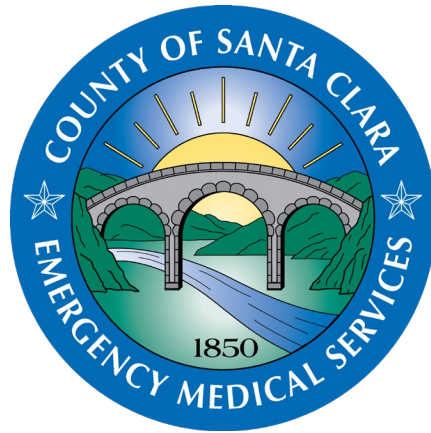


Emergency Medical Services
Trauma Plan Update



Santa Clara County Emergency Medical Services System

2019

EMS Plan-Trauma System Status Report

I. Trauma System Summary:

The Santa Clara County (SCC) trauma system is an inclusive trauma system that allows all medical resources available in the County to work together in providing the best possible outcome for the trauma patient. The field trauma triage criterion identifies "Major Trauma Victims" and allows for patients to be directly triaged to the closest, most appropriate Trauma Center. Non-trauma centers work closely with the Trauma Centers to stabilize and transfer walk-in patients and those who have a delayed presentation of traumatic injury. The identified catchment areas for trauma patients are based on geographic considerations as well as other factors affecting access (i.e. traffic conditions, diversion, etc). By system design, trauma patients with major injuries are transported from the field directly to the trauma center that affords them the shortest time to definitive care.

Santa Clara County's geography varies from sea level areas to mountainous terrain. There are many areas of the county that are undeveloped, while the northern portion is largely developed and heavily populated. The county contains recreational areas, national forests and monuments, lakes, and rugged mountain ranges. The County has designed the trauma system so that there is continuous dialogue with providers of pre-hospital care and hospitals in the rural areas, to assure that residents receive the appropriate level of services for trauma and other emergency care.

The trauma system is one component of the SCC Emergency Medical Services System. The various individuals and committees listed in the organizational structure of the trauma plan serve vital roles in facilitating the effective operation of the Santa Clara County trauma system. In operation since 1986, the system has three designated Trauma Centers that serve

approximately 1.9 million, and an additional regional population of an estimated 1 million residents in adjoining counties: San Mateo and San Benito. The ability of the SCC trauma system to provide trauma services to adjoining counties has been successful due to the regional trauma system approach and the collaboration of all Local EMS Agency's involved.

The trauma system functions through collaboration with countywide and regional care providers in the pre-hospital, hospital, and rehabilitation phases of care. The Santa Clara Emergency Medical Services (EMS) Agency is the "Local EMS Agency (LEMSA)" referenced in California Code of Regulations, Title 22, Division 9, Chapter 7, and vested with authority for planning, implementing, managing and evaluating the Santa Clara County Trauma System. The Santa Clara County EMS Medical Director is responsible for medical control of the trauma system. The EMS Director is responsible for oversight and all administrative issues relative to the trauma system. The Specialty Programs Nurse Coordinator is responsible for the day-to-day oversight and monitoring of the trauma system.

The Trauma Care System Quality Improvement Committee (TCSQIC) is a collaborative group of regional medical providers and EMS Agency staff. This committee serves as an advisory body to the EMS Medical Director for the administration of the system-wide quality improvement program and monitoring of the trauma centers performance improvement activities. The trauma system is integrated into the EMS system and benefits from its network of providers and committees that assure system coordination and accountability.

Each designated trauma center appoints a trauma medical director and a trauma program manager who oversee the function of their respective trauma services. The Trauma Director must be a Board-certified surgeon with experience in trauma care and trained in Advanced Trauma Life support (ATLS). The Trauma Program Manager is a registered nurse who has specialized trauma/critical care training. These individuals provide the daily administrative and clinical oversight for their trauma center. The director and program manager serve as liaisons between the trauma center and the regional trauma care system. Each trauma

center must have an internal structure capable of addressing the needs of the trauma program, while recognizing the multidisciplinary nature of trauma care.

Two of the three trauma centers, Santa Clara Valley Medical Center and Regional Medical Center, are in the metropolitan area of San Jose and receive the majority of their trauma patients from the central area and the southern portions of Santa Clara County, and transfers from Santa Cruz, San Benito and Monterey counties. Persons injured in the northern segment of the County are generally transferred to Stanford Health Care, which is in the northwestern sector of the County. This trauma center also serves as a trauma resource for San Mateo County and Northern Santa Cruz County.

