



Six Immediate Goals 2009 - 2010

- 1. Obtain Permanent Funding**
- 2. Maintain & Expand Trauma Centers: Focus on South Georgia**
- 3. Strengthen EMS: Focus on Rural Regions**
- 4. Trauma Communication Center and System Regionalization**
- 5. Trauma System Infrastructure under Office of EMS and Trauma**
- 6. Assure Exceptional Accountability**

#56 EMS Vehicles Replaced



Seminole County

Alabama Model



Birmingham Regional Emergency Medical Services System (BREMSS)

- Voluntary trauma system started in the Birmingham EMS Region in 1996
- **Developed the Trauma Communication Center concept**
- Between 1996 and 2005 over 23,000 patients treated for major trauma
- 12% decrease in the death rate from trauma in this region during this time
- Decrease average length of stay for ISS 15+ from 16 days to 9 days
- No change for the rest of the state

System Processes



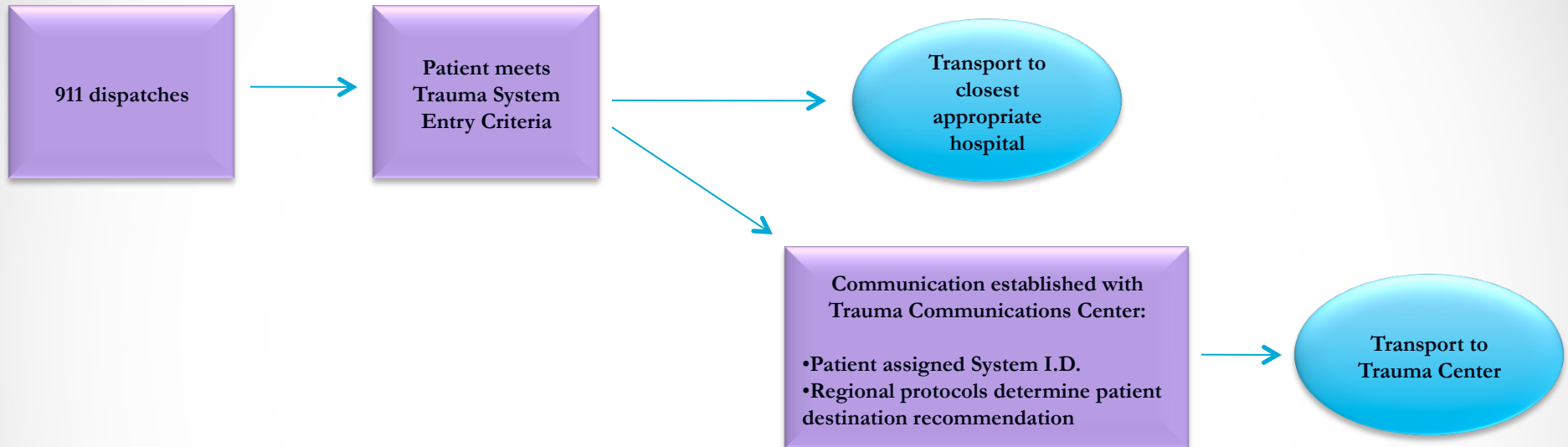
- Identify trauma patients requiring Trauma Center level of care based upon State-approved Trauma System Entry Criteria
- Coordinate pre-hospital and hospital care
- Provide for rapid transport of trauma system patients to definitive care from scene to hospital- protocol based
- Monitor all processes for effectiveness

Georgia Trauma System Patient Flow Scenarios

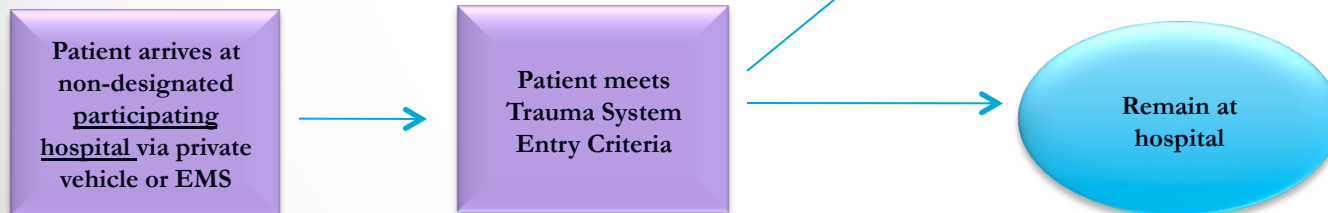


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Scenario 1:



Scenario 2:



Pilot Project for Georgia Trauma System Regionalization



The proposed pilot will introduce:

- Trauma system regionalization
- A Regional Trauma Advisory Council
- Participating hospitals and regional stakeholders
- A Regional Trauma System Plan developed using the
- Regional Trauma System Planning Framework
- **The Georgia Trauma Communications Center**



