Trauma Systems Consultation (TSC) Program

Georgia

Team Leader- Brian Eastridge, MD, FACS

Trauma Systems

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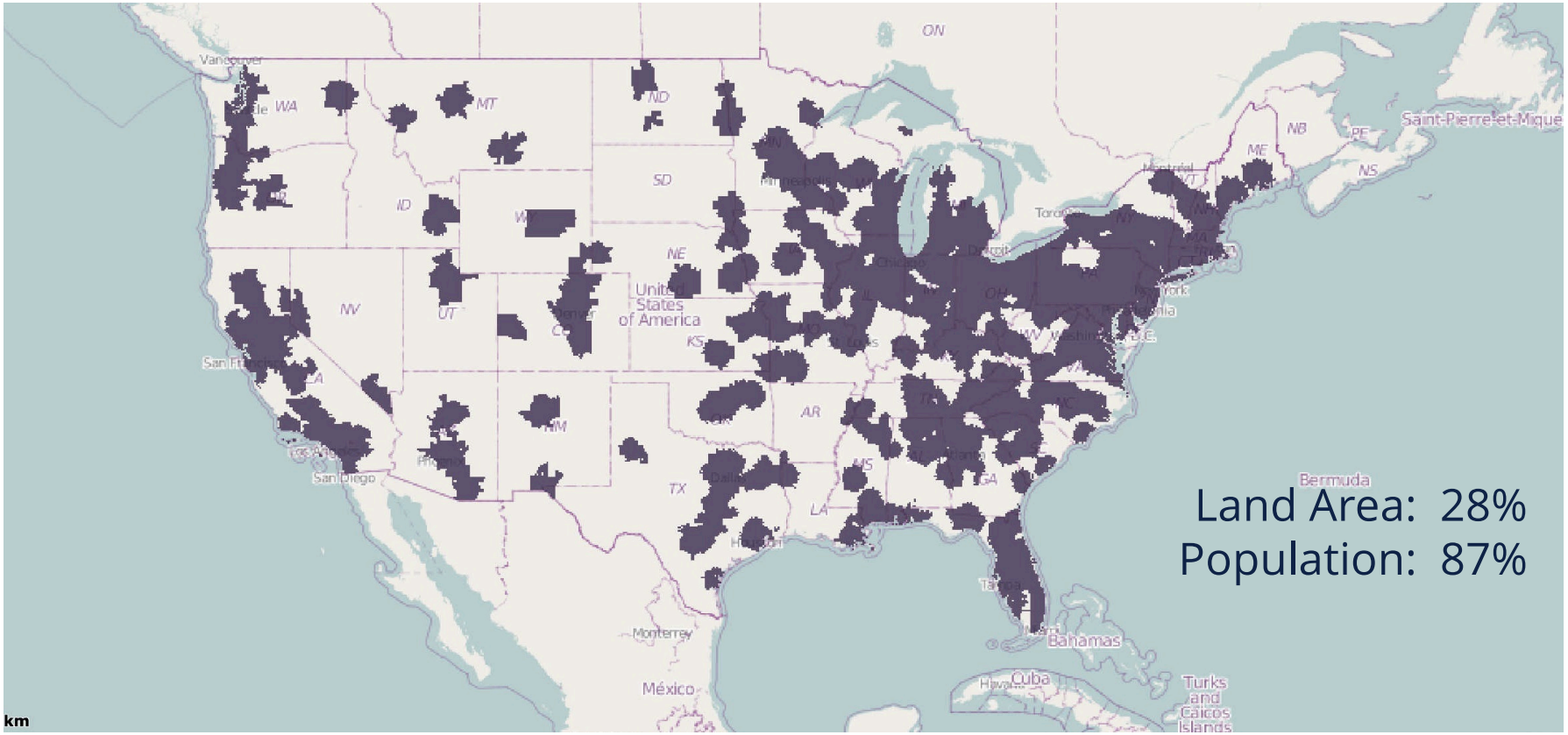
Trauma Center Coverage



