

**Health Services Committee****Senator Judy Lee - Chairman****September 26, 2012**

Good morning Chairman Lee and members of the Committee. My name is Amy Eberle and I am a trauma coordinator for one of the Level II Trauma Centers and a current board member of the North Dakota Trauma Foundation. I have been involved in the North Dakota Trauma System for the last seven years and held the position as the State Trauma Coordinator prior to my current position.

The North Dakota Trauma Foundation supports future advancement of Emergency Medical Services and an all-inclusive trauma system within the state to promote quality trauma care for North Dakota citizens, advance trauma education for all health care professions, and promote injury prevention and public safety.

The North Dakota Trauma System has been functioning for many years with minimal resources and heavy reliance on the in-kind support of the six Level II Trauma Centers across the state. With the increased volume of trauma patients throughout the state over the past two years, the trauma system has been struggling to meet the demands required of an inclusive system. The North Dakota Trauma Foundation along with the level II trauma centers and the State Trauma Advisory Committee have been working closely with the Department of Health to develop a plan that will enhance and support the resources within the state trauma system.

- **Trauma Designation Site Visits - \$102,000 (currently funded at \$30,000)**

Legislation passed in 2009 requires all hospitals that provide emergency services to the public to be a designated trauma center at some level. Facilities are surveyed every 1 to 3 years. On average, 30 site visits are conducted each year to assure compliance. The Level IV and V facilities are held to national quality standards according to their resources.

They must have necessary equipment and trauma protocols in place. They must staff the emergency room 24 hours per day with trauma certified personnel and have an active performance improvement process for ongoing evaluation of patient care and outcomes.

The current funding falls short of covering the costs for the Level II centers to allow the Trauma Medical Director and Trauma Program Manager to conduct these site visits.

- **ATLS Education for Level IV and V Trauma Centers - \$100,000  
(currently funded at \$20,000)**

- **Rural Trauma Team Development Course (RTTDC) - \$100,000**

All hospitals and EMS crews are becoming overwhelmed due to the increase in injured patients that they are seeing daily, the constant turnover in staff, the education and training requirements of all care givers, and the change in types of injured patients being seen such as stabbings, gunshot injuries, burns, and crush injuries from heavy equipment.

The rural trauma centers and EMS agencies are in need of assistance with the development of evidence based treatment protocols, education, outreach, and performance improvement activities.

The ND Trauma Foundation supports the enhancement of the outreach education through the Advanced Trauma Life Support (ATLS) course and the implementation of the Rural

Trauma Team Development Course. Funding was appropriated in the 2011 session for the ATLS course which is required of providers to be a trauma designated center. The funding has only allowed for 10 providers a year to take the course. This significantly falls short of the actual 60-80 providers from rural hospitals that take the course per year.

The Rural Trauma Team Development Course is a new course which focuses on providing education through a team approach geared towards providers, nurses, EMS, lab, and radiology; all potential team members in a rural trauma center. This course is taken out to the rural hospitals to help them utilize the resources that they have available and teaches the most efficient way to resuscitate and stabilize the injured patient and transfer them to definitive care as quickly as possible. Level II Trauma Centers are willing to take the lead in coordinating the course and providing instructors. The goal would be to provide 8 courses per year (30 participants per course). The cost of each course would be \$6,250 (\$50,000 for 8 courses).

- **State Medical Director - \$233,000**  
**(currently funded at \$50,000)**
- **Associate State Trauma Coordinator - \$114,000**

In the 2011 session HB 1266 requested appropriations of a full time State Medical Director and an additional FTE within the Division of EMS and Trauma. Appropriations were allocated in the amount of \$50,000 for the biennium for a contracted State Medical Director and we were unsuccessful at obtaining an additional FTE for the Division of EMS and Trauma. The current appropriations for the State Medical Director only allows for 20 hours a month which simply is inadequate to provide leadership throughout the state for EMS and trauma. By increasing EMS/Trauma Medical Director position and

the addition of a state trauma assistant, it would allow the State to efficiently evaluate the data collected through the EMS and trauma registries, develop evidence based treatment protocols and guidelines, and address any patient care or system issues identified. These activities would help to assure all areas of the state are functioning at the highest level of care possible and practice the latest standards of care. Our goal is to make sure that EMS and trauma centers are ready and prepared to treat all injured patients in need of emergency care.

- **State Trauma Registry Support - \$160,000**

It is required by legislation that all hospitals submit trauma data to the State Trauma Registry for each trauma patient presenting to the emergency department. The trauma registry is a crucial component of the state's performance improvement process. Each facility has a trauma coordinator who is responsible to submit data to the trauma registry and who monitors compliance with trauma quality standards both at the hospital and pre-hospital level. To maintain the registry and retrieve meaningful data, yearly training and updates are required. There is also a constant turnover in trauma coordinators and trauma registrars who work with the system, requiring additional training to maintain an accurate and functional registry. The annual cost for the trauma registry maintenance is \$600 for Level IV and V trauma centers, \$2,700 for Level II trauma centers and \$17,000 for the State Trauma Registry.

In summary, the North Dakota Trauma System has grown and matured since 1992. It has become a vital part of our state's health infrastructure. Many of the challenges have been met with voluntary commitment and efficient use of existing medical resources, consistent with North Dakota values of doing more with less. The demographics of our

state are changing due to the oil activity and the number of injured patients is steadily increasing. Between 2010 and 2011, the rural hospitals have seen a 21 percent increase in the trauma patients that they see and transfer to Level II trauma centers. Trauma centers in the western regions of the state are challenged by the shear volumes and the severity of injured patients they are dealing with. The Trauma System's priorities and needs are focused primarily around outreach, education, and providing resources to our rural hospitals and EMS providers throughout the state. We are at the point where our existing resources can no longer sustain the functions of our EMS and Trauma Systems.

Thank you for the opportunity to provide this information and I would be happy to answer any questions that the committee may have.

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