CS FOR HOUSE BILL NO. 168(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES COGHILL, Kerttula

A BILL

FOR AN ACT ENTITLED

"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers and including a portion of the tax levy on alcohol as a source of money that may be appropriated to the trauma care fund; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 18.08.082 is amended by adding a new subsection to read:

(c) The commissioner shall establish special designations in regulation for varying levels of trauma care provided by a certified trauma center that shall be used to set compensation eligibility and amounts under AS 18.08.085. The designations shall be based on nationally recognized standards and procedures.

* **Sec. 2.** AS 18.08 is amended by adding a new section to read:

Sec. 18.08.085. Uncompensated trauma care fund; creation. (a) The

uncompensated trauma care fund is created. The purpose of the fund is to compensate certified trauma centers in the state that receive a special designation under AS 18.08.082(c) for care uncompensated by the person receiving the care or by any other source.

(b) The fund consists of money appropriated to it by the legislature, including donations, recoveries of or reimbursements for awards made from the fund, income from the fund, and other program receipts from activities under this chapter. Appropriations to the fund do not lapse.

(c) The commissioner shall administer the fund in accordance with the provisions of this chapter. The commissioner shall spend money from the uncompensated trauma care fund for the purpose established in (a) of this section. The commissioner may establish and seek the advice of a special committee for review of statewide trauma care and compensation standards.

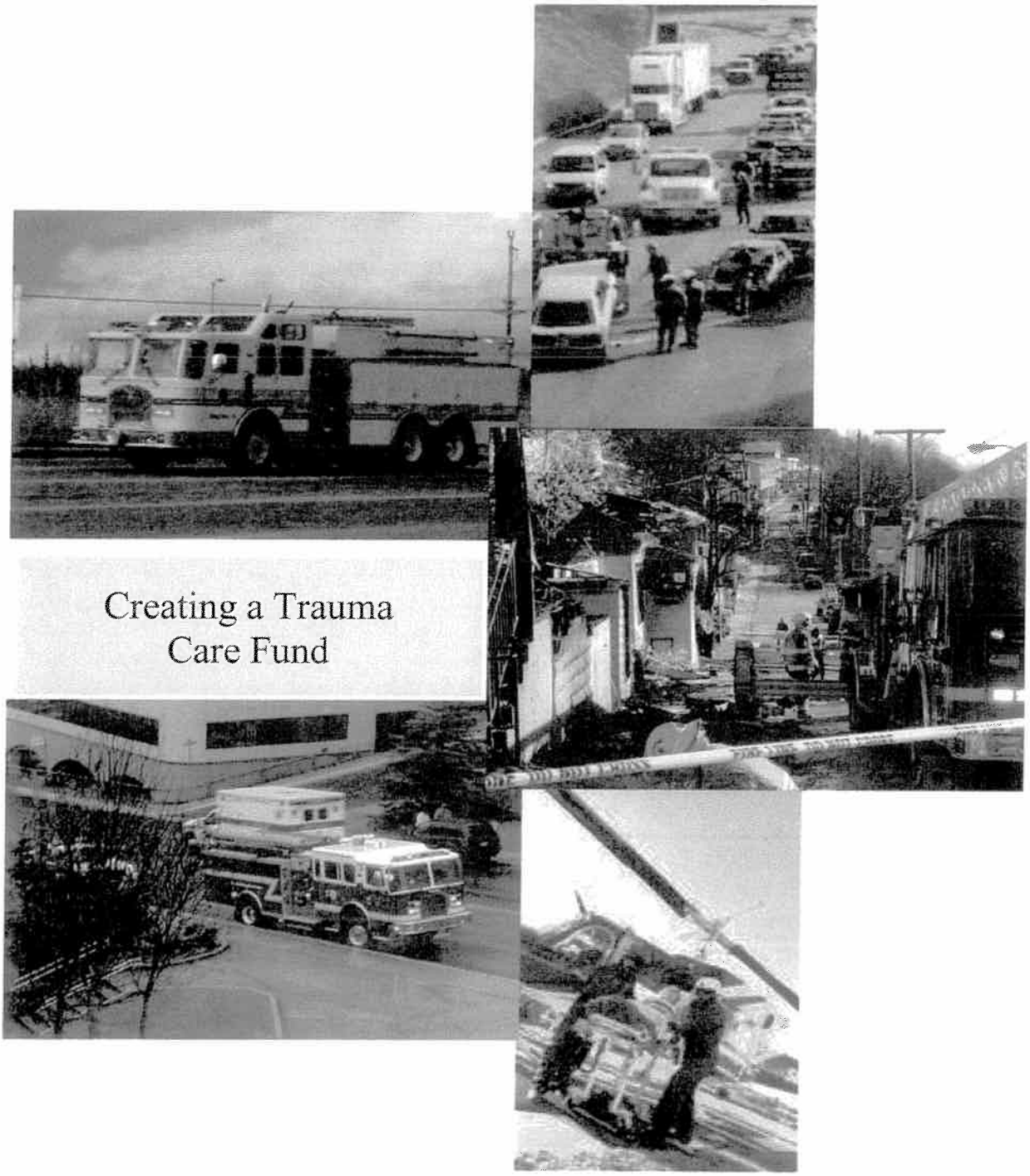
(d) The commissioner may not provide more than 25 percent of the total assets, including earnings, of the fund in a fiscal year to one trauma center.

* **Sec. 3.** AS 43.60 is amended by adding a new section to read:

Sec. 43.60.055. Disposition of proceeds; availability for appropriation to the uncompensated trauma care fund. The portion of the tax collected under AS 43.60.010 that is not separately accounted for under AS 43.60.050(a) may be appropriated to the uncompensated trauma care fund (AS 18.08.085). Nothing in this section creates a dedicated fund.

* **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

TRAUMA CARE IN ALASKA



Creating a Trauma Care Fund

House Bill 168

Senate Bill 168

ALASKA'S TRAUMA SYSTEM DEVELOPMENT FOLDER
TRAUMA LEGISLATION HOUSE AND SENATE BILLS 168

ALASKA STATE HOUSE OF REPRESENTATIVES

SENATOR JOHN COGHILL

HB 168 Certification and Designation of Trauma Centers

Sponsor Statement

This legislation would create a trauma care fund which could reimburse trauma centers for uncompensated or undercompensated services. The bill would create incentives for becoming a certified trauma center but does not force facilities to become certified trauma centers.

Trauma is the leading cause of death for Alaskans between the age of one and forty-four and more than 800 Alaskans are hospitalized each year for spinal cord and brain injuries.

There is a "golden hour" after the injury during which proper treatment and appropriate interventions will potentially save a patient's life and prevent further damage to an injured person. Personal trauma is any bodily injury from an external force including car crashes, shootings, falls, snow machine crashes, and stabbings.

A good trauma system is an organized multidisciplinary response to managing treatment of severely injured people and it spans the full spectrum from prevention and emergency care to recovery and rehabilitation. A trauma system enhances the chance of survival by making sure patients are brought to the most appropriate facility in the most efficient manner and that optimal care is delivered every step of the way. Alaska has many good parts to our trauma response but we must do better.

ALASKA STATE HOUSE OF REPRESENTATIVES

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Session

(907)-465-3719
FAX# (907)-465-3258
State Capitol
Room 214

SENATOR JOHN COGHILL

HB 168 Designate Trauma Centers and the Uncompensated Trauma Care Fund

Sectional

Section 1. AS 18.08.082 currently prescribes by regulation criteria for training programs and for personnel involved in emergency medical services. This section adds a requirement for the commissioner of Health and Social Services establish special designations for varying levels of services offered by a certified trauma center.

Section 2. Establishes a trauma care fund to be used to compensate certified trauma centers for uncompensated trauma care. The fund can accept money appropriated by the legislature, which can include donations, income from the fund, and of the other designated receipts. The commissioner is given authority to establish a special committee for review of the program and limits are set on the distribution of the funds.

Section 3. The bill has an immediate effective date.

SENATE BILL NO. 168

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE BY REQUEST

Introduced: 3/27/09
Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 18.08.082 is amended by adding a new subsection to read:

(c) The commissioner shall establish special designations in regulation for varying levels of trauma care provided by a certified trauma center that shall be used to set compensation eligibility and amounts under AS 18.08.085. The designations shall be based on nationally recognized standards and procedures.

* **Sec. 2.** AS 18.08 is amended by adding a new section to read:

Sec. 18.08.085. Uncompensated trauma care fund; creation. (a) The uncompensated trauma care fund is created. The purpose of the fund is to compensate certified trauma centers in the state that receive a special designation under AS 18.08.082(c) for care uncompensated by the person receiving the care or by any

other source.

(b) The fund consists of money appropriated to it by the legislature, including donations, recoveries of or reimbursements for awards made from the fund, income from the fund, and other program receipts from activities under this chapter. Appropriations to the fund do not lapse.

(c) The commissioner shall administer the fund in accordance with the provisions of this chapter. The commissioner shall spend money from the uncompensated trauma care fund for the purpose established in (a) of this section. The commissioner may establish and seek the advice of a special committee for review of statewide trauma care and compensation standards.

(d) The commissioner may not provide more than 25 percent of the total assets, including earnings, of the fund in a fiscal year to one trauma center.

* **Sec. 3.** This Act takes effect immediately under AS 01.10.070(c).

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: **HB 168**
() Publish Date:

Identifier (file name): HB168-REV-TRS-2-8-10
Title: Uncompensated Trauma Care fund
Sponsor: Representative Kerttula
Requester: House Health and Social Services

Dept. Affected: Revenue
RDU: Taxation and Treasury
Component: Treasury Division
Component Number: 121

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2011**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES							
CHANGE IN REVENUES ( )							

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2010) cost:

POSITIONS

Full-time	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Part-time	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary	0.0	0.0	0.0	0.0	0.0	0.0	0.0

ANALYSIS: *(Attach a separate page if necessary)*

This bill establishes a fund to compensate certain certified trauma centers in Alaska for care uncompensated by the person receiving the care or by another source. This fund will be invested within the GeFonsi investment pool No additional costs have been identified.

Prepared by: Pamela J. Leary, Comptroller — Phone 465-2300
Division: Treasury Division — Date/Time 2-8-10; 10:01am
Approved by: Ginger Blaisdell, Director — Date 2/8/2010; 8:12pm
Administrative Services Division

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: **HB168**
() Publish Date:

Identifier (file name): HB168-DHSS-IPEMS-02-08-10
Dept. Affected: Health & Social Services

Title: Trauma Care Centers/Fund
RDU: Public Health
Component: Injury Prevention/Emergency Medical Services
Sponsor: Coghill
Requester: House HSS
Component Number: 2876

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2011**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES							
CHANGE IN REVENUES (							

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2010) cost:

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

HB 168 establishes a mechanism to provide a financial incentive for hospitals to become designated as certified trauma centers in order to encourage their participation in a statewide trauma system, with the goal of improving delivery of trauma care in the Alaska medical system. This bill establishes a fund for reimbursement of trauma care for uninsured or underinsured patients, and allows designated trauma centers to apply for compensation of claims that are otherwise uncompensated by insurance or other funds.

The Department proposes to manage this fund using existing staff resources.

Prepared by: Ward B. Hurlburt, M.D., MPH, Chief Medical Officer / Director — Phone 269-8126
Division: Public Health — Date/Time 2/4/10 1:13 PM

Approved by: Alison Elgee, Assistant Commissioner — Date 2/8/2010
DHSS Finance & Management Services

26th Legislature(2009-2010)

Bill History/Action for 26 Legislature

BILL: SB 168 **SHORT TITLE:** TRAUMA CARE CENTERS/FUND

BILL VERSION:

CURRENT STATUS: (S) HSS **STATUS DATE:** 03/27/09

THEN FIN

SPONSOR(s): HEALTH & SOCIAL SERVICES BY REQUEST

HEARING: (S) HSS Feb 10 1:30 PM BUTROVICH 205 TELECONFERENCE

TITLE: "An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

Bill Number: Search Bills Next Bill

Full Text Minutes Documents

Display Bill History

Jrn-Date	Jrn-Page	Action
03/27/09	0670	(S) READ THE FIRST TIME - REFERRALS
03/27/09	0670	(S) HSS, FIN
03/27/09	0670	(S) REFERRED TO HEALTH & SOCIAL SERVICES
04/08/09	Text	(S) HSS AT 1:30 PM BELTZ 211
04/08/09	Text	(S) Heard & Held
04/08/09	Text	(S) MINUTE(HSS)
04/08/09	Text	(S) MINUTE(HSS)
02/10/10	Text	(S) HSS AT 1:30 PM BUTROVICH 205

Similar Subject Match or Exact Subject Match

FUNDS

HEALTH & SOCIAL SERVICES

HOSPITALS

LICENSING

MEDICAL CARE

Bill Number: Display Bill

Next Bill

Return to Basis Main Menu (26 Legislature)

HOUSE BILL NO. 168

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES COGHILL, Kerttula

Introduced: 3/9/09
Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 18.08.082 is amended by adding a new subsection to read:

(c) The commissioner shall establish special designations in regulation for varying levels of trauma care provided by a certified trauma center that shall be used to set compensation eligibility and amounts under AS 18.08.085. The designations shall be based on nationally recognized standards and procedures.

* **Sec. 2.** AS 18.08 is amended by adding a new section to read:

Sec. 18.08.085. Uncompensated trauma care fund; creation. (a) The uncompensated trauma care fund is created. The purpose of the fund is to compensate certified trauma centers in the state that receive a special designation under AS 18.08.082(c) for care uncompensated by the person receiving the care or by any

other source.

(b) The fund consists of money appropriated to it by the legislature, including donations, recoveries of or reimbursements for awards made from the fund, income from the fund, and other program receipts from activities under this chapter. Appropriations to the fund do not lapse.

(c) The commissioner shall administer the fund in accordance with the provisions of this chapter. The commissioner shall spend money from the uncompensated trauma care fund for the purpose established in (a) of this section. The commissioner may establish and seek the advice of a special committee for review of statewide trauma care and compensation standards.

(d) The commissioner may not provide more than 25 percent of the total assets, including earnings, of the fund in a fiscal year to one trauma center.

* **Sec. 3.** This Act takes effect immediately under AS 01.10.070(c).

