Final MinMax Workgroup Recommendation

June 8, 2021

	Goals
	1. To provide access to Level I or II trauma care for 95 percent of the population in WA state within 60 minutes of injury 2. To ensure optimal patient outcomes by maintaining the volume of injured patients in the current Level I and II centers that are performing well.
	Process
1	**Conduct a geospatial analysis of access to definitive care for Washingtonians to determine the proportion of the population who can reach definitive care at a Level I or II trauma center within 60 minutes of injury. This analysis should factor in available transport options (air or ground) to identify geographic gaps in access to care.**
2	**Develop strategies to actively support hospitals in areas with a geographic need to overcome barriers in achieving Level II status.**
3	**Process to assess new Level II applications**
a.	If the new service is to be located within an area of geographic need as determined by the geospatial analysis, then applicant may proceed with the application.
b.	If a proposed site for a new trauma center is already served by an existing Level I or II then a review must be conducted to demonstrate the need for an additional center. The new center shall not have a negative impact to the existing centers that are performing well, or the trauma system as a whole. The DOH should be notified one year in advance of the proposed application to allow sufficient time for analysis. The following factors should be evaluated by an advisory group of clinical and epidemiological experts appointed by the Secretary of Health: i. The new center should be at least 30 minutes transport time from the existing center by available transfer methods. ii. Addition of the new center should not allow the volume of the existing center to fall below 240 patients with an ISS >= 16 (ACS criteria) iii. The quality of outcomes and time on divert should be evaluated for the existing center to ensure they are meeting the needs of the community. iv. An analysis should be done on the fiscal impact to the existing centers from addition of a new center based on both projected changes in the patient distribution and the distribution of the Trauma Fund

	v. Based on review of this data, the advisory group will make a recommendation to the DOH who will make the final decision.
4.	**New Level I applications:** **New applications for Level I centers should meet all of the criteria for Level II center applications as noted above. Additionally, the following requirements apply:**
a.	The primary difference between a Level I and II for clinical care is access to subspecialty services for unique, complex injuries which require less urgent transportation of patients needing these services after stabilization at a Level II. Therefore, there must be a need to expand subspecialty trauma care and sufficient volume to ensure quality of subspecialty care at existing Level I centers is not affected. Barriers to access for subspecialty care at the existing Level I centers should be assessed. An evaluation of the impact of the new center on the case volume for subspecialty care at the Level I based on current and projected referral patterns is needed.
b.	Level I centers are also charged with supporting training programs for trauma care which include ACGME accredited residency programs and fellowship programs in subspecialty care. At a minimum, a Level I trauma center must have continuous rotations in trauma surgery for senior residents that are part of an Accreditation Council for Graduate Medical Education accredited program. In addition, the new Level I should not negatively impact case volumes that support subspecialty fellowship programs at the existing Level I.
c.	The Level I applicant must support comprehensive research programs to advance trauma care. Impact on enrollment and participation in clinical trials at the existing Level I centers should be considered, as well as the potential impact on existing research and education programs based on projected changes in subspecialty case volume.
d.	Centers proposing to apply for Level I status should notify the DOH one year in advance to allow time for analysis. The following factors will be evaluated by an advisory group of clinical and epidemiological experts appointed by the Secretary of Health.
e.	Ensure the center applying meets the criteria as outlined above.
f.	The quality of outcomes and time on divert should be evaluated for the existing center(s) to ensure they are meeting the needs of the community
g.	Based on review of this data and the fiscal impact and solvency to existing hospitals, the advisory group will make a recommendation to the DOH who will make the final decision.