

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
 A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 330 Page 1 of 4
Subject	Trauma System Overview	
References	California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7. Trauma Care Systems	Effective 11/01/2002

I. POLICY

The Central California Emergency Medical Services Trauma Services System shall operate in accordance with Health and Safety Code Division 2.5, and the California Code of Regulations Title 22, Division 9, Chapter 7 and shall be implemented, monitored and evaluated by the EMS Agency.

The Central California Emergency Medical Services Trauma System maintains a trauma plan and EMS policies and procedures required by Section 100255 of the California Code of Regulations. The intent of the Trauma Plan and EMS policies and procedures is to provide a clear understanding of the structure of the trauma system in a manner that effectively utilizes the systems resources.

The following is a list of the policies required by Section 100255 of the California Code of Regulations and includes brief description of the policy and a reference where further policy information can be located.

A. System Organization and Management

The EMS Division of the Fresno County Department of Public Health is the designated local EMS agency for Fresno, Kings, Madera and Tulare Counties. The EMS Division is responsible for monitoring the ongoing operation of the regional trauma care system. This is accomplished through the development of EMS policies and procedures and by participating in the various EMS committees, including the Regional Trauma Audit Committee. The EMS agency staff supervises the collection and analysis of trauma data, including ongoing development of the trauma patient registry.

A Level I Trauma Center, Community Regional Medical Center (RMC), is located in Fresno and directly receives prehospital trauma patients from within the region often bypassing other receiving hospitals.

A Level III Trauma Center, Kaweah Delta Medical Center (KDMC), is located in Visalia and receives prehospital trauma patients from within Tulare County and adjacent counties.

Approved By	DANIEL J. LYNCH (Signature on File at EMS Agency)	Revision
EMS Director		01/01/2015
	JIM ANDREWS, M.D. (Signature on File at EMS Agency)	
EMS Medical Director		

Subject	Trauma System Overview	Policy Number 330
---------	------------------------	----------------------

B. Trauma Care Coordination Within the Trauma System

The prehospital care and treatment of trauma patients shall be in accordance with EMS policy and procedures to insure consistent application of trauma services through-out the EMS region. These policies include EMS Policy # 332 – Trauma System Monitoring, EMS Policy #510 - Basic Life Support Protocols, EMS Policy #530 - Paramedic Treatment Protocols, EMS Policy #547 – Patient Destination, and other EMS policies and procedures.

C. Trauma Care Coordination with Neighboring Jurisdictions

Coordination of Trauma Care with neighboring jurisdictions is addressed in the prehospital setting and also the hospital setting. EMS Policy # 406 – EMS Dispatch Policy - Out of County Responses, and EMS Policy #408 – Helicopter Dispatch Policy, address the coordination of trauma response in the neighboring jurisdictions outside of the Central California EMS region. Coordination of trauma care with neighboring jurisdictions in the hospital setting is addressed in EMS Policy #341 – Patient Transfers Between Acute Care Facilities, and EMS Policy #342 – Transfer Agreements Between Acute Care Hospitals.

D. Collection and Management of Data

The designated trauma centers and non-trauma centers are responsible for submitting all required data to the EMS Agency on a monthly basis or as determined by the EMS Agency. The minimum data set as defined in the State Trauma Regulation Section 100257, is required by all participating trauma hospitals. Collection and management of data for the Central California Emergency Medical Services Trauma System is outlined in EMS Policy #332, and Policy #334. The trauma nurse coordinators/managers provide trauma registry data, which is used by the Trauma Audit Committee and EMS Agency and is submitted to the State's data system (CEMSIS/NEMSIS).

E. Trauma Center Fees for Designation/Redesignation/Evaluation

There are currently no fees for trauma center designation, redesignation, or trauma center evaluation in the Central California Emergency Medical Services region.

F. Establishment of Service Areas for Trauma Centers

Community Regional Medical Center is the designated Level I trauma center in the Central California EMS region. The service area encompasses the entirety of the Central California EMS region. In very specific circumstances, such as airway compromise, a trauma patient may be transported to a receiving hospital for stabilization before proceeding to the trauma center. Kaweah Delta Medical Center is a designated Level III Trauma Center and is the primary trauma destination for trauma patients in Tulare County.

G. Designation and Re-designation of a Trauma Center/including Agreements

The Local EMS Agency designates Trauma Centers within the EMS Region. Trauma center designation is based upon the need for local and regional trauma care services. Trauma facility designation is outlined in EMS Policy #331 – Trauma Facility Designation.

H. Triage to the Appropriate Facility

The prehospital triage and transport decision process is very similar to the Centers for Disease Control (CDC) field triage process and involves an assessment not only of the physiology and anatomy of the injury but also the mechanism of the injury and special patient considerations. Seriously and moderately injured patients are transported directly to RMC or KDMC. EMS Policy #547 – Patient Destination outlines the required patient destination procedure for both trauma and medical patients.

