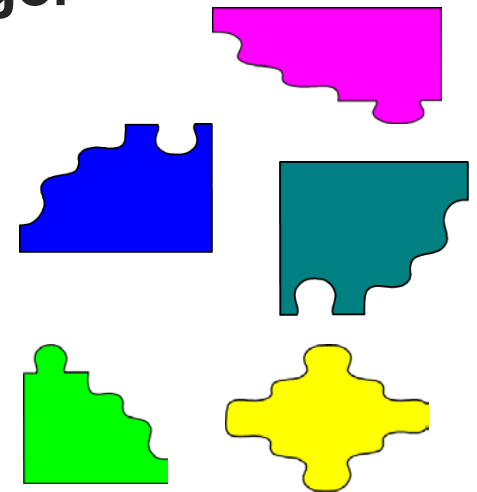


# Systems of Care: Delaware's Experience

## Could a Substance Abuse System of Care Help Delaware?

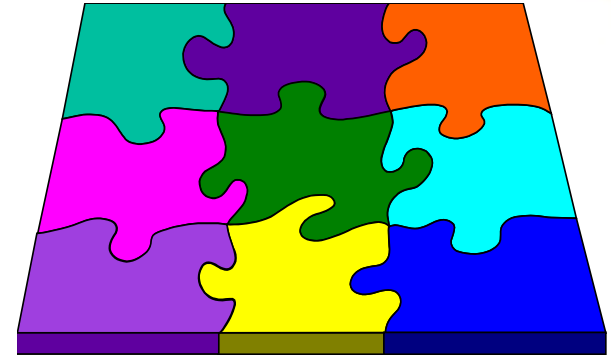
**MarySue Jones, RN, MS**  
**Delaware Trauma System Manager**

Delaware Health and Social Services  
Division of Public Health  
EMS and Preparedness Section  
Office of Emergency Medical Services



# Inclusive System of Care

- *ALL* patients
- *ALL* providers and facilities
- *ALL* injury data



- **GOALS:**
  - ❖ Match every facility's **RESOURCES** with the **NEEDS** of patients.
  - ❖ Get **EACH** patient to the **RIGHT** facility in the **RIGHT** amount of time.
  - ❖ Decrease morbidity and **MORTALITY**.
  - ❖ Preserve **LIVES** and livelihoods.
  - ❖ Save health care dollars.



# Delaware Statewide Inclusive Systems of Care

**Trauma System** – Enabling legislation **1996**

**Pediatric System** – Enabling legislation **2012**

**Stroke System** - Enabling legislation **2016**

## Common Elements:

- ❖ Multidisciplinary **stakeholder committee** - dispatch, prehospital, hospitals, medical specialists, prevention, rehabilitation
- ❖ Focus on **patient flow** - incident to acute care discharge
- ❖ **Voluntary** participation, but with participation come **requirements**.
- ❖ **Standards, site visits, state recognition of achievement, system quality program**



