board appointments and officer nominations will be approved at the December board meeting. Throughout the year PTSF staff will work with the nominating organizations seeking nominations for opens seats on the board. Then, the Nominating Committee will review the nominees and make recommendations to the PTSF Board for final approval. Several factors are factored into the approval decision including active involvement in the nominating organization’s initiatives, experience/expertise, local, state and national involvement in trauma-related organizations, as well as geographical placement throughout the Commonwealth’s hospital/trauma regions.

The following board members will leave the board by year’s end in 2018 having served three, three-year terms:

- James Burke, MBA, FACHE and Douglas Trostle, MD —nominated by the Hospital & Healthsystem Association of PA
- Michelle Fontana, MSN, RN—nominated by the PA Trauma Nurse Advisory Council
- William Hoff, MD—nominated by the Pennsylvania Medical Society

For more information, the current Board of Directors roster—including biographical information—is located in the “About Us” section of the PTSF website.

STRATEGIC PLAN—2018-2020

The Board of Directors and a group of Stakeholders comprising all the organizations that hold seats on the PTSF board convened in September to create a strategic plan of initiatives for PTSF for the next three years. Two major strategic imperatives will continue including trauma system enhancement and the use of data for performance improvement, accreditation and research. After consultation with several PTSF committees and Stakeholders groups, the board will finalize the plan at their March 2018 meeting.

ACS APPOINTS PATRICK REILLY MD AS NEW COMMITTEE ON TRAUMA VICE-CHAIR

December 14, 2017—The American College of Surgeons Committee on Trauma (ACS COT) announced the appointment of Patrick M. Reilly, MD, FACS, FCCP, as the next Vice Chair of the ACS COT and Chair of the Regional Committees of Trauma. Dr. Reilly will succeed Dr. Len Weireter in March 2018.

Dr. Reilly has been an active member of the ACS COT since 2008. He served as state chair for Pennsylvania from 2008-2012 and then was appointed to the national ACS COT in 2012 where he served as Chair of the Education Committee and Education Pillar, a member of the Membership Committee and a member of the COT Executive Committee for the past six years.

HAVE A SAFE & HAPPY HOLIDAY SEASON

One of the joys of the holiday season is the opportunity to say thank you and wish you all the best for the coming year . . . our sincere thanks for your commitment to PTSF’s mission and vision.

We acknowledge your daily efforts to educate your community members through trauma prevention and outreach efforts, as well as your ongoing commitment to the value of trauma and the level of quality it creates within your institutions. Through data collection, research and performance improvement your work continues to “raise the bar” within the Commonwealth and across the nation. Most important, we acknowledge your unyielding efforts to reduce trauma-related mortality. Thank you for contributing to our statewide trauma system.



PTSF Staff wearing “Stop The Bleed” shirts, front row from left: Dor Adams, Stephanie Radzevick, Amy Krichten, Lyndsey Diehl; back row from left: Dave Bradley, Linda Stamey, Terry Snavelly, Kevin Burd, Juliet Altenburg, Gaby Wenger



2018 PTSF COMMITTEE INTEREST

Trauma Program Managers/Coordinators at accredited trauma centers received the annual “Committee Interest Survey.” If you did not receive the survey, contact kburd@ptsf.org.

Considerations for membership include prior, active committee participation, hospital representation across all committees, as well as “diversity” related to trauma level, credentials, skills and statewide geography. Membership can include any trauma center staff and is not limited to the trauma program leadership. Committee approvals are made by the Committee Chair and approved by the PTSF Chairman of the Board.

PTSF COMMUNICATION OF SIGNIFICANT ISSUES & ACCREDITATION DELIBERATION OUTCOMES

Recently, the Policy & Procedure Committee discussed the optimal utilization of identified themes and patterns of trauma program practice noted during the site survey process. These may include surveyor requests, queries, hospital inquiries, medical record patterns, board deliberation questions, significant issues and/or opportunities for improvement.

The committee made the recommendation to the board that in order to maintain confidentiality, focus resources and assure needs are met, the Director of Accreditation will prepare an annual summary of the themes for the Board of Directors. This report will be communicated to the trauma center community and guide the Board, as well as PTSF staff, on recommendations to improve and better support hospitals during their site visits. Examples of actions may include, but are not limited to:

- Educational offerings—webinars, education sessions and/or Fall Conference presentations
- Application for Survey (AFS) updates
- Standard of Accreditation revision recommendations
- Site Surveyor Software updates
- Standard Report revisions
- Resource document revisions
- Registry, Research, Injury Prevention, PIPS or Outcomes Committee referrals

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 December 2017 meeting:

- **Policy & Procedure Committee**

Policies are posted to the Resources (Policies & Procedures) section of the website.

