The Alaska Trauma System 2019

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THE PROBLEM:

Trauma is the leading cause of death for Alaskans under 45 yo.

■ It is the 3rd leading cause of death for all alaskans.

Alaskans die at a rate 50% higher and Alaska native people 250% greater than that of US general population.

Trauma Mortality in Alaska

- -Alaska has the 7th highest mortality rate from trauma in the US. Improved from 2nd highest in 2003.
- -Trauma deaths in Alaska result in more years of potential life lost than heart disease and cancer combined.
- -"The average injury-related death in the U.S. costs over \$1 million in medical costs and lost wages. " Amber Williams, executive director of the Safe States Alliance. 2015

Alaska

- → 400-500 alaskans die each year.
- Over 4000 admitted to the hospital.
- Over 1000 with permanent disability.
- 800 alaskans hospitalized with brain or spinal cord injuries.

THE SOLUTION:

-Trauma centers and trauma systems based on military experience and scientific data have been developed to address this public health problem.

-Trauma systems consist of designated centers working with prehospital and public safety to coordinate all aspects of care from bystander care to transport and specialty services.

Outcomes

 Trauma systems have been shown to decrease mortality for all seriously injured patients from 9-20% and decrease preventable deaths up to 75%.

Alaska Trauma System History

- 1993 statute- EMS authority for designating trauma centers created.
- Hospital participation voluntary.
- Standards for trauma center designation follow American College of Surgeons criteria.

- 2008 Twenty–four hospitals in Alaska
- One level II center ANMC
- Four level IV centers- NSH,SCH,YKHC,MEH

Alaska Trauma System Development

- -2008 American College of Surgeons committee on trauma reviewed Alaska's trauma care and made recommendations for a path forward.
- -2010 Trauma Fund act co-sponsored by Senators John Coghill and Bettye Davis signed by Governor Sean Parnell after unanimous passage by both house and senate.
- It incentivized hospital participation and created trauma program manager position under DHSS.

RESULTS

- Money distributed 2010 -2019 4.25 million None since 2015.
- After passage facility participation increased from 20% to 75% of all facilities.

- Two level II trauma centers PAMC and ANMC
- Two level II pediatric trauma centers PAMC and ANMC
- 15 level IV facilities

Patient Outcomes

Alaska transportation (MVC, pedestrian, ATV) related injury mortality rate decreased 25% after the implementation of the state trauma system.

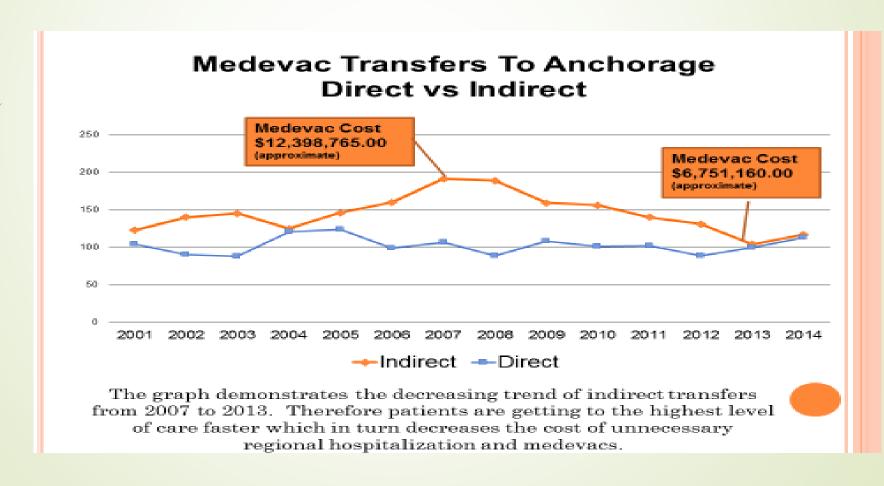
https://www.cdc.gov/injury/wisqars/facts.html

