HISTORY OF THE TRAUMA CENTER SYSTEM IN LOSANGELES COUNTY

Trauma 40TH Anniversary Celebration



November 29, 2023



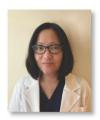
Assuring Quality Trauma Care in Our Community



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The Association of Trauma Program Managers of Los Angeles County celebrates with the LA County Trauma System on its 40th anniversary



The Los Angeles County Emergency Medical Services Agency in partnership with



saving lives through organ, eye & tissue donation

host the

Trauma Center System 40th Anniversary Celebration

1303 W. Optical Dr., Azuza, CA 91702 November 29, 2023 11:00am—2:00pm



1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002

40th ANNIVERSARY PROGRAM

1100am—11:30am Guest Registration

Hors d'Oeuvres, Non-alcoholic beverages

11:30am—11:40am Welcome / Introductions

Brant Putnam, MD (Master of Ceremony)

La Verne Fire Department Honor Guard

Richard Tadeo, RN, Director, EMS Agency

Christina Ghaly, MD, Director, Dept. of Health Services

11:40am—11:50am OneLegacy

Tom D. Mone, Chief External Affairs Officer

11:50am—12:00pm LA County Board of Supervisors

Supervisor Lindsey P. Horvath, Third District Anthony Cespedes, Health Deputy, First District Anders Corey, Health Deputy, Fifth District

12:00pm—12:40pm Board of Supervisor Scroll Presentation

Lunch Reception

12:40pm—1pm History First 20 Years

Gil Cryer, MD

1pm—1:25pm Trauma Survivor

Mike Feuer (former Los Angeles City Attorney)

1:25pm—1:35pm History Last 20 Years

Cathy Chidester, RN

1:35pm—1:55pm Trauma Survivor

Emery Hernandez

1:55pm Closing Remarks

Brant Putnam, MD Richard Tadeo, RN



PRE-RECEPTION:

Hors d'Oeuvres, ice tea, lemonade, spa water, assorted soda drinks

LUNCH RECEPTION:

Salad in a jar-champagne vinaigrette

romaine, watermelon radish, quinoa, edamame, cucumber, grape tomato

Duet plate of lemon basil airline chicken breast paired with flat iron steak with peppercorn sauce, roasted potatoes, grilled vegetable wrap (GF)

Vegan—grilled vegetable wellington, roma tomato relish

Assorted artesian bread

Key lime pie, fresh berries, passion fruit coulis

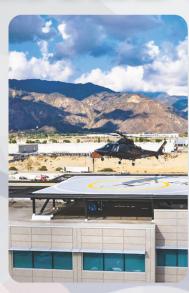


DONOR



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2023 Mid-Year Review

Organ Donors

378

Projecting a 17% increase from 2022

Organs Transplanted

940

Projecting a 15% increase from 2022

Tissue Donors

1,050

Projecting a 18% increase from 2022

Cornea Donors

702

Projecting a 31% increase from 2022



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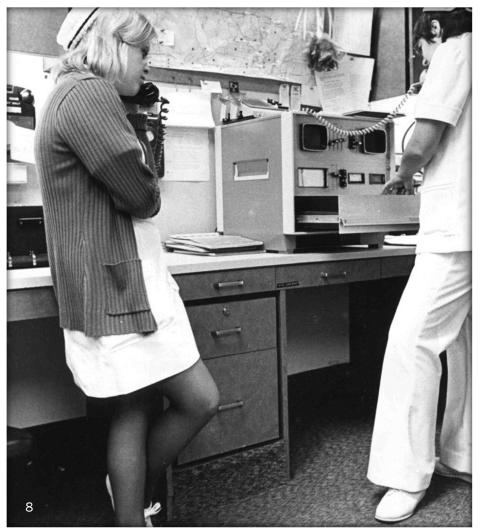


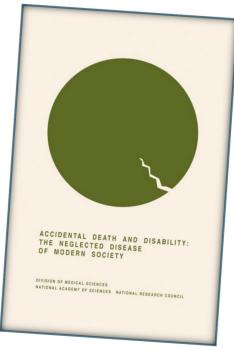
HISTORY OF TRAUMA CENTER SYSTEM IN LOS ANGELES COUNTY

The Los Angeles County Trauma Center System has evolved to one of the largest and most diverse systems in the country. It serves over 10 million residents in 88 cities, covers over 4,000 square miles of deserts, mountains, valleys and beaches, and attends to virtually every traumatic injury that can be ex-

pected to occur in the County's urban, rural, and wilderness areas.

In 1966, the National Academy of Sciences/National Research Council released the landmark paper Accidental Death and Disability: The Neglected Disease of Modern Society which revealed trauma as the leading cause of death. Healthcare providers could no longer ignore the fact that trauma was the leading cause of death for people between the ages of 1 and 44 years. As a result, formal planning for a Trauma System in Los Angeles County began in September of 1979. The Los Angeles County Board of Supervisors instructed the Department of Health Services (DHS) to study and make recommenda-





tions on the need for and the feasibility of establishing a Trauma Center System in Los Angeles County. Two months later, upon the recommendation of the Los Angeles County Emergency Medical Services Division, the Emergency Medical Services Commission (EMSC) was established to coordinate the development of a Trauma Center System in Los Angeles County.

The EMSC, through a Coordinating Committee, studied the entire issue. The EMSC's Coordinating Committee presented its findings and recommendations to the EMSC at a special public meeting on April 28, 1981. Following the meeting, the Director of DHS submitted to the Board of Supervisors his recommendations for the development of a Trauma Center System for Los Angeles County.