TR-110 Timeliness of Submission to the Central Site

The PTSF Board of Directors discussed and approved revisions to Policy TR-110 as recommended by the Policy & Procedure Committee and Trauma Registry Committee. This policy outlines how PTSF will address trauma centers who show prolonged deviations from Standard V of the PTSF Standards of Accreditation requiring submission of 85% of cases to the PTOS central site within 42 days of discharge.

With the approval of the new policy, PTSF will no longer send warning letters. The first letter from PTSF to trauma centers who do not meet timeliness of submission requirements will require submission of an action plan within 30-days of request. Previously, PTSF sent trauma centers a warning letter requiring no action if they appeared to be approaching the time for an action plan letter. Action plans were required for a downward trend of six consecutive months or seven months within a one-year period.

Action plans will now be required if there is non-compliance for six months within a 12-month period. A progress update will be required within 120-days from submission of an action plan. This progress update and the most recent control charts will be presented to the Board of Directors to show efforts made by the institution to address issues with submission timeliness.

Based on review of the hospital update, the Board of Directors may issue a trauma registry timeliness

Significant Issue (SI) based on failure to show progress towards resolution of timeliness issues. Please note that a Significant Issue can be cited any time outside of the accreditation deliberation process. Once a Significant Issue is cited by the Board of Directors, the Significant Issue stands until it is determined as resolved by the Board of Directors at the next board accreditation deliberation. Revisions to this policy will take effect January 1, 2018. The policy can be reviewed on the PTSF website under the “Policies & Guidelines” section of the “Resources” page.

▪ **Standards Committee**

The Standards Committee and Board of Directors approved five changes to the Standards of Accreditation as noted below. PTSF staff hope to have the revised standards documents completed and uploaded to the website by early January 2018. A follow-up email will be communicated when the documents are available. Remember to review the log of changes (Appendix E) for a running list and further explanation. As a reminder, any new standard that elevates expectations is accompanied by a compliance period of nine-months at a minimum. Any standard that eases trauma program requirements is effective immediately.

1. Standard 1 Commitment: A new requirement was added to the standard requiring hospitals to identify a response time expectation for the attending or first responder to any level of trauma activation. Previously, the required response time policy was only applicable to the highest level activation. Now, every level of activation must have an associated response expectation. The highest level remains 15 minutes (for Levels I/II) or 30 minutes (Level III & IV). The trauma program must define—and track compliance with—the response times for all other levels of activations based on their own policy.
 - a. This is in response to most surveyors asking trauma centers what their expectation for response was for Level II and Level III trauma alerts. Many centers did not have a written policy nor could they speak to compliance with expectations. Additionally, many trauma program leaders (TPMD and TPM) voiced a frustration with ability to hold responders accountable to their expectations without a standard policy expectation.

Effective Date of Compliance: 10/1/2018

2. Standard 6 PIPS: A revision to the TQIP participation standard was made making TQIP participation optional for pursuing centers. Newly accredited trauma centers must participate within the first (provisional) year of accreditation.
 - a. This is in response to the philosophy that pursuing centers have not achieved accreditation endorsement related to validity and accuracy of their registry data. It was not appropriate to expect pursuing centers to participate prior to accreditation.

Effective Date of Compliance: Immediately

3. Standard 6 PIPS: A clarification to the PA TQIP Collaborative portion of the standards was made noting that only accredited Level I and II trauma centers may submit to the PA Collaborative report.
 - a. This is reflective of the current ACS/TQIP and PA Collaborative criteria.

Effective Date of Compliance: Immediately

4. Standard 7 Injury Prevention: Screening and Brief Interventions (SBIRT) clarification. A new acceptable benchmark threshold for screening was set at 80% compliance. This will aid the surveyors and board in determining when non-compliance should reach the level of a significant issue. Trauma centers must monitor compliance.
 - a. This is reflective upon the new ACS benchmark also set at 80%. Many centers are challenged to meet 100% compliance due to many factors such as off-hour patient discharges, AMA and non-compliant patients. This new threshold allows a realistic screening expectation and a measurable goal for significant issue assignment.