1999-2010 20.38/100,000

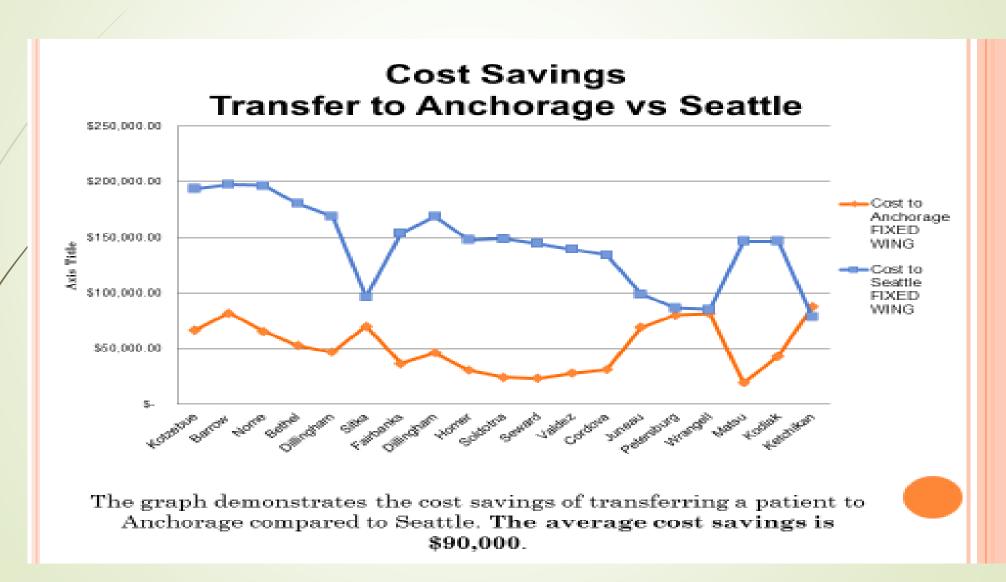
2011-2017 14.91/100,000

Cost Savings

 Medicaid medevac costs decreased 45% (\$ 5.6 mill) as system implemented and guidelines and efficiencies introduced



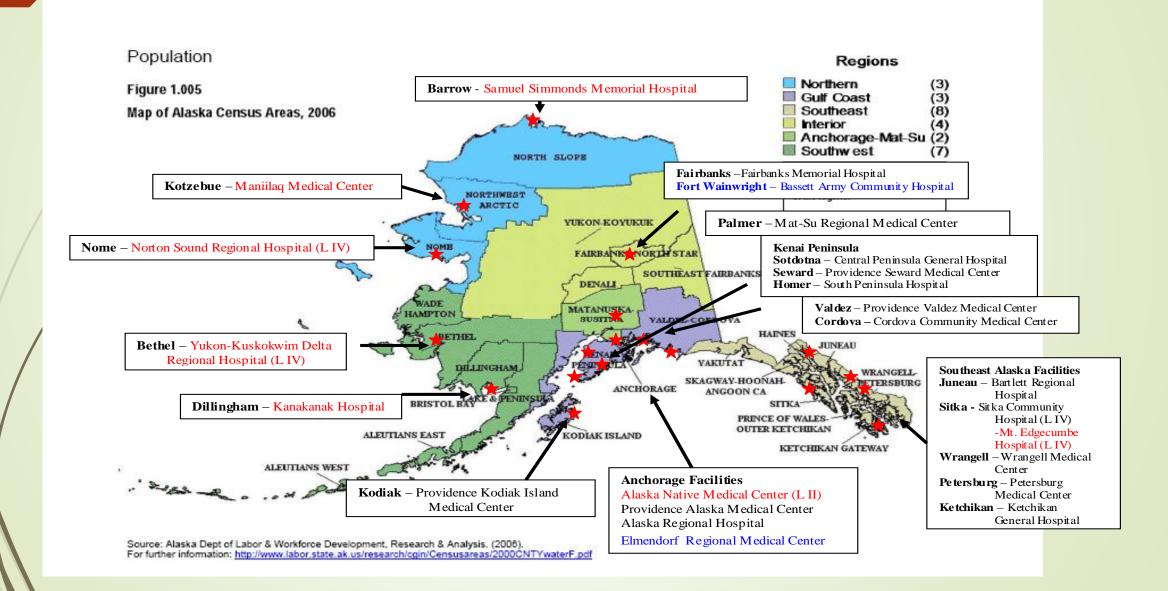
Cost Savings



LEVEL IV TRAUMA CENTERS

- There may or may not be surgical coverage. Not essential component.
- Key is ability to quickly stabilize and recognize patients that need to be transferred
- Optimal care each step of the way
- Performance improvement integral part

Acute Care Facilities in Alaska



The Future: Alaska Trauma System(s)



CONCLUSION

The trauma system is the backbone of the state's response to getting patient's with <u>time critical conditions</u> (injury, MI, stroke, obstetrical emergency) to appropriate care.

All Alaskans need and expect access to a trauma system. Rich/poor, urban /rural, republican or democrat all are vulnerable, all benefit from the trauma system.

Why should do this?

The question is not if you are going to take care of injured patients. Rather it is how are you going to take care of these patients?

Ultimately

You should do this because it makes a difference and it is the care you want for your family and neighbors if they are seriously injured.