

JOINING THE TRAUMA SURVIVORS NETWORK: PROGRAM OVERVIEW

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1. EXECUTIVE SUMMARY

The ATS: A distinguished history of serving the nation's Trauma Systems

The American Trauma Society (ATS) is the home of the Trauma Survivors Network (TSN). The ATS has served the nation for fifty years as a leading advocate for trauma care and trauma systems development. We are the first to organize a network to support survivors of traumatic injury and their families. Access to implement TSN program services is free for ATS institutional members.

The TSN: Leading with Experience and Evidence

For over ten years, the TSN has led the way in supporting patient-and family-centered care in our nation's trauma centers, hospitals, and more recently pediatric and rehabilitation hospitals. The evidence supporting peer to peer support within a collaborative care model is mounting. The TSN utilizes evidence in the development of its services for survivors and families. To date, 205 trauma centers and rehabilitation hospitals are currently part of the TSN, with significant growth of 32 new TSN sites in 2023. The need is there, and we have responded.

The TSN: We are on your team!

The TSN has a full-time national coordinator dedicated to supporting the implementation and maintenance of the TSN at your hospital/healthcare facility. You decide your level of available staffing resources and we will provide you with the tools and training to build TSN services to support your trauma patients and families. Our national coordinator onboards all sites and provides the necessary online access to our print publications and TSN Coordinator resources. Monthly calls, training opportunities, and networking between sites are just some of the ways we help your team, your trauma patients, and their families succeed.

The TSN: Survivors, Families, Friends and Caregivers

Throughout the nation, trauma survivors have rebuilt their lives through the TSN's systematic, evidence-based approach. Psychosocial, psychoeducational, and peer to peer support with referrals to mental health and community resources for survivors of trauma and their families serve as the foundational efforts of the TSN. The TSN helps empower trauma survivors and families to share their survivor stories to inspire hope starting at the trauma patient's bedside and continuing through the recovery process, reinforcing the importance of these efforts to promote resiliency, healing, and adaptation to traumatic injury.

2. STATEMENT OF NEED

Traumatic injury and violence are recognized as major public health concerns in the United States. While expert trauma medical care continues to advance, trauma survivors and their families are often faced with life-changing mental/emotional, physical, and financial concerns.

- According to the [Centers for Disease Control and Prevention](#), National Center for Injury Prevention and Control, 2015 Data: **27.6 million** people were treated in an emergency department due to injuries and **2.8 million** people in the U.S. were hospitalized due to traumatic injuries and violence. The total costs of nonfatal injuries and violence in the United States was over **\$457 billion** in 2013, highlighting medical and work loss costs.
- According to the [National Center for PTSD](#), about **10 of every 100 women** (or 10%) **develop PTSD** sometime in their lives compared with about **4 of every 100 men** (or 4%). Of those children and teens who have had a trauma, **3% to 15% of girls** and **1% to 6% of boys develop PTSD**.
- According to the [National Child Traumatic Stress Network](#), “Many ill or injured children and their families (**up to 80%**) **experience some traumatic stress reactions** following a life-threatening illness, injury, or painful medical procedure. Between **20 - 30 % of parents** and **15 - 25% of children and siblings experience persistent traumatic stress reactions** that impair daily functioning and affect treatment adherence and recovery.”

The ATS believes that comprehensive patient- centered trauma care includes a commitment to systematically addressing trauma survivors’ psychosocial needs both in the hospital and during recovery, and the implementation of peer support programs connecting patients and families to each other. In 2017, the ATS published a position statement in support of “Comprehensive Trauma Support”. The full position statement is located in Appendix A.



Survivor with his boys at University of Tennessee Medical Center, Knoxville, TN

3. ORGANIZATIONAL OVERVIEW

The American Trauma Society

The mission of the ATS is: ***Saving Lives. Improving Care. Empowering Survivors.*** For over 50 years, the ATS has served as an advocate and educational leader for trauma care systems, trauma professionals, trauma prevention programs, and survivors of trauma and their families throughout the United States. Since 1968, the ATS has led the way to promote quality trauma care nationally. The foundational goals remain the same today: to prevent injury and trauma; and when trauma does occur, to ensure that the trauma survivor is given expert trauma care at all stages of medical intervention and personal recovery.

The Trauma Survivors Network

In 2005, the ATS broadened its focus to address the psychosocial and psychoeducational needs of trauma survivors and their families. After significant research in the peer support model and forming a national advisory committee, the ATS formed the national Trauma Survivors Network (TSN). This program is designed to provide a patient-centered and family-centered approach to supporting trauma patients and families as they rebuild their lives after a traumatic injury. To date, the TSN program is offered in 205 Trauma Centers, Pediatric Trauma Centers, and Rehabilitation Hospitals throughout the United States, Canada, and Australia. The TSN program empowers trauma survivors and their families to not only ***survive*** a traumatic injury but provides the opportunity to ***connect*** with other survivors and families, and to ***rebuild*** their lives as they adjust to the “new normal” after trauma.



*National Trauma Survivors Day Celebrations
May, 2020*

4. PROGRAM DESCRIPTION

Overview

The TSN provides psychosocial, psychoeducational, and peer to peer support with referrals to mental health and community resources to the adult and pediatric survivors of trauma and their families. Optimally, TSN services are brought to the bedside in the earliest phases of survivors' and families' inpatient hospitalization. TSN services continue through each phase of recovery when the trauma survivor returns home. The program trains and oversees Peer Visitors, who are survivors or family members of survivors who have experienced trauma as well as their own healing process. Peer Visitors can relate to trauma patients and families with similar life experiences and injuries. Through the TSN, Peer Visitors mentor trauma patients and families throughout the phases of recovery, in both the inpatient and outpatient settings.

TSN services align with the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)'s six key principles of a trauma-informed approach: 1. Safety, 2. Trustworthiness and Transparency, 3. Peer support, 4. Collaboration and mutuality, 5. Empowerment, voice and choice, and 6. Cultural, Historical, and Gender Issues. SAMHSA's trauma-specific intervention guidelines are reflected in how TSN services are offered to empower survivors and families throughout the healing process with recognition of various forms of trauma across the survivor's lifespan.