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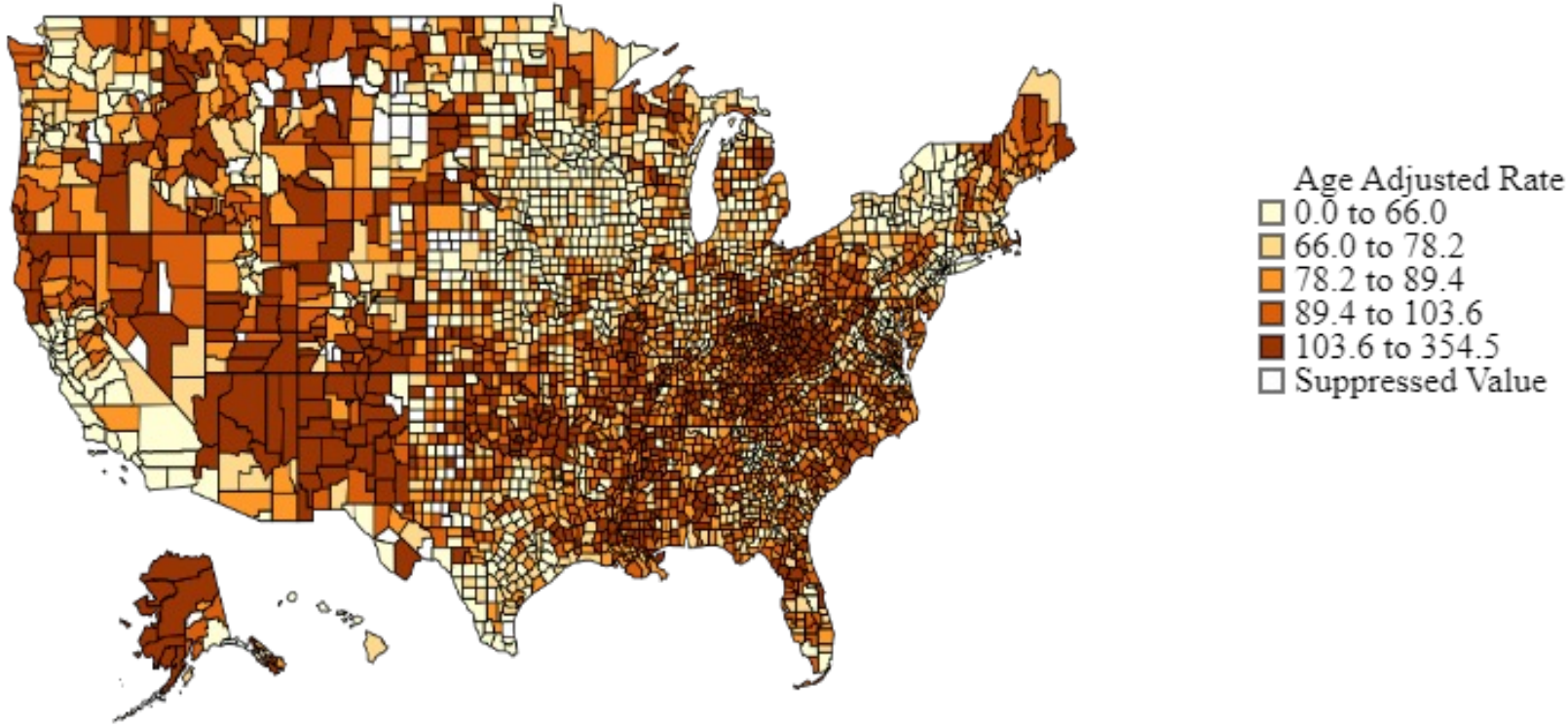
2015-2020, United States Age-Adjust Death Rates per 100,000 Population

All Injury, All Intents, All Races, All Ethnicities, Both Sexes, All Ages



NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates

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Status

- Urban and suburban areas are well served
  - Geographic distribution of centers unplanned
  - Excess capacity is common
  - Incentives for trauma center creation are variable

- Rural and frontier areas are a challenge
  - Large geographic area
  - Limited resources
  - Long transport times

Challenges

- No two trauma systems the same
- Public awareness and regional policy
- Authority and empowerment of lead agency
- System-based planning and operations
    - Resource allocation
    - Quality assurance
    - Financing
- Competing priorities
    - Designation of trauma centers
    - Control of patient flow

The Realities

- Trauma system development is complex
- The process is inherently political
- **Large differences in scale**

Comparison of Scale:

Smallest Trauma System

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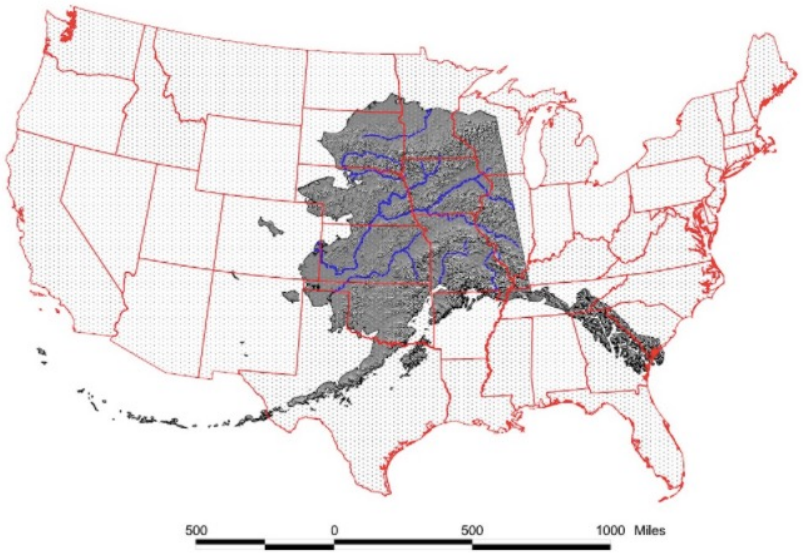
Comparison of Scale:

