



## 101 – Trauma Care System Policy

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### **PURPOSE:**

To ensure immediate access to surgical evaluation and resources are provided to the level of care needed by the trauma patient.

### **AUTHORITY:**

Title 22, Division 9, Chapter 7

### **POLICY:**

Nor-Cal EMS has designed the regional trauma system as “inclusive,” by developing an all-encompassing approach. The trauma care system is a network of definitive care facilities that provide a spectrum of care, which promotes the appropriate use of resources for all injured patients

### **SYSTEM ORGANIZATION AND MANAGEMENT:**

1. Lead Agency – Northern California Emergency Medical System is responsible for planning, implementing, and managing the trauma care system.
  - a. These responsibilities have been incorporated into the Nor-Cal EMS Trauma System Plan and include:
  - b. Assessing needs and resource requirements;
  - c. Developing the system design, including the number of trauma center(s) by designation and the monitoring of patient flow patterns;
  - d. Determining patient flow (monitoring prehospital and interfacility transfer) patterns;
  - e. Working with the designated trauma centers and other system participants to coordinate inter-hospital activities and with neighboring EMS systems to coordinate outreach and mutual aid services.
  - f. Monitoring of the system to determine compliance with appropriate state laws and regulations, local EMS agency policies and procedures, and contracts, and taking corrective action as needed;
  - g. Evaluating the impact of the system and revising the system design as needed.
2. To fulfill these responsibilities, Nor-Cal EMS will continue to assign staff to the trauma care system. The Medical Director shall participate in system monitoring, evaluation and problem solving activities.
3. All receiving facilities are encouraged to participate. The development of trauma systems facilitates the transfer process and improves the efficiency of patient movement through the system by designing and implementing transfer plans, which deal with issues prior to acute patient need.

### **TRAUMA SYSTEM ACCOUNTABILITY:**

1. Any grievances with the administration of the trauma system by Nor-Cal EMS Inc. are to follow a prescribed sequence. At the first level, the staff of the agency is to be notified in writing and given an opportunity to address the issue. If this response is not satisfactory, the next steps are as follows:
  - a. Give notification in writing to Nor-Cal EMS Chief Executive Officer.
  - b. If this response is not satisfactory, give notification in writing to the Nor-Cal EMS Board of Directors by means of the Chairman.
  - c. If this response is not satisfactory, give notification to the state Emergency Medical Services Authority.

**SERVICE AREAS FOR TRAUMA CENTERS:**

1. To provide optimal care of major trauma patients, care will be regionalized through the designation of Trauma Centers and preferential triage of Critical Trauma Patients to those centers. Nor-Cal EMS will designate Trauma Centers based on the following: the number of trauma teams (including operating rooms) necessary to care for the projected patient load, transport times, and hospital capabilities within each part of the region.
2. Trauma Center service areas will be designated based primarily on transport times. Additional levels of service areas may be designated, as appropriate, in order to ensure that patients requiring care which might be available only at a specialty center (e.g., burn care) are brought to the closest, appropriate facility.

**MUTUAL AID AND COORDINATION WITH NEIGHBORING SYSTEMS:**

1. Nor-Cal EMS will coordinate its Trauma Care System with those in neighboring EMS systems - both in California and in other states - in order to ensure that patients are transported to the closest appropriate facility. Written mutual aid agreements will be executed as necessary to ensure coordination with neighboring systems.
2. Nor-Cal EMS will maintain contact with neighboring EMS agencies in order to monitor the status of Trauma Care Systems in surrounding jurisdictions.
3. Where it appears that a patient within the Nor-Cal EMS region is closer to a designated Trauma Center in another EMS system, Nor-Cal EMS will contact the appropriate EMS agency to seek an appropriate trauma service area boundary. This will include Trauma Centers, which are outside of California.
4. Where it appears that patients in another EMS system are closer to the Nor-Cal EMS designated Trauma Center, Nor-Cal EMS will contact the appropriate EMS designated Trauma Center.
5. Where patients from the Nor-Cal EMS region are transported to a Trauma Center in another EMS system, Nor-Cal EMS will seek patient information which is equivalent to that provided to Nor-Cal EMS by facilities within our system.
6. Where patients from another EMS system are transported to a Nor-Cal EMS designated Trauma Center, Nor-Cal EMS will also attempt to provide patient information which is equivalent to that provided by that system's designated Trauma Centers.
7. Hospitals and ambulance providers within the Nor-Cal EMS region are encouraged to cooperate with other EMS agencies in data collection and evaluation efforts of patients who are served by the Nor-Cal EMS system.

**COORDINATION WITH HMO's AND OTHER MANAGED CARE:**

1. The Nor-Cal EMS trauma triage policy does not consider the patient's insurance status in determining the destination of patients who meet the triage criteria.
2. Trauma Centers will make a good faith effort to negotiate agreements with health care organizations.
3. Nothing in this policy is intended to suggest that Trauma Centers should limit the treatment provided to members of health maintenance and other managed health care organizations in violation of the Emergency Medical Treatment and Active Labor Act, other state or federal law, or good medical practice.