



## It's About Time... You Got Some Answers.

### ***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 the ages of one and 44, and the number three cause of death across all age groups.

### ***What causes trauma?***

In Georgia, nine main causes, or “mechanisms”, account for 92.1% of trauma. The leading causes are motor vehicle crashes (37.7%); falls (22.2%); gunshot wounds (8.0%); motorcycle crashes (5.4%); pedestrian incidents (5.2%); assaults (4.3%); accidents (4.0%); stab wounds (2.9%) and all-terrain vehicle crashes (2.4%).

### ***Who are typically trauma victims in Georgia?***

Trauma in Georgia impacts all ethnic groups: Caucasian (54.4%); African American (33.6%); Hispanic/Latino (8.8%); and, Asian (.8%). Men make up 68.4% of the trauma victims in Georgia, women 31.6%.

### ***What is “the golden hour?”***

A trauma patient’s chances of survival increase dramatically if he or she receives care within the “golden hour” immediately following injury. Rapid response by Emergency Medical Services (EMS) technicians in ground and air ambulances is critical. So is the distance to the nearest trauma center – a special hospital facility.

### ***What is a trauma center?***

A trauma center is a specialized hospital with appropriate professional staff and equipment available immediately to care for patients who have been severely injured in vehicle crashes, falls, shootings and other incidents.

### ***Is there any difference between a trauma center and a hospital emergency department or emergency room?***

Most hospitals with an emergency room are not trauma centers. In Georgia today, only 15 of the state’s 152 hospitals have designated trauma centers. A trauma center has the professional medical staff and equipment available immediately to care for severely injured patients. In Georgia, hospitals voluntarily meet guidelines established by the state and the American College of Surgeons’ Committee on Trauma to become a “designated” trauma center.

### ***What do the different Trauma Center levels mean?***

**Level I Trauma Centers** have a full range of trauma capabilities, including an emergency department, full-service surgical suite, intensive care unit and diagnostic imaging. Level I Centers must have a residency program, ongoing trauma research and provide 24-hour trauma service in its facility.

**Level II Trauma Centers** must provide initial care to severely injured patients. They have a full range of trauma capabilities, including an emergency department, a full service surgical suite,



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intensive care unit and diagnostic imaging, but not the degree of research found in the Level I Centers.

**Level III Trauma Centers** must offer continuous general surgical coverage and manage the initial care of many injured patients. They also provide continuous orthopedic coverage, but may lack certain subspecialty care found in Level I and II Centers.

**Level IV Trauma Centers** provide initial evaluation and assessment of patients, most of whom will require transfer to facilities with more resources.

### ***What is Emergency Medical Services (EMS)?***

Emergency Medical Services (EMS) is the “front line” of trauma care. It refers to the emergency medical technicians, ground and air ambulances, and advanced life support equipment that provide several critical “pre-hospital” services, including rapid transportation of patients; immediate medical assistance and stabilization; and, trauma triage to determine the appropriate medical facility and level of care.

### ***How large of a role does EMS have in trauma care?***

Most patients – 72% – reach trauma centers in Georgia by ground ambulance; 19% reach a trauma center by helicopter. Overall, there are approximately 14,000 licensed EMS professionals in Georgia. Georgia has 263 licensed ambulance providers and approximately 2,300 vehicles licensed as ambulances. There are five air ambulance services based in Georgia.

### ***What is a trauma system?***

A trauma system is an organized approach to the 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 as required, and rehabilitation as needed. Data gathered throughout the continuum is analyzed and used to improve performance throughout the system. Trauma data, in combination with data from other sources such as law enforcement, Governor’s Office of Highway Safety, CDC Injury Control, engineering associations, Homeland Security, and numerous other authoritative bodies, is used to target opportunities for effective injury prevention programs.

### ***What are the benefits of a 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.



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### ***Does Georgia have a trauma system?***

Georgia does not have a comprehensive statewide trauma system. Rather, Georgia has a few components of a trauma system.

For example, the state monitors and designates trauma centers and licenses EMS services through the Georgia Department of Human Resources, Division of Public Health, Office of Emergency Medical Services/Trauma. The trauma centers contribute data to a state trauma registry; the data is analyzed and used to improve performance.

But the state needs about twice as many trauma centers as the current 15, particularly in areas where there currently is no trauma center coverage. There is not adequate public funding for trauma services in the state. Also lacking is a comprehensive trauma infrastructure that would help ensure an organized approach to pre-hospital care, rapid transport, availability of critical care medicine and nursing skills, and rehabilitation.

### ***Why does Georgia need a trauma system?***

A statewide trauma system saves lives. It is the best way to ensure that our families and friends can get trauma care when it is needed. A trauma system is also essential for emergency preparedness and homeland security, a necessary response to terrorism, new infectious diseases, and natural disasters such as tornadoes, floods and hurricanes.

