



Region 10

Trauma Triage Protocol

I. OVERVIEW

At its regularly scheduled meeting, the Region 10 Physicians Advisory Board decided to develop a council to devote itself to regional trauma issues including adaptation of a plan to meet the needs of Region 10 as well as to work within the guidelines as presented in the states trauma plan, which would become effective November 2002. The Trauma Regional Advisory Council, also known as the TRAC, met a number of times and further broke down into sub-sections with a number of meetings and participants to gain input from a number of views as to what resources we had in the region and what would be a reasonable plan. The region is large and stretches from Lake Erie in Ashtabula County in the north down to the Ohio River in Columbiana County in the south and has a variety of typographies of urban, sub-urban, agriculture, and rural areas. Input was gained from many individuals, institutions and levels of training, physicians, nurses, EMS, firefighters, administrations, helicopter services and a variety of other individuals were involved in this process. See Addendum.

II. PREMISES

- A. The Advanced Trauma Life Support Course 1997 Manual, sponsored by the American College of Surgeons Committee on trauma, stipulates "No longer should the trauma patient be transferred to the closest hospital, but rather to the closest appropriate hospital, preferably a verified trauma center."
- B. The intent of Ohio House Bill 138 is to decrease death and disability rates in critically injured patients.

- C. Region I Physician Advisory Board proposal: “In areas of the region where there are no verified Trauma Centers (within 30 minute ground transport time) the general acute care hospital will act as the primary receiving facility for all critically injured trauma patients.”

III. RESOURCES

The initial thrust of the TRAC was to identify resources in all four counties that make up Region 10, as well as in surrounding regions. Region 10 has only one Level I Trauma Center at this time, St. Elizabeth Health Center in Youngstown, and this plan was developed with this in mind. However, there are other Trauma Centers in surrounding regions and states which may be utilized if they are closer. The region has a number of acute care hospitals in all four of the counties and these hospitals all have sent representatives and participated. There are at least two acute care hospitals in each of the four counties and there are a number of free standing emergency rooms and urgent care centers as well. See Addendum. There are also rehabilitation facilities. In addition, there is significant on-going EMS education in Region 10, including training centers for basic and intermediate and also at the paramedic level. These training centers participated in the development of these guidelines.

IV. DESTINATION GUIDELINES

- A. Trauma patients meeting the Ohio Trauma Triage Rules as defined in sections 4765-14-1 and 4765-14-2 should be transported to the closest appropriate Trauma Center when the ground transport time is within 20 minutes.
- B. Such patients may be taken to a closer acute hospital in the event of adverse weather conditions or when emergency medical necessity exists. Emergency medical necessity includes patients with cardiac arrest, uncontrolled external hemorrhage, severe respiratory insufficiency or unstable airway (labored breathing, cyanosis, or agonal

respirations) unresponsive to prehospital interventions or with persistent seizures.

C. For trauma patients greater than 20 minutes from a Trauma Center, the following should be considered. Contact medical command. Early notification from the scene is crucial in these types of situations and is a requirement in any of these major trauma situations.

1. Will this transport cause a shortage of local resources? Consider the use of mutual aid.
2. No appropriate adult or pediatric Trauma Center is able to receive and provide adult or pediatric trauma care to the trauma victim without undue delay.
3. Before transportation begins, the patient if an adult, or guardian if patient is under 18 years old, deemed reasonably stable by the medic in charge, requests transport to the nearest local facility and the receiving facility is agreeable to accept the patient and agrees to activate internal mechanisms for receiving trauma.

D. For trauma patients greater than 20 minutes from a Trauma Center, the following destinations may be considered based on EMS discretion and consideration of the above.

1. Transport to an acute care facility, provided that they are agreeable to accept that patient and internal mechanisms for trauma are activated.
2. Transport to the closest appropriate Trauma Center by ground unit
3. Transport to the closest appropriate Trauma Center by helicopter

V. AEROMEDICAL AND SPECIAL CONSIDERATIONS

Aeromedical transport will be considered in those situations including prolonged extrications, when the victim is not readily acceptable to ground transport, or when a higher level of care is needed. Ground transport will be simultaneously dispatched at the same time that the helicopter service is summoned. Transport from the scene is not to be delayed. Scene safety is an absolute must. Early and clear communication between the requested agency, helicopter service and

the destination hospital is crucial. Once the helicopter arrives, that care will be governed in accordance with previous agreed upon standards and guidelines. The helicopter will take the patient to the nearest appropriate Trauma Center.

VI. PEDIATRICS

Pediatric trauma patients are defined in the Ohio Trauma Triage Rules in sections 4765-14-1 and 4765-14-2. The same destination guidelines that apply to adult trauma will apply to injured children. There is one Level I adult, pediatric center in the Region 10, St. Elizabeth Health Center, and they are able to accept pediatric trauma patients. If transport time or weather are a concern, other pediatric centers in neighboring regions include:

Children's Hospital of Pittsburgh, Level 1

Children's Hospital Medical Center of Akron, Level 2

MetroHealth Medical Center, Cleveland, Level 1

Rainbow Babies and Children's Hospital, Cleveland, Level 1

VII. ADJOINING STATES

Care of trauma patients that begin in Ohio and the regions governed by the Region 10 Physician Advisory Board will proceed under the guidelines established by local EMS and under overall guidelines established by Region 10 and the State of Ohio, even if the trip requires entrance into an adjoining state. Trips that originate from an adjoining state will be governed under the rules of their local EMS and the state of Pennsylvania or West Virginia. In general care of trauma patients should be directed to the most appropriate facility regardless of state boundaries .

VIII. CONTINUING EDUCATION

The Region 10 Physicians Advisory Board recognizes that continuing education plays a most crucial and fundamental role in the care of trauma patients. We have therefore established a very active education sub-committee, which has met on numerous occasions and is currently developing specific education programs dealing with the trauma patients including scene scenarios and patient assessments. These will be offered on a regular basis. In addition, the Trumbull County EMS board holds monthly CME conferences, a number of which deal with trauma issues, which are open to all members of the region. The advisory board is looking into the possibility of an annual trauma conference and other regularly scheduled trauma events in conjunction with member hospitals and other educational agencies within the region. Also, the Regional Advisory Board will meet with any local, educational, or provider agency to provide any additional training regarding the care of trauma patients should that be requested.

IX. QUALITY ASSESSMENT

The Region 10 Advisory Board is committed to providing regular reviews of trauma runs and other instruments of quality assurance and has established a quality assurance committee to deal with these issues. The specific mechanism of regular quality assurance is currently being developed and this will involve all 4 counties and all levels of EMS training and will involve representatives from the trauma center and participating hospitals as well. The exact mechanism would include run reviews, collection and entry of data into a trauma patient database, review of individual runs including trauma arrests and other quality assurance vehicles. This will be developed with the State and with members of the Region 10 Physician Advisory Board, within 6-12 months.