



WMCHealth Trauma Consortium 2025 Annual Report

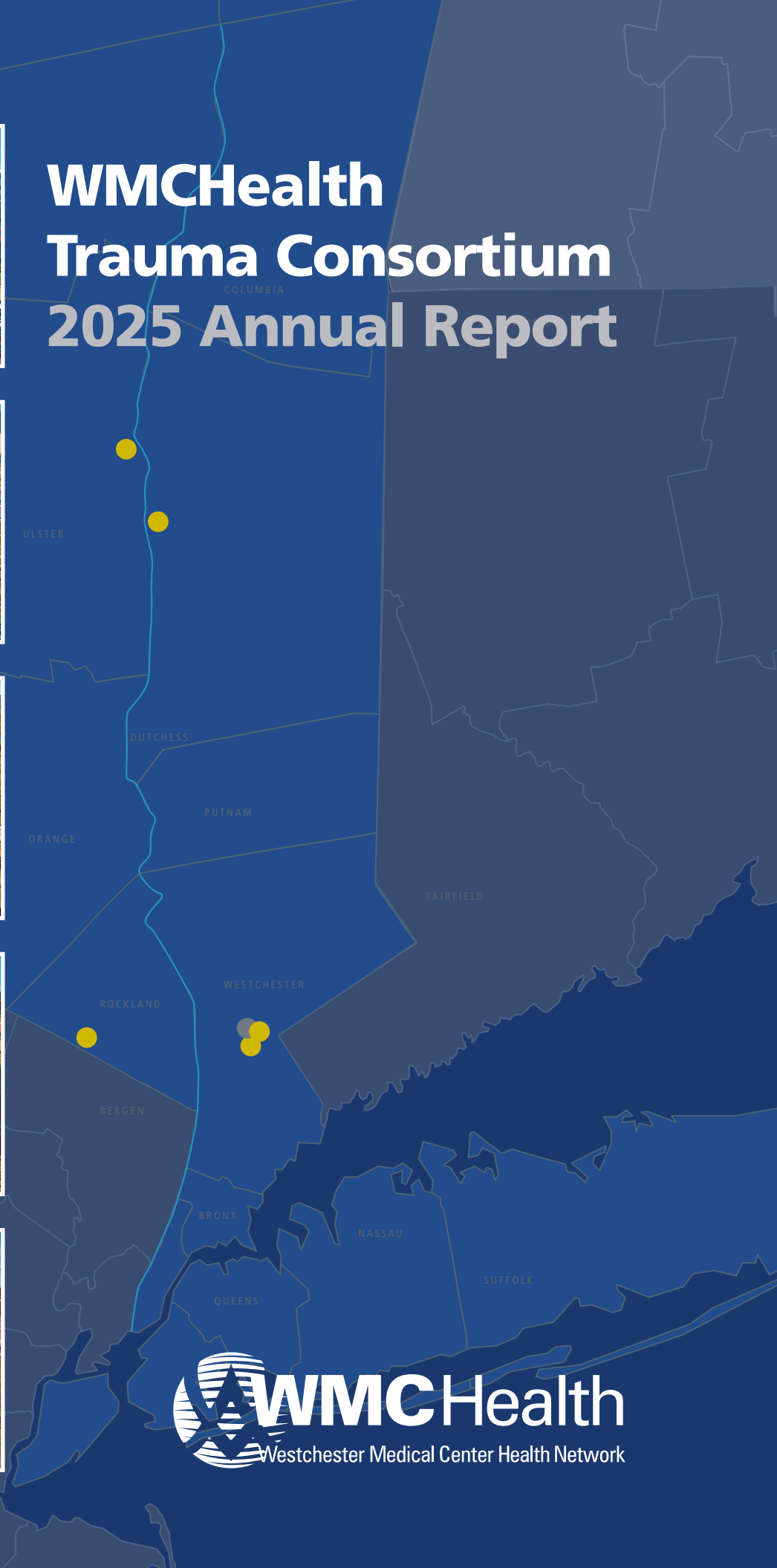
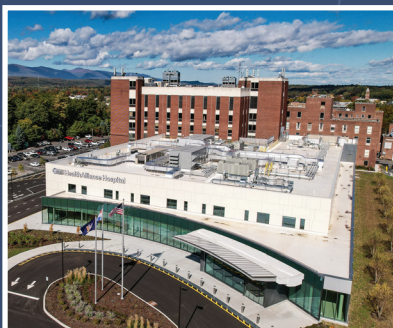


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It is with great pride that we present the 2025 Annual Report for the WMCHealth Trauma Consortium, **led by Dr. Kartik Prabhakaran**. Under Dr. Prabhakaran's leadership, our network has demonstrated unwavering commitment to clinical excellence, innovation, and community partnership across all of our trauma centers. The dedication of our multidisciplinary teams, the resilience of our patients, and the support of our community partners have been the driving forces behind our continued success. As we reflect on the year's accomplishments, we remain steadfast in our mission to deliver the highest quality trauma care and to lead the region in injury prevention, education, and survivor support.



Steven Lansman MD PhD
Director, Department of Surgery
Westchester Medical Center
Professor and Chair, Department of Surgery
New York Medical College

EXECUTIVE SUMMARY



Kartik Prabhakaran

2025 was a landmark year for the WMCHHealth Trauma Consortium. Our network achieved significant milestones, including ACS-COT reverification for both adult and pediatric Level I Trauma Centers, national recognition for quality and safety, and the expansion of innovative clinical programs such as the Chest Wall Injury Society (CWIS) Collaborative Center.

We hosted over 20 major community events, launched new educational initiatives, and celebrated research excellence with numerous prestigious national presentations and peer-reviewed publications.

Our trauma programs saw record growth in patient volume, operative cases, and outreach impact, all while maintaining top-tier outcomes and advancing multidisciplinary collaboration. We continue to serve as academic and clinical leaders in the care of injured patients, as evidenced by national leadership position held by our faculty, and prestigious invited talks and publications by our faculty, trainees, and students. These achievements reflect the collective expertise, compassion, and dedication of our teams, and position the WMCHHealth Trauma Consortium as a leader in trauma care, research, and community engagement. I invite you to explore our programs in adult and pediatric trauma, elective and emergency general surgery, and surgical critical care across our health network.

The care of the injured patient requires the effort of a community of partners – At WMCHHealth, we are proud to have a collaborative community of outstanding health care providers across so many disciplines that function in synchrony, so that our community can proudly serve the communities of the Hudson Valley and beyond, today and into the future.

A handwritten signature in black ink, appearing to read 'Kartik Prabhakaran'.

Kartik Prabhakaran MD MHS FACS
Network Medical Director of Trauma and Advanced Surgical Services
Westchester Medical Center Health Network
Professor and Vice Chair of Research, Department of Surgery, New York Medical College
Chair, Greater New York Committee on Trauma of the American College of Surgeons

CONSORTIUM OVERVIEW

The WMCHealth Trauma Consortium is a regional leader in trauma care, comprising Westchester Medical Center (Level I Adult), Maria Fareri Children's Hospital (Level I Pediatric), MidHudson Regional Hospital (Level II Adult), Good Samaritan Hospital (Provisional Level III Adult), and HealthAlliance Hospital (Provisional Level III Adult).

Our network delivers comprehensive, multidisciplinary trauma care to patients across the Hudson Valley, supported by robust performance improvement, research, and education infrastructures.

In 2025, the Consortium continued to strengthen its foundation through standardized clinical guidelines, enhanced trauma registry systems, and collaborative quality initiatives. Our commitment to excellence is reflected in our sustained growth, innovative practices, and deep engagement with the communities we serve.

WMCHealth Trauma Consortium Team Leadership



Steven Lansman, MD
Director of the Department
of Surgery at Westchester
Medical Center



Kartik Prabhakaran, MD
Network Medical Director
of Trauma and Advanced
Surgical Services



David Aspinio, MD
Director and Chair
Orthopedic Surgery



Ivan Miller, MD
Medical Director
WMCHealth Emergency
Medicine



Chirag Gandhi, MD
Director and Chair
Neurosurgery



Peter Panzica, MD
Director and Chair
Anesthesiology



Zvi Lefkovitz, MD
Director and Chair
Radiology



Tina Cocuzza, MD
Senior Medical Director
WMCHealth Clinical &
Medical Logistics



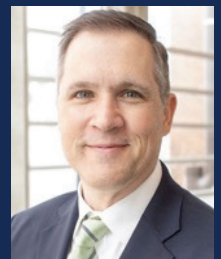
Dylan Stewart, MD
Chief of Pediatric Surgery
Pediatric Trauma Medical
Director MFCH



D-Roger Phillip, MD
Trauma Medical Director
MidHudson Regional
Hospital



Frank Aversano, MD
Trauma Medical Director
Good Samaritan Hospital



James Feeney, MD
Trauma Medical Director
HealthAlliance Hospital



Kate Maguire, MSN
WMCHealth Network
Director of Trauma Services

Trauma Surgeons

Westchester Medical Center Adult Level 1



Kartik Prabhakaran, MD



Matthew Bronstein, MD



Joshua Klein, DO



Jordan Kirsch, DO



Ilya Shnaydman, MD



Aaron Zuckerman MD

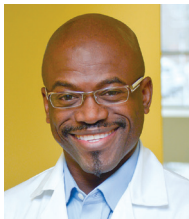


Amanda Carlson MD



Julia Arena, MD

MidHudson Regional Hospital, Adult Level 2



D-Roger Phillip, MD



Ryan Malcom, MD



Zubair Zoha, MD



Bardiya Zangbar, MD



Gabriel Froula, DO



Sameer Kaiser, MD

Good Samaritan Hospital, Provisional Adult Level 3



Frank Aversano, MD



Paryush Lakhtaria, MD



Rajkumar Jeganathan, MD



Ramon Rivera, MD



Michael Jamgochian, MD

HealthAlliance Hospital, Provisional Adult Level 3



James Feeney, MD



Jamal Mahdavian, MD



Michael Moskowitz, MD



Zoe Weinstein, MD



Galina Glinik, MD

Administrative Team

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Tafford Oltz, RN
Lee-Ann Zeltmann, MSN
Michael Demchek, MBA
Brianna McCaul, BSN
Sarah Petersen, BSN
Chantal Wiltshire DNP
Ann Marie Debrosky, BSN
Marc Musicus, EMT-P
Rebecca Bates
Stephanie Babjko

Advanced Practice Providers

Susan Briggs, NP
Sandy George, NP
Jasmine Varkey, NP
Sarah Benkwitt, PA
Lucia Riberio, NP

Karen Trancynger, NP
Demy Sebastian, NP
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Megan Murphy, PA
Midian Townsend, NP
Myra Sanchez, PA
Sasha Savage, PA
Freya Peters, PA
Rupert Evans, PA
Mary Suleiman, PA
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Olivia Pelletier, PA
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Jennifer Bricker, PA
Katie Gruszecki, PA
Alexis Rohrbach, PA
Casandra Way, PA

Danny Monahan, PA
Collrane Forestano, PA
Clara Hobbie, PA
Amne Intissar, PA
Madison Shaffer, PA
Clifford Tewis, PA
Dulce Celaya Ojeda, PA
Amanda Carlson, PA
Christine Allen, PA
Katrina Pell, PA
Hayley Fisher, PA
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Jenna Serrano, PA
Kali Hepner, PA
Erick Araujo, PA
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Frank Monaco, CAISS
Bo Yang, CAISS
Tammy Livingston
Stephanie Caizaguano
Ndeye Sow
Madelyn Cano
Luz Mosqueira
Shynu Abraham
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Merritt Kinon, MD
Grigory Rozenblit, MD
Toni Manougian, MD
Anrew Villion, MD
Austin Meszaros, MD
Matthew Melamed, MD
Negin Gohari, MD
Syed Rahmatullah, MD

Sadiqa Karim, MD
John, Park, MD
Samuel Barst, MD
Michael Jacoby, MD
Jared Pisapia, MD
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Gary Tatz, MD
Richard Hong, MD
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Matthew Landers, RN
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Matthew Spencer, RN
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Rachana Tyagi, MD
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Crystal Kukulka, MD
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Patrick Murray, MD
Benjamin Chang, MD
Vijay Akkapeddi, MD
Robert Fulman, MD
Issac Bruck, MD
Catherine Allen, MD
Michael Rutter, MD
Lizzette Edge, MD
Daniel Anghelescu, MD

Westchester Medical Center Level 1 Adult Trauma Center

2025 was a landmark year for the Westchester Medical Center (WMC) Level I Adult Trauma Program, marked by successful ACS-COT reverification, top-decile national quality outcomes, and continued leadership in trauma innovation, research, and community engagement. As the first accredited Chest Wall Injury Society (CWIS) Collaborative Center in New York State, WMC set new standards in thoracic trauma care and advanced the WMCHealth Trauma Consortium's mission across the Hudson Valley.