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INITIAL TRAUMA CENTER DESIGNATIONS

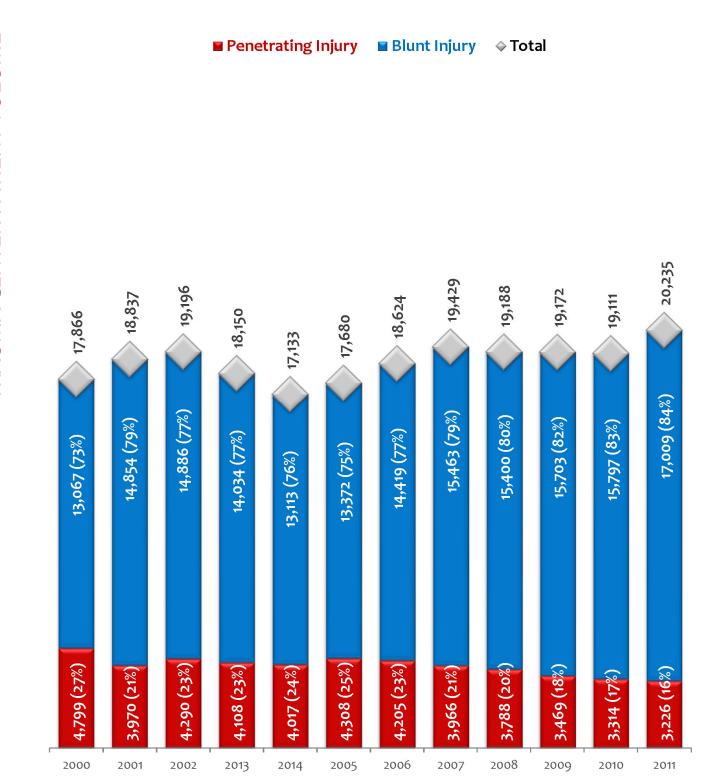
The plan for implementing the Los Angeles Trauma Center System was submitted by the EMSC to the Board of Supervisors and was adopted on January 25, 1983. The plan included criteria for hospital designation and a recommended maximum transport time of 20 minutes.

The designation process began for hospitals requesting designation as Level I Trauma Centers. Upon completion of the Level I Trauma Center designation, a similar process was utilized for hospitals requesting Level II designation. Level II designation was primarily based on geographic areas that do not have access to a Level I Trauma Center based on the 20 minute maximum transport time. For the remaining geographic areas that did not have access to either a Level I or Level II Trauma Center, Rural Trauma Centers were designated.

The first eight designated Trauma Centers started receiving critical trauma patients on December 15, 1983:

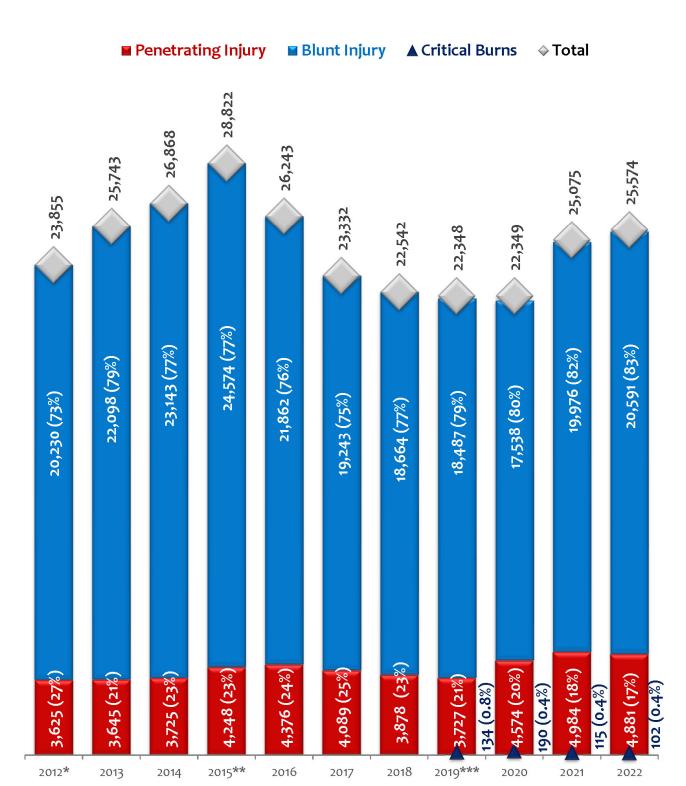
- Children's Hospital Los Angeles
- Dignity Health-St. Mary Medical Center (formerly St. Mary Medical Center)
- Harbor-UCLA Medical Center (formerly Harbor General Hospital)
- Huntington Hospital (formerly Huntington Memorial Hospital)
- Los Angeles General Medical Center (formerly LAC+USC Medical Center)
- Martin Luther King Jr./Charles Drew Medical Center
- MemorialCare Long Beach Medical Center (formerly Long Beach Memorial Medical Center)
- Ronald Reagan UCLA Medical Center (formerly UCLA Medical Center)





2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023





^{*2012:} LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients.
**2015: Trauma Center Registry inclusion criteria was revised.

^{***2019:} Critical Burns added as a Trauma Center Criteria

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When seconds count, our experienced team of trauma specialists are here 24/7, ready to handle life's unexpected emergencies with precision and compassion. From initial assessment to surgery and recovery, we offer a seamless continuum of care.

We're a part of your community, always here when you need us most.



Designated Rural Trauma Center—October 1984—December 1987
Redesignated Level II Trauma Center—May 2010—Present



HISTORY

TRAUMA SYSTEM EVOLUTION:

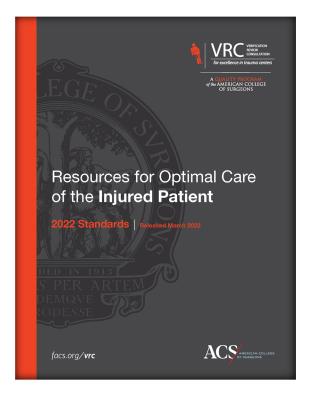
Years 1985-1999

The Los Angeles County's Trauma Center System grew to a peak in 1985 with 22 designated Trauma Centers. During the period of growth, many perceived advantages in seeking trauma center designation such as marketing advantages, prestige, and favorable impact on post-graduate training programs. However, it quickly became evident that the perceived benefits were not enough to offset the high levels of uncompensated care for trauma patients.