26th Legislature(2009-2010)

Bill History/Action for 26 Legislature

BILL: HB 168 **SHORT TITLE:** TRAUMA CARE CENTERS/FUND

BILL VERSION:

CURRENT STATUS: (H) HSS **STATUS DATE:** 03/09/09

THEN FIN

SPONSOR(s): REPRESENTATIVE(s) COGHILL, Kerttula

HEARING: (H) HSS Feb 09 3:00 PM CAPITOL 106 TELECONFERENCE

TITLE: "An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

Bill Number: Search Bills Next Bill

Full Text Minutes Documents

Display Bill History

Jrn-Date	Jrn-Page	Action
03/09/09	0409	(H) READ THE FIRST TIME - REFERRALS
03/09/09	0409	(H) HSS, FIN
03/09/09	0409	(H) REFERRED TO HEALTH & SOCIAL SERVICES
03/23/09	0567	(H) COSPONSOR(S): KERTTULA
04/09/09	Text	(H) HSS AT 3:00 PM CAPITOL 106
04/09/09	Text	(H) Heard & Held
04/09/09	Text	(H) MINUTE(HSS)
02/09/10	Text	(H) HSS AT 3:00 PM CAPITOL 106

Similar Subject Match or Exact Subject Match
FUNDS
HEALTH & SOCIAL SERVICES
HOSPITALS
LICENSING
MEDICAL CARE

Bill Number: Display Bill
Next Bill

Return to Basis Main Menu (26 Legislature)

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
April 9, 2009
3:05 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna
Representative Lindsey Holmes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 188
"An Act relating to the taxation of moist snuff tobacco, and amending the definition of 'tobacco product' in provisions levying an excise tax on those products."

- HEARD AND HELD

HOUSE BILL NO. 168
"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

- HEARD AND HELD

HOUSE BILL NO. 223
"An Act relating to the qualifications for residential psychiatric treatment center caregiver staff; and providing for an effective date."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 188
SHORT TITLE: TAX ON MOIST SNUFF

SPONSOR(s): REPRESENTATIVE(s) HERRON

03/12/09	(H)	READ THE FIRST TIME - REFERRALS
03/12/09	(H)	HSS, L&C, FIN
03/24/09	(H)	HSS AT 3:00 PM CAPITOL 106
03/24/09	(H)	<Bill Hearing Rescheduled to 03/26/09>
03/26/09	(H)	HSS AT 3:00 PM CAPITOL 106
03/26/09	(H)	Heard & Held
03/26/09	(H)	MINUTE(HSS)
04/09/09	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 168
SHORT TITLE: TRAUMA CARE CENTERS/FUND
SPONSOR(s): REPRESENTATIVE(s) COGHILL

03/09/09	(H)	READ THE FIRST TIME - REFERRALS
03/09/09	(H)	HSS, FIN
04/09/09	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 223
SHORT TITLE: TRAINING FOR PSYCHIATRIC TREATMENT STAFF
SPONSOR(s): HEALTH & SOCIAL SERVICES

04/08/09	(H)	READ THE FIRST TIME - REFERRALS
04/08/09	(H)	HSS
04/09/09	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

ROB EARL, Staff
to Representative Bob Herron
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Introduced the proposed CSHB 188, Version N, for the prime sponsor, Representative Herron.

DR. FRANK SACCO, Chair
Alaska Trauma Systems Review Committee
Anchorage, Alaska
POSITION STATEMENT: Presented a Power Point titled "Trauma Care in Alaska 2009" and answered questions about the Alaska trauma system.

DR. REGINA CHENNAULT, Chair
Alaska Committee on Trauma;
American College of Surgeons
Alaska Native Medical Center

Anchorage, Alaska
POSITION STATEMENT: Spoke in support of HB 168.

DR. DANNY ROBINETTE
Northern Alaska Medical Surgical
Fairbanks, Alaska
POSITION STATEMENT: Spoke in support of HB 168.

GERAD GODFREY, Chair
Alaska Violent Crimes Compensation Board
Juneau, Alaska
POSITION STATEMENT: Spoke about HB 168.

DAVID HULL, Chairman
Alaska Council on Emergency Medical Services
Ketchikan, Alaska
POSITION STATEMENT: Testified in support of HB 168.

ROD BETIT, President & CEO
Alaska State Hospital and Nursing Home Association (ASHNHA)
Juneau, Alaska
POSITION STATEMENT: Testified about HB 168.

MARK JOHNSON, Chief (ret.)
Community Health and Emergency Medical Services
Department of Health and Social Services (DHSS)
POSITION STATEMENT: Testified about HB 168.

DR. JAY BUTLER, Chief Medical Officer
Office of the Commissioner
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Testified about HB 168.

MYRA MUNSON, Attorney
The Boys and Girls Home of Alaska
Fairbanks, Alaska
POSITION STATEMENT: Testified about HB 223.

PAT HEFLEY, Deputy Commissioner
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Testified about HB 223.

STACIE KRALY, Chief Assistant Attorney General;
Statewide Section Supervisor

Human Services Section
Civil Division (Juneau)
Department of Law (DOL)
Juneau, Alaska
POSITION STATEMENT: Answered questions about HB 223.

STACY TONER, Deputy Director
Division of Behavioral Health
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Answered questions about HB 223.

BEVERLY WOOLEY, Director
Division of Public Health
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Answered questions about HB 223.

JIM MALEY, President & CEO
Alaska Children's Services (ACS)
Anchorage, Alaska
POSITION STATEMENT: Testified about HB 223.

JEFF JESSEE, Chief Executive Officer
Alaska Mental Health Trust Authority (AMHTA)
Department of Revenue (DOR)
Anchorage, Alaska
POSITION STATEMENT: Testified about HB 223.

KATE BURKHART, Executive Director
Alaska Mental Health Board (AMHB)
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Answered questions about HB 223.

FRAN PURDY, Executive Director
Alaska Youth & Family Network (AYFN)
Anchorage, Alaska
POSITION STATEMENT: Testified about HB 223.

ACTION NARRATIVE

3:05:45 PM

CO-CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m.

(3) maintains a vending machine that dispenses cigarettes, cigars, tobacco, or products containing tobacco **or nicotine** ; or

(4) holds a business license endorsement under AS 43.70.075 and allows a person under 19 years of age to sell a cigarette, a cigar, tobacco or a product containing tobacco **or nicotine**.

He explained that this would regulate products that contained either tobacco or nicotine. He said that the issue revolved around two methods for taxes on tobacco, and he asked the sponsor to formulate a per nicotine dose tax, so that the committee could achieve a balanced discouragement to each nicotine delivery system.

3:19:21 PM

CO-CHAIR KELLER closed testimony.

[HB 188 was held over. Co-Chair Keller's objection to the motion to adopt the committee substitute (CS) for HB 188, Version 26-LS0714\N, Bullock, 4/9/09, as the working document, was left pending.]

HB 168-TRAUMA CARE CENTERS/FUND

3:19:35 PM

CO-CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 168, "An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

3:20:19 PM

REPRESENTATIVE COGHILL stressed that it was a high priority for Alaska to have an emergency trauma delivery system. He explained that he would like to incentivize hospitals to attain trauma center designation, and to direct funding for trauma uses. He noted that two central issues were for uninsured patients, and for payment to the hospitals for the new programs. He suggested that hospitals which increased their trauma designation would receive repayment for the expenses. He referred to the "Trauma System Consultation" report from its November 2-5, 2008, meeting in Anchorage, Alaska. [Included in

the members' packets] He noted that the report contained suggestions of ways for Alaska to improve its trauma system. He opined that hospitals would be reluctant, but would support this program. He summarized that there was an important need to take care of Alaskans who were hurt, and that there should not be a question of where the payment would come from.

3:27:48 PM

DR. FRANK SACCO, Chair, Alaska Trauma Systems Review Committee, said that his report would demonstrate why this was important, what had been done so far, and what was still needed. He quoted the former U.S. Surgeon General, C. Everett Koop, "If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped." He opined that a public health system approach was the only proven way to make an impact. He stated that the leading cause of death for individuals up to 44 years of age was trauma, and yet it was still not recognized.

3:31:15 PM

DR. SACCO referred to slide 5, "Trauma in Alaska," and detailed the annual impact to Alaskans.

3:31:45 PM

DR. SACCO directed attention to the comparative deaths by trauma in the U.S. and Alaska on slide 6, "Death from Trauma in Alaska." He pointed out the high rate for Alaskans and the much higher rate for Alaska natives, and he noted that the Alaska trauma death rate was second only to New Mexico.

3:32:21 PM

DR. SACCO explained that the leading causes of traumatic death in Alaska were motor vehicles and firearms, slide 7, "Trauma in Alaska." He disclosed that 25 percent of the $73 million cost for trauma care in Alaska was not compensated.

3:32:53 PM

DR. SACCO compared the time from injury to death on slide 8, "Death from Trauma." He pointed out that intervention during the golden hours would improve survival.

3:33:27 PM

DR. SACCO indicated slide 9, "Trauma Systems," and read "A trauma system consists of hospitals, personnel, and public service agencies with a preplanned response to caring for the injured patient."

3:33:51 PM

DR. SACCO considered slide 10, "Trauma Systems," and described the facilities, the personnel training, the patient transport, the triage. He said "a trauma system was getting the right patient to the right place in the right amount of time."

3:34:20 PM

DR. SACCO looked at slide 11, "Facilities-Trauma Centers," and reviewed the definitions for Levels I-IV of trauma centers.

3:35:28 PM

DR. SACCO spoke about the various trauma related courses, which included ATLC, TNCC, RTTDC, and ETT, on slide 12, "Personnel."

3:36:07 PM

DR. SACCO directed attention to slide 13, "Transport and triage," and spoke about the guidelines that take into account local resources and capabilities.

3:36:35 PM

DR. SACCO referred to "Trauma Systems" on slide 14, and declared that trauma systems improved survival of the seriously injured by 15 -25 percent, increased the productive working years, and enhanced the statewide disaster preparedness.

3:37:25 PM

DR. SACCO spoke to slide 15 "Preventable Deaths: the impact of trauma systems," and he compared the decrease to percentages of preventable deaths for three major metropolitan areas.

3:37:47 PM

DR. SACCO continued on to slide 16, "Trauma Systems & crash mortality," which depicted a state to state comparison for crash mortality before and after the introduction of trauma systems.

3:37:59 PM

DR. SACCO explained that slide 17, "Trauma systems & crash mortality" revealed the impact on mortality rates with trauma systems, seat belt restraint laws, lower allowable blood level alcohol, and increases to the speed limit.

3:38:21 PM

DR. SACCO spoke about slide 18, "Anchorage Mortality Rate 2005-2007" which depicted the lower mortality rate for designated, as opposed to non-designated, trauma centers in Anchorage. He explained that the next slide reflected the significant differences for age group mortality rates between the designated and non-designated trauma centers. He reviewed the next slide, "Trauma Center and Disaster Preparedness," and noted that a trauma center maintained its readiness, was staffed for all types of injuries, had a broad communications network, and had the resources to facilitate the patient's recovery.

3:39:21 PM

DR. SACCO stated that slide 21 "Trauma Systems and the Public," showed that 83 percent of the people wanted a trauma system in their area.

3:39:47 PM

DR. SACCO said that slide 22, also titled "Trauma Systems and the Public," affirmed that 75 percent of people interviewed thought there was a trauma center system in their state, but in actuality only 15 percent of the people lived in a state with a comprehensive system.

3:40:17 PM

DR. SACCO explained slide 23, "Alaska Trauma System," and noted that a 1993 Alaska statute created the EMS authority for designating trauma centers, set national standards for trauma centers, and made hospital participation in the trauma system voluntary. He said that in the 15 years since, there was only one Level II trauma center and four Level IV centers in Alaska, which were all listed on slide 25, "Current Status."

3:41:54 PM

DR. SACCO introduced the Site Visit Team on slide 26, and he described the "Objective," slide 27, which was "To help promote a sustainable effort in the graduated development of an inclusive trauma system for Alaska."

3:42:20 PM

DR. SACCO continued on to slide 28, "Advantages & Assets," and emphasized that Alaska had very committed individuals who served Alaska, that there was an extensive transport network, that there were three large medical centers with extensive expertise in the state, and that there was a very good relationship with Harborview Medical Center in Seattle for sending trauma patients. He also listed the Level II facility, with other small hospitals working toward verification of Level IV. He said the Alaska Trauma Registry received data from all 24 acute care hospitals.

3:43:27 PM

DR. SACCO moved on to slide 30, "Challenges and Vulnerabilities." He declared that Alaska did not have a trauma system plan, there were no trauma standards, there were limited human resources, there were few incentives for hospital participation, and there was not a statewide performance evaluation.

3:44:24 PM

DR. SACCO directed attention to slide 31, "Trauma Care in Alaska 2009," and concluded: "There are two healthcare systems for injured patients. One for Alaska natives that adheres to national standards and another for the majority of the population." [original punctuation provided]

3:44:32 PM

DR. SACCO referred to the recommendations on slide 32, "Definitive Care Facilities," and said that a second Level II Trauma Center had to be established in Anchorage, and that participation by all acute care hospitals should be mandated within two years for trauma center designation appropriate to their capabilities. He continued with slide 33, and declared that there was a need for pediatric trauma care capability. He concluded that it was necessary to determine a method of financial support to trauma centers for uncompensated care.

3:45:30 PM

DR. SACCO noted that slide 36, "Alaska Trauma Systems Review Committee," reflected that the committee met twice a year and that its role was to review the Level IV hospitals and the interfacility transfer guidelines, and make suggestions for trauma system improvement.

3:45:57 PM

DR. SACCO explained that "Head Injury Guidelines for Rural and Remote Alaska," were implemented primarily by the tribal health system and it decreased unnecessary medevacs by 75 percent, with no adverse consequences.

3:47:10 PM

DR. SACCO commented on slide 38, "Current Activity US," and compared that both Georgia and Arkansas put millions of dollars into the trauma system, whereas Alaska was the only state without a designated Level 1 or Level 2 trauma center, other than the Native Health Service facility. He added that federal legislation was currently being considered for help to trauma centers.

3:48:24 PM

DR. SACCO concluded with slide 39, "Alaska Trauma System: "Where do we go now?" and said that it was necessary to increase facility participation for development of an inclusive system.

3:49:08 PM

REPRESENTATIVE CISSNA asked about community emergency response training.

