General Membership Meeting

June 30, 2017 at 0900

Mission Hospital
Conference Center
27700 Medical Center Rd
Mission Viejo, CA 92307
0900 - 1400

MINUTES

Topic	Discussion	Action / Assigned
Coffee/Networking/ Meet and Greet	Thanks to Mission Hospital for hosting this meeting, conference room, breakfast, and lunch.	
Call to Order	Meeting called to order at 0900.	Total attendance: 19 individuals
Welcome and Introductions	Welcome. Introductions conducted.	
Approval of Minutes Meeting: February 2017	Meeting minutes from February, La Jolla meeting displayed. Meeting schedules discussed: 3 meetings per year at various locations throughout the State.	Motion to approve Heather Venezio and seconded by Christy Preston.
President's Report Desiree Thomas	TMAC Bylaws displayed with suggested changes. Education and Professional Practice Scholarship Policy, new policy, reviewed by membership (Draft policy attached to minutes). Content presented by President and discussed. Feedback solicited from membership. Discussion about availability of scholarship funds for all definitions of members of TMAC.	Motion to approve TMAC Bylaws changes by Charlie Hendra, seconded Christy Preston.

	Discussion of membership—only nurses or other disciplines who work in a trauma leadership-related role? Should TMAC expand their focus to include all individuals who are trauma professionals? Representation from LEMSA trauma managers who are NOT nurses—do we want to include them in the TMAC membership? Suggestion received to move forward with Scholarship policy and table discussion about other trauma professionals included in TMAC. 2nd Annual TMAC Conference: yesterday's conference discussed. Speakers were considered to be cutting edge, informative, and engaging. How to disseminate the awareness that TMAC Conference is worthwhile? Suggestion received to move conference to Northern California, might increase attendance. Large numbers of attendees to the conference is not the goal; education and topics focused on trauma leadership will perhaps not attract front-line trauma personnel.	
Board of Directors Reports All Board Members	Candy Schoenheit, Past President: Candy will be going off TMAC Board at the end of the year, encouraged membership to consider serving on Board. Subcommittee work is increasing, membership encouraged to serve in this capacity. Heather Venezio, President Elect: Next meeting October 6, at Eden Medical Center, Oakland CA. Katy Hadduck, Secretary: TMAC stationery will soon be available. Susan Watson, our administrative assistant, recently experienced the loss of her sister and has been recently unavailable. Side note: TCRN, the BCEN's trauma nurse certification, was recently approved for magnet status. Shelly Woodfall, Treasurer: Statement for May 2017 (attached to minutes) Financial report from 2016 Conference (attached to minutes) Financial report from 2017 Conference (attached to minutes)	The TMAC membership extends their sympathy and support to Susan at this time.

	Thanks to Mission Hospital for hosting conference! Shelly will post financial report on website. Eileen Hoover, Director at Large, Hospitals: Not present. Shanna Kissel, Director at Large, EMS: ICEMA looking for new LEMSA trauma manager, individual is identified, negotiations underway. Discussion about attendance and investment in TMAC: It has been noticed that travel for members to attend TMAC meetings is getting more challenging. Suggestion received for a LEMSA speaker at October meeting and reach out personally to the LEMSA trauma leadership. What are the trauma needs in Central Valley and North that TMAC can address? Discussion about attracting speakers and presentations that specifically address this region. It's anticipated that the release of the State Recommendations will generate activity and interest in trauma leadership development. Two new trauma centers in Humboldt County, Level 3 and Level 4. TMAC should reach out to them.	TMAC Hospital Director at Large to reach out to new trauma center leadership.
Break		
Rapid Fire Hot Topic Needs assessment tool for new trauma centers: Christy Preston, LA County EMS	Presentation by Christy Preston. Handout attached to minutes.	
Rapid Fire Hot Topic Stop the Bleed	Presentation by Almaas Shaikh Trauma Medical Director, Mission Hospital (adult and peds)	