A Regional Trauma Advisory Council

- Comprised of regional trauma system stakeholders
- Assess current trauma care capacity and capabilities within Region
- Develop and implement a Regional Trauma System Plan using Framework as guide
- Oversee continued function of Plan and conduct regional performance improvement



The Georgia Trauma Communications Center will:

- Coordinate the transport needs of EMS providers with the capacity of all Trauma Centers
- Assign a unique System I.D. to patients meeting Trauma System Entry Criteria
- Maintain Trauma Center Communications Database,
- Recommend patient destination based upon Resource Availability Display status and regional protocols
 - **EMS MAKES THE FINAL TRANSPORT DECISION**

Georgia Trauma Communications Center



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display

Alabama Resource Availability Display



LifeTrac™ Version 4.0rc1 © 1996-2008 by LifeTrac Technologies - LCC - Status

Status
 Patients
 Bio/Chemical
 Reports
 Messages
 EPI
 Disaster
 Trac About
 CENTRAL

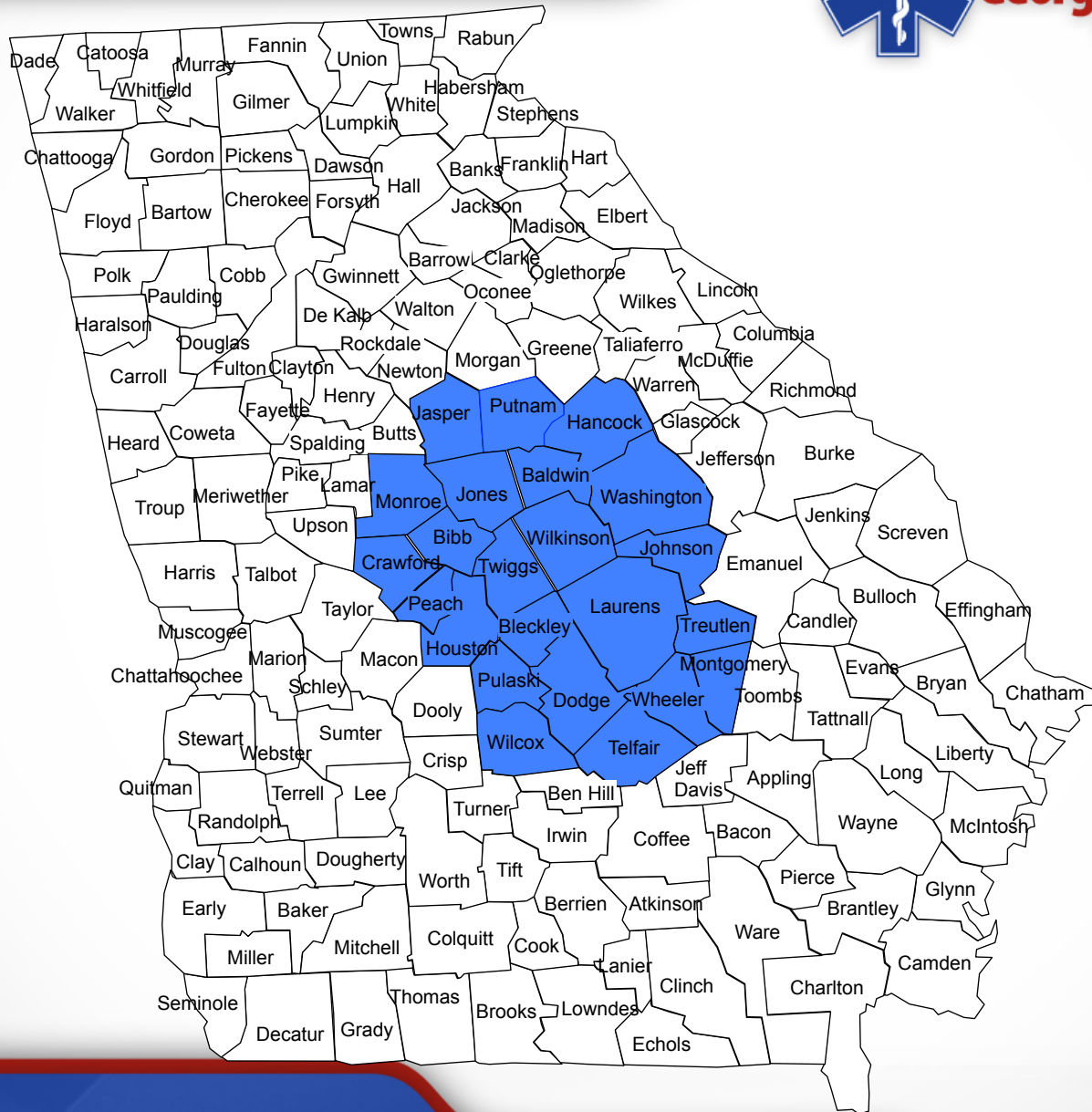
Systems	Cardiac, Stroke and Trauma System Resources																		
	T	S	C	ED-T	ED	ANES	OR	X-RAY	TICU	TS	SS	OS	NS	CT	SICU	Neuro	CCU	Card	CLab
Brookwood	3																		
Carraway	3																		
Childrens	1																		
Cooper Green	4																		
Medical Center East	3																		
Princeton	3																		
Shelby	3																		
St. Vincents																			
Trinity	3																		
UAB Highlands																			
UAB Medical West	3																		
University	1																		
VA Bham	4																		
Walker	3																		