Largest Trauma System



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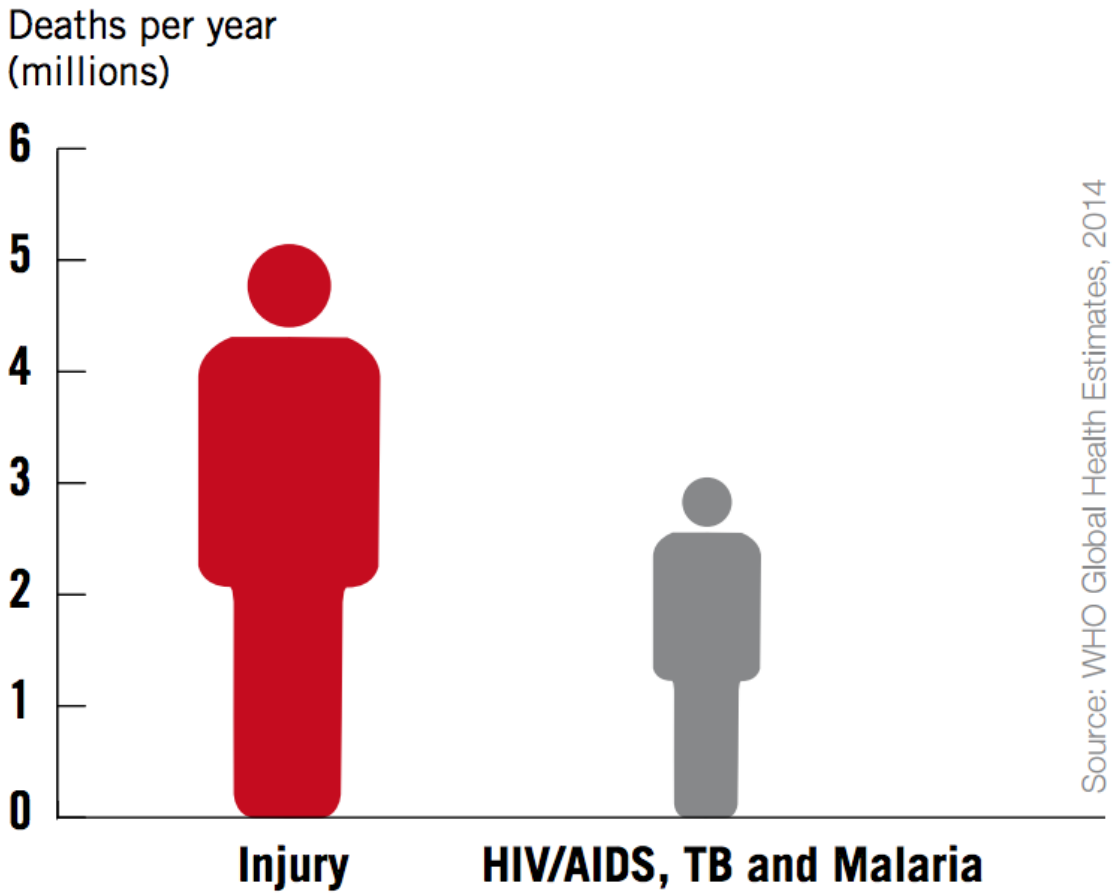
The Realities

- Trauma system development is complex
- The process is inherently political
- Large differences in scale
- **Injury care is not an instinctive priority**



