Arkansas Department of Health

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Governor Mike Beebe
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

April 30, 2012

Re: Integration of Emergency Medical Service (EMS) Providers into the Arkansas Trauma System

Dear :

The purpose of this letter and enclosures is to disseminate important information with respect to the integration of EMS providers (hereafter referred to as EMS) into the Arkansas Trauma System (hereafter referred to as the System). This letter briefly describes the purpose of the System, progress made in System implementation, and the need to fully integrate EMS into the System.

Purpose of the System

As you know, the Arkansas Legislature passed the Trauma System Act (Act 393) during the 2009 legislative session. Funding commenced on July 1, 2009, and we at the Arkansas Department of Health (ADH), along with our many committed EMS and other partners, have been working hard since that time to move the System forward. The purpose of the System is to **ensure that patients with traumatic injuries are transported to the most appropriate hospital(s) to treat their specific injuries (definitive care) in the shortest time possible.** National data clearly shows that if this occurs, patient outcomes are dramatically improved. Everything that follows in this letter and the enclosures is based on this premise.

Implementation Progress to Date

To date, we have collectively made exceptional progress in implementing the System. This was confirmed by a team from the American College of Surgeons, which conducted a site survey in June 2011 to evaluate our development efforts. In short, the following accomplishments have occurred since the summer of 2009:

1. staffing and infrastructure have been put in place at ADH;
2. policies and procedures for System development have been written;
3. trauma funding has been successfully distributed to EMS and hospitals;
4. 54 hospitals have been designated as trauma centers at various levels (I-IV);
5. the Arkansas Trauma Communication Center (ATCC) commenced operations on January 3, 2011;
6. a statewide trauma radio communications system has been instituted, to include the installation of over 500 AWIN trauma radios in ambulances throughout the state;

7. the Arkansas Trauma Education and Research Foundation began offering a wide variety of trauma-related courses beginning February 1, 2012; and,
8. several other contracts and sub-grants have been generated in the areas of telemedicine, quality improvement, burn care, and injury prevention.

Although we should all be proud of these accomplishments, a great deal of work remains to be done.

Integration of EMS into the System

Without the successful integration of EMS, the System will not reach its full potential and will be fundamentally flawed. Patients will not be taken to the most appropriate hospitals in the shortest time possible. The good news is that since the ATCC became operational on January 3, 2011, statistics show that many of our EMS partners are in fact participating in the System as intended. They are utilizing trauma bands and calling the ATCC for guidance on the appropriate destination for patient(s) in their care. You may find it useful to see a few numbers to demonstrate how this has been working. From January 3, 2011 to April 2, 2012, the ATCC has handled the following trauma calls:

Scene Calls

Major -	983	(8.76%)
Moderate -	3,516	(31.33%)
Minor -	6,724	(59.91%)
Total -	11,223	

Hospital-to-Hospital Transfers

Major -	542	(8.70%)
Moderate -	1,946	(31.22%)
Minor -	3,745	(60.08%)
Total -	6,233	

Although the above numbers are substantial, we believe that some EMS providers may not yet be fully integrated and participating in the System as intended. As many of us who work on System development travel around the state attempting to "get the word out" in various forums, we continue to hear questions from the EMS community about proper protocol and how their services are expected to work within the System. A few remarks have been made that a particular service, or individual(s) within that service, do not call the ATCC and/or still take patients to the nearest hospital, even though they have suffered major or moderate trauma. If these activities are actually occurring, even on a limited basis, it will have a detrimental impact on the System and will adversely affect patient outcomes.

With this background in mind, we think it is very important to clearly communicate our expectations as well as other information to assist EMS in integrating their activities into the System. To this end, we have enclosed two documents. The first is captioned *EMS and the Trauma System – Frequently Asked Questions (FAQ)*. It provides responses to some of the important questions that have arisen from the EMS community. The second is the new *Field Triage Decision Scheme: The Arkansas*

Trauma Triage Protocol. As noted in the *FAQ*, it closely resembles the Centers for Disease Control's *Guidelines for Field Triage of Injured Patients*. We hope you find these enclosures to be useful.

While substantial progress has been made in implementing the System, we fully understand that challenges remain. When dealing with trauma patients, both EMS and hospitals seeking trauma center designation are being asked to modify the manner in which they have operated for many years. To a large degree, each have embraced the changes and are participating in the System as intended. This letter and the enclosures are designed to provide guidance and assistance to EMS to make System integration even more effective. We are truly proud of our association with EMS and look forward to working with you to improve the care and outcomes for trauma patients.

Sincerely,

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