## HOUSE CONCURRENT RESOLUTION

REQUESTING THE DIRECTOR OF HEALTH TO DEVELOP A TRAUMA SYSTEM PLAN FOR HAWAII.

WHEREAS, Hawaii's trauma system consists largely of independently operating components revolving around a single large Level II designated center in Honolulu at the Queen's Medical Center, which provides care for the vast majority of trauma on Oahu, as well as more serious trauma transferred from the Neighbor Islands; and

WHEREAS, the American College of Surgeons' (ACS) Committee on Trauma performed a study in 2005 at the request of the State Department of Health and issued a report entitled, "Trauma System Consultation, State of Hawaii," which identified the assets and challenges of Hawaii's existing trauma system; and

WHEREAS, the ACS report emphasized the following assets of the State's trauma system:

- (1) A mature, statutorily enabled and funded State Emergency Medical Service system;
- (2) A committed, high volume ACS-verified Level II trauma center in Honolulu;
- (3) Growth, development, and individual provider commitment in some areas; and
- (4) Electronic pre-hospital data collection;

and

WHEREAS, the ACS report also identified the following challenges:

(1) Extreme geographic isolation with limited access and re-supply capacity;

1 2 3	(2)	Geographic and operational barriers to intra-system transport and transfer;
<b>4 5</b>	(3)	Lack of sustained staffing and leadership to sustain trauma system development; and
6 7 8	(4)	Variable physician commitment, recruitment, and retention for the provision of trauma care;
9 10	and	
11 12 13		REAS, to improve trauma care in Hawaii, the ACS report following recommendations:
14 15 16	(1)	The creation of a comprehensive and inclusive Hawaii Trauma System Plan;
17 18 19 20	(2)	The inclusion of county authorities in trauma system planning to explore partnership with the state lead agency for planning and policy development; and
21 22 23	(3)	The development of a comprehensive funding proposal; a
24 25	and	
26 27 28 29	WHEREAS, trauma care was also the subject of a recent report by Hawaii's Legislative Reference Bureau entitled, "On Call Crisis in Trauma Care: Government Responses," which focused on the difficulty in securing physician specialists femergency call; and	
31 32 33 34	WHER the follo shortage:	EAS, the Legislative Reference Bureau report identified wing causes of the on-call physician specialist
35 36	(1)	
37 38 39	(1)	The cost of care has increased, while payments to physicians from health plans, Medicare, and Medicaid have dramatically decreased;
10 11 12	(2)	Many physician specialists have reduced or eliminated emergency call in favor of a more predictable lifestyle: