

A GIS Evaluation of Emergency Medical System (EMS) Response to Alaskan Car Crashes

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but not release maps of geocoded FARS data.



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Response to Car Crashes in Alaska

Introduction

- There were 327 motor vehicle crash (MVC) deaths & over 25,000 MVC injuries (2001-2004).
- CUBRC & AIPC are working on a project to:
 - Improve EMS response to car crashes (especially in rural areas)
 - Develop metrics to measure these improvements.

This Paper

- Uses Geographic Information System (GIS) tools to study access to trauma care in Alaska considering locations of:
 - Fatal motor vehicle crashes (over 4 year period)
 - Ground ambulance depots & air medical rotor wing (RW) bases
 - Hospitals and trauma centers

Objective

- Develop metrics to model & analyze emergency medical response to MVCs.
 - Examine 'computed' travel times from Ambulance Base to Scene to Hospital

EMS Has Come a Long Way...



Background Literature

- **Patients with serious injuries benefit from receiving definitive surgical care at a trauma center**

- MacKenzie, EJ, et. al., “A National Evaluation of the Effect of Trauma center Care on Mortality”, New England Journal of Medicine, Vol 354:366-378, January 26, 2006

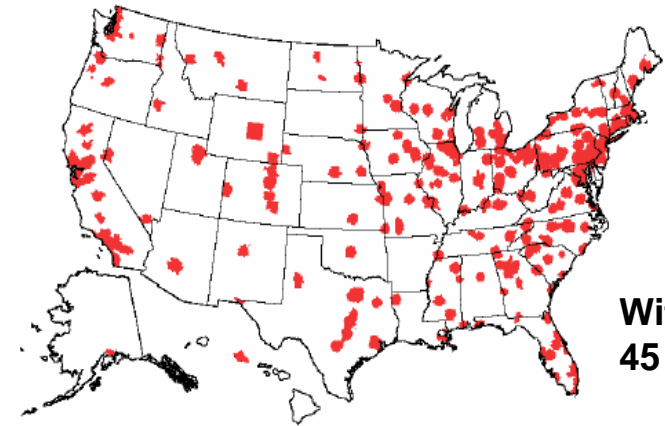
- **Previous studies looked at access to trauma care by state based on trauma center locations & population distributions**

- **Number & type of trauma centers by state**

MacKenzie EJ, Hoyt DB, Sacra JC, Jurkovich GJ, Carlini AR, Teitelbaum SD, and Teter Jr H., **National Inventory of Hospital Trauma Centers**, JAMA, 2003;289:1515-1522

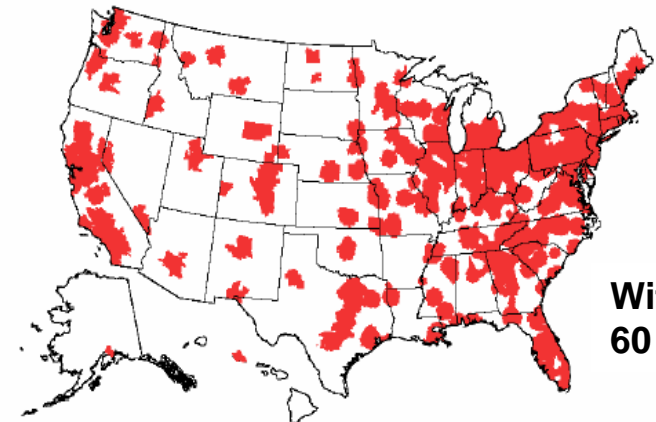
- **Calculated travel time by ground or air (from census blocks) to trauma centers**

Branas CC, MacKenzie EJ, Williams JC, Schwab CW, Teter HM, Flanagan MC, Blatt AJ, ReVelle CS. **Access to trauma centers in the United States**. JAMA 2005; 293(21):2626-2633



Within
45 Min

Maps Adapted from Branas, 2005



Within
60 Min

Theoretical study presented here will look at travel times to the hospital relative to fatal crash injury location in the State of Alaska.

Data Sources

Scene Locations

- Crash Locations
 - Fatal Crashes from Fatality Analysis Reporting System (FARS) - 2001 through 2004. Developed & geocoded by NHTSA's National Center for Statistics & Analysis (NCSA)
 - Future studies will include serious injury crashes as well as fatal crashes