TSN Services Include:

Inpatient Services	Outpatient Services
Rounding on Trauma Patients/Families	Support Groups for Survivors & Families
TSN Patient & Family Handbook	In-Person 6-session NextSteps Groups
Family Class/Snack n Chat	Online 6-session NextSteps Groups
Peer Visitation for Patients & Families	Peer Visitation for Patients & Families
Acute Stress Disorder/PTSD Support/Resources	Acute Stress Disorder/PTSD Support/Resources
	TSN Website and Social Media Resources for Survivors& Families

Patient and Family Contact with TSN Services: Tyrone's Story

Tyrone, a 17-year-old male, was in a motor vehicle crash while driving to high school. His abdominal and orthopaedic injuries were life threatening, and he was medically transported to a Level I trauma center, which had an established TSN program. Tyrone underwent surgery and was admitted to the Trauma Service and Orthopaedic Trauma Service. His mother, Sandra, was informed by police that her son had been injured and transported to the trauma center. Upon receiving this news, Sandra

and her younger daughter were emotionally distressed, not knowing if Tyrone would live. They quickly drove over an hour to the trauma center and waited in a family waiting room for updates from surgery. After a few hours, several family and friends had gathered in the family waiting area. Eventually, Sandra was able to see her son in his hospital room in the trauma unit.

- **Rounding on Trauma Patients/Families:** TSN Coordinator meets Sandra, Tyrone and his family to provide emotional support and resources at his bedside.
- **TSN Patient & Family Handbook:** TSN Coordinator provides a TSN Handbook personalized to the trauma center and takes time to explain where to find hospital and Traumapedia information. These resources facilitate communication with the medical providers about Tyrone's injuries and explain procedures required for his medical care.
- **Family Class/"Snack n Chat":** TSN Coordinator encourages Tyrone's family to attend Snack n Chat for just a few minutes to enjoy some free coffee, snacks, and meet a few TSN Peer Visitors. Over coffee, Sandra speaks with a TSN Peer Visitor who had similar injuries to Tyrone and who shares his story of recovery. Sandra speaks with another TSN Peer Visitor who is the mother of a trauma survivor. The two women end their conversation with a hug and encouraging words. While her mother is talking, the TSN Coordinator and TSN Interns introduce Tyrone's younger sister to the pet therapy dog and share some snacks together. Sandra and her daughter return to Tyrone's hospital room more refreshed and with new resources in hand.
- **Peer Visitation for Patients & Families:** The TSN Coordinator continues to round on Tyrone and his family. After a few days, Tyrone agrees for a TSN Peer Visitor to visit him in his hospital room. The TSN Coordinator introduces Tyrone and Sandra to another TSN Peer Visitor who shares his own survivor story and recounts his ongoing recovery process. He asks Tyrone how he is doing and what questions he may have. Tyrone shares that he is angry he is going to miss his senior year of football now and that his senior year is ruined. The TSN Peer Visitor talks with Tyrone, validates his experience, connects to similar feelings after trauma, and asks Tyrone what other activities he can still look forward to in his senior year. After this visit, Sandra and the nurses notice Tyrone's mood improve that afternoon.
- **Acute Stress Disorder and PTSD Support/Resources:** Tyrone's mother asks the TSN Coordinator how she can help Tyrone's little sister, who is now having nightmares about the police visit to their home to tell them Tyrone had been injured. The TSN Coordinator talks with Sandra sharing psychoeducation about Acute Stress Disorder and PTSD symptoms. They discuss resources for finding a local counselor and for talking with her daughter's school counselor.
- **Support Groups for Survivors & Families:** Before Tyrone returns home, the TSN Coordinator shares information about the TSN Support Group for Tyrone, and a Family and Friends Support Group for Sandra and her daughter. The TSN Coordinator follows up with e-mail invitations before each group. Tyrone's family also notices the flyers for the TSN Support Group at the Trauma Clinic during follow up appointments and that Tyrone's surgeon will be the special speaker at an upcoming group. They all go to hear this surgeon speak and meet several other survivors and families with similar and different injuries who are also connected in the TSN Community.
- **In-Person and Online 6-session NextSteps Groups:** Since Tyrone no longer has football practice, his mother convinces him to sign up for the NextSteps online class. Once a week, he watches the videos and adds his own responses to the online questions about his

recovery. Tyrone uses this time to connect online with the NextSteps leader and share in an online group that his friend group seems different not being on the football team this year. The group encourages Tyrone, and he works on setting specific goals for his recovery. He also learns about depression and how to engage in new ways of thinking about his trauma.

- **Peer Visitation for Patients & Families:** Sandra e-mails the TSN Coordinator and asks if she can talk with the TSN Peer Visitor she had met in Snack n Chat months ago. The TSN Coordinator arranges a call and Sandra asks this mother of a survivor how she balanced caregiving after discharge with returning to work. The women laughed and cried together over the phone for about 45 minutes and agreed to meet again at the next Family and Friends Support Group. Sandra later shares with the TSN Coordinator that she is considering becoming a TSN Peer Visitor someday too.
- **Acute Stress Disorder and PTSD Support/Resources:** During Support Groups, the TSN Coordinator brings topics and speakers who share more information and resources about PTSD. Tyrone and Sandra listen as they are both concerned about Tyrone's little sister, who is now meeting weekly with her counselor. Tyrone and Sandra look online at the PTSD resources shared to learn more ways to help his sister at home. After one Family and Friend Support group, Tyrone's sister tells her mother that another group member had also shared that she is seeing a counselor and that it felt good to know she is not alone. She also showed her mother a new mindfulness activity that she had learned in group to practice each night before she goes to bed.
- **TSN Website Resources and Social Media for Survivors & Families:** Tyrone and his sister follow the TSN on Instagram and Twitter. Sandra follows TSN on Facebook. They have each read and connected with a few of the Survivor Stories and Stories from Family and Friends on the TSN website. Sandra is currently writing her own story that she plans to share to also add to the TSN website in the future.

5. SUPPORTING YOUR TSN PROGRAM

National TSN Coordinator

The National TSN Coordinator leads the program and provides ongoing direction, education, and support to TSN Coordinators at each site. The National TSN Coordinator is employed full time by the ATS and works under the direction of the Board of Directors and supervision of the Executive Director to strengthen programs and services throughout the United States, Canada, and Australia. Ongoing trainings and networking opportunities for TSN sites and their Coordinators are available throughout each month of the year. These services focus on bringing optimal resources through best practices to each TSN site, their survivors, and their families.

Hospital/Site TSN Coordinator

The TSN Coordinator is a team member at a hospital/site, who the hospital identifies and the National TSN Coordinator trains to lead the hospital's program. Depending on available resources, a hospital may decide to employ a full-time coordinator, a part-time coordinator, or a team of staff members to share for the hospital.

Depending on the TSN Coordinator's educational background and experience, with consideration for regional differences in cost of living, the salary for a full-time TSN Coordinator can range from \$50,000-\$70,000 plus benefits. The costs can be reduced with a part-time Coordinator or a few trained staff members who each designate a portion of their hours to implement specific TSN services.