Key Achievements

Verification & Quality:

› ACS-COT Reverification

WMC Level I Adult Trauma Center successfully reverified in January 2025, with multiple commendations



› National Quality Rankings

Top 10% nationally for risk-adjusted major hospital events (including death) per ACS-TQIP Fall 2025 report.

Top 10% Risk Adjusted Major Hospital Events Including Death

Table 4: Risk-Adjusted Major Hospital Events Including Death by Cohort

Cohort	Patients N	Major Hospital Events Including Death				Odds Ratio and 95% Confidence Interval				
		Observed Events	Observed (%)	Expected (%)	TQIP Average (%)	Odds Ratio	Lower	Upper	Outlier	Decile
All Patients	996	98	9.8	12.8	10.4	0.68	0.54	0.85	Low	1



› Network Integration

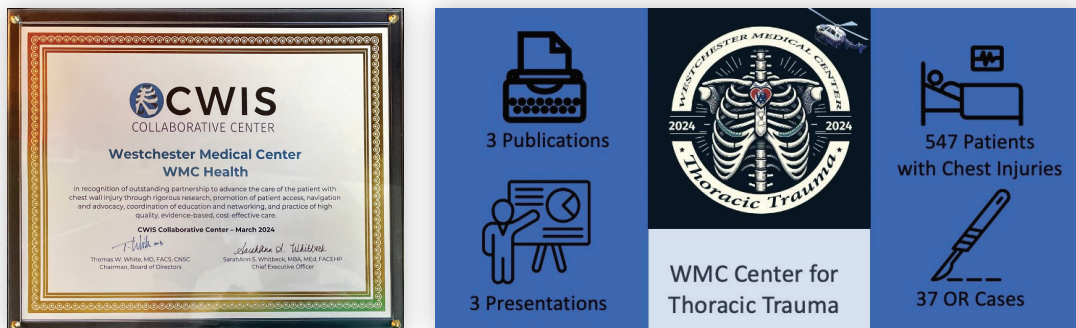
Standardized PI processes, monthly audits, and a network-wide reset for trauma data validation were implemented to sustain performance improvement.

› Clinical Innovation & Program Growth:

The WMC Center for Thoracic Trauma (CTT) continued its growth in 2025. With over 500 patients with thoracic injuries presenting to WMC in 2025, the center saw a greater than 10% increase in operative volume and began seeing patients with subacute and chronic chest wall pathology in the outpatient setting. New technologies for rib fracture localization using augmented reality and rib fracture fixation were adopted to allow for more minimally surgeries with faster recovery. A dedicated website was developed to allow for easier access to outpatients with thoracic injuries.

The WMC CTT presented 3 studies and received its Collaborative Center plaque at the Chest Wall Injury Society's Summit in Atlanta, Georgia. One of the presentations won Best Trainee Presentation at the meeting and the corresponding manuscript was selected as the January 2025 edition of the Journal of Trauma and Acute Care Surgery's "Best of Trauma" article.

The surgical team is actively performing a variety of complex thoracic trauma procedures. These include video-assisted thoracoscopic surgery (VATS) decortication, surgical stabilization of rib fractures (SSRF), and surgical stabilization of sternal fractures (SSSF). Additionally, combined procedures such as VATS with SSRF, as well as cases involving VATS, SSRF, and SSSF together, are being managed. The team also addresses other forms of thoracic trauma, reflecting a broad and advanced clinical expertise in operative trauma care.



› AI-Driven Trauma Registry:

- Launched a pilot initiative leveraging AI-assisted data abstraction within the trauma registry to streamline case review and documentation.
- Improved data accuracy and consistency by automating initial abstraction steps, reducing variability and minimizing missed fields.
- Reduced manual workload for registrars, enabling staff to focus on complex cases, quality improvement insights, and clinical validation rather than routine data entry.
- Established workflow integration and performance metrics to evaluate model reliability, speed, and alignment with ACS TQIP data standards ahead of broader system rollout.

Educational Leadership and Research Excellence

> Surgical Critical Care Fellowship

Established by Dr. Louis R.M. Del Guercio (one of the founders and past presidents of the Society of Critical Care Medicine) and Dr. John Savino, this program has a long tradition and is one of the oldest Surgical Critical Care fellowships in the United States. This rich academic tradition has trained numerous Surgical Critical Care leaders worldwide. With four surgical critical care fellows graduating each year, this comprehensive ACGME-accredited surgical fellowship provides trauma/critical care subspecialty training for surgical residents after completing their general surgery residency. Fellows rotate through our intensive care units, including the Trauma and Surgical ICU, as well as the Burn and Cardiothoracic ICU, actively engaging in the acute management and operative care of critically injured patients. Throughout the year, fellows participate in a robust didactic lecture series, trauma simulations, and take in-house call alongside our eight dual board-certified faculty. This fellowship develops future leaders in surgical critical care.



Jacob Lowry, MD,
Mercer University School of
Medicine- Atrium Health
Navicent, Georgia



Eiman Ghaffarpasand, MD
Suny Downstate
Brooklyn, NY



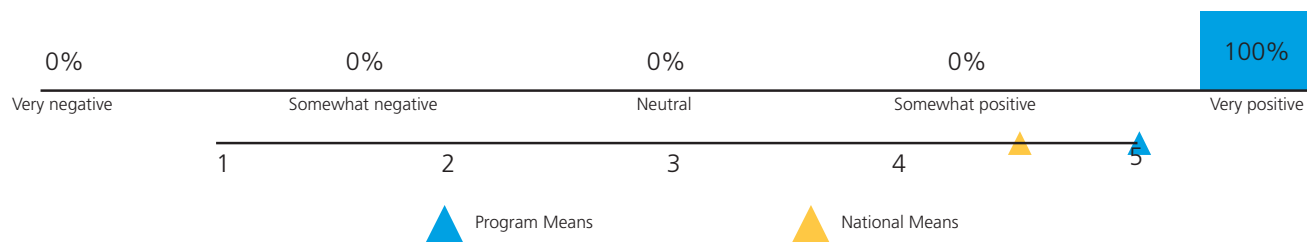
Aleksandr Rakhlin, MD
TMD at Montefiore
Nyack Hospital



David Chadow, MD
Brookdale University Hospital
and Medical Center

2024-2025 ACGME SCC Fellowship Evaluation

Residents' overall evaluation of the program



Program Means at-a-glance



› International Trauma Research Fellowship

Launched in 2022 and expanded to four fellows in 2024, this fellowship promotes global collaboration and cutting-edge research, providing a unique opportunity for knowledge exchange. Selected fellows engage in collaborative projects and work closely with our team to enrich our continuous efforts in trauma surgery research. Fellows also collaborate with medical students and residents as mentors, fostering a collaborative learning environment.



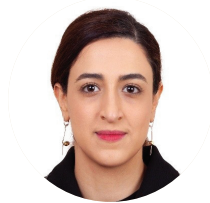
Aryan Rafieezadeh, MD
Trauma Research Fellow
2023-2025



Anna Mary Jose, MD
Trauma Research Fellow
2023-2025



Riddhi Mehta, MD
Trauma Research Fellow
2024-2026



Maral Peisepar, MD
Trauma Research Fellow
2025-2027



Vishmita Kannichamy, MD
Trauma Research Fellow
2025-2027



Samyuktha Harikrishnan, MD
Trauma Research Fellow
2025-2027

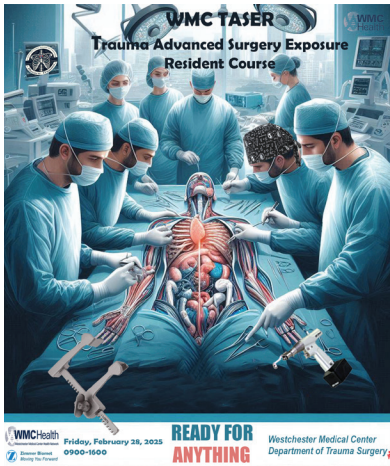


Educational Initiatives

Westchester Medical Center remains committed to advancing trauma education for healthcare professionals and the community. Our 2024 educational offerings included:

› TASER Training

(Trauma Advanced Surgery Exposure Resident Course) is an annual cadaver-based trauma operative techniques course incorporated into the department's surgical education framework. The course is designed for chief and senior General Surgery residents as well as Surgical Critical Care and Trauma fellows, and provides focused instruction in trauma-specific anatomy, surgical exposures, and operative techniques required for emergent and high-acuity trauma cases. The curriculum combines structured didactic content with hands-on cadaveric operative training to reinforce anatomical knowledge, decision-making, and technical proficiency. Through repeated exposure to critical trauma procedures in a controlled learning environment, the course aims to



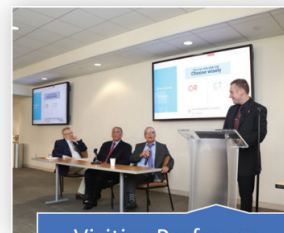
improve trainee confidence, operative readiness, and performance during real-world trauma resuscitations and emergency surgical interventions.

› Visiting Professor Rounds

Engaging sessions with distinguished trauma faculty from across the country enriched our clinicians' knowledge and skills.



2025 Honorary Speakers



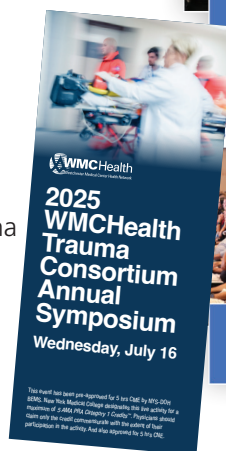
Visiting Professor Rounds



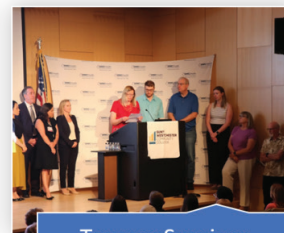
Welcome Address

› Annual Trauma Symposium

This event brought together leading and renowned national trauma experts- (Dr. Lenworth Jacobs, Dr. Pat Reilly, and Dr. Ronald Simon) to share the latest advancements in trauma care, culminating in impactful Survivor Stories presentations.



2025 Annual Symposium



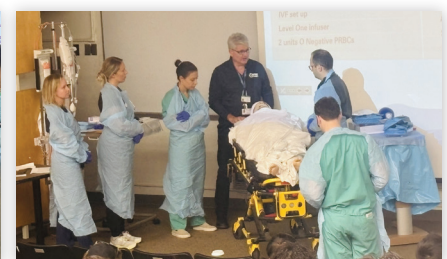
Trauma Survivor Stories & EMS Awards



Trauma Survivors Dinner

› Trauma Simulations

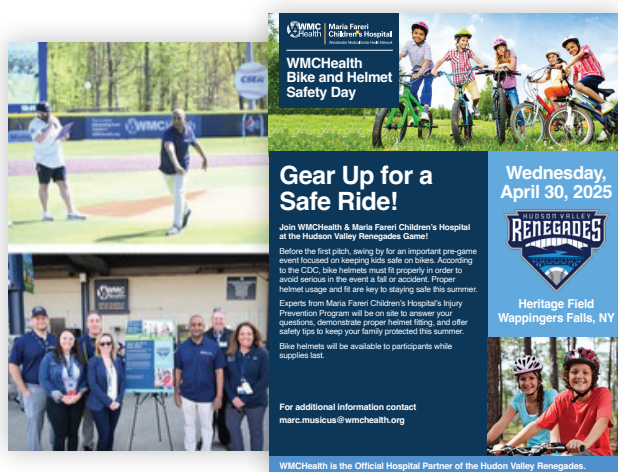
Tailored for high school and medical students the real life simulations provided training in trauma response, emphasizing teamwork and rapid decision-making



Injury Prevention and Community Engagement

In 2025, the Westchester Medical Center Level I Adult Trauma Program significantly expanded its community engagement and injury prevention initiatives, hosting over 20 major events throughout the year. These included high-impact programs such as “Stop the Bleed,” which provided lifesaving hemorrhage control training to participants across the region, and “Stop the Fall,” a multidisciplinary event attended by more than 150 community members focused on geriatric fall prevention through education, home safety, medication management, and exercise. The program also led distracted driving awareness campaigns for local high school students and organized bike and ATV safety days in partnership with regional agencies, reinforcing our commitment to proactive injury prevention and public safety.