Infrastructure Locations & Attributes

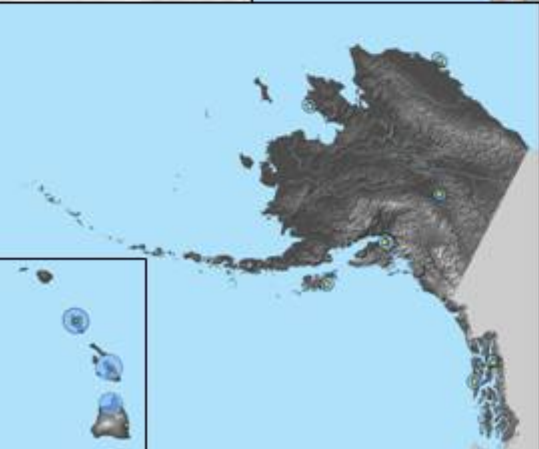
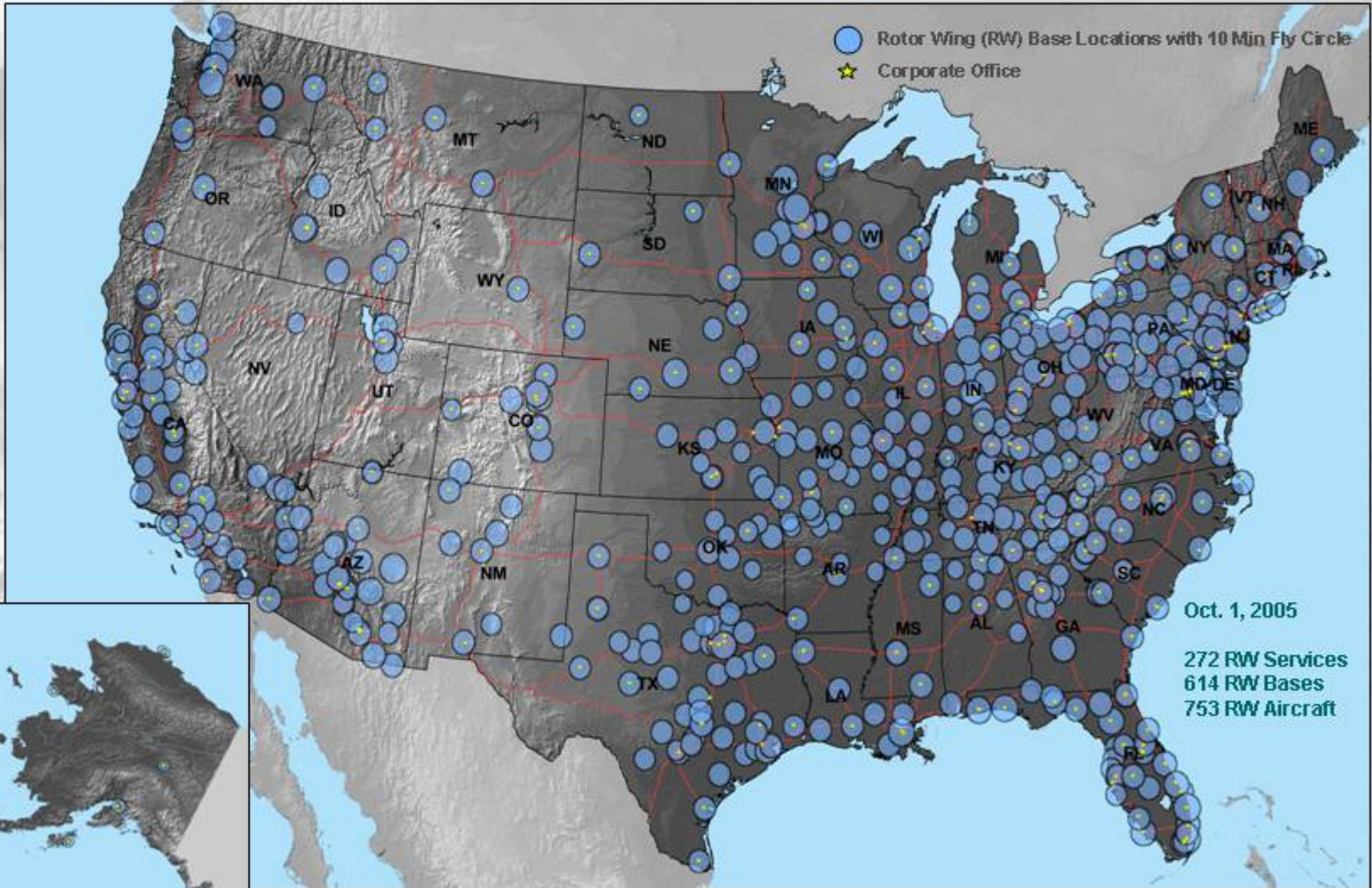
- Hospitals & Trauma Centers
 - Alaska Injury Prevention Center (AIPC), Alaska Community Health & Emergency Medical Services (CHEMS), Alaska State Sources
- Ground Ambulance Depots
 - Alaska Injury Prevention Center (AIPC) & Alaska Community Health & Emergency Medical Services (CHEMS)
- Air Medical Rotor Wing Base Helipads
 - Atlas & Database of Air Medical Services (ADAMS) 2004. Developed by CentTIR / Association of Air Medical Services / USDOT



Atlas & Database of Air Medical Services

Third Edition National Air Medical Services GIS Database

ADAMS 2005

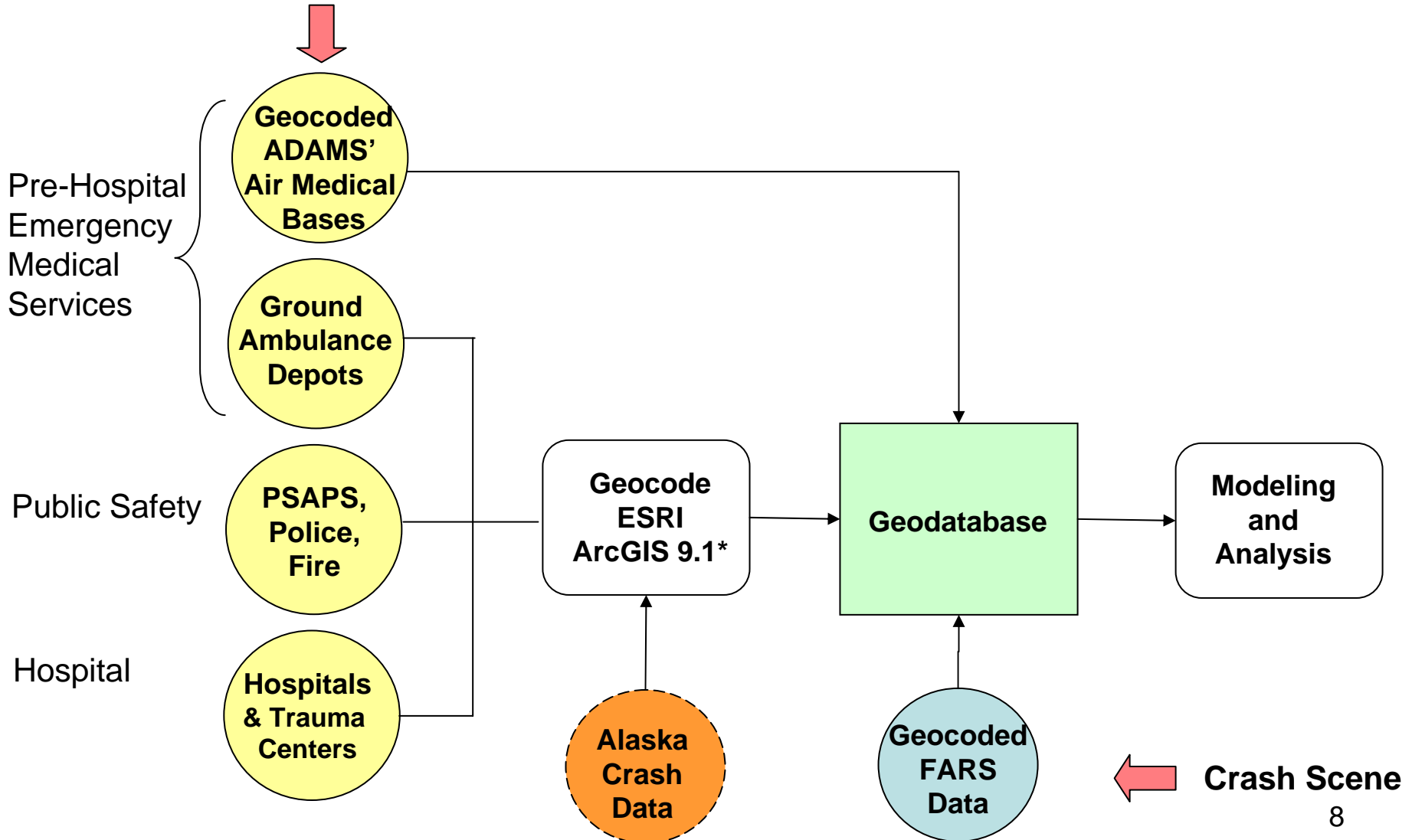


<http://www.ADAMSairmed.org>

Center for Transportation Injury Research (CentIR)
Association of Air Medical Services (AAMS)
-- Support provided by NHTSA & FHWA