Effective Date of Compliance: Immediately

5. Standard 10 Physicians: Level IV Trauma Centers only! Clarification and requirements were established for Level IV hospitals utilizing residents as physician providers (aka moonlighters) to fulfill Emergency Department coverage.
 - a. This is reflective of the intention to assure that residents are at least a PGY 3 or 4 from a higher level accredited trauma center and have consultation resources, if needed.

Effective Date of Compliance: 10/1/2018

▪ **Research Committee**

On behalf of the Board of Directors, the committee seeks proposals to fund research from any organization/individual willing to conduct research. Two RFPs were developed including:

“Examining Post Discharge Trauma Patient Outcomes,” and
“Examining the Quality of Care Delivery to Trauma Patients at Non-Trauma Centers”

RFP Applications are available on the PTSF website’s homepage, as well as posted within the Research area of the website. RFPs must be submitted by April 2, 2018. Please forward all questions related to the process to Juliet Altenburg, Executive Director at jaltenburg@ptsf.org.

NEW TRAUMA REGISTRY WEBSITE RESOURCES

Report Writer Dictionary—PTSF registry staff members have compiled a dictionary of DI Report Writer Standard Reports. This dictionary defines each standard report and provides screenshots. To access the 2017 DI Report Writer Standard Reports Dictionary, go to PTSF website, click on “Resources” at the top of the page and then scroll to “Trauma Registry.” Click “+” next to Trauma Registry link, and then scroll down until you see “2017 DI Report Writer Standard Reports Dictionary.” We hope you find this new resource helpful!

December 2017 Registry Roundup—go to the PTSF website, click on “Resources” at the top of the page and scroll to “Newsletters (PTSF).” Click the “+” next to the “Newsletters (PTSF)” link, and then scroll to find the most recent version of the Roundup.

2018 PTOS Manual—the 2018 PTOS Manual will be posted to the PTSF website in December 2017. An e-mail notification will be sent once the manual is posted. To access the 2018 PTOS Manual, go to www.ptsf.org. Click on the ‘Resources’ link. Click on the “+” next to the “Trauma Registry” link, and then click on the link for the “2018 PTOS Manual.”

PA V5 OUTCOMES LIVE WEBINAR TRAINING SESSION

Please take advantage of this educational, training opportunity for the PA V5 software; click below to register. If you have any questions related to the webinar contact tsnavely@ptsf.org.

TOMORROW—Friday, December 15, 2017 – 10:00 AM – 12:00 PM (EST)

<https://attendee.gotowebinar.com/register/1231315971242187522>

2018 CALENDAR EVENTS

Be certain to keep an eye on the PTSF website calendar!

In the coming weeks, the PTSF website calendar will be populated with PTSF committee meetings and educational offerings for 2018. This includes PTSF-sponsored events, as well as trauma center events, Stakeholder conferences and national meetings/conferences. If you have an event to post, contact Linda Stamey at lstamey@ptsf.org.

TRAUMA PROGRAM LEADERSHIP FORUM

The Trauma Program Leadership Forum (TPLF) is scheduled in conjunction with the Hospital & Healthsystem Association of Pennsylvania (HAP). If you have information that you would like added to a meeting agenda, contact Juliet Altenburg at jaltenburg@ptsf.org two-weeks prior to the scheduled meeting date(s):

- March 13, 2018—webinar, link will be sent to trauma program leadership
- June 19, 2018—in-person meeting, in conjunction with PA-TQIP Collaborative
- October, 17, 2018—in-person, in conjunction with PTSF Fall Conference
- December—date TBD based upon PTSF board action item(s)

EMPLOYMENT UPDATE

PTSF seeks passionate, skilled individuals to join our growing team!

The **Director of Data Quality & Analytics** key responsibilities will include the management of PTSF data registry and performance improvement staff, support of PTSF Research activities including the PTSF Research Committee, and assuring appropriate development and use of technology by trauma centers and PTSF office staff.

The **Manager of Accreditation** key responsibilities will include working with the Director of Accreditation on all facets of the site survey and trauma center accreditation process.

PTSF offers excellent benefits, flexible scheduling and the opportunity to work remotely. Interested? Please submit a cover letter and curriculum vitae/resume to kburd@ptsf.org. For further information go to www.ptsf.org to find complete job descriptions for each position.

If you would like to advertise open positions in trauma for your hospital/health system on the PTSF website, please contact Linda Stamey at lstamey@ptsf.org for more details.