



2016 California Trauma Summit

The California Trauma System 2016: Wuzup...?



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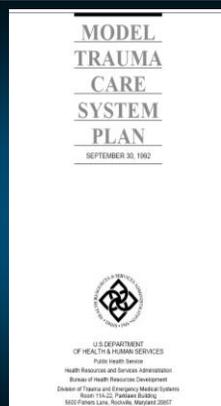
Busy year...

- Trauma Plan nearing final approval (we hope...)
- 1st ACS Systems Consultation (state-wide)
- Initiation of trauma regulations revision process (since 1999)
- Trauma systems PI plan finalized
- Continuing work on re-triage; starting 9 Level I Center study
- Trauma centers now reviewed under 'Orange Book'
- TQIP to be required of all ACS centers Jan 2017
- 1ST look at needs-based designation (NBATS)



ACS Trauma System: The California consult visit

TRAUMA SYSTEM: An organized set of legal, regulatory, and administrative structures coupled with human resources and medical care facilities, integrated in a way that provides optimal care and rehabilitation to victims of injury and informs and supports injury prevention & research.



1992 MTCSP: What a system IS.

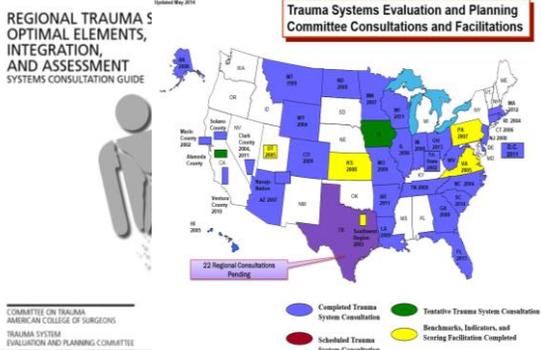
- Leadership
- System Development
- Legislation
- Finances
- Injury Prevention & Control
- Human Resources
 - workforce / education
- Pre-hospital
 - EMS, transport, communication, disaster
- Definitive Care
 - TCs, transfers, rehab
- Information systems
- System evaluation (performance improvement)
- Research

2006 Model Trauma System Planning and Evaluation: What a system DOES.



- **Assessment**
 - systems needs vrs. resources
 - injury epidemiology
 - 'burden of injury' & system performance
 - cost effectiveness
- **Policy Development**
 - Comprehensive authority
 - Trauma Plan & modifications
 - Prevention public policy
 - Establishes evidence-based system guidelines
 - Is driven by assessment
- **Assurance**
 - Use of laws, regulations, standards
 - System PI & oversight body
 - Integration of primary, secondary, tertiary prevention
 - Strategic planning (workforce, all-hazards preparedness, etc)

External Trauma System Evaluation



American College of Surgeons

COMMITTEE ON TRAUMA

Consultation Program
for Trauma Systems



ACS-COT Trauma Systems Consultation



- Consultative, not verification (**no one fails!**)
- Multi-disciplinary structure
- Independently derived recommendations
- Consensus-based process
- Basis = Inclusive trauma system (MTCSP)
- Basis = best interests of the patient
- Collaborative development:
 - (HRSA, NHTSA, CDC, NASEMSD, ACEP)
 - based on national objectives (HRSA, NHTSA)

California's Assessment March 22-25, 2016 San Diego California The Team

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California Trauma System: Advantages and Assets

- History of leadership in trauma systems
- Dedicated volunteerism
- EMS Authority is engaged and supportive
- Fairly good coverage by Level I/II Trauma Centers
- A decentralized local governance model addresses local needs
- A well-written trauma plan
- Enabling legislation with regulatory authority
- Data collection systems are evolving

Challenges and Vulnerabilities

- ❑ California is a large and heterogeneous state
- ❑ Minimal trauma system resources at EMSA
- ❑ Regulations are dated and are too permissive
- ❑ The LEMSAs are functionally isolated
- ❑ Volunteer resources stretched to their limit
- ❑ Limited interaction with non-trauma facilities
- ❑ Varied trauma center designation process
- ❑ Dependence on grant funding threatens continuity of key functions

Key Recommendations

Statutory Authority and Administrative Rules

Update regulations to address changes to be consistent with the proposed *California State Trauma Plan, 2015*.

Establish in regulation scalable minimum operational standards based on the size and resource capabilities of the urban, suburban, and rural LEMSAs.

California State Trauma Plan Objectives

- ❑ Develop guidance for assessment of trauma regulators compliance for designated Trauma Centers
- ❑ Revise trauma regulations taking into consideration population base and available resources
- ❑ Compare trauma regulations with current ACS verification requirements
- ❑ Amend trauma regulations to incorporate rehabilitation needs
- ❑ Review existing statute to ensure adequate funding and appropriate distribution of funds.