Methodology


Emergency Response Infrastructure









*ESRI ArcGIS StreetMaps USA 8.3

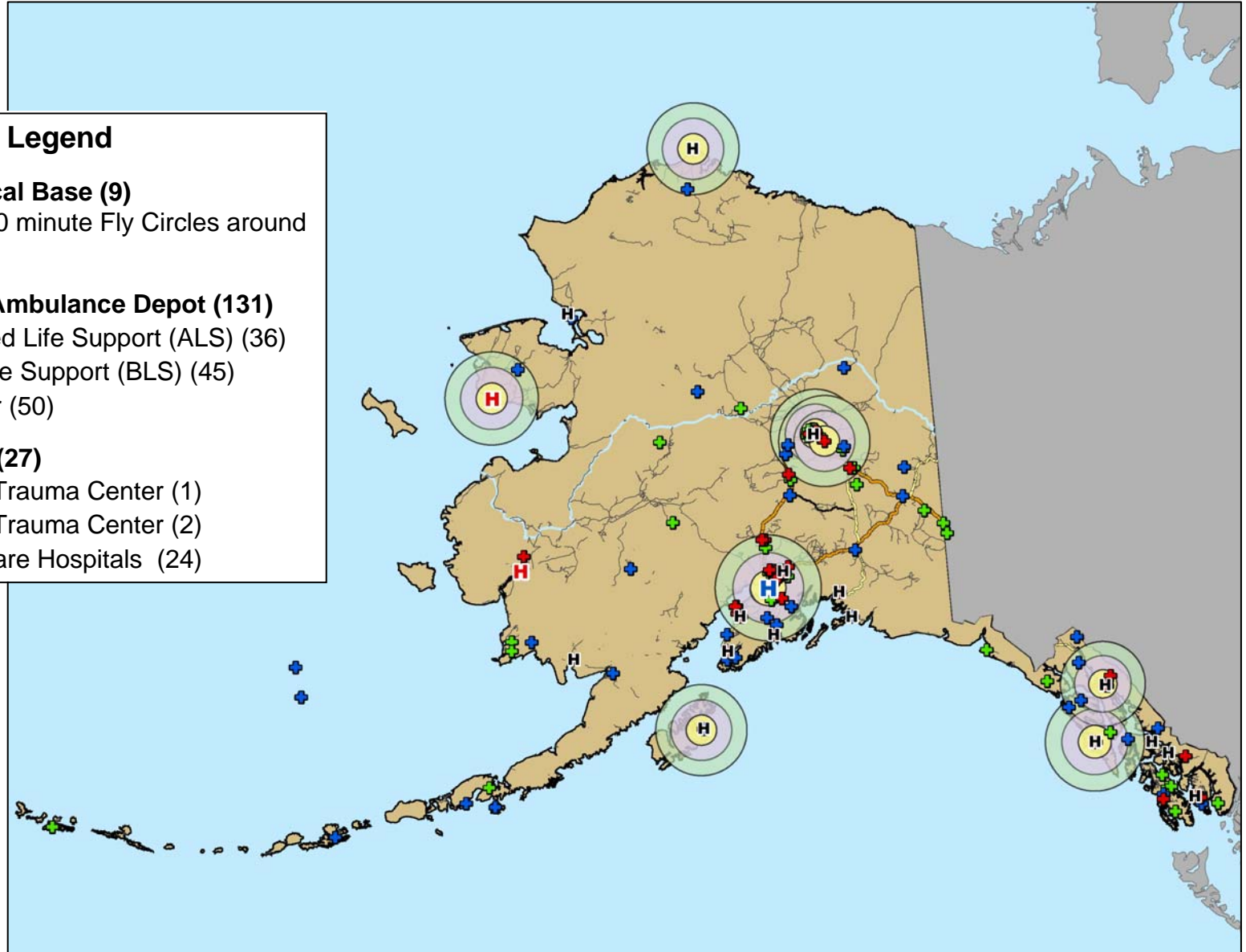
Alaska Geocoded Emergency Medical Infrastructure Locations

Legend

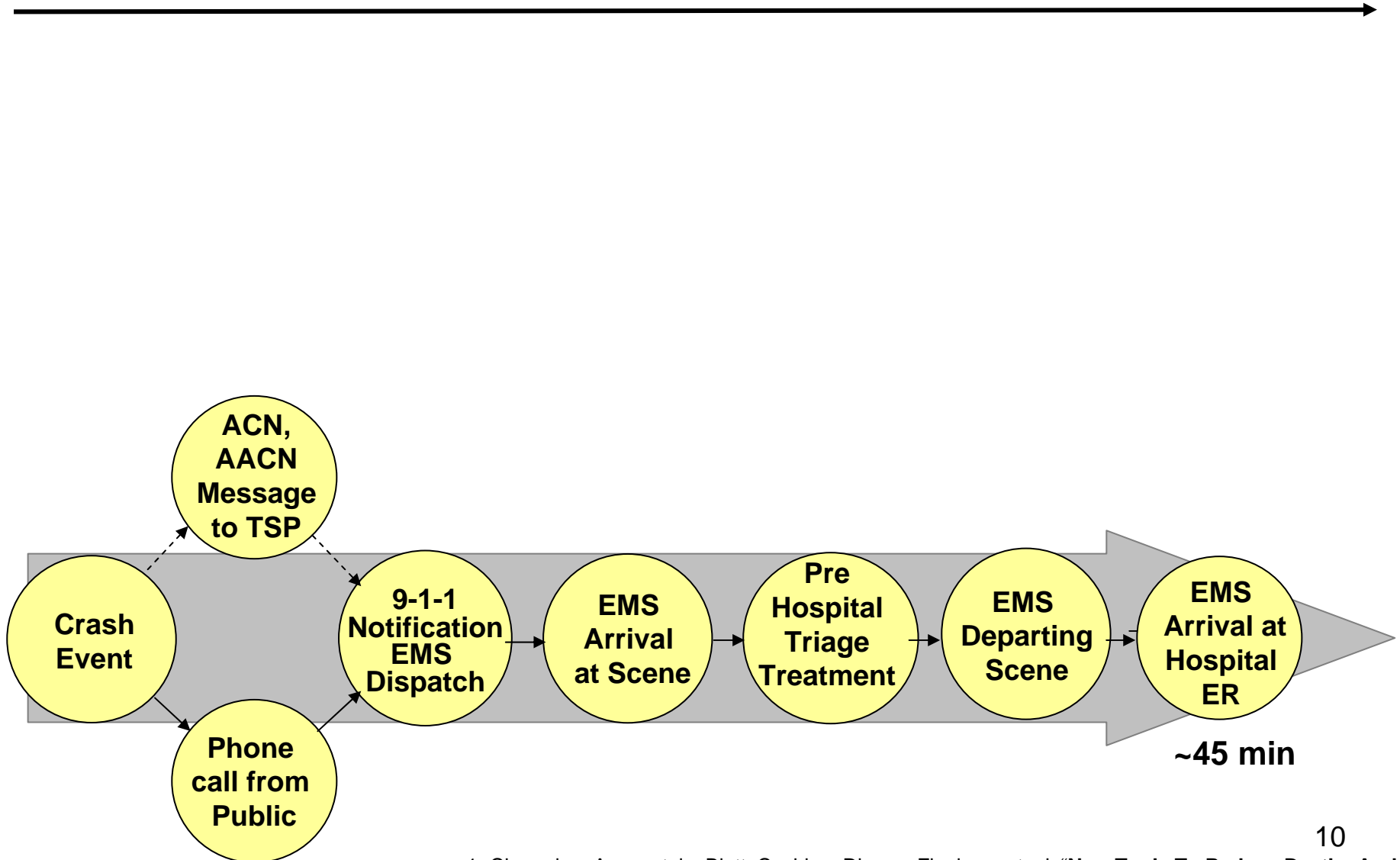
Air Medical Base (9)
 10, 20, 30 minute Fly Circles around Helipad