# Delaware Trauma Centers 2017

**Standards and Levels of Care Based on  
the American College of Surgeons' Committee on Trauma**

## Regional Trauma Center Level 1 –

**Christiana Hospital**

## Pediatric Regional Trauma Center Level 1 -

**Nemours / Alfred I duPont Hospital for Children**

## Community Trauma Center Level 3 -

**Bayhealth Kent General Hospital**

**Bayhealth Milford Memorial Hospital**

**Beebe Healthcare**

**Nanticoke Memorial Hospital**

**Saint Francis Healthcare**

**Wilmington Hospital**

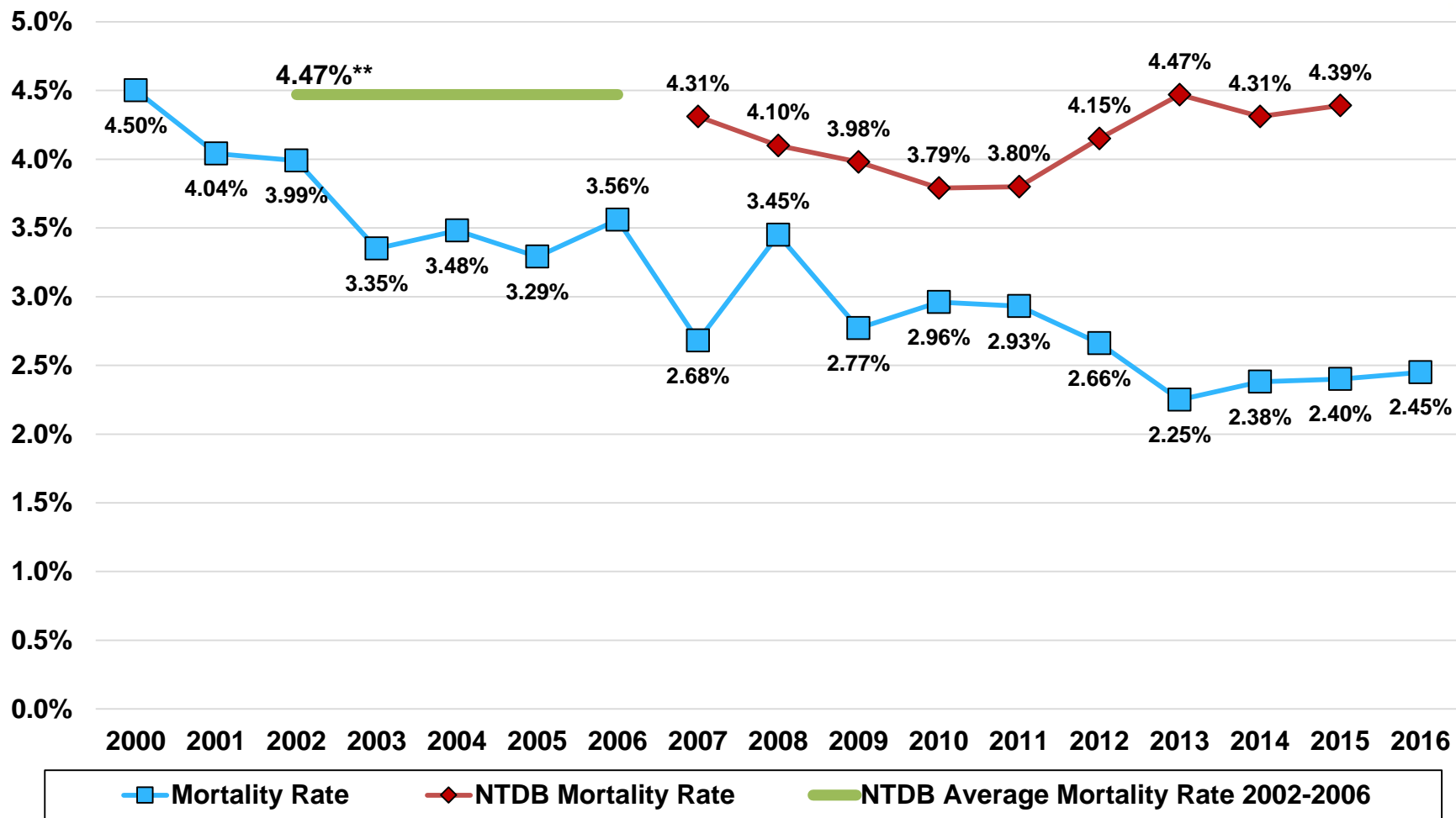
**Peninsula Regional Medical Center, MD via reciprocity**



