ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

Arizona Trauma System Strategic Plan: 2015 Priorities

Approved by the State Trauma Advisory Board January 29, 2015

Full 2013-2018 plan available at: http://azdhs.gov/bems/documents/trauma/trauma-plan.pdf

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Trauma Plan 2013-2018, 2015 Prioritization

Goal 1: System Leadership					*2015 Plan Priorities*	*Priority Rank*
Objective 1.1: Diversify to provide more inclusive statewide STAB representation.					Highlighted plan priorities were identified 12/5/2014 by the Trauma Plan workgroup. Highlighted categories will be assigned priority rank at the 1/9/2015 workgroup.	1= Highest (5) 2= Moderate (8) 3=Lowest (5) *=Legislative priority (5)
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Implement limits on the number of reappointments for STAB members.	Track and publish meeting attendance and participation.	ADHS	STAB	Ongoing	Implement term limits on those positions that are discretionary by the Director to encourage a wider participation of members. If necessary, change bylaws to reflect term limits.	2
Objective 1.3: Develop a Trauma Program Managers Group.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Regularly convene and empower a Trauma Program Managers Group.	Participation of urban and rural trauma managers.	ADHS CFRH	Trauma Managers	Ongoing	Continue regular meetings of the Trauma Program Manager's Group in 2015 and make part of the permanent Trauma planning. Note: High priority given 2015 meetings currently scheduled for 3/20/15 and 7/17/15.	1

Goal 2: System Development/Integration						
Objective 2.2: Establish guidelines for regional trauma care.						
Improve system integration including prevention, capacity, communication and referral capabilities.	Reduction in incidence of traumatic injuries as well as over and under trauma triage.	ADHS	All level trauma centers and acute care hospitals, EMS Regions	Ongoing	Additional focus required on injury prevention component; see Goal 5.	—
Objective 2.3: Improve trauma training to all level providers statewide.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Provide rural trauma education, including pediatric, geriatric, and burn populations, to surgeons, emergency physicians, nurses and EMCTs. **Assign additional support for RTTDC coordinator.**	Number of training sessions. Increase in Level I trauma center involvement. Number of RTTDCs	Level I trauma centers	Regional EMS councils, Trauma Centers, EMS agencies	Ongoing	Explore the feasibility to provide additional funding to the Regional Councils to provide region-based trauma training. Budget request currently pending legislative approval.	1*

Goal 3: Prehospital Care & Transport						
Objective 3.1: Maximize the effectiveness of regionalized trauma triage.						
Strategy	**Measure(s)**	**Lead**	Partners	**Timeline**		
Define regional scene and inter-facility transport protocols directing patients to the most appropriate level hospital and trauma center by the most appropriate mode.	Over and under trauma triage rates. Pass non-punitive EMS trauma destination protocols that take into account EMS Region variations and resources	**ADHS, TEPI**	Regional EMS Councils,	Ongoing	Complete the activities of the under/over triage Workgroup. Publish the workgroup's findings and distribute statewide. Depending on the findings, develop regional training to address under/over triage issues to include triage schemes, mode of transportation and "closest" most appropriate level destinations.	1
Objective 3.2: Better inclusion of EMS data in the Arizona State Trauma Registry (ASTR).						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Require electronic data submission of all EMS agencies including ground and air services. **Confirm data for trauma triage elements.** **Provide regionalized prehospital trauma reports.**	Proportion of trauma events in the ASTR with complete pre-hospital data.	ADHS, TEPI, Regional EMS Councils	EMS Agencies, EMSC, MDC	2018	**1.** Change strategy from voluntary to "encourage" EMS agencies to submit electronic patietn care report (ePCR). Seek legislative authority to make data submission for all agencies providing pre-hospital patient care mandatory. **2.** Develop a strategy to educate pre-hospital providers regarding the necessity of documenting the destination decision and highlighting importance of these data fields; maintain focus on data quality. This may be implemented as part of under/over triage and other outreach activities. (See Objective 2.3)	**1.** 2* **2**. See 2.3

Objective 3.3: Require EMS education on trauma for adult, pediatric, geriatric, and burn populations.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Modify current certification requirements to include mandatory age specific continuing education.	Implementation of standards for prehospital trauma education.	ADHS, Regional EMS Councils	EMSC, Education Committee,	2015	Recommend change in strategy: Implement regional training on age-specific continuing education for special population trauma patients. Given preliminary under triage information, focus on pediatric/geriatric populations may be beneficial.	1
			Training Programs,			
			Trauma Centers			
Develop event calendar/web references of available trauma education from all trauma centers and other sources.		ADHS, Regional EMS Councils	Trauma Centers	Ongoing	Confirm functionality of link (completed, available at: http://azdhs.gov/bems/documents/trauma/trauma-education.pdf)	__
			Training Programs			
			Regions			

Objective 3.4: Develop a central communication system to facilitate field-to-facility, inter-facility, and all-hazards response communication.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Gap analysis to identify opportunities to improve the communication system.	Analysis of communication system.	ADHS	ADOA Public Safety Interoperability Communications	2015	Note: Continue to monitor communication system developments.	3
Identify funding.	Funding search.	ADHS Emergency Preparedness		2015		
Goal 4: Special Populations						
Pediatric						
Objective 4.P.1: Development of a pediatric specific injury report.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Create a pediatric trauma report.	Pediatric injury, incidence, process, and outcome report (exclusive of drowning, poisonings, and strangulation).	EMSC, ADHS utilizing the trauma registry report	PACES	2014	Create a pediatric-specific report on trauma. Include pediatric subset within the annual State Trauma Advisory Board (STAB) report to the Director.	2

