

Kansas Trauma Program TOP TEN PRIORITIES

A team from the American College of Surgeons Trauma System Evaluation and Planning Committee in collaboration with the Advisory Committee on Trauma in August 2008 facilitated a process by which stakeholders in the Kansas Trauma System were able to identify priority areas of need. The process was organized within the context of three core functions of public health- assessment, policy development and assurance. These areas were cross referenced against the 9 components of a trauma system as described in the 1992 Model Trauma Care Systems Plan.

The top ten benchmarks including the current status and goal are listed below. The complete document can be located on the following web site: www.kstrauma.org

302.8: There are sufficient and well-coordinated transportation resources to ensure EMS providers arrive at the scene promptly and expeditiously transport the patient to the correct hospital by the correct transportation mode.

Current Score: (1)

There is no coordination of transportation resources within a jurisdiction. Multiple ambulances or aeromedical providers, or both, can all arrive on scene unannounced.

Target Score (2) Target Date: March, 2010

There is a priority dispatch system in place that sends transportation resources to the scene.

303.4: When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system-defined trauma facility.

Current Score (1.46)

There is no system to regularly review the conformity of interfacility transfers within the trauma system according to pre-established procedures.

Target Score (4) Target Date: September, 2009

There is an organized system of monitoring interfacility transfers within the trauma system.

302.6 There are mandatory system-wide prehospital triage criteria to ensure that trauma patients are transported to an appropriate facility based on their injuries. These triage criteria are regularly evaluated and updated to ensure acceptable and system-defined rates of sensitivity and specificity for appropriately identifying the major trauma patient.

Current Score (1.25)

There is no mandatory universal triage criteria to ensure trauma patients are transported to the most appropriate hospital.

Target Score (3) Target Date: September, 2010

Universal triage criteria are in the process of being linked to the management information system for future evaluation.

104.3 The trauma system has completed a gap analysis based on the resource assessment for trauma emergency preparedness.

Current Score (1)

There are no resource standards on which to base a gap analysis.

Target Score (3) Target Date: September, 2009

State resource standards for trauma system response during a mass casualty incident have been developed and approved.

203.5 A written injury prevention and control plan is developed and coordinated with other agencies and community health programs. The program is data driven, and target programs are developed based on high injury risk areas. Specific goals with measurable objectives are incorporated into the injury plan.

Current Score (2.24)

There are multiple injury prevention and control programs that may conflict with one another or with the goals of the trauma system or both.

Target Score (4) Target Date: March 2010

The injury prevention and control plan is being implemented in accordance with established timelines.

205.3 The trauma management information system, (MIS) is used to assess system performance, to measure system compliance with applicable standards, and to allocate trauma system resources to areas of need or to acquire new resources.

Current Score (2)

There is limited trauma management information system consisting of a trauma patient registry, but no data extraction is used to identify resource needs, to establish performance standards, or to routinely assess and evaluate system effectiveness.

Target Score (3) March, 2010

There is a trauma management information system that routinely reports (written, on-line, or electronic) on system-wide management performance and compliance. Linkage between management reports, resource utilization, and performance measures has begun.

207.4 A trauma system public information and education plan exists that heightens public awareness of trauma as a disease, the need for a trauma care system, and the prevention of injury

Current Score (2.04)

There is a trauma system public information and education, plan, but linkages between programs and implementation of specific objectives have wanted.

Target Score (4) Target Date: March 2010

The trauma system public information and education plan area being implemented in accordance with timelines established and agreed on by the stakeholders and coalitions.

310.5 In cooperation with the nursing licensure authority ensure that all nursing personnel who routinely provide care to the trauma patients have current trauma training certification.

Current Score (1.45)

There is no mechanism to ensure that nurses providing care to trauma patients are certified in an ATCN, TNCC, or any national or State trauma nurse verification course.

Target Score (3) Target Date: September 2010

There is a requirement for nurse verification in trauma for nursing personnel who routinely provide care to trauma patients. Compliance with training requirement is the responsibility of the trauma center as part of the quality assurance process.

302.10 There are established procedures for EMS and trauma system communications in an all-hazards or major EMS incident that effectively coordinated with the overall all-hazards response plan for the jurisdiction.

Current Score (2)

Local EMS systems have written procedures for EMS communications in the event of an all-hazards or major EMS incident. However, there is no coordination among the local jurisdictions.

Target Score (4) Target Date: March 2010

There are statewide or regional EMS communication procedures in the event of an all-hazards or major EMS incident that are coordinated with other jurisdictions, with the overall all-hazards response plan, and with the incident management systems.

310.8 In cooperation with the physician licensure authority, ensure that physicians who routinely provide care to trauma patients have a current trauma training certificate of completion, for example, ATLS and others. Alternatively, physicians may maintain trauma competence through continuing medical education programs after initial ATLS completion.

Current Score (1)

There is no mechanism to ensure that physicians who routinely provide care to trauma patients are certified in ATLS.

Target Score (3) Target Date: September 2010

There is a requirement for ATLS for physicians who provide trauma care. Compliance with trauma course completion is the responsibility of the trauma center as part of the quality assurance process.