Part One

Annual Progress Report 2003 of the Wyoming Trauma Program

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Annual Progress Report
Wyoming Trauma Program

1. General Comments/Overview/Executive Summary

The lead agency for the Wyoming Trauma Program remains the Office of Emergency Medical Services (OEMS) within the Wyoming Department of Health. Funding for the trauma program was initiated on July 1, 1996 and continues at a consistent appropriation in the OEMS budget.

To comply with W.S. 35-1-801, the OEMS developed the Wyoming Trauma Program Rules that were signed by Governor Geringer on March 21, 1999, and filed with the Secretary of State on March 25, 1999. The rules address trauma system objectives and standards; delineate the hospital designation/verification process; outline trauma register data analysis; stipulate the development of a statewide performance improvement plan and address the development of a statewide injury prevention program. At present, these rules are in the process of revision to accommodate the current and future needs of the Wyoming Trauma Program.

Utilizing the standards set forth in the Wyoming Trauma Program Rules, implementation of the inclusive trauma system has been in progress for the last eight years. The designation process for Wyoming hospitals within the system began in January 2000. Each of the state's twenty five facilities has undergone an independent survey team visit following an application to the OEMS for a self-determined designation level. The survey visit evaluates compliance with the criteria for the designation level sought. The process is educational, advisory and facilitative in nature. A survey summary report is provided as a template for developing a functional trauma program/service unique to each facility. With the designation process nearing completion, seventeen hospitals have received formal designation within the Wyoming Trauma System and the remaining eight have been granted provisional status. Facilities with provisional status will be revisited within the next four months, with completion anticipated by February 1, 2004. (See Appendix A.)

Essential to an effective trauma system is a trauma register. The register is a dynamic data base of trauma patients, trauma care, patient outcomes, injury prevention needs and the efficacy of the entire trauma system in Wyoming. (See Appendix B).

Each hospital in the state has been provided with a new computer by the OEMS with the latest Windows version of the software program, ***Trauma!***. Ongoing advanced trauma register training is offered annually. Basic training is provided on a regular schedule and an as needed basis. The Wyoming Trauma Program continues to offer trauma register data entry training on-site at requesting facilities on a 1:1 basis.

The Wyoming Trauma Program Rules specify that trauma register data is submitted by each hospital to the state trauma register. Beginning on December 31, 2001, the year 2000 data submission was mandated. Over the last year, quarterly trauma register reporting by facilities was initiated. It is anticipated that a concurrent trauma register will exist by January 15, 2004, providing four full years of trauma register data from each of the state's twenty-five hospitals.

Additional training includes trauma injury coding, hospital trauma system development, and legal considerations of trauma program development to trauma registrars and coordinators. Quarterly conferences of trauma coordinators, trauma registrars and any interested prehospital or hospital personnel were instituted over the last 18 months. These have proven invaluable to statewide networking and integration. Over the next year, the statewide trauma service area will begin formal evaluation of trauma care in Wyoming.

Staff for the trauma program remains unchanged. Maggie Cleveland, RN, remains the trauma program coordinator. The OEMS Program Manager, Jim Mayberry, provides oversight and administrative assistance to the trauma program. G. Douglas Schmitz, MD, Fellow of American College of Surgeons, a practicing surgeon from Torrington, continues as the contract trauma director for the program. Dr. Schmitz and Mrs. Cleveland have been readily available to trauma directors, trauma coordinators, EMS administrators, providers, services and hospitals to facilitate the development of local trauma care systems. With the assistance of the OEMS financial statistical specialist, Jay Ostby, technical support is provided for computer and trauma register issues. This often involves one-on-one training.

The Wyoming Trauma Advisory Board (WYTAB) was established during the past year and formally convened three times. Responsibilities of the WYTAB include analysis of the state trauma register data, evaluation of the efficacy of the trauma care system, and the development of both the statewide performance improvement plan and the statewide injury prevention plan. Achievements of the WYTAB include: 1) the delineation of its membership including representation from facilities of various sizes and regions of the state; 2) the development of a five year strategic plan; 3) the development of the WTP organizational chart; 4) the drafting of a statewide performance improvement plan; and 5) the determination of initial system benchmarks. (Refer to Appendix C and D).

