



System Report

December 1, 2012 – February 28, 2013

**Data Period - Fourth Quarter 2012
(October-November-December)**

Mississippi Trauma Care System

*Designated Trauma Care Providers
Working Together to Prevent and Treat Trauma*

Prepared for:

Mississippi State Board of Health

March 4, 2013

Introduction

The goal of the Mississippi Trauma Care System is to deliver the **right** patient to the **right** hospital the **first** time. Research shows that this approach decreases mortality. Trauma remains the leading cause of death for Mississippians age 1 to 44 and Mississippi ranks third in the nation for unintentional injury deaths.

Mississippi began development of a statewide trauma system in 1991. The Mississippi Legislature charged the Mississippi State Department of Health with the responsibility for oversight of trauma system development. Since that time the state has adopted a trauma care plan, established seven designated trauma regions, designated qualifying hospitals as trauma centers, maintains a trauma registry, and disbursed funding to trauma regions, trauma centers, and physicians.

The Mississippi Legislature passed House Bill 1405 during the 2007 Regular Session to revitalize and more fully fund the Mississippi Trauma Care System. Mississippi moved from a voluntary system with indigent reimbursement, to a mandatory system with block grant funding based on participation; the first trauma system of its type in the United States. As suggested by the Mississippi Trauma Care Task Force, this report on the Mississippi Trauma Care System will be submitted quarterly to the Mississippi State Board of Health.



Quarterly Activities

Trauma Registry:

No User Group meeting or Software Training during this period.

Trauma Center Consultation Visits:

No consultation/educational visits during this period.

Trauma Center Inspections:

Central Mississippi Medical Center, Jackson Level III Trauma Center	January 7, 2013
Southwest Mississippi Regional Medical Center, McComb Level III Trauma Center	January 8, 2013
South Central Regional Medical Center, Laurel Level III Trauma Center Focused Survey	January 9, 2013
Singing River Hospital, Pascagoula Level II Trauma Center	January 21, 2013
Ocean Springs Hospital, Ocean Springs Level III Trauma Center	January 22, 2013
Garden Park Medical Center, Gulfport Level III Trauma Center Focused Survey	January 23, 2013

Trauma Center Designations:

The following hospitals have received designation as a Level IV adult Trauma Center and Primary Pediatric Trauma Center:

- Magee General Hospital, Magee
- Pioneer Community Hospital of Newton, Newton

Currently, the system is comprised of:

- Three Level I Trauma Centers (UMMC, Jackson; Regional Medical Center, Memphis; University of South Alabama, Mobile);
- One stand-alone Tertiary Pediatric Trauma Center (Le Bonheur Children's Hospital, Memphis);

- One designated Burn Center (J.M. Still Burn Center at Crossgates River Oaks Hospital, Brandon);
- Four Level II Trauma Centers (North Mississippi Medical Center, Tupelo; Forrest General Hospital, Hattiesburg; Memorial Hospital of Gulfport, Gulfport; Singing River Hospital, Pascagoula);
- Fifteen Level III Trauma Centers; and
- Fifty nine Level IV Trauma Centers.

Mississippi Trauma Advisory Committee (MTAC) Activities:

MTAC held its quarterly meeting on January 16, 2013 in the Underwood Auditorium:

- The Rules and Regulations sub-committee presented proposed changes to the Trauma Regulations including:
 - Updated definition of the State Trauma Plan;
 - Initial and recurring training for trauma registrars;
 - Editorial correction to the response time of neurosurgeons at Tertiary Pediatric Trauma Centers.
- The next meeting of MTAC is scheduled for April 18, 2013 in the Cobb Auditorium.