Ground Ambulance Depot (131)
 Advanced Life Support (ALS) (36)
 Basic Life Support (BLS) (45)
 All Other (50)

Hospital (27)
 Level 2 Trauma Center (1)
 Level 4 Trauma Center (2)
 Acute Care Hospitals (24)

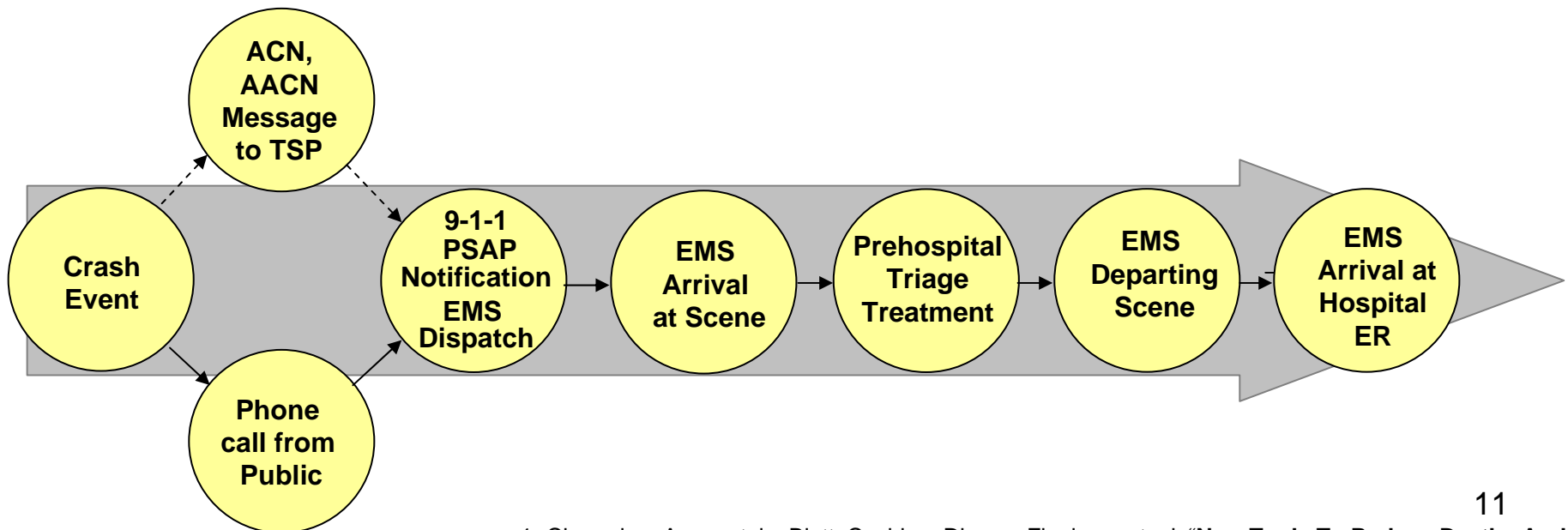
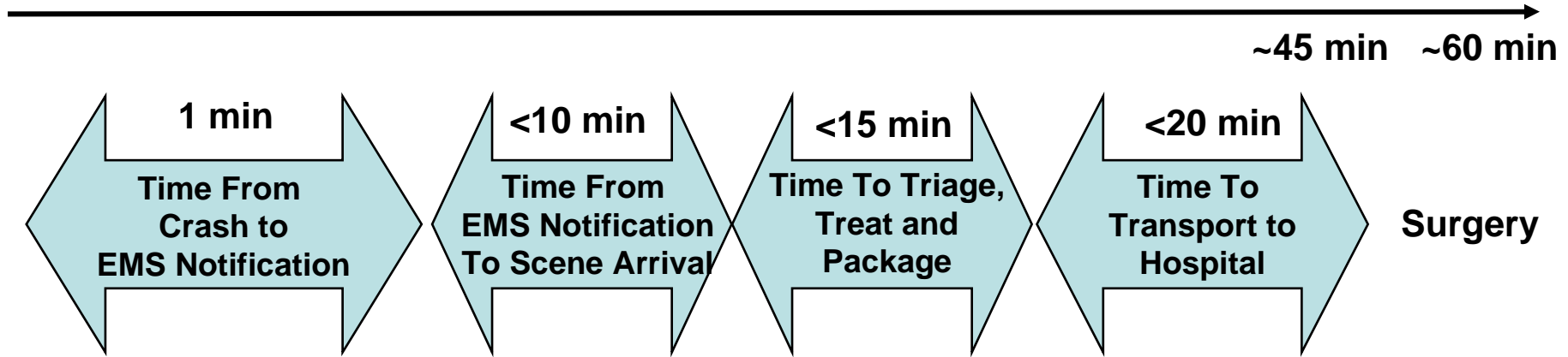


Crash Event Timeline and Time Budgets¹ To Reach Surgery in 'Golden Hour'