The Wyoming Trauma Coalition and the Governor's EMS Advisory Committee, under the leadership of James Anderson, MD, F.A.C.S. of Casper and with the diverse expertise of their respective members, continue to convene regularly and function in advisory capacities for the OEMS and the Wyoming Trauma Program. Based on the recommendation from both groups, the Wyoming Trauma Program will be undergoing a Trauma System Consultation by the American College of Surgeons - Committee on Trauma in January 2004. Such a consultation will provide invaluable insights for the revision of the Wyoming Trauma Plan. (Appendix E and F).

2. Specific Requirements of Statute

The following progress report is submitted as part of the legislative requirements set forth by W.S. 35-1-801.

"35-1-801. Department of health to develop comprehensive emergency medical services and trauma system. The department of health shall develop a comprehensive emergency medical services and trauma system. The department shall report annual progress on the system to the legislature."

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3. Impact/Consequences/Outcomes

Table 3.1 Budget Summary

Programs/Expense Orgs.	Previous Biennial Appropriation FY 03-04	Previous Biennial Appropriation FY 02-03	Previous Biennial Appropriation FY 01-02
Budget: 1516	$546,298[1]	$546,298[1]	$428,534[1]

[1] Budget: 1516- cumulative budget for EMS

Table 3.2 Financial Status Report

Earmarked Account Budget 1516.

	FY 01[1]	FY 02[1]	FY 03
Revenue Received	0	0	0
Taxes Received	0	0	0
Interest Income	0	0	0
General Fund	0	0	0
Other	0	0	0
Total Revenues	0	0	0
Commitments	0	0	0
Appropriations	$428,534*	$546,298 *	$546,298*
Contracts	$45,000	$39,000	$24,000
Expenditures	$425,586.03	$523,262.01	$515,362.39
Account Balance	$2947.97*	$3,238.99*	$18,935.61*

* Combined EMS and Trauma Budget

4. Statistical Information

Number of Wyoming hospitals	25
Number of hospitals with updated trauma register software	25
Number of persons trained - updated trauma register; data entry, etc.	37
Number of nurses attending Trauma Coordinator Seminars	87
Site visits to Wyoming hospitals	23
Number of hospitals requesting designation	25
Number of hospitals with trauma center designation	17
Number of hospitals reporting 2000 data	21
Number of hospitals reporting 2001 data	21
Number of hospitals reporting 2002 data	22
Number of hospitals reporting 2003 data (incomplete data)	15

5. Recommendations

The goals of the Wyoming Trauma Program are: 1) reduce the morbidity and mortality and 2) prevent or minimize the disability associated with traumatic injury for the citizens of Wyoming. The objective of these goals is to reduce the number of unintentional injuries occurring in Wyoming through the implementation of prevention and public education programs. Such programs will be targeted toward the specific areas of the state with a high frequency of injury occurrence and will be tailored to the unique needs of Wyoming.

As a rural/frontier state with vast sparsely populated areas and limited healthcare resources, Wyoming must have an effective trauma system. To that end, the Wyoming Trauma Program must continue the designation process for all hospitals and look toward integrating fourteen medical clinics around the state into the trauma system. By providing education and being advisory in nature, the trauma program offers a unique template to each facility for the development and implementation of a successful trauma program or service. Designation of trauma care facilities establishes the necessary organizational infrastructure to improve trauma care, optimize outcomes, manage all available medical resources and enhance the communication and transportation systems, thereby ensuring that Wyoming trauma patients receive the right care at the right place at the right time. The result is a statewide system that provides optimal, timely, cost-effective trauma care.

A trauma register is an essential component of an effective trauma system. The trauma register provides an avenue for the evaluation of the quality of trauma care provided and collects the data necessary for the surveillance of injury, morbidity, and mortality. The trauma register also provides an excellent tool for individual hospitals in Wyoming to evaluate their respective trauma care. Statewide trauma register data can be used for the comparison of facilities of similar size and the development of performance improvement benchmarks. Critical to the performance improvement process is the need for the establishment of a consistent trauma register reporting structure.

The Wyoming Trauma System implementation process includes the ongoing activities of the Wyoming Trauma Advisory Board. This state wide trauma service area committee will guide future system development and implementation. Responsibilities of the WYTAB include evaluation of the effectiveness of the Wyoming trauma care system, providing guidance on policy and protocol development, facilitating educational opportunities for all trauma care providers, enhancing communications among all hospitals involved in the care of injured Wyoming residents, developing the system wide performance improvement and injury prevention plans, and implementing the plan for regional activities within the state.