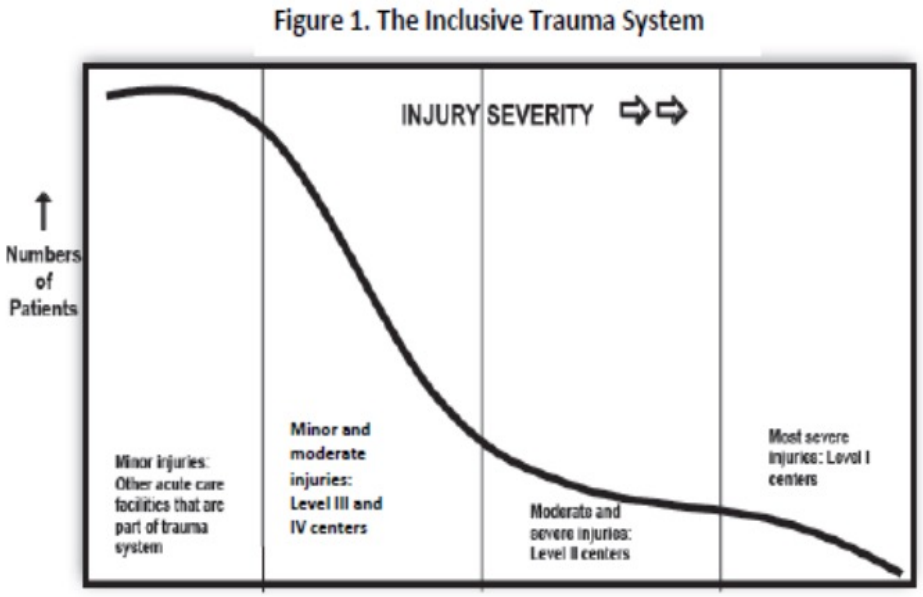
The Realities

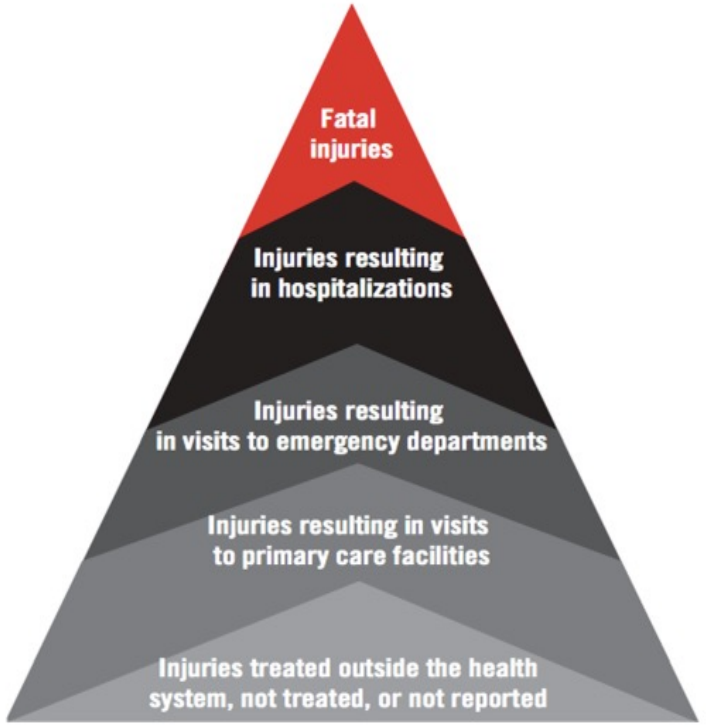
- Trauma system development is complex
- The process is inherently political
- Large differences in scale
- Injury care is not an instinctive priority
- **There is no one "right" answer**
  - **There are a set of global concepts**
  - **All solutions are local**

Observations

- System development is a huge undertaking
- It takes a long time – can outlive the solvers
- Progress frequently stagnates
    - Stakeholder frustration
    - Loss of volunteer leadership
    - Loss of shared vision
- Progress may be lost over time
- Some periodic re-kindling of energy is needed

System Vision
Inclusive Trauma System





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Trauma Systems Consultation(TSC) Program

Overview, History, Strategy, and Process

Background

- Trauma Systems Evaluation and Planning Committee (TSEPC)
  - Established in 1992
  - Six Past Chairs
  - Over 45 Consultations
- Trauma Systems Consultation (TSC) Program
  - Initially modeled from Trauma Center Verification
  - Development of TS standards has been problematic
  - Focus shifted to consultations, rather than verification
  - Strategic and tactical aid in system development

American College of Surgeons Committee on Trauma Trauma Systems Pillar

MISSION

The Trauma Systems Pillar seeks to develop and lead programs, initiatives, and collaborative efforts, which optimize regional and state trauma systems and establish a framework for a national trauma system to reduce preventable deaths and disability.

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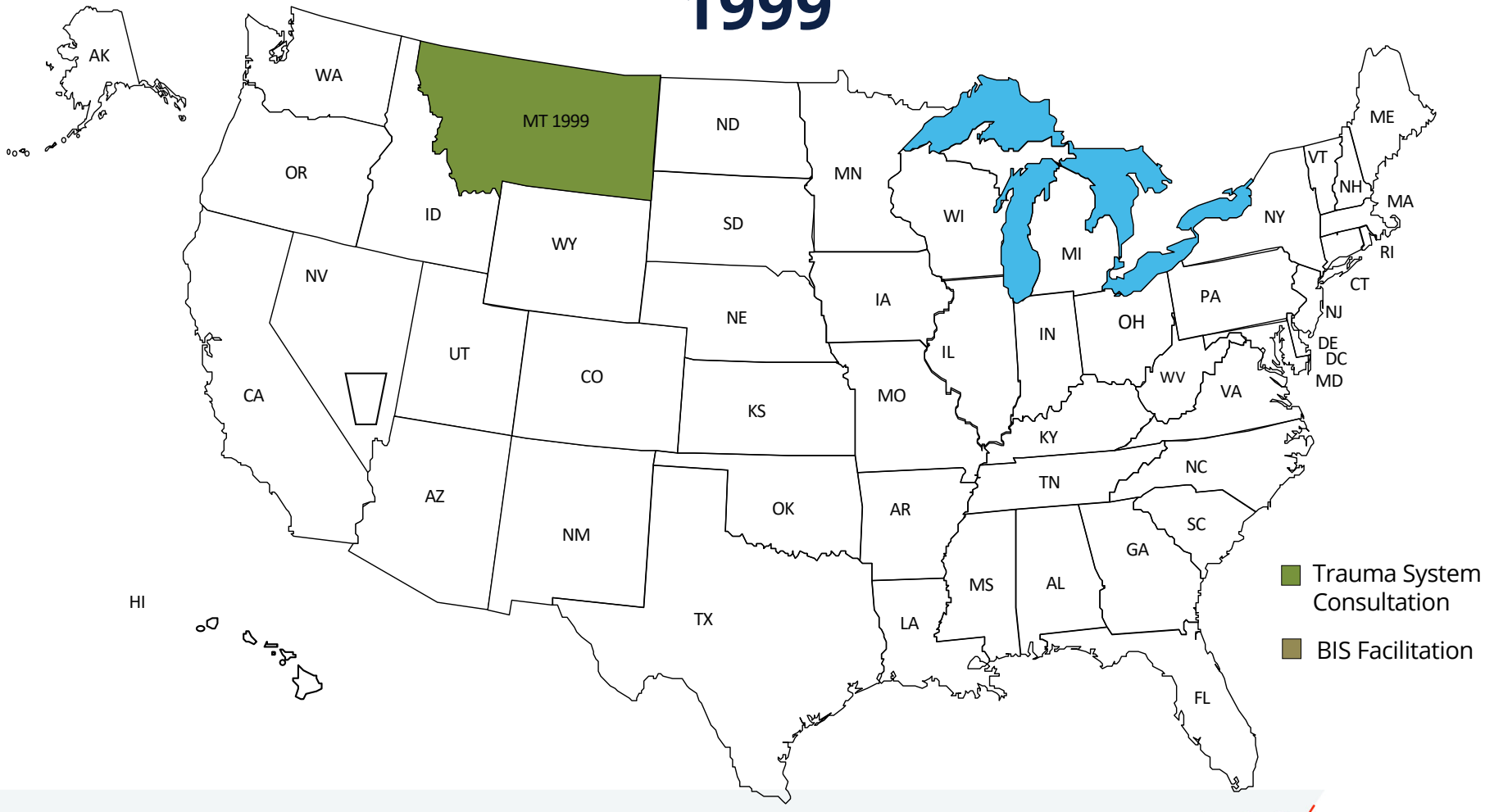
Current Initiatives

