



IT'S ABOUT TIME

WHY?

GEORGIA NEEDS A TRAUMA SYSTEM NOW

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It's about time... **the golden hour.**

The clock begins ticking the instant that the car crashes, the worker falls, or the bullet rips into the victim.

Then it's a race against time and distance. 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 technicians in ground and air ambulances is critical. So is the distance to the nearest trauma center – a special hospital facility with the resources and medical specialists to handle the most severe injuries.

Most hospitals with an emergency room are not trauma centers. In Georgia, only 15 of the state's 152 acute-care hospitals are – an alarmingly inadequate number. Georgia should have approximately 25-30 designated trauma centers in strategic locations to adequately address trauma and emergency preparedness needs.

It's about time... **to save as many as 700 lives a year.**

Although some regions of Georgia have excellent trauma care, gaps exist. Georgians in many areas simply do not have fast access to trauma care. As a result, of the estimated 40,000 cases of major trauma each year in Georgia, only about 10,000 are treated in designated trauma centers.

Access to trauma care is a matter of life and death. Trauma 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. Studies report that as many as one third of trauma deaths occurring in areas without an organized trauma care system are preventable.

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.

It's about time ... **that Georgia has a statewide trauma system.**

Georgia's trauma death rate is above the national average because Georgia does not have an adequate statewide trauma system.

The movement to establish a statewide trauma system in Georgia began 30 years ago. In 2006, the state legislature began a study of the infrastructure and funding mechanisms needed and in 2007 lawmakers passed Senate Bill 60 and created the Georgia Trauma Care Network Commission to continue the work. But the specific infrastructure and funding solutions remain unresolved as the Legislature enters the 2008 session.

The keys are establishing an integrated trauma infrastructure throughout the state, and easing the financial burden on those who provide trauma care, but are not paid for their services. State health officials estimate the cost of uncompensated care by hospitals, physicians and EMS providers at approximately \$275 million a year. Those losses discourage hospitals from adding trauma centers, and pressure participating hospitals to close their trauma centers.

Now it's time for action that will ensure that trauma care will be available for our families, our neighbors and us.

Now is the time for Georgia's safety officials, business leaders and citizens to join with hospitals administrators, physicians, nurses, and EMS providers in declaring support for development of a statewide trauma system.

This report examines trauma care in Georgia. We hope it enlightens you, and inspires you to join us in working for a statewide trauma system.

GSTAT
GA STATEWIDE TRAUMA ACTION TEAM

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

What is trauma?

Trauma is a serious injury or shock to the body from an accident or violence. Trauma 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 is Emergency Medical Service (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.

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 accidents, falls, shootings and other incidents.

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, 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 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.

"I have no doubt that Jeremiah would have bled to death..."

Jeremiah Matlock, 21, of Buchanan, about 55 miles west of Atlanta, was driving his 1987 Ford F150 pickup home alone from a friend's house at about 11:30 p.m. on Friday, July 30, 2005 when a vehicle with one headlight crossed over to his side of the road.

Matlock swerved to avoid hitting the vehicle and lost control of his truck. His injuries included a punctured lung, a pelvis broken in 15 places, broken ribs, right collarbone and shoulder blade, a fractured vertebra, lacerated liver and a severed artery near his broken pelvis.

What followed underscores the need for more trauma centers in Georgia. Matlock spent about five hours at Higgins General as personnel there contacted trauma centers in Rome, Chattanooga, and Atlanta to see if he could be transferred there. He was eventually taken by ambulance to Atlanta Medical Center, a designated Level II trauma center where a trauma team inflated his collapsed lung and stabilized him. Following surgery he spent the next 25 days in a drug-induced coma and a total of 53 days at Atlanta Medical Center before he was released in September 2005 to return home. As of June 2006, Matlock had completed physical therapy and continues to work out at a gym to regain strength.

"I have no doubt that if Jeremiah had not been transported to Atlanta Medical Center, he would have bled to death from the severed artery or died from complications with his lungs," says his mother, Laura Matlock. "But even though they are a fantastic group of medical professionals, the trauma center there is overcrowded, and they can't take care of all of the patients who need the care our son required. Something needs to be done to expand the trauma care system in Georgia."