DR. SACCO, in response to Representative Cissna, explained that the difference between designated and non-designated hospitals was determined by the ability to maintain a minimum care level. He endorsed the need to organize providers and facilities to ensure that this care level was always available.

DR. SACCO, in response to Representative Cissna, explained that the mortality rates were adjusted per 100,000 people, and that Alaskans had the second highest rate.

3:52:30 PM

REPRESENTATIVE CISSNA referred to the need for funding, and asked what could be done that was not funding related.

DR. SACCO said that there were over 70 recommendations in the American College of Surgeons report [Included in the members' packets], many of which did not require any funding. He gave two examples: mal-practice caps on damages at a designated trauma center and Medicare and Medicaid allowable billing by designated trauma centers for the Emergency Room activation of a trauma team.

3:55:37 PM

CO-CHAIR KELLER opened public testimony.

3:55:55 PM

DR. REGINA CHENNAULT, Chair, Alaska Committee on Trauma, American College of Surgeons, Alaska Native Medical Center, said that she agreed with Dr. Sacco, and that a trauma system was also the best design for handling any disaster. She stated that appropriate trauma care did reduce mortality.

3:58:26 PM

DR. DANNY ROBINETTE, Northern Alaska Medical Surgical, observed that there was an increasing manpower shortage for general surgery. He noted that trauma patients were often under insured and he suggested that there be incentives for doctors. He said that it became necessary to medevac a patient to Seattle when the Anchorage medical system did not have the availability.

4:01:45 PM

GERAD GODFREY, Chair, Alaska Violent Crimes Compensation Board, related a personal story which reflected the flaws in the trauma response time. He said that the ad hoc committee had realized that there was not a standardized procedure for all the potential variables. He opined that there was unwillingness from the hospitals to go along with the training, the protocols, and the start up cost. He supported the pro active approach of the American College of Surgeons.

4:08:00 PM

DAVID HULL, Chairman, Alaska Council on Emergency Medical Services, said that trauma care needed to be addressed. He offered examples of emergency medical systems that had treated trauma patients, and he advocated for an entire trauma care system.

4:12:30 PM

ROD BETIT, President & CEO, Alaska State Hospital and Nursing Home Association (ASHNHA), said that ASHNHA agreed that work needed to be done on the trauma care system, and that there should be incentives for initiating the system. He opined that DHSS needed to agree on its importance before any talks would be effective. He observed that that there was a significant cost to guarantee the availability of physicians and nurses for the required time response. He remarked that it was different for staff model hospitals, as the physicians worked for that hospital, than for private hospitals, where the physicians did not work for the hospital. He agreed that HB 168 was a good idea.

4:16:45 PM

MR. BETIT, in response to Representative Coghill, said that the Medicaid disproportionate share funds were available, as these were often left unused.

4:17:22 PM

REPRESENTATIVE COGHILL agreed that having an already existing funding stream was optimal.

4:17:27 PM

MARK JOHNSON, Chief (ret.), Community Health and Emergency Medical Services, referred to the initial legislation passed in 1993, which had set up the aforementioned voluntary system. He explained that DHSS had co-sponsored the American College of Surgeons review of eight different hospitals in Alaska. He said that he participated in the reviews, and that many facilities were close to designation. He opined that incentives were necessary for enthusiasm for the designation process. He stressed that the trauma system would save lives.

4:19:38 PM

DR. JAY BUTLER, Chief Medical Officer, Office of the Commissioner, Department of Health and Social Services (DHSS), said that injury deaths could not be controlled like a disease. He reported that a systematic approach to improve trauma care had become a DHSS priority. He shared that an American College of Surgeons recommendation was for each acute care hospital to seek trauma center designation, appropriate to its capacity, within the next two years. He affirmed that the goal was to improve the quality of care for trauma victims. He stated that HB 168 provided an incentive to become a trauma center. He cited potential funding sources for reimbursement to hospitals for underinsured trauma patients. He noted that DHSS recognized the importance of trauma care, but that there was uncertainty for fiscal support. He observed that the administration had taken a neutral stance.

4:22:37 PM

REPRESENTATIVE SEATON asked how many trauma deaths were alcohol related, and if it was necessary to address the larger problem of alcoholism.

DR. BUTLER, in response to Representative Seaton, agreed that alcohol was a component and that the reduction to the legal limit for blood alcohol was a part of the larger solution.

REPRESENTATIVE COGHILL, in response to Representative Seaton, said that he was open to the inclusion of other aspects for prevention, as these also had an impact on the system.

4:25:53 PM

DR. BUTLER spoke about teachable moments, and he shared that non-fatal incidences of trauma, specifically alcohol related events, were excellent teachable moments.

4:26:42 PM

DR. SACCO agreed with the use of teachable moments, and he gave examples to the success with alcohol intervention and education. He suggested that a requirement for trauma centers was to teach injury prevention to high risk populations.

4:29:17 PM

REPRESENTATIVE COGHILL, in reference to the bill, reflected that it was important to "be quick but don't get in a hurry." He

agreed that there were complexities to the issues, but that people's lives were involved.

4:30:34 PM

CO-CHAIR KELLER closed public testimony.

[HB 168 was held over.]

HB 223-TRAINING FOR PSYCHIATRIC TREATMENT STAFF

4:31:00 PM

CO-CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 223, "An Act relating to the qualifications for residential psychiatric treatment center caregiver staff; and providing for an effective date."

The committee took an at-ease from 4:31 p.m. to 4:36 p.m.

4:36:57 PM

CO-CHAIR KELLER acknowledged that there had been ongoing discussion and negotiation about HB 223. He opened public testimony.

4:39:12 PM

CO-CHAIR HERRON moved to adopt the proposed Committee Substitute (CS) for HB 223, Version 26-LS0842\C, Mischel, 4/8/09, as the working document.

REPRESENTATIVE HOLMES objected for the purpose of discussion.

MYRA MUNSON, Attorney, The Boys and Girls Home of Alaska, said that the Committee Substitute (CS) set a new level of caregiver qualification for residential psychiatric treatment centers (RPTC). She noted that there were currently three caregiver standards, and she explained the requirements for each option. She reported that HB 223 allowed for a fourth qualification option.

4:45:47 PM

REPRESENTATIVE HOLMES asked for a clarification for the new qualification.

Trauma-Emergency Medical Services System in Alaska

Background:

Alaska's Trauma-EMS System is a work in progress. A great deal has been accomplished since 1992 when the state received the first year of a three-year federal grant specifically targeted toward trauma care system development. Since federal funding has been re-instated, there has been further momentum in enhancing our system.

We currently have a committee the Alaska Trauma System Review Committee that assists the State in the development, enhancement, and evaluation of our Trauma-EMS System.

In 1993 Alaska passed enabling legislation for trauma care system development and accompanying regulations, (AS 18.08.010-015, and 7 AAC 26.710-745) were adopted in 1996.

Trauma Center Designation:

An important component of Alaska's trauma care system is certified trauma centers. Trauma centers provide an organized and timely response to traumatic injury. What this means in Alaska is:

- The hospital has demonstrated commitment to providing the best trauma care possible by allowing experts to review staffing and qualifications, procedures, protocols and resources;
- The hospital meets state and national standards for providing timely and optimal care for the trauma patient, and;
- The hospital is prepared to treat and transport trauma patients according to Alaska's system-wide plan.

There are four levels of trauma center designation/certification. Alaska has adopted the criteria set forth by the American College of Surgeons Committee on Trauma (ACSCOT). Prior to applying for state certification, Level I, II, and III

American College of Surgeons recommendations for a trauma system:

- ACS Recommendations Presentation

Trauma Training:

Continuing education training in trauma care for healthcare providers is an important component of a Trauma-EMS System.

Advanced Trauma Life Support (ATLS) Courses are offered periodically throughout the year in Anchorage at the Alaska Native Medical Center (ANMC) and occasionally in other areas of the state. For more information on the ATLS courses at ANMC, contact Mary Leemhuis, RN at (907) 729-2729; or Casie Williams, RN at (907) 729-2936. In addition, Providence Alaska Medical Center is providing ATLS courses. Contact Jeanne Molitor, RN for information.

Basic Trauma Life Support (BTLS) Courses are offered periodically through the EMS Regional offices. Contact the nearest office for more information.

Trauma Nursing Core Course (TNCC) and Emergency Nursing Pediatric Course (ENPC) are other courses available around the state. For more information contact Jeanne Molitor, RN. For TNCC only contact Mary Leemhuis, RN or Margaret (Rocky) Carloni, RN.

Trauma care continuing medical education training is often available at the State and Regional EMS Symposia. Click HERE for more information.

Alaska Trauma Registry:

Alaska is very fortunate to have a great

trauma centers must complete an application to ACSCOT and have a verification visit by a team from ACSCOT. Using ACSCOT criteria, Level IV trauma centers are verified by a state team, appointed by the Alaska Division of Public Health.

• **Level I – Regional Resource Center** – Level I Trauma Centers generally serve large cities or population-dense areas. A Level I Trauma Center is responsible for providing leadership in research, professional and community education. There are no Level I Trauma Centers in Alaska because, there are no trauma research and teaching facilities in Alaska.

• **Level II – Regional Trauma Centers** – A Level II Trauma Center provides comprehensive trauma care and serves as a lead trauma facility for a geographical area. A Level II Trauma Center provides educational outreach and prevention programs and assumes responsibility for trauma system leadership. There are emergency physicians and nurses in-house to initiate resuscitation and stabilization, with surgical teams on call and promptly available.

• **Level III – Area Trauma Center** – The Level III Trauma Center provides assessment, resuscitation, emergency surgery, and stabilization and, for the most critically injured patients, arranges for transfer to a Level I or Level II trauma center that can provide further definitive care. A general surgeon must be promptly available and the facility must be involved with prevention and have an active outreach program for its referring communities.

• **Level IV – Local Trauma Stabilization Center** – Level IV Trauma Centers are small rural facilities that provide initial evaluation and assessment of injured patients prior to transfer to a larger referral facility.

For more information, you can download a brochure about Trauma Center Certification in Alaska.

Below are documents/links to assist hospitals interested in seeking Trauma Center Designation.

> For the American College of Surgeons, Committee on Trauma (ACSCOT) Level I, II, III verification program visit:
> http://www.facs.org/trauma/verificationhosp.html
>
> For the pre-review questionnaire for Level I, II, and III verification visit:
> http://www.facs.org/trauma/prq.doc
>
> To request for a verification visit from ACSCOT visit:
> http://www.facs.org/trauma/sitevisitapplication1006.doc

source of data through our Alaska Trauma Registry.

Links:

American College of Surgeons is a scientific and educational association of surgeons founded to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The Committee on Trauma works to improve the care of injured and critically ill patients – before, en route to, and during hospitalization. Their web site has information on trauma center designation and Advanced Trauma Life Support courses.

American Trauma Society is dedicated to the prevention of trauma and improvement of trauma care. The society is a strong advocate for injury care and prevention and have numerous programs.

American College of Emergency Physicians promotes the highest standards of patient care through its advocacy and leadership efforts. Their web site has numerous resources on a variety of topics.

TRAUMA.ORG provides global education, information and communication resources for professionals in trauma and critical care.

Alaska Trauma/EMS List Server

Alaska Trauma/EMS program is pleased to announce the list server that we have developed to disseminate information from the federal and state Trauma/EMS programs. This forum can also be used to improve communication between the facilities and open opportunities for sharing. Please be advised that if you send a message via the list serve it will go to everyone that is a member.

To join this free list, send an e-mail message to:

list.manager@list.state.ak.us

The body of the message should be:

Subscribe ak-trauma

- Level IV Trauma center information
  - Pre-review Questionnaire (Level IV Trauma Center Checklist) [coming soon]
  - Level IV, Desirable and Expected Resources/Services
  - Level IV Request for a verification visit
  - Performance Improvement for Small Rural Hospitals in Alaska
  - Performance Improvements Sample meeting minutes

alaska
brain injury
network

Every 15 seconds someone sustains a traumatic brain injury (TBI) in the U.S.

Thirty years ago, only half of all people with brain injury survived; now 78% survive. This means that many individuals now live with significant disability requiring a full range of services.

Every year the Alaska Department of Health & Social Services reports about 800 traumatic brain injury (TBI) cases resulting in hospitalization or fatality. The Alaska TBI rate is 28% higher than the national average. The TBI rate in rural Alaska is one of the highest in the nation.

It is estimated that at least 10,000 Alaskans are living with brain injury today. The number keeps accumulating. Brain Injury can be a life-long disability

The Alaska Brain Injury Network, Inc. (ABIN) is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury.

ABIN's Board of Directors represent all regions of Alaska and the extended brain injury community – survivors, family members, service providers, health educators, researchers and those who write laws and policy.

ABIN works with the Alaska Mental Health Trust Authority, Department of Health and Social Services, and partner boards to advocate for policy changes, programs, and facilities to better serve the brain injury population.

ABIN connects survivors and family members with others. Please contact us to learn about brain injury programs in your region.

The goal for every brain injury survivor is the best possible recovery for a fulfilling and productive life. Achieving that goal requires full range of services close to home. This includes...

- Prevention
- Early identification and intervention
- Access to skilled specialists
- Community-based post injury services
- Continuing rehabilitation
- Brain injury support groups and in-state resources

What you can do...

- **Be aware of the fiscal and social burden of brain injury nationally and to the state of Alaska**
- **Become familiar with ABIN Priorities in the Governor's FY09 GF/MH Budget: Brain Injury Training for Providers.**
- **Support the Housing Trust,** www.akhousingtrust.com
- **Join Alaska Brain Matters listserve to meet Alaskans who have been touched by traumatic brain injury.**

ABIN Priorities

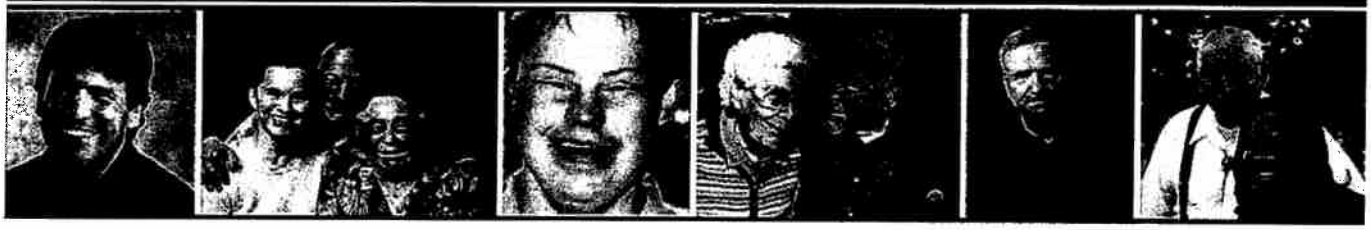
In-state rehab facility – many Alaskans are left in a hospital setting because there is no post-acute rehabilitation option in the State. Others are sent out of State. It is time for Alaskans to have treatment for their brain injury. Research shows outcomes improve with quality rehabilitation.