- Consultative Visits
  - Comprehensive Regional (usually State) visits
  - Problem-focused analyses
- Policy Development
- Trauma System Benchmarking
- Trauma System Advocacy
- Trauma System Research
- Geospatial evaluation of impact of changes in trauma system
- National Trauma and Emergency Preparedness System (NTEPS)

1999



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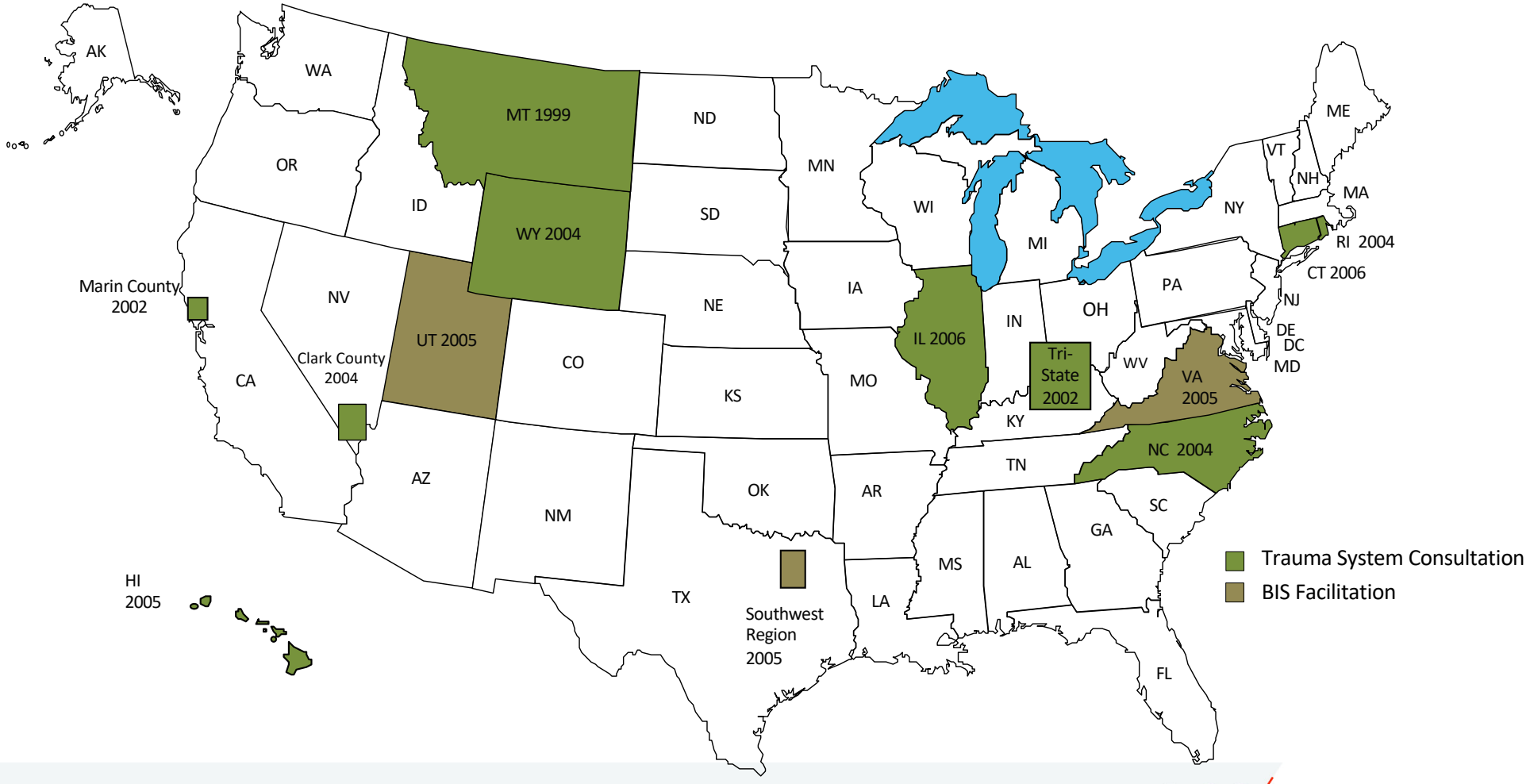
2006