Trauma Data for Calendar Year 2019:

Total trauma cases treated at three centers (excluding burn cases): 9,224

Total burn center cases: 554

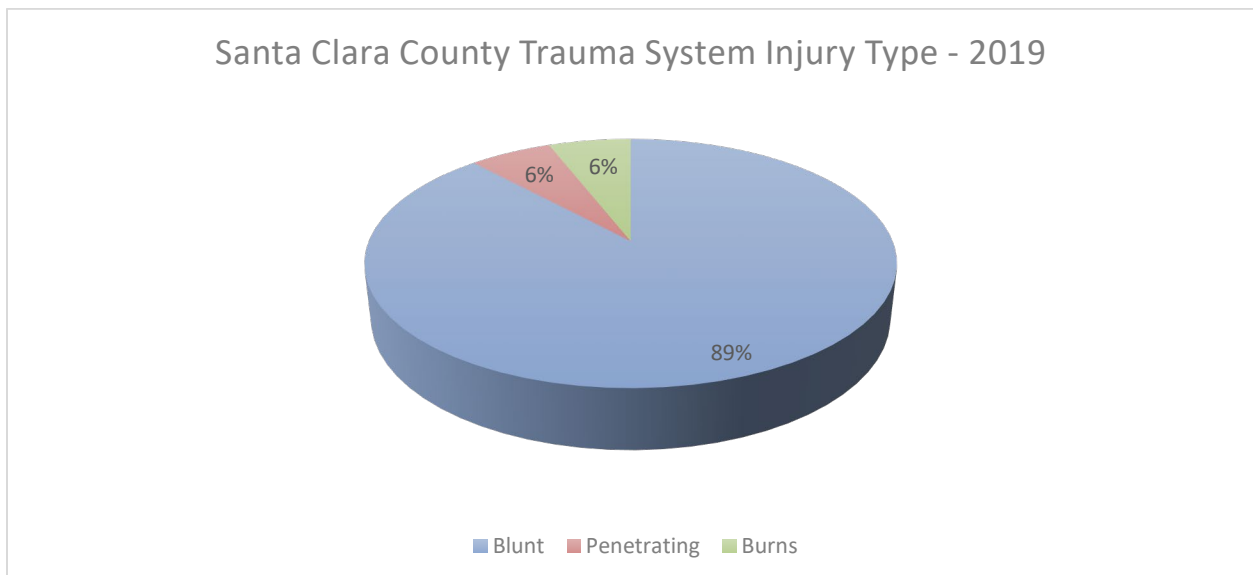
Adult: 378

Pediatric: 176

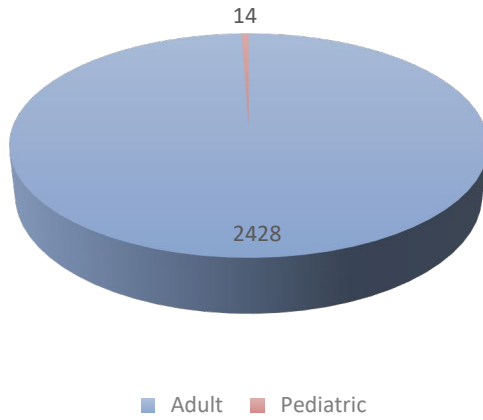
Total Trauma/Burn cases that had a Santa Clara County 911 response: 3,524

Number of red lights and sirens (code 3) trauma transports: 1,304

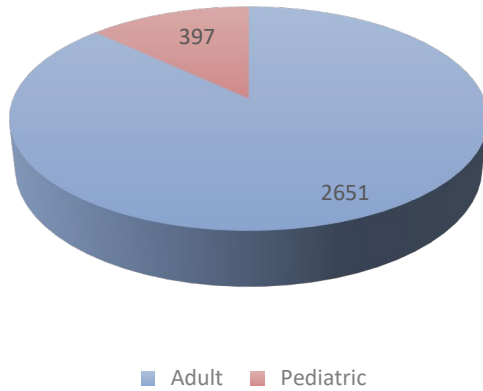
Average time spent on-scene of trauma by County (911) Ambulance: 18 minutes, 20 seconds



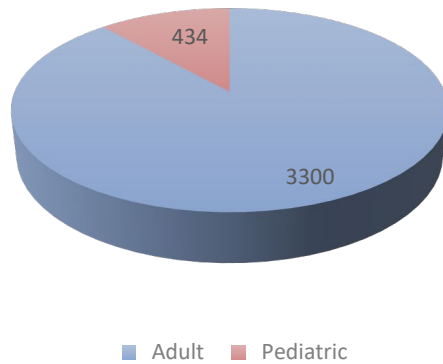
Regional Medical Center - 2019 Trauma Patients (2,442)