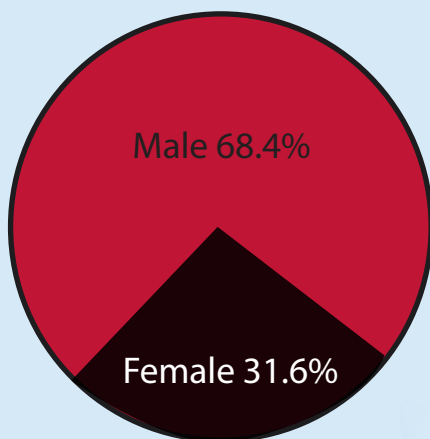
Sept 11, 2005 - Jeremiah and his identical twin brother, Zachariah



Nine Causes, or “Mechanisms”, Account for 92.1% of Trauma in Georgia

Cause/Mechanism	Trauma Incidents in 2003-2006	
	Number of	% of total
Motor vehicle crash	17,125	37.7
Fall	10,104	22.2
Gunshot wounds	3,649	8.0
Motorcycle	2,443	5.4
Pedestrian	2,364	5.2
Assault	1,954	4.3
Accident	1,808	4.0
Stab wound	1,341	2.9
All-terrain vehicle	1,096	2.4

Trauma in Georgia Impacts Both Genders

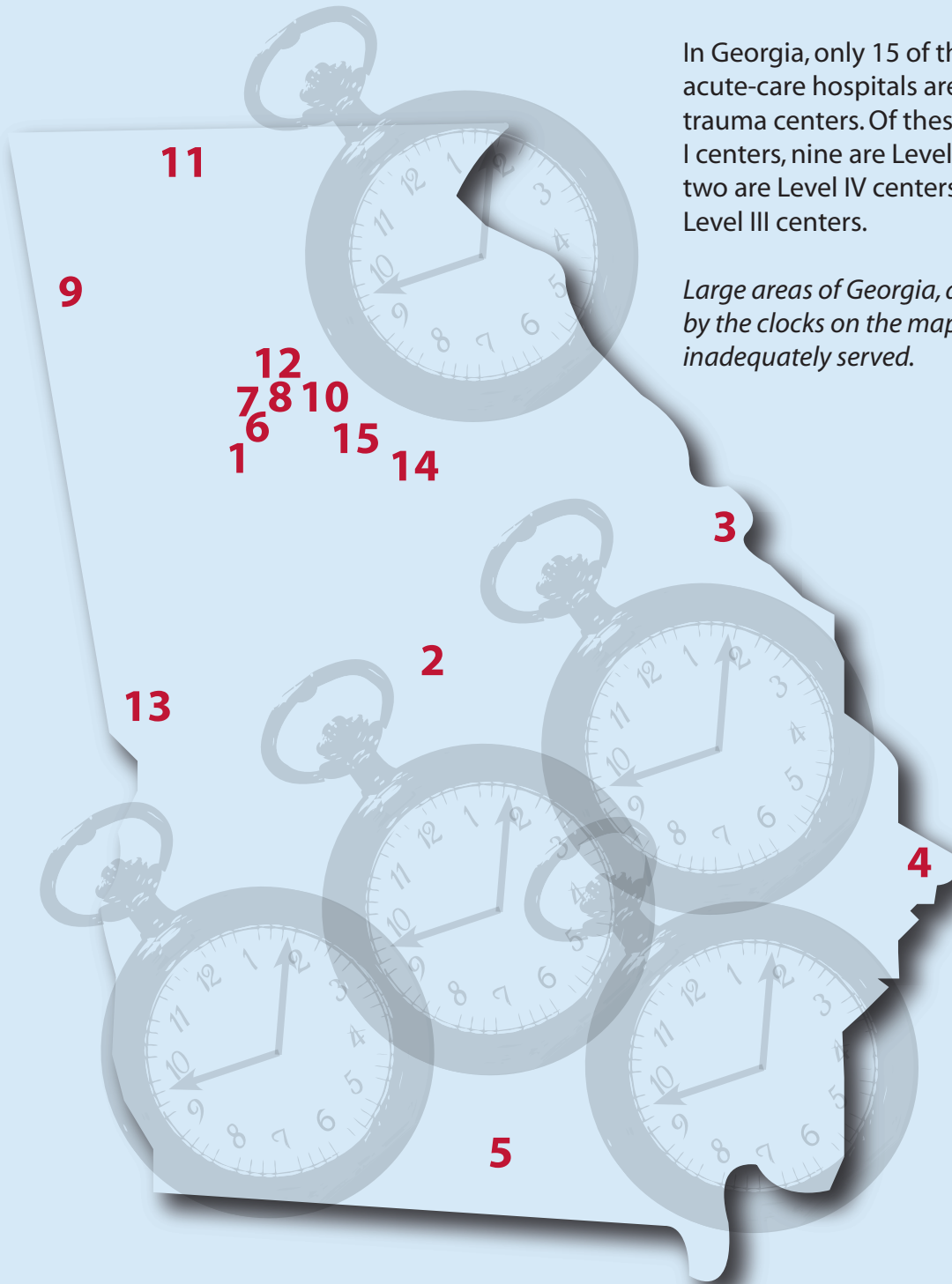


Trauma in Georgia Impacts All Ethnic Groups

Ethnic group	Trauma Incidents in 2003-2006	
	Number of	% of total
Caucasian	24,712	54.4
African American	15,270	33.6
Hispanic/Latino	3,886	8.8
Asian	352	0.8

Most patients – 72% – reach trauma centers in Georgia by ground ambulance; 19% reach a trauma center by helicopter.





In Georgia, only 15 of the state's 152 acute-care hospitals are designated trauma centers. Of these, four are Level I centers, nine are Level II centers and two are Level IV centers. There are no Level III centers.

Large areas of Georgia, as indicated by the clocks on the map, are inadequately served.

THE CURRENT SYSTEM

Trauma Center

1. Grady Memorial Health (Atlanta)	1
2. Medical Center of Central Georgia (Macon)	1