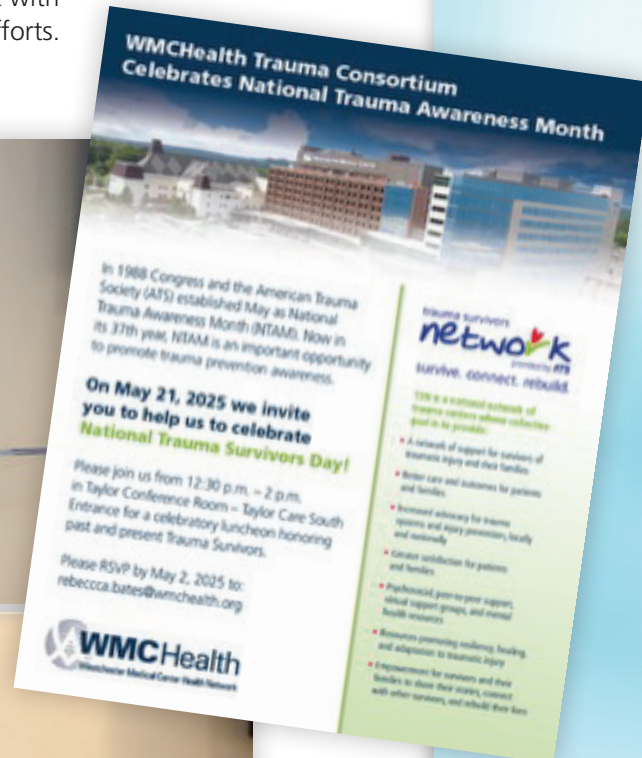
A notable achievement in 2025 was the receipt of a SNUG grant, which will further support violence intervention and community outreach efforts. This award enables our team to expand evidence-based programming, strengthen partnerships with local organizations, and enhance resources for trauma survivors and at-risk populations. Through these initiatives, Westchester Medical Center continues to lead the region in trauma education, prevention, and survivor support, advancing our mission to improve outcomes and foster safer communities.

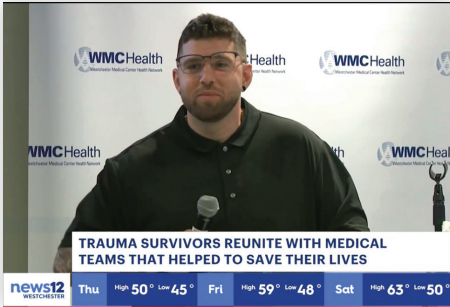


➤ Trauma Survivors Network

We celebrated National Trauma Survivors Day with robust attendance, fostering survivor support and community connections.

We successfully expanded the Trauma Survivors Network with regional and national news campaigns highlighting its efforts.





TRAUMA SURVIVORS REUNITE WITH MEDICAL TEAMS THAT HELPED TO SAVE THEIR LIVES

WMCHealth, Westchester County, and Stew Leonard III Water Safety Foundation Unite to Combat Childhood Drownings

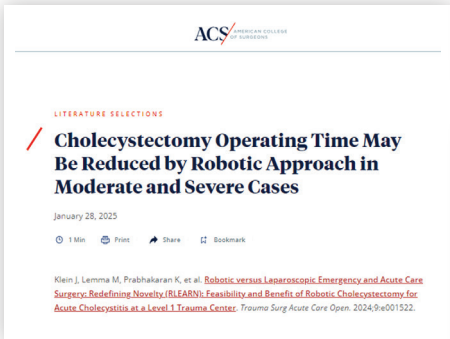
May 21, 2025



David Lubarsky, MD, MBA, FASA
President & Chief Executive Officer
WMCHealth



Kartik Prabhakaran, MD
Section Chief, Trauma & Acute Care Surgery
Westchester Medical Center



Cholecystectomy Operating Time May Be Reduced by Robotic Approach in Moderate and Severe Cases

January 28, 2025

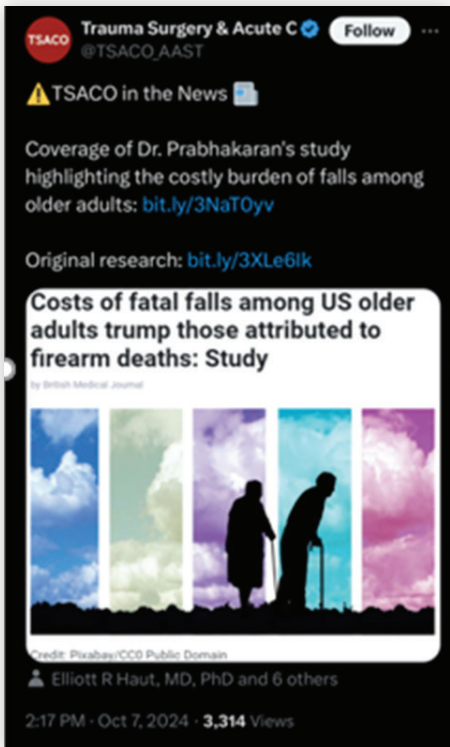
1 Min Print Share Bookmark

Klein J, Lemma M, Prabhakaran K, et al. [Robotic versus Laparoscopic Emergency and Acute Care Surgery: Redefining Novelty \(RLEARN\): Feasibility and Benefits of Robotic Cholecystectomy for Acute Cholecystitis at a Level I Trauma Center](#). *Trauma Surg Acute Care Open*. 2024;9:e001522.

WMC and Maria Fareri Remain only Level I Trauma Center in Region

Level I Represents Most Comprehensive, Complex Care; 9,500+ Trauma Patients Served in 2024

By Victoria Hochman, Community Contributor
May 27, 2025 12:30 pm EDT



Coverage of Dr. Prabhakaran's study highlighting the costly burden of falls among older adults: bit.ly/3NaToYv

Original research: bit.ly/3XLe6ik

Costs of fatal falls among US older adults trump those attributed to firearm deaths: Study

by British Medical Journal



Credit: Pixabay/CCO Public Domain

by Elliott R Haut, MD, PhD and 6 others

2:17 PM - Oct 7, 2024 · 3,314 Views

WMCHealth Trauma Chief Tapped to Shape National Standards for Lifesaving Care

August 14, 2025

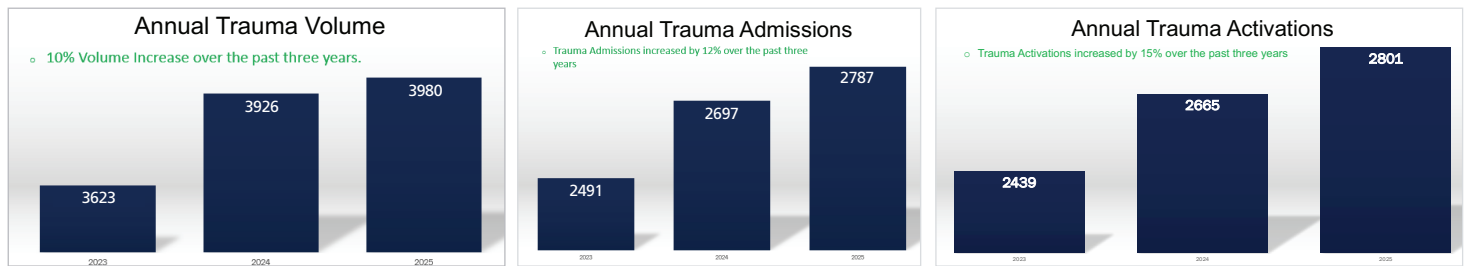


Westchester Medical Center's Director of Trauma and Acute Care Surgery will play a key role in ensuring trauma centers across the nation meet rigorous standards

VALHALLA, N.Y. (August 11, 2025) – Kartik Prabhakaran, MD, Westchester Medical Center's Director of Trauma and Acute Care Surgery, a nationally recognized trauma surgeon and the architect behind the Westchester Medical Center Health Network's (WMCHealth) high-performing trauma consortium, has been appointed by the American College of Surgeons (ACS) as a national site reviewer—placing him among an elite group charged with expanding and upholding the highest standards in trauma care for providers across the United States.

Program Growth and Regional Impact

> Volume Growth



> Surgical Critical Care

Surgical Critical Care remains an essential pillar of the Section of Trauma and Acute Care Surgery at Westchester Medical Center. In 2025, our team of 8 double board-certified critical care surgeons, 4 critical care anesthesiology intensivists, highly skilled nurses, and allied health professionals continued to deliver exceptional, multidisciplinary care to critically ill surgical patients. Through the use of advanced monitoring technologies, evolving evidence-based practices, and strong interprofessional collaboration, the service successfully managed increasingly complex clinical cases while further reducing morbidity and mortality across our patient population.

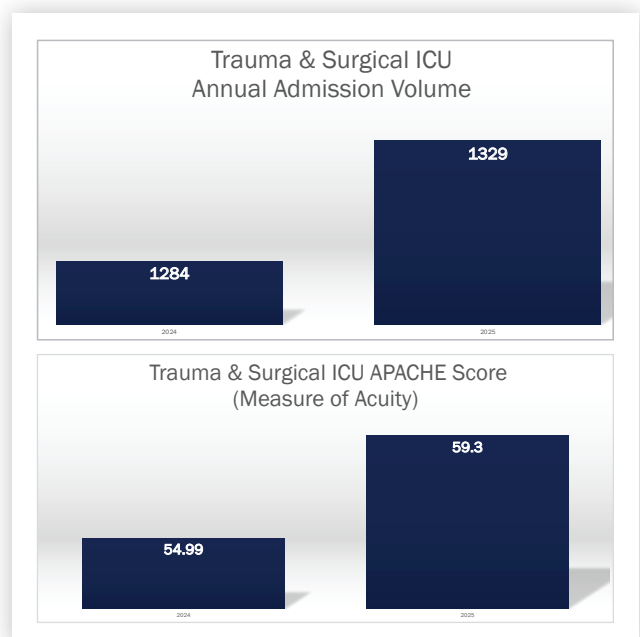
With 22 credentialed beds across the Trauma ICU and Surgical ICU, our service once again exceeded capacity on a near-daily basis. ICU volume continued to rise throughout 2025, surpassing the significant increases already seen in 2024. Our units consistently operated above their staffed and credentialed bed counts, affirming our role as the regional leader for high-acuity surgical critical care. Patients span all surgical disciplines, including trauma, general surgery, surgical oncology, vascular, thoracic, transplant, orthopedics, urology, and obstetrics/gynecology.

> Key Performance Improvements:

- Surgical procedure volume continued to increase, reflecting the growing complexity and throughput of our surgical services.
- Acuity continued to rise, with higher case mix and more resource-intensive patient management needs. Ongoing quality efforts resulted in benchmarked success in significantly low levels publicly reported quality

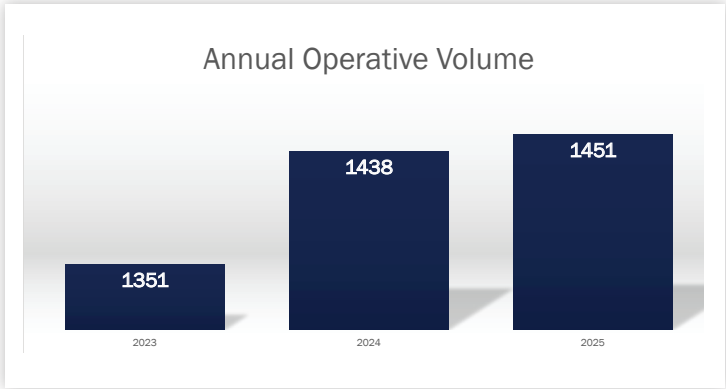
Despite increasing demand and case complexity, the core SCC staffing model remained robust in 2025. Through optimized resource utilization and strong teamwork across nursing, APPs, respiratory therapy, pharmacy, and surgical services, the ICUs maintained high-quality, 24/7 care delivery.

As Surgical Critical Care continues to expand in volume, acuity, and institutional importance, we remain committed to advancing clinical excellence, improving operational performance, and enhancing the patient and family experience across the entire surgical continuum.



➤ Growth in Operative Surgical Volume

Westchester Medical Center provides comprehensive, high-quality care for patients requiring trauma surgery, emergency general surgery, and elective surgical procedures. As a regional referral center for the Hudson Valley and surrounding areas, the hospital delivers around-the-clock surgical coverage for patients with traumatic injuries and acute surgical conditions. Performing more than 1,400 operations each year, the surgical teams care for a diverse population ensuring that patients receive individualized treatment plans, access to modern surgical techniques, and seamless continuity of care.



