PILOT PROJECT FOR GEORGIA TRAUMA SYSTEM REGIONALIZATION

White Paper

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GEORGIA TRAUMA SYSTEM

In December 2007, Georgia Legislature Senate Bill 60 established the Georgia Trauma Care Network Commission ("the Trauma Commission") and the Georgia Trauma Fund. The bill charges the Commission to create a trauma system for the State of Georgia and to act as the accountability mechanism for the Fund.

In February 2009, the Trauma Commission approved a vision for the **Georgia Trauma System**[1] and identified steps to move forward over a five-year period from 2009 through 2014. Pursuant to a review of Georgia's trauma system by the American College of Surgeon's Trauma System Consultation Program, the Trauma Commission identified a need for a comprehensive state trauma system plan that defines the system, its subsystems and structure, and establishes procedures and standards for implementation, monitoring and system **performance improvement**. It is also essential that the Georgia Office of Emergency Medical Services and Trauma (OEMS&T) support the trauma system plan through established trauma system rules and regulations providing for system accountability, oversight and compliance to a statewide standard of care.

The Trauma Commission's vision also identifies the need for a statewide trauma communications system. This need was the genesis for a **Georgia Trauma Communications Center** that will eliminate the time-consuming search for an appropriate **Trauma Center** with available resources in response to serious injuries.

At the conclusion of the five-year period, the Georgia Trauma System will be comprised of regional systems and plans with a centralized and statewide Trauma Communications Center as the common component of a state trauma system. It is envisioned each **region** will represent a **trauma service area**, which will accommodate overlapping and traditional patient catchment areas, transfer patterns, long-standing geographical service regions, and the locations of the state's **major trauma centers**. Each regional trauma system will operate according to a **Regional Trauma System Plan (or "Plan")** developed by the region's **Regional Trauma Advisory Council (or "Council")** and approved by the Trauma Commission and monitored by the State OEMS&T. The Plan will organize existing and identify additional resources needed to provide a comprehensive trauma care system to care for trauma patients from the moment of injury through rehabilitation. The Council will develop data-driven injury prevention programs appropriate for the local community and provide for regional system performance improvement and system plan maintenance. At the core of the Georgia Trauma System is a single statewide Trauma Communications Center established to coordinate the needs of EMS providers to transport the seriously injured in each region with the capacity of all Trauma Centers in the state.

[1] Georgia Trauma Care Network Commission, comp. *Our Emerging Vision: A New Public Service for Georgia*. Working paper. February 2009. Print.

A regional Plan is to be developed by each Council using the guidance provided in the **Regional Trauma System Planning Framework ("the Framework")**. The Framework is a planning guide for the development of regional Plans. Within the Framework is guidance on the components, organization and function of regional trauma systems, as well as an appendix on the suggested Plan development process.

PILOT PROJECT FOR GEORGIA TRAUMA SYSTEM REGIONALIZATION

The Pilot Project for Georgia Trauma System Regionalization (the "pilot") described in this white paper will introduce the regional structure for a Georgia Trauma System based upon regional **trauma service areas**. The Pilot Project will address needs identified for a comprehensive state trauma system and statewide trauma communications center via regional planning. The pilot will be developed and based in the established **EMS Region V**. For the purpose of the pilot, EMS Region V is the trauma service area ("the region") served by the Council and described by the Plan. The pilot will test the Framework as a Plan development guide and will operationalize the Trauma Communications Center. This White Paper will outline the details of the Pilot Project including its goals, timeframe, oversight, relationships of stakeholders, evaluation, and next steps after the project period.

I. Goals

The Pilot Project will test the Framework as a Plan development guide and will operationalize the Trauma Communications Center. The goals of the pilot are as follow:

- Introduce trauma system regionalization as a possible construct for Georgia Trauma System development;
- Test the Framework as a planning guide for a regional Council to develop a Plan;
- Operationalize the Trauma Communications Center as the interoperable, statewide communications component of the System;
- Identify and involve regional trauma system stakeholders including physicians, EMS, designated Trauma Centers, **non-designated participating hospitals**, hospital personnel, local governments, and the public in system planning;
- Revise the Framework as a regional planning guide pursuant to the results of the pilot evaluation; and,
- Identify specific steps to expand the Georgia Trauma System statewide by way of introducing regional trauma system planning statewide and by extending the coverage area of the Trauma Communications Center.

