

## 2008 California Trauma System Summit Summary

The **goal of the California Trauma System Summit** was to discuss the history of trauma systems development in California, examine various publications on systems trauma care, and develop a strategy through consensus for implementation working groups to improve care for the critically injured patient on a statewide level.

**Special thanks** were given to **UC Davis Medical Center** and the State of California **Office of Rural Health** for committing significant resources to the California Trauma System Summit.

The Summit was attended by 198 trauma stakeholders including EMS administrators, surgeons, (trauma, general, vascular, neurosurgery, orthopedics, and plastics), emergency department physicians, EMS medical directors, trauma coordinators, trauma managers, trauma directors, emergency nurses, air transport providers, mid-level providers, hospital administrators, EMS providers (paramedics, EMTs, and first responders), trauma consultants, Department of Corrections EMS providers, and State of California staff.

Director of the Emergency Medical Services Authority (EMSA) **R. Steven Tharratt**, MD, MPVM, opened the Summit charging participants to become part of the **“System of Systems”** and uncover a mechanism to improve trauma care through statewide partnerships. **David Wisner**, MD, FACS, Chairman of Department of Surgery and Trauma Chief at UC Davis Medical Center encouraged participants to look at trauma systems with fresh eyes and **seek partnerships** through regionalization.

Morning presentations featured:

**David Hoyt**, MD, FACS, Chairman of the Department of Surgery at UC Irvine Medical Center history of trauma for the State of California. His presentation began a history of trauma for the State of California. Dr. Hoyt's presentation began in the 18<sup>th</sup> century with kitchen table surgery rapidly progressing to the utilization of trauma centers thought out the country. He discussed the **success of the local trauma systems** by the local EMS agencies (LEMSA) and why the LEMSA model uniquely works for California. Dr. Hoyt ended with a charge to **look toward the next steps** in the development of a State Trauma System.

**Gail F. Cooper**, Trauma, EMS, and Public Health Consultant, and one of the principle authors of the HRSA Model Trauma Plan introduced selected Benchmark Indicator Standards pertaining to California. Mrs. Cooper discussed the California Trauma System Plan and how it fits into the Model Trauma Plan. She encouraged the group to "Just Do It" and **build on the synergy** of the Summit to **create a regionalized approach** to care for the critically injured patient.

**Robert C. Mackersie**, MD, FACS, Professor of Surgery at UC San Francisco, Director of Trauma at San Francisco General Hospital & Trauma Center, and Past Chair of the American College of Surgeons (ACS) Committee on Trauma – Trauma Systems Planning & evaluation addressed the ACS perspective. Dr. Mackersie presented a research based approach to trauma systems and reviewed various articles describing trauma systems. He then spoke on the activities of the ACS Trauma Systems and Evaluation Program and the **need for regionalization**. Dr. Mackersie ended with a charge to **improve trauma care through regionalization**.

**Dr. Hoyt** returned to the podium and addressed the next steps for California trauma systems development. Maps of California showing field EMS patient flow patterns, disaster planning, and various regional boundary proposals were discussed.

Afternoon break-out sessions featured:

The afternoon sessions featured three breakout sessions. Each session provided a forum for all participants to present feedback on the topics discussed.

**H. Gil Cryer, MD, PhD, FACS** and **N. Clay Mann, PhD, MS** addressed the **challenges of data collection and quality of care** within a regional approach.

**Ramon W. Johnson, MD, FACEP, FAAP** and **Gail F. Cooper** discussed the **Benchmark Indicator Standards** from the **HRSA Model Trauma Plan** applied to California's "System of Systems".

**Dr. Hoyt** and **Dr. Mackersie** facilitated a discussion about **possible regional boundaries** for California. The Drs. Presented various thought provoking maps of California regions and the participants provided direct feedback. A **five region approach received majority consensus**. Dr. Hoyt reiterated that "**Regional lines are not brick walls but a starting point to develop regions**". Various constituents voiced concern over the effectiveness and roles of Regional Trauma Coordinating Committees. **Christoph Kaufmann, MD, FACS**, active member in Oregon's regionalized approach, **provided glimpses into Oregon's State Trauma System**.

**Trauma stakeholders came back together** for a final session with summaries from the breakout sessions. The Summit ended with an opportunity for all stakeholders to weigh in on the "Next Steps for California". **Consensus was achieved for the Regionalized Trauma Coordinating Committee to create a "System of Systems" guiding California on a new path for the care of critically injured patients.**

## 2008 California Trauma System Implementation Working Group Summary

The Implementation Working group began with a summary from the Trauma System Summit by David Hoyt, MD, FACS, Chairman of the Department of Surgery at UC Irvine Medical Center. Dr. Hoyt then facilitated a discussion about various system processes concluding with consensus for statewide regionalized approach.

A. Brent Eastman, MD, FACS, Chief Medical Officer & Corporate Sr. Vice President facilitated a discussion uncovering barriers to regionalization and concepts that can be overcome through regionalization. Dr. Eastman initiated a dialogue with Dr. Jay Goldman, Heidi Holtz, Jam Ogar, Dr. Sam Stratton, and Virginia Hastings discussing access, medical control, disaster, data, and quality improvement. Each person discussed the challenges and possible success that could be achieved through regionalization.

The consensus of the group was that California should have a regional approach to overcome the barriers presented. The Implementation Work Group broke into interim Regional Trauma Coordinating Committees (RTCC) forming the foundation for regionalization in California. Dr. Hoyt then charged each group with the need to create an inclusive regional approach with two deliverables within one year.

The interim RTCC chose provisional leaders and discussed roles and responsibilities, membership, and deliverables. The RTCC left with planned future meeting times and the recognition that another Trauma System Summit should be planned. EMSA agreed to seek funding sources to assist the RTCCs.