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Frequently Asked Questions

ADHS response to key recommendations from the ACS Trauma System Consultation Report

In November 2012, the American College of Surgeons returned to Arizona to evaluate the state's progress in developing our trauma system since its first assessment in 2007. The committee provided a full report and recommendations in February 2013 to ADHS.

Will the Department impose a moratorium on additional trauma center designations in Maricopa and Pima counties to allow for trauma system plan development?

The only way that we can legally impose a moratorium is during a public health emergency, like a pandemic influenza outbreak. Otherwise our statutes and rules clearly state that the Department must designate a facility that meets the State requirements.

Will ADHS follow the ACS recommendation that Arizona amend the trauma system statutes and rules to require a demonstration of need as a requirement for any provisional trauma center designation?

Previously hospitals in Arizona had to demonstrate need, but that was taken out of the laws some time ago. This is really a question for the stakeholder community and the legislature to see if they want to return that requirement to law. What ADHS can and will do is use our trauma registry and EMS registry to analyze when, where, and what type of injuries are occurring in Arizona and then provide that information to the stakeholder community (Regional Councils and Statutory Committees) so they have access to the best possible information to improve patient care.

The ACS recommends that ADHS write rules regarding where EMS transports trauma patients based upon the Centers for Disease Control and Prevention field triage criteria and then have the Regional Councils adopt those standards. What is the ADHS position?

This recommendation needs to be evaluated by the three statutory committees and the four EMS regions. While ADHS can't delegate authority to the regions without a change in the law, we can write a rule requiring EMS providers to follow their regional trauma triage and transport protocols. If new rules are supported by the statutory committees and take into account the realities of urban, suburban, rural, and frontier emergency care, we would ask for a waiver of the rule moratorium.

The ACS wants you to revise the Arizona trauma system plan using a multidisciplinary team and then adopt the plan. What is your strategy for accomplishing this?

We began this process last spring, but put it on hold when we invited back the ACS. We will begin work on this right away – inviting a good group of hard workers that can represent our stakeholder

community – with the goal of finishing it by the September, 2013 State Trauma Advisory Board meeting.

Will ADHS adopt the ACS recommendation that the Trauma and EMS Performance Improvement (TEPI) standing committee develop a list of standardized template reports to be run each quarter and to stick with that list for at least a year?

The ACS recognized that we had not maintained focus with our performance improvement initiatives. This seems like very good advice that we can begin at our upcoming TEPI meeting in March 2013.

The ACS recommended ADHS perform a comprehensive assessment of trauma rehabilitation resources, including specialty beds (traumatic brain injury, spinal cord injury, pediatric, and ventilator dependent) within the state. They also suggest adding rehabilitation data elements to the trauma registry and obtaining that data from trauma centers and rehabilitation centers. Can this be done?

This was a great set of recommendations. We recognize that we need to do a better job of looking at patient outcomes from their final clinical care provider – the trauma rehabilitation facilities. It should not be hard to perform this assessment and we would be willing to request a rule writing waiver necessary to revise the trauma registry data set.

The ACS recommends that our trauma system statutes and rules get changed to create a new overarching statewide multidisciplinary emergency care committee. It goes on to identify several subcommittees and then call for a process of keeping the membership fresh by limiting terms.

What is the Departments response?

We are certainly open to new ideas. The model the ACS describes is probably more contemporary than our model here in Arizona. That said, we began a number of changes two years ago to increase participation, reduce the travel burden, and improve cross communication between committees. These changes seem to have been successful – with lots more folks are attending and having more meetings with a quorum. It is pretty hard to argue against term limits for these types of councils as long as you can find interested individuals that can commit the time. Most of the committee language is in statute and we'd have to change the law.

Will ADHS pursue the recommendation to revise the distribution method of the Trauma and Emergency Fund to include funding for all designated trauma centers in the trauma system?

This is an important recommendation. Proposition 202, which directs a percentage of Indian gaming funds to the Trauma and Emergency Fund, defines which facilities can receive the money. Since Proposition 202 was a Citizen's Initiative, it requires a supermajority of the State Legislature to change the law.

The ACS also calls on the Department to convene a trauma program manager group. What is the ADHS response?

This is a great recommendation; we just need to figure out the details.

Now that you have the report back from the ACS, what is your plan of action?

On February 25, 2013, ADHS met with State Trauma Advisory Board to discuss the report. The Board will develop a list of priorities it would like ADHS to focus on. Some initiatives, such as updating the state's trauma plan, are expected to be presented at the September 2013 Board meeting. We will also be discussing the ACS report with each of the four EMS Regions and proving the report on the ADHS website for everyone to review.