➤ WMC Comprehensive Hernia Center

The Comprehensive Hernia Center at Westchester Medical Center continues to experience significant growth, reflecting its commitment to delivering advanced, patient-centered care for a wide range of hernia conditions. Take verbiage from the website about the breadth of hernias treated and minimally invasive techniques. This expansion is driven by increasing patient referrals, ongoing investment in state-of-the-art technology, and a multidisciplinary team dedicated to surgical excellence. As the Center grows, it has enhanced its ability to manage both routine and complex hernia cases, while maintaining a strong focus on safety, outcomes, and personalized treatment planning.

Comprehensive Hernia Center

[MAKE AN APPOINTMENT](#)

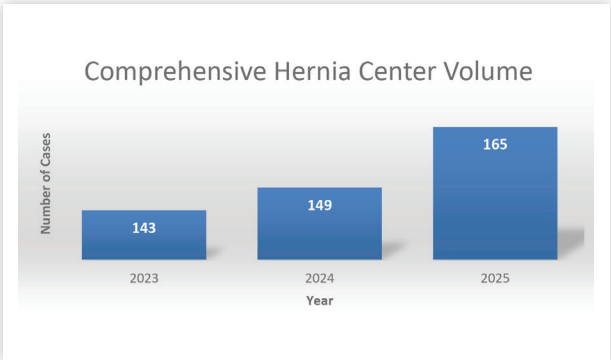
Home

SERVICE LINES

GENERAL SURGERY

COMPREHENSIVE HERNIA CENTER

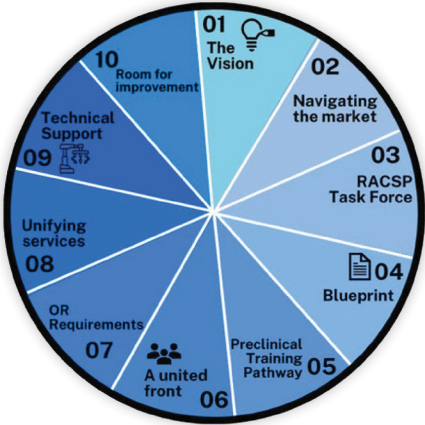
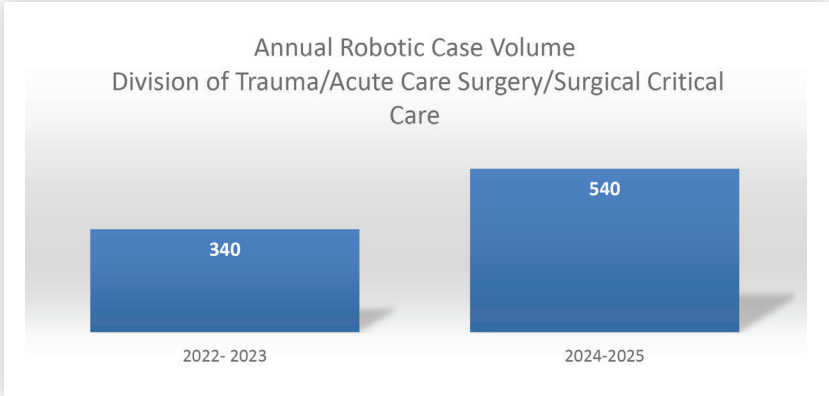
At the Comprehensive Hernia Center at Westchester Medical Center, the flagship of the Westchester Medical Center Health Network (WMCHealth), you receive state-of-the-art hernia care. We treat all types of abdominal wall hernias, from routine to the most complex cases. Our team specializes in minimally invasive, robotic, and open surgical techniques. We work with you to design a hernia care plan based on your specific needs.



Robotic Surgery: Our team is dedicated to delivering advanced, minimally invasive care for a broad range of surgical conditions, including complex and emergency cases. As pioneers in establishing one of the nation’s first 24/7 robotic general surgery programs for both elective and emergency general surgery, our team has transformed the delivery of acute surgical care.

By leveraging stateoftheart robotic technology, our surgical teams perform highly precise procedures through smaller incisions, leading to reduced postoperative pain, shorter hospital stays, and faster recovery times. Since the program’s inception in 2022, the robotic platform has been rapidly integrated into emergency and urgent surgical care, in addition to its use for elective surgeries.

In 2026, our group is projected to surpass a major milestone of more than 1,000 robotic cases, demonstrating the program’s continued growth, depth of experience, and leadership in minimally invasive surgery.



<https://isaco.bmj.com/content/9/1/e001449>

› Leadership and Recognition

Our team held key leadership positions in the **AAST**, **EAST**, and **ACS**, including chairing the **Hudson Valley Regional Trauma Advisory Committee**, serving on the **New York State Trauma Advisory Committee**, and chairing the **Greater New York Committee on Trauma** of the American College of Surgeons.

In 2025, a notable achievement was the receipt of a **SNUG grant**, which will further support violence intervention and community outreach initiatives. This award enables our team to expand evidence based programming, strengthen partnerships with local organizations, and enhance resources for trauma survivors and at risk populations—reinforcing Westchester Medical Center’s leadership in trauma education, prevention, and survivorship support.

› Looking Ahead: 2026 Goals

- › **Sustain Top-Decile Quality:** Integrate TQIP, CMS, Leapfrog, and Press Ganey metrics for public reporting
- › **Leverage Artificial Intelligence and Technology:** Operationalize AI-to augment real-time clinical decision making and triage, and data analysis
- › **Expand Network Integration:** Continue operational efforts at all of our Network’s trauma centers to provide expert care close to home.
- › **Scale Education & Outreach:** Grow TASER, EMS audits, and simulation programs; host 2026 Annual Symposium; expand falls, bleed-control, and road-safety initiatives.
- › **Launch Center for Trauma Survivorship:** Formalize survivor and caregiver support, navigation, and post-discharge coordination.



Our **trauma** program is deeply engaged in showcasing and publishing original research in prominent national and international conferences, as well as esteemed academic journals with significant impact factors. Led by our distinguished faculty, this endeavor places a strong emphasis on nurturing the research skills of medical students, fellows, and researchers who actively participate in and co-author these impactful studies.

› 2025 Presentations at National/International Meetings



Mehta R, Jose A, Prabhakaran K, Rafieezadeh A, Kirsch J, Shnaydman I, Bronstein M, Klein J, Froula G, Carlson A, Zuckerman A, Zangbar B. Tiny Incisions, Tremendous Outcomes: Laparoscopic versus Open Appendectomy in the Elderly. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Mehta R, Rafieezadeh A, Shnaydman I, Kirsch J, Prabhakaran K, Jose A, Froula G, Klein J, Bronstein M, Zangbar B. Pseudoaneurysm Development Following Non-Operative Management of Solid Organ Injury. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Rafieezadeh A, Prabhakaran K, Vetri R, Mehta R, Kirsch J, Shnaydman I, Klein J, Froula G, Bronstein M, Carlson A, Zuckerman A, Zangbar B. Decisions in Crisis: The Impact of Timing on Amputation Outcomes for Severe Lower Limb Injuries. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Rafieezadeh A, Vetri R, Jose AM, Prabhakaran K, Kirsch JM, Shnaydman I, Klein J, Froula G, Bronstein M, Zangbar B. Outcomes of Non-operative Management in Emergency General Surgery. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Jose AM, Shnaydman I, Poster J, Zangbar B, Rafieezadeh A, Prabhakaran K, Bronstein M, Froula G, Klein J, Kirsch JM. Dens Fractures and the Vertebral Artery Dilemma. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Jose AM, Zangbar B, Rafieezadeh A, Prabhakaran K, Froula G, Klein J, Shnaydman I, Bronstein M, Kirsch JM. ABO Compatibility in Platelet Transfusion for TBI: Does Matching Matter for Antiplatelet Reversal? Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.

Jose AM, Poster J, Zangbar B, Rafieezadeh A, Prabhakaran K, Shnaydman I, Klein J, Froula G, Bronstein M, Kirsch JM. Tracheostomies That Never See the Light of Day: Predictors of In-hospital Mortality Following Tracheostomy. Academic Surgical Congress (ASC), Las Vegas, NV. February 2025.



Mehta R, Zangbar B, Prabhakaran K, Jose A, Vetri R, Froula G, Shnaydman I, Kirsch J. Rib Fractures in Frail Geriatric Patients: Does Surgical Stabilization Improve Outcomes? Chest Wall Injury Summit (CWIS), Atlanta, GA. April 2025.

Vetri R, Zangbar B, Prabhakaran K, Rafieezadeh A, Mehta R, Shnaydman I, Klein J, Froula G, Kirsch J. Thoracoscopic versus Open Surgical Stabilization of Rib Fractures in Isolated Thoracic Trauma – A Propensity Score Matched Analysis. Chest Wall Injury Summit (CWIS), Atlanta, GA. April 2025.

Jose A, Zangbar B, Mehta R, Rafieezadeh A, Prabhakaran K, Froula G, Klein J, Shnaydman I, Bronstein M, Kirsch J. Not Damaged Beyond Repair: Early SSRF Improves Outcomes Among Polytrauma Patients with Rib Fractures. Chest Wall Injury Summit (CWIS), Atlanta, GA. April 2025.



Mehta R, Prabhakaran K, Jose A, Bravo M, Rafieezadeh A, Vetri R, Kirsch J, Zangbar B. Timing of Excisional Debridement and Its Effects on Outcomes in Geriatric Burn Patients: A Retrospective Analysis. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Zangbar B, Jose A, Rafieezadeh A, Rodriguez G, Kirsch J, Shnaydman I, Bronstein M, Froula G, Prabhakaran K. A Predictive Scoring System for ICU Outcomes of BIG 3 Traumatic Brain Injury Patients. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Vetri R, Rafieezadeh A, Jose A, Prabhakaran K, Kirsch J, Shnaydman I, Klein J, Froula G, Bronstein M, Zangbar B. Single Day vs Staged Procedures in Isolated Colonic Injury: Propensity Score Match Analysis. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Zangbar B, Ekelmans A, Beck H, Rafieezadeh A, Jose A, Mehta R, Prabhakaran K, Kirsch J, Shnaydman I, Klein J, Froula G, Bronstein M. Factor XA Inhibitor vs Heparin VTE Prophylaxis in Blunt Trauma Patients with Liver Cirrhosis. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Vetri R, Rafieezadeh A, Jose A, Prabhakaran K, Kirsch J, Shnaydman I, Klein J, Froula G, Bronstein M, Zangbar B. Can Airbags Break your Heart? Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Jose A, Zangbar B, Rafieezadeh A, Vetri R, Prabhakaran K, Froula G, Klein J, Shnaydman I, Bronstein M, Kirsch J. Outcomes of Late Extubation or Early Tracheostomy and Many Times Late Tracheostomy. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Jose A, Rafieezadeh A, Vetri R, Prabhakaran K, Kirsch J, Klein J, Bronstein M, Froula G, Shnaydman I, Zangbar B. Our Children are Hurting: A Comprehensive Analysis of Pediatric Self-Inflicted Injuries. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Jose A, Rafieezadeh A, Vetri R, Prabhakaran K, Kirsch J, Klein J, Bronstein M, Froula G, Shnaydman I, Zangbar B. Cold-Hearted: Induced Hypothermia for Traumatic Cardiac Arrest. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Mehta R, Rafieezadeh A, Vetri R, Bronstein M, Froula G, Prabhakaran K, Zangbar B. Effect of THC Positive Screen on Outcomes in Adolescents with Isolated Traumatic Brain Injury. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.

Mehta R, Jose A, Vetri R, Shnaydman I, Prabhakaran K, Bronstein M, Kirsch J, Zangbar B. A Retrospective Analysis of Non-Operative Management for Penetrating Renal Trauma in the Pediatric Population. Southwestern Surgical Congress (SWSC), Santa Rosa, CA. April 2025.



Jose A, Prabhakaran K, Rafieezadeh A, Mehta R, Kirsch J, Klein J, Shnaydman I, Bronstein M, Froula G, Zangbar. Should we let the Sunset or Rise on a Small Bowel Obstruction: Mortality and Readmission rates between operative versus non-operative management. SAGES, FL. March 2025.



Mehta R, Zangbar B, Kirsch J, Jose A, Froula G, Bronstein M, Carlson A, Shnaydman I, Prabhakaran K. Diverting Loop Ileostomy with Antegrade Colonic Lavage Vs. Colectomy in Fulminant C. Difficile Colitis: A Decade-Long Propensity Score-Matched Analysis. 84th Annual Meeting, American Association for the Surgery of Trauma (AAST), Boston, MA. September 2025

Mehta R, Zangbar B, Kirsch J, Rafieezadeh A, Shnaydman I, Klein J, Zuckerman A, Froula G, Prabhakaran K. Timing the Feed: The Impact of Early Enteral Nutrition on Abdominal Trauma Outcomes After Anastomosis. 84th Annual Meeting, American Association for the Surgery of Trauma (AAST), Boston, MA. September 2025.