Trauma Data:

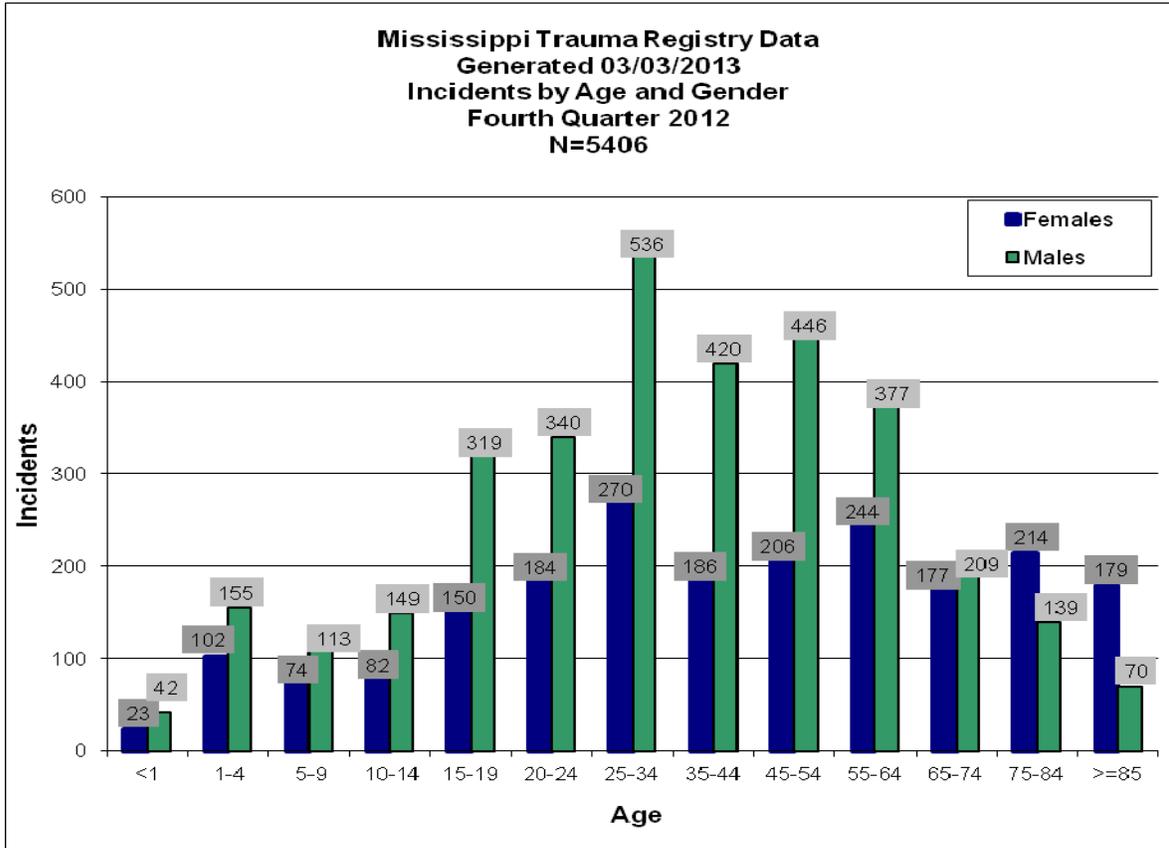
Injury Severity Score (ISS) Summary for Level I-III Trauma Centers