Objective 4.P.2: Outline roles and responsibilities of definitive pediatric care facilities.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Expansion of existing pediatric prepared emergency care (PPEC) program.	Increased level of participation.	AzAAP	AzAAP Hospitals	Ongoing	Continue supporting Pediatric Prepared Emergency Care (PPEC) reverification through the Arizona Chapter of the American Academy of Pediatrics (AAP).	3
Objective 4.P.3: Develop Pediatrictrauma triage protocols						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Evaluate existing pediatric trauma protocols and data including those critically injured.	Evaluate over and under pediatric triage.	ADHS, EMSC, Regional EMS Councils	STAB	2015	1. Request the Under/Over Triage Workgroup specifically analyze pediatric population. 2. Include members with pediatric expertise in the Under/Over Triage Workgroup. 3. Work with the Pediatric Advisory Committee for Emergency Services (PACES) to evaluate pediatric-specific protocols to support destination decisions.	1. 2 2. 2 3. 3
Objective 4.P.5: Lower the pediatric injury mortality rate by 20% in 2 years.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Track epidemiology.	Pediatric mortality rate.	Pediatric Trauma Centers	Safe Kids, EMS for Children, Office of Injury Prevention for DHS	2018		
Institute effective injury prevention and outreach.					In collaboration with the Injury Prevention Advisory Council (IPAC), provide education to level III/IV trauma centers regarding implementation; link this to the Trauma Program Managers' Workgroup. Additionally, in collaboration with the Injury Prevention Advisory Council (IPAC), develop a resource toolkit for injury prevention to be made available to EMS providers statewide.	3

Geriatrics

Objective 4.G.1: Incorporate use of American College of Surgeons Committee on Trauma geriatric guidelines for outcome data collection.

Strategy	Measure(s)	Lead	Partners	Timeline		
Expand ASTR inclusion criteria and include the following data element to be submitted to the ASTR.	Length of stay	ADHS	Trauma centers	2014	Create a geriatric-specific report on trauma. Include geriatric subset within the annual State Trauma Advisory Board (STAB) report to the Director.	2
	Mortality and morbidity					
	ED dwell time					
	Time to OR					
	Ground level falls with extremity fractures				Consider opportunity for geriatric data point changes when rule writing process allows.	3*

Objective 4.G.2: Improve timely discharge of geriatric patients to appropriate rehabilitation facility.

Strategy	Measure(s)	Lead	Partners	Timeline		
Partner with Rehabilitation Centers.	Timely discharge to rehabilitation facility.	ADHS	Rehabilitation hospitals, Trauma centers, AzHHA	2014	Explore avenues for greater involvement of rehabilitation specialists in State Trauma Advisory Board (STAB) activities. See Objective 6.1.	__

Goal 5: Injury Prevention						
Objective 5.1: Reduce injury related morbidity and mortality through primary injury prevention.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Strengthen and coordinate statewide trauma center primary injury prevention programs.	Trauma Center site surveys	ADHS	Trauma Center survey teams, Trauma Centers, EMS agencies, EMSC, Safe Kids Coalitions	Ongoing	Explore state-level injury prevention activities among trauma centers, the Injury Prevention Advisory Council (IPAC), and the Trauma Program Managers' Workgroup.	2
	Office of Injury Prevention report					
Goal 6: Medical Rehabilitation						
Rehabilitation						
Objective 6.1: Integrate trauma center, inpatient rehabilitation facilities, and long term acute care hospitals statewide.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Develop a model for incorporating medical rehabilitation facilities into the state trauma system.	1. Convene a task force to formally assess the current trauma rehabilitation status.	ADHS	Rehabilitation Centers, Trauma Centers, Task Force	2015	Establish a rehabilitation workgroup as a committee of the State Trauma Advisory Board (STAB) to obtain greater participation from rehabilitation stakeholders and to identify rehabilitation issues which relate to trauma.	1
	2. Identify nationally recognized standards and processes.					
	3. Assess feasibility of establishing standards and designation in Arizona.	Task Force				

Goal 7: Trauma System Evaluation						
Objective 7.2: Perform a biennial review benchmarking the objectives and progress towards the goals in the State Trauma Plan.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Perform mid-course assessments of the trauma plan assessment on a yearly basis	Annual STAB workgroup report	ADHS	STAB	Annually, beginning in 2014	Expand the annual State Trauma Advisory Board (STAB) report to include age-specific data.	2
Objective 7.5: Require annual review of local EMS QI activities						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Require all EMS agencies to submit an annual QI plan with quarterly reporting to BEMSTS.	% of participation.	ADHS	Regions, EMS Agencies, EMSC, MDC	2018	Work toward mandatory reporting of pre-hospital patient information from all EMS providers.	3*

Goal 8: Statutory Authority/Administrative Rules/Funding						
Objective 8.1: Increase statutory authority to regulate the Arizona trauma system.						
Strategy	**Measure(s)**	**Lead**	**Partners**	**Timeline**		
Amend current trauma system statutes and rules.	Design trauma center needs criteria for new and existing trauma centers, as well as performance benchmarks and standards of care.	ADHS	Trauma centers, System stakeholders	Ongoing	Explore option for establishing a state-level peer review process which has confidentiality protection through statute. Explore partnership with the Arizona Trauma Association (ATA) and the Arizona American College of Surgeons Regional Committee on Trauma. Identify deliverable at regional level under peer protection. Note: High priority among legislative topics.	3*
	Change trauma center funding legislation and evaluate alternative trauma funding strategies to include all trauma centers.					
Identify evidence based guidelines to increase trauma funding.	Appoint a State Trauma Medical Director with trauma surgical expertise based upon feasibility.					
	Establish State pediatric trauma center verification and designation levels.				Explore option for pediatric-specific designation levels in 2015.	3
	Establish State burn center verification and designation levels.					