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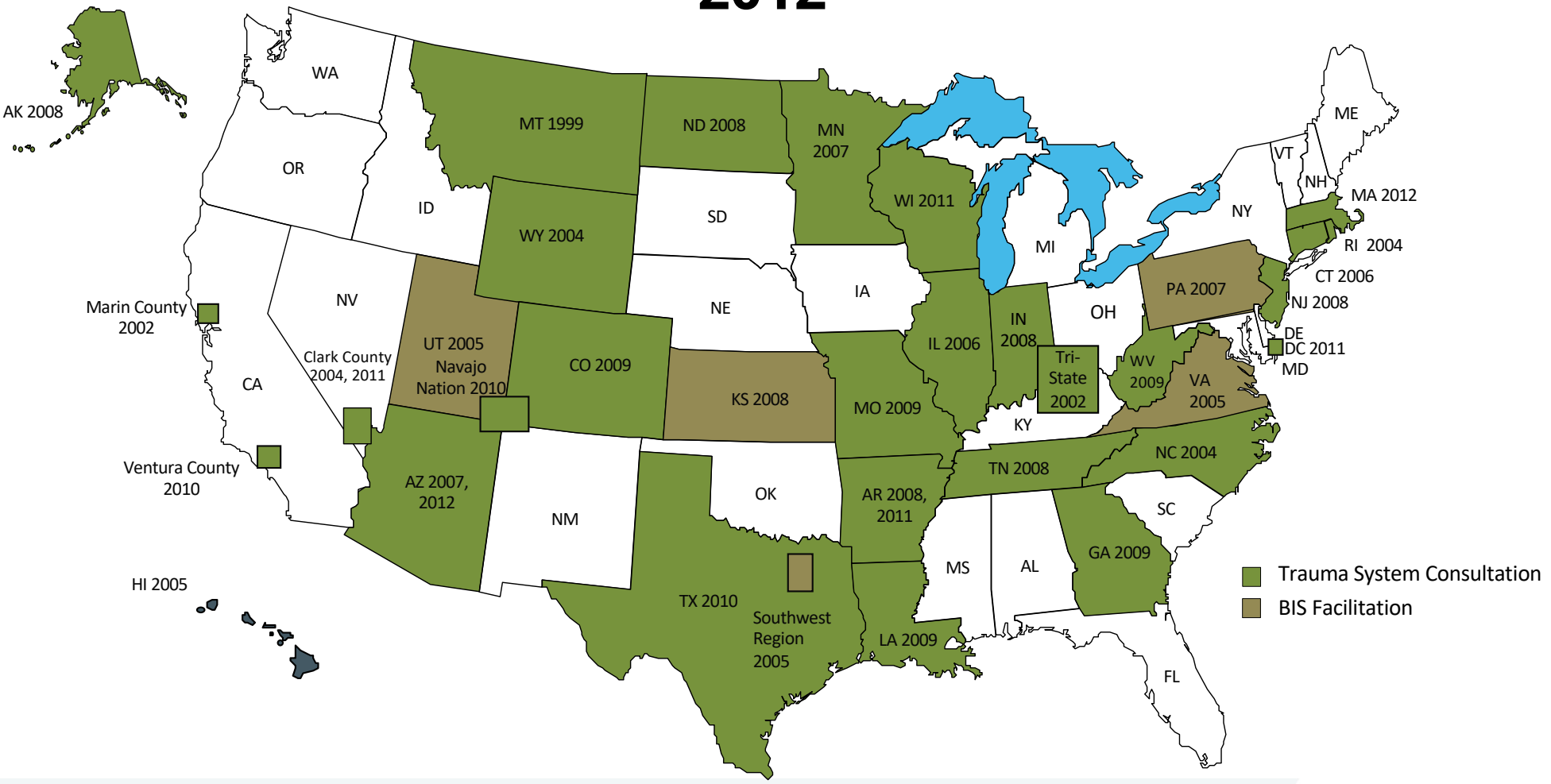
2012