# Delaware Trauma System Outcomes

## Mortality Rate, All Hospitalized Trauma Patients, 2000-2016\*

### Compared to National Trauma Data Bank Data



\*Does not include scene deaths

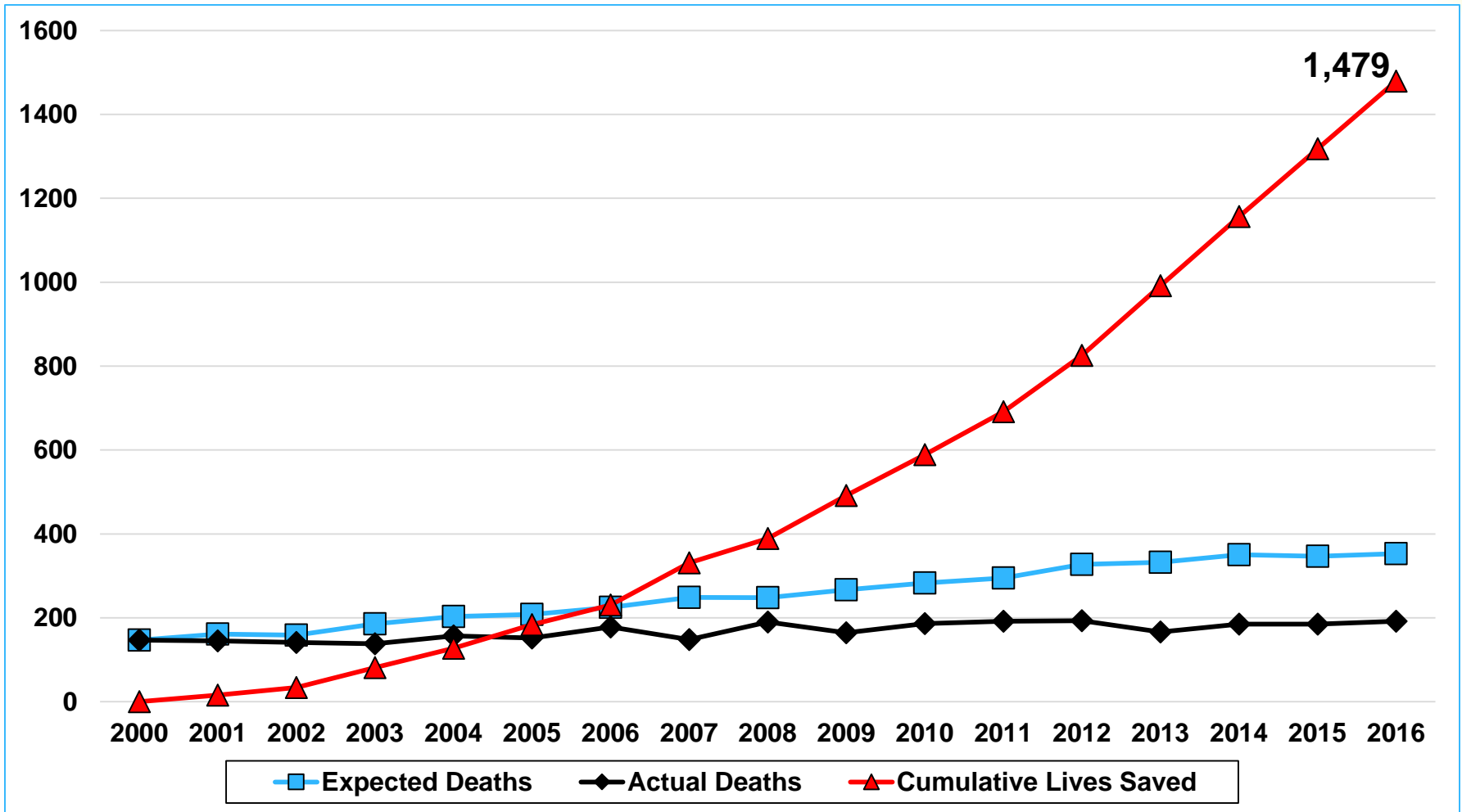
\*\* NTDB published aggregate data for the years 2002-2006