Mississippi Trauma Registry Data Injury Severity Score Summary for Level I to Level III Hospitals Generated 03/03/2013 Fourth Quarter 2012 N = 4054*						
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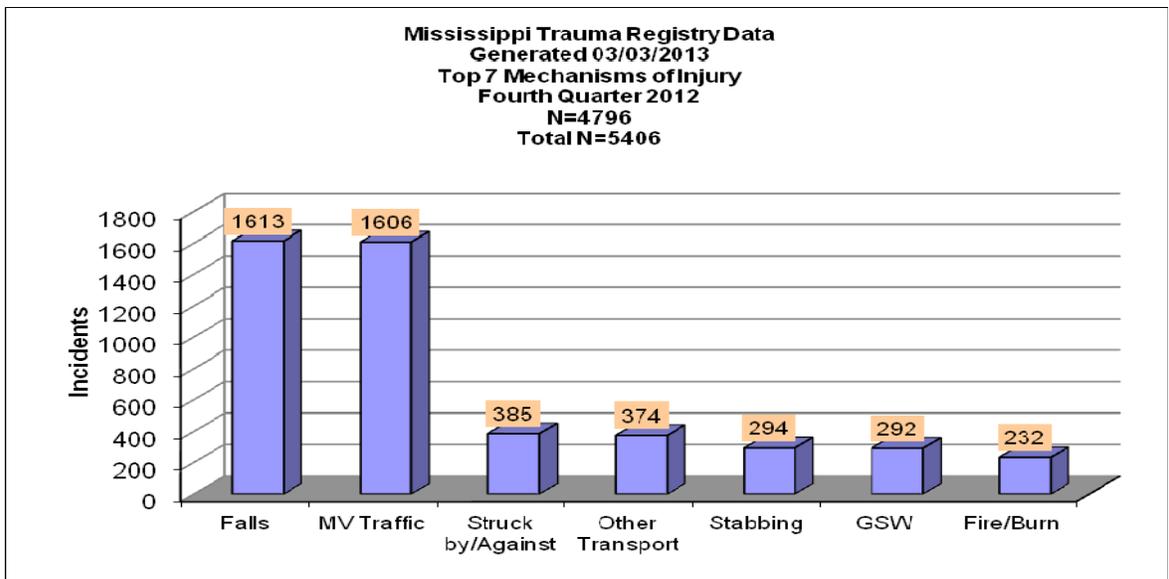
Facility	Site ID	ISS 1-9	ISS 10-15	ISS 16-24	ISS>24	Total Patients
Anderson Regional Medical Center-North	237	63	22	12	6	103
Baptist Memorial Hospital-Desoto	318	328	28	4	1	361
Baptist Memorial Hospital-GoldenTriangle	253	250	14	3	1	268
Baptist Memorial Hospital-North Miss.	228	73	5	1	0	79
Biloxi Regional Medical Center	299	45	7	4	4	60
Delta Regional Medical Center	189	78	5	1	1	85
Forrest General Hospital	141	515	88	24	8	635
Garden Park Medical Center	272	11	3	1	0	15
Magnolia Hospital	248	80	7	2	0	89
Memorial Hospital at Gulfport	28	173	22	14	4	213
North MS Medical Center-Tupelo	63	273	35	15	21	344
Ocean Springs Hospital	390	40	1	0	1	42
Oktibbeha County Hospital	269	42	4	6	0	52
Regional Medical Center at Memphis	900	45	9	2	1	57
River Oaks Hospital, Inc.	297	51	3	0	0	54
Rush Foundation Hospital	59	81	13	2	2	98
Singing River Hospital	39	42	4	2	0	48
South Central Regional Medical Center	153	190	10	5	2	207
Southwest Mississippi Regional Medical C	251	132	11	1	0	144
Univ of South Alabama Medical Center	914	53	11	11	4	79
University Medical Center	199	786	129	67	39	1021
Total		3351	431	177	95	4054

* Does not include 1352 patients treated at Level IV Trauma Centers.

