

## ACS Priority Recommendations

### Statutory Authority and Administrative Rules

- Amend trauma system statutes and rules to:
  - Require a demonstration of need as a requirement for any provisional trauma center designation
  - Establish standards of care relative to specific trauma destination protocols:
    - Establish a state template in rule based on the Centers for Disease Control and Prevention (CDC) field triage criteria
    - Provide authority to the regions and require them to use the state template by rule to develop detailed destination procedures based on the state template.
- Establish a new overarching statewide multidisciplinary emergency care committee to advise the Arizona Department of Health Services (ADHS).
  - Constitute new committees specializing in Emergency Medical Services, trauma, stroke, ST-Elevation Myocardial Infarction (STEMI), and medical direction to provide guidance to the multidisciplinary overarching committee.
  - Ensure that the main committee and all subcommittees are broadly representative.

### System Leadership

- Encourage broader participation and more frequent turnover of committee membership.
- Regularly convene and empower a trauma program manager group to be a system advocate, contribute to trauma system development, inform the Bureau of EMS and Trauma Services, and support the Trauma and EMS Performance Improvement Standing Committee in performance improvement efforts.

### Lead Agency and Human Resources Within the Lead Agency

- Establish a separate trauma medical director position (trauma surgeon) to provide the needed trauma system leadership and vision.

### Trauma System Plan

- Assign the revision of the Arizona trauma system plan to a broad-based ad hoc subcommittee of the State Trauma Advisory Board or new multidisciplinary trauma advisory committee including the trauma medical directors, trauma program managers, and representatives from prehospital care, prevention, rehabilitation, disaster, and the public.
  - Ensure balanced rural and urban participation.

- Adopt the plan formally through a broad trauma stakeholders group, state multidisciplinary trauma advisory committee, and the Arizona Department of Health Services (ADHS).
- Require a regional or statewide needs assessment prior to any new provisional trauma centers that addresses geography, availability and proximity of Level I trauma centers as criteria for designation.

### **System Integration**

- Improve integration efforts between system leadership and Level III and Level IV Trauma Centers.
  - Include Level III and Level IV representation on the State Trauma Advisory Board (STAB).
- Optimize the integration of STAB and the EMS Council until the new overarching multidisciplinary committee is constituted (see Statutory Authority section):
  - Have more frequent meetings of the statutory committees, and stagger the schedule to allow members with dual or multiple appointments to attend all meetings.
  - Leverage electronic resources to further facilitate meeting participation.
  - Consider additional ad hoc workgroups to facilitate efforts.
  - Increase trauma representation on EMS council.

### **Financing**

- Revise the distribution method of the Trauma and Emergency Fund to include funding for all designated trauma centers in the trauma system.
  - Change the rule for the fund to ensure that all designated trauma centers receive level-appropriate support for the “cost of readiness”.
  - Develop a formula for distribution of funds that focuses on specific deliverables by trauma center level rather than volume and acuity.
  - Include a mechanism to support trauma rehabilitation services (establish in rule and/or direct Level I trauma centers to use some of their funds to “buy” beds in rehabilitation centers).
  - Revisit the allocation method/ formula on a regular basis (e.g., every 3 years))
- Distribute funds through a contractual agreement with each trauma center to ensure that each center continuously meets all of the requirements of verification/designation, such as:
  - Outreach
  - Prevention
  - Performance Improvement
  - Data submission
  - Participation and leadership in regional and statewide systems

- Regularly audit or monitor fund distribution and utilization.
  - Require hospitals to demonstrate that funds are used to support trauma center readiness and/or outreach as appropriate by designated level (for example Level I trauma centers should be required to do outreach as a criterion to receive funding).

### **Definitive Care Facilities**

- Impose a moratorium on additional trauma center designations in Maricopa and Pima counties (assuming a positive response from the Attorney General) to allow for appropriate trauma system plan development.
- Establish criteria and standards for designation and de-designation of trauma centers.
- Establish geographic catchment areas for individual high-level trauma centers to balance load, minimize temporal maldistribution, and mitigate adverse effects of competition based upon need and performance.

### **System Coordination and Patient Flow**

- Establish regional trauma destination standards and monitor compliance.
  - Develop a state framework or template that can be adapted regionally. Talk with other state trauma program managers, e.g. Colorado, to identify potential template models.
  - Clearly identify which facilities are appropriate to receive patients identified in each step of the field triage criteria.
- Use the statutory authority of the Bureau of EMS and Trauma System to mandate that EMS services comply with accepted field triage destination standards.

### **Rehabilitation**

- Identify funding sources to facilitate the timely transfer of patients with uncompensated care to rehabilitation facilities.

### **System-wide Evaluation and Quality Assurance**

- Select the first audit filter from the provided list for review as part of the Trauma and EMS Performance Improvement (TEPI) standing committee's trauma system performance improvement (PI) activities. (See Focus Question 3)
  - Schedule a meeting, and then start the review process.
- Encourage the trauma system program manager to contact the National Association of State EMS Officials' Trauma Manager Council for sample state trauma system PI plans.
  - Use these resources to develop a state trauma system PI plan in collaboration with TEPI.

## **Trauma Management Information Systems**

- Identify and convene a work group consisting of a trauma medical director, trauma program manager, prehospital care providers, and system planners (possibly under Trauma and EMS Performance Improvement [TEPI]) to develop a list of reports that will be essential to develop measurable objectives for the new trauma system plan.
  - Include metrics such as distribution of patients, transfer patterns, time to definitive care (field and transfer). See Appendix D.
- Assign TEPI with the development of a list of standardized template reports to be run each quarter that will assist in ongoing monitoring of the trauma system performance.
  - Run and have TEPI review the same list of reports for at least one full year before adaptation, deletion or substitution.
  - Distribute the reports widely to stakeholders and advisory bodies.