6. Summation and Conclusions

The Department of Health's Office of Emergency Medical Services appreciates the opportunity to provide this report to the Wyoming Legislature. The report outlines the goals and objectives of the trauma program in Wyoming. At this time, the most important aspects of the program are the continuation of trauma center designation in Wyoming, the trauma register data collection and its analysis, the regular convening of the Wyoming Trauma Advisory Board, the development of the statewide performance improvement and injury prevention plans and the implementation of public education programs. Through the aforementioned activities, an effective trauma care system in Wyoming can be realized.

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7. Appendices

Appendix A: Wyoming Hospital Trauma Center Designations

Appendix B: Trauma Service, Verification & Injury Control Summaries (January 2000 through August 2003)

Appendix C: Wyoming Advisory Board (WYTAB) Membership

Appendix D: Wyoming Trauma Advisory Board (WYTAB) Roles and Responsibilities

Appendix E: Wyoming Trauma Coalition Membership

Appendix F: Wyoming Trauma Coalition Roles and Responsibilities

8. Index (not applicable)

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APPENDIX A

Wyoming Hospital Trauma Designation

Designation Level	Hospital	Status	Location
Regional Trauma Center	United Medical Center	Formal	Cheyenne
	Wyoming Medical Center	Formal	Casper
Area Trauma Hospital	Campbell County Memorial Hospital	Formal	Gillette
	Memorial Hospital of Sheridan County	Formal	Sheridan
	Memorial Hospital of Sweetwater County	*Provisional*	Rock Springs
	Evanston Regional Hospital	*Provisional*	Evanston
	Lander Valley Medical Center	Formal	Lander
	Ivinson Memorial Hospital	Formal	Laramie
	West Park Hospital	Formal	Cody
Community Trauma Hospital	Community Hospital	Formal	Torrington
	Washakie Medical Center	Formal	Worland
	Platte County Memorial Hospital	Formal	Wheatland
	Powell Valley Healthcare	Formal	Powell
	Riverton Memorial Hospital	*Provisional*	Riverton
	Hot Springs County Memorial Hospital	Formal	Thermopolis

Designation Level	Hospital	Status	Location
Community Trauma Hospital	Memorial Hospital of Carbon County	Formal	Rawlins
	Memorial Hospital of Converse County	Formal	Douglas
	Star Valley Medical Center	Formal	Afton
	Johnson County Memorial Hospital	*Provisional*	Buffalo
	St. John's Hospital	Formal	Jackson
Trauma Receiving Facility	South Lincoln Medical Center	Formal	Kemmerer
	Weston County Medical Services	*Provisional*	Newcastle
	North Big Horn Hospital	*Provisional*	Lovell
	Crook County Medical Services District	*Provisional*	Sundance
	South Big Horn County CAH	*Provisional*	Basin

