

Pennsylvania Trauma Systems Foundation
Proposal for EMS Act Changes
2018

The issues

- Research shows that as volumes decline in Level I and II trauma centers so do patient outcomes. Pennsylvania is in danger of declining outcomes due to the ongoing interest and pursuit of hospitals in achieving Level II trauma center accreditation in close proximity to already accredited Level I and II trauma centers.
- The current funding formula in the EMS Act requires that 10% of funding is allocated to Level III trauma centers. There is also a cap on how much funding a Level III trauma center can receive. This has resulted in “leftover” money that remains undistributed to trauma centers.

The solutions

- Require that hospitals may only apply for Level I and II trauma center accreditation in the future if they are greater than 25 miles away from a neighboring Level I, II, or III trauma center. This 25-mile restriction already exists since 2004 for hospitals applying to be Level III trauma centers.
 - Note: Already accredited Level I and II trauma centers would not be required to meet these criteria and be “grandfathered” in.
- Establish the same volume criteria for Level II adult trauma centers as for Level I adult trauma centers (600 patients) since both levels require the same optimal level of patient care.
 - Note: Currently all Level II trauma centers accredited > 1 yr. meet this requirement.
- Revise the funding formula to allow for reallocation of undistributed Level III trauma center money to Level IV trauma centers in rural counties as defined by the Center for Rural Pennsylvania. Currently Level IV trauma centers do NOT receive funding through the EMS Act.

The science

- Pasquale, MD, Peitzman, AB, Bednarski J, Wasser, T. *Outcome Analysis of Pennsylvania Trauma Centers: Factors Predictive of Nonsurvival in Seriously Injured Patients*. Journal of Trauma. 2001; 50(3):465-7.
 - Showed patients in high volume PA trauma centers (617 annual volume) with moderate to severe injuries achieved better patient outcomes than “low volume” trauma centers.

- Brown, JB, Rosengart, MR, Kahn, JM et al. *Impact of Volume Change over time in the United States*. *Ann Surg* 2017; 266:173–178
 - Showed that volume decreases over time can negatively impact outcomes in severely injured patients.

- Horst MA, Jammula S, Gross BW, Bradburn EH, Cook AD, Altenburg J, Morgan M, Von Nieda D, Rogers FB. Development of a Trauma System and Optimal Placement of Trauma Centers Using Geospatial Mapping. *J Trauma Acute Care Surg*. 2018; 84(3):441-448.
 - Showed urban areas of Pennsylvania have appropriate access to high level trauma center care and appropriate distribution of trauma centers in the future should be in rural locations of Pennsylvania.

- Carr BG, Geiger J, McWilliams N, Reilly PM, Wiebe DJ. *Impact of adding level II and III trauma centers on disease volume and severity at a nearby level I trauma center*. *J Trauma Acute Care Surgery*. 2014. 77(5): 764-768.
 - Showed how the new development of nearby trauma centers decreased trauma volume at an already accredited Level I trauma center.

Note: These are examples of published research studies from Pennsylvania researchers. A comprehensive literature review done by the PTSF Trauma System Development Committee contains 43 research studies focusing on this topic.

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