TRAUMA CENTER ASSESSMENT –
Does One Size Fit All?

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Trauma Center Assessment:

The vision for California is to develop a statewide inclusive trauma system that assures rapid access to care for all individuals within one hour following major injury.
Trauma Center Assessment:

**Trauma System Goals:**

- Decrease the incidence and severity of trauma
- Ensure access to care
- Prevent unnecessary deaths and disabilities
- Contain costs
- Implement performance improvement
- Ensure appropriate resources
Trauma Center Assessment:

Trauma Systems should seek to minimize variations and quality of care delivered.
An effective evaluation process should review and verify the qualifications of facilities according to a specific set of resources and quality standards.
Trauma Center designation is the responsibility of the local EMS Agency in the State of California.
Trauma Center Assessment:

Trauma Center verification is the responsibility of American College of Surgeons.
LEMSA is responsible to the public to ensure the trauma center provides quality care.

This is partially accomplished through verification.
The American College of Surgeons is the nationally & internationally recognized authority in trauma care.
Trauma Center Assessment:

ACS review process has been utilized in Los Angeles County since 1983.

LA County has used for 25 + years (over 133 surveys).
Trauma Center Assessment:

Should the ACS verification process be the standard for Trauma Center assessment and designation in the State of California?
Trauma Center Assessment:

PRO – ACS criteria are similar to the California Code of Regulations
Trauma Center Assessment:

CON – ACS criteria are not identical to the California Code of Regulations
Trauma Center Assessment:

PRO –

ACS review process is utilized in 44 of the 50 states
CON – ACS review process is not utilized nationally
Alternate processes utilized seem to be based upon ACS standards – but lack the depth and history
Trauma Center Assessment:

PRO –
ACS has implemented processes to ensure consistency
CON – Inconsistencies/inaccuracies in the review process still exist
EXAMPLE ONE –

“This 2 year-old was found down by the patient’s mother. The boyfriend described the child as falling off of a cardboard box. EMS found the patient with a heart rate of 130 and good capillary refill, with a respiratory rate of 30. **A full trauma team was activated.** Upon arrival, the patient underwent evaluation by the ED physician. **No trauma team was activated.** FAST exam........”
EXAMPLE TWO –

Executive Summary / Weakness:
“The trauma flow sheet is suboptimal, lacks collection of all data points; and documentation is often incomplete.”

Same Report –
Hospital Facilities/ A. Emergency Department:
“The reviewers judged the trauma flow sheet to be of good quality, and documentation was usually thorough.”
CON – ACS verification review cost a minimum of $13,000.
Can a one day survey and review of a small percentage of charts ensure quality care?

Can recommendations from ACS improve trauma care.
So, should ACS be the standard utilized statewide for trauma center assessment?
We need to look at the process in more depth.
The are benefits to being verified by a nationally recognized body
ACS seems willing to change with the times and needs of the community?
Will there be changes in methodology used by the ACS
Will we see State and or National comparisons
Trauma Center Assessment:

If so, should verification by the ACS be required for designation by the local EMS Agency?
Trauma Center Assessment:

If so, for all levels of Trauma Centers?
LA County has utilized the ACS for this external independent review for the last 30 years
Trauma Center Assessment:

While ACS has worked for LA Co. Does One Size Fit All?