Almaas Shaikh, MD	Stop the Bleed training, any nurse not currently certified can go through the skills stations offered and become certified as trainer.	
Lunch and Networking		
Standing Committees		
State TAC	Christy Preston: report deferred to presentation by Bonnie Sinz	
EMS Challenge Area	Wendy Skala: not present. Heather Venezio will reach out to her.	
Re-Triage/Regional Network Group	Committee is closed.	
Legislation	Candy Schoenheit: SB384 is bill that promotes sale of alcohol until 0400. Letter of opposition was discussed. The bill has already passed the senate. Conversation in Legislation Committee is to participate in State Recommendations application to trauma systems. Goal is to educate general public about trauma care: trauma centers, systems, etc. Basics: Goals, construction of mission statement. "Gold Ribbon Campaign" is project to educate and increase awareness of trauma care and importance of the system. Committee needs more membership; TMAC members encouraged to consider serving on the Legislation Committee.	
EMR	Melanie Gawlick: not present	
Trauma Regulation/Title 22	Candy Schoenheit: report deferred to presentation by Bonnie Sinz.	
State of the State Breakout: Systems	82 trauma centers in California, new Level III and Level IV. Handout: volume report for 2015 data per trauma center throughout State. Includes only numbers for NTDB inclusion criteria for registries.	

Trauma Center	Next week, this report will be sent to LEMSA Administrators asking for data for Jan-March 2017 ICD-10 remains a challenge. 40% of records from 2016 are missing codes for ICD-10 and ICD-9. Probably a mapping issue. Unable to run reports using ICD-10 data due to this issue. Title 22: When Orange Book was released, Title 22 needed to be revised. Currently a very small committee has been working on draft regs to give to larger committee for work. Changed format, making consistent with STEMI and Stroke. Will assemble larger committee at some time in the future. Dr. Backer selecting membership for larger committee. Is there sufficient representation from trauma centers to provide input for purposes of hospitals? Should be across the board representation. Dr. Backer would like to keep larger committee limited to 18 individuals. Looking at ACS verification as requirement for designation for at least Level I and Level II (not necessarily Level II pediatrics). Population per trauma center is also topic of concentration. Discussing 600,000 population for Level I. How close should a Level III be to a Level II? PI for system is also being discussed. Stronger language for non-trauma center hospitals. Process—justification to open and change regulations must be provided to Office of Administrative Law. If we can reasonably claim that ACS is body of experts, we can claim ACS in regs. Revisions must go to Health and Human Services Agency (HHSA) first, who will send to Department of Finance. Anytime a potential cost is identified, Department of Finance becomes a roadblock. A shell for new Title 22 has been developed, but needs to be vetted by larger group and then sent to Office of Administrative Law. Expect to be at least 3 years for process to be completed.	

	Strategic Highway Safety, ongoing with champions from Stanford. Looking at timeliness to definitive care. PIPS Plan is finished, public comments period passed. Grant obtained to do State collaborative for TQIP. Vision is STAC, PIPS Subcommittee, then smaller ad-hoc committee for TQIP. State will contract with ACS for California-tailored reports. Re-Triage project is finished, will go to Commission in the fall. State Summit for 2018, May 8-9 in San Diego, Bayside Inn State Trauma System Planning: Recommendations of STAC: "Recommendations" instead of "Plan" as a result of Department of Finance refusal to back a plan as result of potential for State being responsible for costs related to trauma. Frustration expressed that "Plan" can't be moved forward. LEMSAs and trauma centers need State planning to provide for FTEs to run dynamic, effective trauma programs and systems. Discussion about funding the trauma system. ACS Survey and Trauma Recommendations ("Plan") are on EMSA website. "RTCC" will never be in regs or financed, every RTCC is unique and consists of volunteers. Prehospital care/epidemiology support—we have data, we need experts to look at our data, develop reports, point us in the right direction. Uniformity of designation process—a great deal of variability exists for LEMSA designation. Requiring verification will help limit this variability.	

	Also addressed in State Recommendations: data collection from all acute care hospitals, re-triage, rehab, PI, public education, prevention and disaster planning. Bonnie's last day is July 28. Retiring for good and moving to New Mexico. Presentation of small gift for housewarming in Las Cruces. Bonnie recommends we start working on State collaborative for TQIP. Again, volunteers are needed to analyze data and bring forward recommendations. Due to HIPAA requirements, will likely need to be a FTE at the state level to evaluate the data submitted to the collaborative. State to LEMSA to trauma center is "chain of command" for oversight. To keep TQIP under QI umbrella, care should be taken with name of committee. Grant cycle is October to September; we need to hit the ground running. First year of the grant is the design. Hospitals that are not part of TQIP will not be part of collaborative. LEMSA annual reports: how often should LEMSA reports be provided, when should they be provided? Previous year, upcoming year? Vetting process for Bonnie's replacement is ongoing. Probably Christmas before position is filled.	
RTCC Reports	Southwest RTCC: Katy Hadduck: Recent conference call, Bonnie provided report for release of State documents. RTCC Grand Rounds planned for October 20. Flyer to be sent to listserv. Bay Area RTCC: Shelly Woodfall: Bonnie provided report for release of State documents, case study Southeast RTCC: Melinda Case: Face to Face Meeting October 19, projects include TQIP, Stop the Bleed, Systems Reviews for Face to Face, Time to OR from open fracture, region C-spine protocol, imaging for non-trauma centers	

