

Napa County Emergency Medical Services Agency



TRAUMA SYSTEM STATUS REPORT

2017 Update

Submitted on July 23, 2018

In accordance with established guidelines, attached is the annual update to the Napa County Trauma Care system Plan.

Trauma System Summary –

The Napa County trauma system was created by resolutions of the Napa County Board of Supervisors in 1981 and 2009. Queen of the Valley Medical Center (QVMC) is a designated Level III trauma center with 24/7 neurosurgical coverage. The system design is documented and memorialized through contracts between the County of Napa and QVMC. A new three year contract extension was established effective July 1, 2016. This contract with QVMC will extend Level III trauma services in the Napa County EMS system until at least June 30, 2019.

Dr. Matthew Shepherd, MD and a team of five (5) board certified dedicated trauma surgeons, heads the trauma service. Katie Potter, RN was appointed in 2014 as the full-time Trauma Coordinator for QVMC. The trauma center's catchment area includes most of the Napa Valley; 98% of this population is within thirty (30) minutes ground transport time of the trauma center. In addition, QVMC cares for a few patients from adjoining Lake, Sonoma and Solano Counties. The only other hospital within Napa County is St. Helena Hospital (SHH) which is not a designated trauma center.

Napa County emergency medical technicians (EMTs) and paramedics utilize both the basic and local optional scopes of practice in caring for patients. Trauma-specific procedures are used daily to guide the care of the injured patient. A robust trauma triage procedure that aligns with the trauma center's internal triage procedure is utilized for all patients transported to the Level III trauma center.

Pediatric patients that meet physiologic and anatomic triage criteria are transported preferentially from the field, usually by air, to UCSF Benioff Children's Hospital Oakland. These transports are guided and sanctioned by the base hospital emergency department physicians. Trauma patients who require a level of care that is not available at the Level III trauma center are transferred through agreements to Santa Rosa Memorial Medical Center, John Muir Medical Center – Walnut Creek, the University of California Davis Medical Center, and other surrounding trauma centers. Letters of agreement have been established between Local EMS Agencies, including, Alameda, Contra Costa, Sacramento, Solano, Sonoma (Coastal Valleys EMS Agency), and Yolo.

Changes in Trauma System –

While no significant changes have been made to the Napa County Trauma System since the last submission of the Trauma Care System Plan in late 2014, the below updates have been occurred within the system:

- Establishment of the Prehospital Trauma Advisory Committee (Pre-TAC)
 - The Napa County EMS Prehospital Trauma Advisory Committee has continued to meet since it was first started in late 2015. The Pre-TAC continues to meet every four months to review prehospital aspects of the trauma system.

- American College of Surgeons Verification Site Visit on July 18 & 19, 2016.
- On January 31, 2017, the American College of Surgeons Verified Queen of the Valley Medical Center as a Level III Trauma Center for a period of three years. Current Verification is extended to July 19, 2019.

Number and Designation Level of Trauma Centers –

There are no potential problems or possible changes in designation for any of the below listed trauma centers at this time.

Queen of the Valley Medical Center (QVMC)

1000 Trancas St.

Napa, CA 94558

Level III

Trauma System Goals and Objectives –

Objective #1: Adoption of Trauma Policies

In 2012, trauma policies and procedures were thoroughly revamped after the EMCC and other key stakeholders/committees provided input via a public comment process. The Napa County policies and procedures were aligned both with neighboring counties and with modern evidence-based trauma care. Current Trauma Policies undergo an annual review and are updated as necessary.

GOAL: Maintain up-to-date trauma policies

OBJECTIVES: 1- Review and modify annually; 2- Incorporate applicable Regional Trauma System policy/procedure.

PROCESS: 1- Prehospital Trauma Advisory Committee (PreTAC) discussion and review; 2- Attendance at Regional Trauma Coordinating Committee Meetings.

TIMELINE: Goal has been achieved: Yearly, ongoing

Objective #2: Training Plan

All system providers have been thoroughly and completely trained through an annual train-the-trainer session that occurs in October of each year.