Brain Injury Waiver - recommendations for the current Medicaid waiver system to accommodate the services needed by brain injury survivors: neuropsychological assessment, cognitive and functional therapy, case management, counseling, home modifications, transportation, respite care, and more.

alaska brain injury network
www.alaskabraininjury.net
3745 Community Park Loop, Ste 240
Anchorage, AK 99508
(907) 274-2824

Alaska Brain Injury Network, Inc. helps identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience TBI and their families.

You KNOW us ...



The Public Health Burden of Brain Injury (prevalence)

5.3 million Brain Injuries

5 million persistent Mental Illness
4 million Alzheimer's
3 million Stroke
2 million Epilepsy
900,000 HIV/AIDS
500,000 Cerebral Palsy
400,000 Spinal Cord Injury

Brain injury accounts for more years of lost productivity than any other injury.

The Financial Burden of Brain Injury

- It is estimated that over a lifetime, it can cost between $600,000 and $1,875,000 to care for a survivor of severe TBI.
- Direct medical costs and indirect costs of TBI such as lost productivity totaled an estimated 60 billion dollars in the United States in 2000. *(Centers for Disease Control and Prevention)*
- Every dollar used for brain injury rehabilitation saves up to $35 in future medical costs. (Rhode Island Brain Injury Association)

Prevention is the only cure for Brain Injury

- The three leading causes of brain injury nationally and in Alaska are:
  1) motor vehicle crashes 2) falls and 3) assaults.
- One-third of all TBIs recorded in the Alaska Trauma Registry were alcohol related.
- The use of safety belts is the single most effective measure to prevent traumatic brain injuries.
- Helmets are estimated to be 37% effective in preventing fatal injuries to motorcyclists. *(National Highway Traffic Safety Administration)*
- Bicycle helmets are 85-88 percent effective in mitigating head and brain injuries. Every dollar spent on a bike helmet saves $40 in direct medical costs and other costs to society. *(National Highway Traffic Safety Administration)*
- 60-67% of injured U.S. soldiers sent from Iraq to Walter Reed Army Medical Center have a TBI from blasts, severe falls and motor vehicle accidents. *(United Press International, July 2004).* These soldiers are now returning home to Alaska for continuing treatment and rehabilitation.

Traumatic Brain Injury is a beneficiary group participating in the Alaska Mental Health Trust Authority "You Know Me" Anti-Stigma Campaign.

Alaska Brain Injury Network

Alaska Scorecard and TBI Dashboard – (DRAFT)

DRAFT #1 – May 22, 2008

○ Getting worse ⟺ Not changing ● Improving

	5-year Trend	Current Data	Source
SCORECARD: A "scorecard" provides a snapshot of the status of TBI issues in the State of Alaska			
Traumatic Brain Injury Non-fatal Incidence Rates			
TBI rate per 100,000	●	98.6	1
Causes			
Falls	○	28.7	1
Motor Vehicle Transportation Occupant	●	24.7	1
Assault	●	12.2	1
ATV	○	6.5	1
Bicycle	●	4.5	1
Snowmachine	●	4.4	1
Pedestrian	●	3.6	1
Sports	●	1.8	1
Water Transport	⟺	1.3	1
Suicide Attempt	●	.8	1
Gender			
TBI percentage among males		65.4 %	1
TBI percentage among females	⟺	33.2 %	1
Ethnicity			
Percentage of TBI population that is Alaska Native		34%	1.a
Percentage of TBI population that is White		53%	1.a
Percentage of TBI population that is Other; unknown, Pacific Islander, Hispanic, Black, American Indian, Asian		22%	1.a
Those at highest risk for hospitalization due to TBI (rate per 100,000)			
Males age 80+		301.3	1
Females age 80+		217.2	1
Males age 70-79		215.7	1
Males age 15-19		200.9	1
Traumatic Brain Injury Numbers			
TBI hospitalizations/year		640	1.b
TBI deaths/year		150	1.b
Est. TBI-related Emergency Department Visits		2953	2

1 Alaska Trauma Registry 2001-2005 – Non-fatal TBI hospitalizations
1.a Alaska Trauma Registry 1996-2005 – Non-fatal TBI hospitalizations
1.b Alaska Trauma Registry 2006 – Non-fatal TBI hospitalizations
2 HRSA TBI Implementation Grant

Alaska Trauma Registry records those who are hospitalized for more than 24 hours. This does not include the number of people who visit the emergency department and are sent home in the same day. This does not include the number of returning service members with traumatic brain injury.

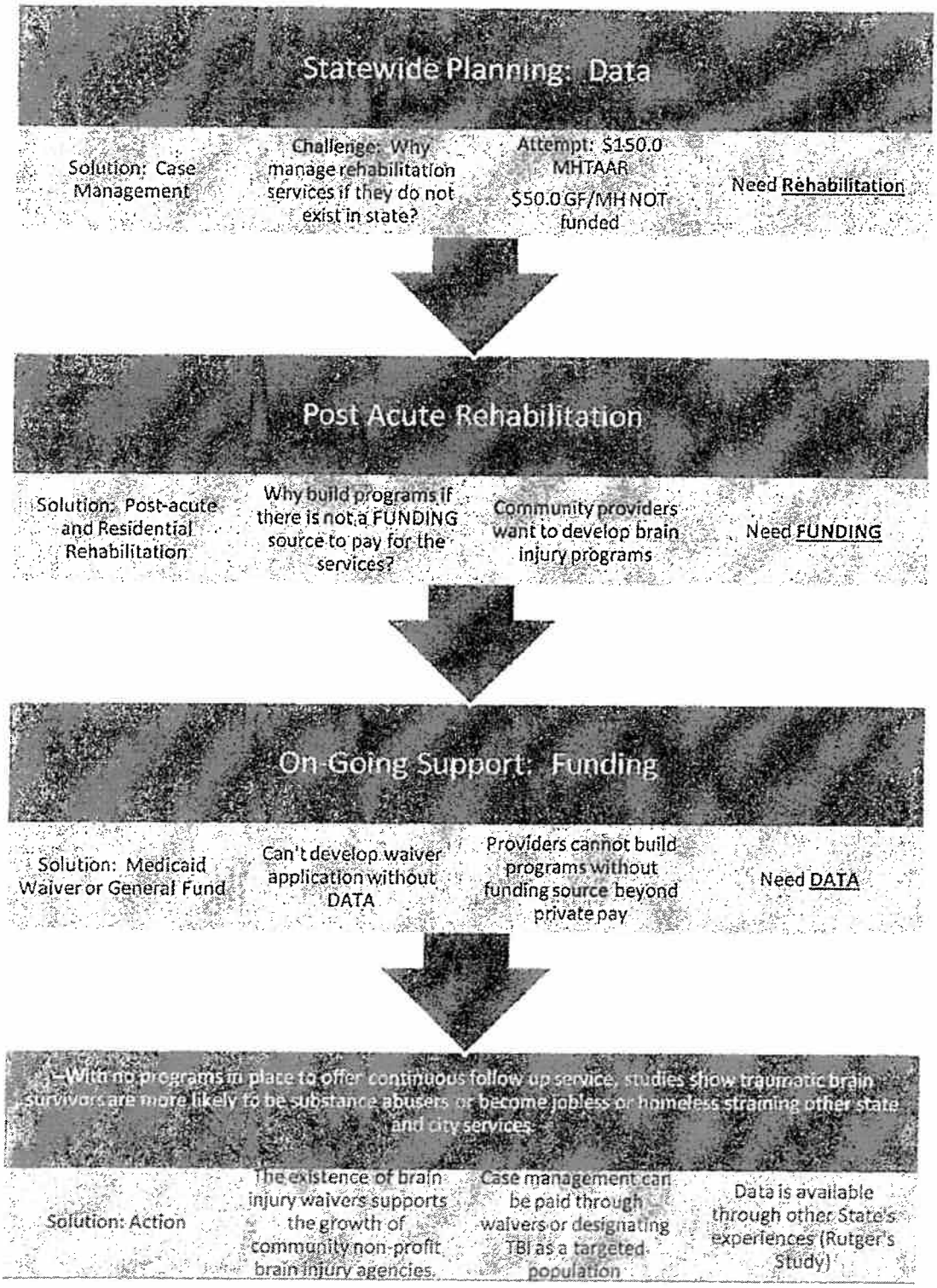
DASHBOARD: A "dashboard" provides a way to see how well an activity is working to affect the TBI population

Getting worse ⟺ Not changing ⟺ Improving

Dashboard: Behavioral Health TBI and Mental Health	Spot look trend	Current Data	Source
Percentage BH clients screening positive for TBI	⟺	32%	3
TBI and Substance Use			
Alcohol-related TBI 100,000		33%	1
TBI and Suicide			
Percentage of suicide victims with history of TBI		32%	4
Dashboard: Education			
Special Education			
Number of children in Special Education statewide with TBI diagnosis (2007)	⟺	66	5
Dashboard: Justice			
Corrections			
Percent of incarcerated Alaskans (adults) who are Trust beneficiaries, including those with cognitive disabilities		42%	6
Dashboard: Employment **Vocational Rehabilitation**			
Number of TBI cases		167	7
Number of TBI cases closed employed		17	7
Number of TBI cases closed with plan for employment		11	7
Average wage at closure		$12.54	7
Dashboard: Providence			
ImPACT Program			
Number of baselines (ImPACT)		57	8
Number of student/athletes seen in program (ImPACT)		25	8
Emergency Department			
Patients given the diagnosis of "head injury" or "concussion in Emergency Department in 2006		547	8
% of TBI-related ED visits that led to hospitalizations		1%	8
% of ED visits that are Pediatric		15%	8
Dashboard: Alaska Brain Injury Network			
TBI Advisory Board			
Est. Board Member Volunteer hours/year	⟺	1054	9
Board Member Participation in Quarterly Board Meetings		83%	9
Ex-officio participation in quarterly board meetings		65-80%	9
% of survivors/family members on TBI board		55%	9
% Board Members who give a financial contribution		100%	9
TBI Resource Navigation			
Average new consumer contacts per month	⟺	30	9
Average unique visitors/month to ABIN website	⟺	750	9
Number of people on Alaska Brain Matters Listserve	⟺	100+	9

3 AKAIMS
4 Suicide Follow-back Study
5 http://www.eed.state.ak.us/stats/
6 Trust/DOC Study 07
7 Division of Vocational Rehabilitation (FY07)
8 Providence Neuroservices
9 Alaska Brain Injury Network

For more information view the "10 Year Plan for TBI in Alaska" at www.alaskabraininjury.net



Alaska Trauma Hospitals as of April 2009

Name	Designation	Certification date	Certification due
Alaska Native Medical Center (Anchorage)	Level II	November 2006	2009
Mt. Edgecumbe Hospital (Sitka)	Level IV	April 2007	2010
Yukon-Kuskokwim Delta Regional Hospital (Bethel)	Level IV		2010
Sitka Community Hospital (Sitka)	Level IV	January 2007	2010
Norton Sound Regional Hospital (Nome)	Level IV	October 2006	2010

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES

ACEMS
P.O. Box 110616
Juneau, AK 99811-0616
(907) 465-3027

EMS
An Alaskan Tradition:
Neighbor helping Neighbor

April 9, 2009

Representative Coghill
Juneau, Alaska

Representative Coghill,

Trauma is any bodily injury from an external force. Trauma puts a tremendous burden on families and communities in Alaska. An average of 400 Alaskans die each year from trauma. For every death, 11 people are hospitalized. One in four hospital admissions is uncompensated which puts an additional burden on the State's health care system. HB 168 is offered to assist in this dilemma.

House Bill 168 provides the DHSS Commissioner authority to establish special designations in regulation for varying levels of trauma care so that a 'Certified Trauma Center' would be eligible to recoup expenses as a result of uncompensated care being rendered. The purpose of the fund is to reimburse certified trauma centers in the state for care uncompensated by the person receiving the treatment or by any other source. HB 169 would then set up the uncompensated trauma care fund that would help cover some of the losses suffered by the trauma center rendering the care.

The Alaska Council on EMS seeks your support for a fully functioning trauma system, including funding for the development of trauma centers and legislation addressing the issue of incentives for trauma center designation and uncompensated care of trauma patients. The added benefit of HB 168, we believe, would be an incentive for more hospitals in the state to become 'Certified Trauma Centers' thereby assisting in the development in a state wide trauma care system.

The American College of Surgeons met 11/08 in Anchorage to assess the States trauma system. The passage of HB 168 & 169 would provide support to address some of the areas that were noted in the report.

Thank you for your support of this critical issue.

David Hull

David Hull, Chair
Alaska Council on Emergency Medical Services

cc Bill Hogan, DHSS Commissioner
Dr. Jay Butler, Chief Medical Officer
Tim Bundy, Section Chief IPEMS

Alaska Native Tribal Health Consortium

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

POSITION PAPER

CONTACT: Valerie Davidson, Senior Director
Legal and Intergovernmental Affairs
Through Pat Jackson, State Liaison for Alaska Native Health
523-0363 – pajackson@anthc.org

DATE: April 8, 2009

RE: HB 168 – State certification and designation of trauma centers and creating the uncompensated trauma care fund
HB 169 – Appropriating $5,000,000 to the uncompensated trauma care fund

POSITION: Support

ANTHC supports HB 168 and HB 169 as important steps in increasing the trauma care capacity in the state.

The Alaska Native Tribal Health Consortium (ANTHC) is a tribally controlled, non-profit statewide tribal health organization formed pursuant to federal law to provide a range of medical and community health services for more than 130,000 Alaska Natives. It is part of the Alaska Tribal Health System (ATHS), which is owned and managed by the 231 federally-recognized tribes in Alaska and by their respective regional health organizations.

