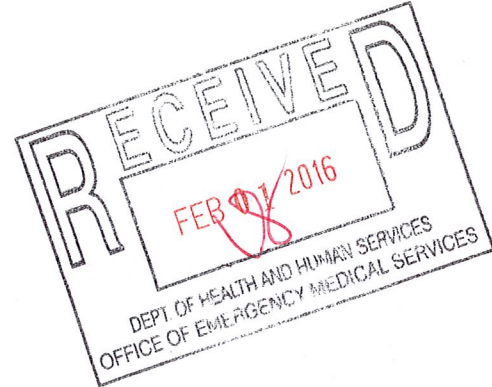


**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



January 26, 2016



David Magnino  
EMS Chief  
Sacramento County EMS Agency  
9616 Micron Avenue, Suite 960  
Sacramento, CA 95827

Dear Mr. Magnino:

The EMS Authority (EMSA) has approved Sacramento County’s 2015 Trauma System Status Report. Thank you for providing the report in compliance with EMSA’s Annual Trauma System Status Report Guidelines. All Sacramento County’s trauma system information provided in the report is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, “The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update.” In order to provide you with an appropriate schedule, Sacramento County’s next Trauma System Status Report shall be included with its EMS Plan Update. According to our files, Sacramento County’s next EMS Plan Update is due January 2017. To keep on a schedule, your Trauma System Status Report should be submitted January 2017 with the EMS Plan Update.

Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

**Trauma System Summary**

Accepted as Written  Required Action  Recommendation  Comment

**Changes in Trauma System**

Accepted as Written  Required Action  Recommendation  Comment

**Number and Designation Level of Trauma Centers**

Accepted as Written  Required Action  Recommendation  Comment

**Trauma System Goals and Objectives**

Accepted as Written  Required Action  Recommendation  Comment

**Changes to Implementation Schedule**

Accepted as Written  Required Action  Recommendation  Comment

**System Performance Improvement**

Accepted as Written  Required Action  Recommendation  Comment

You state that the EMS agency is working with its trauma partners to identify indicators working towards improving the trauma system. The ones listed are geared more to structure and process with no true outcome measurements. I would recommend that you consider adding outcome measures so that some benchmarking can be done not only within the county and its Trauma Centers but also through your multicounty PI process. Some recommendations would be:

1. Wait time for inpatient rehabilitation bed for TBI and SCI (this was of interest to ACS when preparing for their state visit in March 2016)
2. Organ donation rates
3. Geriatric trauma outcomes related to head injury
4. Complication rates for select complications
5. Scene times
6. Field intubation
7. Secondary transfers of pediatric trauma
8. Under-triage

As UC Davis will be participating in the State's Re-Triage Study, as data is obtained it can be shared with the appropriate local committees.

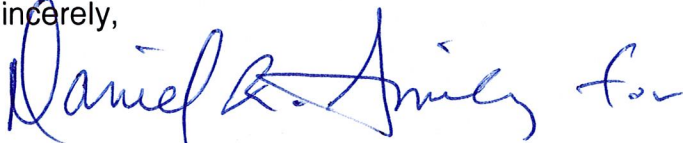
**Progress on Addressing EMS Authority Trauma System Plan/Status Report**

**Action Items**

Accepted as Written  Required Action  Recommendation  Comment

Thank you again for submitting a report on [agency] Trauma System. Your next Trauma System Status Report will be due [date] (see attached format). Please provide us with an electronic copy. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or [tom.mcginnis@emsa.ca.gov](mailto:tom.mcginnis@emsa.ca.gov).

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Attachment





# **Emergency Medical Services Authority**

## **Trauma System Plan Revision & Annual Trauma System Status Report Guidelines**

Jerry Brown  
Governor  
State of California

Diana S. Dooley  
Secretary  
Health and Human Services Agency

Howard Backer, MD, MPH, FACEP  
Director  
Emergency Medical Services Authority

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Updated, June 2012



**This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.**

**TRAUMASYSTEMPLAN**

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: [www.emsa.ca.gov/emsddivision/trauma\\_plan\\_cover.asp](http://www.emsa.ca.gov/emsddivision/trauma_plan_cover.asp).