GOAL: Provide updated training to all providers.

PROCESS: Through PreTAC, focused training and annual (October) train-the-trainer session.

TIMELINE: Goal has been achieved: Yearly, ongoing.

Objective #3: Trauma Data Collection

While trauma data collection software (Trauma One) has been in use since early 2012, personnel errors in data collection prohibited submission of trauma system data for calendar years 2012 and 2013. The personnel errors have been corrected by QVMC and data collection is now contemporaneous and up-to-date. QVMC has assisted the EMS Agency to submit timely reports since January, 2014. Reports are being

submitted at the conclusion of data collection for the preceding quarter. All data is up to date through the first quarter of calendar year 2018.

GOAL: Secure quarterly and annual reports from trauma center.

PROCESS: 1- Ensure appropriate training for new trauma staff; 2- Review data capabilities of trauma registry software; 3- Ensure compliance with National Trauma Data Bank (NTDB) and California EMS Information System (CEMSIS); 4- Provide required data set to trauma center.

TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #4: Trauma Quality Improvement (QI) Process

Queen of the Valley Medical Center has had a comprehensive, bimonthly multidisciplinary QI Committee in place since late 2011. The committee, led by Dr. Matthew Shepard, reviews in detail the cases filtered through American College of Surgeons audit criteria, triggered by deaths, complications, transfers to other centers or picked for clinical interest. The committee attendees include trauma surgery, appropriate subspecialty physicians and nurses, Napa County EMS Agency staff, the medical examiners (ME) representative and when possible, outside surgical trauma expertise.

Additionally, the Level III Trauma Center and Napa County EMS Agency have worked together to develop local measures to identify field provider performance around trauma care. These measures include, but are not limited to: pain intervention, advanced airway use/success, use of spinal restriction equipment, helicopter utilization, and scene times.

GOAL: To refine and update Trauma QI process

PROCESS: Through meeting, communication, direct observation.

TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #5: Establishment of a Prehospital Trauma Advisory Committee (PreTAC)

The Napa County EMS Agency and Level III Trauma Center worked to establish a PreTAC committee in late 2015. This committee has met every four months since its inception. The PreTAC committee is a multi-disciplinary committee, advisory to the EMS Medical Director, whose purpose is to review prehospital trauma care. It is comprised of designated representatives from the EMS Agency, the local trauma center, and ALS Provider agencies.

GOAL: Establishment of a PreTAC Committee that will assist in evaluating the Napa County EMS Trauma System, in order to foster continuous improvement in performance and patient care.

PROCESS: Through meeting and communication.

TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #6: American College of Surgeons – Committee on Trauma Level III Verification

The Level III Trauma Center needs to complete the process to receive verification status from the American College of Surgeons – Committee on Trauma. Site visits were held on July 18 & 19, 2016.

GOAL: Verification from the American College of Surgeons as a Level III Trauma Center. Verification as a Level III Trauma Center was received on January 31, 2017 and extends the verification until July 19, 2019.

PROCESS: Through meeting and communication.

TIMELINE: Goal has been achieved: Yearly, ongoing.

Changes to Implementation Schedule –

No changes have occurred to the current implementation schedule.

System Performance Improvement –

Local trauma system improvement is ongoing. Improvements are accomplished through the items discussed above and by regular discussions with local trauma surgeons. These discussions occur at the PreTAC meetings and the bimonthly Trauma Review Committee meetings.

The Napa County EMS System has developed a robust Continuous Quality Improvement system that continues to evolve into the future. This CQI system includes the development of local measures that go beyond State Core Measures to identify areas for improvement within the trauma system and larger EMS system.

The Level III Trauma Center and the Napa County EMS Agency have worked hard to get current trauma data submitted to the State EMS Authority and National Trauma Data Bank in a timely manner. These submissions have been timely (meeting the established deadlines) for calendar year 2017.

Progress on Addressing EMS Authority Trauma System Plan Comments –

No comments were received from the EMS Authority on the last Trauma System Plan Submitted.

Other Issues –

No other issues have been identified.

END OF REPORT