# Delaware Trauma System Outcomes

## 1,479 Lives Saved By the Trauma System\*

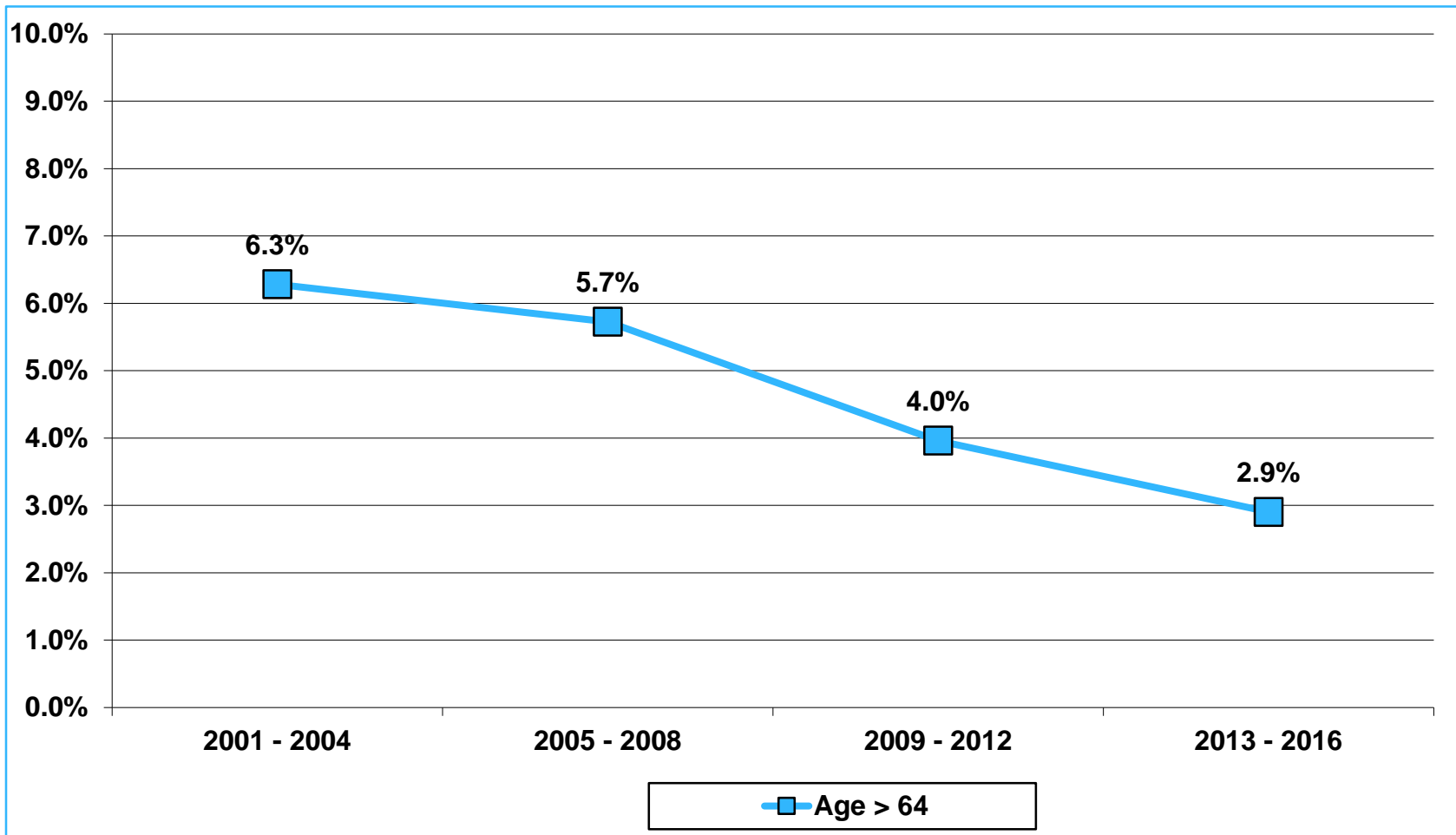
### 2000 - 2016\*\*



# Delaware Trauma System Registry Outcomes

## Mortality Rate for Patients Over 64 Years Old

### 2001 – 2016, 4-Year Averages



# Delaware's Inclusive Statewide Pediatric System



## Delaware Pediatric Emergency Care Facilities (EMSC)

**Level 1 - Nemours/Alfred I DuPont Hospital for Children, Wilmington**

**Level 2 - Christiana Hospital, Christiana Care Health System, Newark**

**Level 3 - Bayhealth Kent General Hospital, Dover**

**Bayhealth Milford Memorial Hospital, Milford**

**Beebe Healthcare, Lewes**

**Nanticoke Memorial Hospital, Seaford**

**Saint Francis Healthcare, Wilmington**

**Wilmington Hospital, Christiana Care Health System, Wilmington**

**Level 4 - Bayhealth - Smyrna Freestanding Emergency Department**

**Middletown Freestanding Emergency Department, Christiana Care Health System**





2016



## Medical Recognition Data

- 10 (9-12)/59 States/territories with at least one hospital recognized as able to stabilize/manage medical emergencies
- 8% of hospitals recognized (376/4917)
- 5 states with > 25% of hospitals recognized
  - (range= 1-100%)



# National Pediatric Readiness Project 2014



**State Name:** Delaware

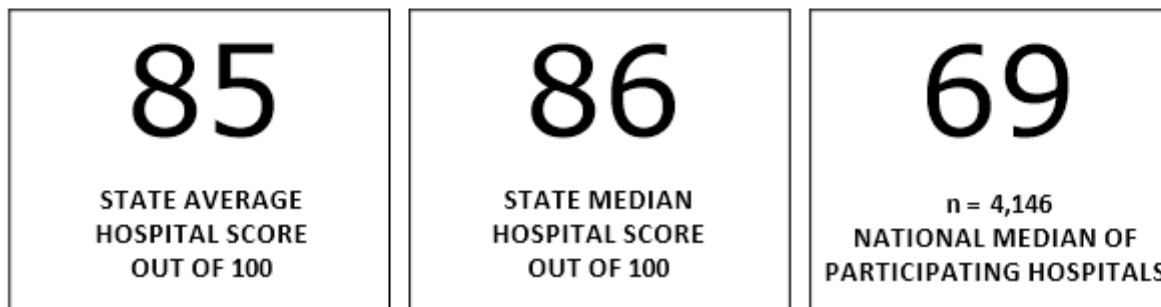
**Report Date:** 3/5/2014 11:35:46 AM

**Number of Hospital Respondents:** 10

**Number of Hospitals Assessed:** 10

**Response Rate:** 100.0%

## STATE SCORE AND COMPARATIVE SCORES:



## 2015-16 Pediatric Readiness Survey - Delaware

- State Average Hospital Score **97%**
- 1 of 6 states with 100% participation



# Statewide Stroke System of Care

## Stroke System of Care Committee (November 2016)

### Nominating Subcommittee

- Stroke System Medical Advisor