Mehta R, Prabhakaran K, Jose A, Kirsch J, Rafieezadeh A, Shnaydman I, Froula G, Bronstein M, Klein J, Zangbar B. To Divert or Not to Divert: Rethinking Proximal Diversion in Isolated Non-Destructive Penetrating Rectal Trauma. 84th Annual Meeting, American Association for the Surgery of Trauma (AAST), Boston, MA. September 2025.

Mehta R, Prabhakaran K, Jose A, Rafieezadeh A, Kirsch J, Shnaydman I, Klein J, Zangbar B. Late Debridement, Worse Outcomes: A National Study on Necrotizing Soft Tissue Infections of The Lower Limb. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Vetri R, Prabhakaran K, Rafieezadeh A, Mehta R, Kirsch J, Shnaydman I, Zangbar B. Temporal Variation in Outcomes of Emergency General Surgery in Teaching Hospitals and Analysis of the July Effect. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Rafieezadeh A, Prabhakaran K, Vetri R, Mehta R, Kirsch J, Shnaydman I, Froula G, Zangbar B. Comparative Outcomes of Laparoscopic Versus Robotic Cholecystectomy: An Analysis of The National Readmissions Database. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Vetri R, Prabhakaran K, Jose A, Mehta R, Kirsch J, Shnaydman I, Froula G, Zangbar B. Comparative Study of Four-Factor Prothrombin Complex Concentrate Versus Fresh Frozen Plasma in Isolated Traumatic Brain Injury Patients on Pre- injury Anticoagulation: A Retrospective Analysis. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Jose A, Kirsch J, Rafieezadeh A, Mehta R, Prabhakaran K, Shnaydman I, Bronstein M, Klein J, Zangbar B. Whole Blood and Blood Component Resuscitation in Injured Geriatric Patients. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Rafieezadeh A, Prabhakaran K, Jose A, Vetri R, Kirsch J, Shnaydman I, Bronstein M, Klein J, Froula G, Zangbar B. Life or Limb: Amputation Improves Outcomes for Necrotizing Soft Tissue Infections Among Geriatric Patients. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Jose A, Zangbar B, Rodriguez G, Vetri R, Prabhakaran K, Shnaydman I, Klein J, Bronstein M, Froula G, Kirsch J. Tracking Outcomes of Tracheostomy in ICU Patients: One-year Mortality and Healthcare Trajectories. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Shir M, Prabhakaran K, Vetri R, Rafieezadeh A, Mehta R, Rodriguez G, Kirsch J, Shnaydman I, Bronstein M, Zangbar B. Predicting Mortality in Patients with Necrotizing Soft Tissue Infection. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Ekelmans A, Beck H, Prabhakaran K, Rafieezadeh A, Jose AM, Vetri R, Kirsch J, Shnaydman I, Zangbar B. Traumatic Brain Injury Patterns with Specific Facial Fracture Locations: A TQIP Analysis. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Mehta R, Kirsch J, Rafieezadeh A, Vetri R, Prabhakaran K, Shnaydman I, Froula G, Klein J, Zangbar B. Outcomes After Craniotomy Vs Decompressive Craniectomy for Traumatic Acute Subdural Hematoma. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.

Khanna S, Prabhakaran K, Vetri R, Jose AM, Mehta R, Kirsch J, Shnaydman I, Zangbar B. Clinical Outcomes Associated With Use Of Discretionary Packed Red Blood Cells (pRBCs) Or Whole Blood (WB) Vs No Blood Transfusion in Trauma Patients. Clinical Congress, American College of Surgeons (ACS), Chicago, IL. October 2025.



Jose A, Kirsch J, Rafieezadeh A, Mehta R, Prabhakaran K, Shnaydman I, Froula G, Bronstein M, Zangbar B. Nationwide Analysis of Whole Blood Resuscitation in Injured Pregnant Women. Association of Women Surgeons Annual Conference, Chicago, IL, October 2025.

	<p>D'Agostino T, Kannichamy V, Zangbar B, Shnaydman I, Mehta R, Froula G, Peisepar M, Kirsch J, Prabhakaran K. A Single Center Study on Outcomes Of 1-2 Units of PRBC/ Whole Blood Versus No Transfusion in Adult Trauma Patients. The American College of Surgeons COMMITTEE on TRAUMA Resident paper competition, NY Chapter.</p> <p>Cabrera-Valdes B, Rafieezadeh A, Prabhakaran K, Mehta R, Jose A, Froula G, Shnaydman I, Bronstein M, Zuckerman A, Kirsch J, Zangbar B. Comparison of Early vs. Delayed Laparotomy in Trauma Patients with Mesenteric Injury. The American College of Surgeons COMMITTEE on TRAUMA Resident paper competition, NY Chapter.</p> <p>Jose A, Mehta R, Prabhakaran K, Kannichamy V, Peisepar M, Kirsch J, Froula G, Klein J, Shnaydman I, Zangbar B. Integrating Frailty and Sarcopenia for Risk Stratification in Geriatric Trauma: A Single-Center Pilot Study. The American College of Surgeons COMMITTEE on TRAUMA Resident paper competition, NY Chapter.</p> <p>Poster J, Kannichamy V, Prabhakaran K, Vetri R, Kirsch J, Mehta R, Froula G, Peisepar M, Bronstein M, Shnaydman I, Zangbar B. Revisiting Intracranial Pressure Monitoring in Pediatric Traumatic Brain Injury: A Contemporary TQIP Database Analysis. The American College of Surgeons COMMITTEE on TRAUMA Resident paper competition, NY Chapter.</p>
	<p>Sharma I, Mehta R, Kirsch J, Rafieezadeh A, Vetri R, Prabhakaran K, Shnaydman I, Froula G, Klein J, Zangbar B. Outcomes After Craniotomy Vs Decompressive Craniectomy for Traumatic Acute Subdural Hematoma. 2025 NY Chapter ACS Surgical Symposium, Bolton Landing, NY, May 2025</p> <p>Mosquera M, Jaramillo N, Rafieezadeh A, Prabhakaran K, Jose A, Mehta R, Kirsch J, Shnaydman I, Froula G, Bronstein M, Zangbar B. Pediatric Fall Injuries: Risk Factors for Increased Mortality. 2025 NY Chapter ACS Surgical Symposium, Bolton Landing, NY, May 2025</p>
	<p>Rodriguez G, Kirsch J. Firearm Storage Practices and Associated Demographic and Behavioral Factors in Pediatric Suicide: A Comparison of Non-Firearm and Unlocked-Firearm vs. Locked-Firearm Methods. APHA 2025 Annual Meeting, Washington D.C. November 2025.</p>
	<p>Mehta R, Zangbar B, Prabhakaran K, Kannichamy V, Peisepar M, Shnaydman I, Froula G, Kirsch J, Carlson A. Age-Dependent Futility of Emergency Department Thoracotomy Defined by Mechanism and Signs of Life. Western Trauma Association (WTA) Annual Meeting, Big Sky, MT.</p>
	<p>Maguire K, Breen J, McCaul B, Prabhakaran K. Enhancing Massive Transfusion Protocol (MTP) Review through Standardized Multidisciplinary Process. Trauma Quality Improvement Program (TQIP) Annual Meeting, Chicago, IL.</p> <p>Maguire K, Kinkead B, Prabhakaran K. Streamlining Trauma Registry Workflows Across a Multi-Center Network: A Model for Standardization, Efficiency, and Sustainability. Trauma Quality Improvement Program (TQIP) Annual Meeting, Chicago, IL.</p>

➤ Peer Reviewed Trauma and ACS Publications in 2025

Zangbar B, Mehta R, Kirsch J, Jose A, Froula G, Bronstein M, Carlson A, Shnaydman I, Prabhakaran K. Diverting Loop Ileostomy with Antegrade Colonic Lavage Vs. Colectomy in Fulminant C. Difficile Colitis: A Decade-Long Propensity Score-Matched Analysis. *Journal of Trauma and Acute Care Surgery* 2025. Status: Accepted.

Rafieezadeh A, Prabhakaran K, Vetri R, Mehta R, Kirsch J, Shnaydman I, Klein J, Froula G, Bronstein M, Carlson A, Zuckerman A, Zangbar B. Decisions in Crisis: The Impact of Timing on Amputation Outcomes for Severe Lower Limb Injuries. *Journal of Surgical Research* 2025. Status: Accepted

Zangbar B, Mehta R, Prabhakaran K, Jose A, Vetri R, Froula G, Shnaydman I, Kirsch J. Rib fractures in frail geriatric patients: Does surgical stabilization improve outcomes? *Journal of Trauma and Acute Care Surgery*. 2025. 11:10-97.

Ekelmans A, Rafieezadeh A, Prabhakaran K, Jose A, Kirsch J, Shnaydman I, Klein J, Froula G, Zangbar B. Trauma Outcomes in Patients with a History of Cerebrovascular Accident. *Journal of Surgical Research*. 2025 Dec 1;316:209-14.

Bauman ZM, McIlvaine Q, Ude N, Nguyen J, Whitbeck SA, Sütöri D, Athas V, Seoane J, Saïtes C, Bustillo-Aruca V, Shnaydman I. Traumatic clamshell thoracotomy closure using plates and screws-A new look for a challenging exposure: A pilot study. *Injury*. 2025 Nov 12.

Murphy PB, Coleman JJ, Wilson DJ, Maring M, Gellings J, Biesboer E, Kamine TH, Mukherjee K, Bonne S, Boltz MM, Winfield RD. Understaffed and overworked: The stark reality of acute care surgeon staffing in the United States, an Eastern Association for the Surgery of Trauma multicenter study. *Journal of Trauma and Acute Care Surgery*. 2025 11:10-97.

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Jose AM, Kirsch J, Prabhakaran K, Rafieezadeh A, Mehta R, Vetri R, Shnaydman I, Bronstein M, Klein J, Zangbar B. A fall too far: Trauma outcomes in the uninsured fall patient. *Surgery*. 2025 Nov 1;187:109665.

Wilson DJ, Gellings JA, Coleman J, Mukherjee K, Bonne S, Boltz M, Hartwell JL, Bruns B, Kurle J, Hassan M, Todd SR, Prabhakaran K, et al. Beyond capacity: an EAST multicenter mixed-methods study exploring surgeon perceptions on patient ratios in acute care surgery. *Trauma surgery & acute care open*. 2025 Nov 13;10(4).

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management of incarcerated and strangulated inguinal hernias requiring urgent surgical intervention: A systematic review, meta-analysis, and practice management guideline from the Eastern Association for the Surgery of Trauma. *Journal of Trauma and Acute Care Surgery*. 2025 Nov 11:10-97.

Poltiyelova E, Sunkara N, Kirsch J, Bronstein M, Tewari V. S4613 Biliary Peritonitis Without Luminal Perforation After Pan-Endoscopy. *Official journal of the American College of Gastroenterology| ACG*. 2025 Oct 1;120(10S2):S986.

Perea LL, Fletcher KL, Morgan ME, McNickle AG, Fraser D, Rosenthal M, Wang E, Goldenberg A, Hancin E, Smith AA, Leoni JA. Moderate-to High-grade Blunt Liver and Spleen Injuries Warrant Repeat Imaging to Identify Treatable Complications: Results of the Radiographic Evaluation of Delayed Solid Organ Complications EAST Multicenter Trial. *Annals of surgery*. 2025 Oct 1;282(4):580-91.

Jose AM, Kirsch J, Prabhakaran K, Rafieezadeh A, Mehta R, Shnaydman I, Klein J, Froula G, Carlson A, Zangbar B. Should we let the sun set or rise on a small bowel obstruction: mortality and readmission rates in operative versus nonoperative management. *Surgical Endoscopy*. 2025 Sep 12:1-9.

Zangbar B, Rafieezadeh A, Jose A, Kirsch J, Shnaydman I, Froula G, Klein J, Bronstein M, Prabhakaran K. Social and Racial Disparity Impacts Victims of Physical Abuse Among Trauma Patients. *Journal of Surgical Research*. 2025 Sep 1;313:58-65.