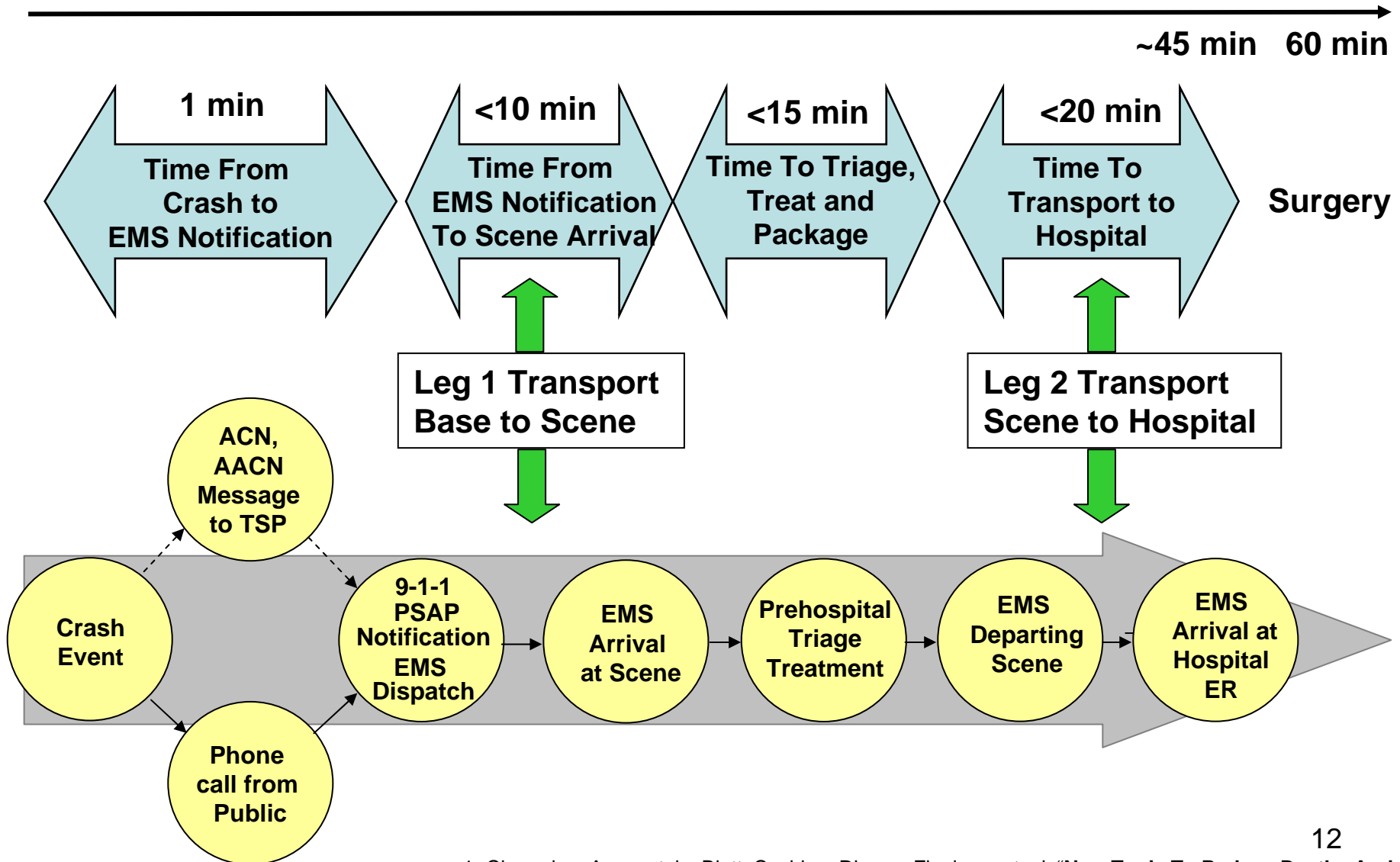


1- Champion, Augenstein, Blatt, Cushing, Digges, Flanigan, et. al, "New Tools To Reduce Deaths And Disabilities by Improving Emergency Care" Paper 0501-91, ESV Conference, 2005

Crash Event Timeline and Time Budgets¹ To Reach Surgery in 'Golden Hour'



Crash Event Timeline and Time Budgets¹ To Reach Surgery in 'Golden Hour'



Air Ambulance Travel Times

Fatal Crash Locations Color Coded by 'Computed' Air Medical Transport Times for Leg 1 Helipad Base to Scene

Approach

- Distance (as crow flies) from Helipad Base to Crash Scene.
- Flight distance converted to time using average speed in ADAMS (129 knots).

Legend

Dots show locations of 307 fatal crashes. Colors indicate flight times.

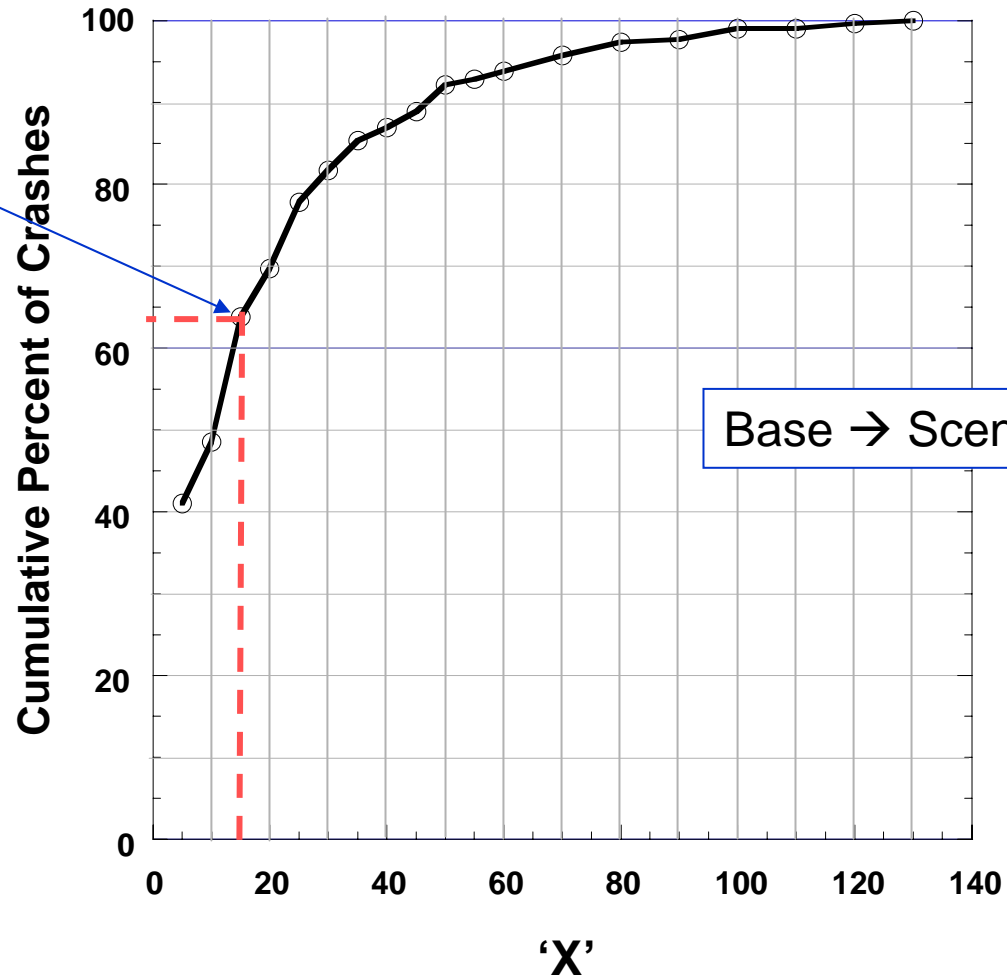
- 0 - 5
- 6 - 10
- 11 - 30
- 31 - 60
- > 60 minutes

Distribution: NHTSA permission granted to show (at conference) but not release maps of geocoded FARS data.

