



Emergency Medical Services and Trauma System

June 2014

Injury is the leading cause of death for people age 1- 44 and an increasing cause of disability for people up to age 65. Death from injuries can only be avoided through effective prevention strategies. However, 30-40 percent of deaths from injury occur within the first few hours. These can be prevented when there is a coordinated system of emergency care that ensures patients receive immediate prehospital emergency medical services (EMS) care, quick surgical and medical intervention. Early rehabilitation also helps to prevent later complications.

The purpose of the statewide EMS and Trauma system is to ensure access to essential emergency care for all people who are seriously injured or experiencing medical emergencies. EMS and Trauma is a preplanned response system with the goal of reducing the incidence of injury through prevention programs, and improving patient outcomes by reducing time to life-saving treatment when people experience medical emergencies or serious injury.

Services

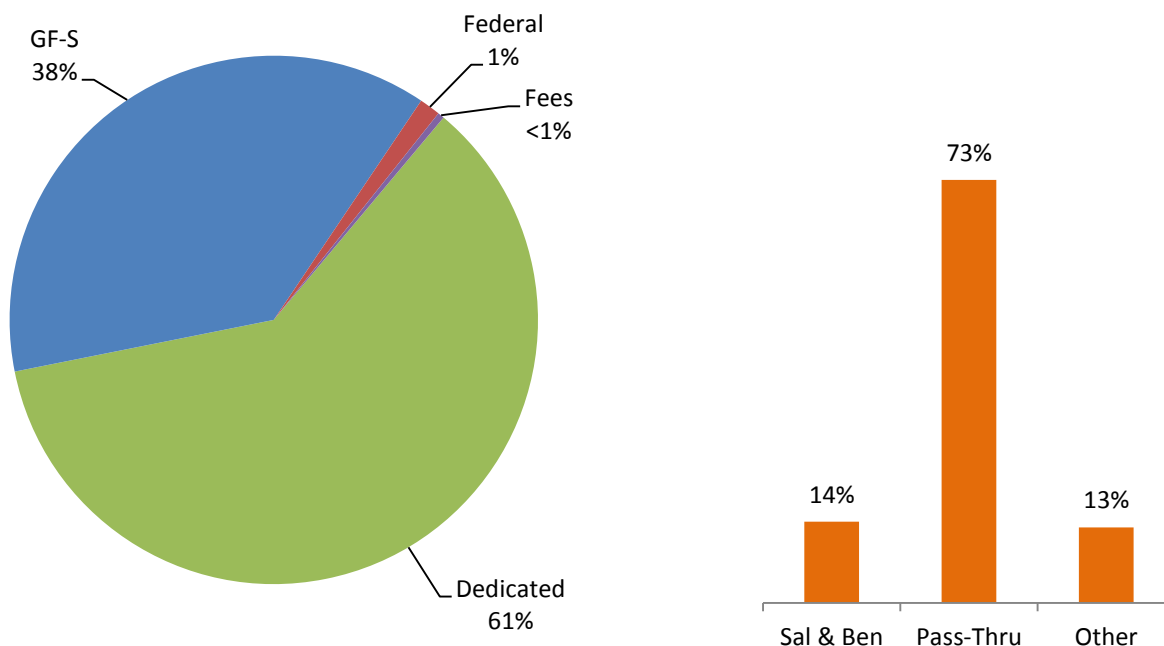
- Regulation of EMS personnel, ambulance and aid services: Credential 17,000 responders & 500 EMS agencies.
- EMS training courses: review and approve to ensure consistent education of first responders.
- Designating hospital trauma services, trauma rehabilitation services, and categorizing emergency cardiac and stroke services.
- Data collection systems; WA Trauma Registry; WA EMS Information System; Injury & Violence Prevention data.
- WA Trauma Registry: Identify disparities in patient care and outcomes and assess system effectiveness.
- Establish patient care & system guidelines: Patient treatment protocols; State triage tools; Patient Care Procedures (destination guidelines).
- Medical Program Directors: Appoint and provide oversight to County Medical Program Directors.
- EMS and Trauma Regional Councils: identify need and distribution of EMS training and gaps in EMS and trauma services, coordinate training, implement injury prevention activities, and develop patient destination procedures.
- Trauma Care Fund - distribute funding to designated trauma services, medical providers, EMS agencies and trauma rehabilitation services. Maximize funding through Medicaid match.

Stakeholders

- Washington State Medical Association
- American College of Emergency Physicians – WA Chapter
- American College of Surgeons – WA Chapter
- Washington State Hospital Association
- Washington Ambulance Association
- Washington State Council of Firefighters
- Washington State Fire Chiefs Association
- Washington State Association of Fire Commissioners
- Emergency Nurses Association
- Other state agencies such as: Washington Traffic Safety Commission; Department of Transportation; Health Care Authority; and Washington State Patrol.

2013-15 Biennium

EMS & Trauma Fiscal Information



	GF-S	Federal	Dedicated*	Fees**	Total	Sal & Ben	Pass-Thru	Other
Total	6,720,000	231,000	10,870,000	71,000	17,892,000	2,544,000	13,622,000	1,726,000

*Dedicated funding - 03C Trauma Care Fund - distributed through grants for uncompensated trauma care

**These are local funds – fees charged for on-site surveys to hospitals that apply for Level I through III trauma service designation

Recent Funding History

2009-11 biennium:

- GF-S reduction of \$500,000 for administrative efficiencies and EMS and Trauma grants.
- GF-S reduction \$16,000 for the elimination of EMS Licensing & Certification Committee
- One-time GF-S reduction of \$141,000 in FY11

2011-13 biennium:

- Ongoing reduction of \$288,000 for staff, administrative efficiencies, and EMS and Trauma grants.
- Ongoing GF-S reduction of \$314,000 for staff.