Helicopters:

Pilot Project Area: EMS Region 5



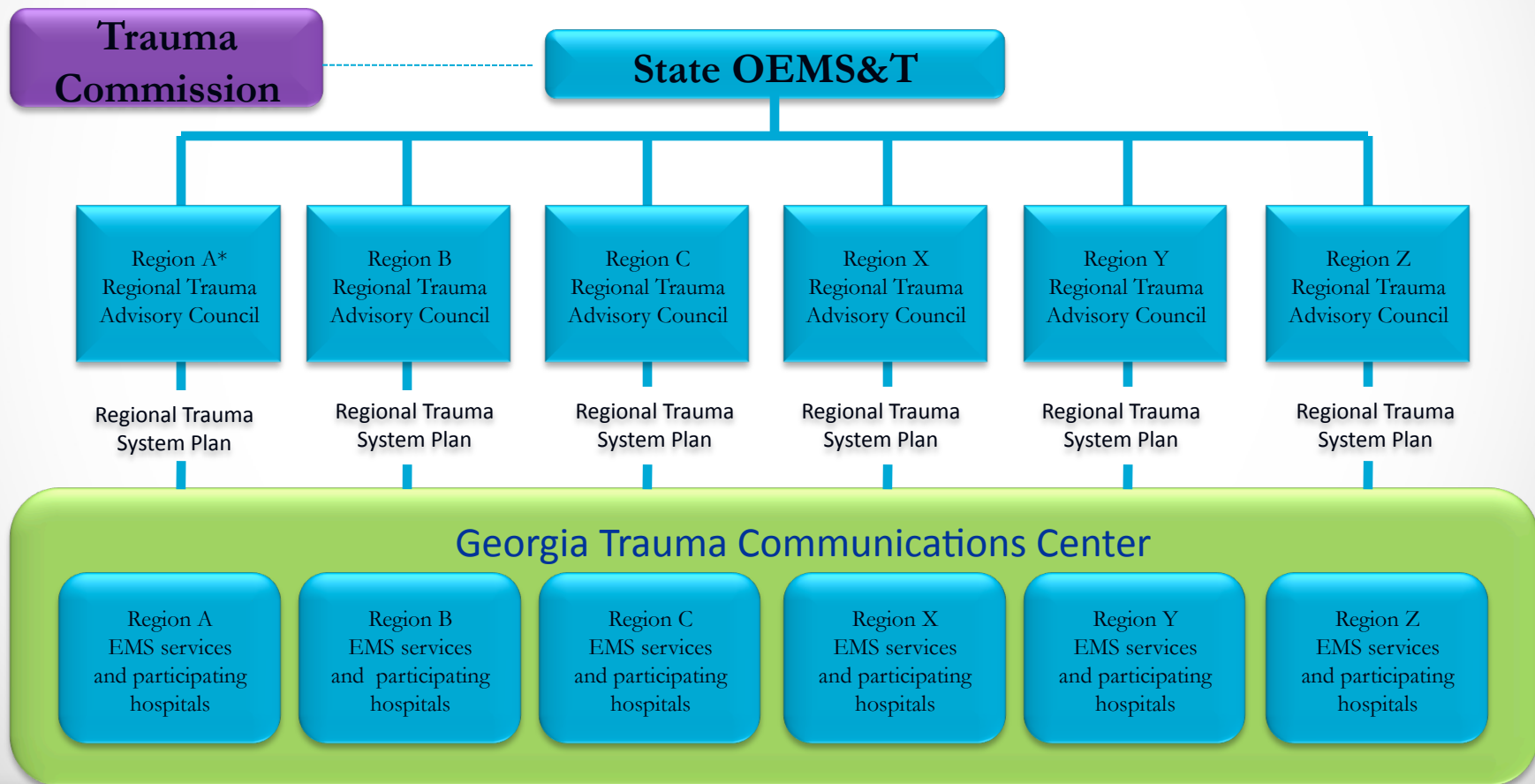
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Trauma System Regionalization



Trauma system regionalization as a possible construct for Georgia Trauma System development



*This graphic does not attempt to accurately represent the number or nomenclature of Trauma Service Areas within the Georgia Trauma System.

Telemedicine: Teletrauma



Questions?



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