

Department of Health Trauma System Assessment

Frequently Asked Questions

1) Why is a Trauma System Assessment being developed?

Draft trauma designation rules specify that a trauma system assessment will be used to evaluate access to care at level I and level II trauma services and identify areas where trauma services are needed in Washington state.

2) Who will conduct the assessment?

Department of Health (DOH) staff will be responsible for developing and administering this assessment, which will focus on describing the current conditions of the state as they relate to transport/transfer distances, patient volume, and diversion.

3) Will the assessment determine a hospital's eligibility for Trauma Designation?

The assessment is intended as a decision-making tool and guide for promoting and administering trauma designation and does not serve as a determining factor of application eligibility or designation status. DOH staff will incorporate the information gleaned from the assessment to inform program planning.

4) What is the difference between the assessment and the eligibility criteria?

The assessment will include a variety of measures, statistics, and visuals describing the Washington State Trauma System. It will be used for planning purposes. The eligibility criteria are a set of conditions which a hospital must meet in order to apply for a new or increased level of trauma designation.

5) What will the assessment include?

The assessment may include, at minimum, the following information:

- a. A geographic depiction of areas of the state where level I or II designated trauma services cannot be reached within 60 minutes via ground transport from the point of injury.
- b. A geographic depiction of areas of the state where level I or II designated trauma services cannot be reached within 30 minutes ground transport time from an existing level I or II service.
- c. The assessment will also look at the following for level I, II and III designated trauma services:
 - their distance from the nearest level I or II designated trauma service,
 - annual trauma patient admission volume,
 - annual trauma patient admissions with an ISS >15,
 - annual trauma patient volume,
 - status of whether the facility meets all current designation standards,
 - time since current trauma level designation was assigned,
 - total trauma patient diversion time in the most recent calendar year,
 - population demographics (density, growth, pediatric, location, race/diversity, etc.),
 - length of stay (LOS) in the emergency department (ED) for admitted patients and for patients discharged from the ED.

*Hospital specific data will be used internally at DOH in conducting the assessment. The hospital specific data cannot be shared publicly due to statutory requirements to maintain confidentiality of hospital data. Non-confidential data will be shared publicly.

6) Will the assessment change over time?

Additional information may be added or removed in future assessments depending on relevance to assessing the optimization of the trauma system. Information describing the criteria for trauma designation eligibility will always be included.

7) When will the first assessment be developed?

DOH will develop the initial assessment within 1-year of the establishment of this WAC. The assessment will be updated every three years on a schedule that aligns with the trauma designation cycle.

8) What data will be used?

Data sources used to inform the report will be determined by DOH staff and will be considered based on data availability, quality, completeness, and appropriateness of use.

9) Will DOH consult interested parties on development or changes to the assessment?

DOH will consult with members of the EMS and Trauma Steering Committee or delegated technical advisory committees or special workgroups of subject matter experts as appropriate on the assessment during development and when changes are proposed.

10) Will DOH be conducting a state trauma assessment for Levels III, IV and V?

No, DOH will not be conducting state trauma assessments to evaluate need and access to care for Trauma services Levels III, IV and V. The EMS and Trauma Regional Councils will continue to conduct these assessments for their respective regions and report the need (minimum/maximum number of trauma services needed) in their region's plans.