Between 1985 and 1994, eleven trauma centers withdrew from the Trauma Center System citing financial hardship. As trauma centers withdrew from the system, the remaining trauma centers treated larger volumes of uncompensated trauma patients which resulted in additional hospitals withdrawing from the system. This "domino" effect was finally halted with the implementation of "secure" trauma catchment areas and the Board of Supervisors' decision to allocate newly available Proposition 99 (tobacco tax monies) to offset the financial losses of trauma centers.



Stop the Bleed Training Programs



The American College of Surgeons—Committee on Trauma's Resources for Optimal Care of the Injured Patient: 1999, states, "It is fundamental to the development of a system that the number of designated Trauma Centers be limited to those necessary for the patient population at risk for major injury". Furthermore, the aforementioned document states, "One of the most common failings in urban/suburban system development is to designate too many centers. This weakens the system, as too many trauma centers dilute the experience necessary to maintain trauma expertise and adequate levels of training and for educational opportunity and research. Most important, duplication of service increases global expenditure." In retrospect, perhaps the hospital withdrawals from the system were instrumental in strengthening the system by reducing duplication of service and ensuring that trauma centers had adequate volume of patients necessary for maintaining high-quality training programs.



FINANCIAL CHALLENGES

The greatest challenge facing the Los Angeles County Trauma Center System has always been the financial impact, but just how could the cost of a human life be measured?

Proposition 99 was an initiative statute which appeared on November 8, 1988, California general election ballot as the Tobacco Tax and Health Protection Act. It was passed by a majority vote and imposed a \$0.25 per pack state excise tax on the sale of tobacco cigarettes within California.

Proposition 99 provided California with over \$100 million a year in revenue. Proposition 99 revenues were earmarked for programs to reduce smoking, to provide health care services to indigents, to support tobacco-related research, and to fund resource programs for the environment. The Board of Supervisors immediately appropriated its share of discretionary hospital and physician funds to private sector

trauma centers and physicians to pay for trauma services provided to indigent patients. In addition, the Board established the physician reimbursement rate for trauma physicians at designated trauma centers at a higher percentage than for physicians in non-trauma hospitals.

However, Proposition 99 funding, steadily decreased. This decrease was in part due to the success of the anti-tobacco campaign, less cigarettes being sold, and policy decisions made at the State level which diverted Proposition 99 funds into other programs.

State funding used for Los Angeles County trauma centers declined from \$9.2 million in Fiscal Year (FY) 1990-1991, to just \$1.16 million for FY 2000-2001, and to less than one million for FY 2001-2002. Proposition 99 funds declined by 83%, while the indigent population for Los Angeles County steadily increased. At that time, it was estimated that 30% of the total population in Los Angeles County was uninsured. This equates to approximately 3 million people without medical insurance. This combination placed the Trauma Center System in an unprecedented state of financial crisis.

... continue—page 19 ...









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When remarkable medicine and world-class care converge, groundbreaking discoveries are made, lives are transformed and hope is redefined. Cedars-Sinai is proud to be named one of the nation's best hospitals for eight years in a row and grateful for our physicians, nurses, academic leaders and thousands of others, who are committed to improving the health of our community.

Nationwide Rankings

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Gastroenterology & GI Surgery (#2)
Orthopedics (#2)
Pulmonology & Lung Surgery (#2)
Neurology & Neurosurgery (#5)
Urology (#5)

Diabetes & Endocrinology* (#7)
Obstetrics & Gynecology (#7)
Geriatrics (#8)
Cancer (#14)
Ear, Nose & Throat (#19)



*Tied in "Best Hospitals" rankings Designated Level I Trauma Center:

December 1983—Present

Designated Level II Pediatric Trauma Center:

March 2002—Present





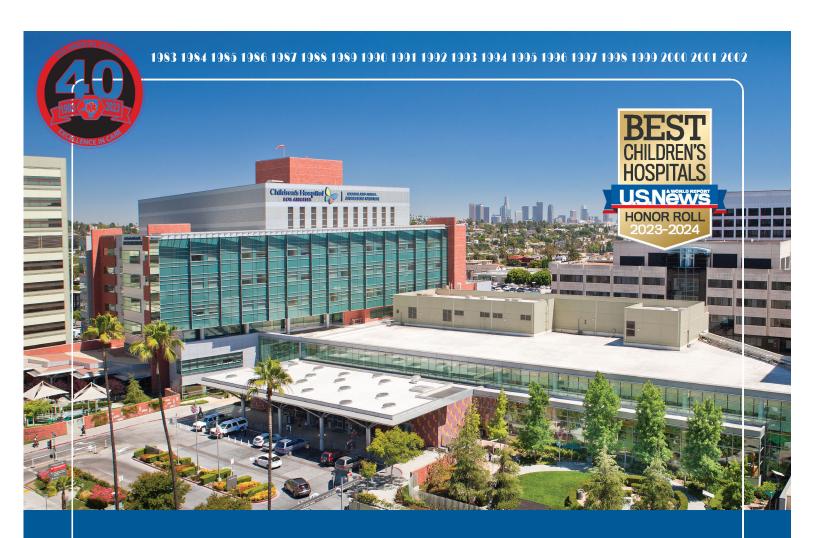
It takes the strength and power of a community to make an impact

For four decades, the Los Angeles County
Trauma System has been a beacon of hope, a symbol of resilience and a testament to the unwavering dedication of our healthcare heroes.

Cedars-Sinai is proud to commemorate the remarkable legacy of this lifechanging group of healthcare providers.



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From the only Level I pediatric trauma center in Los Angeles County and #1 Children's Hospital on the West Coast—

congratulations on 40 years of service!

323.660.2450 CHLA.org





Designated Level I Pediatric Trauma Center—December 1983—Present



STABILIZING THE TRAUMA CENTER SYSTEM

Various strategies were taken in response to the financial crisis. A letter was sent from the Board of Supervisors to the Governor urging his support for a dedicated source of funding to support the trauma system. In addition, a public hearing was held to lay out all the issues and address solutions to this growing problem. The primary objective of the hearing was to ensure public awareness that without funding, trauma centers would close. A closed trauma center would be closed to all residents in the community, not just the indigent.

