

Arkansas Department of Health

Trauma Overview



Act 393 of 2009-Trauma System Act

- Trauma System: an organized and coordinated plan within a state that is integrated with the local public health system and delivers the full range of care to patients with severe or life threatening injuries



Trauma Center Definition

- A trauma center is a hospital which has received a Trauma Center designation certificate after successfully completing a rigorous site survey to determine, based on resource availability and overall capability, the appropriate level of designation

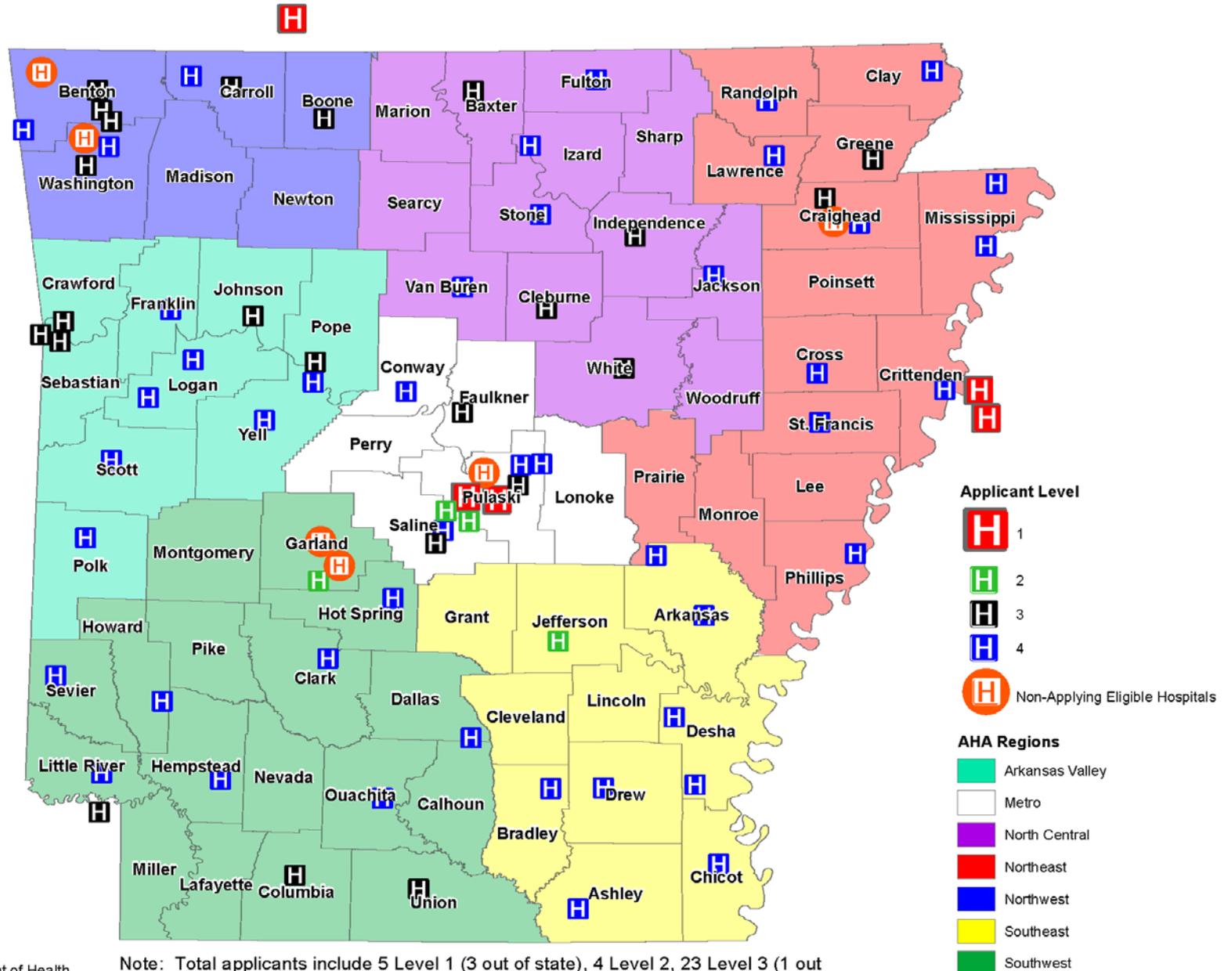


Trauma Center Levels

- Level I – comprehensive clinical care and community resource (education, research and outreach)
- Level II – comprehensive clinical care
- Level III – treatment of mild and moderate single system injuries
- Level IV – stabilization and transfer



Arkansas Trauma System Eligible Hospitals and Applicants



Note: Total applicants include 5 Level 1 (3 out of state), 4 Level 2, 23 Level 3 (1 out of state), and 45 Level 4 hospitals, for a grand total of 77 participating hospitals.



