
Monterey County EMS Agency

Policy: Trauma Care**Trauma Marketing and Advertising****I. AUTHORITY**

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163, 1798.165 (c); California Code of Regulations Section 100255

II. PURPOSE

To establish limitations on direct-to-consumer advertising by trauma centers that is intended to influence patient flow.

III. DEFINITION

- A. **"Trauma Center"** or **"designated Trauma Center"** means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Care System.

IV. POLICY

A. Level II Trauma Centers:

1. Marketing/Advertising – this policy encourages public information and education activity regarding the trauma system and how it is accessed. The following shall guide the approval of the term “trauma” in marketing and advertising for Level II Trauma Centers:
 - a. Shall provide accurate information;
 - b. Shall not include false claims;
 - c. Shall not be critical of other providers; and,
 - d. Shall not include financial inducements to any provider or third parties.
2. Titles may include the word “trauma” in staff position titles.
3. The request to advertise and/or incorporate the term “trauma center” in promotional materials shall be made in writing to the Monterey County EMS Agency. The agency shall respond within thirty (30) days of receipt of the written request. No use of the term “trauma center” or similar terminology may be used without authorization by the EMS Agency.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

Monterey County EMS Agency

Policy: Trauma Care

Trauma Care Interfacility Transfer and Transportation

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163 California Code of Regulations Section 100255, 100266.

II. PURPOSE

To establish standards for trauma patient flow to Trauma Centers from receiving hospitals.

III. DEFINITION

- A. **“Pediatric”** or **“pediatric patient”**: An individual less than 15 years old.
- B. **“Trauma Center”** or **“designated Trauma Center”**: A licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Regulations (§100248).
- C. **“Receiving Facility”**: A licensed hospital within the Trauma Service Area (Monterey County), which receives trauma patients.

IV. POLICY

- A. Local Receiving Hospitals shall have:
 - 1. Written transfer agreements, (for both adults and children) with an appropriate designated Level I or II Trauma Center.
 - 2. Guidelines for identification of those patients who should be considered for transfer to a Trauma Center consistent with California Regional Trauma Care Committee Criteria.
 - 3. A procedure for arranging the transfer of appropriate patients (adults and pediatrics), including, but not limited to:
 - a. Notification of the receiving Trauma Center physician.
 - b. Arranging for transport by either ground or air.
- B. Trauma Center, as a condition of designation, shall have:
 - 1. Written transfer agreements with, at least, the nearest designated Level I Trauma Center, with specialty centers providing tertiary level care for burn, spinal cord injury patients, and the nearest designated pediatric Trauma Center.
 - 2. Guidelines for identification of those patients who should be considered for transfer to a Trauma Center consistent with California Regional Trauma Care Committee Criteria.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

Monterey County EMS Agency

3. A procedure for arranging the transfer of appropriate patients (adults and pediatrics), including, but not limited to:
 - a. Notification of the receiving center physician.
 - b. Arranging for transport by either ground or air.

Monterey County EMS Agency

Policy: Trauma Care**Trauma Care Data Collection and Management****I. PURPOSE**

To establish requirements for data collection and management by trauma system participants.

II. DEFINITION

- A. **"Trauma Center"** means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Care System Regulations.
- B. **"Receiving Facility"** means a licensed hospital within the Trauma Service Area (Monterey County), which receives trauma patients.

III. POLICY

- A. Pre-hospital providers shall record the Centers for Disease Control (CDC) four (4) step field triage criteria results for all trauma patients as defined in the Field Trauma Triage (CDC 4 step field triage) Criteria policy. This is in addition to patient assessment findings required in the Patient Care Report Completion policy.
- B. The Trauma Center shall complete a trauma registry form for all patients who meet the following trauma registry inclusion criteria:
1. ICD-9 800-959.9 **AND,**
 2. Physically evaluated by trauma surgeon in the emergency department or resuscitation area **OR,**
 3. Death in the emergency department **OR,**
 4. Transfer for trauma services (note: may include interfacility and intrafacility).
 5. Exclusion: Isolated burn without penetrating or blunt mechanism of injury.
- C. The registry shall include, but not be limited to the data elements in compliance with the National Trauma Data Base and the California Emergency Medical Services Information System Trauma requirements.
- D. Receiving Facility: The Trauma Receiving Facility shall complete, or provide information so the EMS agency can complete, a trauma registry form for all patients who are determined in the field to have met the trauma triage criteria or who are brought to the Trauma Receiving Facility and are later determined to meet triage criteria, and who are admitted to the Trauma Receiving Facility, or transferred to another hospital or Trauma Center.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

