

# *Optimizing Your State Flex Program*

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# Statewide Trauma System Development - A Brief History

- 1995: SDDOH and SD Medical Association convened a Trauma Advisory Committee
- 1995 – 2000: the Trauma Advisory Committee completed guidelines for trauma facilities, patient transfers, and trauma system activation.
- 2001: A statewide stakeholders meeting was held to complete SD trauma care SWOT analysis.

# Statewide Trauma System Development - A Brief History

- 2003: To address issues revealed by the SWOT analysis, began to use Flex funds in the trauma system development. This included assisting a referral hospital to become a Level III Trauma Center and providing TNCC classes to CAHs.
- 2005: Began providing trauma receiving center reviews to CAHs

# Statewide Trauma System Development - A Brief History

- 2006: The Governor appointed a Trauma System Development Steering Committee
- 2008: Trauma System Legislation was **PASSED!!!**

# Statewide Trauma System Development - A Good Fit for the SD Flex Program

- EMS Integration is one of Flex Program Goal Areas
- 37 of the state's 49 (76%) acute care hospitals are CAHs
- There are more trauma-related deaths in rural areas vs. urban areas.
- The training and reviews provided with Flex funds help support other grant programs.
- Stronger network (referral) agreements



# Statewide Trauma System Development - Future SD Flex/ORH Program Activities

- Continue TNCC Training
- Hire a Trauma Program Coordinator
- Will draft/adopt administrative rules for transfer protocols, development/maintenance of a registry, and hospital designation.
- Will work with CAHs to help them meet the appropriate level of designation.
- Will provide ongoing training and updates to CAHs and other partners.

# Statewide Trauma System Development - Summary

- The Flex funds used to establish a trauma system have had a statewide impact.
- Awareness of the Flex Program and the Office of Rural Health has increased.