Benefits of a Trauma System

- Trauma system will shorten the time getting injured patients to definitive care - one state with a “call center”, as Arkansas has, reports an average of 4 hours saved per patient
- Will often allow for patient to receive state-of-the-art care within the “golden hour”, which is the first 60 minutes following the injury



Benefits of a Trauma System

- Should reduce deaths by trauma in motor vehicle accidents by 25% (168 lives) (2005 data)
- Should provide a tangible cost savings in motor vehicle crash deaths of \$193 million per year (2005 data)
- Our developing statewide trauma system will help save lives!



Implementation

- Trauma Section Staff
 - 1 Trauma Section Chief
 - 3 Trauma Program Managers
 - 3 Trauma Program Nurses
 - 1 Epidemiologist to assist in data collection
 - 2 Administrative Assistants
- Sub-grants to hospitals, EMS providers, and EMS training sites
- Communications system & Call Center



Implementation

- Governor's Trauma Advisory Council (Trauma Regional Advisory Councils (TRACS))
- Hospital designation
- Other sub-grants and contracts (injury prevention, rehabilitation, system enhancements, etc.)





A System
SAVING LIVES



Arkansas Department of Health

ATCC Overview

Getting the **Right Patient** to the
Right Hospital at the **Right Time**



The ATCC (Trauma Comm)

- Created in 2009 with Act 393
 - As part of the Arkansas Trauma System
- Purpose: To facilitate “prompt communication & coordination of available hospital resources”
- “Call center operators will triage and advise on transport of patients to hospitals with the appropriate capability to provide optimum care”



The Call Center

- MEMS selected through formal bid
- Located in Little Rock headquarters
- Building on existing infrastructure
 - Adding 2 new work stations
 - Plus 2 “surge” work stations
 - Dedicated supervisor (Jeff Tabor)



Call Center Medical Oversight

- Medical Director – Dr. Chuck Mason
 - Two Assistant Medical Directors
 - Dr. Wendal Pahl
 - Dr. Mrlon Doucet
 - Someone on call 24/7
- Duties
 - Oversee call center operations
 - Work directly with the TRACs
 - Develop call center protocols & procedures
 - Participate in TAC process improvement



What is the Value Added?

- More reliably identify appropriate facility the first time
 - Minimize subsequent patient transfers
- Initiate ground/air transport faster
- Eliminate EMS diversions for trauma
- Reduce time required to complete hospital to hospital transfers



The Call Center's Role

- As a resource center
- As a coordination center
- As a data collection point
- The call center will support, not direct, the medic in the field



Bottom Line

- EMS and the hospitals know:
 - Who the patient is
 - What their condition is
 - When they need to move
- The Call Center will help coordinate:
 - Where they go
 - How they get there
 - And collect process improvement data



How will it work?

- 911 call is received in normal way
- First responders and EMS respond
- Medics will triage per Trauma Pre-Hospital Triage protocol
- Patients trauma will be assessed as:
 - Major, moderate or minor
- Determine appropriate facility
 - Most will still go to local hospital(s)