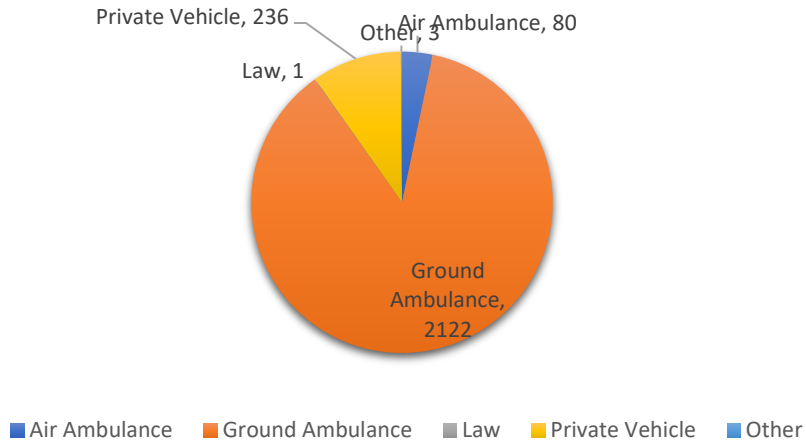
Stanford Hospital - 2019 Trauma Patients (3,048)



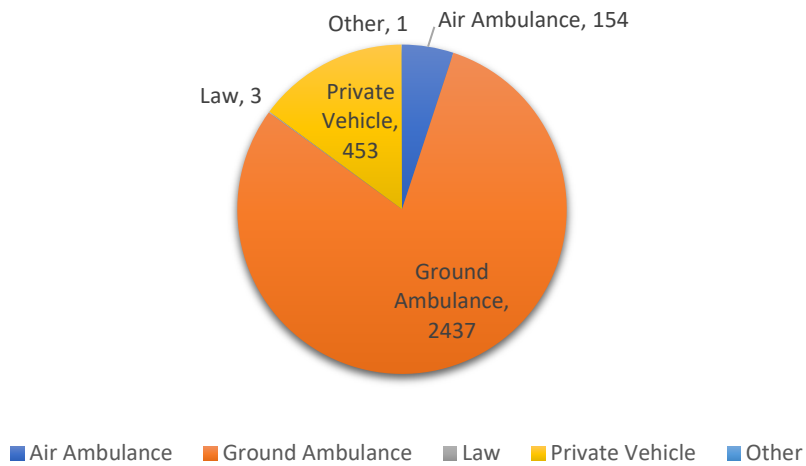
Santa Clara Valley Medical Center - 2019 Trauma Patients (3,734)



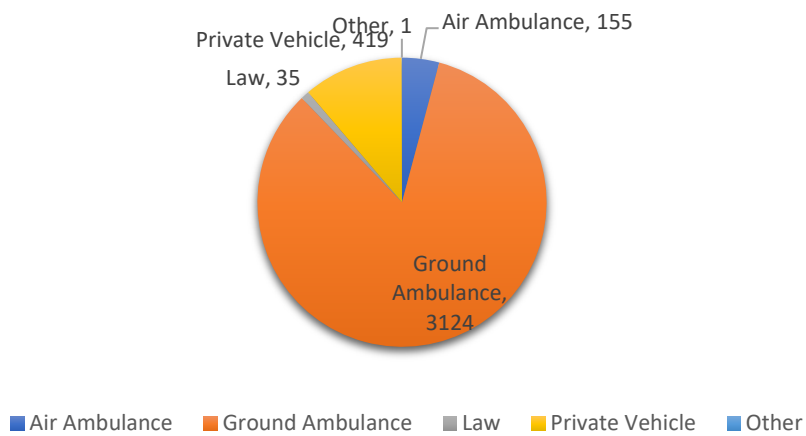
Regional Medical Center - 2019 Trauma Patient Mode of Arrival



Stanford Hospital - 2019 Trauma Patient Mode of Arrival



SCV Medical Center- 2019 Trauma Patient Mode of Arrival



II. Changes in the Trauma System

1. No significant changes occurred during CY2019

III. Number and designation Level of trauma centers

Trauma Center	Level	Patient population
Santa Clara Valley Medical Center	I	Adult
	II	Pediatric
Regional Medical Center of San Jose	II	Adult
Stanford Health Care	I	Adult
	I	Pediatric