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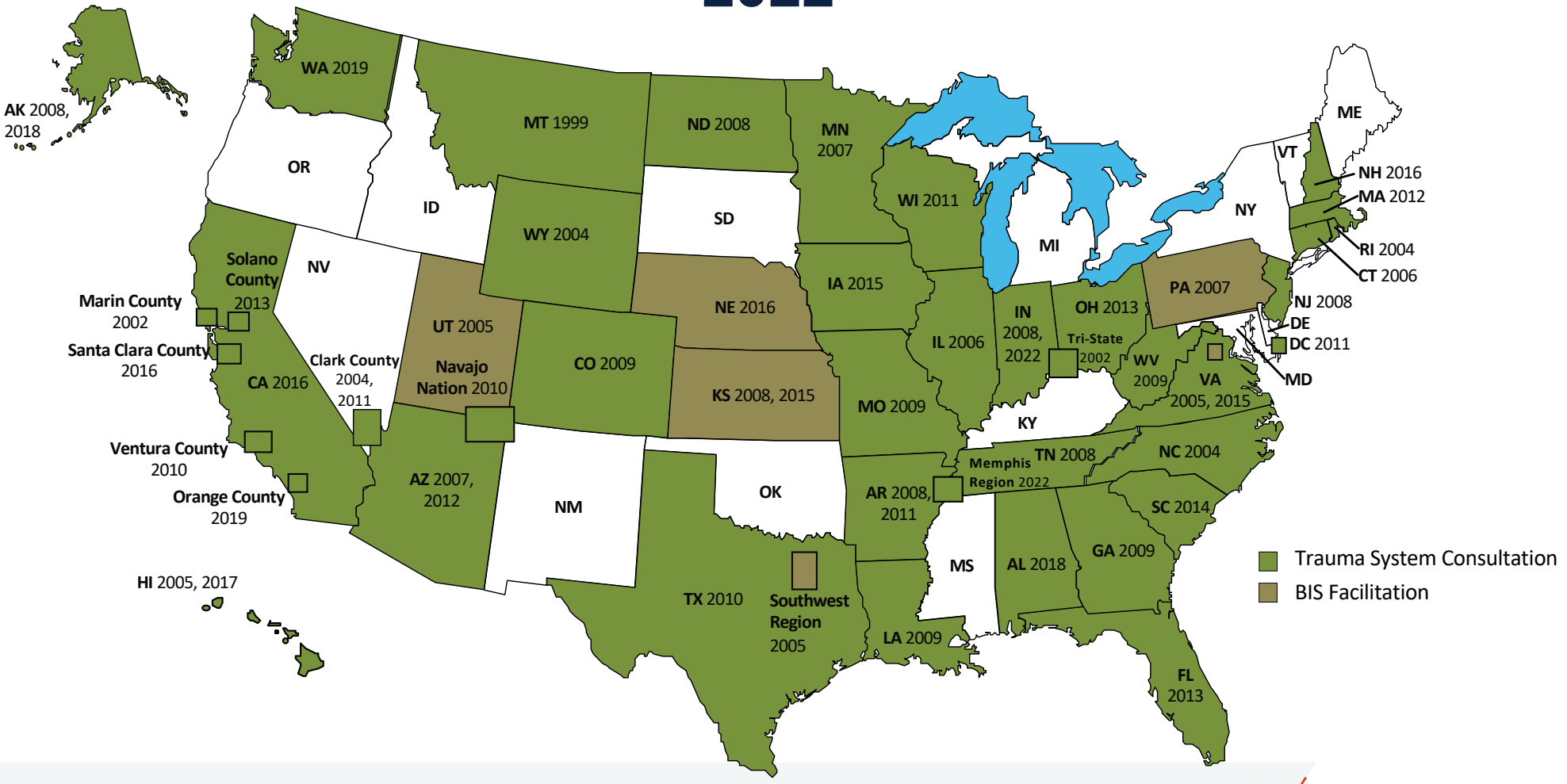
2022