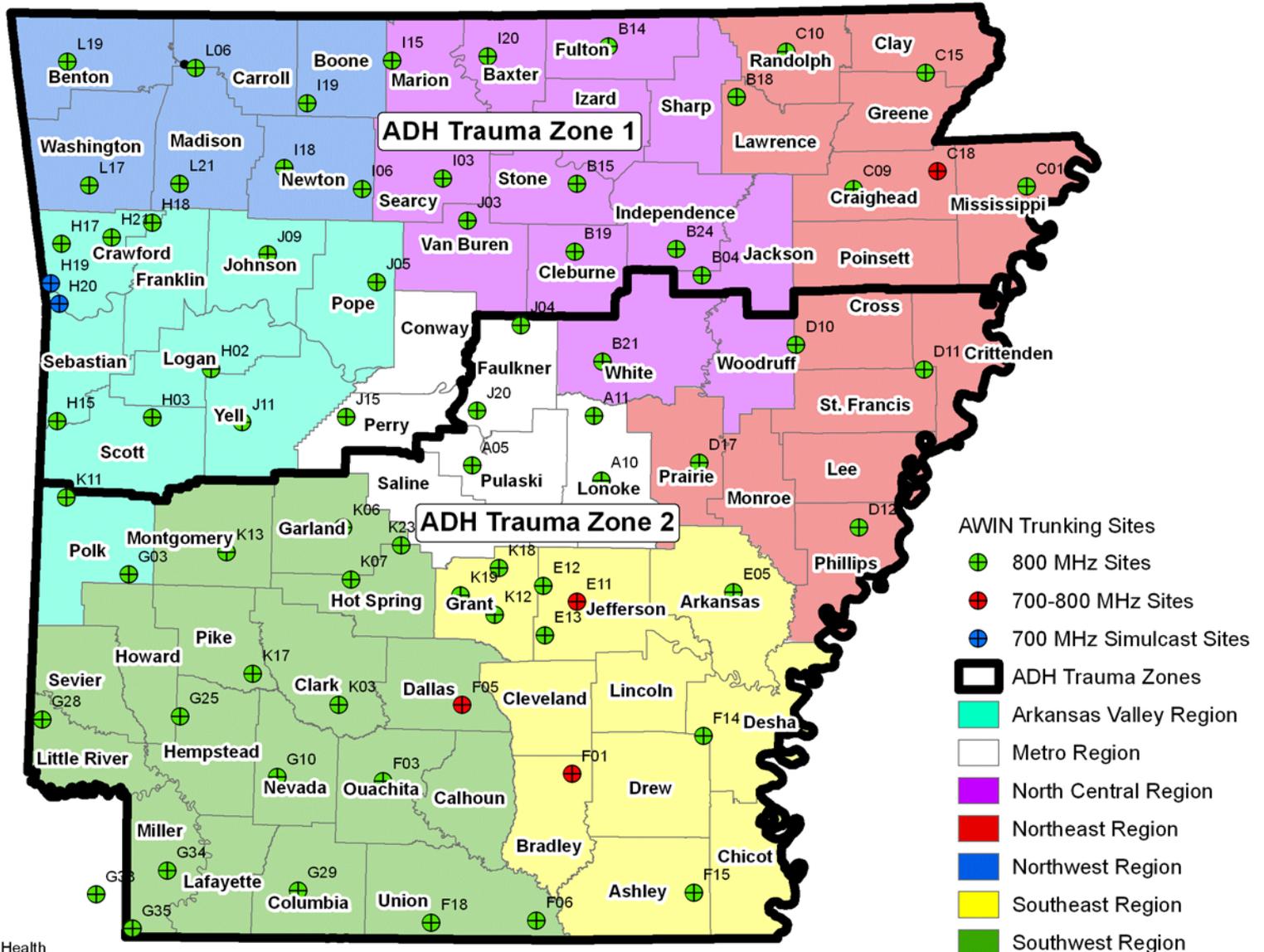


Communication System

- Contact the call center from the scene by using the Trauma Radios by either being on Trauma 1 or Trauma 2 channel, see map for which channel you are designated to
- Determine patient's triage status
 - Call center staff and medical director available if needed
- Hospital destination determined
- Call center coordinates with hospital
 - Direct communication links available



Arkansas Wireless Information Network (AWIN) Trunking Sites



Dashboard

- All facilities participate
- Hospitals report on web based system
- Status visible to all EMS agencies, hospitals, ADH and the call center
- Accurate and timely data critical
- Details can be tailored for each TRAC



Trauma Bands

- Used to track patients through the entire process and connect EMS data with hospital records
- Provided by ADH with unique number
- Attached to patient at first encounter
- Will be the primary tracking method used by the call center and ADH



How does it work?

- EMS Scene Assessments
 - Quick and accurate front line trauma triage
 - Performed on all trauma patients
 - Designated as Major, Moderate or Minor
 - All Major & Moderate patients are to be entered into the Trauma Registry & the ATCC notified.
 - Transport to **Right** Hospital at the **Right** time!



How does it work?

- ED Assessments
 - Performed on all walk up's, drive up's, and EMS delivered trauma patients.
 - Reassures EMS assessments, possible changes in patient condition
 - Determines if this is the **Right** hospital for the **Right** patient at the **Right** time.
- The ATCC staff will perform Secondary Trauma Triage Guidelines upon notification of patients with both EMS and ED's



Transport Guidelines

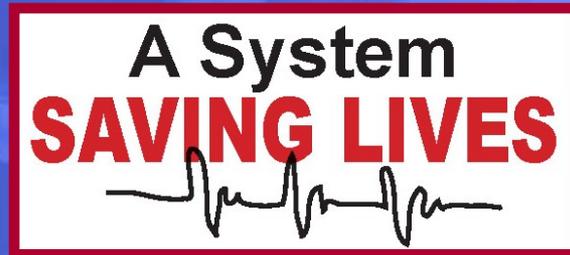
- ATCC will recommend & assist with:
 - Ground transport by on scene EMS agency
 - Ground transport with higher level Intercept
 - Air transport by HEMS agency
 - Weather permitting
 - Standards for HEMS are:
 - Day
 - Night
 - Pilots discretion above minimums



Call Center Summary

- In short, some patients will have a longer ground or air transport time, and WILL NOT go to the CLOSEST hospital, but will be transported to a hospital that can meet their trauma needs.
- Transfer of patients from a lower level hospital to a higher level of care will be decreased from the average of 4-6 hours to 2.
- Regional Trauma systems will be a key role to keeping patients near their families.





Thank you for participating in this training!

For the Trauma/AWIN Radio Training, please open the attached presentation titled XTL 2500 Motorola Trauma Radio Presentation

If you have any questions please contact:

Joe W. Martin, Trauma Program Manager
Arkansas Department of Health, Trauma Section
4815 W. Markham St. Slot 4
Little Rock, AR 72205-3867
Joe.Martin@arkansas.gov
(501) 671-1452 (office)
(501) 258-3326 (cell)

