

**COUNTY OF RIVERSIDE
COMMUNITY HEALTH AGENCY
DEPARTMENT OF PUBLIC HEALTH**

**Trauma System
Plan Update
Riverside County**



EMERGENCY MEDICAL SERVICES AGENCY
June 11, 2007

I. Trauma System Summary

The Riverside County Trauma System has maintained a functional operation since the mid 1980's. The Trauma Plan for Riverside County was written and approved by the Board of Supervisors on September 13, 1994. The State EMS Authority approved the first plan on March 28, 1995. A Revised Trauma Plan was completed in November 2001 and submitted to the State EMS Authority. The plan was approved by the State EMS Authority on October 25, 2002.

Riverside County continues to be a region of rapid growth with a diverse population of 2,031,625.

II. Changes in Trauma System

There has not been any major change to the system since the addition of the Level III Trauma Center, Inland Valley Medical Center in southwest area of the county.

III. Number and Designation Level of Trauma Centers

Riverside County has four trauma centers. Three of the trauma centers are Level II and one a Level III.

- Desert Regional Medical Center a Level II in Palm Springs
- Inland Valley Medical Center a Level III in Wildomar
- Riverside Community Hospital a Level II in Riverside
- Riverside County Regional Medical Center a Level II in Moreno Valley.

Critical Trauma patients seen at the four trauma centers are approximately 5000 patients per year.

IV. Trauma System Goals and Objectives

The trauma system is an integral part of the existing Riverside County EMS Plan. A continuing goal of the Riverside County Trauma Care System is to assure a well-prepared, coordinated and appropriate response to persons who incur traumatic injuries in Riverside County. System objectives have been developed to provide a means to measure the effectiveness of the trauma system plan.

A. The following objectives are monitored as a measure of system effectiveness:

1. Assure that a comprehensive system of emergency medical and trauma services are available to the residents and visitors of Riverside County. This is monitored on a continuous basis through base hospital, trauma center and the system quality assurance process.



2. Provide impartial and objective administration of the EMS and Trauma System. This is monitored by system review based upon compliance with established policies and system standards. This is done routinely as issues arise and at regular intervals through the CQI process and system review.
3. Assure definitive trauma care regardless of ability to pay. This is monitored through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.
4. Promote system cost-effectiveness and economic viability. This is accomplished at the facility level by continuous review for cost effective care delivery practices, then shared through the system multidisciplinary review committee. At a system level collaborative EMS leadership, in combination with trauma committee leadership, to monitor program costs and pursue appropriate funding sources, accomplishes this.
5. Coordinate local trauma services with trauma services in adjacent counties. This is accomplished through the mutual aid and transfer agreements with out of county trauma centers and ALS ambulance providers. When care coordination issues arise, resolve is obtained through the out of county provider involvement in the CQI process.
6. Provide accountability and objective evaluation of the trauma care system through data analysis utilizing the trauma registry. This is accomplished through the monthly audit and review process at the trauma facility and the system trauma audit committee.
7. Provide quality inpatient rehabilitation services and care along with meeting the long-term care needs of major trauma patients requiring such services. This is accomplished through monitoring audit filters for length of stay, discharge dispositions, and discharge planner follow-up on patients repatriated because of medical plans. Currently, there is no method established for routinely obtaining patient outcomes from the rehabilitation phase of care. We are not aware of any trauma system that does and we continue to search for solutions to this issue.
8. Promote public awareness and information regarding trauma services and injury prevention. This is accomplished through annual health fairs, public service announcements, dissemination of annual reports to public entities, and injury prevention outreach programs.



V. Changes to Implementation Schedule

A. Pediatric Trauma Level II Status

In February and December of 2000 Riverside County Regional Medical Center (RCRMC) underwent site visits to be considered as a Level II Pediatric Trauma Center.

In March 2001 following submission of a Plan of Improvement RCRMC was given provisional status pending California Children's Services (CCS) PICU site review. CCS site review was completed in September 2003. A letter dated September 17, 2004 stated approval was not granted pending corrections of deficiencies to be submitted within four months of the dated letter.

Due to unforeseen circumstances the deadline was not met. Submission of a new CCS application was requested. To date, RCRMC has submitted a new application and is working on correction of the deficiencies.

VI. Progress on Addressing EMS Authority Trauma System Plan Comments

A. Trauma Care Coordination with Neighboring Jurisdictions:

Riverside County EMS Trauma Coordinator met with the surrounding County Trauma Coordinators to discuss a written agreement regarding trauma care across county lines (Attachment A). Continued discussions failed to produce any written agreement.

Riverside County, San Bernardino, and Imperial County have a verbal understanding for mutual aid and transport regarding resources for the critically injured patient.

Riverside County's goal is to obtain written agreements with the neighboring counties. A time line for this goal has not been established.

B. Data Collection and Management

Effective July 1, 2006 policy 2500 Receiving Hospital Trauma Patient Registry (Attachment B) became effective. Non trauma centers receiving trauma patients are required to complete a form and submit to the EMS Agency. Patients that are transferred to trauma centers are captured through the trauma centers trauma database.

C. Quality Improvement

Probability of Survival reports are presented at the Trauma Audit Committee (TAC) as a statistic report (Attachment C).



D. Injury Prevention Program

Riverside County's Trauma Coordinator is involved with Injury Prevention, both directly and indirectly.

- Submersion Incident Report (SIRF) (Attachment D) This data is collected by the Trauma Coordinator and entered into a data base.
- Riverside County Injury Prevention Network (RCCIPN) committee (Attachment E). Attendance and support of First Five.
- Emergency Medical Service Committee – coordinator representative for Riverside County.
- Riverside County sponsored Injury Prevention Program Conference

VII. Other Changes

A. Trauma Audit Committee

Riverside County and ICEMA EMS Agencies have combined the county trauma audit committee with the focus to improve quality of care for the critically injured patient in both areas and mutual coordination. Meetings are on a scheduled basis and include the six (6) trauma centers scheduled (Attachment F).

B. Policy Revisions/Additions

1. Trauma Triage Indicators and Destination – Policy #5710 revision (Attachment G)
2. Trauma Audit Committee – Policy 2400 revision (Attachment H)
3. Trauma Program Managers Meeting – Policy #2450 addition (Attachment I)
4. 2007 TAC/TPM schedule (Attachment J)