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Mehta R, Prabhakaran K, Jose A, Bravo M, Rafieezadeh A, Vetri R, Kirsch J, Zangbar B. Timing of excisional debridement and its effects on outcomes in geriatric burn patients: A retrospective analysis. *The American Journal of Surgery*. 2025 Jul 17:116528.

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Rafieezadeh A, Prabhakaran K, Jose A, Kirsch J, Zangbar B. Early Versus Late Venous Thromboembolism Prophylaxis in Patients with Severe Blunt Solid Organ Injury. *Injury*. 2025 Jun 12:112524.

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Jose AM, Rafieezadeh A, Kirsch J, Ebanks M, Shnaydman I, Froula G, Prabhakaran K, Zangbar B. Unveiling the impact of trauma during pregnancy. *The American Journal of Surgery*. 2025 Feb 1;240:116124.

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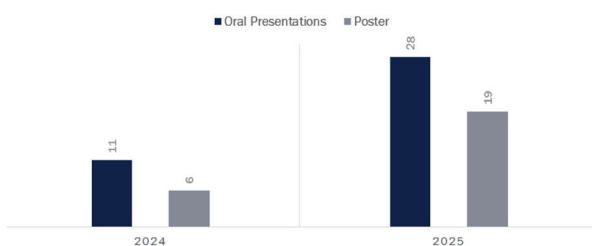
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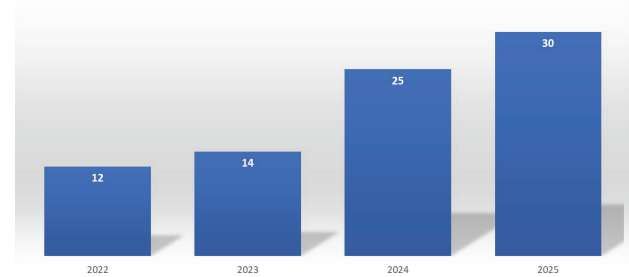
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Increase in Prestige of Invited Presentations at National meetings



Peer-Reviewed Publications



➤ Awards 2025

1. American Association for the Surgery of Trauma (AAST) 20 for Twenty Scholarship
2. Best Trainee Presentation at 9th Annual Meeting of Chest Wall Injury Society
3. Best Podium Presentation at 22nd Annual Lou Del Guercio Research Day
4. Best Moderated Poster Presentation at 22nd Annual Lou Del Guercio Research Day
5. Best Poster Presentation at 22nd Annual Lou Del Guercio Research Day

➤ Multicenter Research Studies

Principle Investigator	Primary Coordinating Site	Study Title
Jordan Kirsch, DO	Baylor College of Medicine	The Impact of Veno venous Extracorporeal Membrane Oxygenation on Trauma Patient Outcomes: Should We Cannulate?
Jordan Kirsch, DO	University of Kentucky	Cerebrovascular Injury Antithrombotic Therapy in Trauma: An EAST Multicenter Trial Study of Stroke Prophylaxis in Blunt Cerebrovascular Injury (BCVI)
Jordan Kirsch, DO	Tulane University School of Medicine	Optimizing Venous Thromboembolism Prophylaxis (VTEp) in Patients Who Have Sustained Operative Spinal Trauma
Jordan Kirsch, DO	Medical College of Wisconsin	Anti Factor Xa Monitoring of Venous Thromboembolism Prophylaxis in Emergency General Surgery Patients: A prospective multi-center study
Jordan Kirsch, DO	New York Medical College	Metabolic Risk Factors as a Causative Factor for Rib and Sternal Fracture Non and Malunion: A Multi- Institutional Collaborative Study
Gabriel Froula, DO	University of California Riverside	Prophylactic and Resuscitative Endovascular Balloon in Gynecology & Obstetrics (PREGO) TRIAL

➤ Extramural Research Funding

Principle Investigator	Sponsor	Study Title
Kartik Prabhakaran, MD	Acelity	Application of Prevena™ Incision Management System in Complex Abdominal Wall Reconstruction with Biological mesh and other major laparotomies.
Matthew Bronstein, MD	Allergan	Long term patient reported outcomes following Complex abdominal wall reconstruction with Strattice. A prospective observational study.

Maria Fareri Children's Hospital Level 1 Pediatric Trauma Center

At Maria Fareri Children's Hospital (MFCH), our Pediatric Trauma Program is dedicated to providing exceptional, multidisciplinary care to injured children and their families. As the region's only Level I Pediatric Trauma Center, we deliver comprehensive trauma care 24/7, supported by specialized teams in Pediatric Surgery, Critical Care, Emergency Medicine, Radiology, Rehabilitation, Mental Health, Quality and Safety, and of course, our outstanding Nursing team.

In January 2025, the program achieved a significant milestone by successfully completing ACS reverification with zero deficiencies—the first time in the program's history. This accomplishment reflects our strengthened infrastructure, a highly robust Performance Improvement and Patient Safety (PIPS) framework, and deep multidisciplinary collaboration across MFCH and the WMCHealth Network.

Throughout 2025, the program further enhanced clinical operations, expanded performance improvement initiatives, advanced research engagement, grew community outreach efforts, and reinforced regional pediatric readiness. The team also devoted significant effort to strengthening our trauma registry infrastructure—modifying inclusion criteria, standardizing data-entry practices, building reliable and reproducible data reports, and improving the accuracy and consistency of case capture across the continuum of care.

Collectively, these achievements position MFCH as a leader in pediatric trauma care and set the stage for continued excellence in 2026



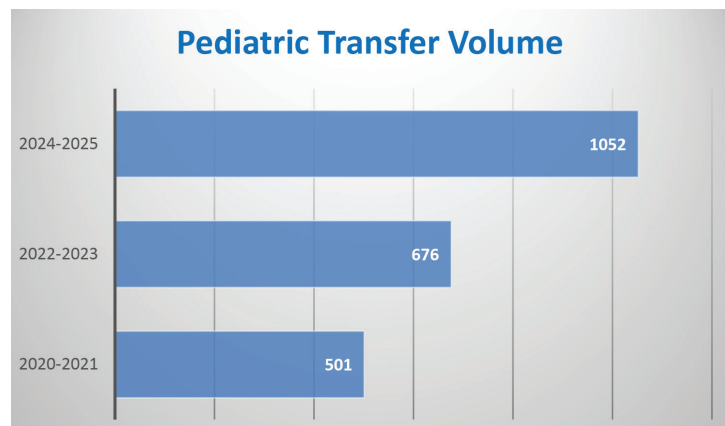
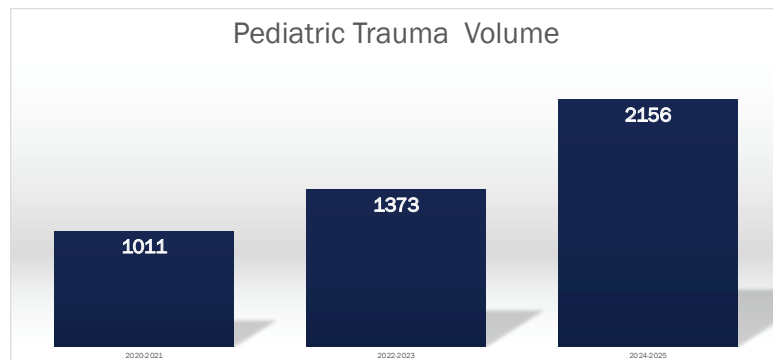
Commitment to Excellence

> Volume Growth

Over the past five years, our Pediatric Level 1 Trauma Program has experienced substantial and sustained growth. Trauma volume increased 35% between 2020–21 and 2022–23, followed by an even sharper 59% rise through 2024–25. Overall, this represents a 115% increase in volume from baseline—underscoring both rising regional demand and the expanding capability of our trauma team to deliver high-acuity pediatric care.

> Transfer Volume:

As our overall pediatric trauma volume has grown, we've also seen a significant rise in transfer volume—more than doubling since 2020

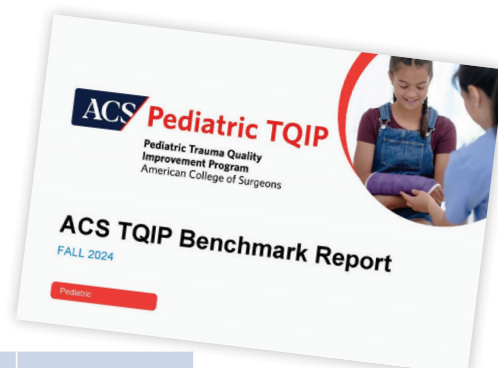


› Mechanism of Injury

Falls were the leading cause of pediatric trauma, representing nearly half of all injuries this year. Struck/Cut mechanisms accounted for the second largest share at about 16%, often involving children being hit by objects, colliding with furniture or playground equipment, or sustaining accidental cuts during play or daily activities. Motorvehicle-related injuries collectively made up roughly 15%, with occupants, pedestrians, and cyclists each contributing distinct patterns important for targeted safety efforts.

› Patient Outcomes

Our program ranked in the top 10% nationally for risk adjusted major hospital events including death. These achievements reflect a commitment to evidence-based care and continual performance improvement.



Top 10% Risk Adjusted Major Hospital Events Including Death

Table 4: Risk-Adjusted Major Hospital Events Including Death by Cohort

Cohort	Patients N	Major Hospital Events Including Death				Odds Ratio and 90% Confidence Interval			Outlier	Decile
		Observed Events	Observed (%)	Expected (%)	TQIP Average (%)	Odds Ratio	Lower	Upper		
All Patients	814	6	0.7	2.1	2.6	0.42	0.25	0.70	Low	1

Performance Improvement & Patient Safety (PIPS)

In 2025, the Pediatric Trauma Program made significant updates and enhancements to its Performance Improvement and Patient Safety (PIPS) infrastructure, strengthening real-time multidisciplinary collaboration. These efforts resulted in a cohesive, data-driven PI framework that has become the gold standard across the five-center WMCHHealth Trauma Network.

› Strengthening the PI Framework

A major achievement was the development of a comprehensive PI Data Dictionary that clearly defines audit filters, minimum levels of review, and priority monitoring areas. This resource streamlined the PI process, improved consistency, and supported clear accountability across the continuum of care. In parallel, the trauma registry system was enhanced to fully integrate Performance Improvement documentation and tracking, enabling reliable, real-time review.

› Standardizing Care Through Clinical Practice Guidelines

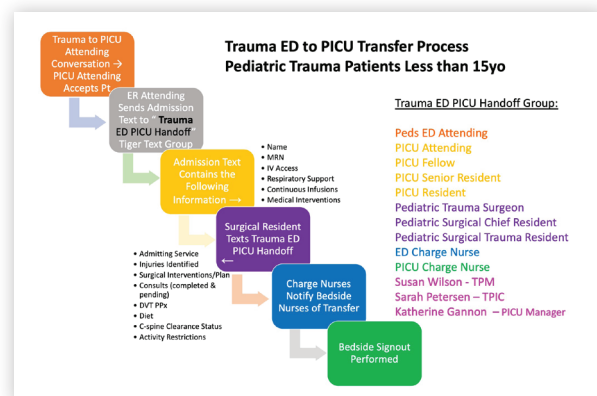
To promote consistent, evidence-based care, multiple Clinical Practice Guidelines were updated and new guidelines were developed to reflect recent advances in pediatric trauma care. These efforts strengthened standardization across services and supported high-quality, evidence-based trauma care.

› Expanding Collaborative Case Review

A structured PICU–Trauma collaborative case review process was launched, bringing together multidisciplinary teams to evaluate complex cases in detail. Key findings are reviewed at the Trauma Performance and Operations Committee (TPOC) / PIPS meetings, fostering transparency, shared learning, and system wide improvement.

› Improving Communication and Handoff Processes

Recognizing the importance of safe transitions of care, a redesigned ED-to-PICU handoff process was implemented using structured communication pathways. This enhancement improved situational awareness, interdisciplinary coordination, and patient safety during high-risk transitions.



Regional and National Leadership

The impact of this work extended beyond MFCH. The Pediatric Trauma Program Manager presented A Team-Based Approach to Standardizing Performance Improvement Across a Five-Center Trauma Network at the 2025 TQIP National Conference, highlighting the scalability and success of the program's real-time review, standardized audit filters, and data-driven loop-closure model.



Education and Outreach

Throughout 2025, the Pediatric Trauma Program demonstrated a strong commitment to education, professional development, community outreach, and injury prevention. Through multidisciplinary teaching, regional collaboration, and public engagement, the program strengthened pediatric trauma knowledge across the WMHealth Network and the broader community.