II. Timeframe

The pilot will be conducted in EMS Region V for a one-year period, planned to begin in March 2010 and conclude in February 2010[2].

III. Oversight

The Trauma Commission is ultimately responsible for developing and funding the pilot. A Trauma Commission Pilot Project Subcommittee will provide operational oversight for the pilot during the period that it is conducted. Georgia Legislature Senate Bill 60 authorizes the Trauma Commission's activities related to the development of the Georgia Trauma System.

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[2] The Trauma Commission is responsible for the selection and revision of the pilot project start and end dates.

IV. Relationships of Stakeholders

The purpose of the pilot is both to test the Framework as a planning guide for regional System Plans and to operationalize the Trauma Communications Center. Therefore, it is essential for all pilot stakeholders to understand their roles and responsibilities both within the pilot and for successful operation of the Trauma Communications Center.

Stakeholders' Roles and Responsibilities for Framework Testing

The first step of the pilot is to establish and empower a Council to develop a Plan for the region using the Framework as a planning guide. Guidelines for an inclusive Council membership are included in the Framework. For Pilot Project purposes, the Trauma Commission, working with EMS Region V Program leadership will solicit Council membership to include physicians, EMS, designated Trauma Centers, non-designated participating hospitals, hospital personnel, local governments and the public. In general, Council structure and membership will be determined in consideration of each specific trauma service area of the State. The State OEMS&T[3] will develop rules and regulations to facilitate the implementation of the Georgia Trauma System, and should therefore be actively involved in the development and implementation of the Plan for the regional pilot. Physicians, EMS, designated Trauma Centers, non-designated participating hospitals, hospital personnel, local governments and the public will each have specific roles and responsibilities under the Plan and should fulfill those responsibilities during the pilot. Stakeholders' participation is essential for the Plan to best reflect the region's capacities, capabilities, and needs.

Stakeholders' Roles and Responsibilities for Operation of the Trauma Communications Center

The Trauma Communications Center coordinates Trauma System activities by maintaining and providing information on Trauma Center status and when appropriate on pre-hospital capabilities . This information is used to ensure that patients meeting **Trauma System Entry Criteria** have access to definitive trauma care at the appropriate level state-designated Trauma Center. The Trauma Communications Center is continually staffed by personnel with specific and in-depth knowledge of Trauma System design, function, and protocols. The Trauma Communications Center will make no final decisions, but will provide hospital resource information and patient destination recommendations per pre-established protocols for optimal Trauma System function.

The ***Trauma Commission*** will develop and fund the Trauma Communications Center and empower the Georgia Trauma Communications Center Subcommittee to make recommendations on future Trauma Communication Center policies.

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[3] Pending the Georgia Legislature's passage of Senate Bill 156, the State OEMS&T will serve as the lead agency for the Trauma Commission's efforts to formulate policy and establish guidelines to govern the development, operations, and evaluation of the Georgia Trauma System.

The ***State OEMS&T*** will work with the Trauma Commission to oversee Trauma Communications Center operation, including making the assessments necessary for the Trauma Communications Center performance improvement process.

Physicians will play a role in determining their respective hospital's resource availability and system status updates for the hospital for pilot purposes.

EMS services will open communication with the Trauma Communications Center upon **primary triage** of the injured patient meeting Trauma System Entry Criteria. Through this communication, the Trauma Communications Center will assign a unique System identification (I.D.) number to each patient entering the Georgia Trauma System, which will be used to track the patient throughout the system. This interaction between the EMS and Trauma Communications Center is the point of entry for trauma patients into the Georgia trauma system. Those patients who meet Trauma System Entry Criteria and have been assigned a unique System I.D. by the Trauma Communications Center are referred to as **"Trauma System patients".** When transporting a Trauma System patient, EMS providers will also inform the Trauma Communications Center of any resulting EMS coverage issues due to Trauma System patient transport. Regional protocols will address regional EMS coverage issues.