As a direct response to the public hearing, a State coalition "Save Our Trauma System" was formed. Intense efforts to seek a stable source of funding were sought. On July 26, 2001, for the first time, the Governor's budget included the allocation of \$27.5 million for trauma funding in the State for FY 2001-2002 (Los Angeles County received \$7.2 million), and \$20 million for FY 2002-2003 (Los Angeles received \$5.5 million).

These funds were critical in maintaining the trauma system during this time period. However, due to California's critical budget shortfalls, the appropriation of trauma care funds has not been included in the State budget since FY 2002-2003.

LA County's Trauma Center System continued to face collapse due to the increase in trauma patient volumes, poor payor mix, and drastic cuts in Proposition 99 Tobacco Tax Funds. In addition, the County's entire medical delivery system was verging on collapse due to the imminent loss of Federal Medicaid "waiver" funding. In FY 2005-2006, the County anticipated a deficit of \$170 million in the Department of Health Services budget.

In response, a resolution providing for and giving notice of a special tax election was issued on July 30, 2002. The Board stipulated, "While the County continues to press the State and Federal governments for relief, it should attempt to help itself by authorizing the raising of local revenues".

Measure B was proposed for the preservation of trauma centers, emergency medical services, and to support bioterrorism response.



EMS Agency Directors: Carol Meyer and Virginia Price Hastings



HISTORY

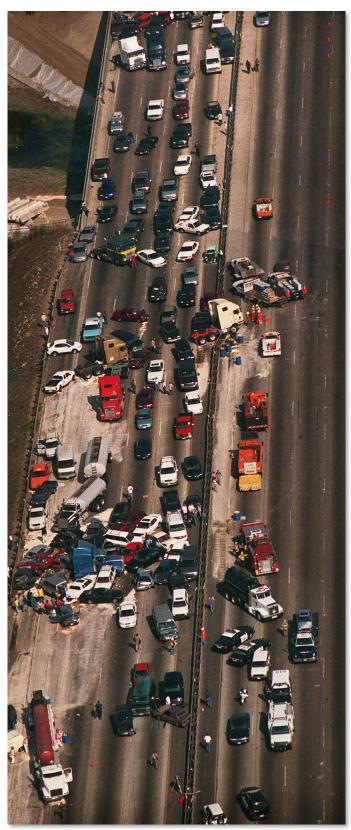
MEASURE B

Measure B was the Board Resolution for a Special Tax levy to fund trauma, emergency medical services and bioterrorism response services. Measure B is a charge of \$0.03 per square foot of structural improvements and was estimated to raise approximately \$168 million a year. Measure B was portrayed as the last great hope to avoid the lifethreatening shutdown of the Trauma Center System. It would maintain and expand the trauma network Countywide, ensure more timely response to critical and urgent medical emergencies, and ensure effective response to biological and chemical terrorism.

Measure B was placed on the November 5, 2002 ballot and required a two-thirds majority approval from the voters. Even the Board of Supervisors were not in agreement of this proposal, three in favor and two opposed. However, on the day before the election, a horrific 200-car pileup occurred on fog-bound Interstate 710 which emphasized the need to maintain our trauma system. As fate would have it, Measure B was passed by the voters by an unbelievable rate of 73%.

Currently, Measure B generates roughly \$200 million a year. The funds are used to maintain the two County-operated Level I Trauma Centers, Harbor-UCLA Medical Center and Los Angeles General Medical Center, which treat approximately 35% of all the critical trauma patients in the County annually. The funds are also utilized for the reimbursement of care provided to indigent patients and maintain the paramedic base station and trauma services of the thirteen non-County operated Trauma Centers. The remaining funds are utilized to support Public Health Bioterrorism response, Helicopter EMS Services provided by the Los Angeles County Fire Department, Los Angeles Fire Department and the Los Angeles County Sheriff's Department, and projects recommended for funding by an independent Measure B Advisory Board.

...continue—page 21...



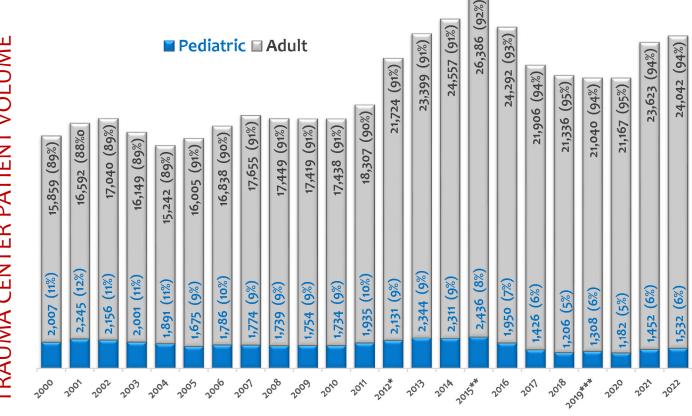
A chain-reaction pileup 710 Freeway—Nov. 3, 2002



MEASURE B

In addition to Measure B, a State Plan Amendment that became effective on July 1, 2003 was approved by the Unites States Department of Health and Human Services, Centers for Medicare and Medicaid Services (SPA). The SPA enabled Los Angeles County to receive enhance Federal Medi-Cal matching funds upon payment by the County of an intergovernmental transfer of funds (IGT) pursuant to Section 14087.3 of the Welfare and Institutions Code. Pursuant to the SPA and a related interagency agreement between the County and the California Department of Health Services, the IGT and Federal matching funds, dollar for dollar, are distributed among the County-designated trauma centers to ensure continued access by Medi-Cal beneficiaries to trauma and emergency room care in the County. The Funding to each trauma center is based on data regarding each hospital's actual trauma center losses.

