

**Strengths and Weaknesses
of
Planning
a
Statewide Trauma System**

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Population



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





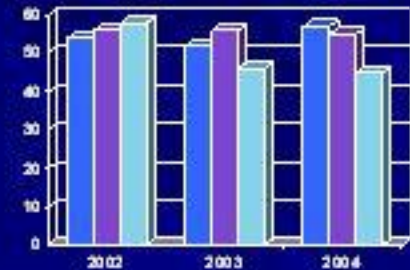
Weaknesses

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



- Review of collated trauma data is ongoing
- Networking on a state, national and international level is in place



HISTORY

■ 2000

NSW Health Council

■ 2001

GMSIG Report released



■ 2001

**Greater Metropolitan
Transitional Task (GMITT) Force
established**

■ 2001

**Virtual Trauma Institute
Committee convened**

➤ 2002

**NSW Institute
of Trauma and Injury Management**

(NSW ITIM)

“ OPERATIONAL ”

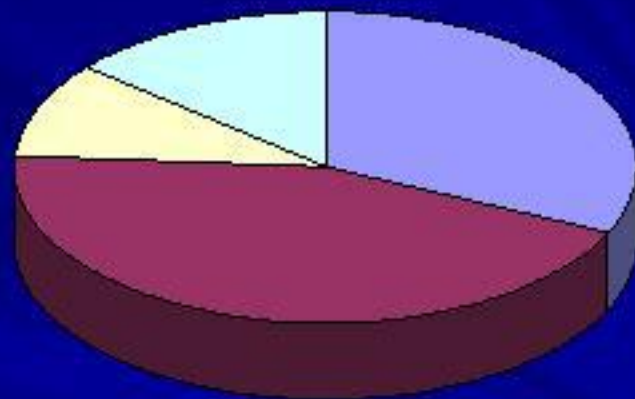


Sydney Area Health Services



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





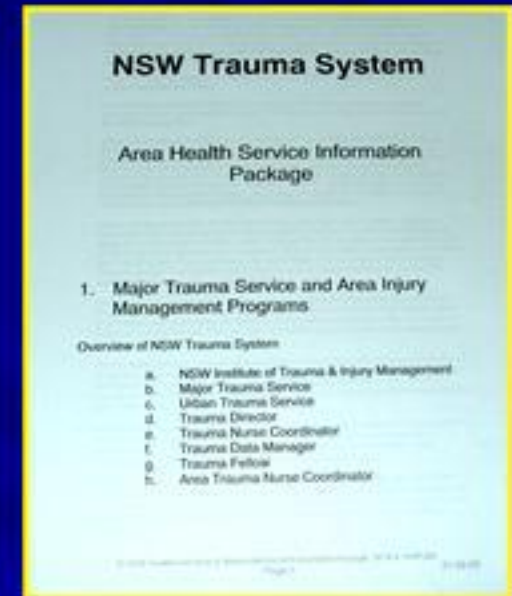
Funding



- **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 GMITT 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

