Objectives

- Define a trauma system and its necessary components.
- Describe the history of trauma system development in PA.
- Describe the accreditation process in Pennsylvania and assuring delivery of quality trauma care.
What is a Trauma System?

A System of health care providers and service delivery organizations which work together to optimize the care of the most severely injured patients from the time of injury to through rehabilitation.
Trauma System Components

- **Administrative**
  - Legislation, Finance, Leadership: PaDOH + PTSF

- **Operational and Clinical**
  - Injury prevention and control (PaDOH, PaATS)
  - Prehospital care
    - Prehospital providers
    - Transport/triage guidelines
    - Two-way Communications system with Medical Command.
  - Emergency and Disaster Preparedness Plan
Trauma System Components

- Definitive Care: Trauma Centers with 24/hr availability of personnel and resources
  - Level I – highest level, residency/research programs, high volume
  - Level II – no residency/research, some patients require transfer
  - Level III – rural trauma center, no neurosurgeons, admit mild/moderate trauma
  - Level IV – stabilize and transfer out trauma
Trauma System Components

- Rehabilitation
- Information Systems: Trauma Registry
- Evaluation/Performance Improvement: Registry/POPIMS
- Research
Trauma System Philosophy

- Right patient
- Right place
- Right time
- Right outcome
West Criteria for inclusive trauma system

- Legal Authority to designate trauma centers
- Formal process to designate/identify trauma centers
- Use of ACS Standards for designation
- On site verification of compliance with standards
- Authority to limit # based on community need
- Existence of prehospital triage protocols to allow for bypass of non-designated hospitals
- Process to monitor trauma center performance
- Statewide coverage of trauma system
Statewide System Development

- DC - 1976
- Maryland - 1978
- South Carolina - 1980
- New Jersey - 1981
- Virginia - 1981
- Georgia - 1981
- North Carolina - 1982
- Pennsylvania - 1986
History of Pennsylvania’s Accreditation Process

- 1971: PMS report calls for PMS, HAP, and DOH to take lead in improving EMS in Pa.
- 1980: DOH establishes timeline to designate trauma centers
- 1984: HAP and PMS establish trauma task force and supply seed money to support establishment of Pennsylvania Trauma Systems Foundation.
History

1985: PTSF established as part of EMS Act of 1985 (Act 45) to accredit trauma centers as part of voluntary process.

MISSION STATEMENT

In pursuit of optimal support for injured persons in Pennsylvania, the Pennsylvania Trauma Systems Foundation exists to establish accreditation standards while promoting the advancement of trauma services. The Pennsylvania Trauma Systems Foundation is committed to the reduction of death and disability caused by trauma and the provision of expeditious, quality health care that is evidence based.
Vision Statement

"The Pennsylvania Trauma Systems Foundation will become the premier organization in Pennsylvania for assuring optimal outcomes for all trauma patients."
History

- 1986: First trauma centers accredited. 36 reviewed, 9 accredited. (8\textsuperscript{th} state in US)
- 1991: Pediatric Trauma Center accreditation starts
- 1993: Workman’s comp bill provides exemption for trauma patients at accredited trauma centers.
History

- 2003: HB 100 approved by Gov. Rendell mandating creation of Level III trauma centers and funding accredited trauma centers and those pursuing Level III accreditation.
- 2007: First Level III trauma center accredited.
- 2009: Level IV trauma center development approved. 32 Trauma Centers accredited.
Trauma Center Locations as of November 1, 2009

Total Number of Trauma Centers: 32
- Adult Level I = 10
- Adult Level II = 12
- Pediatric Level I = 3
- Combined Adult 1/Peds 2 = 2
- Combined Adult I/Peds 1 = 1
- Level III = 4
Trauma System Funding

- **PTSF**
  - Participation Fee
  - Site Survey Fee
  - Application Fee
  - Small Grants

- **Trauma Centers**
  - State/federal funding
  - Insurance benefits: workman’s comp/ auto
Accreditation Process

- Teams developed by PTSF. ACS not used but standards are based on ACS.

- **Team Composition:**
  - Level I/II: External 3 person team: 2TS and 1RN
  - New I/II: External 4 person team: 2TS, 1RN, 1EM
  - Level III: Int./ext. 3 person team: 1TS, 1EM, 1RN

- Separate surveys for adults and pediatrics

- AFS completed on-line and clarifications requested.

- Medical records chosen by PTSF staff based on body regions and occurrences.

- **Survey day:** 7 AM – 6 PM

- Surveyors input data into Site Surveyor software
Accreditation Process

- Accreditation Decisions: PTSF Board of Directors by blinded ballot.
- Accreditation reports are constructed by PTSF Staff utilizing comments from Surveyors and Board of Directors.
- Significant Issues require written action plans and evidence of resolution at the next site survey.
- Issues with Clinical Care and PI are chief factors for determining frequency of site surveys.
- Minimum Survey frequency: every 3 years
Trauma Center Data Submission

- PTOS database = statewide registry
- 525,000 cases total/ 31,000 cases per year
- All data is submitted directly to PTSF for processing.
- Trauma centers submit data to NTDB.
- Personal registry education conducted minimum of every 2 years.
- Quarterly benchmarking reports submitted to trauma centers
- Data is used by site surveyors and board during surveys.
PTSF Staff and Board Overview
PTSF Office Staff

- Executive Director: Juliet Geiger
- Accreditation
  - Director of Accreditation: vacant
  - Project Coordinator: Kevin Burd
- Registry/Research
  - Director of MIS/Trauma Registry: Nathan McWilliams
  - Trauma Registry Data Specialist: Kristine Lucabaugh
- Support Staff
  - Administrative Assistant: Linda Henry
  - Part-time secretary: Kelly Bernhard
Board composition

- PMS (5)
  - PMS at large member
  - Neurologic Society
  - Orthopedic Society
  - Osteopathic Society
  - PaCOT
- PaACEP (1)
- PEHSC (1)
Board composition

- PSNA (2)
- PATNAC (1)
- HAP (5)
- Legislators (4)
  - Majority and Minority Leaders of Senate Public Health and Welfare Committee
  - Majority and Minority leaders of House Health and Human Services
- PaDOH (1)
Board Committees (6)

- Bylaws
- Nominating
- Policy/Procedure
- Executive
- Finance
- Conflict of Interest
Non Board Committees (8)

- Standards
  - Peds Trauma (Ad Hoc: Peds Registry)
- Research
- Registry
- Burns
  - Ad Hoc Burn Occurrences
  - Ad Hoc Burn Research
- Committee to develop site survey outcome measurements
  - Ad Hoc Standardization Committee
  - Ad Hoc Occurrences
Non Board Committees

- Trauma Steering Committee
- Rural Trauma Committee
- Needs Assessment Work Group
PTSF System Wide Initiatives

- 2007: Assess Trauma System utilizing HRSA model tool with help of ACS
- 2008: Create a PTSF Strategic Plan for next 3 years and new vision statement.
- 2009: Develop a trauma system plan for Pennsylvania in partnership with PaDOH/PEHSC prioritizing needs.
Strategic Goals 2009-2011

1. Enhance use of data to monitor quality of trauma care delivery in Pennsylvania throughout the continuum of care.

2. Create the optimal trauma system in Pennsylvania which will enhance trauma care delivery for all trauma patients.

3. Diversify funding sources.
Thank you!

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