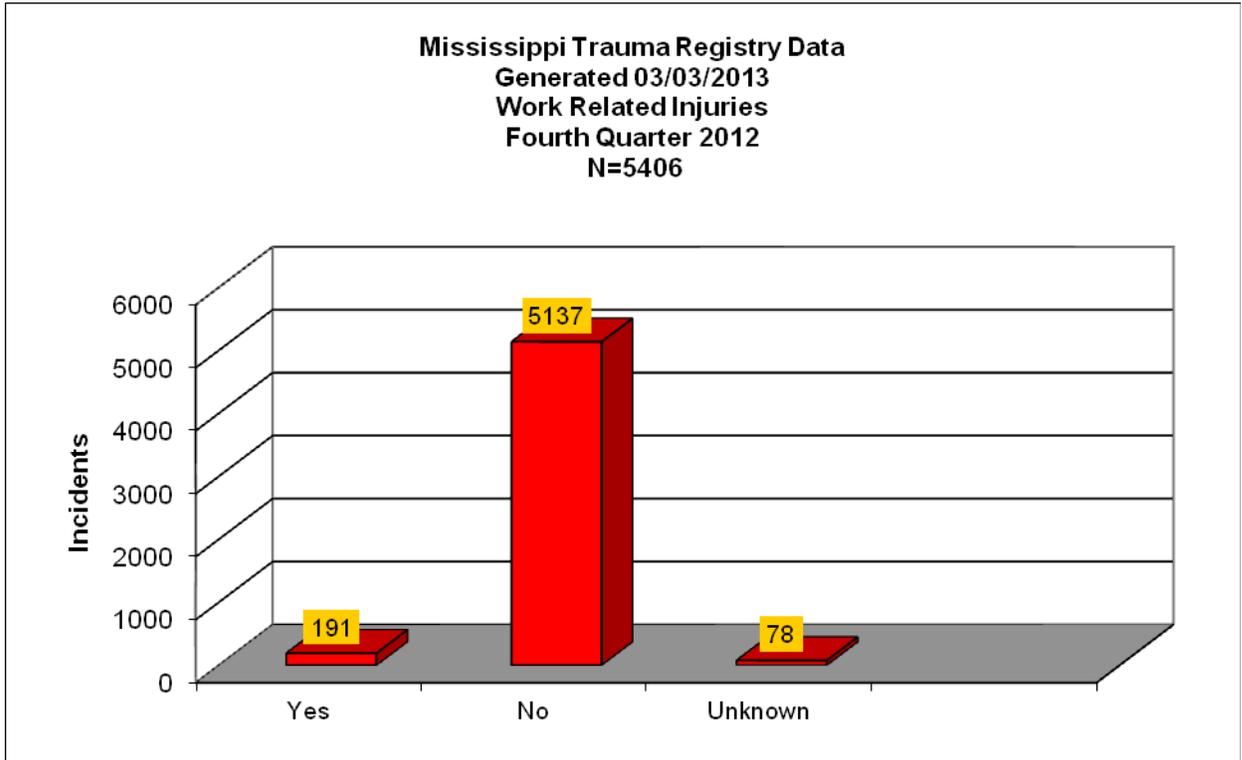
Age and Gender



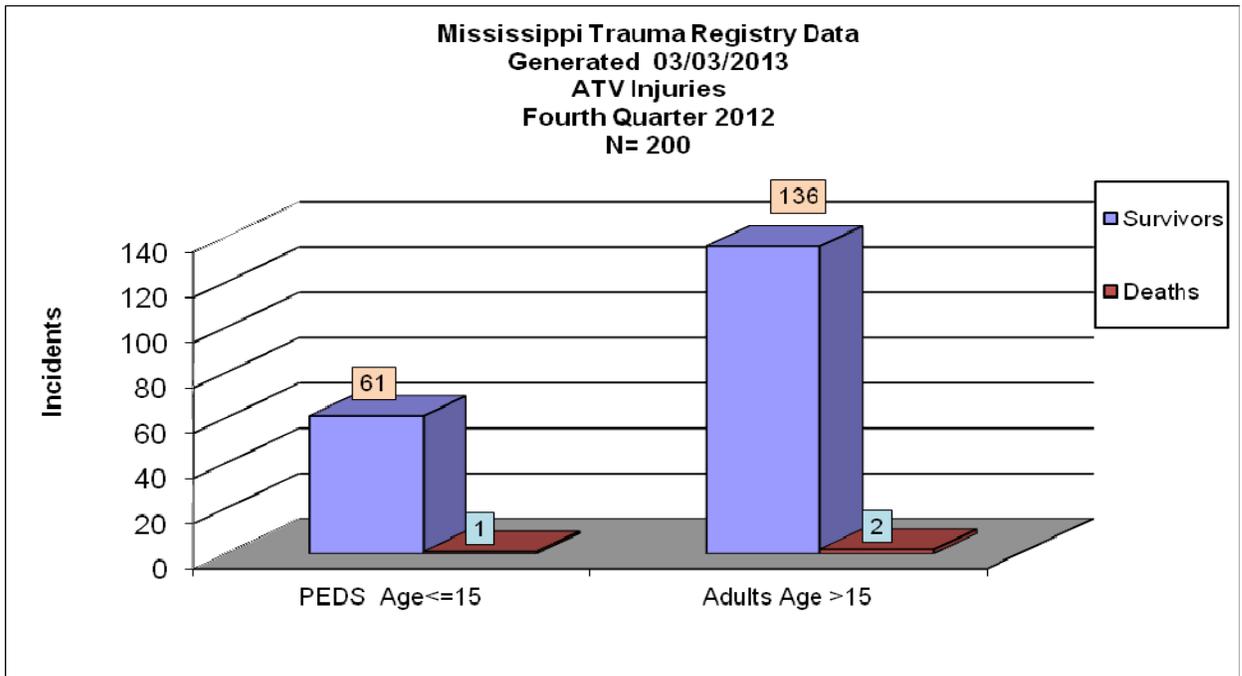