ANTHC and Southcentral Foundation jointly manage the Alaska Native Medical Center (ANMC), the tertiary hospital of the ATHS located in Anchorage. ANMC is the only Level II Trauma Center in the Indian Health Service/tribal health system nationally. ANMC is also the only Level II Trauma Center in Alaska. The nearest Level I Trauma Center is in Seattle.

Trauma system development is a public health priority. A comprehensive system of trauma care is an essential part of the public safety net. Regionalized trauma systems based on a network of coordinated Trauma Centers designated at the appropriate level improves health outcomes and reduces costs. ANMC, as the highest level designated Trauma Center in the State of Alaska, is the lynchpin for the state's trauma system, and provides the foundation for continued statewide system development.

Trauma Center designations were created as a way to improve outcomes for patients who face extraordinary medical issues. On balance, early and appropriate medical attention to life-threatening health issues reduces overall length of stay in the hospital and reduced complications for many patients. Without trauma care, the costs of health care for trauma patients will be greater, including trauma patients who are Medicaid eligible.

The cost of providing trauma care at ANMC has more than doubled over the past four years and funding has not kept pace. ANMC's Trauma Center simply cannot be maintained at current revenue levels. If ANMC's Trauma Center designation is discontinued because funding levels have rendered the service unsustainable, the hospital faces reductions in staffing. Diversions of patients to non-tribal providers would increase, and because the federal government reimburses 100% of the cost of services provided for Native clients at Native facilities but a smaller percentage at non-tribal providers, there would be an increased cost to the state's general fund budget.

ANTHC supports HB 168 and HB 169 as important steps by the State to encourage and support appropriate trauma care options for Alaskans. Because we are Alaska's only Level II Trauma Center we recommend removing the language in section (d) on Page 2, Line 11, that limits appropriations to any one facility to 25%.

Thank you for your consideration.

Rynnieva Moss

From: Christopher Clark [cgcalaska@yahoo.com]

Sent: Wednesday, March 11, 2009 8:44 AM

To: Tim Barry; John Bitney; Shannon Devon; Peter Fellman; Linda Hay; Paul Labolle; Karen Lidster; Tom Maher; John Manly; Rynnieva Moss; Jane Pierson; Chris Wyatt

Subject: Daily News editorial: Attracting doctors - Legislature can raise Alaska's stake in competition for docs; Obama right to nix mileage tax

Attracting doctors

Legislature can raise Alaska's stake in competition for docs

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Alaska's shortage of primary care doctors has been described as grim. A study two years ago found **we needed 400 more doctors to provide the same level of care as is available elsewhere in the country**. One result is that few doctors will accept the low rates paid by Medicare, the government insurance for those 65 and older. **It's a horrible situation for Alaska's senior citizens**.

Two bills introduced during this legislative session would help relieve the shortage of doctors and other health care workers, and both are worth passing.

Senate Bill 18 would increase the number of state-subsidized medical students in each class of the WWAMI program operated through the University of Washington. Alaska WWAMI students spend their first year of study at UAA.

These students offer an excellent return -- according to the Alaska Physician Supply Task Force study in late 2006, half of Alaska WWAMI students end up practicing in the state, and a few WWAMI students from other states join them.

The state raised the number of Alaska WWAMI students in each class to 20 in 2007.

SB 18 would increase the number by a modest amount, to 24. That's the most UAA can accommodate without incurring expensive overhead costs, said Sen. Bill Wielechowski of Anchorage, the bill's sponsor.

Adding the four students would cost the state little to no money the first year. But by the fourth year, when we would have an additional 16 Alaska students in med school, the state cost is estimated at $550,000 per year.

A second bill, SB 139 [by Sen. Donny Olson], calls for the state to pay financial incentives to already-qualified doctors, nurses or other health workers if they take certain jobs in Alaska.

The bill, with a bipartisan group of sponsors, would carry out a plan developed by a group of health care professionals including representatives of the Alaska Primary Care Association and the Alaska State Hospital and Nursing Home Association.

The state would offer financial incentives to as many as 90 workers, from physicians to nurses, to come work in Alaska. Those who take hard-to-fill jobs, or treat a share of uninsured patients or those on Medicare or Medicaid, would get priority.

Each person would be guaranteed the incentive for three years as long as they kept working here.

The state would either repay part of their student loans or, if the health worker didn't have loans, simply pay them directly. The individual payments would range from $20,000 per year for nurses, physicians assistants and some others, to $35,000 for doctors, pharmacists and dentists, to $47,000 for doctors who accept the hardest-to-fill positions.

The state's cost for three years' worth of incentives would be $7.5 million.

That sum is large enough to cause concern this year, with a big drop in state revenues anticipated.

But consider this: Forty-four of the 50 states already offer financial incentives to lure health workers. Alaska is not competitive for health care jobs, and people are suffering because of it.

BOTTOM LINE: **The Legislature should pass two bills to relieve a critical shortage of health care workers in Alaska.**

Not now

Obama right to nix mileage tax

States and the federal government rightly worry that they'll see less revenue to pay for road work as Americans turn to more fuel-efficient vehicles and future technology takes us further from the internal combustion engine.

One solution is **a mileage tax, whereby vehicles would be equipped with GPS tracking devices and people would be taxed according to the miles they drive rather than the gallons of gasoline they purchase.**

Oregon has already run a pilot program for such a tax, and a federal mileage tax has gained favor in the Democratic Congress despite the opposition of President Obama.

Concerns for revenue and how to pay for road building and maintenance are valid. But the mileage tax is the wrong solution, at least for now.

First, a major shift in transportation tax policy shouldn't be done on the fly in the middle of an economic crisis. There are too many unanswered questions. Among them:

• Is the ability to track people's driving one we want governments to have?

• How does such a tax encourage the use of higher-mileage vehicles? Is the owner of a hybrid getting 35 mpg going to pay the same tax as the owner of a gas-guzzling Hummer?

• Do we really want to charge people more for miles driven during rush hours, a premium that's been suggested in some states?

Raise the gasoline tax if necessary, but let's not be talking about a mileage tax until we've done a lot more research.

BOTTOM LINE: Mileage tax? Maybe down the road. Maybe.

More Funding Needed To Fight Brain Injuries In Alaska

By Corey Allen-Young, CBS 11 News Reporter
KTVA

Posted:02/26/2009 05:34:33 PM AKST

Known as the silent epidemic, traumatic brain injury here in Alaska is the highest in the country. That's why partnerships are being made statewide to come up with solutions. The key word is solutions as leaders are looking for a permanent fix to decreasing traumatic brain injuries in Alaska. Experiencing a traumatic brain injury can change a life forever. "The recovery process after traumatic brain injury is journey that happens daily and it will continue," said Jill Hodges, of the Alaska Brain Injury Network. With 800 Alaskans being hospitalized or dying and over 10,000 Alaskans currently living with traumatic brain injuries, the consequences could be devastating.

"Yeah it will change your life and everybody else's around you," said Frank Box, who experienced a traumatic brain injury. "It can happen to you while you are walking across the street, you can fall and slip on the ice, or if you are playing a sport or riding a bicycle especially without a helmet, you can also suffer traumatic brain injury," said Christie Artuso, who is the director of the Providence Neuroscience Center. "My brother was a such a vibrant, outgoing person, and for this to happen to him is just unreal," said Duain White, whose brother suffered a traumatic brain injury in an ATV accident.

Taking into account that traumatic brain injuries are the leading cause of death and disability among children and young adults in Alaska, the need to be aware of what exactly can cause an injury is crucial. "We can't do that without the prevention needed and the education needed of our population to tell them about TBI (traumatic brain injury) and to also tell them on how to be healthy," said Don Kashevaroff, who is the CEO of the Alaska Native Tribal Health Consortium. "What we don't have in the state of Alaska is an effective rehabilitative program for people who have been afflicted with a traumatic brain injury can be helped with cognitive therapies, thru rehabilitative therapies to return to a normal functioning life," said Artuso.

Thirty years ago, one half of people who experienced a brain injury survived. Now the number has increased to 78 percent. But officials say the problem in our state is that traumatic brain injury survivors are not getting the services needed for life long living. While people who are victims of traumatic brain injuries do receive initial help there are many questions of what happens next for them. And with money in low supply to provide any additional support, officials say other agencies could be feeling the burden.

With over 10,000 Alaskans currently living with traumatic brain injuries, getting additional care and support is badly needed. "We were just released from the hospital and that was it there was no long term therapy, there was no where to go to offer cognitive therapy, long term physical therapy," said White. "We want to help them maintain their relationships, maintain their families, maintain their lifestyles," said Artuso. "What we need are community and governmental support to do that because currently there is no resources."

Adding more resources is what folks are banking on in helping their loved ones live normal functioning lives. "Is that all we can offer him, is that the best he's going to be doing the rest of his life, its very frustrating," said White. "Treatment, rehabilitation services are essential, they are the key to recovery and sometimes eventual abilities for our brothers or sisters, and family members," said Hodges.With no programs in place to offer continuous follow up service, studies show traumatic brain survivors are more likely to be substance abusers or become jobless or homeless straining other state and city services.

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Alaska Statewide Trauma System

Fact Sheet

What is Trauma?
Trauma is any bodily injury from external force. Although many people think of trauma as "accidents", it is better thought of as a disease. Like heart disease and cancer, trauma has identifiable causes and risk factors; and like these conditions, prevention is the best strategy. However, even with the best prevention efforts we still need to be able to take care of the seriously injured. We need to show the same commitment that we brought to cardiac and cancer treatment to trauma care. The seriously injured require timely diagnosis and treatment by health care professionals who are appropriately trained and provided with the necessary resources to reduce the risk of death or permanent disability.

Impact of Trauma in Alaska
Trauma is a tremendous burden on families and communities. In the 1990s, nearly 5,000 Alaskans died from trauma.

- For Alaskans, ages 1 to 44, trauma is the leading cause of death.
- On average, more than 400 Alaskans die from trauma each year. For every injury death, eleven people are hospitalized for trauma-related injuries. For every trauma death that occurs in the hospital, there are an estimated 3 people discharged with permanent disability.
- On average, more than 800 Alaskans are hospitalized each year for central nervous system injury (spinal cord and brain injuries).
- In 2004, motor vehicles were the leading cause of injury death (117), followed by firearm-related injuries (116).
- In 2004, the economic cost of hospital stay alone for trauma patients in Alaska was estimated at over $73 million. One in four hospital admissions were uncompensated.

Years of Potential Life Lost to Trauma
Death from trauma is tragic at any age. Society's loss is especially great because so many young people die from trauma. The impact can be measured in "years of potential life lost:" the number of years between early death from injury and the average age of death at age 70. Using years of potential life lost, trauma is the leading cause of potential life lost for all Alaskans followed by cancer and heart disease.

What is a Trauma System?
A trauma system is a predetermined, organized, multidisciplinary response to managing the care and treatment of severely injured people. It spans the full spectrum of care; from prevention and emergency care to recovery and rehabilitation. Best practice standards guide each stage of care to ensure that injured patients are promptly transported to and treated at facilities appropriate to their severity of injury and that they receive optimal care at each stage of their treatment.

A statewide trauma system also provides a framework for disaster preparedness and response. As part of its activities, a trauma system coordinates and monitors the

movement and care of severely injured people. Ideally, the trauma system identifies the needs and resources available at any moment and responds to insure optimal care.

Why Have a Trauma System?
For a severely injured person, the time between an injury and receiving definitive care is the most important predictor of survival—the "golden hour." The chance of survival diminishes with time, despite of the availability of resources and modern technology. A trauma system enhances the chance of survival by making sure that patients are brought to the most appropriate facility in the most efficient manner and that they receive optimal care each step of the way. Trauma systems benefit everybody regardless of income, race, party affiliation or locale. States with mature, comprehensive statewide trauma systems have experienced:

- A 9 percent decrease in motor vehicle crash deaths.
- A 15-20 percent increase in the survival rates of seriously injured patients.
- An increase in productive working years.
- An improvement in statewide disaster preparedness.

Disaster Preparedness
Trauma systems play a vital role in the community response to natural disasters or manmade incidents. Despite concerns over bioterrorism, experience has shown that the vast majority of terrorist attacks will involve explosive devices. We also do know that Alaska will experience major earthquakes in the future. A functioning trauma system is the framework for developing an organized coherent response to these incidents

Alaska's Trauma System
In 1990, state authority for designating trauma centers was created in Alaska. Under this statute hospital participation is entirely voluntary. Criteria were established and the process for designation at Levels I-IV outlined. Since the original legislation there have been only three hospitals that have been designated by the state. One level II and four level IV centers. Clearly to fully realize the benefits of a trauma system more widespread participation is needed. Alaska's trauma system is ideally an inclusive system, recognizing the vital role that rural communities, hospitals and health care professionals play in the care and management of the trauma patient. Wide-scale involvement is critical to get optimal outcomes for the seriously injured.

Review of Alaska Trauma Care by the American College of Surgeons November 2008

The Alaska Department of Health and Social Services (DHSS) recently contracted with the Committee on Trauma of the American College of Surgeons to review trauma care in Alaska. The full report is available on the DHSS website (www.chems.alaska.gov). It notes our strengths and weaknesses and makes recommendations for improving trauma care in our state.

Strengths include: well established injury prevention programs; extensive and creative networks for ground and air medical transport; medical subspecialty availability at three

Anchorage hospitals; and a good relationship with Harborview Medical Center (Level I trauma center) in Seattle.

Deficiencies include the lack of an additional Level II trauma center in Anchorage and the existence of two patterns of trauma care, one for Alaska natives that follows national standards and one for the rest of the state. The review team members noted that among the nontribal hospitals " few of the facilities serving the majority population have made a similar commitment to achieving nationally recognized standards of trauma care". They also noted that there is no statewide trauma plan and no incentive or requirements for hospitals to participate in the system. Additionally, there are few resources at the state level for trauma system management and coordination. Perhaps as important as any of the above, they noted that there seemed to be very little public awareness of trauma system issues.

The review team made 15 priority recommendations. Several involve better organization of state resources and development of a comprehensive statewide trauma plan. The most sweeping recommendation was that all acute care hospitals be required to become designated trauma centers at a level appropriate to their resources and size within two years. They further stated that there should be a second level II trauma center in Anchorage as soon as possible. In addition, an assessment of pediatric trauma care needs should be completed with the goal of developing at least one pediatric trauma center of excellence.