	North RTCC: Bonnie Sinz: Two new trauma centers, Stop the Bleed project. medical director from Oregon presented banding project for trauma patients. Central RTCC: Bonnie Sinz: having challenges with subspecialty coverage and need to transfer patients. Shelly Woodfall: looking for Level I Trauma Center for adults and peds, who share an emergency department. Discussion from membership about variety of peds/adult settings.	
Meeting Evaluation		
Adjournment		

Minutes taken and transcribed by Katy Hadduck
The Board of Directors and invited speakers have no financial arrangements or affiliation with any commercial organization that sells or develops products or drugs regarding any of the information presented at this meeting.

TMAC
TRAUMA MANAGERS
ASSOCIATION OF CALIFORNIA

TMAC Financial Report for General Membership Meeting 06/30/2017

Prepared by Michelle "Shelly" Woodfall

TMAC
TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

TMAC Conference Financial Report *(draft)*

REVENUE	2016	2017
Registration Revenue	$4016.97	$4005.17
Exhibitor Revenue	$5700.00	$6326.00
TOTAL REVENUE	**$9716.97**	**$10,326.00**

EXPENSES	2016	2017
TOTAL EXPENSES	**$4790.65**	**~ $6,354.46**

Thank you to Mission Hospital who provided conference breakfast, conference afternoon snacks & TMAC General Membership breakfast and lunch.

Conference Lunch:	$ 928.46
Guest Speaker Faculty Dinner:	$ 926.00
Local Guest Speaker Gift Cards:	$ 750.00
Outside Speaker Honorariums:	$3000.00
Total:	**$5604.46**

Pending Outside Speaker 1-Night Hotel Accomodations: ~ $750.00

TMAC
TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

Trauma Managers Association of California
2017 Income Statement as of 5/31/17

	May 2017	Year-To-Date
Revenue		
Membership Dues	550.00	7,200.00
Less Set Aside for 2018 Dues	(150.00)	(1,575.00)
Total Revenue	**$ 400.00**	**$ 5,625.00**
Expense		
Advertising and Promotions		
Awards, Recognition and Gifts		
Bank Service Charges		
Stripe Account Payment Processing Charges	13.96	225.66
Directors and Officers Liability Insurance		
Executive Assistant		142.50
Financial Audit		
ListServe Hosting		
Meeting Supplies		
Non-Profit Status Filing		20.00
Office Supplies		
Postage/Shipping		
Retreat		92.65
Tax Preparation/Filing		
Website Hosting/ Updates		
Total Expense	**$ 13.96**	**$ 480.81**
Net Income/Loss	**$ 386.04**	**$ 5,144.19**

Bank Account Balance as of May 31, 2017 **$ 22,634.44**

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Trauma Center / System Needs Assessment Scoring Tool