### ***How does trauma care in Georgia compare with the rest of the country?***

Not well. Georgia's trauma death rate is significantly higher than the national average: 63 of every 100,000 people compared to the national average of 56 per 100,000. If Georgia's death rate improved to the national average, it would mean a difference of as many as 700 more lives saved every year.

The trauma death rate for Georgia and the nation are calculated each year using Center for Disease Control (CDC) data. In 2006, Georgia's trauma death rate was 62 per 100,000 and the national trauma death rate was 54 per 100,000, a difference of 712 deaths a year. In 2007, using more recent data, Georgia's trauma death rate increased from 62 to 63 per 100,000. But the national trauma death rate increased more from 54 to 56 per 100,000, a difference of 633 deaths.

### ***When did the state start designating trauma centers?***

The state's first trauma center, Floyd Medical Center in Rome, opened in 1981.

### ***How many trauma centers are there in Georgia?***

In Georgia, only 15 of the state's 152 acute-care hospitals are designated trauma centers.

Of Georgia's trauma centers, four are Level I centers, nine are Level II centers and two are Level IV centers. There are no Level III centers.

Georgia's four Level I trauma centers are Grady Memorial Hospital (Atlanta); Medical Center of Central Georgia (Macon); Medical College of Georgia Hospitals and Clinics (Augusta); and, Memorial Health University Medical Center (Savannah).

Georgia's nine Level II trauma centers are John D. Archbold Memorial Hospital (Thomasville); Atlanta Medical Center (Atlanta); Children's Healthcare of Atlanta – Egleston, Pediatric Level II (Atlanta); Children's Healthcare of Atlanta - Scottish Rite, Pediatric Level II (Atlanta); Floyd Medical Center (Rome); Gwinnett Medical Center (Lawrenceville); Hamilton Medical Center



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(Dalton); North Fulton Regional Hospital (Alpharetta); and The Medical Center (Columbus).

Morgan Memorial Hospital (Madison) and Walton Regional Medical Center (Monroe) are Level IV trauma centers.

### ***How many does Georgia need?***

Georgia should have approximately 25-30 designated trauma centers in strategic locations to adequately address trauma and emergency preparedness needs, according to state health officials.

### ***Why does Georgia need more trauma centers?***

The 15 current centers are dispersed among 10 counties and large areas are not adequately served. Millions of Georgians live and work at least two hours away from timely trauma care, even in urban and suburban areas. Of the estimated 40,000 cases of major trauma each year in Georgia, only about 10,000 are treated in designated trauma centers.

### ***Why don't more hospitals start trauma centers?***

Most hospitals can't afford the financial losses typically created by a trauma center. Today, hospitals in Georgia are reimbursed for trauma care they provide through private health insurance, patient payments and government programs such as Medicare and Medicaid. But the existing payment mechanisms do not come close to reimbursing Georgia trauma care providers – hospitals as well as physicians and EMS providers. State health officials estimate the cost of uncompensated care by hospitals, physicians and EMS providers at about \$275 million a year.

Georgia's hospitals and overall health care system are already fiscally fragile and in danger of collapse. Overall, about two-thirds of Georgia's hospitals are operating in the red because of an increase in uninsured patients, reductions in Medicare/Medicaid reimbursement and increases in the cost of malpractice coverage. So many of the current 15 hospitals with trauma centers find it increasingly difficult to make the costly commitment that trauma center designation requires. Additional public funds are needed to underwrite Georgia's trauma system.

### ***Have hospitals in Georgia closed trauma centers before?***

Yes. In 2002, five of the state's then-19 trauma centers either dropped or lost their designations. In June 2007 a Level III trauma center – DeKalb Medical Center – resigned its designation.

### ***Is creating a statewide trauma system in Georgia just a matter of establishing more trauma centers?***

No. In addition to funding for more trauma centers, there are other major challenges to overcome.

One is **staffing**. Georgia faces a critical shortage of medical personnel, and the unique stress, workload, growing uncompensated care burden and liability concerns associated with trauma care drives clinicians and out-of-hospital personnel away from that discipline. Meanwhile, small rural communities find it hard to recruit and retain volunteer and paid EMS personnel, who often work with inadequate tools and equipment in a job that involves time away from home on nights, weekends, and holidays.

Another is the need to develop a **pre-hospital communications network** that is fully integrated with the EMS and emergency disaster preparedness systems. The first step is the development of 911 systems in every Georgia county. Several Georgia counties do not have a 911 emergency



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system. The network should provide for EMS system response and coordination.

And another is **improved medical oversight and coordination**. Because of shortages of physicians – particularly physicians trained in emergency medicine – and the resulting lack of oversight, emergency and trauma care in Georgia is often not uniformly coordinated.

### ***What needs to be done?***

In 2007 the Legislature passed Senate Bill 60. The bill established a nine-member Georgia Trauma Care Network Commission that would administer the distribution of funds from a new Georgia Trauma Trust Fund to physicians, emergency medical service providers and hospitals for uncompensated trauma care services, allocate funds to cover trauma care service start-up costs for providers seeking a trauma care designation or certification, and generally oversee Georgia's trauma system. But the specific infrastructure and funding solutions remain unresolved as the Legislature enters the 2008 session.

