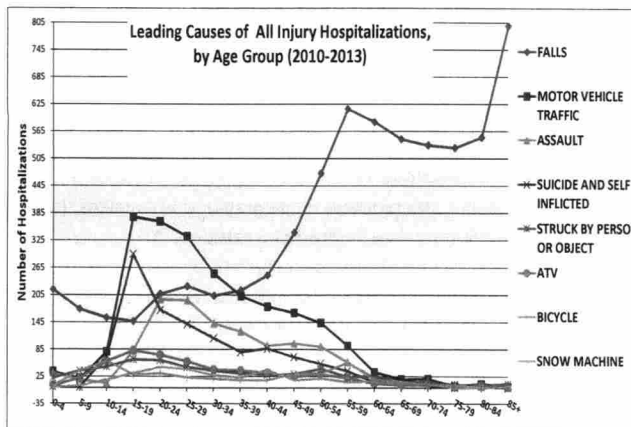


Alaska Trauma Registry Overview

System Purpose

- Active surveillance system that collects information on the most seriously injured patients in Alaska, and the treatment they received from Alaska's 24 Acute Care Facilities
- Complete and valid data set, 1991 - 2013
- Provides means to evaluate the quality of trauma patient care, trauma system development, and to plan and evaluate injury prevention programs
- Provides means for evidence-based and cost-effective decision making
- The registry serves local and national agencies including: Alaska Trauma System Review Committee (ATSRC), local, regional, and state injury prevention and other agencies, legislators, Universities, Center for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), National Highway Traffic Safety Administration (NHTSA), Injury Prevention Associations

Figure 1: Injury Characteristics 2010-2013



Data Stored in the System

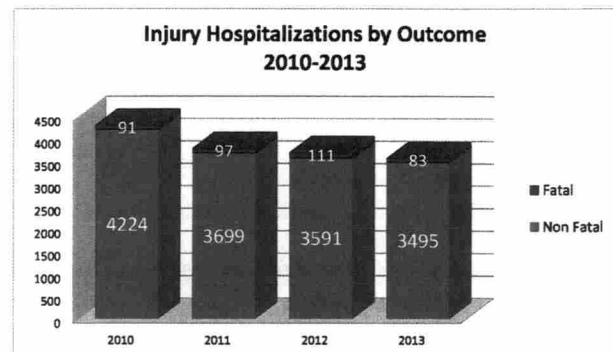
- The Alaska Trauma Registry is a repository of the most seriously injured patients admitted to an Alaskan hospital and includes circumstances surrounding the patient demographics, injury event, patient transport, treatments, and outcomes

Criteria for inclusion in the trauma registry:

Patients who are:

- admitted to an Alaska hospital
- held for observation (since 1/1997)
- transferred to another acute care hospital
- declared dead in the emergency department
- left Against Medical Advice (would have been admitted)
- for whom contact occurred within 30 days of the injury

Figure 2: Injury Outcome 2010-2013



Data-Sharing Agreements For Ongoing Research

- Alaska Highway Safety Office
- Alaska Injury Prevention Center
- Alaska Native Tribal Health Consortium
- National Institute for Occupational Safety and Health
- UAA Justice Center
- Southeast Regional Health Corporation
- Southcentral Foundation
- DHSS/DPH Health Planning and Systems Development CODES Project
- DHSS/DPH Epidemiology special research projects
- Office of Boating Safety (DNR)
- National Trauma DataBank

Health Indicators Monitoring For Ongoing Research

- Alaska Brain Injury Network
- Comprehensive Integrated Mental Health Plan
- Maternal and Child Health Block Grant Program
- Health Alaskans
- DPH Health Status Indicators
- Kids Count
- Rural Hospital Flexibility Program

The Alaska Trauma Registry Program receives 50 – 100 requests for information per year for research, program support, public policy support, and education. These requests encompass the broad spectrum of injury mechanisms to include; suicide, falls, motor vehicle child occupant injuries, teen driving injuries, motor vehicle vs. moose crash injuries, biking injuries, off-road motor vehicle injuries, dog bite injuries, firearm injuries, fire and burn injuries, traumatic brain injuries, alcohol-related injuries, work-related injuries, elderly and child abuse, assault injuries, near drowning, cold injuries, injuries to Alaska Natives, and regional injuries.