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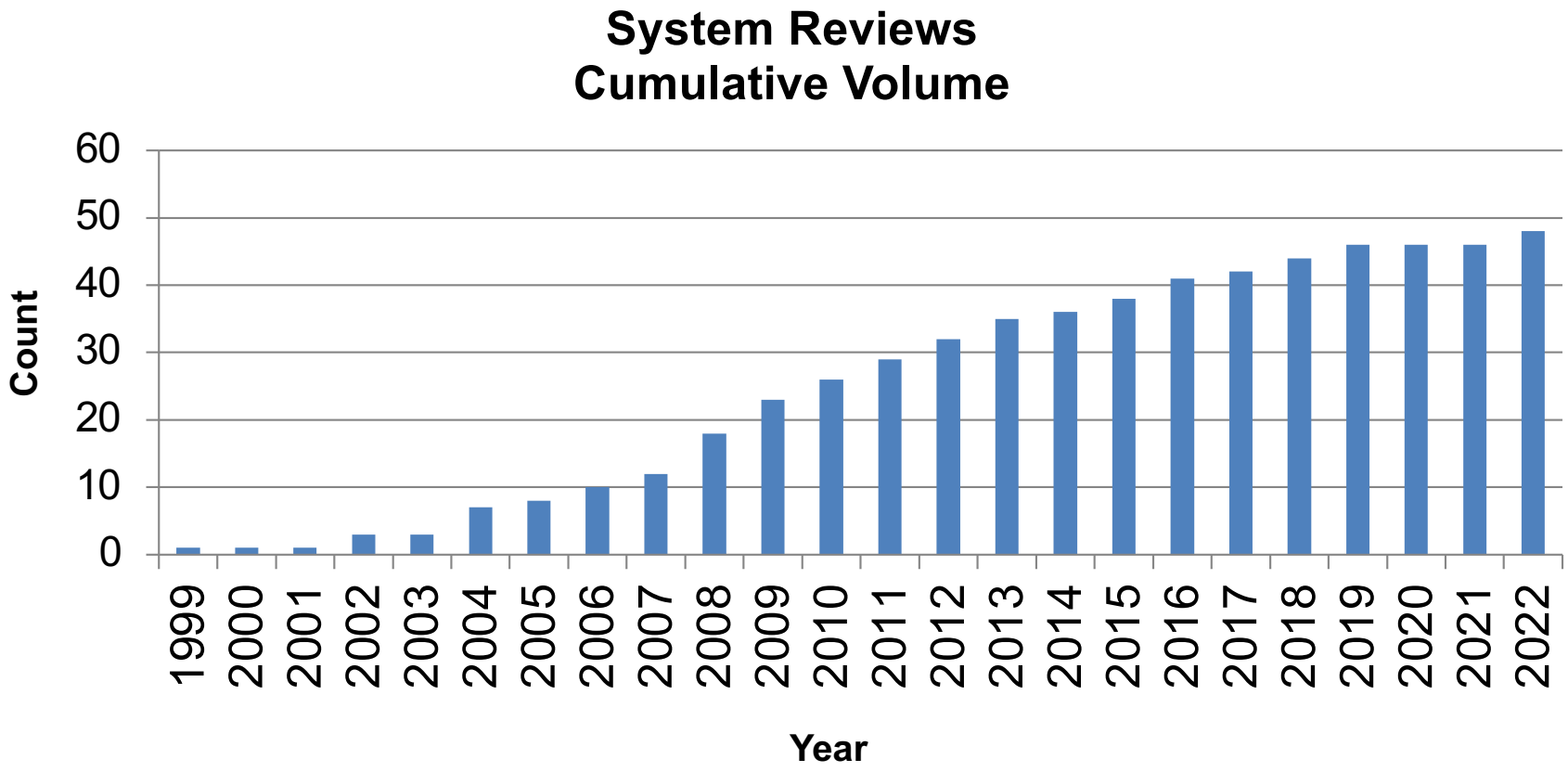

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Trauma System Consultation

- Consultation, not verification
  - No external standards or “grades”
  - Seek to facilitate collaborative solutions
- Multi-disciplinary team, tailored to needs
  - Lead Surgeon
  - Second Surgeon
  - ED Physician
  - State EMS Director
  - Trauma Program Manager
  - Additional Expertise
  - ACS Staff Team

Trauma System Consultation

- Four-day visit
- Data collected through:
  - Analysis of the Pre-Review Questionnaire (PRQ)
  - Review of other available data
  - Interactive sessions with State stakeholders
- Recommendations derived by team consensus
- Based on an inclusive public health model

Our Priority:

The Best Interest of the Patient

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Process

- Day 1, Monday 1/9
    - State Stakeholder Meetings
    - Question/Answer and discussion
- Day 2, Tuesday 1/10
    - Southern GA Rural Focused Stakeholder Meeting
- Day 3, Wednesday 1/11
    - Northern GA Rural Focused Stakeholder Meeting
- Day 4, Thursday 1/12
    - Review Team deliberations
    - Recommendation and TSC Report drafting
- Day 5, Friday 1/13
    - Virtual Exit Presentation, with preliminary findings

Process

- Next 8 weeks after Site Visit
    - Further Team deliberations
    - Refinement of Recommendations
    - Report writing
- Approximately 8 weeks after Site Visit
    - Preliminary Report to State for Fact Check
- Approximately 10 weeks after Site Visit
    - Final TSC Report to State

Observations

- There are broad general principles
- Solutions are unique and local
- System development steps must be adaptable
    - Meet each situation at its own level
    - Allow for particular local solutions

ACS TSC Review Team

Georgia

Brian Eastridge	Trauma Surgeon, Team Leader
Kristan Staudenmayer	Trauma Surgeon
William Oley	Emergency Physician
Curtis Sandy	State EMS Director
Jorie Klein	Trauma Program Manager
Michael Person	Trauma Surgeon, Rural Specialty Reviewer
Jeffrey Kerby	Trauma Surgeon
Melanie Neal	ACS Staff Team, Specialty Reviewer
Holly Michaels	ACS Staff Team
Mackenzie Dafferner	ACS Staff Team