Professional Education and Workforce Development

Student Mentorship & Career Development

- Pediatric Trauma Faculty Dr. Christa Grant & Dr. Kathryn Martin, presented at Dept. of Surgery Student Mentorship Career Day
- Pediatric Trauma Program Manager Susan Wilson Supported hands on trauma simulation experiences for student participants.

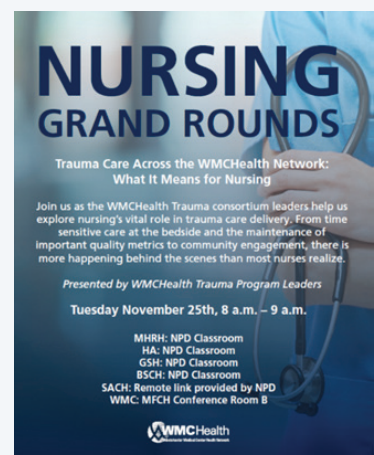
Regional & National Educational Forums

- Pediatric Orthopedic Trauma Faculty Dr. Matthew Dow presented Pediatric Fracture Management at Good Samaritan Hospital Trauma Symposium
- Pediatric Chief of Surgery and Trauma Medical Director Dr. Dylan Stewart presented Pediatric Trauma at the Northern Region Trauma Symposium
- Pediatric Trauma Faculty Dr. Kathryn Martin presented Pediatric Trauma at the DCC EMS Conference



Nursing Education & System Integration

- Pediatric Trauma Program Manager Susan Wilson copresented with Network Director of Trauma Services at Nursing Grand Rounds, discussing Trauma Care Across the WMHealth Network.



> Simulation and Skills-Based Education

Advanced Clinical Workshops

- › At the WMCHHealth Trauma Symposium Pediatric Critical Care Faculty Dr. Gary Tatz led a Pediatric Advanced Airway Workshop.



High-Fidelity Trauma Simulation

- › The Pediatric Trauma Team Delivered a multidisciplinary pediatric trauma simulation
- › EMS crew from the real actual case was recognized and reunited with the patient and family.



Participating Faculty & Team Members

- › **Dr. Dylan Stewart**, Chief, Pediatric Surgery; Trauma Medical Director
- › **Dr. Monica Chow**, Pediatric Trauma Surgeon
- › **Jennifer Bricker, PA**, Surgical Physician Assistant
- › **Susan Wilson, MSN, RN**, Pediatric Trauma Program Manager
- › **Sarah Petersen**, Pediatric Trauma Program Coordinator
- › **Brianna MacCaul**, Adult Trauma Program Coordinator
- › **Marc Muscus**, Injury Prevention Coordinator
- › **Dr. Julia Levasseur**, Pediatric Critical Care Faculty
- › **Dr. Harshadkumar Patel**, Orthopedic Surgery Faculty
- › **SUNY Westchester EMS Students**

Pediatric Trauma Mock Alerts

- › Initiated high-fidelity Pediatric Trauma Mock Alerts in the ED
- › Involved ED leadership, nursing education, pediatric trauma leadership & pediatric critical care.
- › Improved team communication, role clarity, and readiness for high-acuity cases.



Community Outreach and Injury Prevention

Trauma Survivors Day & Family Engagement

- › Hosted Pediatric Trauma Survivors and families during National Trauma Survivors Day (May).
- › Held the program's first onsite blood drive, connecting families to lifesaving initiatives.



Safety & Prevention Initiatives

- › Conducted a Car Seat Safety Event with public education and safety checks.
- › Led falls, Pedestrian Safety and Drowning prevention education across multiple community events.
- › Distributed 100+ bicycle helmets to promote rider safety.



Caregiver Support and Family-Centered Outreach

Caregiver Support Group

- › Launched monthly Caregiver Support Group in collaboration with Child Life Therapy
- › Providing emotional support, education, and community for families of injured children.
- › Demonstrates commitment to trauma-informed, family-centered care beyond hospitalization.



Grants and Recognition

In 2025, the Pediatric Trauma Program continued to demonstrate leadership in pediatric readiness, injury prevention, and innovation through successful grant participation and external recognition. These achievements directly supported program growth, enhanced community outreach, and strengthened long-term sustainability of pediatric injury prevention initiatives.

The program was recognized with Innovator Status through the New York State Always Ready for Children Program, reflecting a sustained commitment to advancing pediatric emergency and trauma care, strengthening system readiness, and implementing best practices across the continuum of care. This recognition further positioned the program as a regional leader in pediatric trauma readiness and quality improvement.

Through a New York State Governor's Traffic Safety Committee Grant for Child Passenger Safety, the Pediatric Trauma Program expanded its injury prevention efforts by distributing more than a dozen car seats to families in need and providing education on proper child passenger safety. This grant funding will allow the program to further expand car seat safety programming, increase community engagement, and reach additional families at risk.



Looking Ahead to 2026:

Continue to expand the Pediatric Trauma Caregiver Support Group to provide ongoing support and resources for families.

Collaborate with perioperative services to further streamline processes and improve timely access to the operating room for trauma patients.

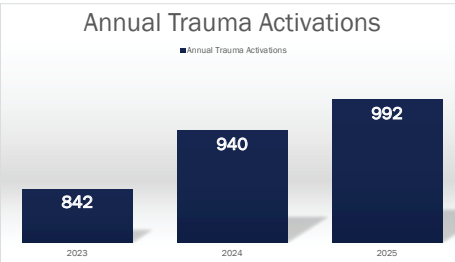
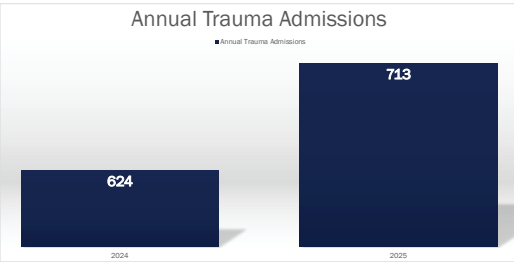
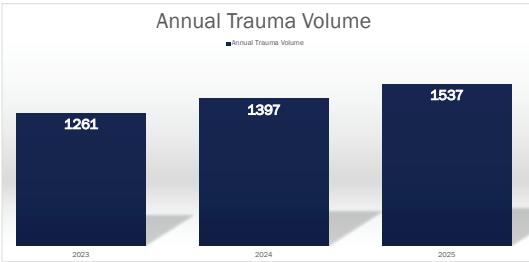
Continue advancing pediatric readiness through ongoing education, simulation, and quality improvement initiatives.

MidHudson Regional Hospital

Level II Adult Trauma Center

In 2025, MidHudson Regional Hospital (MHRH) reaffirmed its position as a leading Level II Adult Trauma Center within the WMCHHealth Trauma Consortium. Our dedication to excellence was evident through advancements in patient care, staff development, and community outreach. This annual report outlines our major accomplishments, innovative practices, and ongoing commitment to the well-being of the Hudson Valley community.

MHRH maintained its Level II Adult Trauma Center designation, reflecting our continued focus on delivering high-quality, evidence-based trauma care. In 2025, we introduced new clinical protocols and adopted advanced technology to optimize patient outcomes. Our trauma team’s ongoing education and multidisciplinary collaboration ensured that each patient received expert and compassionate care, raising our standards higher than ever.



Recruitment and Staffing

2025 saw significant growth in our team with the appointment of Dr. Dennis-Roger Phillip, MD, FACS, as Trauma Medical Director. With the recruitment of Dr. Sameer Kaiser, the core team of Dr. Ryan Malcom along with Dr. Bardiya Zangbar, Dr. Gabriel Forula, and Dr. Sameer Kaiser has added to its expertise in elective and minimally invasive general surgery and surgical critical care. We also expanded our team of Physician Assistants and Nurse Practitioners, improving our ability to provide rapid, specialized care and manage complex trauma cases. This expansion enhanced patient coverage and continuity of care.

› Performance Improvement and Quality Process Enhancements

Performance improvement has remained central to our mission. Collaboration with community, health care, and governmental partners allowed us to identify and address challenges, implement best practices, and foster a culture of continuous quality improvement, ultimately leading to more efficient processes and improved patient outcomes.

› Continued Emphasis on Quality Care

- › Updated patient care guidelines to ensure consistent, high-quality treatment from arrival through discharge.
- › Implemented trauma-specific pain management protocols, enhancing patient comfort and recovery.
- › Utilized data-driven approaches to monitor patient progress, enabling timely interventions and individualized care plans

Top 20% National Ranking in Trauma Outcomes and Quality in the American College of Surgeons Trauma Quality Improvement Program

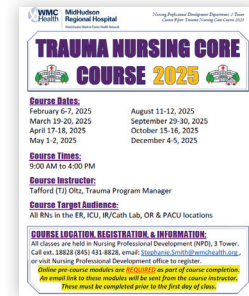
➤ Advancements in Trauma Care

We embraced innovative technologies, such as advanced monitoring systems and telemedicine consultations, to extend our reach, especially in rural areas. These advancements allowed us to deliver specialized trauma care efficiently throughout the region.

➤ Trauma Education Initiatives

Our commitment to excellence in trauma care is reinforced through various educational initiatives:

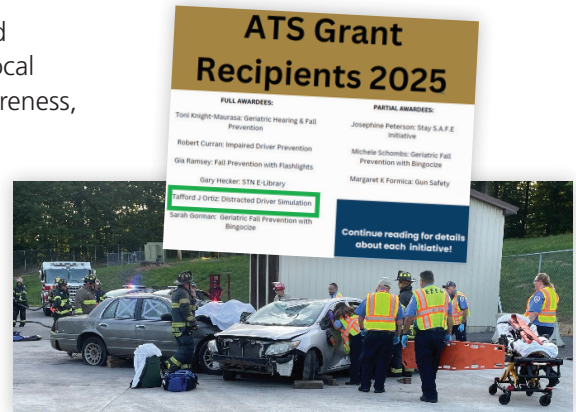
- Mock trauma code drills to maintain readiness.
- Northern Region “Roadside to Bedside” Symposium for pre-hospital providers (October 2025).
- Trauma education for new staff members and ongoing Trauma Nursing Core Course (TNCC) sessions.
- Contributions to the Emergency Department Newsletter and presentations at quarterly Pre-Hospital Continuing Medical Education (CME) events.



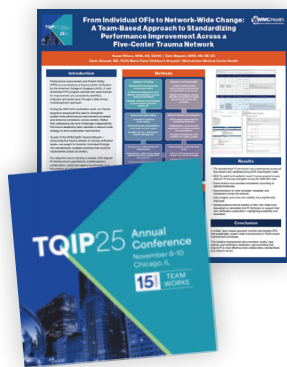
➤ Community Education and Partnership

Our commitment to community health deepened through targeted outreach programs, educational seminars, and partnerships with local organizations. Initiatives focused on injury prevention, trauma awareness, and comprehensive support for patients and families.

- Expanded distracted driving prevention efforts, reaching more than 4,600 students and parents.
- Fall injury prevention initiatives, including a major campaign in November 2025.
- Co-Hosted the 100 Deadliest Days Community Event in July 2025 to address seasonal injury risks.



➤ Leadership and Outreach



- Presented a poster at the 2025 TQIP Conference in Chicago, IL: “Transitioning from Legacy to Modern Trauma Registries: A Collaborative Approach to Enhancing TQIP Reporting.”
- Hosted the FBI NY Executive Level Public Tabletop Exercise (July 2025), a first-of-its-kind national event held at MHRH
- Participated in the 2025 Law Enforcement Summit and Dutchess County Chiefs’ Association Meeting (September 2025),



Our efforts in 2025 elevated awareness, advanced injury prevention, and reinforced partnerships within the WMCHHealth network, MidHudson Regional Hospital, and the Trauma Service. Looking ahead to 2026, MHRH is committed to further innovation, growth, and delivering exceptional trauma care to all those we serve.

Good Samaritan Hospital Provisional, Level III Adult Trauma Center

Over the past year, Good Samaritan Hospital has seen triple digit increases in patient volume and activations. We have worked hard to partner with the pre-hospital community to create a robust multi-disciplinary trauma program that is both patient-centered but also focus on the highest quality of care as outlined in our most recent Trauma Quality Improvement Program report. We are below national benchmarks on infection rates and complications while continuing to remain in the lowest percentile for patient length of stay. Together with the trauma staff, emergency department and all other facets of the hospital, we have grown our program and are on a trajectory of continued growth into the future.