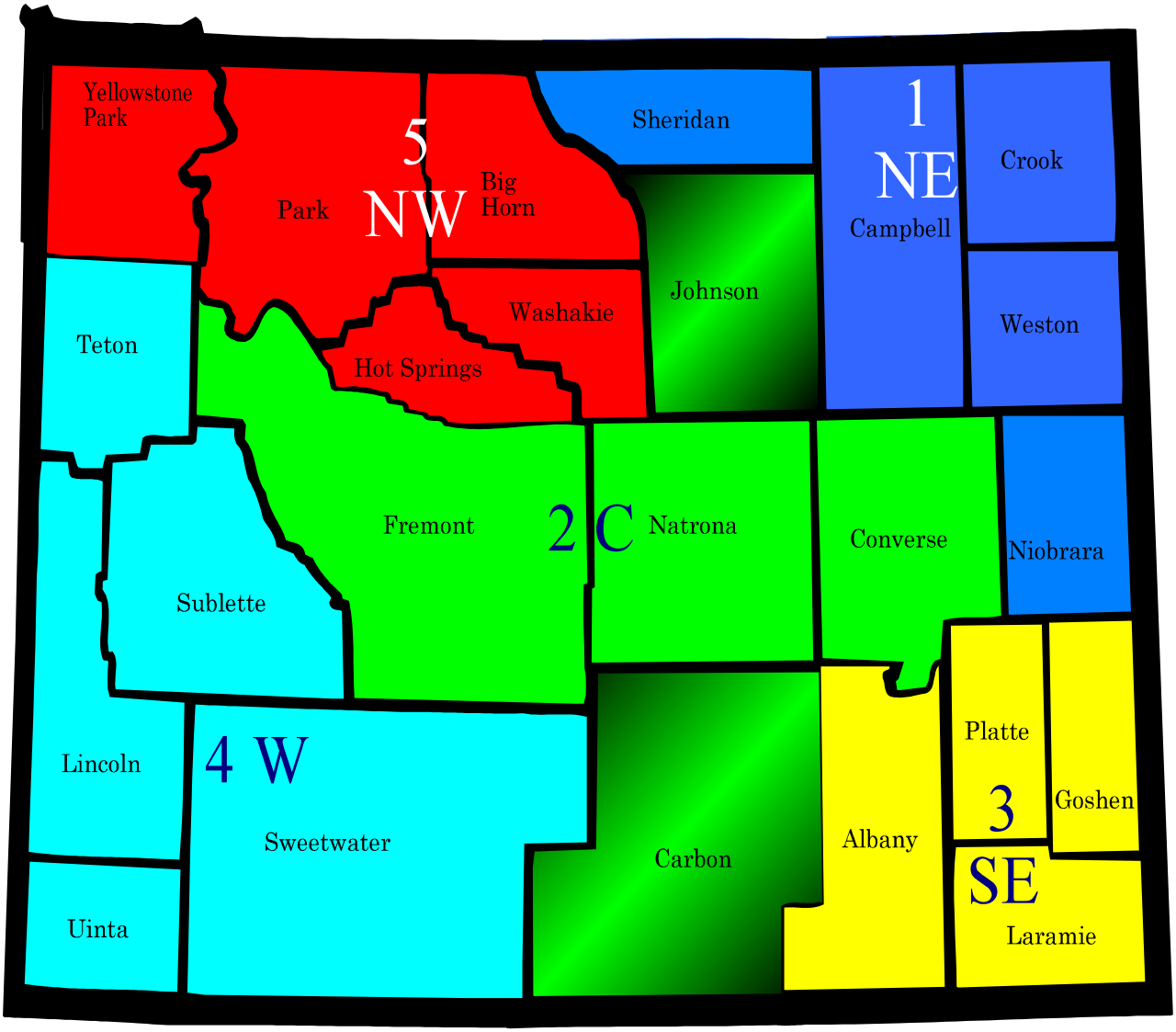
APPENDIX C

Wyoming Trauma Advisory Board
Membership List

1. Doug Schmitz, MD - Chairman
2. Maggie Cleveland, RN, Wyoming Trauma Program Coordinator
3. Jim Mayberry, Program Manager - Office of EMS
4. Tammy Smith, RN - Kemmerer - Region 4
5. Chris Krell, MD - Kemmerer - Region 4
6. Candi Hofmann, EMT-I - Rawlins - Region 2
7. Bob Ratcliff, MD - Douglas - Region 2
8. Connie Jacobson, RN - Casper - Region 2
9. Jim Anderson, MD - Casper - Region 2
10. Ray Johnson, PA-C - Casper - UW Family Practice Residency
11. Rick Fermelia, MD - Cheyenne - Region 3
12. Terry Dimon, RN - Cheyenne - Region 3
13. Lajune Bacon, RN - Sheridan - Region 1
14. Evonne Charles, RN - Worland - Region 5
15. Vern Miller, MD - Thermopolis - Region 2/5
16. Ron Gardner, MD - Buffalo - Wyoming ACS-COT Chairman
17. Diann Honeyman, RN - Laramie - Region 3
18. Pat Burroughs, RN - Jackson - Region 4
19. Jon Hayden, MD - Gillette - Region 1
20. Rich Hillman, MD - EMS-C
21. Connie Marker, RN - Wheatland - Region 3
22. Ron McKee, MD - ACEP
23. Chris Warner, RN - Sundance - Region 1
24. Greg Clifford, MD - Lander - Region 2
25. Thane Mains, MD - Rock Springs - Region 4
26. Rebecca Frye, RN - Cody - Region 5
27. Maria Kidner, FNP - Basin - Region 5
28. Russ Christiansen, EMT-P - WAEMSA
29. Roger Hespe, EMT-I - Region 1
30. Darin Yates, EMT-I - Region 3
31. Don Bodine, EMT-I - Region 4
32. Ken Blackburn, EMT-I- Region 5
33. Rita Harrison, MD - Region 2
34. Bob Dean, Senior Trainer, OEMS
35. Taylor Haynes, MD - UW Board of Trustees/ATLS Faculty

APPENDIX C

Regional Advisory Council (RAC) Map



NOTE: The gradient coloring of Johnson and Carbon Counties indicates overlapping in areas of service with another region.