Cumulative Percent of Crashes with 'Computed' Flight Time \leq 'X' for Transport Leg 1

64% of the crashes have base-to-crash scene flight times \leq 15 minutes.

Total Travel Budget (Legs 1+2) limited to 30 minutes to meet 'Golden Hour' goal.



Flight Time from Closest Rotor Wing Base to Crash Location (min)

Flight Time 'Computed' from Nearest Rotor Wing Base → Crash Scene → Level 2 Trauma Center Transport Legs 1 + 2

Legend

Dots indicate locations of 307 fatal crashes. Colors indicate travel times. (129 knots average speed)

- 0 - 10
- 11 - 30
- 31 - 60
- 61 - 150
- > 150 minutes

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Flight Time 'Computed' from Nearest Rotor Wing Base → Crash Scene → Closest Hospital Transport Legs 1 + 2

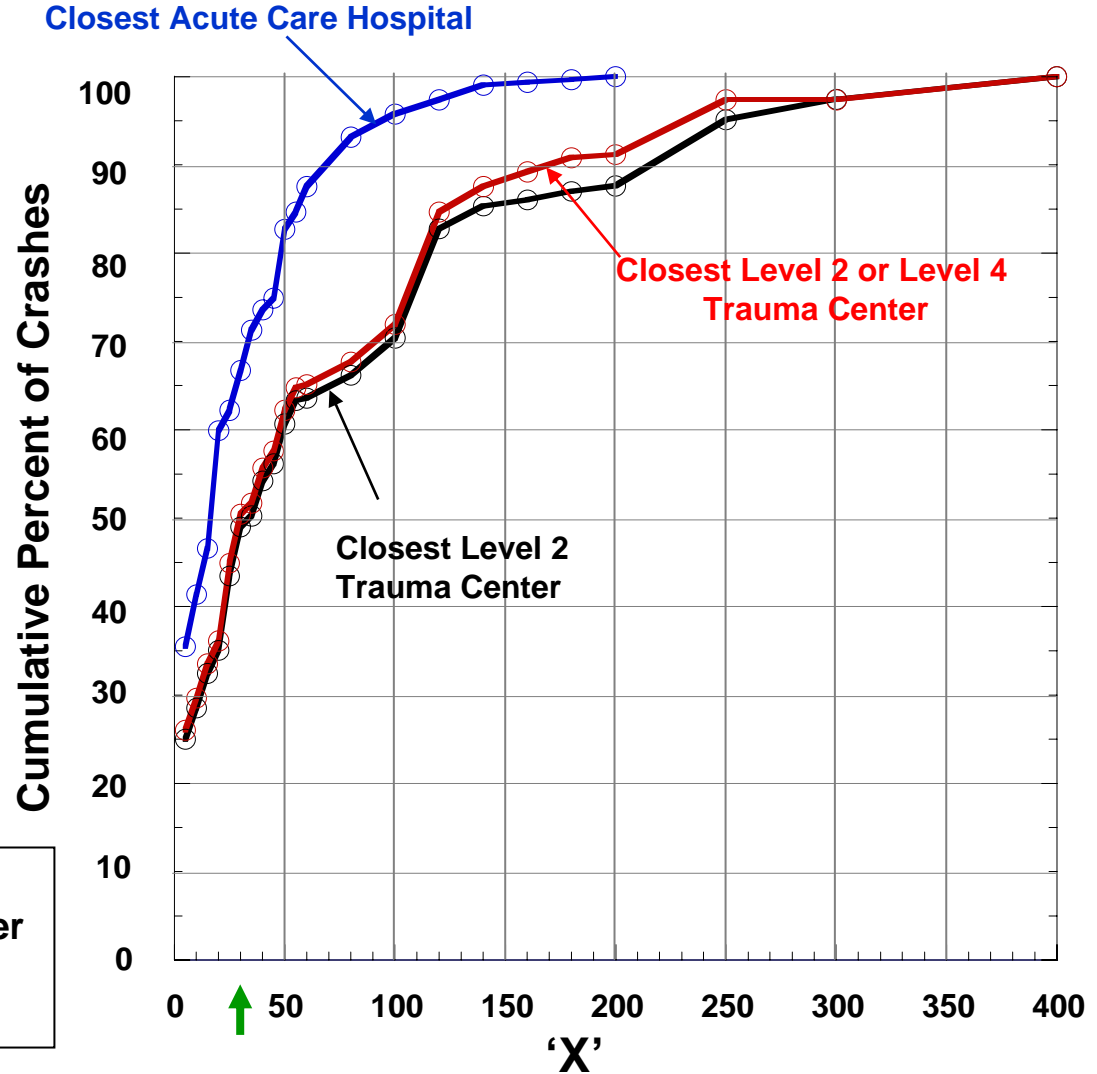
Legend

Dots indicate locations of 307 fatal crashes. Colors indicate travel times.

- 0 - 10
- 11 - 30
- 31 - 60
- 61 - 150
- > 150 minutes

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Cumulative Percent of Crashes with 'Computed' Flight Time \leq 'X' for Transport Legs 1 + 2



Flying at 129 knots
48% could reach L2 Trauma Center
67% could reach Closest Hospital
within 30 min Travel Budget




Flight Time from Closest Rotor Wing Base \rightarrow Crash Scene \rightarrow Closest Specified Medical Facility (mins)

Ground Ambulance Computed Travel Distances & Times



Determine Driving Distance via Ground Ambulance

Legend

Ground Ambulance Depots

-  Advanced Life Support (ALS)
-  Basic Life Support (BLS)
-  All Other

Hospitals

-  Level 2 Trauma Center
-  Acute Care Hospitals

-  Crash Site

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but not release maps of geocoded FARS data.

Computational Approach





- Create network from street line file.
 - Compute topography & calculate distances.
- Add ground ambulance & hospital locations.
 - Create connectors to roadway network.
- Calculate all points along network that are within specified distances (5, 10, 15 miles) of ambulance bases or hospitals. Create polygon 'bins'.
- Identify crashes in each polygon & assign them to 5, 10, 15 mile polygon 'bin'

'Computed' Driving Distance from Nearest State Certified Ground Ambulance Depot to Crash Scene

Transport Leg 1

Legend

Dots indicate locations of 307 fatal crashes. Colors indicate travel dist.