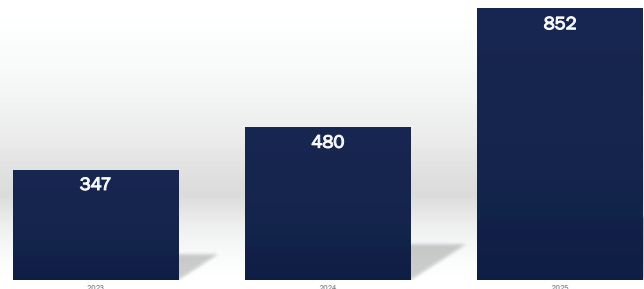


- › GSH has added a trauma physician assistant to help coordinate the care of all trauma patients throughout the hospital continuum.
- › GSH has initiated a morning trauma huddle where all key stakeholders discuss patient care, address issues in real time and identify potential areas of improvement.

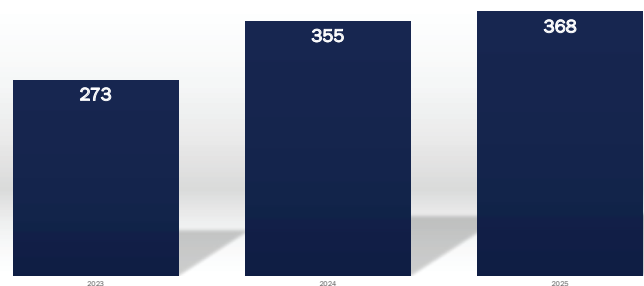
› GSH Annual Volume:-

GSH Community Outreach - The Trauma Program remains deeply committed to injury prevention and community engagement through a wide range of impactful initiatives. Our annual Roadside to Bedside symposium provides high-value, hands on education for EMS partners, strengthening regional pre-hospital readiness and collaboration. This year, we also hosted a High School Career Expo at Good Samaritan Hospital, featuring an immersive trauma simulation that introduced students to real-world emergency care and inspired the next generation of healthcare professionals. Our robust Fall Prevention Program continues to serve older adults through education, home safety strategies, and mobility support. In addition, the Good Samaritan Hospital Trauma Program recently received an \$8,000 Sisters of Charity of Saint Elizabeth Ministry Grant, which will be used to purchase essential assistive devices—such as canes, grabbers, night lights, and grip socks—to support our largest trauma population, the geriatric community. Together, these initiatives strengthen safety, reduce preventable injuries, and enhance support for vulnerable populations across the region.

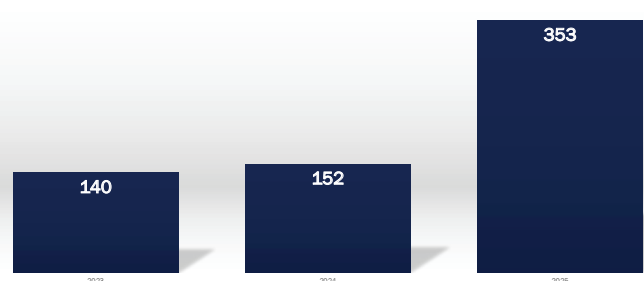
Annual Trauma Volume



Annual Trauma Admissions



Annual Trauma Activations





➤ Looking Ahead:

Good Samaritan Hospital is energized and fully committed to our journey toward ACS Trauma Center verification. Our official reporting year launched in August 2025 and will continue through July 2026, during which our team is advancing performance improvement, strengthening clinical processes, and refining documentation to meet the highest national standards. We anticipate welcoming the American College of Surgeons for our verification site visit in November 2026, marking a significant milestone in our efforts to elevate trauma care, enhance system readiness, and ensure exceptional outcomes for the communities we serve.

HealthAlliance Hospital

Provisional, Level III Adult Trauma Center

As the newest trauma center in the consortium, HealthAlliance Hospital continues to advance with determination and pride. This year has been marked by an extraordinary increase in the number of trauma patients cared for at HAHV along with preparation for our first-ever American College of Surgeons (ACS) consultative visit, scheduled for January 2026—a milestone that reflects years of dedication and collaboration across disciplines. Our team has worked tirelessly to tailor community-based trauma care to ACS standards, balancing innovation with resource expansion, and ensuring that every patient receives care rooted in excellence and compassion. We are proud to stand as a beacon of high-quality trauma services for the northern region, offering injured patients timely, expert care while building the foundation for long-term verification success. This progress underscores our commitment not only to meeting national benchmarks but also to elevating the standard of trauma care for our community and beyond.



› Recruitment

As we continue to build and expand our trauma program, we are proud to welcome additional trauma surgeons and trauma/acute care surgery physician assistants to our team. Their expertise will strengthen our coverage and ensure that patients across the northern region receive timely, specialized care. This expansion reflects our commitment to growing a robust multidisciplinary program that meets the evolving needs of our community.

› Performance Improvement Initiatives

This year, our team advanced several performance improvement initiatives designed to elevate patient care. Clinical Practice Guidelines were modernized and updated to enhance the management of spine fractures, critically ill patients, and those with neurotrauma. These evidence-based updates ensure that our clinical practices align with national standards while addressing the unique needs of our patient population.

› New Technology

We continue to invest in technology that supports excellence in trauma care. The addition of the technology for rapid transfusion of blood products has improved our ability to deliver life-saving resuscitation in critical situations. Furthermore, the addition of the Da Vinci surgical robot expands our surgical capabilities, offering minimally invasive options that improve outcomes and recovery for patients.

> Trauma Volume

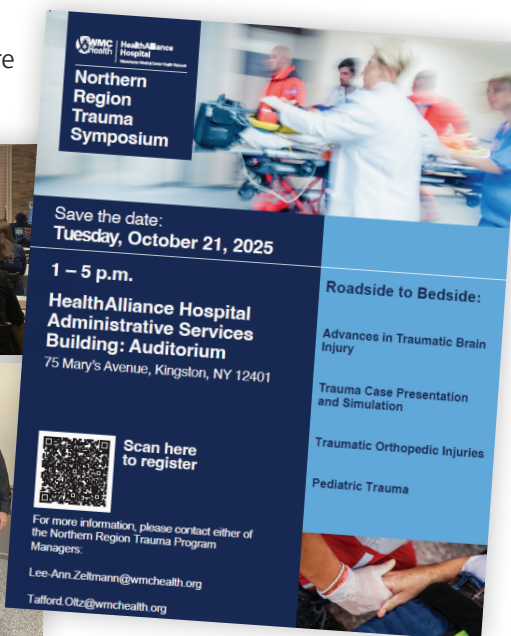
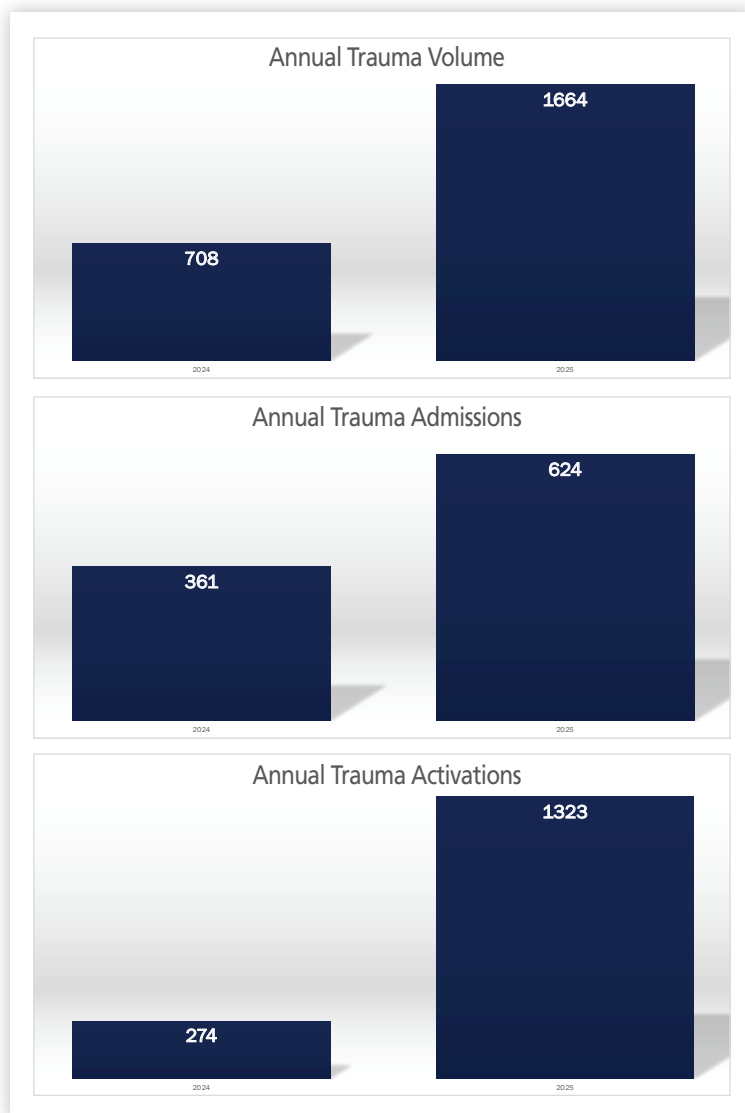
Our trauma program has seen significant growth in patient volume, underscoring the essential role we play in Ulster County, Dutchess County, Delaware County and beyond. Each patient encounter represents not only the trust placed in our team but also the opportunity to deliver high-quality, compassionate care to those most in need. Notably, trauma admissions volume has increased by **73%** compared to last year, a remarkable rise that demonstrates both the growing confidence in HAHV from our community and the critical need for this trauma program within Ulster County (and neighboring counties). This surge highlights the importance of our continued expansion and reinforces our mission to provide timely, expert care to every injured patient who comes through our doors.

> Community Outreach

We remain deeply engaged with our community partners, with a special focus on outreach to senior citizens. Through collaborative initiatives, we have improved injury prevention, awareness, and access to trauma resources for vulnerable populations, including elderly, children, and other vulnerable populations. These efforts strengthen the bond between our hospital and the community we serve.

> Education

Education remains a cornerstone of our program. This year, we proudly hosted the Northern Region Trauma Symposium, bringing together professionals from across the region to share knowledge, foster collaboration, and advance trauma care standards. We also participated in trauma symposia in Dutchess and Westchester counties, and enhanced educational opportunities within HAHV.



HealthAlliance Hospital in Kingston debuts new robotic surgical system

Posted 2025-11-19, Daily Freeman Headlines

KINGSTON, N.Y. — HealthAlliance Hospital welcomed a new da Vinci robotic surgical system on Wednesday, the first of its kind in Ulster County. The system, described by hospital officials as “state-of-the-art,” is designed for minimally invasive procedures. The system is operated by a surgeon, who uses controls while... [read full story](#)



› Summary

As a provisional Level III Adult Trauma Center, HealthAlliance Hospital is in an exciting growth phase. This year has been one of massive expansion, learning, and collaboration as we continue to strengthen the foundation of our program. Welcoming new providers, refining clinical guidelines, investing in equipment, and engaging in education and outreach have all been important steps forward. The increase in trauma admissions reminds us of the real need for these services in our community and the responsibility we carry to meet that need with compassion and diligence. We remain focused on strengthening our foundation, elevating standards, and ensuring that every patient receives care rooted in excellence, compassion, and innovation. With determination and pride, we look forward to the next chapter in our journey.

Looking ahead to 2026, the WMCHealth Trauma Consortium is poised to build on this year's successes with a focus on sustaining top-decile quality, leveraging artificial intelligence new technology, advancing our academic mission of impactful research, training the next generation of trauma and acute care surgeons, and expanding education and outreach programs.

Key priorities include continuing to achieve successful verification with commendation, integrating TQIP, CMS, Leapfrog, and Press Ganey metrics for public reporting, and launching a formal Center for Trauma Survivorship.

We will continue to invest in advanced technologies, multidisciplinary education, and community partnerships to further elevate trauma care and prevention across the region. Our vision is to remain at the forefront of trauma innovation, quality, and patient-centered care.



Kate Maguire

Kate Maguire MSN, RN, NE-BC
Network Director, Trauma Services
Westchester Medical Center Health Network



CONCLUSION

The achievements of 2025 are a testament to the dedication, expertise, and collaborative spirit of the WMCH Health Trauma Consortium. Through clinical excellence, research leadership, and community engagement, our network continues to have a profound impact on trauma care in the Hudson Valley.

As we look to the future, we are committed to continuous improvement, innovation, and partnership—ensuring that every patient receives the highest standard of care, and that our communities are safer, healthier, and better prepared for the challenges ahead.





WMCHealth Trauma Consortium



**Westchester
Medical Center**



**Maria Fareri
Children's Hospital**



**MidHudson Regional
Hospital**



**Good Samaritan
Hospital**



**HealthAlliance
Hospital**