ACCESS (A)		DEMAND (D)			SERVICES AND CAPACITY (SC)	
Geographic Location (GL)	Freeway Accessibility (FA)	Annual/Projected Trauma Volume Admits (TV)	Existing/Proposed Trauma Catchment Area Population (TP)	Annual Trauma Diversion Hours (TD)	Existing Services (ES)	Annual ED Diversion Hours (ED)
≥20 miles = 100 pts >17 - ≤19 miles = 90 pts >15 - ≤17 miles = 80 pts >13 - ≤15 miles = 70 pts >11 - ≤13 miles = 60 pts >9 - ≤11 miles = 50 pts >7 - ≤9 miles = 40 pts >5 - ≤7 miles = 30 pts >3 - ≤5 miles = 20 pts ≤3 miles = 10 pts	<1 mile = 100 pts <2 miles = 90 pts <3 miles = 80 pts <4 miles = 70 pts <5 miles = 60 pts <6 miles = 50 pts <7 miles = 40 pts <8 miles = 30 pts <9 miles = 20 pts >10 miles = 10 pts	>4,000 = 100 pts 3,501-4,000 = 90 pts 3,001-3,500 = 80 pts 2,501-3,000 = 70 pts 2,001-2,500 = 60 pts 1,501-2,000 = 50 pts 1,001-1,500 = 40 pts 751-1,000 = 30 pts 501-750 = 20 pts ≤500 = 10 pts	>1,000,000 = 100 pts 900,001-1,000,000 = 90 pts 800,001-900,000 = 80 pts 700,001-800,000 = 70 pts 600,001-700,000 = 60 pts 500,001-600,000 = 50 pts 400,001-500,000 = 40 pts 300,001-400,000 = 30 pts 200,001-300,000 = 20 pts ≤200,000 = 10 pts	≤10 hrs. = 100 pts 11-20 hrs. = 90 pts 21-30 hrs. = 80 pts 31-40 hrs. = 70 pts 41-50 hrs. = 60 pts 51-60 hrs. = 50 pts 61-70 hrs. = 40 pts 71-80 hrs. = 30 pts 81-90 hrs. = 20 pts >90 hrs. = 10 pts *For Trauma Centers, the Hours of Trauma Diversion*	Helipad = 15 pts Surgical Hybrid Room = 15 pts IR Capability = 15 pts Back-up CT = 10 pts ICU Beds: *(max. of 10)* = 10 pts >80 = 10 pts 61-80 = 8 pts 41-60 = 6 pts 21-40 = 4 pts ≤20 = 2 pts OR Rooms: *(max. of 10)* = 10 pts ≥31 = 10 pts 21-30 = 8 pts 11-20 = 6 pts 6-10 = 4 pts ≤5 = 2 pts Base (*) Hospital *(max of 10)* = 10 pts Peds ICU = 10 pts Rehab *(in-house)* = 5 pts	≤250 hrs. = 100 pts 251-500 hrs. = 90 pts 501-1,000 hrs. = 80 pts 1,001-1,500 hrs. = 70 pts 1,501-2,000 hrs. = 60 pts 2,001-2,500 hrs. = 50 pts 2,501-3,000 hrs. = 40 pts 3,001-3,500 hrs. = 30 pts 3,501-4,000 hrs. = 20 pts >4,000 hrs. = 10 pts
Distance to the nearest existing Trauma Center			As stipulated in Title 22, *Existing/Proposed Catchment Area MUST service a population of* greater than 350,000	>90 hrs. = 100 pts 81-90 hrs. = 90 pts 71-80 hrs. = 80 pts 61-70 hrs. = 70 pts 51-60 hrs. = 60 pts 41-50 hrs. = 50 pts 31-40 hrs. = 40 pts 21-30 hrs. = 30 pts 11-20 hrs. = 20 pts ≤10 hrs. = 10 pts *For non-Trauma Centers, the Hours of Trauma Diversion for the designated Trauma Center*	**Weighted according to the number of annual base hospital contacts* *>20,000 = 10 pts* *18,001-20,000 = 9 pts* *16,001-18,000 = 8 pts* *14,001-16,000 = 7 pts* *12,001-14,000 = 6 pts* *10,001-12,000 = 5 pts* *8,001-10,000 = 4 pts* *6,001-8,000 = 3 pts* *4,001-6,000 = 2 pts* *≤4,000 = 1 pts* *No Base = 0 pts*	*Hours of ED Diversion*
*max. pts. = **100***	*max. pts. = **100***	*max. pts. = **100***	*max. pts. = **100***	*max. pts. = **100***	*max. pts. = **100***	*max. pts. = **100***
Weighted Average Score for A = (GL x 0.60) {} + (FA x 0.40) {}		Weighted Average Score for D = (TV x 0.70) {} + (TP x 0.20) {} + (TD x 0.10) {}			Weighted Average Score for SC = (ES x 0.80) {} + (ED x 0.20) {}	

FINAL COMPOSITE SCORE =
(Ax0.30) {} + (Dx0.50) {} + (SCx0.20) {}

Significant Impact to the System
No Significant Impact to the System
Potential Negative Impact to the System

03/31/2015

County of Los Angeles • Department of Health Services
Emergency Medical Services Agency

