



IRHA Policy Development/Resolution Form

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Policy Title: Strengthen and Formalize Indiana's Trauma System

Please indicate which of the following reason(s) best describes why this policy/resolution should be reviewed and adopted by IRHA: (Check all that apply)

- Influence changes to the external operating environment
- Influence changes to government policy or legislation
- Support the strategic directions of IRHA
- Support the strategic directions of NRHA
- Recommend new initiatives within or across the state or local areas
- Support the consistent use of best or promising practices across areas of service delivery
- Other (Please specify):

Background: In general, describe the current health issue(s) that residents in rural Indiana is or may experience that is directly or indirectly associated with this proposed policy/resolution. Also, identify specific targets, as applicable. In addition, identify any policy, administrative or legislative, that exists at the local, state, or national level that assists in providing contexts to the proposed policy/resolution.

"The No. 1 killer of young people in Indiana is injury, or trauma, as we often refer to it in its more serious forms. Injuries from motor vehicle accidents, gunshot wounds, falls from a barn or an all-terrain vehicle crash kill more young people in our state than anything else. In fact, more than 32,000 Hoosiers are hospitalized each year from injuries. More than 3,700 died from those injuries in 2009."

"Problems posed by injury are most acute in our rural areas, for obvious reasons: Ambulances often are not available, and the time it takes an ambulance crew to arrive at the scene of a rural injury is much greater than in urban areas, due to either distance or rural geography and the fact that ambulances must drive over more secondary roads. Most rural hospitals don't have the resources (like surgical specialties) to provide definitive trauma care, and there are no trauma centers in rural areas of Indiana."¹

"About 36 percent of Indiana's acute hospitals (46 of 129) are located in rural parts of the state, and 16 of Indiana's 92 counties don't even have a hospital." Rural Indiana needs a more integrated trauma system. Its challenges include:

- Communicating with EMS services when an injury occurs.
- Longer response time for ambulance crews due to travel time to the scene.
- No trauma centers located in or near rural areas.
- Smaller hospitals tend not to be adequately equipped to deal with many trauma scenarios.¹

The issues as posted by the Indiana State Department of Health's Trauma Home Webpage

- Injury is the No. 1 killer of Hoosiers under the age of 45 and the No. 5 killer of Hoosiers of all ages.
- Problems posed by injury are most acute in our rural areas.
- A major way that states address the problem of trauma is through the design, implementation and oversight of a statewide trauma system. The ISDH has that statutory responsibility in Indiana.
- Bad things happen where state trauma systems are not in place; where trauma systems exist, they save lives. Trauma systems lower preventable death rates by as much as 25-30 percent.
- Indiana has in place several elements of a statewide trauma system, but we don't yet have what can honestly be described as a "system." Other challenges with our current approach to trauma include:
 - We don't have enough EMS providers, especially in rural areas.
 - There aren't enough trauma centers.
 - At the state level, not all components of the trauma system are located in the same state agency.²

Policy Implication: Present specific arguments using evidenced-based literature, governmental documents, and administrative reports that highlight proponent perspectives and opponent perspectives related to the proposed policy/resolution. An abbreviated explanation of the process associated with data presented in administrative reports should be included.

Most seriously injured patients have the best chance to survive if they receive definitive medical care within the hour immediately following their injury.

Seventy percent of Indiana's population does not have access to a trauma center within a 45 minute drive in order to receive trauma level care. See attached map.

Trauma is an economic burden. "A 2006 study estimated that the national cost exceeded \$400 billion annually. Trauma accounts for 31 percent of all "life years lost" compared to 16 percent for cancer, 12 percent for heart disease, and 2 percent for HIV/AIDS. The magnitude of trauma in America today is even greater when you include those who don't die. For every trauma death, an estimated 10 people are hospitalized and transferred to specialized medical care, and 178 people are treated and released from hospital emergency departments."

"For every \$3.51 the federal government spends on HIV research and \$1.65 for cancer, trauma gets 10 cents. And this is true despite the fact that someone dies from a traumatic injury every three minutes in the United States."¹

"In 2010, trauma-related conditions accounted for \$82.3 billion in health care expenditure, making that group of conditions the second most costly of all health conditions, only surpassed by heart conditions."⁴

Section 1: Proponent Arguments

Inequality, variability and time-to-treatment are the enemies in Trauma Care. ‘Indiana has elements of a trauma system, but lacks a true system of pre-planned, comprehensive, inclusive network of trained and equipped trauma care providers, including ambulance crews, hospitals, trauma centers, physicians, nurses, rehabilitation specialists, trauma registrars and injury prevention professionals throughout the state, ensuring that optimal trauma care is available and accessible everywhere.’¹

A 2005 Harris poll found that 9 out of 10 felt that it was extremely or very important for their state to have a trauma system. Also, greater than 55% would pay \$25 per year to support a trauma system.

The author of this policy resolution speaks first hand from working in a Critical Access Hospital and was not aware of what she didn’t know about trauma until she attended a Combat Casualty Care Course when she was mobilized for basic training in the US Army Reserves. She is convinced that rural nurses need basic trauma skills training as well as other emergency room staff.³

Section 2: Opponent Arguments

Trauma care cannot be improved in rural areas. There is not the population to support it and it is one of the inherent risks of living in rural Indiana. Equity is not a right. We should not have to pay for access when we live near a trauma center.

Policy/Resolution Recommendation: Formally state the position/recommendation of IRHA presenting a brief rationale of support. Present specific actions that IRHA recommends.

The IRHA advocates for an equitable statewide trauma system.

Everyone living or traveling in Indiana should be able to expect timely transport and treatment to the appropriate level of care for their injuries. To ensure this:

- Rural nurses, EMS and medical providers working in an emergency room will receive basic trauma skills training.
- Indiana shall create a sustainable funding source to establish a comprehensive trauma system.

References:

1. <http://www.in.gov/isdh/files/PAPER.pdf>
2. [www.indianatrauma.org website](http://www.indianatrauma.org)
3. Combat Casualty Care Course / Basic Training in Trauma Skills / Got Trauma Training, presenter Meredith Addison, RN, MSN.