



## DISCUSSION TOPIC **Access to Emergency Medical Services**

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Access to Emergency Medical Services (EMS) and Trauma Care. The Department of Health seeks your input into understanding some common themes among these recommendations. In this breakout session we will explore Trauma Designation, Minimum and Maximum (Min/Max) methodologies, Trauma System Plan, System Integration, Emergency Medical Services, and Definitive Care Facilities.

### Summary of recommendations related to this breakout session

- Establish a clear and transparent process for calculation of minimum/maximum numbers for trauma centers in each region, based on a uniform statewide approach with potential for regional adjustment.
- Re-evaluate the purpose and function of the Level I trauma center role and adjust requirements as necessary.
- Ensure EMS assets are strategically placed and sufficient in number to meet the needs of the state's population, including air and critical care ground transport.

### Outline of Group Discussion on Access to EMS

#### Themes from the ACS Report

- Roles and responsibilities of Level 1 trauma services
- Locations of Level I and II trauma services
- EMS resources and locations
- EMS and Trauma Services Min/Max methodology
- System Leadership
- Planning, Policy, and Procedures

#### Questions for Breakout Groups

- What broad concepts should be considered when developing methodologies for the min/max number of designated trauma centers? Should the Level I and II trauma centers min/max be determined by the Department of Health? Should the Level III, IV, and V trauma centers min/max be determined by the Department of Health? Where do we need additional or higher level of trauma centers? How about EMS services?
- What specific data elements and reports should be used to make min/max determinations and ensure trauma centers are in the right location?
- Beyond clinical expertise, what should the role, function, and purpose of a Level I trauma center be?

# Background Information

The Washington State Department of Health has authority to designate trauma services. The department establishes minimum standards, designates hospitals to provide trauma care, and provides clinical consultation to trauma services and providers. There are a total of 82 acute services and 10 rehabilitation designated trauma services in the state. There are five levels of designation for acute care, three levels for pediatric care, and three levels for trauma rehabilitation services. Tertiary (definitive care) trauma services (Levels I-II) are located in more urban areas with Levels III-V located in more rural areas.

Currently, each EMS and Trauma Care Region establishes their own min/max number of trauma services for Levels II-V. The department establishes the min/max number for Level I services for acute, pediatric, and rehabilitation noting they are considered statewide resources.

In the last decade, several states have seen the uncontrolled proliferation of trauma services that has resulted in less than desirable outcomes. A notable example is in Florida where, in a short period of time, numerous new trauma services were opened with limited analysis of the impact on the existing mature trauma

system. The Florida example has led to published research which highlights the negative impact of newly designated trauma services on an existing system and the dangers of new services in close proximity to existing services which results in the redistribution of patient volume. Further research has demonstrated that higher patient volumes lead to improved outcomes for emergency general surgery and trauma surgery patients. Several research studies have correlated higher volumes of trauma patients with improved quality of life and decreased mortality.

The risk of injury death increases with rurality. Access to initial and tertiary lifesaving care after injury is often delayed in rural areas. The ACS assessment noted several areas in the state which may be at risk due to the limited number of trauma services and the lack of tertiary care within the region.

To ensure we have the very best trauma system, a thorough assessment and determination of the locations and level of designations is necessary. Establishing a clear and transparent process for the calculation of min/max number for trauma services in each region, based on a uniform statewide approach with potential for regional adjustment is needed.

## Washington State Trauma & Rehab Services