Although Los Angeles County has invented creative financial solutions, the State of California continues to remain without a legislated statewide coordinated trauma system largely due to insufficient funding. California also lacks dedicated State trauma funding for uncompensated trauma care of the uninsured, and for the coordination, oversight, and evaluation of statewide trauma care.



^{*2012:} LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients.

^{**2015:} Trauma Center Registry inclusion criteria was revised.

^{***2019:} Critical Burn was added as a Trauma Center Criteria.



Always ready to help and heal.



Celebrating LA County Trauma Center's 40th Anniversary

Dignity Health is proud to celebrate the 40th anniversary of the Trauma Center System in Los Angeles County. Thank you for saving countless lives. Congratulations on achieving this milestone and for being recognized as a model of excellent trauma care nationwide.

Learn more at dignityhealth.org/socal/er

Hello humankindness[®]



California Hospital Medical Center I Northridge Hospital Medical Center I St. Mary Medical Center - Long Beach

2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023







<u>Dignity Health—California Hospital Medical Center</u>

Designated Level II Trauma Center—July 1984—January 1985

Redesignated Level II Trauma Center—December 2004—Present





<u>Dignity Health—Northridge Hospital Medical Center</u>

Designated Rural Trauma Center—June 1984—September 1992

Designated Level II Trauma Center—October 1992—Present

Designated Level II Pediatric Trauma Center—October 2010—Present





<u>Dignity Health—St. Mary Medical Center</u>

Designated Level II Trauma Center—December 1983—Present



TRAUMA CENTER SYSTEM EVOLUTION—Year 2001-2017

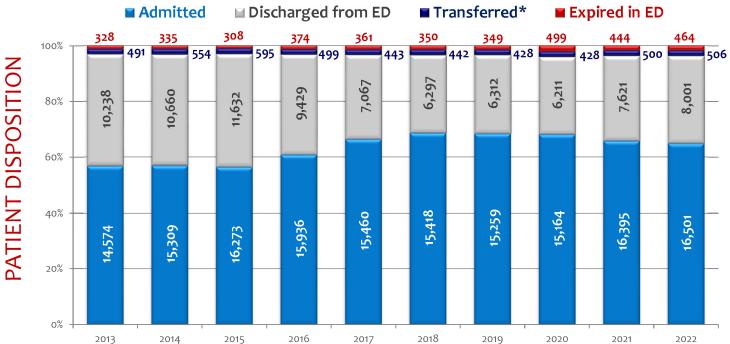
The system was originally designed so that all patients have access to a trauma center within a 20 minute transport time. The withdrawal of multiple facilities from the Trauma System and development of trauma catchment areas left some portions of the Eastern County (San Gabriel Valley) and the Northern County (Antelope Valley) without a designated trauma center. This resulted in utilization of helicopter transport services for these areas. In an effort to improve trauma center access for patients who meet trauma center criteria or guidelines and decrease the utilization of helicopter transport from these areas, the maximum ground transport time to a trauma center was extended to 30 minutes in 2001.

Following the passage of Measure B, Dignity Health—California Hospital Medical Center rejoined the trauma system on December 1, 2004 as a Level II trauma center, in part to address the withdrawal of Martin Luther King Jr./Charles Drew Medical Center from the system.

On May 3, 2010, Antelope Valley Medical Center also rejoined the trauma center system as a Level II trauma center. This designation filled not only a critical need in Los Angeles County but also Kern and San Bernardino counties.

Dignity Health—Northridge Hospital Medical Center was designated as a Level II Pediatric Trauma Center (PTC) on October 2, 2010. This designation filled the critical need to have pediatric trauma services in the San Fernando Valley area. This was made possible through "Richie's Fund" which is a state legislation that levied additional fines on traffic violations to support EMS, of which 15% would be used to support PTCs.

Pomona Valley Medical Center rejoined the trauma center system as a Level II trauma center in 2017 which provides trauma care to the communities in the San Gabriel Valley.





TRAUMA HOSPITAL ADVISORY COMMITTEE (THAC)

The Trauma Hospital Advisory Committee (THAC) provides a forum for the exchange of ideas regarding the trauma system policy development and operational issues involving the care of trauma patients. The committee serves in an advisory capacity to the Los Angeles County Board of Supervisors, the Director of the Department of Health Services and the EMS Agency.

THAC's Quality Improvement (QI) Subcommittee, THAC Data Subcommittee and the Regional QI Committees ensure a systematic evaluation of a trauma center's compliance with optimum trauma care standards.

CURRENT STATE

Los Angeles County has the largest organized trauma center system in the country, including five Level I trauma centers and ten Level II trauma centers. Our 15 designated trauma centers serve a population of over 10 million, cover 4,083 square miles, and treat over 20,000 major trauma patients annually.

Designated Trauma Centers and Pediatric Trauma Centers (PTC) in Los Angeles County:

Antelope Valley Medical Center Level II

Children's Hospital Los Angeles PTC Level I

Cedars-Sinai Medical Center Level I and PTC Level II

Dignity Health—California Hospital Medical Center Level II

Dignity Health—Northridge Hospital Medical Center Level II and PTC Level II

Dignity Health—St. Mary Medical Center Level II

Harbor-UCLA Medical Center Level I and PTC Level II

Henry Mayo Newhall Hospital Level II
Huntington Hospital Level II

Los Angeles General Medical Center Level I and PTC Level II

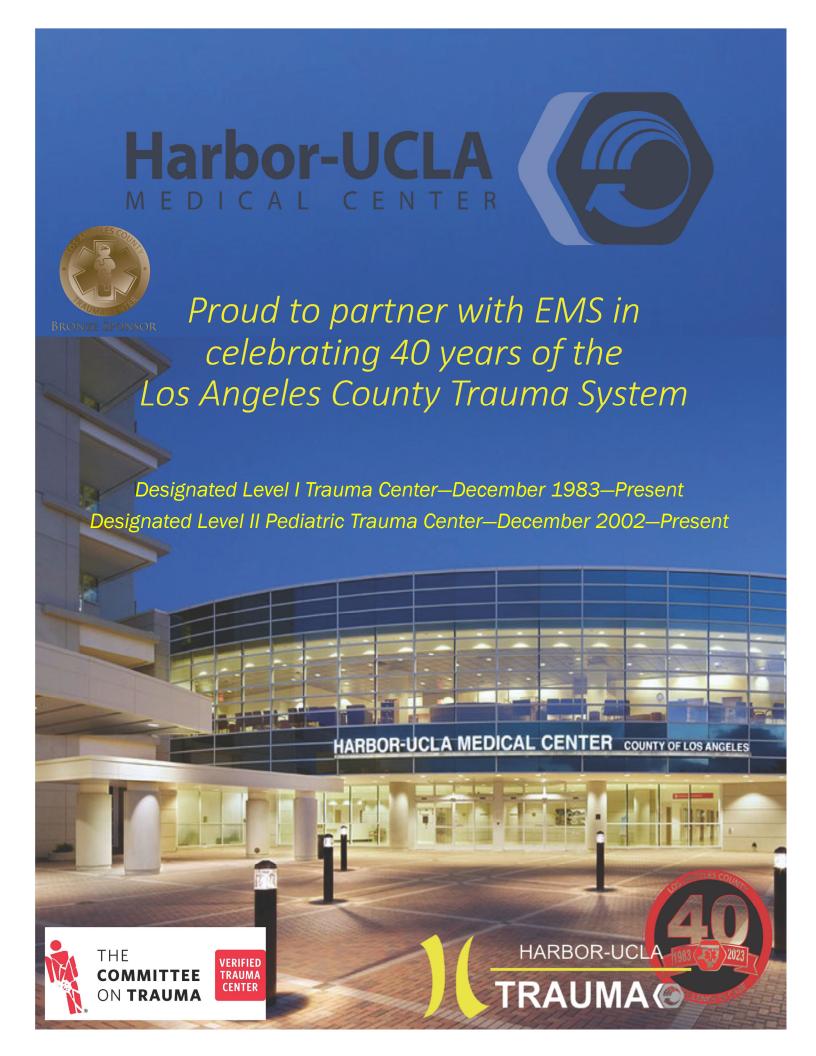
MemorialCare Long Beach Medical Center Level II and PTC Level II

Pomona Valley Hospital Medical Center Level II

Providence Holy Cross Medical Center Level II

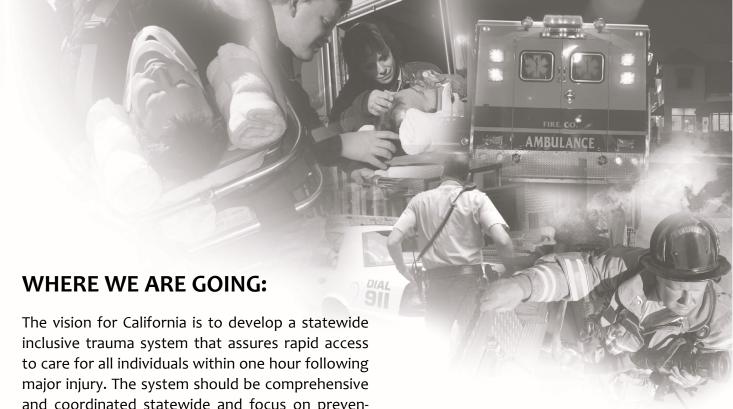
Ronald Reagan UCLA Medical Center Level I and PTC Level II

St. Francis Medical Center Level II



2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023





The vision for California is to develop a statewide inclusive trauma system that assures rapid access to care for all individuals within one hour following major injury. The system should be comprehensive and coordinated statewide and focus on prevention, quality care improvements and rehabilitation with the ultimate outcome of reduced morbidity and mortality. The system should encompass a continuum of care that provides the injured patient with the greatest likelihood of returning to their pre-injury level of function and status in society and must continually work to improve the trauma care provided.

Due to its size, the State has been divided into manageable regions to facilitate the process. Although various configurations were considered focusing on the adequacy of specialty care services, the current flow of trauma patients, and existing multi-County EMS Agencies, five Regional Trauma Coordinating Committees (RTCCs) were developed. Los Angeles County is part of the Southwest

RTCC which also includes Orange, San Luis Obispo, Santa Barbara and Ventura counties.

Based on the belief by the American College of Surgeons that the goals of prehospital care are to prevent further injury, initiate resuscitation, and to provide safe and rapid transport of injured patients and utilize the decision making process (field triage) in "getting the right patient to the right place at the right time" should be consistent throughout the system. The Southwest RTCC has set standardization of Trauma Triage Criteria within the region.



Congratulations to the LA County Trauma System on its 40th anniversary!





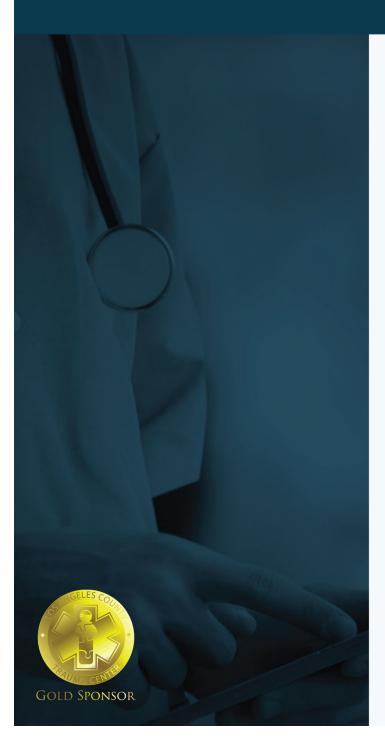




- MARCH 22, 1984 the Los Angeles County EMS agency approved the recommendation for Henry Mayo Newhall Hospital to be a trauma center.
- OCTOBER 15, 1984 Henry Mayo opened its doors as a rural trauma hospital.
- OCTOBER 22, 1992 Henry Mayo became a Level II Trauma Center.