Department of Health and Social Services (DHSS) Trauma Overview



DHSS Trauma Executive Summary

- Unintentional Injury:
 - Leading cause of death for those aged 1 to 44 in Alaska
 - Third highest trauma mortality in the U.S.
 - More years of productive life lost than heart disease, cancer, and stroke combined
 - In 2009, Alaska had over 5,000 trauma admissions with \$121 million in hospital costs alone
 - Patients have up to a 25% lower risk of death when taken to a designated trauma center
 - Only 55% of the state's population is currently within 60 minutes of a Level I or II trauma center
- What is Trauma Care?
 - Trauma care is delivered at specialized hospitals known as trauma centers that are distinguished by the immediate availability of specialized personnel, equipment and services to treat the most severe and critical injuries
 - Trauma care includes ready-to-go trauma teams 24/7/365 that perform immediate surgery and other necessary procedures for people with serious or life-threatening injuries
 - Only 1 in 10 hospitals nationally serve as a trauma center. Emergency rooms treat ill and injured people; Trauma centers handle the most severe, life-threatening, blunt force and penetrating injuries
- Rural Trauma Care:

- Nearly 60% of all trauma deaths occur in rural areas despite the fact that only 20% of the nation's population live in these areas
 - 87% of rural pediatric trauma patients who died did not survive long enough to reach the hospital
 - 84% of U.S. residents can reach a Level I or Level II trauma Center within an hour, but only 24% of residents in rural areas have access within one hour

Trauma Care Fund:

- The Trauma Care Fund (House Bill 168) was signed into law on June 21, 2010
- The Trauma Care Fund is used to sustain existing trauma centers; support the development of new trauma centers; and develop a statewide trauma system
- The Trauma Care Fund assists facilities with designated trauma status to offset the substantial and non-reimbursable costs of providing optimal trauma care to seriously injured Alaskans
- By 2016, it is projected that 23 of the 24 hospitals in Alaska, or 96%, will be designated trauma centers

Trauma's Role in Disaster Preparedness

Trauma Centers

- Designated Trauma Centers serve as leading institutions for disaster preparedness planning in the region and as significant community resources for disaster response
- Trauma maintains a full schedule of "real-time" drills (including unannounced and off-hour); exercises and tabletop events done in collaboration with state and regional localities, Military, and local community
- Extensive and rapid ability to surge, both on and off campus, with significant capacity for triage, decontamination, ED beds, surgical care, and hospital beds

Trauma Unit

- Training and exercise strategic planning and execution
- Expertise in mass casualty incidents, patient movement, triage and treatment for the DHSS EOC

Trauma System Improvement/Challenges:

- Identifying funding and reimbursement strategies that promote trauma care that is widely accessible, sustainable and cost-effective
- Delays in treatment due to geographical restrictions, lack of air medical services, inclement weather
- Absence of formal destination protocols
- Development of regional trauma committees
- Development of Trauma System Plan

Designated Trauma Centers in Alaska

Level II

1. Alaska Native Medical Center
2. Providence Alaska Medical Center

Level IV

1. Bartlett Regional Hospital
2. BBAHC Kakanak
3. 673rd JBER
4. Fairbanks Memorial Hospital
5. Peace Health Ketchikan Medical Center
6. Norton Sound Health Corp
7. Providence Seward Medical Center
8. Providence Kodiak Island Medical Center
9. Providence Valdez Medical Center
10. South Peninsula Hospital
11. Samuel Simmonds Memorial Hospital
12. SEARHC Mt. Edgecumbe Hospital
13. Sitka Community Hospital
14. Yukon Kuskokwim Health Corporation