Trauma Center / System Needs Assessment
Trauma Center #1 (Perfect Trauma Center)

ACCESS (A)		DEMAND (D)			SERVICES AND CAPACITY (SC)	
Geographic Location (GL)	Freeway Accessibility (FA)	Annual/Projected Trauma Volume Admits (TV)	Existing/Proposed Trauma Catchment Area Population (TP)	Annual Trauma Diversion Hours (TD)	Existing Services (ES)	Annual ED Diversion Hours (ED)
≥20 miles = 100 pts >17 - ≤19 miles = 90 pts >15 - ≤17 miles = 80 pts >13 - ≤15 miles = 70 pts >11 - ≤13 miles = 60 pts >9 - ≤11 miles = 50 pts >7 - ≤9 miles = 40 pts >5 - ≤7 miles = 30 pts >3 - ≤5 miles = 20 pts ≤3 miles = 10 pts *Distance to the nearest existing Trauma Centers* *Trauma Center #1 → Trauma Center #2 = 25 miles*	<1 mile = 100 pts <2 miles = 90 pts <3 miles = 80 pts <4 miles = 70 pts <5 miles = 60 pts <6 miles = 50 pts <7 miles = 40 pts <8 miles = 30 pts <9 miles = 20 pts >10 miles = 10 pts	>4,000 = 100 pts 3,501-4,000 = 90 pts 3,001-3,500 = 80 pts 2,501-3,000 = 70 pts 2,001-2,500 = 60 pts 1,501-2,000 = 50 pts 1,001-1,500 = 40 pts 751-1,000 = 30 pts 501-750 = 20 pts ≤500 = 10 pts *Trauma Center #1 Volume = 6,813*	>1,000,000 = 100 pts 900,001-1,000,000 = 90 pts 800,001-900,000 = 80 pts 700,001-800,000 = 70 pts 600,001-700,000 = 60 pts 500,001-600,000 = 50 pts 400,001-500,000 = 40 pts 300,001-400,000 = 30 pts 200,001-300,000 = 20 pts ≤200,000 = 10 pts Trauma Catchment Area Population 2,679,526 Square Miles 599.38 As stipulated in Title 22, *Existing/Proposed Catchment Area MUST service a population of* greater than 350,000	≤10 hrs. = 100 pts 11-20 hrs. = 90 pts 21-30 hrs. = 80 pts 31-40 hrs. = 70 pts 41-50 hrs. = 60 pts 51-60 hrs. = 50 pts 61-70 hrs. = 40 pts 71-80 hrs. = 30 pts 81-90 hrs. = 20 pts >90 hrs. = 10 pts *For Trauma Centers, the Hours of Trauma Diversion* *Trauma Diversion = 1 hr. and 47 mins.* >90 hrs. = 100 pts 81-90 hrs. = 90 pts 71-80 hrs. = 80 pts 61-70 hrs. = 70 pts 51-60 hrs. = 60 pts 41-50 hrs. = 50 pts 31-40 hrs. = 40 pts 21-30 hrs. = 30 pts 11-20 hrs. = 20 pts ≤10 hrs. = 10 pts *For non-Trauma Centers, the Hours of Trauma Diversion for the designated Trauma Center*	Helipad = 15 pts Surgical Hybrid Room = 15 pts IR Capability = 15 pts Back-up CT = 10 pts ICU Beds: *(max. of 10)* = 10 pts >80 = 10 pts 61-80 = 8 pts 41-60 = 6 pts 21-40 = 4 pts ≤20 = 2 pts OR Rooms: *(max. of 10)* = 10 pts ≥31 = 10 pts 21-30 = 8 pts 11-20 = 6 pts 6-10 = 4 pts ≤5 = 2 pts Base (*) Hospital *(max. of 10)* = 10 pts Peds ICU = 10 pts Rehab *(in-house)* = 5 pts **Weighted according to the number of annual base hospital contacts* *>20,000 = 10 pts* *18,001-20,000 = 9 pts* *16,001-18,000 = 8 pts* *14,001-16,000 = 7 pts* *12,001-14,000 = 6 pts* *10,001-12,000 = 5 pts* *8,001-10,000 = 4 pts* *6,001-8,000 = 3 pts* *4,001-6,000 = 2 pts* *≤4,000 = 1 pts* *No Base = 0 pts* *Base Call Volume = 23,645.*	≤250 hrs. = 100 pts 251-500 hrs. = 90 pts 501-1,000 hrs. = 80 pts 1,001-1,500 hrs. = 70 pts 1,501-2,000 hrs. = 60 pts 2,001-2,500 hrs. = 50 pts 2,501-3,000 hrs. = 40 pts 3,001-3,500 hrs. = 30 pts 3,501-4,000 hrs. = 20 pts >4,000 hrs. = 10 pts *ED Diversion = 158 hrs.*
*pts. = **100***	*pts. = **100***	*pts. = **100***	*pts. = **100***	*pts. = **100***	*pts. = **100***	*pts. = **100***
Weighted Average Score for A = **100** (GL x 0.60) {**60**} + (FA x 0.40) {**40**}		Weighted Average Score for D = **100** (TV x 0.70) {**70**}+ (TP x 0.20) {**20**}+ (TD x 0.10) {**10**}			Weighted Average Score for SC = **100** (ES x 0.60) {**60**}+ (ED x 0.40) {**40**}	