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Designated Level I Trauma Center—December 1983—September 1992 Designated Level II Trauma Center—October 1992—Present



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Designated Level I Trauma Center—December 1983—Present
Designated Level II Pediatric Trauma Center—March 2002—Present



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LA General takes immense pride in its distinguished Trauma Program, a legacy of unparalleled excellence in trauma care. With a rich history of pioneering innovations, comprehensive training, and active community involvement, our Trauma Program stands as a testament to our unwavering commitment to providing exceptional healthcare to those in need.

We believe in providing more than medical treatment; we offer exceptional care that fosters healthy communities.

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Our Trauma Program is fueled by a steadfast dedication to excellence, unwavering compassion, and an unrelenting drive to achieve the best possible outcomes for our patients.



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Congratulations to the Los Angeles County Trauma System on 40 years!

MemorialCare Long Beach Medical Center and Miller Children's & Women's Hospital Long Beach includes a Level II adult and pediatric Trauma Center that proudly partners with the Los Angeles County Trauma System in providing the highest quality trauma care to our community.

We would like to thank each team member who has assisted us in saving the lives of our most critically injured adult and pediatric patients.

Thank you for your partnership.

memorialcare.org/LongBeach millerchildrens.memorialcare.org



Long Beach Medical Center Miller Children's & Women's Hospital Long Beach

Designated Level I Trauma Center—December 1983—September 1992

Designated Level II Trauma Center—October 1992—Present

Designated Level II Pediatric Trauma Center—March 2002—Present

Congratulations

Trauma Center System





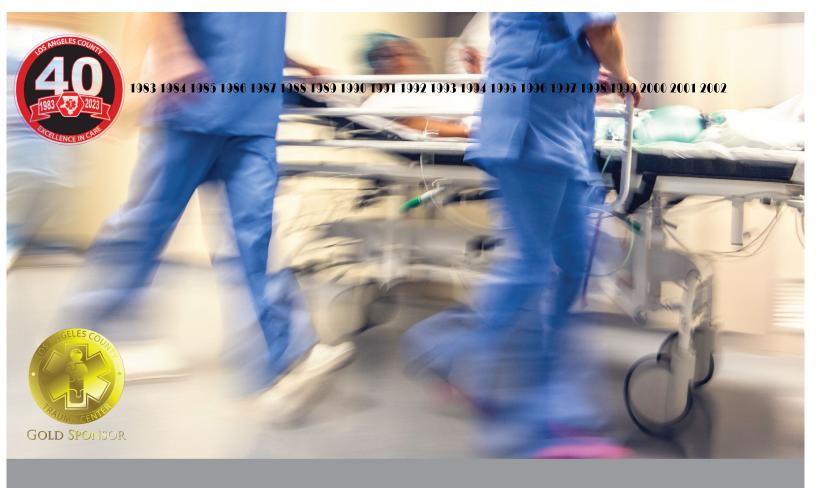


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Designated Level II Trauma Center—July 1984—September 1986
Redesignated Level II Trauma Center—March 2017—Present



REDDINET AND HASC DEEPLY APPRECIATE THE COMMITMENT OF ALL TRAUMA PROVIDERS IN LOS ANGELES COUNTY

The Hospital Association of Southern California (HASC) and ReddiNet extend their warmest congratulations to Los Angeles County providers on four decades of unwavering commitment to trauma care excellence. Your continued efforts have made a significant impact on the health and well-being of your community.







2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023







David Hanpeter, MD Trauma Medical Director



Melanie Crowley, RN Trauma Program Manager



Providence Holy Cross Medical Center



B. Borazjani, MD



S. Bricker, MD



R. Moore, MD



E. Valle, MD



R. Lim, NP



S. Woo, NP



Rowena Robles, RN Jeana Adams, RN Karen Broggie, RN Trauma Case Manager Injury Prevention





PI Specialist



Cynthia Vasquez Social Worker



Heather Nisenbaum Social Worker



Stella Akins Trauma Registrar



Sandra Martinez Trauma Registrar



Delilah Paragas Trauma Registrar



Designated Level II Trauma Center In April 1984—Present







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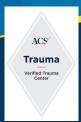
Los Angeles County EMS Agency

in partnership with OneLegacy to celebrate the 40th Anniversary of the Los Angeles County Trauma System.



Ronald Reagan UCLA Medical Center

Designated Level I Trauma Center—December 1983—Present Designated Level II Pediatric Trauma Center—March 2002—Present





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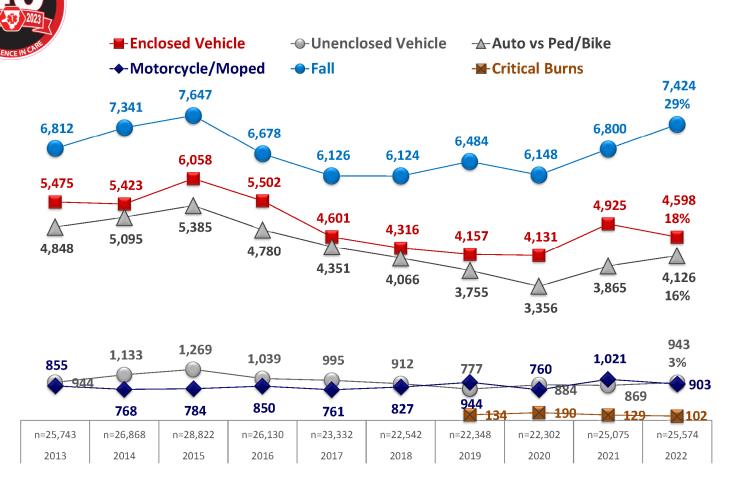
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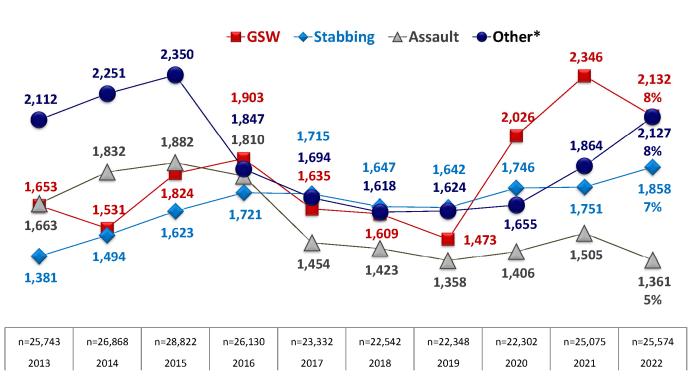
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1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002





Values represent the number of critical trauma patients who were transported to a designated Trauma Center.

