Strengths and Weaknesses of Planning a Statewide Trauma System

Trish McDougall
Executive Manager
NSW Institute of Trauma and Injury Management
State Trauma Committees

- Pre hospital Trauma System Committee
- Trauma Services Committee
- Allied Health and Rehabilitation Committee
- Education and Research Committee
- State Death Review Committee
- Clinical Practice Guideline Committee

Multidisciplinary Membership - Rural / Metropolitan
Strengths

- Champion for Trauma IDENTIFIED
- Establishment of the Institute of Trauma
- Direct Access to the Minister
- Annual Trauma Minimum Data Sets available from each Trauma Centre for collated report and individual reports
- Recurrent targeted funding
- Accountability by AHS to NSW ITIM
Strengths
Networking between Trauma Centres and ITIM
Weaknesses

- Funding not directed to Rural Hospitals
- Trauma Surgical Training issues not addressed
- Some Area Health Services not prepared to inject any funding into existing services
- Sharing of resources between hospitals still difficult to achieve
- Trauma education for medical staff in particular in metropolitan and rural areas not mandatory
Summary

- Documented improved outcomes

- The notification process and feedback to Clinicians in rural and metropolitan centres is well established

- Review of collated trauma data is ongoing

- Networking on a state, national and international level is in place

- Access to trauma education programs for Medical, Nursing, Allied Health and Ambulance has improved (particularly in remote areas)
HISTORY

2000
NSW Health Council

2001
GMSIG Report released

2001
Greater Metropolitan Transitional Task (GMTT) Force established

2001
Virtual Trauma Institute Committee convened

2002
NSW Institute of Trauma and Injury Management
(NSW ITIM)

"OPERATIONAL"
Sydney Area Health Services

Sydney West
1.12 million

Northern Sydney Central Coast
1.13 million

Penrith

Liverpool

Sydney South West
1.36 million

South Eastern Sydney Illawarra
1.2 million

Sydney Harbour Bridge
Trauma Centre Development

- Trauma Data > Minister for Health
  - ISS>15 (2001)
  - Mechanism of Injury
  - Age
  - Sex
  - Outcome

- This collated very minimum data set had a maximum impact on future funding
Trauma Centres Development

2002 Trauma Centre Site visits conducted

Outcome

- Staffing Variances- Range 0.5FTE -11FTE
- Funding Issues
- Roles and Responsibilities not defined
Funding

- Minimum Staffing to maintain a Trauma Service Identified and Documented
  - Trauma Director
  - Trauma Nurse Coordinator
  - Trauma Data Manager
  - Area Trauma Nurse Coordinator

- Funding Proposal submitted to GMTT to support Trauma Service Infrastructure June 2002
  - Recurrent funding made available in 2002-2003 Health Budget to fund
    - NSW ITIM
    - Trauma service infrastructure
    - $3,500,000
Trauma Funding Accountability

- Detailed Roles and Responsibilities FOR Trauma Services defined and documented by NSW ITIM

- Trauma Service Information package given to Area Health Services including CEO’S Directors of Nursing and Administration Managers

- Reporting requirements to NSW ITIM regarding enhancement funding communicated to Area Health Services

- Site visits by NSW ITIM CEO and Executive Manager
Trauma System Development

2002-2005
27 new or upgraded trauma positions in place

- State-wide Trauma Education in progress
- State Trauma Committees Operational
- 2002, 2003, 2004 NSW ITIM Trauma Minimum Data Set Reports Published
NSW ITIM Minimum Data Set

- 25 data points
- Consensus
- Payment for data at six monthly intervals
- Report publication annually
- All hospitals identified in the report with a summary data report
- Rural system data identified