The top 7 mechanisms of injury



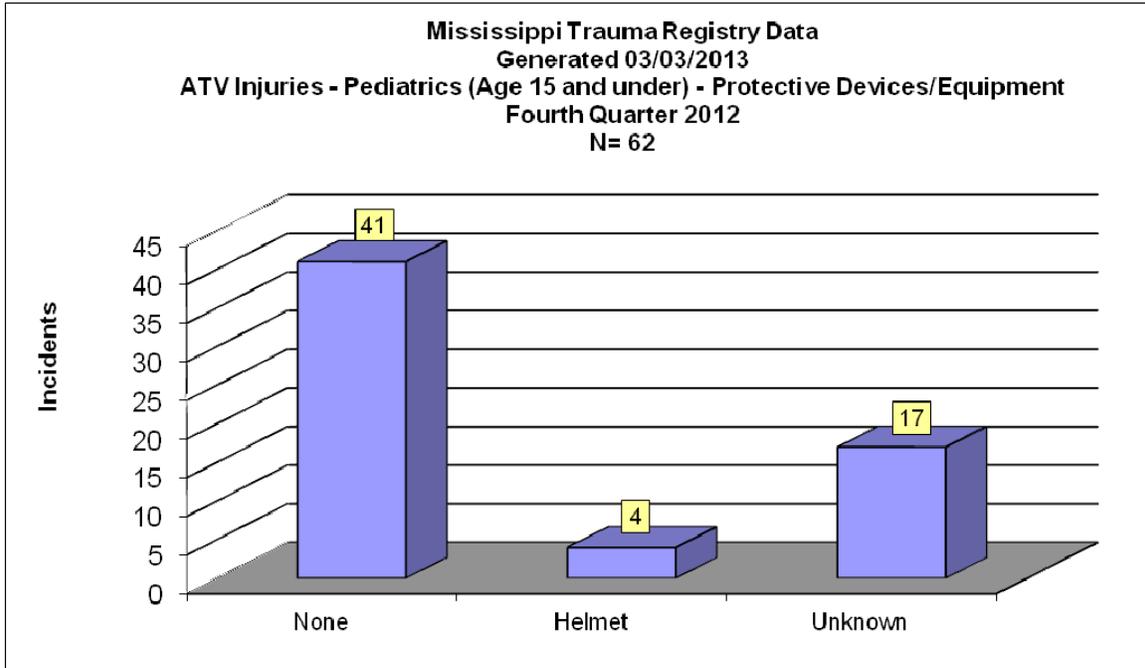
Work related injuries