FINAL COMPOSITE SCORE = 100
(Ax0.30) {30} + (Dx0.50) {50} + (SCx0.20) {20}

Significant Impact to the System
No Significant Impact to the System
Potential Negative Impact to the System

03/31/2015

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Trauma Center / System Needs Assessment
Trauma Center #2 (Low Scoring)

ACCESS (A)		DEMAND (D)			SERVICES AND CAPACITY (SC)	
Geographic Location (GL)	Freeway Accessibility (FA)	Annual/Projected Trauma Volume Admits (TV)	Existing/Proposed Trauma Catchment Area Population (TP)	Annual Trauma Diversion Hours (TD)	Existing Services (ES)	Annual ED Diversion Hours (ED)
≥20 miles = 100 pts >17 - ≤19 miles = 90 pts >15 - ≤17 miles = 80 pts >13 - ≤15 miles = 70 pts >11 - ≤13 miles = 60 pts >9 - ≤11 miles = 50 pts >7 - ≤9 miles = 40 pts >5 - ≤7 miles = 30 pts >3 - ≤5 miles = 20 pts ≤3 miles = 10 pts	<1 mile = 100 pts <2 miles = 90 pts <3 miles = 80 pts <4 miles = 70 pts <5 miles = 60 pts <6 miles = 50 pts <7 miles = 40 pts <8 miles = 30 pts <9 miles = 20 pts >10 miles = 10 pts	>4,000 = 100 pts 3,501-4,000 = 90 pts 3,001-3,500 = 80 pts 2,501-3,000 = 70 pts 2,001-2,500 = 60 pts 1,501-2,000 = 50 pts 1,001-1,500 = 40 pts 751-1,000 = 30 pts 501-750 = 20 pts ≤500 = 10 pts	>1,000,000 = 100 pts 900,001-1,000,000 = 90 pts 800,001-900,000 = 80 pts 700,001-800,000 = 70 pts 600,001-700,000 = 60 pts 500,001-600,000 = 50 pts 400,001-500,000 = 40 pts 300,001-400,000 = 30 pts 200,001-300,000 = 20 pts ≤200,000 = 10 pts Trauma Catchment Area Population 350,000	≤10 hrs. = 100 pts 11-20 hrs. = 90 pts 21-30 hrs. = 80 pts 31-40 hrs. = 70 pts 41-50 hrs. = 60 pts 51-60 hrs. = 50 pts 61-70 hrs. = 40 pts 71-80 hrs. = 30 pts 81-90 hrs. = 20 pts >90 hrs. = 10 pts *For Trauma Centers, the Hours of Trauma Diversion Trauma Center #2 Diversion = 55 hrs. 8 mins.*	Helipad = 15 pts Surgical Hybrid Room = 15 pts IR Capability = 15 pts Back-up CT = 10 pts ICU Beds: *(max. of 10)* = 2 pts >80 = 10 pts 61-80 = 8 pts 41-60 = 6 pts 21-40 = 4 pts ≤20 = 2 pts OR Rooms: *(max. of 10)* = 2 pts ≥31 = 10 pts 21-30 = 8 pts 11-20 = 6 pts 6-10 = 4 pts ≤5 = 2 pts Base (*) Hospital *(max of 10)* = 3 pts Peds ICU = 10 pts Rehab *(in-house)* = 5 pts	≤250 hrs. = 100 pts 251-500 hrs. = 90 pts 501-1,000 hrs. = 80 pts 1,001-1,500 hrs. = 70 pts 1,501-2,000 hrs. = 60 pts 2,001-2,500 hrs. = 50 pts 2,501-3,000 hrs. = 40 pts 3,001-3,500 hrs. = 30 pts 3,501-4,000 hrs. = 20 pts >4,000 hrs. = 10 pts
Distance to the nearest existing Trauma Center *Trauma Center #2 → Trauma Center #3 10.2 Miles* *Trauma Center #2 → Trauma Center #4 12.8 Miles*		*Trauma Center #2 Volume = 418*	As stipulated in Title 22, *Existing/Proposed Catchment Area MUST service a population of* greater than 350,000	>90 hrs. = 100 pts 81-90 hrs. = 90 pts 71-80 hrs. = 80 pts 61-70 hrs. = 70 pts 51-60 hrs. = 60 pts 41-50 hrs. = 50 pts 31-40 hrs. = 40 pts 21-30 hrs. = 30 pts 11-20 hrs. = 20 pts ≤10 hrs. = 10 pts *For non-Trauma Centers, the Hours of Trauma Diversion for the designated Trauma Center*	**Weighted according to the number of annual base hospital contacts* *>20,000 = 10 pts* *18,001-20,000 = 9 pts* *16,001-18,000 = 8 pts* *14,001-16,000 = 7 pts* *12,001-14,000 = 6 pts* *10,001-12,000 = 5 pts* *8,001-10,000 = 4 pts* *6,001-8,000 = 3 pts* *4,001-6,000 = 2 pts* *≤4,000 = 1 pts* *No Base = 0 pts* *Call Volume = 7,198.*	*Hours of ED Diversion 2014 = 2,486 hrs. 43 mins.*
*pts. = **50***	*pts. = **60***	*pts. = **30***	*pts. = **30***	*pts. = **50***	*pts. = **32***	*pts. = **50***
Weighted Average Score for A = **54** (GL x 0.60) {**30**} + (FA x 0.40) {**24**}		Weighted Average Score for D = **28.2** (TV x 0.70) {**21**} + (TP x 0.20) {**6**} + (TD x 0.10) {**1.2**}			Weighted Average Score for SC = **35.6** (ES x 0.80) {**25.6**} + (ED x 0.20) {**10**}	

