NASEMSO gratefully acknowledges survey input from the following states and territories:

AR, AZ, CO, DE, FL, GA, HI, ID, KS, MD, ME, MI, MN, MS, MT, ND, NE, NH, NJ, NM, NY, OH, OK, PA, SD, TN, UT, VA, WA, WV

Rate of Return: 60%   N=30

1. Does your state have a state lead agency for trauma?

- Yes= 29 (96.6% of respondents)
- No= 1 (3.3% of respondents)

2. Who is the lead agency for trauma in your state?

- Department of Health/Public Health =24 (80% of respondents)
- Other state agency =5 (16.6%)
  - Office of Trauma within the Office of Trauma
  - The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is the Lead agency by MD Statue. MIEMSS reports to the EMS Board which is appointed by the Governor is report directly to the Governor.
  - Department of Public Safety and authority State EMS Board
  - Department of Safety
  - The State Trauma and Emergency Medical System is housed within the WV Department of Health and Human Resources/Bureau for Public Health
- We do not have a state lead agency for trauma in our state. =1 (3.3%)

3. What is the total number of licensed acute care facilities in your state?

- Total =2953

4. What number of acute care facilities (including trauma centers) submit state trauma registry data?

- Total =1381 (or 46.7% of 2953)
- NTDB =8 (this is in lieu of state trauma registry)

5. Does your state use field triage guidelines for trauma?

- Yes=28 (93.3% of respondents)
- No=2 (6.6% of respondents)

6. What is the process your state utilizes to accredit or verify trauma centers? (please select the best answer)

- It is an application process that is run by the state. =12 (40% of respondents)
- It is an application process that combines elements of the state and ACS. =15 (50% of respondents)

- It is an application process that is run by the American College of Surgeons (ACS). =2 (6.6% of respondents)
- Our state doesn't recognize trauma centers. =1 (3.3%)

7. What guidelines or standards does your state follow to accredit/verify trauma centers? (please select the best answer)

- State guidelines that are similar to the ACS standards =14 (46.6% of respondents)
- State guidelines that exceed the ACS standards =5 (16.6% of respondents)
- ACS Standards =5 (16.6% of respondents)
- We don't accredit/verify trauma centers in our state =1 (3.3% of respondents)
- Other = 5 (16.6% of respondents)
  - state guidelines being written...will be similar to ACS standards
  - Trauma centers are granted (state) Trauma Center Status if they are verified at ACS level I or II.
  - Verification for our Level I-III are done by the ACS. Our level IV and V trauma centers use state guidelines and standards.
  - L-1 must be ACS verified L-2 may either be ACS or State-verified L-3 and L-4 are State verified
  - I,II,III - ACS IV,V – state

8. Who conducts the site survey visits to your trauma centers?

- State only =6 (20.6% of respondents)
- ACS only =3 (10.3% of respondents)
- Combination of state/ACS =11 (37.9% of respondents)
- Other =9 (31% of respondents)
  - We use out of state surveyors. They consist of trauma surgeon, neurosurgeon, trauma nurse, emergency physician and orthopedic surgeon and Office of Trauma Director, and Program Administrator, Trauma Registry.
  - MIEMSS staff contracts with out-of-state consultants- Trauma Surgeon, Emergency Phyisican and Trauma Nurse Manager to conduct site visits using a process very similar to ACS verification.
  - ACS verifies level 1 and 2. State process is used for levels 3 and 4.
  - State and out of state experts in their respective field (surgeon, nurse, administrator, ER doc)
  - L-1 ACS L-2 ACS or State L-3 and L-4 State
  - The state "conducts" the visits but we use a survey team comprised of 2 surgeons and a nurse from outside the state for Level I and II trauma centers. Level III trauma center teams have a 3 person team comprised of a surgeon, an EM physician and a nurse two of which can be from within the state.
  - I,II,III - ACS IV,V- state

- Combination of state/ACS for Level I and II; state for III, IV and Vs.
- ACS-COT Verifies our Level I, II, and III centers State designates after Verification State surveyors and designates Level IV centers

9. Once a trauma center is verified/recognized, how often are your trauma centers re-evaluated?

- Every 2-3 years =24 (75% of responses)
- Every 5 years =4 (12.5% of responses)
- Every 6-7 years =1 (3.1% of responses)
- More than 7 years =2 (6.2% of responses)
- Our state doesn't accredit/verify trauma centers =1 (3.1% of responses)

10. How often does your office interact with the State ACS Committee on Trauma?

- 1- 6 times a year =22 (73.3%)
- 6-12 times a year =2 (6.6%)
- Not applicable - our state does not have an ACS Committee on Trauma =6 (20%)

11. What is the BIGGEST hurdle to trauma system development in your state? (please select the best answer)

- Staffing =8 (26.6% of respondents)
- Economic =17 (56.6% of respondents)
- Political =5 (16.6% of respondents)

12. Open Comments

- The development of Arkansas' trauma system began in July 2009. We are still in the beginning stages but our progress is picking up. We now have three designated trauma centers and 73 of the 89 acute care hospitals in the state have submitted intent applications to become designated trauma centers.
- Funding has been a problem . We have six sources of funding, however, it still is not enough for sustainment.
- Just getting started in our state.
- We currently, only have statutory authority for the collection of trauma registry data and are expressly prohibited from trauma system development at this time - once we have some real Idaho specific data in our pocket that may change.
- Maryland has a mature trauma system. Economic issues continue to threaten the support and growth of the system
- Can't afford more staff FTEs or trauma registry.
- Question 12: I consider staffing and economics the same. We need more people but do not have the budget to hire them.
- Our state process designates hospitals every 4 years, but that was not an option on your list so I clicked 2-3 years as the closest answer.

- Economic challenges impact the ability of hospitals to provide 24 hr coverage of specialists who demand on call pay. Rural trauma development is particularly challenging related to getting qualified and interested physicians to participate in the trauma program.
- Would like for the ACS-COT to be more involved in trauma system development. I feel some states just add trauma to prehospital care (past history), and it is much more complicated than that.

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