

The National Trauma Crisis

- **A national crisis is emerging in our emergency care system** due to: overcrowding, fragmentation and variability, a shortage of on-call specialists, lack of disaster preparedness, and major shortcomings in pediatric emergency care.¹
- Nearly ¾ of Emergency department medical directors believe they have inadequate on-call specialist coverage, especially among: neurosurgeons, orthopaedic surgeons, general surgeons, and plastic surgeons.²
- Over 600 trauma centers nationwide are **losing a combined \$1 billion annually** – **10-20% are expected to close in the next 3 years.**³

Trauma in Georgia

- **Trauma is the leading cause of death and disability** of Georgians aged 1-44.⁴
- There is only a **50% survival rate** of trauma in Georgia – Georgia is **20% above the national average for death and mortality from traumatic injury.**⁵
- **Access to trauma care in Georgia is severely limited** – of the 152 licensed acute care hospitals in Georgia, only 15 are state-designated trauma centers. Georgia **should have approximately 25-30 designated trauma centers.**
- Currently, there is **no statewide system for trauma in Georgia** – there is an estimated **\$250 million in uninsured trauma care** annually in Georgia.⁶
- Having a statewide trauma system **could reduce preventable deaths by 10-30%** and **save over 700 Georgians annually.**

Pediatric Trauma

- Children account for nearly **30 million visits a year** to hospital Emergency departments – **trauma accounts for 25% of all pediatric hospital admissions.**⁷
- **Children who need emergency care have better outcomes at pediatric trauma centers.** 89% of injured children nationally are treated at adult centers, but the remaining 11% treated in pediatric trauma centers have **significantly lower mortality rates, lengths of stay and hospital bills.**⁸
- Of Georgia's 15 designated trauma centers, only 5 are designated for pediatrics. **Children's at Egleston and Children's at Scottish Rite are the only two pediatric trauma centers in the state of Georgia.**

Trauma at Children's Healthcare of Atlanta

- Approximately **65% of total trauma registry visits in Georgia come to Children's.**
- Challenges at Children's:
 - **Medicaid makes up 48% of trauma visits to Children's at Egleston and 38% at Children's at Scottish Rite.**

Trauma Solutions

- A **statewide trauma system** would address several key issues: **funding, workforce development and training, pre-hospital communications network, enhanced EMS medical direction, creation of triage and transport, minimal hospital diversion.**⁹
- State trauma funds currently exist in 30 states.
- Additional strategies being implemented nationwide are:
 - Creation of additional residency training positions in specialties that provide emergency and trauma care
 - Ensuring payment to physicians from insurers who provide emergency care
 - Advocating for federal and state liability protection for trauma physicians

¹ Institute of Medicine, *The Future of Emergency Care in the United States Health System*, June 2006.

² American College of Surgeons, *A Growing Crisis in Patient Access to Emergency Surgical Care*, June 2006.

³ National Foundation for Trauma Care. U.S. Trauma Center Crisis, May 2004.

⁴ Georgia Department of Human Resources, Division of Public Health

⁵ Georgia Department of Human Resources, Division of Public Health

⁶ Georgia Statewide Trauma Action Team (GSTAT)

⁷ Centers for Disease Control and Prevention

⁸ Journal of Pediatric Surgery, *Outcomes and Delivery of Care in Pediatric Injury*, January 2006.

⁹ Georgia Statewide Trauma Action Team (GSTAT)



Trauma-Frequently Asked Questions

What is Trauma?

- Trauma is a serious injury or shock to the body from an accident or violence.
- It is the number one killer of Americans between ages 1-45.

What is the “golden hour”?

- A trauma patient's chances of survival increase dramatically if they receive care within the first hour immediately following injury. Rapid response by Emergency Medical Services (EMS) technicians in ground and air ambulances is critical, and so is the distance to the nearest trauma center. **For children, time is even more critical and is known as the “platinum 30 minutes.”**

What is the difference between a visit to a trauma center versus the hospital emergency department?

- Traumatic injuries include:
 - multiple fractures
 - major lacerations, amputations
 - back injury with paralysis
 - skull fracture, brain injury
 - time sensitivity – death or permanent disability may result if not treated within 30 minutes of injury
- Emergency department injuries include:
 - Minor broken wrist
 - Minor lacerations
 - back sprain
 - concussion
 - time sensitivity – injuries may not be life threatening

What do the different trauma levels mean?

Level I: full range – 24-hour service, ER, surgical suite, ICU, imaging, residency trauma research

Level II: must provide initial care to severely injured patients, full range, but not the degree of research and community outreach

Level III: manage initial care of many injured patients continuous general surgical and orthopaedic coverage, continuous orthopaedic coverage but may lack subspecialties

Level IV: provide initial evaluation and assessment, most patients transferred

What is a trauma system?

- A trauma system is an organized approach to management of trauma in a geographic area, such as a state.
- A trauma system is designed around a process of continuous quality improvement which encompasses universal and rapid access to stabilizing pre-hospital care, rapid transport to the facility required for definitive treatment, prompt surgical intervention when required, availability of critical care medicine and nursing skills, and rehabilitation as needed.

What are the benefits of a statewide trauma system?

- Fewer deaths caused by trauma. Studies in the United States show that an organized system of trauma care can reduce the risk of death significantly – in the range of 10-30%.
- The potential “return on investment” in a statewide trauma system is productive lives and dollars saved.
- Fewer and less severe disabilities caused by trauma. Victims are likely to have a much better outcome if high-quality trauma care is rapidly available.
- More productive working years for the trauma patient.
- A lower cost of initial treatment and continued rehabilitation. Patients treated in trauma centers typically have shorter hospital stays.
- A reduced uncompensated care burden for communities and hospitals.