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**ORANGE COUNTY  
REGIONAL TRAUMA OPERATIONS COMMITTEE**

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December 10, 2019

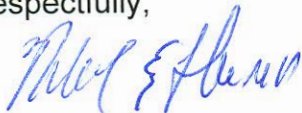
Dr. Michael Ritter, Chair  
Emergency Medical Care Committee  
405 West Fifth Street, Suite 301-A  
Santa Ana, CA 92701

**Subject: Endorsement of 2019 American College of Surgeons Trauma System Report**

Dear Dr. Ritter:

The purpose of this correspondence is to inform you that on December 10, 2019, the Orange County Regional Trauma Operations Committee, a multidisciplinary group of trauma subject matter experts, met with the Orange County Emergency Medical Services (OCEMS) agency to review the 2019 American College of Surgeons (ACS) Trauma System Report. By unanimous vote, the committee supports the conclusions described in the OCEMS letter#3592 (attached) and fully endorses the ACS report.

Respectfully,



Michael Lekawa, MD, Chair  
Regional Trauma Operations Committee

Attachment

ML:em#3563

**REGIONAL TRAUMA OPERATIONS COMMITTEE**

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David Gibbs, MD Frank Maas, RN Amy Waunch, RN

UCI Medical Center  
Michael Lekawa, MD Stephanie Lush, RN

Long Beach Memorial Medical Center  
Desiree Thomas, RN

Mission Hospital  
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Date: November 25, 2019

To: EMS Distribution List

From: Tammi McConnell, MSN, RN  
EMS Director

**Subject: Distribution of 2019 American College of Surgeons Trauma System Consultation Report**

Please find attached the American College of Surgeons (ACS) Final Report on the Orange County Trauma System. A multi-disciplinary review team consisting of Trauma Surgeons, Emergency Physicians, Trauma Program Managers and Technical Advisors conducted a comprehensive assessment of the Trauma System. This included an on-site review in which many stakeholders attended and participated, providing the evaluation team with valuable insights. Using the Health Resources and Services Administration (HRSA) *Model Trauma System Planning and Evaluation* guide and the template described in *Regional Trauma Systems*, the in-depth, independent analysis includes over fifty recommendations organized into three sections:

- Trauma System Assessment
- Trauma System Policy Development
- Trauma System Assurance

During the consultation, Orange County Emergency Medical Services (OCEMS) asked a set of questions (Appendix B) concerning our local EMS and Trauma System. Specifically, ACS was asked to “Describe the impact of changes to trauma center configuration on various system components such as access, volume and transport times.” The report section containing their response is found within Definitive Care Facilities (pages 50-56). In sum:

- Geographic and population coverage of the county is excellent.
- The distribution of trauma centers is well-matched to the population density.
- Simple geospatial (GIS-based) analysis suggests that over 99% of the county’s injured population is within 30 minutes from point of injury to a Level I or Level II center by ground and over 50% are within 15 minutes.
- The current Orange County Trauma System has worked well for many years.
- The decision to continue the current model or to reconfigure the system must be made locally and potential impacts to existing trauma centers should be considered.

Orange County Emergency Medical Services (OCEMS) has received and reviewed the report, identified key findings, and shared these with the Health Care Agency leadership. Based on the ACS Final Report analysis, current resource capabilities and knowledge of our local EMS and Trauma System, OCEMS finds it unnecessary to increase the number of trauma centers. The Trauma System Plan will be updated annually and the system re-evaluated every 3-5 years to validate appropriate trauma care access.

ACS has identified several high priority recommendations that include, but are not limited to:

<b>Trauma System</b>	<b>High Priority Recommendations</b>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Dedicate epidemiologic support to the Trauma System to inform system priorities, benchmark system performance and develop public policy</li> <li>• Report population-based injury surveillance data including types of injuries sustained, mechanism, severity, patient-characteristics &amp; outcomes to system stakeholders</li> </ul>
<b>Policy Development</b>	<ul style="list-style-type: none"> <li>• Refine and expand the organizational structure, functions, expectations for the Regional Trauma Operations Committee with broadened stakeholder engagement to advance system development</li> <li>• Prioritize leadership commitment to Trauma System through development by OCEMS, focusing on optimizing operational components, data collection and analysis, and quality assurance functions</li> <li>• Augment the OCEMS Agency with a Trauma System Manager position to provide the following: subject matter expertise, system oversight, and a focused effort to advance the vision and mission of the regional trauma system</li> <li>• Dedicate a full time position for a Trauma Data Analyst within OCEMS to manage the trauma registry and other data sources both for quality and data usage perspectives</li> </ul>
<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Establish a clear and transparent process, utilizing data from EMS, trauma centers and emergency receiving centers to ensure the trauma system meets the needs of all injured patients according to locally accepted standards</li> <li>• Ensure that all acute care facilities, as participants in the inclusive trauma system, have appropriate resources/training to care for injured patients during disasters and mass casualty events</li> </ul>

On January 10, 2020, at the regularly scheduled Emergency Medical Care Committee, this item will be placed on the agenda for discussion and review of OCEMS recommendations on addressing these high priority items. Thank you to all who supported and participated in this comprehensive evaluation.