Trauma Center destination recommendations will be determined by **secondary triage** evaluation, regional transportation protocols and resource capabilities of Trauma Centers in the System at the time of communication between the EMS and Trauma Communications Center. Designated Trauma Centers will admit, when appropriate, Trauma System patients. Trauma Centers must designate individuals as Trauma Communications Center points-of-contact to facilitate Trauma Center communication with the Trauma Communications Center. Trauma Centers must also consistently maintain their **Resource Availability Display (RAD)** status to reflect the availability status of the Trauma Center. The Trauma Communications Center and all **participating hospital**s will have access to RAD status updates.

Non-designated participating hospitals are those that opt to participate in the Georgia Trauma System by providing service line availability via an RAD, which is accessible to the Trauma Communications Center and all other participating hospitals. Each non-designated participating hospital will designate a Trauma Communications Center point-of-contact to facilitate communication between the hospital and Trauma Communications Center and will have the ability to access the resource capabilities of other participating hospitals through their onsite RAD. They will also have the ability to enter patients who meet trauma system entry criteria into the Trauma System by contacting the Trauma Communications Center and to obtain transport destination recommendations. Participating hospitals are active on their respective Councils and regional system performance improvement programs.

Non-participating hospitals do not maintain RAD status updates to reflect hospital resource availability, nor do they have access through the Trauma Communications Center to other

hospitals' resource availability or transport destination recommendations. Non-participating hospitals do not participate in Council activities or in regional system performance improvement programs.

Local Government handles local resource management activities, and should therefore have an understanding of how the regional trauma system functions and keep the Council apprised of local resource management issues. As part of this responsibility, local government should support EMS participation in regional trauma system activities.

The ***public*** should understand the goal of the regional trauma system is to improve outcomes for the most critical trauma patients. An informed public understands Trauma Communications Center recommendations are based on regional protocols and a real-time assessment of participating hospitals and will be more likely to support EMS transport and destination decisions.

V. Pilot Project Evaluation and Framework Revision

The Trauma Commission Pilot Project Subcommittee and EMS Region V Council will conduct a post-pilot evaluation to assess the Framework's efficacy as a regional Plan development guide and of Trauma Communications Center operations in making patient transport and destination recommendations.

The evaluation will suggest areas for Framework revision and operational improvements for the Trauma Communications Center. The Trauma Commission Pilot Project Subcommittee will revise the Framework per these suggestions and implement any necessary Trauma Communications Center improvements.

Revisions to the Framework will focus on the protocols included in the Framework for all aspects of system function. The purpose of the evaluation and revisions in both the Framework and Trauma Communications Center operations is to provide a basis to expand the Georgia Trauma System statewide based upon lessons learned from a regionally tested pilot project.

GEORGIA TRAUMA SYSTEM: NEXT STEPS

In addition to evaluating the Framework and Trauma Communications Center, the pilot evaluation as described in the previous section will make essential recommendations as to how to best implement the Georgia Trauma System statewide.

In order to become complete, the Georgia Trauma System must extend both regional trauma system planning and the coverage area of the Trauma Communications Center statewide. The pilot evaluation will recommend how trauma service areas should be determined, as well as recommend Council structure and membership. These recommendations will lead to the establishment of a Council in each trauma service area.

Upon establishment of Councils across the state, the Trauma Commission will facilitate regional trauma system planning in each trauma service area using the guidance of the revised Framework. Plan development and implementation will be Council responsibilities, and will be overseen by the Trauma Commission and the State OEMS&T. The Georgia Trauma System will be fully implemented upon adoption in all trauma service areas of a Regional Trauma System Plan.

GLOSSARY
of Georgia Trauma System Definitions

Emergency department "wall time"
Time spent by EMS personnel in an emergency department waiting to hand off transported patient to hospital personnel. A busy emergency department with limited beds and or staff to accept patients causes an increase in "wall time".