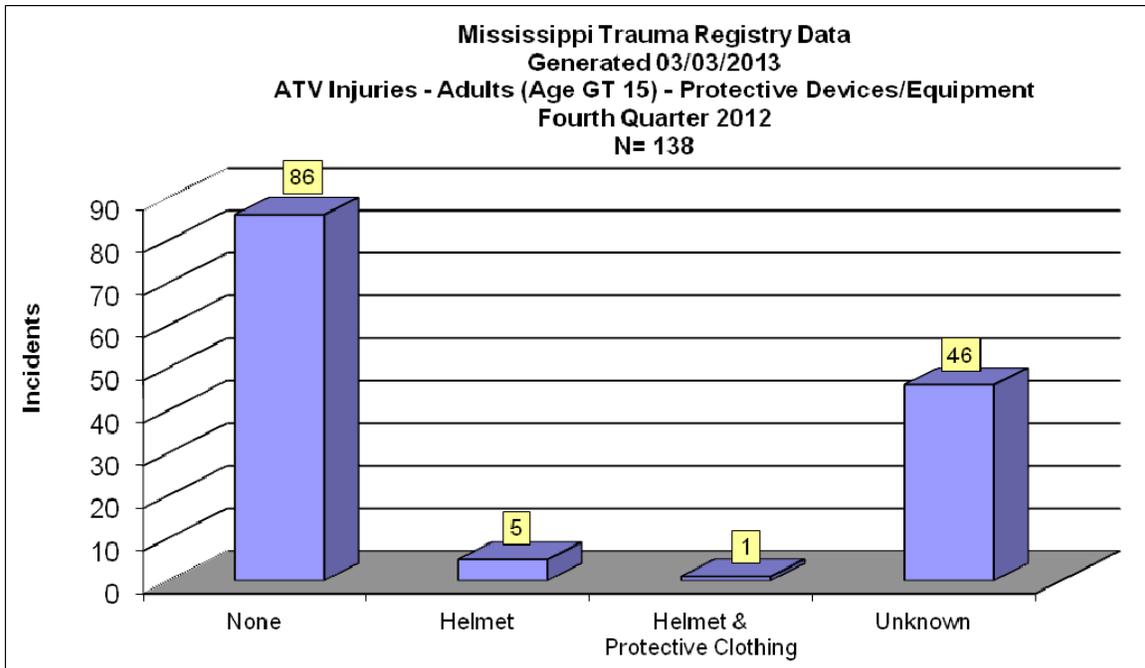
ATV Injuries and Deaths



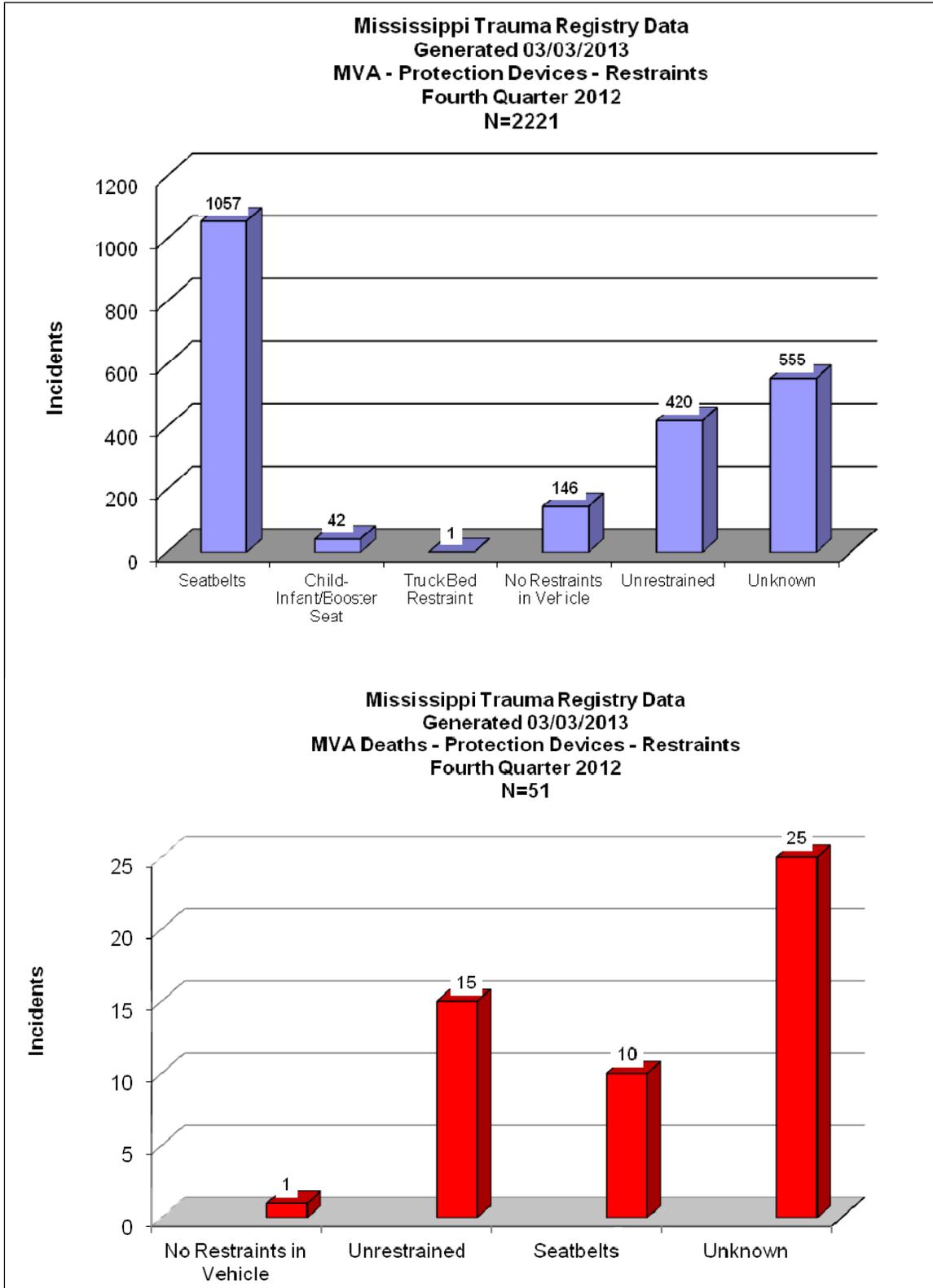
ATV Injuries and Deaths with Protective Devices (Pediatric)



ATV Injuries and Deaths with Protective Devices (Adult)