Graduate level interns can also be trained to help support the TSN program services with no cost to the hospital. The TSN utilizes peer to peer support in both inpatient and outpatient services for adult and pediatric survivors and their families. The hospital based TSN Coordinator recruits and trains trauma survivors and family members of survivors who volunteer their time as Peer Visitors. The TSN Coordinator also coordinates peer support services, such as Support Groups or Trauma Awareness events for survivors and their families during various stages of the recovery process.

TSN Program Planning	
Potential Staff Resources:	Possible TSN Services:
Full-Time Coordinator with 1+Intern (1 FTE)	Implement ALL TSN inpatient and outpatient services
Part-Time Coordinator with 1+ Intern (1-.5 FTE)	Implement Inpatient Peer Visitation, Snack n Chat, and Outpatient Support Group
3 Staff Members with 1+ Intern each designating 10 hours per week (3---.25 FTEs)	Implement Inpatient Peer Visitation, Snack n Chat, and Outpatient Support Group

6. TSN PROGRAM EVIDENCE

To evaluate the role of the TSN at a hospital/site and the value it brings to patient-centered and family-centered care, the ATS believes it is important to consider the evidence organized in this

section. This evidence is generated by the medical community, current TSN hospitals/sites, a survivor and a survivor's family member.

Perspectives from Research

The individual components comprising the Trauma Survivors Network have been proven effective in improving the quality of life and functioning of patients in a variety of non-trauma settings. The TSN combines these interventions in a comprehensive and synergistic approach to patient-and family-centered care. This section offers references from the literature highlighting the evidence base of these interventions.

Patient-Centered and Family-Centered Care, and Trauma-Informed Approach

The Regional Research Institute for Human Services identifies key principles central to a trauma-informed approach that are foundational to the TSN: collaboration and mutuality, empowerment, and "voice and choice" of the patient and family. As recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA), the TSN approach realizes the widespread impact of trauma on both patient and family and "responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization" (SAMHSA, 2014). Evidence base for the TSN approach to patient-centered and family-centered care is highlighted in the attached resources.

- ZATZICK D, RUSSO J, THOMAS P, DARNELL D, TETER H, INGRAHAM L, WHITESIDE LK, WANG J, GUINEY R, PARKER L, SANDGREN K, HEDRICK MK, VAN EATON EG, & JURKOVICH G. PATIENT-CENTERED CARE TRANSITIONS AFTER INJURY HOSPITALIZATION: A COMPARATIVE EFFECTIVENESS TRIAL. JOURNAL OF PSYCHIATRY (2018); 13:1-17.
- BULGER EM, RASMUSSEN TE, JURKOVICH GJ, FABIAN TC, KOZAR RA, COIMBRA R, COSTANTINI TW, FICKE J, MALHOTRA AK, PRICE MA, SMITH SL, CIOFFI WG, STEWART RM. IMPLEMENTATION OF A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP). JOURNAL OF TRAUMA ACUTE CARE SURGERY (2018); 84(6):1012-1016.
- WEGENER ST, CARROLL EA, GARY JL, MCKINLEY TO, O'TOOLE RB, SIETSEMA DL, CASTILLO RC, FREY KP, SCHARFSTEIN DO, HUANG Y, COLLINS SCJ, MACKENZIE EJ, AND METRC. TRAUMA COLLABORATIVE CARE INTERVENTION: EFFECT ON SURGEON CONFIDENCE IN MANAGING PSYCHOSOCIAL COMPLICATIONS AFTER ORTHOPAEDIC TRAUMA. JOURNAL OF ORTHOPAEDIC TRAUMA (2017); 31(8):427-433.
- NEWCOMB AB, HYMES R. LIFE INTERRUPTED: THE TRAUMA CAREGIVER EXPERIENCE. JOURNAL OF TRAUMA NURSING (2017); 24(2):125-133.
- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION. SAMHSA'S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH. HHS PUBLICATION NO. (SMA) 14-4884. ROCKVILLE, MD: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, 2014.

Peer to Peer Support

Peer-to-peer programs have been long used to provide social support to patients and their families facing a variety of medical challenges. A review of the literature suggests that peer support appears to improve outcomes when associated with a broader health behavior change program than as a stand-alone intervention. Below we provide a few studies evaluating these interventions.

- SCANNELL B; WALLY, M; FLORES, E; LEVY, J; WADDELL, M; SEYMOUR, R; ATRIUM TRAUMA RESEARCH GROUP. DEVELOPMENT AND IMPLEMENTATION OF A PEDIATRIC TRAUMA SURVIVORS NETWORK PROGRAM. JOURNAL OF TRAUMA NURSING (2019); 26(2): 71-75.
- REICHMANN JP AND BARTMAN KR. AN INTEGRATIVE REVIEW OF PEER SUPPORT FOR PATIENTS UNDERGOING MAJOR LIMB AMPUTATION; JOURNAL OF VASCULAR NURSING (2018); 36(1):34-39.



TSN Peer Visitor and a Survivor at University of Tennessee Medical Center, Knoxville, TN

- GASSAWAY J, HOULIHAN BV, EVERHART SKEELS S, JONES ML. FORCE OF PEER MENTORSHIP FOR PERSONS WITH SPINAL CORD INJURY. ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION (2018); 99(8)1691-1692.
- GASSAWAY J, JONES ML, SWEATMAN WM, HONG M, ANZIANO P, DEVAULT K. EFFECTS OF PEER MENTORING ON SELF-EFFICACY AND HOSPITAL READMISSION AFTER INPATIENT REHABILITATION OF INDIVIDUALS WITH SPINAL CORD INJURY: A RANDOMIZED CONTROLLED TRIAL. ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION (2017); 98(8): 1526–1534.
- ORLAS CP, HERRERA-ESCOBAR JP, HAU KM, VELMAHOS A, PATEL N, SANCHEZ S, KAAFARANI H. PERCEIVED SOCIAL SUPPORT IS STRONGLY ASSOCIATED WITH RECOVERY AFTER INJURY. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2021); 91: 552-558.
- ZADNICK M, CASTILLO RC, CARLINI AR, BRADFORD AN, TETER H, HEINS S, WEGENER ST, WYSOCKI E, MACKENZIE EJ, POLLACK A. IMPROVING OUTCOMES AT LEVEL 1 TRAUMA CENTERS: AN EARLY EVALUATION OF THE TRAUMA SURVIVORS NETWORK. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2013); 74(6): 1534-40.

“Not only does the TSN provide an opportunity for our current trauma patients and families to obtain the information, advice, and hope they need to navigate their journey to recovery, it also provides our former patients and families an opportunity to look beyond their own challenges as they help others, and in so doing, they ultimately enhance their own recovery as well.”

