In 2017, issues raised by several stakeholders regarding status of Orange County trauma system.

OCEMS embarks on systematic review involving multiple benchmarks to examine current status and future challenges to the trauma centers:

- Population
- Transport times
- Volume/acuity
- Diversion/offload times
BACKGROUND

- This analysis results in publication of white paper in 2018 recommending no need for additional centers
- Conclusions challenged by several hospitals
- Persistent interest in expanding number of trauma centers
- To resolve disagreement, OCEMS contracts with the American College of Surgeons to perform formal analysis of Orange County trauma system

A multi-disciplinary team from the ACS examined the Orange County trauma system during a one week visit in July 2019.

- Performed on-site analysis and used HRSA Model Trauma System Planning and Evaluation guide as well as Resources for Optimal Care of the Injured Patient.
- Wide participation including OCEMS, trauma centers, non-trauma hospitals, State of California, and fire departments.
OCEMS received final 93 page report in October 2019

- Identified strengths and weaknesses
- Contained over 50 recommendations organized into three sections
  - Trauma System Assessment
  - Trauma System Policy Development
  - Trauma System Assurance
- From this, the EMS Agency identified high priority recommendations to pursue

EMS ASSESSMENT

- Will not add an additional trauma center at this time
  - Orange County population growth remains slow and stable
  - Current geographic/population trauma coverage good
    - 99% of injured patients within 30 minutes of trauma center
  - Distribution of trauma centers well-matched to population density
  - System retains excess capacity

- Will evaluate system function on an annual basis with a full reassessment performed in 3-5 years
HIGH PRIORITY RECOMMENDATIONS

- **TRAUMA SYSTEM ASSESSMENT (2)**
  - Dedicated epidemiology support to help identify trauma system priorities, benchmark performance, and develop public policy
  - Report population-based injury surveillance data to better inform system stakeholders
    - Type of sustained injuries
    - Injury mechanism
    - Injury severity
    - Patient characteristics
    - Patient outcomes
HIGH PRIORITY RECOMMENDATIONS

- **TRAUMA SYSTEM POLICY DEVELOPMENT (4)**
  - Enhance and expand the Regional Trauma Operations Committee by focusing on
    - Organizational structure
    - Functions/expectations
    - Broader stakeholder engagement
  - Prioritize leadership from OCEMS
    - Optimize operational components
    - Data collection and analysis
    - Quality assurance functions
HIGH PRIORITY RECOMMENDATIONS

- **TRAUMA SYSTEM POLICY DEVELOPMENT (4)**
  - Addition of a Trauma System Manager position to OCEMS
    - Subject matter expertise
    - System oversite
    - Provide leadership in advancing mission and goals of regional trauma network
  - Addition of dedicated Trauma Data Analyst to OCEMS
    - Data acquisition and analysis in support of advancing goals of trauma system
    - Coordinate other data sources to enhance quality
HIGH PRIORITY RECOMMENDATIONS

TRAUMA SYSTEM ASSURANCE (2)

- Establish clear process utilizing data from EMS, trauma centers, and ERCs to ensure the trauma system meets the needs of all injured patients

- Ensure all acute care facilities have appropriate resources/training to care for injured patients during disasters and mass casualty events
EMS GOALS

- Hire Trauma System Manager and Trauma Data Analyst
- Expand scope and membership of Trauma Operations Committee (representative from burn center, rehabilitation)
- Develop and implement a trauma system QI plan
- Enhance development of HCC to support disaster preparedness and response
- Create fee schedule commensurate with those in other California counties and use to fund these additional personnel and trauma system support enterprises
QUESTIONS