-  0 - 5
-  6 - 10
-  11 - 15
-  > 15 miles

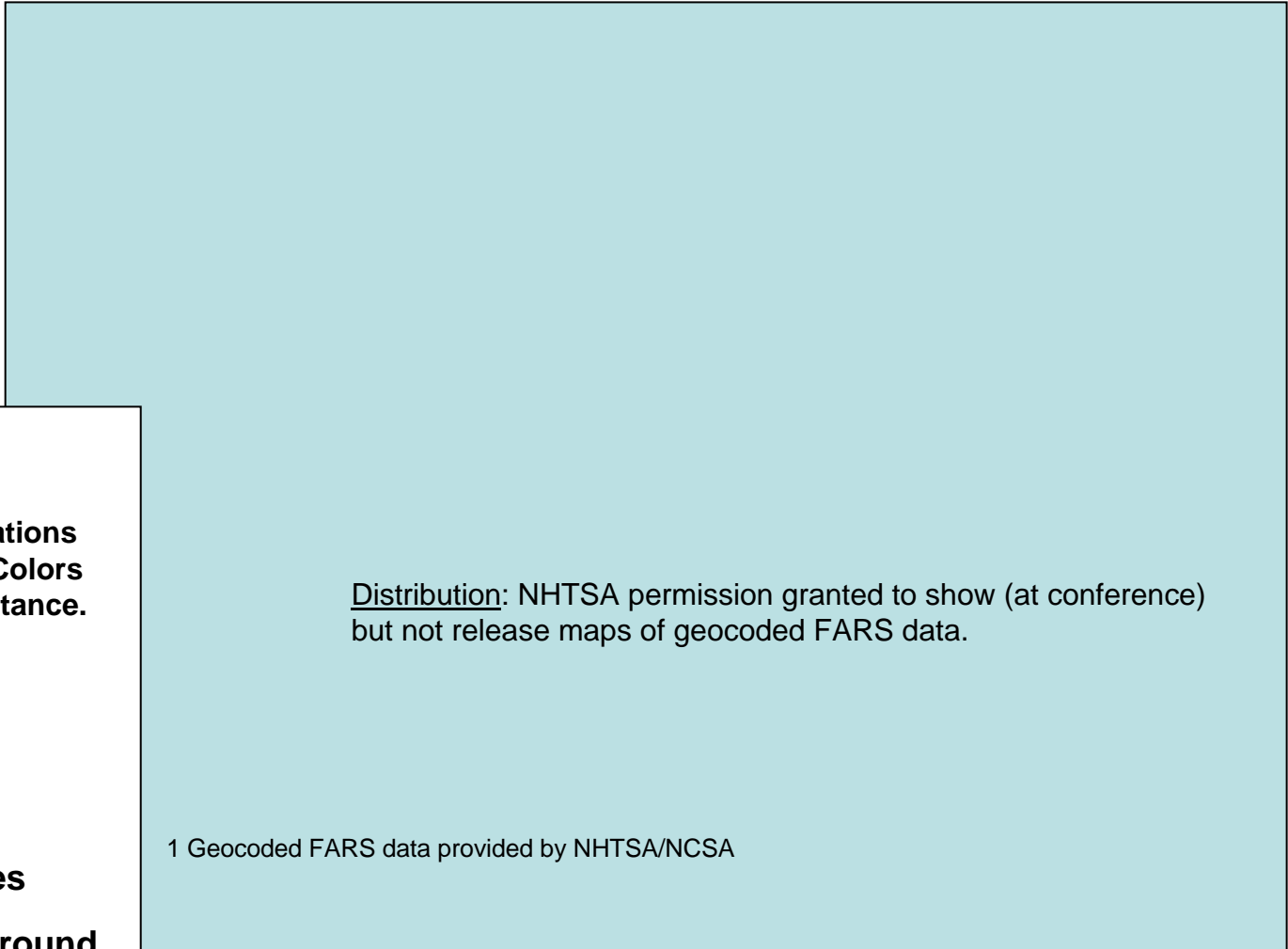


ALS + BLS Ambulance Depot

At 45 mph, a 15 mile drive takes 20 min

Distribution: NHTSA permission granted to show (at conference) but not release maps of geocoded FARS data.

'Computed' Driving Distance from Nearest State Certified Ground Ambulance Depot to Crash Scene to Closest Hospital.



Legend

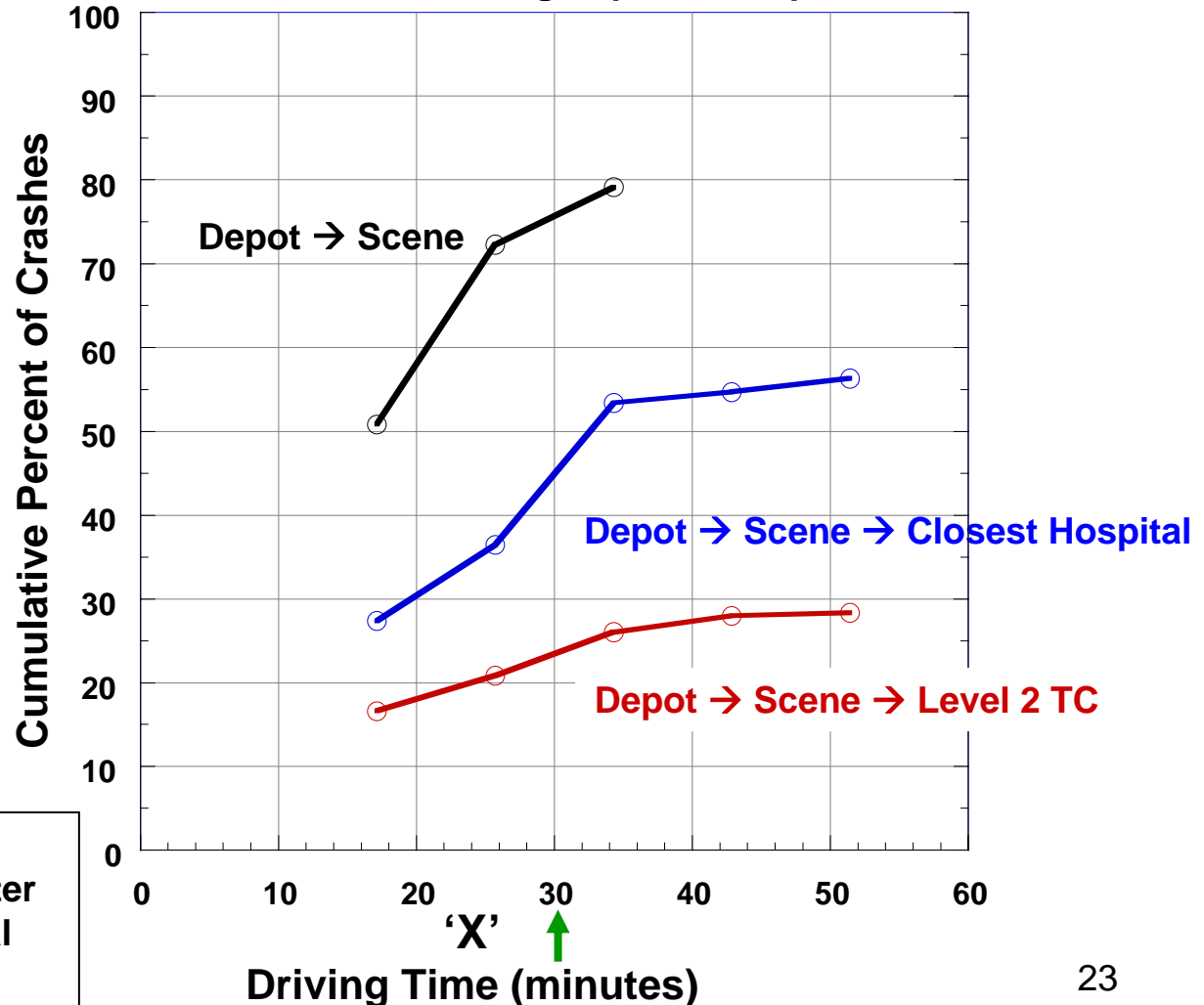
Dots indicate locations of fatal crashes. Colors indicate travel distance.