--Dr. David Jacobs, (Retired) Medical Director of Trauma Services, Atrium Health Carolinas Medical Center, Charlotte, NC

Identifying and Managing Acute Stress, PTSD, Anxiety, and Depression after Trauma

TSN Coordinators and their team strive to identify patients at risk for acute stress, PTSD, anxiety, and depression, and provide support, information and community resources as needed. Previous studies have found that discharged patients experience a number of challenges which could be addressed through early access to information about available resources; and that educating patients and their families about their condition and treatment improves adherence, behavior change, and satisfaction (see resources below).

- HERRERA-ESCOBAR, JP ET AL. PATIENT REPORTED OUTCOMES AT 6-12 MONTHS AMONG SURVIVORS OF FIREARM INJURY IN THE UNITED STATES. ANNALS OF SURGERY DOI: 10.1097/SLA.0000000000003797
- CASTILLO RC, HUANG Y, SCHARFSTEIN D, FREY K, BOSSE MJ, POLLAK AN, VALLIER HA, ARCHER KR, HYMES RA, NEWCOMB AB, MACKENZIE EJ, WEGENER S; AND METRC. AN EVALUATION OF THE RELATIONSHIP BETWEEN 6-WEEK POST-DISCHARGE RISK CLASSIFICATION AND 12 MONTH OUTCOMES FOLLOWING ORTHOPAEDIC TRAUMA. ACCEPTED BY JAMA SURGERY OCTOBER 2018.
- WEGENER ST, POLLAK AN, FREY KP, HYMES AR, ARCHER KR, JONES CB, SEYMOUR RB, O'TOOLE RB, CASTILLO RC, HUANG Y, SCHARFSTEIN DO, MACKENZIE EJ, AND METRC. THE TRAUMA COLLABORATIVE CARE STUDY (TCCS). JOURNAL OF ORTHOPAEDIC TRAUMA (2017); 31(4):S78-S87.
- HUNT J, SAPP M, WALKER C, WARREN A, BRASEL K, DEROON-CASSINI T. UTILITY OF THE INJURED TRAUMA SURVIVOR SCREEN TO PREDICT PTSD AND DEPRESSION DURING HOSPITAL ADMISSION. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2017); 82(1): 93–101.
- DARNELL D, O'CONNOR S, WAGNER A, RUSSO J, WANG J, INGRAHAM L, SANDGREN K, ZATZICK D. ENHANCING THE REACH OF COGNITIVE-BEHAVIORAL THERAPY TARGETING POSTTRAUMATIC STRESS IN ACUTE CARE MEDICAL SETTINGS. PSYCHIATRIC SERVICES IN ADVANCE (2016); 1-6

“As a Trauma Program Manager, this program is invaluable to our patients. We had a wonderful system in place to save lives, improve patient care, and get the patients discharged, but no help for patients on an emotional level. TSN has made a huge change in our patient emotional outcomes after their injuries. TSN helps patients and their families to get them to their “new normal” in life after unexpected traumatic event on so many different levels. The impact I see on staff members taking care of patients, the patient and families and the peer visitors alone is priceless”.

— Niki Rasnake, BSN, RN, CEN,
Trauma Program Manager,
University of Tennessee Medical
Center, Knoxville, TN

Perspectives from Participating Adult and Pediatric Trauma Centers and Rehabilitation Hospitals

Over 160 adult and pediatric trauma centers and rehabilitation hospitals across the United States, Canada and Australia have joined the TSN. Representatives from a sample of those hospitals/sites have shared their thoughts on how this program has impacted survivors and

their families. These medical professionals share how participating in the TSN has empowered survivors and their families to rebuild their lives after trauma.

“Shepherd Center is delighted to join an elite group of Trauma Centers offering TSN services to patients. We know that Peer Support is an indispensable factor in rehabilitation and a role that our patients look forward to assuming after discharge. Look forward to being a resource to the network and beneficiary of TSN best practices” -- Mitchell Fillhaber, Sr. Vice President, Corporate Development & Managed Care, Shepherd Center, Atlanta, GA

“The pediatric TSN has already made a huge impact for children and families at Levine Children's Hospital. The impact of trauma affects everyone. The support that this program has given to our patients and their families has truly improved their outcomes. The peer support has allowed children to support other children and parents to positively affect the lives of other parents dealing with the emotional, psychological and physical burdens of trauma.” --Dr. Brian Scannell, Pediatric Orthopaedic Surgeon, formerly at Atrium Health Levine Children's, Charlotte, NC



Survivors, families, and TSN Coordinator from R Adams Cowley Shock Trauma Center, Baltimore Running Festival in Baltimore, MD

“The TSN has provided us with many resources to assist our Trauma survivors and their families. National TSN Coordinator, Eileen Flores, specifically has assisted us with planning our Trauma survivor's reunion and provided guidance in implementing a Peer visitation program at our trauma center. I know that whatever I need, Eileen and the TSN is only a phone call or email away.” -- Eliana Troncale, TSN Coordinator and Injury Prevention Outreach Specialist, Community Regional Medical Center, Fresno, CA

“As a Trauma Center, we often see the most critically ill and injured patients every day. We rarely get to see the amazing recovery our patients often make once they return to home, to work and their lives. It's an honor for us to be able to offer the opportunity for patients to connect with other survivors and the numerous resources from the Survivors Network. We want to make sure we are giving trauma patients the best chance of survival and allow them to live the best life they can, and the TSN assists us in that process.” -- Lauren Stenger, RN, MSN, TSN Coordinator and Outreach, Education & Injury Prevention Coordinator, Good Samaritan Medical Center, Lafayette, CO

Implementing the TSN program services promotes patient-centered and family-centered care to focus on improving patient and family experience and outcomes. The TSN gives the trauma team an on-site resource to refer their patients and families who present psychosocial and emotional concerns. The TSN program has been shown to increase physician confidence in making appropriate referrals for their trauma patients facing psychosocial challenges, as well as a belief that they have access to information to guide the management of these issues. With a focus on trauma survivors and families sharing their survivor stories of resiliency and hope, the TSN program provides opportunities for hospital corporate communications, marketing, and

***“Instead of being discharged with follow up appointments,
they are discharged with hope”***

-- Dr. Reagan Bollig, Medical Director of Trauma Surgical Intensive Care, University of Tennessee Medical, Center, Knoxville, TN

media relations to highlight past trauma patients and families along with trauma medical professionals.

“An ever-growing body of evidence suggests that factors such as self-efficacy, knowledge and pain coping strategies have important impact on patients' long term function after trauma. TSN represents our best attempt organizationally to provide our patients and their families with the psychosocial resources to improve these characteristics and to create an opportunity for our patients to achieve the best outcomes possible.”