3. Medical College of Georgia (Augusta)	1
4. Memorial Health University Medical Center (Savannah)	1
5. Archbold Memorial Hospital (Thomasville)	2
6. Atlanta Medical Center (Atlanta)	2
7. Children's Healthcare of Atlanta - Egleston (Atlanta)	2 Pediatric
8. Children's Healthcare of Atlanta - Scottish Rite (Atlanta)	2 Pediatric

Trauma Center

9. Floyd Medical Center (Rome)	2
10. Gwinnett Medical Center (Lawrenceville)	2
11. Hamilton Medical Center (Dalton)	2
12. N. Fulton Regional Hospital (Roswell)	2
13. The Medical Center (Columbus)	2
14. Morgan Memorial Hospital (Madison)	4
15. Walton Regional Medical Center (Monroe)	4

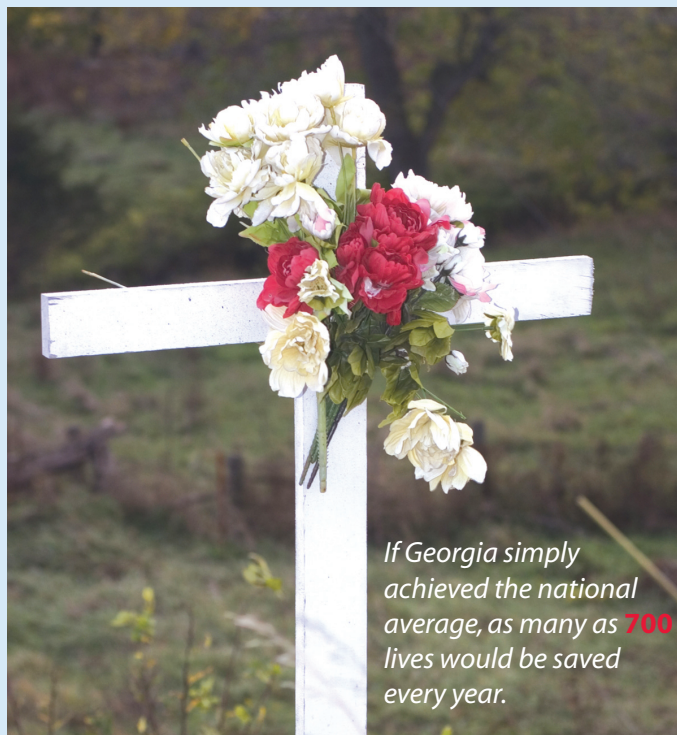
Georgians began working to establish a statewide trauma system more than three decades ago, and the state's first trauma center, Floyd Medical Center, opened in 1981

But today Georgia has only 15 "designated" trauma centers – facilities that voluntarily meet guidelines established by the state and the American College of Surgeons' Committee on Trauma. That's about half of the number needed to adequately cover the state. The current centers are dispersed among 10 counties and large areas are not adequately served. In addition, several counties still do not have a 911 emergency system.