- 0 - 10
- 11 - 15
- 16 - 20
- 21 - 25
- 26 - 30
- > 30 miles

⊕ ALS + BLS Ground Ambulance Depot

Cumulative Percent of Crashes with 'Computed' Driving Time \leq 'X' for Transport Legs 1 & Legs 1+2

Assume Average Speed 35 mph



**State Certified
Ground Ambulances
(ALS + BLS)**

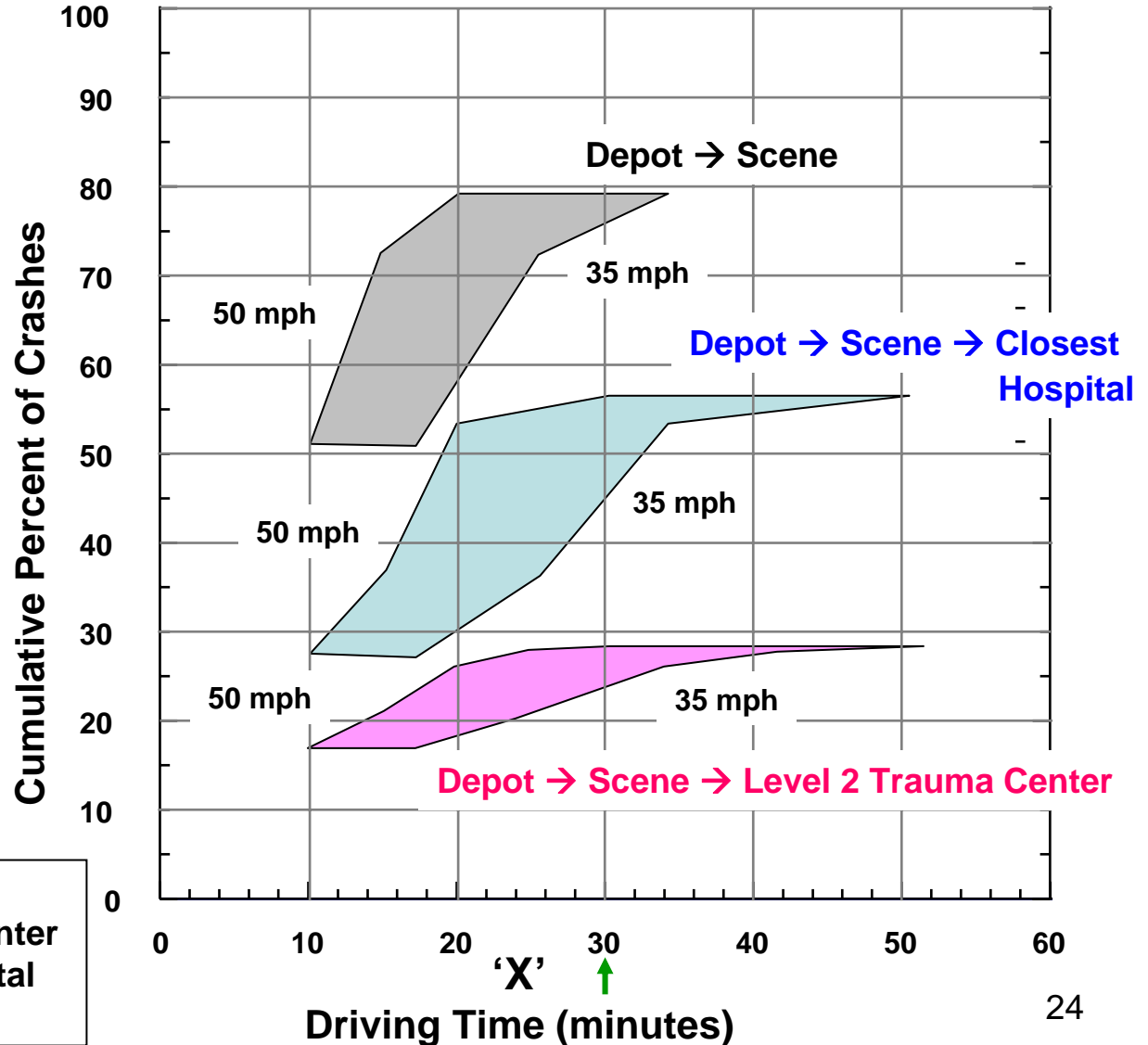
Driving at 35 mph
24% could reach L2 Trauma Center
45% could reach Closest Hospital
within 30 min Travel Budget

Envelope of Crashes using Speed as Parameter. 'Computed' Driving Time ≤ 'X'

**State Certified
Ground Ambulances
(ALS + BLS)**

Speeds Examined

- 35 mph
- 45 mph
- 50 mph



Driving at 50 mph
28% could reach L2 Trauma Center
57% could reach Closest Hospital
within 30 min Travel Budget

Summary & Concluding Remarks

- First steps in study completed:
 - Infrastructure identified and geocoded
 - Computational techniques developed
 - Initial metrics investigated
- Next Steps
 - Implement enhanced Alaska EMS data collection system
 - Refine models and analyze actual event time data
 - Utilize injury crashes in addition to fatal crashes
 - Explore additional metrics to support evaluations of new technologies for emergency notification, dispatch and response.