The Alaska Trauma Systems Review Committee oversees the statewide trauma system in Alaska. The system addresses four primary components: trauma hospital designation criteria; trauma registry (monitors system performance and provides feedback for improvement); EMS/pre-hospital triage and transport guidelines; and inter-facility (hospital to hospital) transfer guidelines.

Where To Go From Here

- Increased hospital participation is necessary for the statewide trauma system to function optimally.

- There need to be incentives for hospitals to provide the staff and resources required for trauma center designation.

- Legislation to cover the cost of uncompensated trauma care and to limit the medical
  liability for care given at designated trauma centers are two incentives that have been successful in other states.

  House Bills 168 and 169 have been introduced by John Coghill to encourage hospitals to participate in the trauma system by covering some of the cost of uncompensated trauma care when it is given at designated trauma centers.

The goal of the statewide trauma system is to see every hospital in Alaska designated at an appropriate level.

- *Surveys show that the general public overwhelmingly supports having a hospital in their community that is prepared for and capable of effectively managing a seriously injured patient—and are willing to pay for it!

*2005 Harris Interactive poll, "The American Public's Views of and Support for Trauma Systems: A Congressional Briefing."

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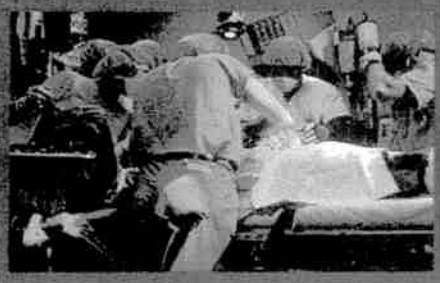
TRAUMA CARE IN ALASKA 2010

Frank Sacco MD, FACS
Alaska Trauma Systems Review Committee



Goals

- Trauma as a public health problem here in the US and Alaska.
- Trauma systems- Treating the severely injured.
- American College of Surgeons Review: Trauma Care in Alaska.
- The Future.

Introduction

"If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped."

C. Everett Koop, MD, ScDC, ScD
Former US Surgeon General
Former General Chairman, The National SafeKids Campaign

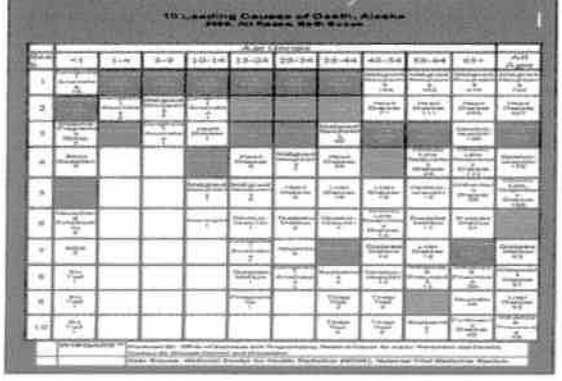
Introduction

- Injury is a major public health problem
  - Leading cause of death in 1st 4 decades of life
  - Leading cause of loss of productivity
- Despite the magnitude little public focus
- The "neglected disease" since 1966
- Significant progress in individual patient care
- Trauma systems shown to save lives

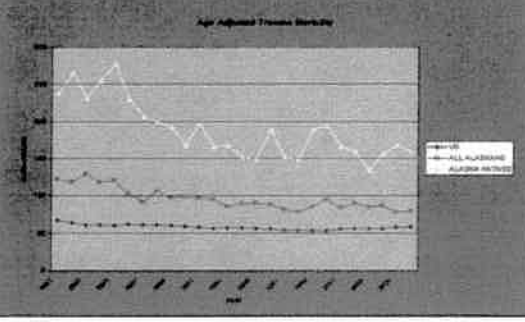
Trauma in Alaska

- Second highest trauma mortality in the US
- Leading cause of death age 1-44.
- 400-500 alaskans die each year.
- Over 5000 hospital admissions.
- Over 1000 with permanent disability.

All Cause Mortality Alaska



Trauma Mortality in Alaska



Trauma in Alaska

- Motor vehicle crashes leading cause of death.
- Firearm related injuries, second.
- 2004 hospital cost for Alaska trauma patients over $73 million.
- ~ 25% over trauma admissions uncompensated.

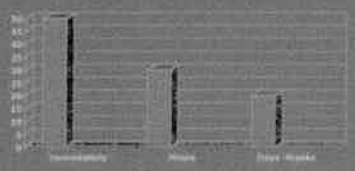
Trauma Systems

- Wounded in the remote jungle or rice paddy of Vietnam, an American citizen has a better chance for quick definitive surgical care by board certified specialists than were he hit on a highway near his home in the continental United States. Even if he were struck immediately outside the emergency room of most United States hospitals rarely would he be given such prompt, expert operative care as routinely is furnished from the site of combat wounding in Vietnam."
- Eiseman, Journal of Trauma, 1967

Trauma Systems

- A trauma system consists of hospitals, personnel, and public service agencies with a preplanned response to caring for the injured patient.

Death from Trauma



Trauma Systems:Military Experience

- "The only victor in war is medicine"
  Mayo brothers WWII

Vietnam and Iraq development of systems of care to ensure optimal care from injury to rehab.

Trauma Systems

"Getting the right patient to the right place in the right amount of time."

- Facilities (trauma center designation)
- Personnel (training)
- Patient transport
- Triage

Facilities-Trauma Centers

- Level I -Definitive subspecialty care, research.
- Level II – Definitive subspecialty care, surgery, orthopedics, neurosurgery.
- Level III- General surgery, orthopedics, no neurosurgery
- Level IV- Stabilization, limited or no surgical capacity

Trained Personnel

- ATLS
- TNCC
- PHTLS
- ETT first responders
- RTTDC

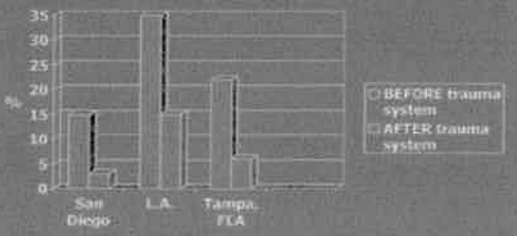
Transport and triage

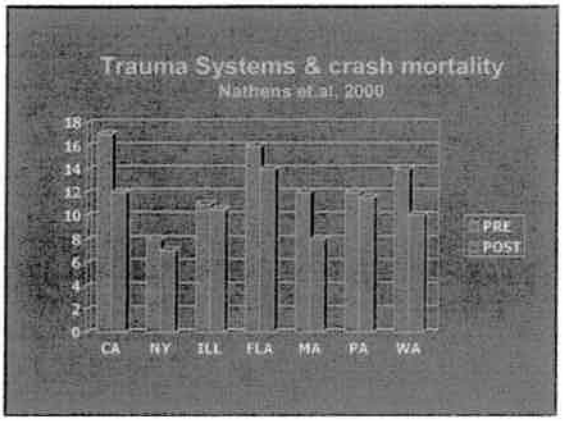
- Guidelines that take into account local resources and capabilities.
- Head Injury Guidelines.
- Burn Triage.

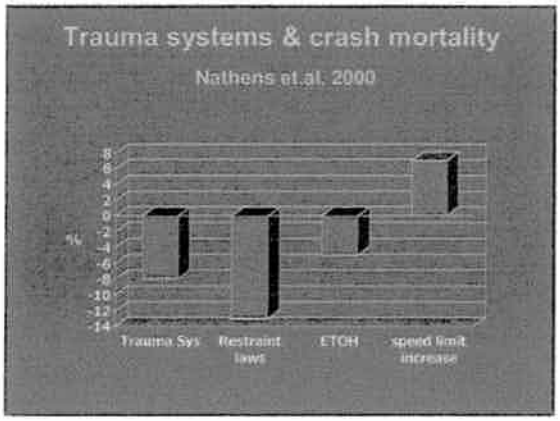
Trauma Systems

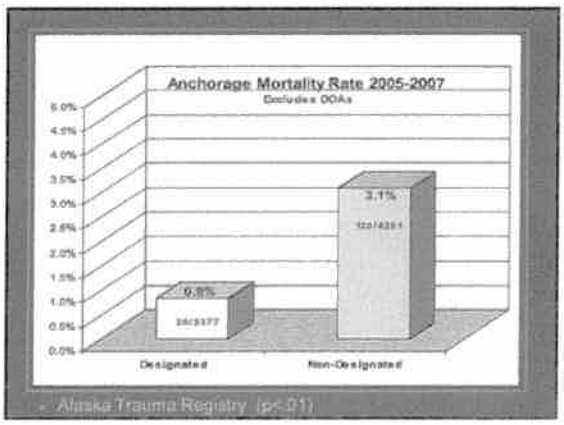
- 15-25% improvement in survival of the seriously injured.
- Increase productive working years
- Improve statewide disaster preparedness.
- Inclusive systems -best

Preventable Deaths: The impact of trauma systems

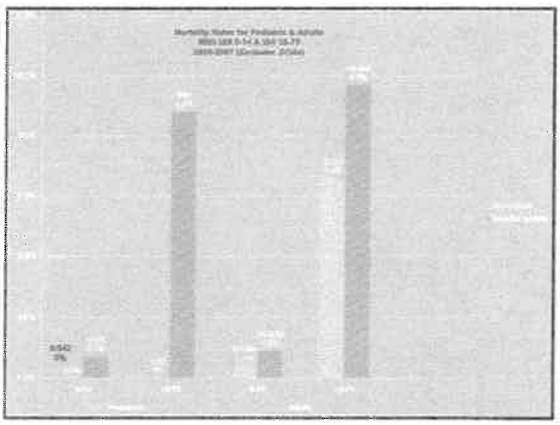


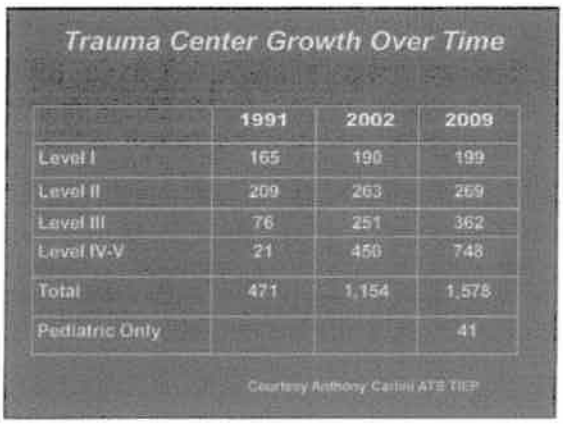


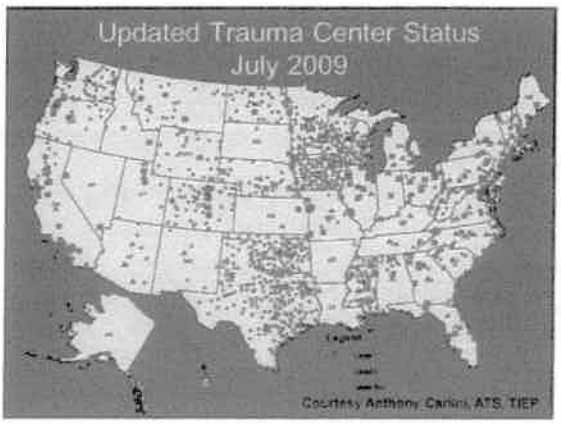


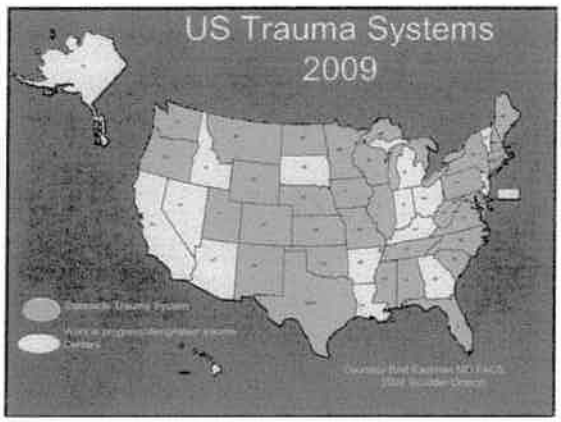


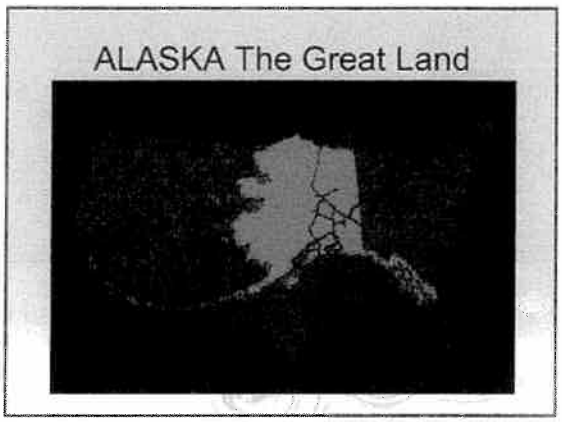
- Alaska Trauma Registry (pc 01)











Trauma Systems and the Public

- 2004 Harris poll to assess public Knowledge and perceptions on trauma and trauma care.
- Most Americans are not aware that injury is the leading cause of death for children, youth, and adults under the age of 34.

Harris Poll

- After hearing a description of a trauma center, almost all Americans feel it is extremely or very important to be treated at a trauma center in the event of a life-threatening injury.

Harris Poll

- Almost 9 out of 10 of Americans feel that having a trauma center nearby is as important as or more important than having a Fire Department or Police Department.

Harris Poll

- At the time of the survey although 75% thought there was a trauma system where they lived only about 20% actually lived in an area covered by a trauma system.
- Nearly all Americans *believe* that if they had a serious or life-threatening injury, they *would* be taken to the hospital that is best equipped to handle their specific injury in less than 1 hour.

Harris Survey- Conclusions

- The majority of the public thinks it is important to have a trauma system. (It is a nonpartisan issue.)
- Most people think they have it already.
- Many who think they are covered by a regional system are not.

Alaska Trauma System

- 1993 statute- EMS authority for designating trauma centers created.
- Hospital participation voluntary.
- Standards for trauma center designation follow American College of Surgeons criteria.

