**Background:** Trauma centers receive patients from unaffiliated hospitals with radiographic imaging requiring evaluation by trauma or specialty surgeons. Delivery of radiographic images is critical in trauma patient transfer. Loss of images may lead to unnecessary radiation exposure for patients and associated risks thereof. Historically, images were shared by compact discs that contain inherent potential follies: disc loss, disc damage, data corruption, or viewing software transfer errors. Fortunately, “cloud” technology is another option for image delivery. Following a case with missing images that required surgical intervention, this facility embarked on a system-wide (seven facilities) project to share radiographic images via cloud versus physical media.

**Resources:** The hub facility (GSMC) purchased program use and licenses (originally for stroke, but expanded to trauma). Region facilities partnered with the hub paid no fees; the only potential resource expended is limited to the time investment in a diminutive amount of education for staff.

**Process:** The project initiation was multi-faceted. Trauma staff provided feedback to trauma or emergency department contacts at region facilities. The director of radiology reached out to corresponding radiology leaders. The outreach director presented cloud sharing to administration at all seven facilities. The transfer center included verbiage in scripting about “pushing images to the cloud” when communicating about transfers. The medical imaging administrator provided extensive education and troubleshooting internally.

**Effectiveness:** A rapid increase in cloud image sharing utilization occurred. In November 2016, 4% of trauma transfers used the cloud (N=1). In December 2016, 25% of trauma transfers utilized the cloud (N=4). In January 2017, 44% of trauma transfers utilized the cloud (N=12), with one facility boasting a 100% compliance rate by month three. Performance improvement efforts remain ongoing, with a goal of 100% of trauma transfers utilizing the cloud.

**Lessons:** Choosing to limit providers utilizing the cloud resulted in opportunity. Initially, training occurred with trauma surgeons, advanced practitioners and year 4 or 5 residents. Referring facilities began receiving calls about missing images (which were shared) from other year residents. Education and login access was provided to all surgical residents who may initially evaluate a trauma transfer patient. After requesting region facilities push cloud images for trauma transfer patients, the emergency department quickly saw non-trauma transfers without discs and images on an inaccessible system. Access and education were expedited to ED providers. Additionally, consider building cloud sharing into transfer agreements.

**Conclusion/Trauma Center Benefits:** Utilization of a cloud-based image sharing process provides a consistent, reliable method for delivery of radiographic images and should be considered by trauma systems as a potential improvement project. Further, disc or data loss would no longer encumber the provider to make tough decisions about re-radiating patients versus blind clinical decision-making. Additionally, the orange book requires trauma centers to have a way to view radiographic imaging from referring hospitals (CD 11-42); a system-wide image-cloud agreement likely meets this criterion. Finally, beyond trauma centers, this application has the potential to benefit all patients who transfer between facilities and require delivery of radiographic images to avoid re-radiating or loss of critical clinical data.