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E. Cooperation with other counties:

1. Where patients from the Monterey EMS system are transported to a Trauma Center or trauma receiving facility in another EMS system, Monterey EMS will seek patient information that is equivalent to that provided by a Monterey trauma receiving facility.
2. Where patients from another EMS system are transported to a Monterey receiving facility, Monterey EMS will attempt to provide patient information, which is equivalent to that provided by that system's designated Trauma Centers or trauma receiving facilities.
3. Hospitals and ambulance providers within the Monterey EMS system are encouraged to cooperate with other EMS agencies in data collection and evaluation efforts.

F. Required Reports: Reports required under the Trauma QI Policy will be developed in conjunction with the designated Trauma Center.

Monterey County EMS Agency

Policy: Trauma Care

Trauma Service Area

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163, California Code of Regulations, Section 100255.

II. PURPOSE

To establish service areas for trauma patients in Monterey County.

III. DEFINITION

- A. "Service area" means that geographic area defined by the local EMS agency in its trauma care system plan as the area served by a designated Trauma Center. §100246, CCR, Title 22, Div. 9.
- B. "Trauma Center" or "designated Trauma Center" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Regulations. §100248, CCR, Title 22, Div. 9.

IV. POLICY

- A. The entire County of Monterey will be considered the Service Area.
- B. To provide optimal care for major trauma patients, patients meeting triage criteria will be transported as specified in the Monterey County Patient Destination Policy.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

Monterey County EMS Agency

Policy: Field Care – Patient Management

Trauma Quality Improvement and System Evaluation

I. AUTHORITY

Authority for this policy is found in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163 California Code of Regulations Section 100255, 100258, 100265 and California Evidence Code, Section 1157.7.

II. PURPOSE

To establish a system-wide Quality Improvement (QI) program for evaluating the Monterey EMS Trauma System in order to foster continuous improvement in performance and patient care. In addition, it will assist Monterey EMS Agency in defining standards; evaluating methodologies, and utilizing the evaluation results for continued system improvement.

III. DEFINITION

- A. **“Trauma Audit Committee (TAC)”**: A multi-disciplinary advisory committee to the EMS Medical Director whose purpose is to review trauma care on a regular basis. It is comprised of designated representatives from the EMS Agency, the trauma center, and other invited guests. This is a closed committee.
- B. **“Trauma Evaluation Quality Improvement Committee (TEQIC)”**: A multi-disciplinary advisory committee to the EMS Medical Director whose purpose is to review the trauma system on a regular basis. It is comprised of designated representatives from the acute care hospitals within Monterey County. This is a closed committee.
- C. **“Quality Improvement”** (or Quality Assurance) means a method of evaluation of services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement. Such methods may include, but not limited to, a written plan describing the program objectives, organizations, scope and mechanisms for overseeing the effectiveness of the program.

IV. POLICY

- A. Trauma system participants within the Monterey County Emergency Medical System (EMS) will maintain a comprehensive internal quality improvement program.
- B. Trauma system participants will participate fully and cooperate with external quality improvement programs.