### ***What should the next steps be?***

The legislature should address several key issues:

**Funding.** Identify potential funding sources for trauma care.

**Workforce development and training.** Recruit and train enough competent first responders, EMTs, cardiac technicians, paramedics, trauma physicians and nurses to meet Georgia's needs.

Develop a **pre-hospital communications network** that is fully integrated with the EMS and emergency disaster preparedness systems. The first step is the development of 911 systems in every Georgia county. The network should provide for EMS system response and coordination.

**Enhanced EMS medical direction** that provides for all medical aspects of pre-hospital care and professional medical accountability.

Creation of a **triage and transport system** designed to get the right patients to the right facilities in the right time.

**Minimizing the practice of hospital diversion** to expedite care for trauma patients.

### ***What is the status of legislation?***

In the 2006 Georgia legislative session, there was a flurry of activity and several bills were introduced that proposed providing a sustainable level of trauma funding. None of the funding bills passed.

However, a bill that mandated the formation of a Trauma Study Committee involving representatives from the House and Senate was approved. (Senate Resolution 785, Creating a Joint Comprehensive State Trauma Services Study Committee.) This Committee reported its findings in late 2006.

In 2007 the Legislature passed Senate Bill 60. The bill established a nine-member Georgia Trauma Care Network Commission and authorized the Commission to:

- Apply for, receive, and administer state funds, federal funds and grants, and other grants and donations;
- Distribute funds from a new Georgia Trauma Trust Fund to physicians, emergency medical service providers and hospitals for uncompensated trauma care services



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- Allocate funds to cover trauma care service start-up costs for providers seeking a trauma care designation or certification;
- Establish, maintain, and administer a trauma center network to coordinate the best use of existing trauma facilities and to direct patients to the best available facility for treatment of traumatic injury;
- Administer programs designed to educate citizens on trauma prevention; and,
- Study the provision of trauma care services to determine the best practices and determine what changes are needed to improve trauma care services.

Specific infrastructure and funding solutions remain unresolved as the Legislature enters the 2008 session.

### ***Do other states have the same problems?***

Many other states also have trauma funding problems.

For example, in South Carolina, the General Assembly, in May 2004 signed into law the Statewide Trauma System Act and established a formal infrastructure for the statewide trauma care system and a trauma fund. In May 2005, the Assembly provided \$4 million in state funding to help cover the cost of trauma care for Medicaid and Medicaid-eligible patients. However, a recent study showed that South Carolina needs \$38.7 million to pay trauma system physicians, hospitals, rehabilitation and EMS providers and cover the growing cost of trauma care to the indigent. Funding by private health insurance, government programs, and payment from patients fail to cover costs. Nearly one in four patients at a Level I or II trauma center does not pay his or her bill.

### ***What are they doing to solve the funding problem?***

A number of states have developed innovative programs to raise funds for state trauma programs. For example:

Thirty states have created state trauma funds to support trauma care.

Arizona uses funds from a tax on cigarettes.

California generates \$4 million in traffic fines and \$168 million from a 3¢ per square foot tax on property. In California's Los Angeles County, voters approved a ballot initiative and added \$45 to property taxes for trauma care.

Illinois assesses a \$100 fee on DUI and a \$20 fee on traffic infractions, which generates \$34 million for trauma. The state also has added a \$100 surcharge on firearms violations and a \$100 surcharge for drug-related convictions.

Maryland uses a \$13.50 surcharge on motor vehicle registrations.

Mississippi charges a \$5 fee per moving violation, which generates about \$8 million for trauma centers.

Oklahoma includes a fee of \$1 on driver's licenses, which generates \$2.4 million for EMS.

Oregon established a 25¢ surcharge on 911 calls.

Pennsylvania assesses a \$10 fee on moving violations, which supports trauma and rehabilitation.



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Texas passed a motor vehicle surcharge that is expected to generate \$300 million in two years for trauma centers. Texas also allocates the interest on tobacco settlement funds to trauma centers, which is expected to generate \$4 million.

Washington uses a \$5 surcharge on moving violations and a \$6.50 surcharge per change in motor vehicle registration.

### ***Who is involved in the effort to establish a statewide trauma system?***

The Georgia Statewide Trauma Action Team (GSTAT) is at the forefront. GSTAT is a coalition of hospitals, emergency medical services (EMS) providers, physicians, nurses and others interested in creating a statewide trauma system.

### ***What are they doing?***

They have launched a campaign to make the public, local elected officials and business people aware of the issues and the need for a statewide trauma system.

### ***What can I do to help?***

You can join with hospital administrators, physicians, nurses, and EMS providers to support development and adequate funding of a statewide trauma system. Visit [www.georgiaitsabouttime.com](http://www.georgiaitsabouttime.com) to:

- learn more
- sign the e-petition
- join GSTAT
- volunteer and work in your community