FINAL COMPOSITE SCORE = 37.42
(Ax0.30) {16.2} + (Dx0.50) {14.1} + (SCx0.20) {7.12}

Significant Impact to the System
No Significant Impact to the System
Potential Negative Impact to the System

03/31/2015

County of Los Angeles • Department of Health Services
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Trauma Center / System Needs Assessment
Non-Trauma Center

ACCESS		DEMAND (D)			SERVICES AND CAPACITY (SC)	
Geographic Location (GL)	Freeway Accessibility (FA)	Annual/Projected Trauma Volume Admits (TV)	Existing/Proposed Trauma Catchment Area Population (TP)	Annual Trauma Diversion Hours (TD)	Existing Services (ES)	Annual ED Diversion Hours (ED)
≥20 miles = 100 pts >17 - ≤19 miles = 90 pts >15 - ≤17 miles = 80 pts >13 - ≤15 miles = 70 pts >11 - ≤13 miles = 60 pts >9 - ≤11 miles = 50 pts >7 - ≤9 miles = 40 pts >5 - ≤7 miles = 30 pts >3 - ≤5 miles = 20 pts ≤3 miles = 10 pts	≤1 mile = 100 pts <2 miles = 90 pts <3 miles = 80 pts <4 miles = 70 pts <5 miles = 60 pts <6 miles = 50 pts <7 miles = 40 pts <8 miles = 30 pts <9 miles = 20 pts >10 miles = 10 pts	>4,000 = 100 pts 3,501-4,000 = 90 pts 3,001-3,500 = 80 pts 2,501-3,000 = 70 pts 2,001-2,500 = 60 pts 1,501-2,000 = 50 pts 1,001-1,500 = 40 pts 751-1,000 = 30 pts 501-750 = 20 pts ≤500 = 10 pts	>1,000,000 = 100 pts 900,001-1,000,000 = 90 pts 800,001-900,000 = 80 pts 700,001-800,000 = 70 pts 600,001-700,000 = 60 pts 500,001-600,000 = 50 pts 400,001-500,000 = 40 pts 300,001-400,000 = 30 pts 200,001-300,000 = 20 pts ≤200,000 = 10 pts	≤10 hrs. = 100 pts 11-20 hrs. = 90 pts 21-30 hrs. = 80 pts 31-40 hrs. = 70 pts 41-50 hrs. = 60 pts 51-60 hrs. = 50 pts 61-70 hrs. = 40 pts 71-80 hrs. = 30 pts 81-90 hrs. = 20 pts >90 hrs. = 10 pts *For Trauma Centers, the Hours of Trauma Diversion* >90 hrs. = 100 pts 81-90 hrs. = 90 pts 71-80 hrs. = 80 pts 61-70 hrs. = 70 pts 51-60 hrs. = 60 pts 41-50 hrs. = 50 pts 31-40 hrs. = 40 pts 21-30 hrs. = 30 pts 11-20 hrs. = 20 pts ≤10 hrs. = 10 pts *For non-Trauma Centers, the Hours of Trauma Diversion for the designated Trauma Center* *Trauma Diversions for Designated Trauma Center for 2014 = 1 hour and 47 minutes*	Helipad = 15 pts Surgical Hybrid Room = 15 pts IR Capability = 15 pts Back-up CT = 10 pts ICU Beds: *(max. of 10)* = 4 pts >80 = 10 pts 61-80 = 8 pts 41-60 = 6 pts 21-40 = 4 pts ≤20 = 2 pts OR Rooms: *(max. of 10)* = 6 pts ≥31 = 10 pts 21-30 = 8 pts 11-20 = 6 pts 6-10 = 4 pts ≤5 = 2 pts Base (*) Hospital = 3 pts Peds ICU = 10 pts Rehab *(in-house)* = 5 pts **Weighted according to the number of annual base hospital contacts* *>20,000 = 10 pts* *18,001-20,000 = 9 pts* *16,001-18,000 = 8 pts* *14,001-16,000 = 7 pts* *12,001-14,000 = 6 pts* *10,001-12,000 = 5 pts* *8,001-10,000 = 4 pts* *6,001-8,000 = 3 pts* *4,001-6,000 = 2 pts* *≤4,000 = 1 pts* *No Base = 0 pts* *Call Volume 2014 = 6,771.*	≤250 hrs. = 100 pts 251-500 hrs. = 90 pts 501-1,000 hrs. = 80 pts 1,001-1,500 hrs. = 70 pts 1,501-2,000 hrs. = 60 pts 2,001-2,500 hrs. = 50 pts 2,501-3,000 hrs. = 40 pts 3,001-3,500 hrs. = 30 pts 3,501-4,000 hrs. = 20 pts >4,000 hrs. = 10 pts
Distance to the nearest existing Trauma Centers *Non-Trauma Center → Trauma Center #1 = 5.76 miles* *Non-Trauma Center → Trauma Center #2 = 8.7 miles* *Non-Trauma Center → Trauma Center #3 = 11 miles*			As stipulated in Title 22, *Existing/Proposed Catchment Area MUST service a population of* greater than 350,000			*ED Diversion for Facility seeking Trauma Center designation for 2014 = 927 hrs.*
*pts. = **30***	*pts. = **100***	*pts. = **10***	*pts. = **20***	*pts. = **10***	*pts. = **58***	*pts. = **80***
Weighted Average Score for A = **58** (GL x 0.60) {**18**} + (FA x 0.40) {**40**}		Weighted Average Score for D = **12** (TV x 0.70) {**7**}+ (TP x 0.20) {**4**}+ (TD x 0.10) {**1**}			Weighted Average Score for SC = **66.8** (ES x 0.60) {**34.8**}+ (ED x 0.40) {**32**}	

FINAL COMPOSITE SCORE = 36.76
(Ax0.30) {17.4} + (Dx0.50) {6} + (SCx0.20) {13.36}

Significant Impact to the System
No Significant Impact to the System
Potential Negative Impact to the System

03/19/2015

TMAC
TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

GENERAL MEMBERSHIP MEETING
February 10, 2017

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TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

GENERAL MEMBERSHIP MEETING
February 10, 2017

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TMAC
TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

GENERAL MEMBERSHIP MEETING
February 10, 2017

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