Subject	Trauma System Overview	Policy Number 330
---------	------------------------	----------------------

I. Repatriation of Stable Trauma Service Health Plan Members

EMS Policy #547 – Patient Destination requires prehospital personnel to attempt to transport stable patients to the patient’s health plan’s participating facility. In 2008, The EMS Agency partnered with the Hospital Council of Northern California and hospitals within the 4-county EMS region to create a patient transfer committee. This committee meets regularly to discuss the issues and barriers with repatriation of patients. Recognized as a best practice, the Committee developed an agreement signed by all hospitals that agrees to criteria and conditions on repatriating patients in an effort to increase capacity at the Trauma Centers and keep local patients in the local areas.

J. Inter-trauma Center & Inter-facility Transfer of the Trauma Patient

The EMS policies and procedures strictly address the coordination and management of Inter-trauma center and inter-facility transfers of the trauma patient and are addressed in EMS Policy #341 – Patient Transfers Between Acute Care Facilities, EMS Policy #342 – Transfer Agreements Between Acute Care Hospitals, and EMS Policy #553 – ALS Interfacility Transfers.

K. Role of the Pediatric Trauma Center

Community Regional Medical Center is the Level I Trauma Center and is the designated destination for all pediatric trauma.

L. Resources for Trauma Team Response- Equipment & Staff

Trauma Centers are required by EMS Policy #333 – Trauma Center Criteria to have internal hospital policies and procedures governing “Trauma Center Medical and Physician Services”, which include the resources and staff required for a trauma team response.

M. Criteria for Activation of the Trauma Team

Trauma Centers are required by EMS Policy #333 – Trauma Center Criteria, to have internal hospital policies and procedures outlining the specific criteria for trauma team activation.

N. Availability of Trauma Specialists

Trauma Centers are required by EMS Policy #333 – Trauma Center Criteria to have internal hospital policies and procedures outlining the availability of trauma team personnel and specialists.

O. Quality Improvement and System Evaluation/ include Multidisciplinary Peer Review Committee

Quality Improvement is a combined effort of hospitals, providers, and the EMS Agency. EMS Policies #703 – Continuous Quality Improvement, and #704 – Quality Improvement Reporting address the access to the continuous quality improvement process. The trauma services system is monitored through the continuous quality improvement process and also through EMS policy #332 – Trauma System Monitoring. The trauma system is also monitored by a peer review committee, which is outlined in EMS Policy #703 – Continuous Quality Improvement.

P. Identification and Transportation of the Adult and Pediatric Trauma Center Candidate

Trauma center patients are identified by a decision process that is very similar to the Centers for Disease Control (CDC) field triage process and involves an assessment not only of the physiology and anatomy of the injury but also the mechanism of the injury and special patient considerations. Once the patient is

Subject	Trauma System Overview	Policy Number 330
---------	------------------------	----------------------

identified as a trauma center patient, the prehospital personnel transport the patient directly to the trauma center in accordance with EMS Policy #547 – Patient Destination.

Q. Trauma Triage Training of Prehospital Personnel

Prehospital Personnel and MICN's are trained in trauma triage through continuing education courses available throughout the EMS System. Continuing education courses must be in accordance with EMS Policy #701 – Continuing Education.

R. Public Information and Education on Trauma Systems

All public information and education requirements and services relative to the design, implementation, and operational effectiveness of the trauma system will be coordinated through the EMS Agency. Public information and educational activities will encompass trauma system design, citizen access, trauma system capabilities, and mechanism for follow up and incident review as requested by the public and/or medical community. Additional requirements will include:

1. A commitment to the establishment of a trauma system that supports the promotion of injury prevention and safety education.
2. The facilitation of speakers to address public groups and serves as a resource for trauma information and education.
3. Provide assistance to community and professional groups in the development and dissemination of education to the public on such topics as injury prevention, safety education programs and access to the trauma care system.
4. Each designated facility must participate in the development of public awareness and education campaigns for their service area.

S. Provider Marketing and Advertising

California Health and Safety Code, Division 2.5, states in part, “no health care provider shall use the term “trauma facility,” “trauma hospital,” “trauma center,” “trauma care provider,” “trauma care vehicle,” or similar terminology in its signs or advertisements, or in printed materials and information it furnishes to the general public, unless its use has been authorized by the EMS Agency.

All marketing and promotional plans, with respect to trauma center designation, shall be submitted to the EMS Agency for review and approval, prior to implementation.

T. Collaborative Injury Prevention Efforts with the Public/Private Sector

Trauma Centers shall participate in injury prevention programs with public and private agencies. Trauma Centers may produce their own Injury Prevention Programs based upon data analysis of the trauma center review at their facility. Trauma Centers may utilize information developed by the EMS Agency as a result of system review to produce injury prevention programs for the public and private sector in their communities.