Resource Availability Display (ARD)
A computer system screen, which indicates the system-open status for Trauma Centers and resource (service line) availability for each participating hospital in the Georgia Trauma System. ARD terminals are limited to participating hospitals and the Trauma Communications Center.

EMS Region
One of ten established geographic programmatic regions of the State of Georgia Office of Emergency Medical Services and Trauma within Georgia Department of Community Health.

Georgia Trauma Communications Center
A dedicated facility with specific functions that is staffed 24/7 by personnel with specific and in-depth knowledge of Trauma System design, function, and protocols, established to coordinate the needs of EMS providers responding to field incidents with the resource availability and capacity of hospitals participating in the Georgia Trauma System.

(Georgia) Trauma System
The collective body of regional trauma systems in the State of Georgia, organized to ensure statewide access to the highest standard of trauma care possible and implemented in order to decrease trauma morbidity and mortality throughout the State.

Major trauma center
A Level I or Level II Trauma Center as determined by the American College of Surgeons.

Non-designated participating hospital
An acute care Georgia licensed hospital with an emergency services department and varying specialty physician coverage and service line capabilities to treat, stabilize and admit low acuity trauma patients. These hospitals have signed a letter of commitment indicating Trauma System participation.

Non-participating hospital
A Georgia licensed hospital that has not signed a letter of commitment with the Georgia Trauma Commission indicating System participation and is not a designated Trauma Center.

Participating hospital
Any Trauma Center or non-designated participating hospital in the State of Georgia.

Performance improvement
A data-driven, documented, methodical and reviewable process for identifying and achieving component-specific, regional, or state-level system improvements.

Primary triage
The decision as to whether a patient meets Georgia Trauma System Entry Criteria.

Region
Any trauma service area—for the purpose of the pilot, this is EMS Region V.

Regional Trauma Advisory Council ("Council")
A body endorsed by the Georgia Trauma Commission within a trauma service area to develop, implement, and oversee a Regional Trauma System Plan.

Regional trauma system
Assets, capabilities, stakeholders and providers of a given trauma service area, organized to improve the area's ability to identify and then transport Trauma System patients to an appropriate hospital for definitive care within an optimal time.

Regional Trauma System Plan ("Plan")
A document developed by and for a Regional Trauma Advisory Council that specifies and formalizes the relationships between the various regional trauma system components.

Regional Trauma System Planning Framework ("Framework")
A document put forth by the Georgia Trauma Commission to be used as a planning guide for regional trauma system plan development. The Framework sets forth components and functions necessary for operation of a regional trauma system.

Secondary triage
A process which considers the physiologic, anatomic, mechanism of injury, EMS provider discretion, or co-morbid criteria and region-specific trauma transport protocols used to determine the transport destination recommendations made by the Trauma Communications Center for EMS.

Transfer center
A hospital-based location tasked to arrange patient transfer into and out of the particular hospital.

Transport time
Amount of time estimated between scene departure and destination hospital considering the mode of transport, weather, traffic, and other variables.

Trauma Center
A Georgia licensed hospital designated by the State Office of EMS & Trauma as a Level I, II, III, or IV trauma facility. State designation standards are extrapolated from the American College of Surgeons Committee on Trauma, Trauma Center Verification Standards.

Trauma Communications Center Operations Guide
A document containing all functional protocols for Trauma Communications Center interaction with regional system components.

Trauma service area
A geographic area, which accommodates overlapping and traditional hospitals' and Trauma Centers' patient catchment areas and incorporates statewide EMS Regional infrastructure. A trauma service area may or may not be the same as an EMS Region; however, it is an area that participates in common regional trauma system development and planning activities.

Trauma System Communications Database
The collective data set of all information gathered by the Georgia Trauma Communications Center including the patient unique system I.D. numbers and participating hospitals' available resource status history.

Trauma System Entry Criteria
Primary triage criteria: See Appendix A.

Trauma System patient
A trauma patient for whom the primary triage decision determined Trauma System entry and who has been assigned a unique System I.D. number by the Trauma Communications Center and is thereby entered into the Georgia Trauma System.