APPENDIX D

WYOMING TRAUMA ADVISORY BOARD

Roles and Responsibilities

The role of the Wyoming Trauma Advisory Board (WYTAB) is to provide consultation, education and quality review for the statewide inclusive Wyoming Trauma Program. It is the responsibility of the WYTAB to review regional trauma care delivery and the patient care outcomes in the trauma service areas of the state. The task of monitoring compliance with the Wyoming Trauma Rules falls to the WYTAB as well.

To fulfill the role and the responsibilities, the WYTAB will:

1. Provide ongoing communication with the Wyoming Trauma Coalition, the Regional Advisory Councils, the state's hospitals, the Wyoming Department of Health, Emergency Medical Services personnel, professional organizations and the general public.

2. Provide education for all of those involved in the delivery of trauma and emergency medical care.

3. Coordinate public education regarding trauma throughout the state.

4. Provide recommendations to the Regional Advisory Councils (RACs) and facilities regarding regional trauma planning, policy development, and injury prevention.

5. Develop a statewide Quality Improvement Program for the Wyoming Trauma Program, including the written plan for implementation and complete that implementation.

APPENDIX E

Wyoming Trauma Coalition Membership

1. James A. Anderson, MD - Chairman
2. Jim Mayberry, OEMS Program Manager
3.. Maggie Cleveland, RN, Wyoming Trauma Program Coordinator
4. Doug Schmitz, MD - Trauma Program Medical Director
5. Brent Sherard, MD - DOH Deputy Director PH, State Health Officer
6. Jay Ostby, OEMS, Financial Statistical Specialist
7. Carol Zorna, EMS-C - OEMS
8. Bob Dean, Senior Trainer - OEMS
9. Ron Gardner, MD - Wyoming COT Chairman
10. Robert Kidd, Wyoming Hospital Association
11. Dan Perdue, Wyoming Hospital Association
12. Wendy Curran, Wyoming Medical Society
13. Larry Bobango, EMT-I, Laramie Fire Department
14. Taylor Haynes, MD - UW Board of Trustees - Cheyenne
15. Ray Johnson, PA-C, Wyoming Family Practice Residency
16. Stuart Thomas, Asst. CEO, Memorial Hospital of Sweetwater County - Rock Springs
17. Trudy Chittick, CEO - Hot Springs County Memorial Hospital - Thermopolis
18. Ron McKee, MD - ACEP
19. Clark Mortimore, Mortimore Ambulance Service, Thermopolis
20. Rick Fermelia, MD - Chair PI and Physician QRC -Cheyenne
21. Terry Dimon, RN, Trauma Coordinator, Cheyenne
22. Tammy Smith, RN - Kemmerer - WYTRAC represtative
23. Chris Krell, MD - Kemmerer
24. Helen Levine - Consumer - Cheyenne
25. Lorrie Pozarik, RN - Impaired Driving Coalition
26. David Barber, DVM, MS - Environmental Epidemiologist - DOH
27. Stewart Anderson, NCEMA - Casper
28. Rep. George McMurtrey -
29. Sen. Charles Scott - Casper
30. Bob Narotsky, MD - Neurosurgeon - Casper
31. Kim Lee, State Emergency Response Commission
32. Domestic Violence Coalition - Lee Ann Stephenson - AG Office
33. Office of Rural Health - representative
34. JoAnn Blevens, RN, MSN - Public Health Nursing
35. Dorothy Cronin - Brain Injury Association of Wyoming
36. Vern Miller, MD - Thermopolis
37. Russ Christiansen, EMT-P - WAEMSA President-Elect
38. Indian Health Service - Bill Calder, MD
39. Connie Jacobson, RN - Trauma Coordinator - Casper

40. AARP Representative
41. Major Galbraith - Office of Homeland Security
42. HRSA Hospital Preparedness Coordinator
43. Patsy Carter, CEO - Rawlins
44. Cathy Harshberger, RN, DON - Rawlins

APPENDIX F

WYOMING TRAUMA COALITION

Roles and Responsibilities

1. Develop and implement a statewide trauma system that includes the following components:
   - Prevention and education programs
   - Comprehensive statewide emergency communication
   - Comprehensive emergency transportation
   - Continuity of trauma care from prevention through rehabilitation
   - Ongoing performance improvement
   - Adequate funding, resources and broad-based support
   - Statewide data collection, analysis and reporting
   - Designation process for Wyoming facilities
   - Demonstrable cost-effective system

2. Consult with the Wyoming Department of Health's OEMS regarding the Wyoming Trauma System.

3. Perform duties in concert with the Wyoming Trauma Advisory Board.