MVA with and without restraints

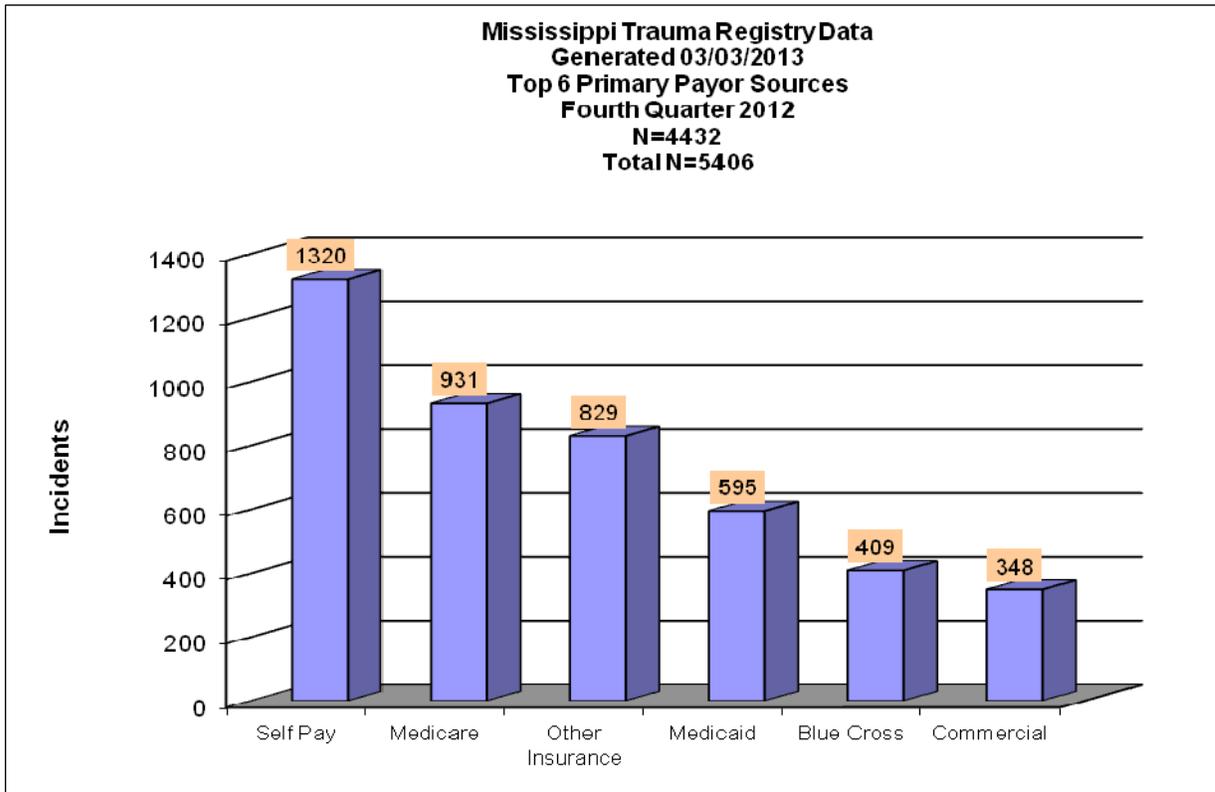


Trauma Performance Improvement (PI) Program:

Trauma PI Sub-committee activities:

- The sub-committee met on February 19, 2013.
- Discussion items relating to system performance:
 - EMS arrival at scene to departure to ED (scene time) should be less than 15 minutes, excluding extrications.
 - A maximum of 24 hours for the hospital to receive an EMS run sheet.
 - Appropriate use of CT at Level IV and III centers prior to transfer.
 - Deaths occurring at receiving hospitals after transfer.
 - Unexpected death where the patient should have survived (TRISS > .5).
 - ED Length of Stay in Level III/IV centers prior to transfer should be less than 130 minutes.
 - Transfer of pediatric Alpha trauma patients to Tertiary Pediatric Trauma Centers.
- The sub-committee has made the following evidence-based general conclusions:
 - The Trauma System is working as designed. The use of the required Activation Criteria and Destination Guidelines has had a positive impact on the system.
 - EMS and Level IV Trauma Centers are doing an exceptional job of rapidly delivering/transferring trauma patients to appropriate levels of care.
 - Deaths are occurring at the appropriate level of trauma center.
 - Diagnostic tests being performed prior to transfer are appropriate.

Financial Data:



Trauma Care Trust Fund:

Fund Total – November 30, 2012

\$ 8,634,977

Month	Moving Violations	Interest	Tag Fee	ATV/ Motorcycle Fee	Play or Pay/ Other	Total Collected
December	\$582,654	\$7,893	\$869,084	\$93,490	\$2,996,924	\$4,550,045
January	653,896	10,680	838,912	95,305	758,000	2,356,793
February	415,835	5,631	805,132	147,920		1,374,518
Total	\$1,652,385	\$24,204	\$2,513,128	\$336,715	\$3,754,924	\$8,281,356

Fund Sub-total – February 28, 2013

\$ 16,916,333

January 2013 TCTF Distribution

- 10,590,000

Obligated for June 2013 TCTF Distribution

\$ 6,326,333