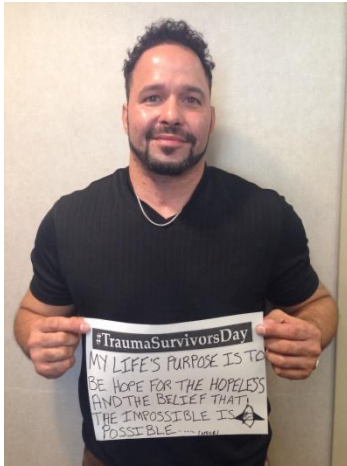
-- Dr. Andrew Pollak, Chair of the Dept. of Orthopaedics at the University of Maryland School of Medicine, Chief of Orthopaedics for the University of Maryland Medical System, Baltimore, MD



Shira Rothberg, TSN Coordinator (left) and Dr. Anna Newcomb, TSN Developer and Researcher (right), Inova Fairfax Medical Campus, Falls Church, VA

Perspective from a Trauma Survivor

“My motor vehicle crash occurred on June 2, 2006. At 28 years old my life was good and my career was advancing. While driving on Rt. 175, I crashed into the back of one of those huge construction cranes that are used in the repair of telephone poles. It had just broken down in the middle of Route 175. “The jaws of life were used to pry me out of my truck. I was flown to the University of Maryland Medical Center, (UMMC), Shock Trauma. Here surgeons spent a month saving my life and repairing my injuries from head to toe. My injuries include a Severe Traumatic Brain Injury (TBI), facial fractures, many lacerated organs including my heart and aorta, abdominal trauma resulting in removal of abdominal muscle in several areas, bones broken and fractured including my rib cage, left femur requiring a medal rod, screws to repair my right talus and many other injuries. During my time in Shock Trauma, my wife was being told by the doctors they may not be able to save my life, I



may not come out of my coma, I could have significant cognitive deficits due to my Severe Traumatic Brain Injury, and I may never walk again. . . . I spent 3 weeks at Kernan Rehabilitation's Brain Injury Unit in Baltimore Maryland. While at Kernan Rehabilitation, I was like a newborn baby. I had to learn how to talk, write, and walk again because of my Severe TBI, and other injuries. . . . After being discharged from Kernan Rehabilitation, I had a long road off recovery ahead of me. . . "Since 2007, I was one of the first 5 members of the UMMC TSN. My family and I moved to NC. Soon I became one of the first members of Carolina Medical Center's (CMC) TSN.

When I first started attending the TSN meetings and making peer visitations at the UMMC Shock Trauma it was to help me. My first group meeting with the TSN was scary, depressing, and relieving all at the same time. During my first TSN meeting I shared my story with the other 4 TSN members and listened to their stories. I remember leaving in the middle of the first of our 3 meetings. My emotions took over after talking about feelings and realities I was hiding in the back of my mind or denying. Once again, my angel aka my wife, gave me the support I needed to walk back into the meeting. The TSN allowed and helped me to accept the new me. It helped give me the strength to recover time after time. To this day, I stay active in the UMMC and CMC TSN's for several reasons. I know for a fact that support can make the difference of a trauma patient living or dying. I am living proof that support is an important part of recovery. If my angel, family, and friends, weren't there to support me while in UMMC Shock Trauma I would not be who I am today. I have made peer visits with all levels and types of trauma patients. No matter how severe or not a trauma is, we all still go through similar emotions and feelings. The Trauma Survivors Network gives me a chance to give hope to a trauma patient who might think there is none. The TSN will be a part of me as much as I am a part of it. I will remain an active TSN member for the rest of my life. If you saw me today, you would never guess in a million years what I've been through. I am thankful to everyone who has been a part of my recovery and for being able to enjoy my life and my family." -- Bruce Munsky, TSN Peer Visitor

To Read More of Bruce's Story, visit: <https://www.traumasurvivorsnetwork.org/pages/1100>

Perspective from a Mother of a Pediatric Trauma Survivor

"My son, Tyler was at his uncle's house for a family gathering in February of 2011 when he decided to make a quick trip home for some extra video game controllers. On his way back home, Tyler was going about 80 miles per hour down a curvy road; he overcorrected from a turn and veered over the shoulder. His car hit two trees. Luckily for him, the crash was spotted so EMTs were called and on the scene within minutes. The engine of Tyler's car caught fire, but by that time, there were already emergency technicians with him, talking to him and extracting him from the ruins of his vehicle. I had started to worry as to why Tyler was taking so long. Then I saw the wreck from my brother's house. By the time I got there, the EMT was leaving with him in an ambulance. It wasn't long, maybe 20 minutes max. There were people there the whole time. As soon as it happened there were people on the scene. That, and the fact that Tyler was in such good shape from playing football, is what saved his life. Tyler's injuries included a fractured neck, nine broken ribs on one side and four on the other, a bruised kidney, lacerated liver, head injury, ruptured spleen and perforated aorta, among others. He had to be resuscitated on his way to the hospital, and he spent four days at Johnson City Medical Center before he was sent to The University of Tennessee Medical Center because of the extent of his injuries. . . . Tyler spent 76 days at The University of



Tennessee Medical Center and coded seven times. He was on a breathing machine for two months and had to have a portion of skull removed to relieve swelling in his brain. When he finally went home, he had to go through rehab to learn to walk again and even to sit on the side of the bed. He couldn't move his right arm at all.

Today, Tyler has some problems with his short-term memory but otherwise is a happy, healthy 23-year-old, with normal issues like thinking his mother is overprotective. I just don't want to let him out of my sight, but you can't protect your kids from everything. Tyler does drive by himself and graduated from high school in the spring of 2013. He is working and lives on his own. He has come so incredibly far. He's too stubborn to be hurt too long. We are learning a new normal for Tyler and our family. It's good that people know that your life changes when

someone you love has a traumatic brain injury (TBI), along with other health problems. Sometimes it's hard to remember my life before his injury. We still struggle with complications from a brain injury like impulsive behavior, trust, and insecurity issues however it is one step at a time for all of us. It truly was a blessing to be cared for in Knoxville and we made a whole new family at UT Medical Center. We want to share our story so that we can help others that will be in this same situation like us. Giving that help to another person is the reason I became a peer visitor. Never give up your hope. Once the storm is over you won't remember how you made it though, and how you even managed to survive. There will be days when you aren't even sure if the storm is really over. But one thing is certain, when you come out of the storm you won't be the same person who walked in, but life is still wonderful. I am grateful I still have my son, and that he still has us. We are a family. – Lisa, TSN Peer Visitor

To Read More of Lisa's Story, visit: <https://www.traumasurvivorsnetwork.org/pages/1144/>