The result: many Georgians cannot be sure that they or their family will receive trauma care within the first critical "golden hour." Millions of Georgians live and work at least two hours away from timely trauma care, even in urban and suburban areas. The first EMS response may take anywhere from three to 45 minutes and an additional 10 to 60 minutes may elapse before the patient reaches a medical facility – a facility that might not even be a designated trauma center.

Because many hospitals are at critical capacity, EMS personnel often are forced to transport patients extended distances to a facility that is not on "diversion status." Georgia's trauma centers and EMS services are stretched to their limits, particularly in rural Georgia where a population of 3.5 million people is spread over hundreds of square miles.

And it could get worse. 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. Many of the current 15 hospitals with trauma centers find it increasingly difficult to make the costly commitment that trauma center designation requires. In fact, 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.



*If Georgia simply achieved the national average, as many as **700** lives would be saved every year.*

To be sure, there are positives. The quality of Georgia's pre-hospital EMS care is excellent. The training and skill level of rescue, first responder, emergency medical and air medical services personnel are ranked among the highest in the nation. And the commitment of many hospitals, physicians, surgeons, nurses, and other support staff involved in treating victims of trauma is unsurpassed.

But they are not enough to offset the mounting challenges. As a result, trauma death rates in Georgia are higher than the national average: 63 of every 100,000 compared to 56 per 100,000 nationally. If Georgia simply achieved the national average, as many as 700 lives would be saved every year.

"One of the most critical issues facing the health of the state is the failing, stitched-together system of trauma hospitals. Lawmakers are aware of the crisis, but for some reason they believe the participating hospitals will continue to absorb the costs."

Editorial: "Lawmakers ignoring trauma crisis"
Macon Telegraph, April 10, 2007

"Call it bureaucratic triage... Georgia's trauma system needs to be healed, and lawmakers need to act as if all Georgians' lives depend on it... Because they do."

Editorial: "Traumatized health care"
Augusta Chronicle, January 7, 2007

"...if you're headed to a south Georgia farming community, you'd better drive safely... The state's emergency care network simply does not offer rural Georgians the same quality of treatment available in urban centers such as Atlanta, Augusta, Macon or Savannah... That needs to change."

Editorial: "Rescue trauma centers"
Savannah Morning News, September 25, 2006

"Unless the state agrees to subsidize the high cost of trauma care in some way, it is a virtual certainty that several of the state's 15 trauma care hospitals -- a number already insufficient -- will be forced to shut down their services for financial reasons... Walking away now without acting would be like an emergency medical technician walking away from the scene of an accident, leaving innocent victims to die unnecessarily."

"OUR OPINION: State can't neglect trauma funding"
Atlanta Journal-Constitution, April 20, 2007

"... Georgia basically needs to double its trauma centers from 15 to 30, and probably at least double the number operating at the highest levels of response... One can't imagine any major state hospital... not jumping at offering its community the highest level of emergency care so long as it does not break what little is left of its piggy bank."

Editorial: "Get the O.R. ready!"
Rome News-Tribune, September 17, 2006

Day in and day out, 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 also is essential for emergency preparedness and homeland security, and provides a necessary response to terrorism, new infectious diseases, and natural disasters such as tornadoes, floods, and hurricanes.

There are several major challenges involved in building a Georgia trauma system:

- > **Funding.** Hospitals, physicians and EMS providers today are using an estimated \$275 million a year in trauma-related charges that are not covered by insurance or paid by patients. Georgia's hospitals and overall health care system are already fiscally fragile and in danger of collapse.
- > **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.
- > **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.
- > **Pre-hospital communications.** Georgia also needs a pre-hospital communications network that is fully integrated with the EMS and emergency disaster preparedness systems.

