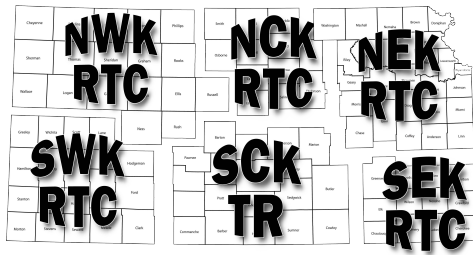


## “Welcome to the Trauma Regions”



### The SYSTEM

Comprised of Trauma Centers, Acute Hospitals, EMS, Injury Prevention Advocates, Local Health Departments, and Rehabilitation Centers. Accountable to the Regional Trauma Councils.

### Regional Leadership

Six Regional Trauma Councils monitor the facilities and programs in their region assessing for areas of improvement and appropriate resource allocation.

### Governance

The Regional Trauma councils advise the Advisory Committee on Trauma (ACT). The ACT advises the Secretary of KDHE in the governance of the entire state trauma system.

“Each year, 1 person dies from injury every 3 minutes.”

- CDC, Injury Prevention & Control

Unintentional injuries are the leading cause of death among Kansas citizens age 1-44.

- KDHE, Bureau of Epidemiology and Public Health Informatics

Each day in Kansas, over 35 people require the services of a trauma center.

- Kansas Trauma Registry

## Our Purpose

*Reducing morbidity and mortality due to injury is the measure of success of a trauma system.*

“The success of the system in reducing morbidity and mortality due to traumatic injury improves when all service providers and system participants consistently comply with the rules, have the ability to evaluate performance in a confidential manner, and work together to improve and enhance the trauma system through defined policies.”

- American College of Surgeons (ACS)  
*Regional Trauma Systems: Optimal Elements, Integration, and Assessment*

Contact us at  
**(785) 296 - 0604**

or on the web at [www.kstrauma.org](http://www.kstrauma.org)



**Injury is preventable, not inevitable.**

“The ability for us to work together across all disciplines makes us more prepared to respond to critical situations. Being prepared to respond is no accident – it takes a lot of time, energy, and preparation.”

-Kathi McKinney, Labette Health

Bureau of Community Health Systems  
Kansas Trauma Program  
1000 SW Jackson St., Ste 340  
Topeka, KS 66612





The Kansas trauma system includes Level I, II, III, and IV Designated Trauma Centers. Levels I – III are also verified by the American College of Surgeons (ACS). Level IV Centers are overseen by the Kansas Trauma Program.

## Benefits of a Level IV Trauma Center

**Access.** Level IV Designated Trauma Centers provide advanced trauma life support services in rural areas. They also allow patients to be cared for within their community, surrounded by their social support network.

**Growth.** Trauma designation requires trauma policies and protocols to increase quality patient care. State funded trauma education builds the confidence of providers in treating patients, and draws providers to work in these facilities. The robust trauma quality improvement practices streamline the process of care, decrease mortality, and decrease costs, while influencing the improvement of other healthcare services.

# The Role of the Trauma Regions

Each Trauma region is lead by a Regional Trauma Council (RTC) comprised of a “general membership” including healthcare providers with an interest in trauma. Each council elects an executive committee of ten members: Two representatives from Hospital Administration, Local Health Departments, Physicians, Emergency Medical Services, and Nurses. Thus all stakeholders have a voice in the trauma system.

## System Assessment

### INJURY EPIDEMIOLOGY

Kansas Trauma Registry data allows trauma leaders to assess priorities and allocation of resources including the planning and implementation of interventions and programs.

## Develop Policies

With stakeholder input and quality trauma data, the RTCs work toward efficient and equitable rules and regulations that direct the day-to-day operations, designate centers, collect data, and protect confidentiality.

## Trauma Care Improvement

Monitoring the timely access to a level of trauma care commensurate with injury type and severity allows us to identify areas of improvement. For example, the flow of patients, triaging, transfer agreements, provider training, and preventative and post-care resources. The hallmark of the trauma system is its continuous improvement – and that encourages all facilities to improve in every respect.

## Evaluation

By encouraging multidisciplinary and multiagency review of cases, events, concerns, policies, and procedures, the system is able to move toward greater integration of all its components for more effective responsiveness.

“It sets us up to use a systematic approach for patient care and review to ensure our care is appropriate.”

- Mary Lyhane, Community Memorial

Through this process, the health of various populations improve, access to care increases, and the availability and quality of services continues to mature.



“We live in a world where you have to be prepared. Anymore, it isn’t if a mass casualty will take place but when.

And why not be prepared?”

-Dara Reese, McPherson Hospital

## Continuum of Trauma Care