7. BENEFITS OF ATS INSTITUTIONAL MEMBERSHIP

ATS Benefits

ATS Institutional Membership provides both hospital/site and trauma medical teammates with the professional development opportunities, information, advocacy, networking, and patient support resources to help meet the ever-changing challenges in the trauma field. It also symbolizes a hospital/site's commitment to advancing excellence in trauma care with patient-centered and family-centered care. **For more information, click here: [Details on ATS Benefits](#)**

- **Professional Development**
- **Information and Resources**
- **Community and Networking**
- **Career Center**
- **Access to TSN Program and Support Services**
- **Institutional Membership Types**



*National Trauma Survivors Day
Celebration at Medical University of
South Carolina, Charleston, SC*

TSN Program Support Services

The benefits of implementing the program at your hospital/site include support from a full-time National TSN Coordinator. This support includes:

- **Initial onboarding and ongoing education**
- **Individual phone and e-mail assistance**
- **Connections with other TSN sites**
- **Access to secure online coordinator tools**
- **Monthly TSN webinars and conference calls**
- **Monthly TSN Coordinator Updates**
- **Quarterly TSN Newsletters to support TSN hospitals/sites and TSN Members**
- **Opportunity to attend 2-Day TSN Coordinator Course**
- **Ongoing TSN social media highlights for survivor events and accomplishments at TSN hospitals/sites**

8. GETTING STARTED – How to become a TSN Hospital/Site

4 Simple Steps

For a Trauma Center, Pediatric Trauma Center, or Rehabilitation Hospital to implement the Trauma Survivors Network, there are 4 simple steps:

1. Become an Institutional Member of the [American Trauma Society](#)
2. Complete the TSN Participation Agreement (MOU)
3. Identify TSN Coordinator(s) and Intern(s) based on hospital resources
4. Begin onboarding with National TSN Coordinator to start implementing TSN program

For More Information, Please Contact:

Katherine Joseph, MPH
National TSN Coordinator
American Trauma Society

kjoseph@amtrauma.org

703-399-6001

TraumaSurvivorsNetwork.org



*Survivors, Families, TSN and MedCenter Air Teams
Atrium Health Carolinas Medical Center, Charlotte, NC*

9. APPENDIX A- ATS POSITION STATEMENT

ATS Position Statement – 2021-02 Comprehensive Trauma Survivor Support

Traumatic injuries affect a diverse group of people ranging in ages, health conditions and cultural backgrounds. Moreover, a large segment of this group is comprised of otherwise young, healthy, individuals, whose lives get disrupted in significant ways, potentially limiting their productivity for years to come.

Additionally, approximately 20–40 percent of all injured trauma survivors experience high levels of posttraumatic stress disorder (PTSD) and/or depressive symptoms because of their injuries. Similarly, research shows that family members and caregivers of injured patients can also experience comparable stressors and symptoms during the recovery period and beyond. Many patients and families are not treated for PTSD and depression and the resultant untreated conditions are often associated with increased health care and societal costs, which affect patients, their family members and society.

Patient centered care emphasizes high quality, individually tailored care focusing on patients rather than diseases. Research shows that an improved patient-provider relationship leads to an improved experience of care and better clinical outcomes. In this system, families and friends are an essential part of the team. Information is freely shared, and all are encouraged to participate in decisions and care. Injured patients may not be able to understand or process the information provided in the trauma center so a trusted family member or friend not only provides emotional and physical support but can also help the patient understand the clinicians' diagnoses and instructions.

Comprehensive care for trauma patients includes a commitment to returning the patient to society with the maximum physical and psychological function possible consistent with his or her injuries. Such an outcome requires caregivers to provide timely and clear information, practice patient-centered care, and provide extensive psychosocial support services as well as access to resources that decrease isolation and facilitate patient and family healing post-discharge.

Peer support which includes connection to a similarly impacted trauma survivor (peer) to help the patient adapt to their new circumstances is another valuable tool that can be used to provide psychological support to trauma survivors. This can be provided locally or through a national network such as the ATS Trauma Survivors Network (TSN).

To accomplish the goal of comprehensive care, psychological as well as physical, each trauma survivor and family would ideally be connected to a qualified, knowledgeable healthcare professional dedicated to meeting patient and family psychosocial needs. This person would prioritize these concerns and ensure that efforts are made to address them.

The ATS believes the goals of Trauma Centers, as they practice patient centered care, should include:

- Screen patients for psychosocial distress, including, but not limited to PTSD, depression, and social isolation following discharge.
- Implement peer support programs that connect patients and families to each other with a focus on providing opportunities to learn and grow with others facing similar challenges.

- Provide opportunities for patients and families to volunteer their time to
 - Engage in supportive activities with trauma survivors in the hospital.
 - Educate providers and the community regarding their trauma experiences.
 - Engage in supportive activities for professional staff.
- Provide patients and family members demonstrating a need for psychosocial support with
 - Supportive counseling in the hospital.
 - Referrals and linkages to community resources.
 - Information regarding support and educational opportunities available in the hospital.
- Distribute print materials to educate patients and family members regarding the hospital system, trauma diagnoses and treatments.
- Provide supportive education to trauma family members in the intensive care units regarding the trauma care team, trauma care system and processes, etc.
- Ensure patients and family members have access to self-management trauma recovery classes, either online or in person.
- Consider hiring and/or training a professional dedicated to the psychosocial care of the trauma patient and family, as well as developing programs supporting their recovery. This programming would require a professional with:
 - Strong inter-personal skills and the capability to network with various partners across the hospital and the community.
 - Support and task group leadership experience.
 - Excellent teaching, management, and training skills, preferably with adults, volunteers, and groups of staff.
 - Impeccable communication skills including strong writing and presentation skills.
 - Proficiency in program development, coordination, and management.
 - Strong organizational skills and self-direction.
 - Expertise in working with the press and performing media interviews.
 - Consider requiring that this professional possess the following educational background:
 - Masters prepared in one of the following health-related fields:
 - Mental health, such as social work, psychology, or counseling.
 - Health education.
 - Other health profession (e.g., Occupational Therapy/Physical Therapy/Speech Language Therapy, Nursing) with a focus on mental health.