**TRAUMASYSTEMPLAN-SIGNIFICANTCHANGES**

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ✚ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon **any** changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

### **ANNUAL TRAUMA SYSTEM STATUS REPORT**

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.



## **EMS Plan: TRAUMA SYSTEM STATUS REPORT**

**Trauma System Summary** – Brief summary of trauma care system.

**Changes in Trauma System** – Describe any changes in the trauma care system and/or progress toward implementation.

**Number and Designation Level of Trauma Centers** – List the designated trauma centers and indicate any potential problems or possible changes in designation.

**Trauma System Goals and Objectives** – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

**Changes to Implementation Schedule** – Indicate completion of activities and modify schedule as appropriate.

**System Performance Improvement** – Provide a description of trauma system review processes accomplished during the reporting year.

**Progress on Addressing EMS Authority Trauma System Plan Comments** – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

**Other Issues** – Local EMS Agencies may include any other relevant issues as deemed appropriate.

**SACRAMENTO COUNTY  
2015 TRAUMA SYSTEM STATUS REPORT**

In accordance with established guidelines, attached is the annual update to the Sacramento County Trauma Care System Plan.

**Trauma System Summary** - No significant changes have occurred within the last year. The Sacramento County Trauma Care System remains a network of dedicated professionals in communications, transportation (public and private), out-of-hospital emergency medical care employing comprehensive standing orders and immediate availability at one of three in-county (and one out-of-County) trauma centers. The system is constantly under review to include quarterly trauma review committee meetings conducted by trauma surgeons and other trauma professionals from within the County and adjacent or nearby counties. During 2015, two of the in-county trauma centers completed their American College of Surgeons, Committee on Trauma re-verification visit and audit. The University of California, Davis Medical Center's (UCDMC) visit was conducted on April 8 and 9, 2015 and received verification through April 21, 2018 for both Adult and Pediatric Level I Trauma Center. Mercy San Juan Medical Center's (MSJMC) visit was conducted on August 17 and 18, 2015 and is currently awaiting the final report and verification status.

**Changes in Trauma System** – No changes of note have occurred in the Trauma System since last years status report.

**Number and Designation Level of Trauma Centers** – There are no potential problems or possible changes in designation for any of the below listed trauma centers at this time.

**In County**

**University of California Davis Medical Center**

2315 Stockton Boulevard  
Sacramento, CA 95817  
(916) 734-2011  
Level I Trauma Center (Adult and Pediatric)

**Kaiser Permanente Medical Center - South Sacramento**

6600 Bruceville Road  
Sacramento, CA 95823  
(916) 688-2000  
Level II Trauma Center

**Mercy San Juan Medical Center**

6501 Coyle Avenue  
Carmichael, CA 95608  
(916) 537-5000  
Level II Trauma Center

**Sacramento County**  
**2015 Trauma System Status Report**  
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**Out-of-County**

Sutter Roseville Medical Center

One Medical Plaza  
Roseville, CA 95661  
(916) 781-1200  
Level II Trauma Center

**Trauma System Goals and Objectives** – Most of the activities dealing with the Trauma Systems goals and objectives involve maintaining or expanding our region-wide Trauma Review Committee forum for detailed review and analysis of filtered, unexpected surgical outcomes, and comprehensive data collaboration.

*Improve mechanisms to ensure continuing compliance with trauma care system standards through continuous quality improvement (CQI) activities, and data collection from both designated trauma centers and non-trauma centers.*

Trauma managers and surgeons from El Dorado, Placer, Sacramento, San Joaquin, Solano, and Yolo counties, as well as regional forensic pathologists, are regularly invited, contributing participants at Sacramento County Trauma Review Committee quarterly meetings. This forum is nearly two decades old and provides uncommon educational opportunities to region-wide physicians and administrators.