Explaining the solutions, in detail, would take a 40-page report. But generally, the most immediate and important courses of action include:

- > **Legislation.** In 2006, the Georgia Legislature began a study of the infrastructure and funding mechanisms needed and in 2007 lawmakers passed Senate Bill 60 and created the Georgia Trauma Care Network Commission to continue the work. But the specific infrastructure and funding solutions remain unresolved as the Legislature enters the 2008 session.
- > **Funding.** Funding options for Georgia's trauma system, according to the Joint Comprehensive State Trauma Services Study Committee, include:
 - > A certain percentage of the Georgia Insurance Premium Tax that would be diverted into the Georgia Trauma Care Fund.
 - > An additional \$5.00 surcharge on motor vehicle registrations.
 - > An increase of \$1.16 in the monthly cell phone surcharge.
 - > An additional surcharge on rental and leased cars.
 - > An additional add-on charge to fines for certain motor vehicle moving violations, such as the offense of DUI.
 - > A check box on the individual Georgia Income Tax form that would allow Georgia citizens to contribute 5 percent of their tax refund or \$5.00 to the Georgia Trauma Care Fund
- > Workforce development and training. Recruit and train enough competent first responders, EMTs, cardiac technicians, paramedics, trauma physicians and nurses to meet Georgia's needs.
- > Development of 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.
- > Enhanced EMS medical direction that provides for all medical aspects of pre-hospital care and professional medical accountability.
- > Creation of 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.

I SAY YES

It's about time that Georgia had a statewide trauma system.

Take action in '08.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

To show your support for the "It's About Time...Georgia Needs a Trauma System Now." campaign, fill out this response card, affix a \$.39 stamp to the reverse side and drop in the mail.

To learn more, or to get involved, go to www.GeorgiasAboutTime.com.

It's about time... **you knew the facts.**

- > Trauma is the # 1 killer of Americans between the ages of one and 44, and the # 3 cause of death across all age groups.
- > Studies report that as many as one third of trauma deaths occurring in areas without an organized trauma care system are preventable.
- > 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.
- > Of the estimated 40,000 cases of major trauma each year in Georgia, only about 10,000 are treated in designated trauma centers.
- > The leading causes of trauma in Georgia are motor vehicle crashes (37.7%); falls (22.2%); gunshot wounds (8.0%); and, motorcycle crashes (5.4%).
- > In Georgia, only 15 of the state's 152 acute-care hospitals are designated trauma centers.
- > Georgia should have approximately 30 designated trauma centers in strategic locations to adequately address trauma and emergency preparedness needs.
- > The 15 current centers are dispersed among ten counties and large areas are not adequately served. Millions of Georgians live and work at least two hours away from timely trauma care.
- > Several Georgia counties still do not have a 911 emergency system.
- > Existing payment mechanisms do not come close to reimbursing Georgia providers for the trauma care they provide. State health officials estimate the cost of uncompensated care by hospitals, physicians and EMS providers at about \$275 million a year.
- > A number of states have developed innovative programs to raise funds for state trauma programs. Thirty states have created state trauma funds to support trauma care.
- > Many of the current 15 hospitals with trauma centers find it increasingly difficult to make the costly commitment that trauma center designation requires.

It's about time... **you got involved.**

Now is the time to join with hospital administrators, physicians, nurses, and EMS providers to support development and funding of a state-wide trauma system. You can help in several ways:

Fill in the response card below and mail it in.

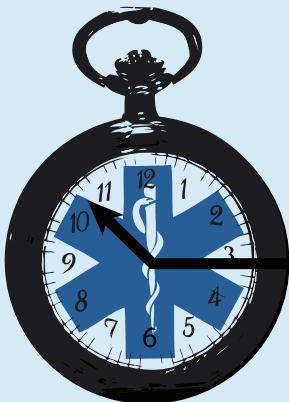
Or, go to www.GeorgiasAboutTime.com to:

- > learn more
- > sign the e-petition
- > join the coalition

Mail to:

GSTAT
227 Sandy Springs Place
D-360
Sandy Springs, GA 30328-3849

Place \$.39
Stamp here



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