System Leadership

Establish basic quality and activity reporting standards and report templates for the LEMSAs to receive sufficient data to assess state trauma system performance.

Consider scalable reporting standards for LEMSAs based upon size, activity, available resources, and degree of system development.

Formalize the structure and charge of the RTCCs and continue to develop their function, especially in domains of clinical practice guidelines and quality assurance programs.

California State Trauma Plan Objectives

- ❑ Facilitate communication among the LEMSAs, RTCCs, and STAC for purposes of system development
- ❑ Utilize the expertise, resources, and technical assistance of the RTCCs to assist with regional trauma care issues.

Definitive Care Facilities

Establish guidelines to ensure uniformity of the Trauma Center designation process

Use the ACS verification process for all Level I and Level II Trauma Centers

Use the ACS verification process for Level III Trauma Centers operating in proximity to higher level Trauma Centers within a LEMSA.

Modify the designation process for Level III and Level IV Trauma Centers operating in a LEMSA without a higher level Trauma Center, or in areas of a LEMSA not served by other Trauma Centers

Definitive Care Facilities

Support the authority of the LEMSAs to designate Trauma Centers based upon the needs of the population served.

Provide guidelines for needs-assessment methodology.

Provide guidelines for metrics of Trauma Center need that are additional to the 350,000 population rule.

Support the authority of the LEMSAs to collect data from all acute care facilities in their region.

California State Trauma Plan Objectives

- Periodically assess the number and level of Trauma Centers to evaluate access to trauma care
- Outline the responsibilities and expected participation in the trauma system for non-designated acute care hospitals

System-wide Evaluation and Quality Assurance

Expedite the adoption of the state PIPS Plan

Solidify the core PI measures within the state PIPS Plan

Consider incorporating the best practices, processes and metrics identified from LEMSAs with well-established PIPS plans.

Monitor the performance measures, especially timeliness of secondary transfers and under- and over-triage, and address trends in deviation of care through the PIPS Plan process.

California State Trauma Plan Objectives

- Create a State Trauma PIPS committee as a subcommittee of the STAC
- Direct cross-regional issues to specific PI Project Work Groups for study and recommended resolution
- Provide data and feedback to LEMSAs to assist in optimizing local PIPS processes
- Explore participation in the ACS TQIP as a state, including a cost-benefit analysis
- Explore tools to identify variations in care and outcomes

Epidemiology

Create an injury report template for the LEMSAs, and provide a list of EpiCenter queries to use to complete the injury report. Include a list of queries from the EMS and trauma registries when those are included in the set of databases used by EpiCenter.

California State Trauma Plan Objectives

- Partner with existing agencies focusing on statewide injury prevention for the purpose of establishing best practice based on scientifically evaluated injury prevention strategies
- Develop specific database queries
- Create a recommended minimal data set to be submitted to LEMSA trauma registries from non-trauma facilities
- Develop standard reports provided to LEMSA itemizing Trauma Center data compliance

Coalition and Community Support

Collaborate with the Trauma Managers Association of California in their efforts to roll out a statewide media campaign to educate the public about the trauma system

California State Trauma Plan Objectives

- Develop a plan for providing information to the public regarding the structure and function of the State Trauma System
- Promote regional efforts to educate the public on trauma systems and the role and effectiveness of Trauma Centers
- Provide public education regarding trauma systems and injury prevention following high profile traumatic events

Trauma System Plan

Obtain approval for the *California State Trauma Plan, 2015* in as expeditious a manner as possible, while gaining broad stakeholder feedback.

Establish a timeline and begin implementation of the key elements of the trauma system plan.

Identify sufficient funding for the timely implementation of the trauma system plan

California State Trauma Plan Objectives

- Conduct periodic assessment and modifications to the California State Trauma Plan
- Integrate the State Trauma Plan with the California Public Health and Medical Emergency Operations Manual Plan for natural and manmade incidents
- Conduct a review of local trauma plans in the context of the State Trauma Plan

Financing

Seek a stable and sustainable funding source to support trauma system planning, oversight, and evaluation at the state level.

Produce a report of the costs, value of the trauma system and trauma care, and the importance of maintaining trauma center readiness

Use information within the Cost and Value Trauma Report to inform elected officials and the public about the importance of the trauma system and the challenges in sustaining the existing trauma center resources.

California State Trauma Plan Objectives

- Work with researchers and hospitals to establish a basis for estimating the actual cost for trauma care
- Identify critical Trauma System components and the cost to develop and maintain
- Research the cost and cost savings of quality trauma care to educate the public and local legislature

And for this coming year...

- Implement trauma plan in alignment with ACS Systems survey recommendations
- Trauma Plan finally and officially approved
- Begin official trauma regulations revision process (open regs)
- TQIP state consortium
- 100% State Trauma Registry participation with routine state reports
- Collaboration with OSHPD and CDPH for non-trauma facility data on trauma patients