CONGRATULATIONS **LA COUNTY TRAUMA CENTER SYSTEM**

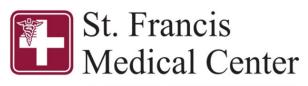
40TH ANNIVERSARY

PROVIDING LIFE-SAVING SERVICE

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St. Francis Medical Center **Designated Level II Trauma Center** January 1996 - Present

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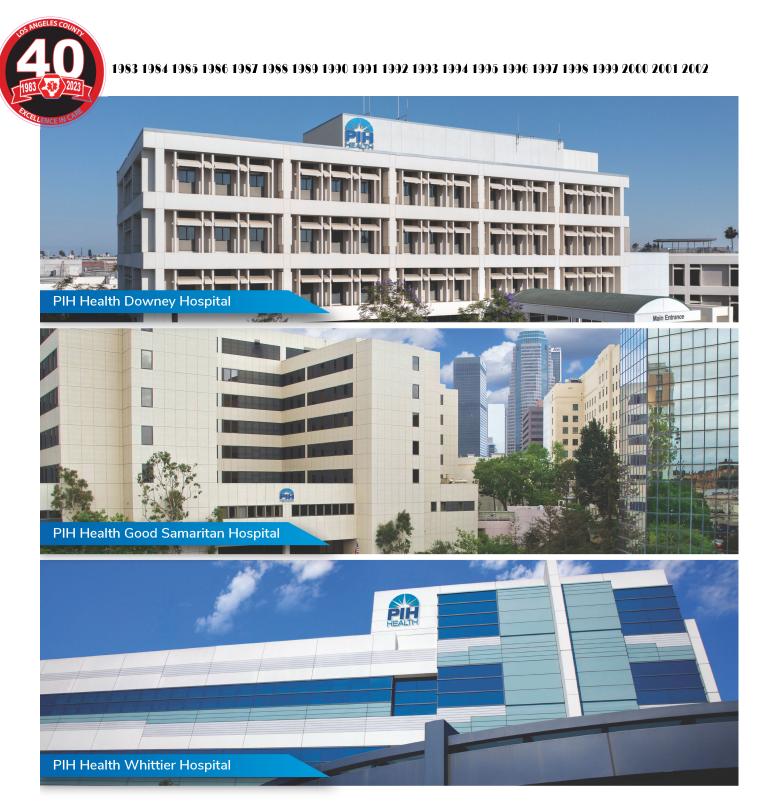
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PIH Health is a proud partner of the Los Angeles County Emergency Medical Services Agency and Congratulates the Trauma Center System on it's 40th Anniversary of serving the community.









REFERENCE No. 506.1 Trauma Triage Decision Scheme

Physiological Assessment Systolic blood pressure (SBP): < 90 mmHg, or < 70 mm Hg in infant < 1 yr. Respiratory rate: > 29 breaths/minute (sustained), < 10 breaths/minute, < 20 breaths/minute in infant < 1 yr., or requiring ventilatory support Cardiopulmonary arrest with penetrating torso trauma **Anatomical Injury Assessment** ALL penetrating injuries to head, neck, torso, and extremities above the elbow or knee YES Blunt head injury associated with: suspected skull fracture, GCS ≤ 14, seizures, unequal pupils, or focal neurological deficit Spinal injury associated with acute sensory or motor deficit Blunt chest injury with unstable chest wall (flail chest) Diffuse abdominal tenderness Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall) Extremity with: neuro/vascular compromise and/or crushed, degloved or mangled; amputation proximal to the wrist or ankle; or fractures of ≥ 2 proximal (humerus/femur) long-bones YES bleeding requiring tourniquet or hemostatic agent Major/Critical Burns: ≥15 years with 2nd or 3rd degree burns ≥ 20% TBSA ≤ 14 years with 2nd or 3rd degree burns ≥ 10% TBSA Mechanism of Injury Assessment Contact Base/Trauma Falls: All patients > 10 feet Center, Immediate Passenger Space Intrusion: > 12 inches into an occupied passenger space YES transport to Ejected from vehicle (partial or complete) designated Auto v. pedestrian/bicyclist/motorcyclist thrown, run over, or impact > 20 mph Unenclosed transport crash with significant impact (> 20 mph) Trauma Center Trauma Guidelines Assessment Consult with Passenger Space Intrusion > 18 inches into an unoccupied passenger space Auto versus pedestrian/bicyclist/motorcyclist (impact ≤ 20 mph) Trauma Injured victims of vehicle crashes with a fatality in the same vehicle Center/Base Patients requiring extrication YES Hospital, transport Vehicle telemetry data consistent with high risk of injury Injured patients (excluding isolated minor extremity injuries): on anticoagulation to designated therapy other than aspirin-only; or with bleeding disorders Trauma Center is advisable Special Considerations Assessment Blunt traumatic full arrest Consider SBP < 110 mmHg may represent shock after age 65 years HR > SBP for age ≥ 14 years transport to Child (0-9 Yrs.) unrestrained or in an unsecured child safety seat YES designated Pregnancy > 20 weeks Trauma Center Prehospital judgement

EFFECTIVE: 05-01-12 REVISED: 07-01-23 SUPERSEDES: 04-01-22



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AROA is focused on improving the healing in complex wounds and soft tissue reconstruction using its AROA ECM™ platform technology unlocking regenerative healing for everybody.

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