Alaska Trauma System

Verification of compliance by outside reviewers for Level I, II, III

- In-state review for Level IV

Current Status -16 Years Later

- **24 hospitals in Alaska**

Verified / Certified

- 1 Level II ANMC
- 4 Level IV centers- NSH -MEH - YKHC–SCH
- 9 other facilities with reviews or consultations.

Non-Verified

- 2 centers providing care for multiple trauma patients
- 6 centers that provide surgical capabilities
- 2 military hospitals

Alaska Trauma Facilities

- Alaska -Only state without a designated Level I or II trauma center that serves the majority of the population.
- Anchorage is the largest city in the US without a designated Level I or II center for the majority of the population.

Insanity

"Insanity is doing the same thing in the same way and expecting a different outcome"

- Old Chinese Proverb

State of Alaska DHSS
Trauma System Consultation
November 2-5 2008

ACS-COT Site Visit Team

Reginald A. Burton, MD FACS	Team Leader, Trauma Surgeon
Jane Ball, RN, DrPH	ACS Consultant
Samir M. Fakhry, MD FACS	Trauma Surgeon
Holly Michaels	ACS Program Coordinator
Drexdal Pratt, CEM	State EMS Director
Nels Sanddal, PhDc, REMT-B	ACS Consultant
James D. Upchurch, MD	Emergency Physician

Objective

- To help promote a sustainable effort in the graduated development of an inclusive trauma system for Alaska
- Multidisciplinary review of the trauma system
- 17 states have been reviewed

Executive Summary

Advantages & Assets

- Committed individuals who use their time and expertise every day to serve Alaska citizens
- Extensive networks for transport
- 3 large medical centers with extensive subspecialty expertise within the state
- Large Level I trauma center in Seattle which freely accepts adult and pediatric trauma patients

Advantages & Assets

- One center maintains ACS Level II verification standards and others have obtained consultations and are working toward verification.
- Alaska Trauma Registry- all 24 acute care hospitals provide data.
- Injury prevention activities are well established.
- Initial efforts at legislative change.

Challenges and Vulnerabilities

- No trauma system plan
- Geography / Weather / Remote and isolated communities
- No standards for scene trauma triage or trauma inter-facility transfers
- Trauma system issues have limited visibility within state government.

Challenges and Vulnerabilities

Public not aware of trauma system issues.

Limited human resources.

Few incentives for hospitals to participate.

No statewide evaluation of system performance.

Trauma Care in Alaska 2009

- " There are two healthcare systems for injured patients. One for Alaska natives that adheres to national standards and another for the majority of the population"

ACS-COT Alaska Trauma Systems Review 11/2008

Executive Summary

- "Several Alaska Native facilities have sought and achieved verification and designation as trauma centers, ... To date few of the facilities serving the majority population have made a similar commitment to achieving nationally recognized standards of trauma care."

ACS-COT Alaska Trauma Systems Review 11/2008

Recommendations: Coalition Building and Community Support

- Develop and disseminate public information about the challenges in providing trauma care and the status of the trauma system in the state for all Alaskans.

Recommendations: Definitive Care Facilities

- Establish, as soon as practical, a second Level II Trauma Center in Anchorage in accordance with ACS criteria to meet the existing volume and acuity demands.
- Mandate participation of all acute care hospitals in the trauma system within a 2 year time frame with trauma center designation appropriate **to their capabilities**.

Recommendations: Definitive Care Facilities

- Study pediatric trauma care needs and establish one or more in-state centers of excellence in pediatric trauma care.
- Determine a method of providing financial support for hospitals designated/certified by the state as trauma centers to assist with uncompensated care and the cost of readiness

Recommendations: System Coordination and Patient Flow

- Implement standardized prehospital triage and trauma activation protocols customized to the three response areas (Anchorage, Southeast, and the bush).

Recommendations: Financing

- Provide state funding to hire a fulltime trauma system manager.
- Determine a method of providing financial support for hospitals designated/certified by the state as trauma centers to assist with uncompensated care and the cost of readiness.

Themes

- You are closer than you think – many of the components are already in place.
- Alaska is a unique environment different from anywhere else.
- You have developed innovative solutions to your unique challenges.
- Despite differences amongst stakeholders, all agree with the need for a consensus developed and integrated trauma system.

ACS Recommendations- Actions

- Commitment by DHSS to create a trauma manager position and develop a statewide trauma plan.
- Trauma Systems Review Committee working to develop metrics to measure trauma system performance.
- Legislation to create incentives for facilities to participate.

Alaska Trauma Systems Review Committee

- MDs, nurses, administrative, and prehospital representation
- Oversight- Trauma Registry
  - -Level IV Trauma verification
  - - EMS triage and interfacility transfer guidelines
  - -Trauma system performance improvement.

Alaska Trauma System: Facility Participation

- Increasing facility participation is essential.
- "Carrots and/or sticks"
- ACS recommends both
- Mandatory participation and payment for uncompensated care.

House and Senate Bills 168 and 169

- Introduced by Representative John Coghill(R) and Senator Bettye Davis(D) March 2009
- Creates a fund to pay for uncompensated trauma care given at designated trauma centers.

Barriers

Hospital Administration concerns:
- -Extra cost especially at Level IIIs
- -Lack of physician support
- -Lack of demand from the community.

Provider Concerns:
- - Not needed " we do fine"
- - No financial incentive to do it.
- - More rules and regulations.

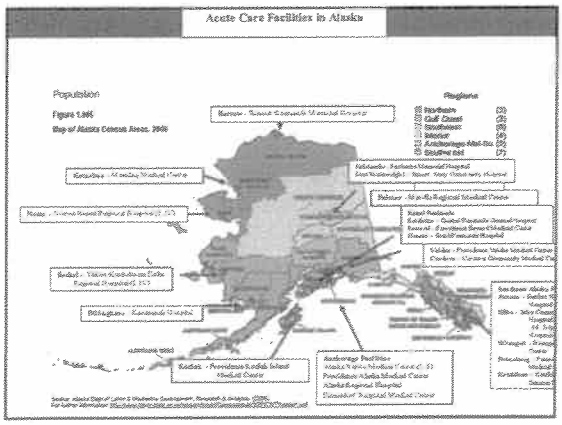
Social Change

- **Pearl Harbor**: A sudden crisis causes fundamental change.
- **The Tipping Point**: Pressure builds to an inflection point of change.
- **Glacial Erosion**: A steady growth or pressure that is hard to resist or ignore.

Ian Mitroff-Author Futurist

How can you help?

The Tipping Point
- Letters/emails to your legislators H.B. and S. 168 and 169.
- Letters/emails to your your hospital administration
- Ballot initiative?. (ie Arizona)



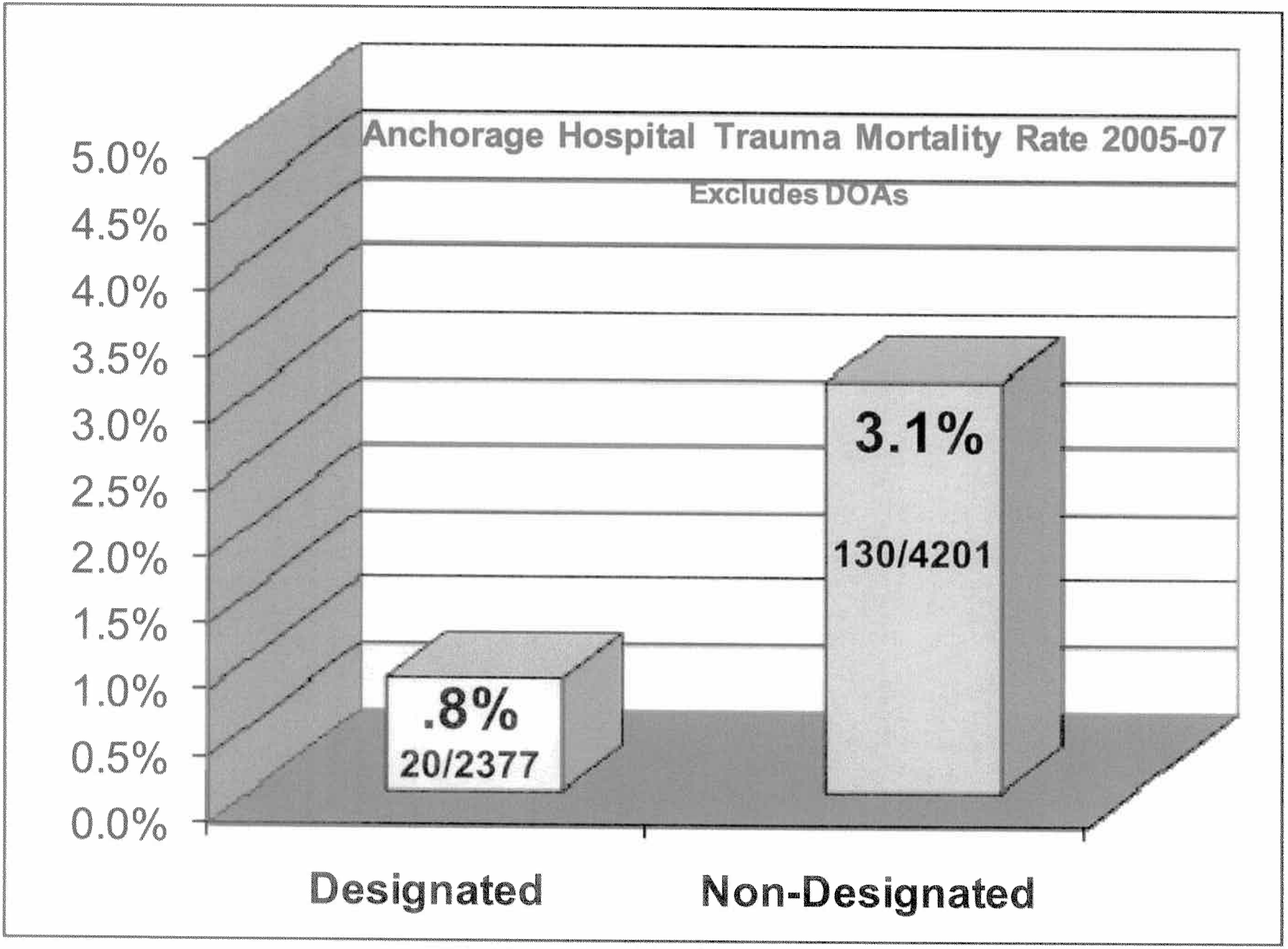
Vision

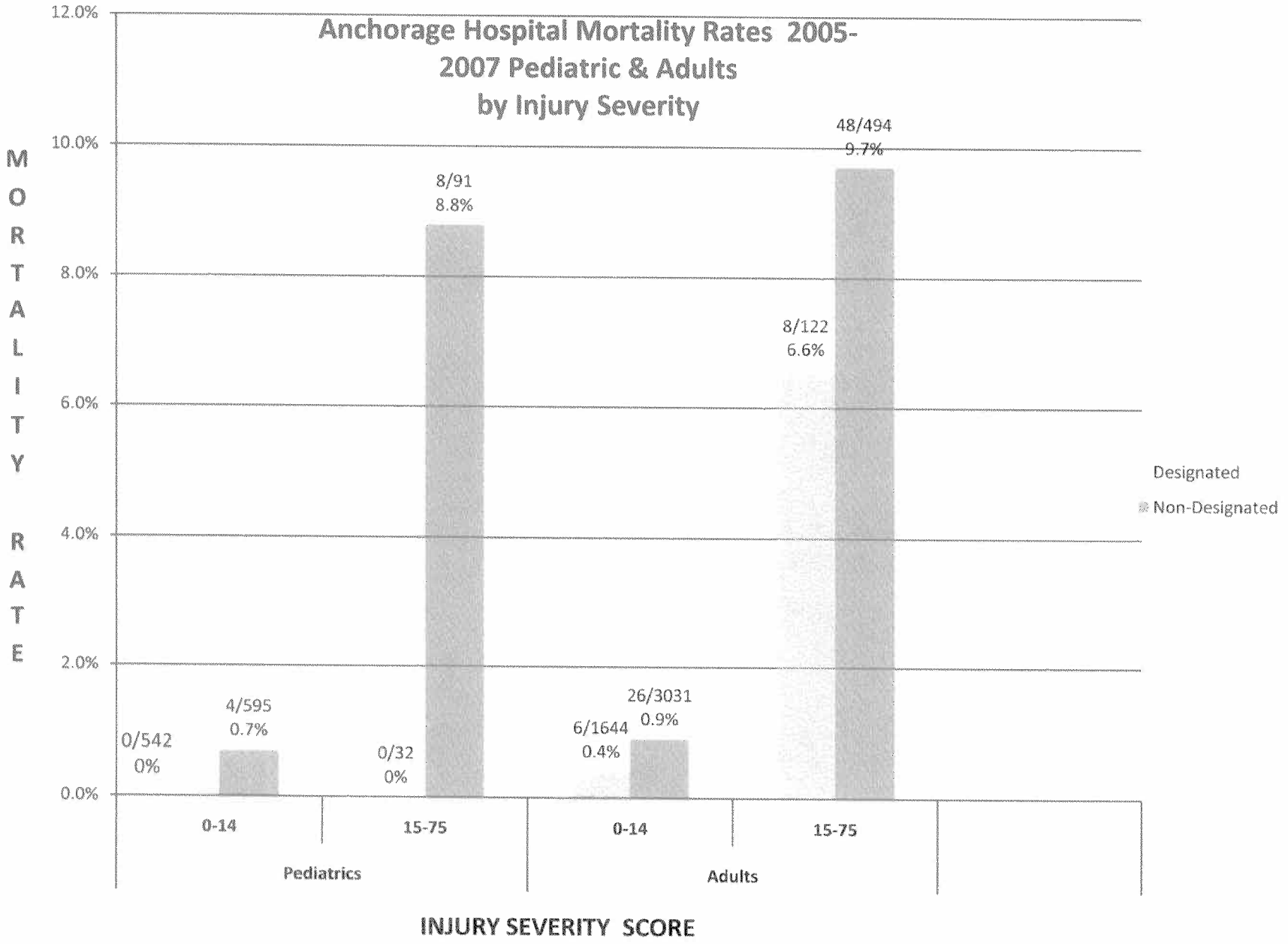
- An integrated system that addresses trauma from injury prevention through acute care and rehabilitation.