IV. Trauma System Goals and Objectives

SCC Trauma Plan Update 2019														
Implementation Schedule														
			Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Objective 1: Collect, validate and research trauma data for area to improve or enhance the system of care provide to our trauma patients.														
Goal: 1	Ensure all trauma data meets and exceeds SCC and NTDS data standards by ensuring compliance with data dictionaries updates. Data audit will be completed annually by April. <i>(updated)(on-going)</i>													
Goal: 2	Continue validation programs and correct any identified errors with the trauma data before submission to the EMS Agency, CEMISIS, and NTDS. Data is to be collected and submitted to the State on a quarterly basis. <i>(on-going)</i>	CEMSIS Submission				CEMSIS Submission			CEMSIS Submission			CEMSIS Submission		
Goal: 3	Utilize trauma data reports to identify trends of injuries, areas of improvement, and benchmarking to enhance the care provided to trauma patients and to direct injury prevention activities. Annual Trauma Summary will be completed by July each year.													
Goal: 4	The SCC EMS Agency continues to encourage participation from the coroners office. Their attendance at meetings has increased. It is the hope of the committee to continue evaluation nontrauma center deaths and increase the number of autopsies performed. Autopsies requests have been more successful in 2019. <i>(on-going)(updated)</i>													
Goal: 5	The trauma Executive Committee determined the need for a new trauma registry. An RFP was conducted to find a new vendor. This was completed in December 2017. CDM was selected and is being used. <i>(updated)(completed)</i>													
Goal: 6	Non-Trauma Center receiving facilities have all entered into agreements with SCC EMS Agency. Data requirements are included in those agreements. Data reports are sporadic and work continues to standardize the process. <i>(updated)(ongoing)</i>													
Goal: 7	Continue to support all local Trauma Centers in the participation of the American College of Surgeons TQIP program. Explore options to participate in "system" TQIP activities. The SCC Trauma System is planning to participate in the State collaborative. Cost continue to be issue, but we are hopeful that funding may be allocated. <i>(ongoing)</i>													

Objective 2: Increase trauma primary prevention activities.													
	Goal: 1	Continue to participate in primary injury prevention activities as time permits. <i>(ongoing)</i>											
	Goal: 2	Encourage an environment where all EMS providers contribute to community injury prevention activities. <i>(ongoing)</i>											
Objective 3: Participate in the development of the California State Trauma Plan and the Bay Area RTCC.													
	Goal: 1	Encourage system participants to be involved in the development of the State Trauma Planning activities and to attend annual trauma summits. <i>(ongoing)</i>											
	Goal: 2	SCC stakeholders continue to actively participate and attend RTCC committee meetings, activities and educational programs. <i>(ongoing)</i>											
	Goal: 3	Participate on the RTCC re-traige subcommittee to develop a mechanism to collect and analyze re-traige data. The RTCC has decided to continue to collect this data on an ongoing basis. <i>(ongoing) (updated)</i>											
Objective 4: Evaluate trauma care policies and procedures to ensure processes are current and quality care is provided.													
	Goal: 1	The SCC EMS Agency was contacted by a local facility for consideration to become a level III Trauma Center. No immediate need was identified, but this matter is still ongoing. <i>(ongoing) (updated)</i>											
	Goal: 2	Continue to evaluate local policies and procedures with current standards of care to ensure policies remain up-to-date. <i>(ongoing)(updated)</i>	Policy Development				Public Comment Period					System Training	
			Final Policy effective										
	Goal: 3	The SCC EMS Agency is participating on the Trauma Regulations Work Group as the Urban EMSAAC appointee. <i>(new)</i>											

Objective 5: Coordinate Performance Improvement Program activities with system participants.													
Goal: 1	Provide staff to organize and support various quality committees and encourage participation from system constituents. <i>(ongoing)</i>												
Goal: 2	Continue to evaluate the care provided to our trauma population through the various quality care committees, such as; Pre-hospital Quality Improvement Committees, Trauma Care System Quality Improvement Committees (will be quarterly in 2020), Regional Trauma Coordinating Committee, etc. <i>(ongoing) (updated)</i>	TCSQIC, RTCC	Prehospital QI	TCSQIC	RTCC, Prehospital QI	TCSQIC	Prehospital QI	TCSQIC, RTCC	Prehospital QI	TCSQIC	RTCC, Prehospital QI	TCSQIC	Prehospital QI
Goal: 3	Evaluate system performance indicators on annual basis to assess, track and trend different aspects of trauma care. To be completed annually in October.												
Goal: 4	Trauma Centers will maintain ACS verifications and Title 22 designation requirements. They will participate and pass site surveys every two years. Site Survey was completed in April 2019. <i>(ongoing) (updated)</i>												
Objective 6: Promote Public Awareness and information regarding trauma Services and injury prevention													
Goal: 1	SCC EMS Agency in collaboration with our 3 Trauma Centers and County stakeholders have developed and implemented an elderly fall public awareness campaign. Efforts to expand the public awareness campaign to other types of injuries is ongoing. The Trauma Summary reports continue to see these numbers increasing. This correlates to population data seen within the county. Efforts will continue to decrease these numbers. <i>(ongoing)</i>												

V. Changes to Implementation Schedule

The SCC Trauma System has been in operation since 1986. All aspects are implemented.

All current system goals and objectives are noted within Section IV.

VI. Progress on Addressing EMS Authority Trauma System Plan Comments

SCC EMS Agency Trauma Plan update from 2016 was accepted by the EMS Authority with no comments.