I am Ricardo Martinez, Administrator of the National Highway Traffic Safety Administration (NHTSA). Truthfully, I would like to be with you overlooking the Columbia River Gorge today. But I have other obligations that prevent me from doing so. We at NHTSA are deeply committed to the topic of your symposium and the important questions regarding the effectiveness of trauma systems. As an emergency physician and a trauma physician, I have a personal stake in the proceedings of this meeting. Unfortunately, one of the worst parts of my current job is that I am often pulled in several directions at once and am unable to be where I would like to be. At this particular time, Congress is demanding my attention and my priority is to be here in Washington, D.C. today. I want to thank Dr. Trunkey, Dr. Mullins, and the other conference organizers for their work in putting this meeting together. I regret that I am not with you to renew our friendships.

Positioning Trauma Systems

I would like to share with all of you a few thoughts on how we can position trauma systems for the next century. When we talk about effectiveness, the most important question is "what do we measure to determine effectiveness? What are we trying to show?" This symposium is all about finding the best way to measure the community impact of trauma systems. But I am not sure that we are looking at all the right measures.

Let me tell you a story to illustrate my point. A gentleman loses a prize jewel. He invites his friends over to help him find it and assigns them each a section of his garden to search. They labor diligently, turning every rock and inspecting every crevice. At the end of the day, no one has seen the jewel. Although they know it means a lot to him, they just cannot find it. In desperation, someone asks him to retrace his steps when he lost it. He replies, "Well, I last saw it in my bedroom, but the light is really much better out here." Similarly, we must ask ourselves, are we looking in the right place for measures of trauma system effectiveness? Let me ask you some other questions. What value does the community see in your work? How do the community and the health care payers perceive your effectiveness in improving community health?

Measuring the Health of the Community

Healthcare professionals define the health of a community by parameters such as emergency medical service (EMS) response times, the number and level of trauma centers, their critical care capability, the number of hospital beds, the number of neurosurgeons, and the quality of their EMS physicians. When you ask the public the same question, how to define the health of a community, their responses are very different.

In 1992, the Healthcare Forum conducted a survey to find out how the public determined the health of their community. The community’s response included crime and domestic violence,
environmental issues, quality of education, and broader issues. Healthcare was not even mentioned. Clearly, they do not view healthcare institutions as actively engaged in the health of the community.

Ask the Community

We did something novel recently to try to understand public perception of trauma centers. We conducted several focus groups nationwide and asked people, ordinary community members, what they thought about their local trauma centers. First, it was obvious that the public recognizes that trauma care is quality care. Virtually everyone would choose to live in a community with a trauma center because they recognize the center’s ability to successfully treat extreme trauma. When you ask how the trauma center affects the well-being of the community, however, it is clear that they want you to do more.

The public expects quality acute care, but they also expect health education and community leadership from healthcare professionals. They see this being done with cardiac care and understand its value to the community. When we pointed out to our focus groups that injury is largely predictable and preventable, and that trauma centers have the ability to analyze community injury patterns, locate problem sites, and deliver off-the-shelf solutions, one man cried, "Why have all that knowledge and not use it? It has got to be a crime not to use that knowledge." It is clear that, although preventable mortality studies and outcome research studies are vital to understanding our impact on those who are injured, we need an additional measure for determining the effectiveness of healthcare to the entire community.

Practicing Injury Control

We need to embrace the entire injury control model. Acute care is no longer enough. The public expects us to broaden our focus to include prevention and rehabilitation. It makes sense. If you see 15 injured pedestrians per year from motor vehicle crashes in your community, you might be able to save 8 of them. And if you work really hard with continuous quality improvement, 3 years later you might save 10 of these victims per year. That is a substantial improvement, but even with your treatment, these patients often have long term disability. Now, consider another approach. If you worked with the community to make crosswalks safer, you could prevent 10 of these people from even coming to the door. That is effectiveness, and it is measured in community satisfaction and community health. That is why choosing how you measure effectiveness is so important. That is how trauma systems can extend their value to the community.

The public wants to feel your presence. What is your connection to the community? What are your community outreach skills? Our public affairs staff in medical institutions is usually focused on fund-raising. Prevention is usually undertaken only in terms of public relations campaigns, not with active leadership in the community. We need to broaden these horizons and introduce a different kind of community relation. It is a big change that requires new skills. Talking to the community, making people aware of community hazards, and being able to influence public policy will require new population-based skills.

Looking to the Future

As trauma professionals, you have the credibility to reach out and add value to the community and to address today's community health problems. The future trauma system will be an inclusive system that moves beyond the sterile walls of the resuscitation room. The future trauma system will (1) put
injury control into practice; (2) accept the health risk of the population it serves; (3) serve as a policy center for the community; and (4) be integral to the community and show a measurable effect on its health.

There are three ways to make this happen: big government, big money, or big change. Big government and big money are just not going to happen. The obvious answer is big change. I have seen it work. I am seeing it with the EMS Agenda for the Future, where diverse groups have come together to create a common vision for their future.\textsuperscript{2} I also saw it work at NHTSA where we made a fundamental change in our effectiveness by repositioning ourselves from a Washington-centered regulatory agency to a national resource for addressing injuries from motor vehicles as a public health problem.\textsuperscript{3} Trauma systems can make a similar transition.

The Paradigm Shift

Trauma systems need a basic paradigm shift. Although getting patients to the right place at the right time is important, it is no longer enough. We need to shift our focus to doing the right thing at the right time. Doing the right thing involves much more than triage and treatment. Ask yourselves, do you deliver treatment or do you deliver on health? That may be a question that you need to answer before you choose the best way to measure effectiveness to the community.

NHTSA will support you. Together, we can bring all of the stakeholders to the table to build a vision of where trauma systems are today, where we want to be, and how we can get there. A common vision is the first step in creating change. Bringing all of the stakeholders to the table will involve reaching beyond medicine and healthcare. We need to involve people who can build coalitions, people who have leadership in the community, people who influence the media, and people who can develop policy and move it forward. These people have skills that we need to recognize, respect, and learn from.

A broad-based, inclusive approach to the future of trauma systems is critical. The strength of trauma systems is in their diversity. Their future depends on our ability to harness this diversity with a common vision. Relationships are currency of the future. We at NHTSA would like to help you with relationships and join you in developing a vision for the future of trauma systems.

We also want to help you become engaged in the health of your community. Taking leadership in a Safe Communities program is an excellent way for you to become vital to your community's well-being. We have helped more than 400 communities get started with this collaborative, data-based approach to injury control. We are expecting hundreds more Safe Communities to be added in the next few years, many initiated by trauma centers.

Thank you for your time, and congratulations again on this important work. I am sorry that I cannot be with you, but I appreciate the opportunity to visit with you briefly and look forward to working with you in the future.

REFERENCES