10. APPENDIX B- CURRENT TSN PROGRAMS

List of Current TSN Programs in the U.S. and Internationally

United States

Alabama

- University of Alabama at Birmingham, Birmingham, AL

Alaska

- Providence Alaska Medical Center, Anchorage, AL

Arizona

- Banner-University Medical Center-Phoenix, Phoenix, AZ
- Dignity Health Chandler Regional Medical Center Trauma Services, Chandler, AZ
- Flagstaff Medical Center, Flagstaff, AZ
- HonorHealth Deer Valley Medical Center, Phoenix AZ
- HonorHealth John C. Lincoln North Mountain Hospital, Phoenix, AZ
- HonorHealth Scottsdale Osborn Medical Center, Scottsdale AZ
- St. Joseph's Hospital and Medical Center, Phoenix, AZ
- Valleywise Health – Phoenix, AZ

California

- Community Regional Medical Center, Fresno, CA
- Mercy Medical Center- Redding, Redding, CA
- Orange County Global Medical Center, Santa Ana, CA
- Pomona Valley Hospital Medical Center, Pomona, CA
- Riverside Community Hospital, Riverside, CA
- Riverside University Health System - Medical Center, Moreno Valley, CA
- Sharp Memorial Hospital, San Diego, CA
- Sutter Roseville Medical Center, Roseville, CA
- UCI Health (University of California Irvine), Irvine, CA
- UC San Diego Health, San Diego, CA
- UCSF Benioff Children's Hospital, Oakland, CA

Colorado

- AdventHealth Parker, Parker, CO
- Boulder Community Health, Boulder, CO
- Denver Health Medical Center, Denver, CO

- Good Samaritan Medical Center, Lafayette, CO
- Medical Center of the Rockies – UC Health, Loveland, CO
- Centura-Penrose Hospital, Colorado Springs, CO
- Poudre Valley Hospital – UC Health, Fort Collins, CO
- St. Anthony Hospital, Lakewood, CO
- UC Health Memorial Hospital Central, Colorado Springs, CO
- University of Colorado Hospital, Aurora, CO

Connecticut

- Danbury Hospital, Danbury, CT
- Hartford Hospital, Hartford, CT
- Stamford Health, Stamford, CT
- Yale New Haven Hospital, New Haven, CT

Delaware

- Christiana Hospital, Newark, DE

Florida

- Blake Medical Center, Bradenton, FL
- HCA Florida Fort Walton-Destin Hospital, Fort Walton Beach, FL
- Holmes Regional Medical Center, Melbourne, FL
- Johns Hopkins All Children's Hospital, St. Petersburg, FL
- Lawnwood Regional Medical Center, Fort Pierce, FL
- Orange Park Medical Center, Orange Park, FL
- UF Health Jacksonville, Jacksonville, FL

Georgia

- Medical Center Navicent Health, Macon, GA
- Northeast Georgia Medical Center, Gainesville, GA
- Shepherd Center, Atlanta, GA
- WellStar Kennestone Medical Center, Marietta, GA

Hawaii

- The Queen's Medical Center, Honolulu, HI

Indiana

- IU Health Methodist Hospital, Indianapolis, IN
- Lutheran Hospital of Indiana, Fort Wayne, IN
- Memorial Hospital of South Bend, South Bend, IN
- Parkview Trauma Center, Fort Wayne, IN
- Riley Hospital for Children at IU Health, Indianapolis, IN
- St. Vincent Indianapolis, Indianapolis, IN

Kansas

- Overland Park Regional Medical Center, Overland Park, KS
- Stormont Vail Health, Topeka, KS

Kentucky

- Pikeville Medical Center, Pikeville, KY
- University of Kentucky Healthcare, Lexington, KY
- University of Louisville Hospital, Louisville, KY

Louisiana

- Ochsner LSU Health Shreveport, Shreveport, LA
- Our Lady of the Lake Regional Medical Center – Baton Rouge, LA

Maine

- Northern Light Eastern Maine Medical Center, Bangor, ME

Maryland

- Prince George's Hospital, Cheverly, MD
- University of Maryland, R Adams Cowley Shock Trauma Center, Baltimore, MD

Massachusetts

- Baystate Medical Center, Springfield, MA
- Baystate Children's Hospital, Springfield, MA
- Beth Israel Deaconess Medical Center, Boston, MA
- Boston Medical Center, Boston, MA
- Brigham & Women's Hospital, Boston, MA
- Lahey Hospital and Medical Center, Burlington, MA

Michigan

- Henry Ford Health System, Detroit, MI
- Michigan Medicine University of Michigan, Ann Arbor, MI
- Trinity Health Muskegon Hospital – Muskegon, MI

- University of Michigan Health -West, Wyoming, MI

Minnesota

- Mayo Clinic, Rochester, MN

Missouri

- Barnes-Jewish Hospital, St. Louis, MO
- Mercy Hospital St. Louis, St. Louis, MO
- Research Medical Center, Kansas City, MO
- SSM Health St. Louis University Hospital, St. Louis, MO
- St. Luke's Hospital of Kansas City, Kansas City, MO

Nebraska

- Bryan Medical Center, Lincoln, NE
- The Nebraska Medical Center, Omaha, NE

Nevada

- University Medical Center of Southern Nevada, Las Vegas, NV

New Hampshire

- Elliot Hospital, Manchester, NH
- Portsmouth Regional Hospital, Portsmouth, NH

New Jersey

- Morristown Medical Center, Morristown, NJ
- New Jersey Trauma Center at University Hospital, Newark, NJ
- St. Joseph's University Medical Center, Paterson, NJ

New York

- Cohen Children's Medical Center, Queens, NY
- Erie County Medical Center, Buffalo, NY
- Jamaica Hospital Medical Center, Queens, NY
- Kessler Trauma Center, Rochester, NY
- Maimonides Medical Center, Brooklyn, NY
- Maria Fareri Children's Hospital, Valhalla, NY
- New York Presbyterian Queens, New York, NY
- New York Presbyterian /Weill Cornell Medical Center, NY
- Mid-Hudson Regional Hospital, Poughkeepsie, NY
- North Shore University Hospital, Manhasset, NY

- *Orange Regional Medical Center, Middletown, NY*
- *Oishei Children's Hospital, Buffalo, NY*
- *South Shore University Hospital, Bayshore, NY*
- *Staten Island University Hospital, Staten Island, NY*
- *Stony Brook Medicine, Stony Brook, NY*
- *Upstate University Hospital, Syracuse, NY*
- *Vassar Brothers Medical Center, Poughkeepsie, NY*
- *Westchester Medical Center, Valhalla, NY*

North Carolina

- *Atrium Health Carolinas Medical Center, Charlotte, NC*
- *Atrium Health Levine Children's, Charlotte, NC*
- *Mission Health, Asheville, NC*
- *Naval Medical Center Camp Lejeune, Lejeune, NC*
- *New Hanover Regional Medical Center, Wilmington, NC*
- *Novant Health Presbyterian Medical Center, Charlotte, NC*
- *University of North Carolina Medical Center, Chapel Hill, NC*
- *Vidant Health, Greenville, NC*
- *Wake Med, Raleigh, NC*
- *Wake Forest Baptist Health, Winston Salem, NC*

Ohio

- *Cleveland Clinic Akron General, Akron, OH*
- *Grant Medical Center, Columbus, OH*
- *ProMedica Toledo Hospital – Toledo, OH*
- *Russell J. Ebeid Children's Hospital – Toledo, OH*
- *University of Cincinnati Medical Center, Cincinnati, OH*