- Stroke System of Care Committee chairperson
- Data and Quality Subcommittee chairperson
- Nominating Subcommittee chairperson

### Data and Quality Subcommittee

- Existing data and sources
- Desired performance and outcome measures
- Data gaps
- Case review methodology

### Prevention/Public Education Subcommittee (future)



# Systems of Care Theory

Networking *partnerships*, organized into a System of Care, will *strengthen* and *expand* efforts, providing better patient experience and outcome system-wide.

Systems *research* has shown that the coordination of resources which takes place as a Trauma System develops can result in dramatic reductions, up to 50%, in preventable deaths due to injury.

(Mann NC, Mullins RJ, MacKenzie EJ, et al. **Systematic review of published evidence regarding trauma system effectiveness.** *J Trauma.* 1999;47(3 suppl):S25-S33).



# Systems of Care Benefits

- ❖ Improved **communication and collaboration** among stakeholders.
- ❖ An **organized approach** to patient management throughout the continuum of care statewide.
- ❖ Patients receiving the same **quality of care** no matter where in the state they enter the system.
- ❖ **Coordination** of care, prehospital transport, and inter-facility transfer.
- ❖ **System data** to document incidence, availability of resources, and assure quality.
- ❖ A **data-driven public education** program targeted to high-risk populations.
- ❖ Improved **patient outcomes**.



Could Delaware have equally positive results if a  
Substance Abuse System of Care was  
implemented?



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Public Health

Office of Emergency Medical Services