The Future: Alaska Trauma System(s)

Why is this important?

Because it makes a difference and it is the care you want for your family and neighbors if they are seriously injured.


Anchorage Hospital Trauma Mortality Rate 2005-07
Excludes DOAs
5.0%
4.5%
4.0%
3.5%
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
.8%
20/2377
3.1%
130/4201
Designated
Non-Designated


Anchorage Hospital Mortality Rates 2005-2007 Pediatric & Adults by Injury Severity
MORTALITY RATE
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
0/542
0%
4/595
0.7%
0/32
0%
8/91
8.8%
6/1644
0.4%
26/3031
0.9%
8/122
6.6%
48/494
9.7%
0-14
15-75
0-14
15-75
Pediatrics
Adults
INJURY SEVERITY SCORE
Designated
Non-Designated

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Daily News Opinion

COMPASS: *Other points of view*

Emergency trauma care needs improvement in Alaska

By MARK S. JOHNSON and FRANK SACCO, M.D.

Johnson

You can be confident that you will receive emergency trauma care that compares favorably with care virtually anywhere else in the nation. Right? Maybe, but maybe not.

Sacco

Imagine you and your family driving across Anchorage. As you pass through a major intersection, a drunk driver runs a red light and hits your vehicle broadside. In an instant, you and your passengers face a life or death situation. If you're still conscious, you may think, thank God this happened in Anchorage where we have state of the art emergency medical services.

The Anchorage Fire Department has exceptional ambulance services, staffed with well-trained paramedics. Local hospitals have sophisticated emergency departments staffed 24 hours a day with qualified emergency medicine physicians, nurses and support personnel.

You can be confident that you will receive emergency trauma care that compares favorably with care virtually anywhere else in the nation. Right?

Maybe, but maybe not.

Though Alaskans die from injury at the second highest rate in the U.S., there is no statewide system of trauma care. In Anchorage, only the Alaska Native Medical Center has been verified by the American College of Surgeons and certified by the State of Alaska as a trauma center (Level II). Neither Providence nor Alaska Regional Hospital has achieved this national standard.

Trauma center certification means that a hospital has surgical teams readily available to take care of the most seriously injured patients at all times. Backup teams are available and outcomes are continuously reviewed to improve care.

Serious traumatic injuries can produce internal bleeding in the brain, spinal cord or internal organs. Often, this bleeding can be stopped only by surgeons in hospital operating rooms. Studies have verified the "golden hour of trauma," meaning that critically injured persons have increased chances of survival if treated within that time. Trauma centers, as part of a system of care, have been shown to decrease the mortality of the seriously injured 15 percent to 25 percent. Although rural areas may not meet the golden-hour standard, improvements in the statewide systems have been shown to achieve better outcomes for patients seriously injured in remote areas as well.

The Alaska Department of Health and Social Services recently contracted with the Committee on Trauma of the American College of Surgeons (ACS) to review Alaska's trauma care. That review notes Alaska has excellent injury prevention programs, extensive and creative networks for ground and air medical transport, medical specialists in Anchorage and a good relationship with Harborview Trauma Center (Level I) in Seattle.

Among Alaska's deficiencies: Anchorage does not have another Level II trauma center, so there are two systems of trauma care, one for Alaska Natives that follows national standards and another for non-Natives. The team identified no statewide trauma plan and no incentives or requirements for hospitals to participate in the system. State government devotes few resources to coordinating trauma care, and there seems to be very little public awareness of these issues.

The review team recommended requiring all acute-care hospitals to become designated as trauma centers at a level appropriate to their resources and size within two years (Levels II, III or IV). They recommended getting a second level II trauma center in Anchorage as soon as possible, along with a pediatric trauma center. Currently, due to a shortage of Anchorage surgeons willing to take care of children, some seriously injured non-Native children may need to be treated at the Alaska Native Medical Center.

Representative John Coghill Jr. recently introduced House Bills 168 and 169 to create incentives for hospitals to become trauma centers and to offset some of the cost of uncompensated trauma care. The Department of Health and Social Services should be commended for this comprehensive and impartial review of trauma care in Alaska. We urge Alaskans to support these bills and encourage the legislature and Gov. Palin to carefully consider the recommendations in the ACS report.

We hope the scenario above never happens to you but, if it does, let's make sure that the care we expect for our loved ones is available for all Alaskans when we need it.

Mark S. Johnson, MPA, retired as chief of Community Health and Emergency Medical Services for the State of Alaska in 2004. Frank Sacco, M.D., is chairman of the Alaska Trauma Systems Review Committee. The full report on Alaska's trauma care system is available at www.chems.alaska.gov.

Daily News

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OPINION

COMPASS: *Points of view from the community*

Alaska needs a better trauma system

By FRANK SACCO and MARK S. JOHNSON

Alaska is much safer than it was a generation ago. From 1980 to 2004, the unintentional injury death rate dropped more than 50 percent. Without this improvement, an additional 300 Alaskans would have died in 2004. However, Alaska's 2004 rate remained 30 percent above the national average.

We are all aware of the terrible toll of cancer and cardiovascular diseases, but the leading cause of death for people younger than 44 is injury. It remains a major cause of death and disability for all age groups. For every death approximately three people are left with permanent disabilities.

As with other diseases, prevention is preferable to treatment. Alaska's dramatic reduction in injury deaths is largely attributable to prevention, including use of child restraints and safety belts, reduced rates of drunken driving, and increased use of personal flotation devices. Though prevention is paramount, we also must be prepared to provide the best possible care for those who become injured.

A trauma system is an organized, state-coordinated effort to deliver the full spectrum of care to injured people. The integration of EMS systems, public safety agencies, air medical services and health care facilities ensures that patients receive the most efficient, effective care possible from time of injury through rehabilitation. Trauma systems have been shown to reduce death from injury by as much as 25 percent and are recognized as an integral part of a state's EMS and disaster response system.

According to a 2004 Harris poll, most people want a comprehensive trauma system in their area. Throughout the United States, 83 percent of those surveyed felt a trauma system was as essential as having a fire department and 80 percent were willing to pay extra for it. Interestingly, though 75 percent thought there was a trauma system in their state, only eight states have fully functioning systems and 15 states have no system.

Sacco

Alaska is blessed with exceptional physicians and quality medical resources, but lack of an organized trauma system means that access to timely, quality care cannot be assured.

Johnson

Where do we stand? In 1998, the Alaska Legislature provided authority to the Department of Health and Social Services to verify and certify trauma centers. The statute does not require, or provide incentives for, hospital participation. It does state that no hospital can represent itself as a trauma center unless certified by the state.

Regulations adopted in 1996 require trauma centers to meet standards developed by the American College of Surgeons. Four levels are recognized, from Level I (highest) to Level IV (trauma stabilization facility). There are adequate medical resources to establish Level II trauma centers in Anchorage. In addition, it is feasible to establish Level III and IV centers throughout the state. Because of long transport times, centers of all levels are essential for improving outcomes.

Since the statute and regulations were enacted, only three of 24 eligible hospitals have successfully completed the verification and certification process. (Alaska Native Medical Center — Level II, Yukon Kuskokwim Regional and Norton Sound Regional Hospitals — Level IV).

Alaska is blessed with exceptional physicians and quality medical resources, but lack of an organized trauma system means that access to timely, quality care cannot be assured. In recent years there have been times when critical specialties such as neurosurgery and vascular surgery have been unavailable for emergencies, necessitating transfer of some critical patients to Seattle.

Here are four steps to improve trauma care in Alaska:

1. Residents need to let legislators know that quality trauma care is important.

2. The Legislature should put teeth and incentives in the current statute. Successful approaches in other states include requiring trauma center certification at some level as a condition for hospital licensing and limiting medical liability for injuries treated at trauma centers.

3. Tertiary hospitals should ensure availability of critical sub-specialists 24 hours a day, seven days a week.

4. Local EMS and medical providers should organize regional trauma systems and integrate them with the statewide system.

Developing a comprehensive statewide trauma system, and expanding injury prevention efforts, will make Alaska a safer, healthier place to live.

■ Dr. Frank Sacco is chief of surgery at the Alaska Native Medical Center and chairman of the Alaska Chapter of American College of Surgeons Committee on Trauma. Mark S. Johnson was chief of Emergency Medical Services in the Department of Health and Social Services from 1979 until he retired in 2004.

Trauma System Consultation
State of Alaska
Anchorage, Alaska

November 2nd -5th , 2008
American College of Surgeons
Committee on Trauma

PRIORITY RECOMMENDATIONS AMERICAN COLLEGE OF SURGEONS ALASKA TRAUMA SYSTEM REVIEW

November 2-5 2008

Definitive Care Facilities

- Establish, as soon as practical, a second Level II Trauma Center in Anchorage in accordance with American College of Surgeons Committee on Trauma (ACS-COT) verification criteria to meet the existing volume and acuity demands.
- Mandate participation of all acute care hospitals in the trauma system within a 2 year time frame with trauma center certification/designation appropriate to their capabilities.
  - Facilities should seek trauma center designation at a level appropriate for their capabilities.
  - Other facilities, such as remote health care clinics, should participate with rapid patient assessment and stabilization and by following guidelines for trauma triage and transfer.
- Study pediatric trauma care needs with the goal of establishing one or more centers of excellence in pediatric trauma care.

Coalition Building and Community Support

- Develop and disseminate public information about the challenges in providing trauma care and the status of the trauma system in the state for Alaskans.

Lead Agency and Human Resources Within the Lead Agency

Develop an appropriate position classification and duty statement for a 1.0 full time equivalent (FTE), permanent trauma system manager that specifies education as a health professional, experience in trauma or emergency health care, and the administrative skills and clinical understanding necessary to support trauma system development.

Trauma System Plan

- Develop a comprehensive trauma system strategic plan consistent with the Health Resources and Services Administration (HRSA) *Model Trauma System Planning and Evaluation* document.

Coalition Building and Community Support

- Develop and disseminate public information about the challenges in providing trauma care and the status of the trauma system in the state for Alaskans.

System Integration

- Ensure that the Injury Prevention and Emergency Medical Services

(IPEMS) Section is engaged in planning with disaster preparedness, emergency management, and public health functions for integration of the trauma system.

Financing

- Provide state funding to hire a fulltime trauma system manager.

Emergency Medical Services

- Develop a central coordination center for statewide air medical resources that will maintain an updated registry of all medical aircraft to include medical services and flight characteristics (e.g., load capacity, instrument rating, landing requirements, etc); and to monitor the availability and location of air resources in near real-time.

System Coordination and Patient Flow

- Implement standardized prehospital triage and trauma activation protocols customized to the three response areas (Anchorage, Southeast, and the bush).

Disaster Preparedness

- Integrate all components of the trauma system into state and local disaster planning activities.

System-wide Evaluation and Quality Assurance

- Develop an initial set of 3-5 statewide system performance indicators from among the list of nine provided in the Pre-Review Questionnaire.

Trauma Management Information Systems

- Ensure that all elements considered essential to system development, evaluation and performance improvement in the State of Alaska are included and functional in the new trauma registry and are consistent with the National Trauma Data Standard definitions.

Statutory Authority and Administrative Rules

System Leadership

- Form an Alaska Technical Advisory Committee (ATAC) and task it with providing the Alaska Council on Emergency Medical Services (ACEMS) with recommendations regarding the following functions: data systems, trauma system planning, system-wide performance improvement and patient safety, trauma education (Advanced Trauma Life Support [ATLS], Trauma Nurse Core Curriculum [TNCC], Prehospital Trauma Life Support [PHTLS], etc), trauma center review and certification, injury prevention and control, public policy, and research.

• Enact legislation to expand the membership of the ACEMS to represent the trauma system and to include the following members appointed as follows:

- One member, appointed by the Governor, shall represent the Alaska Chapter of the American College of Surgeons Committee on Trauma.
- One member, appointed by the Governor, shall be a general surgeon who routinely participates in the care of injured patients.
- One member, appointed by the Governor, shall represent the Alaska Chapter of the American Academy of Pediatrics.
- One member, appointed by the Alaska Legislature, upon the recommendation of the Speaker of the House of Representatives.
- One member, appointed by the Alaska Legislature, upon the recommendation of the President of the Senate.

Objectives and Methodology

- The Coalition for American Trauma Care commissioned Harris Interactive to conduct a survey of the public's views of and support for trauma systems.
- Telephone interviews were conducted with a nationally representative sample of 1000 adults aged 18 and over, between November 3rd and 14th, 2004.
- Final data were weighted by age, education, gender, income, and region, where necessary, using 2003 Current Population Survey data to adjust for sampling biases, if any.
- With 1,000 respondents, the sampling error is +/- 3%.

Key Topics

- Knowledge about leading causes of death
- Perceived value of and expectations about trauma centers
- Perceived value of and expectations about trauma systems
- Willingness to support funding of trauma centers and systems
- Disaster preparedness and trauma systems

Harris Interactive Ground Rules For Publicly Released Surveys

- Harris Interactive Inc. has very strong ground rules for surveys which may be publicly released. No other survey firm has stronger rules.
- Our **Five Rules** ensure that our surveys are never used to lead or mislead policymakers or the public. We do not do "hired gun surveys."
  1. **The survey must be fair, balanced and comprehensive.**
  2. **If the survey is publicly released, the full survey report must be released.**
  3. We will not include questions for possible publication about our clients' company or their products or brand names, or the names of their competitors. (The one exception: we sometimes do readership surveys or audience measurement surveys which ask about our clients.)
  4. **The survey must not be used to mislead the public, the media, policymakers or anyone else.**
  5. **We need to review the information that is being released prior to its release in order to check for accuracy.**

Overview

- Most Americans are not aware that injury is the leading cause of death for children, youth, and adults under the age of 34.
- After hearing a description of a trauma center, Americans value them highly and appreciate the importance of having one within easy reach.
  - Almost all Americans feel it is extremely or very important to be treated at a trauma center in the event of a life-threatening injury.
  - Nearly nine in ten Americans think it is extremely or very important for an ambulance to take them to a trauma center in the event of a life-threatening injury, even if it is not the closest hospital.
  - Nearly all Americans *believe* that if they had a serious or life-threatening injury, they *would* be taken to the hospital that is best equipped to handle their specific injury in less than 1 hour.
- Majorities of Americans feel that having a trauma center nearby is as important as or more important than having a Fire Department or Police Department.