Oklahoma

- *University of Oklahoma Medical Center, Oklahoma City, OK*
- *Oklahoma Children's Hospital at OU Health, Oklahoma City, OK*

Oregon

- *Legacy Emanuel Medical Center, Portland, OR*
- *Oregon Health and Science University, Portland, OR*

Pennsylvania

- *Allegheny General Hospital, Pittsburgh, PA*

- *Children's Hospital of Philadelphia, Philadelphia, PA*
- *Conemaugh Memorial Medical Center, Johnstown, PA*
- *Einstein University Hospital Philadelphia, Philadelphia, PA*
- *Forbes Hospital, Pittsburgh, PA*
- *Geisinger Community Medical Center, Scranton, PA*
- *Geisinger Medical Center, Danville, PA*
- *Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA*
- *Lankenau Medical Center, Wynnewood, PA*
- *Lehigh Valley Hospital – Cedar Crest, Allentown, PA*
- *Lehigh Valley Hospital – Hazelton, Hazelton, PA*
- *Lehigh Valley Hospital – Muhlenberg, Bethlehem, PA*
- *Lehigh Valley Hospital – Pocono, East Stroudsburg, PA*
- *Paoli Hospital, Paoli, Pennsylvania*
- *Penn Medicine Lancaster, General Health, Lancaster PA*
- *Penn Presbyterian Medical Center, Philadelphia, PA*
- *Penn State Health Children's Hospital – Hershey, PA*
- *Reading Hospital, West Reading, PA*
- *St. Luke's University Hospital, Bethlehem, PA*
- *Thomas Jefferson University Hospital, Philadelphia, PA*
- *UPMC Hamot, Erie, Pennsylvania*
- *UPMC Mercy Medical Center, Pittsburgh, PA*
- *UPMC Susquehanna, Williamsport, PA*
- *Wellspan Health-York Hospital, York, PA*

South Carolina

- *Grand Strand Medical Center, Myrtle Beach, SC*
- *Medical University of South Carolina, Charleston, SC*
- *Prisma Health Children's Hospital – Midlands, Columbia, SC*
- *Prisma Health Richland Hospital, Columbia, SC*

Tennessee

- *Vanderbilt University Medical Center, Nashville, TN*

- *Holston Valley Medical Center, Kingsport, TN*
- *Regional One Health, Memphis, TN*
- *University of Tennessee Medical Center, Knoxville, TN*
- **Texas**
- *Baylor Scott and White Grapevine, Grapevine, TX*
- *Doctors Hospital at Renaissance, Edinburg, TX*
- *Medical City Plano, Plano TX*
- *Memorial Herman Texas Medical Center, Houston, TX*
- *Memorial Herman The Woodlands Hospital, The Woodlands, TX*
- *Methodist Charlton Medical Center, Dallas, TX*
- *Methodist Dallas Medical Center, Dallas, TX*
- *Medical City Plano, Plano, TX*
- *Rees-Jones Trauma Center at Parkland, Dallas, TX*
- *South Texas Health Systems McAllen, McAllen, TX*
- *Texas Health Harris Methodist Fort Worth, Fort Worth, TX*
- *Texas Health Presbyterian Hospital of Plano, Plano, TX*
- *University Health System-San Antonio, San Antonio, TX*
- *University Medical Center Brackenridge, Austin, TX*
- *University Medical Center of El Paso, El Paso, TX*
- *University of Texas Medical Branch – Galveston, Galveston, TX*

Utah

- *Intermountain Healthcare, Murray, UT*
- *Intermountain Primary Children’s Hospital – Salt Lake City, UT*
- *McKay-Dee Hospital – Ogden, UT*
- *St. George Regional Hospital, St. George UT*
- *University of Utah Health, Salt Lake City, UT*
- *Utah Valley Hospital, Provo, UT*

Vermont

- *University of Vermont Medical Center, Burlington, VT*

Virginia

- *Carilion Clinic, Roanoke, VA*
- *Centura Health Lynchburg Hospital, Lynchburg, VA*
- *Chippenham Hospital, Richmond, VA*
- *Henrico Doctor’s Hospital, Richmond, VA*
- *Inova Trauma Center, Falls Church, VA*
- *University of Virginia Health System, Charlottesville, VA*
- *Virginia Commonwealth University, Richmond, VA*
- *Virginia Hospital Center, Arlington, VA*
- *Winchester Medical Center, Winchester, VA*

Washington

- *Harborview Medical Center, Seattle, WA*

Washington, D.C.

- *George Washington University Hospital, Washington D.C*
- *Howard University Hospital, Washington D.C.*
- *Medstar Washington Hospital Center, Washington D.C*

West Virginia

- *West Virginia University Medical, Ruby Memorial Hospital, Morgantown, WV*

Wisconsin

- *Aspirus Wausau Hospital, Wausau, WI*
- *Aurora Medical Center-Summit, Summit, WI*
- *Froedtert Hospital, Milwaukee, WI*

Wyoming

- *Wyoming Medical Center, Casper, WY*

International

Australia

- *Gold Coast University Hospital, Southport, Australia*

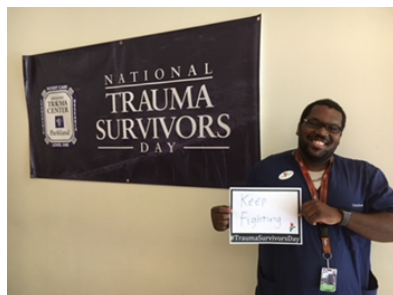


*TSN Peer Visitor with his daughter at
Inova Trauma Center,
Falls Church, VA*

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*Trauma Professional at
Rees-Jones Trauma Center
at Parkland in Dallas, TX*

12. APPENDIX D - ATS-TSN LEADERSHIP

ATS President of the Board of Directors



Marla Vanore, RN, BSN, MHA
*Director of Nursing, Psychiatry, Special Projects
Children's Hospital of Philadelphia, Philadelphia, PA*

ATS Team Members



**Suzanne Prentiss, BA,
MPA, NRP**
Executive Director



Kathy Robinson, RN, QAS
Associate Director



McKenzie Riley, BA, MS
Communication Manager



**Kelli Perrotti, MSHSA,
BSN, RN**
*Education and Programs
Manager*



Katherine Joseph, MPH
National TSN Coordinator



Amy Starchville
Membership Manager



Lara Peck, MPH, MCHES
TSN Program Advisor



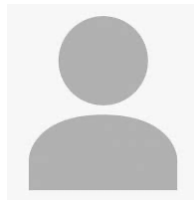
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TSN Coordinator

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Trauma Survivors Network Development Coordinator
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