*Improve integration and coordination of trauma services within the EMS system through continued data collection, analysis and trauma system policy development through advisory committees.*

Sacramento County trauma data is posted on its EMS web site, thereby open for public comment and analysis by the County's EMS Medical Oversight and Operational Oversight Committees. Our previous data consultant provided a software/element interface, and guidance on trending quality improvement issues through the first half of 2015.

In July 2015, Sacramento County EMS Agency contracted with the Inland County Emergency Medical Agency (ICEMA) as the new data provider. ICEMA will function as the repository of the Sacramento County trauma and EMS data. Under the new data system, the trauma centers and EMS providers will submit their data directly to ICEMA, which hosts the CA Emergency Medical Services Information System (CEMSIS). This new data collection system will allow the EMS agency to review data as it is submitted by trauma centers to decrease the time between submission, analysis, and review at advisory meetings.



**Sacramento County**  
**2015 Trauma System Status Report**  
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*Improve coordination of local trauma activities with trauma services in adjacent counties through involvement in trauma CQI activities with out-of-county trauma centers and trauma systems.*

The County's EMS Agency participation and support for the North Regional Trauma Coordinating Committee (RTCC) is ongoing. Attendance at the quarterly North RTCC meeting by the EMS administrator has improved the communication between the North RTCC, out of county trauma centers, and the EMS Agency. At the request of the North RTCC Chairman, Dr. David Shatz, UCDCMC, the Sacramento County EMS administrator chairs the pre-hospital sub-committee. This relationship and personal encouragement by the Sacramento County EMS administrator has improved the local participation, and is considered a valuable activity.

*Improve accountability and objective evaluation of the trauma care system through data collection and analysis, utilizing a trauma registry, and an audit and review process.*

In addition to ongoing local and regional trauma data review and analysis, each Sacramento County designated trauma center data registry is inspected every three years by an independent, nationally recognized team of trauma surgeon experts from the American College of Surgeons – Committee on Trauma (ACSCOT). Representative, filtered samplings of patient charts and data records are reviewed for appropriateness, and practices are improved as deemed necessary.

In 2015, UCDCMC and MSJMC completed their ACSCOT re-verification visits in April and August. UCDCMC received three (3) year verification for its Adult, and Pediatric Level I Trauma Centers. MSJMC is waiting for a final report and re-verification as an Adult Level II Trauma Center. In the first quarter of 2016, Kaiser Permanente Medical Center - South Sacramento has its re-verification visit scheduled.

**Changes to Implementation Schedule** – No changes have occurred to the current implementation schedule.

**System Performance Improvement** – Local trauma system improvement is ongoing. Improvements are accomplished through the items discussed above and by regular discussions with local trauma surgeons. These discussions occur at the quarterly meetings (February, May, August, and November) of the Trauma Review Committee (TRC). In 2015, several changes were made in the trauma system review process to address the comments received by the EMS Authority in the 2014 Trauma System Status Report.

The first change involved the review of all pre-hospital trauma treatment protocols by the TRC. Recommendations from the review are forwarded to the County's EMS Medical Oversight and Operational Oversight Committees (MOC/OOC). This review will be conducted at the TRC meeting in the quarter prior to the protocols scheduled review date by the MOC/OOC meeting.

**Sacramento County**  
**2015 Trauma System Status Report**  
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The second change involved, with the new data submission system, the EMS Agency is working with the trauma surgeon to identify more relevant indicators, which will improve the trauma system. During the next year, the following indicators will be compared by each facility and countywide: mechanism of injury, mode of arrival, blunt verse penetrating injuries, emergency department disposition, and final hospital disposition.

The third change involved, to meet the Title 22 requirement, the EMS administrator attended the pre-visit evening dinner and site visit during the ACSCOT visits, to answer questions relating to the pre-hospital part of the trauma system. On both occasions in 2015, it was well received by the auditors and trauma center staff members.