Effective Date: January 1, 2015

Approved: 
 EMS Medical Director

Approved: 
 EMS Director

Monterey County EMS Agency

V. REQUIREMENTS**A. Trauma Center (Internal) Quality Improvement Requirements:**

1. Internal Medical Quality Improvement Program – A Trauma Center must have a formal, and fully-functional, internal quality improvement program for its trauma service. Each Trauma Center shall have a written Quality Improvement Plan which shall include:
 - a. Trauma Medical Director (Chief of Trauma): The Trauma Medical Director shall be responsible for the hospital trauma care, compliance with the EMS Agency trauma plan and trauma standards, and for participation in the Trauma QI program.
 - b. Trauma Program Manager: The Trauma Program Manager shall be answerable to the Chief Nursing Officer or the Chief Medical Officer and the position will have at least 1 FTE dedicated to this role. The Trauma Program Manager shall oversee the trauma registrar and will perform the following functions:
 - (1) Perform case reviews of ALL trauma cases.
 - (2) Identify trauma cases that meet Monterey County Minimum Audit Criteria for External Quality Improvement Review.
 - (3) Analyze trends.
 - (4) Analyze all trauma patient calls to the trauma base hospital diverted to non-trauma centers.
 - (5) Perform detailed audits of all trauma deaths, major complications, transfers, unexpected outcomes (positive or negative), and unusual occurrences.
 - (6) Provide loop closure for identified opportunities for improvement.
 - c. Trauma Registrar: The Trauma Registrar will maintain the efficient operation of the Trauma Registry, ensure consistency and quality in the data collection system, enter information into the trauma database, and retrieve data for quality improvement purposes.
 - d. Coordination of an internal multi-disciplinary trauma committee that includes members of emergency medicine, general surgery, and other department that are responsible for care of the trauma patient. The audit process will include a log of follow-up problems, and periodic, multi-disciplinary trauma conferences to critique selected trauma cases. This committee will follow the applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.
 - e. Provision of a system for patients and others as defined in Title 22, Division 9, Chapter 7, Section 100265(e), to provide input and feedback to hospital staff regarding the care provided.
 - f. Attendance by the Trauma Director and Trauma Program Manager at Monterey County Trauma Audit Committee (TAC) meetings.
 - g. Generation and submission of required trauma reports to the Monterey County EMS Agency within the specified time period (see Trauma Data Collection and Evaluation policy for specific report that will be submitted).

Monterey County EMS Agency

- h. Investigation of all unusual occurrences, as identified internally or referred by the Monterey County EMS Agency. The investigation should take no longer than fourteen (14) days OR a limited time mutually agreed upon by the Trauma Center and Monterey County EMS Agency. The results (including any resolution or identification of further actions required) will be reported directly back to Monterey County EMS Agency within three (3) days of the investigation's conclusion.

B. Trauma System (External): Quality Improvement Plan

1. **Written Confidentiality Agreement Requirements:** Contract agreements shall be made with system participants regarding participation in the County Quality Improvement Program.
2. **County Trauma QI Plan:** The County Trauma QI Plan shall consist of the following elements:
 - a. An internal comprehensive quality improvement process
 - b. An ongoing audit of case reviews by the Trauma Audit Committee (TAC)
 - c. A periodic audit (at least every two years) of the Trauma Center by Monterey County EMS Agency.
 - d. Scheduled independent evaluations of the Level II Trauma Center from experts outside of the region.
 - e. An ongoing local evaluation of the trauma system
3. **Trauma System Review:** Monterey County EMS Agency will be responsible for an annual performance evaluation of the trauma system. The format for this review will be developed and approved by the EMS Medical Director. A report will be created from the Trauma System Review. This report will be available to trauma system participants.
4. **Trauma Center Review:**
 - a. **Verification of Designation:** -- A scheduled review is conducted by out-of-region trauma specialists to allow for independent evaluation for verification of Trauma Centers and effectiveness of the trauma system. It is designed to evaluate the quality of care rendered by the Trauma Centers, and to review for compliance with the components of the trauma system. The results of the review shall be reported to the EMS Medical Director.
 - b. **Compliance Audit:** Scheduled reviews are performed by the Monterey County EMS Agency to assure Trauma Center contract compliance. The audits may include random chart reviews, trauma registry data review, and review of other records and documents.
5. **Trauma Audit Committee (TAC)**
 - a. The Trauma Audit Committee (TAC) review process provides initial review of charts at the Level II Trauma Center to identify system issues for review by the Monterey County Trauma Evaluation Quality Improvement Committee (TEQIC).
 - b. The TAC review includes a detailed mortality and morbidity review of cases that meet one or more of the medical audit filter criteria as identified in the Minimum Audit Criteria for External Quality Improvement Review.

Monterey County EMS Agency

c. Confidentiality:

- (1) The proceeding and records of this committee are confidential and are protected under section 1157.7 of the Evidence Code, State of California. Members and invited guests of the TEQIC are required to sign a Confidentiality Agreement, which is maintained on file at the EMS agency, as a condition of attendance.
- (2) Because of the confidentiality requirements, TAC meetings are closed and participants must be included by position on the list below or by special invitation only.
- (3) Members shall not divulge or discuss information that would have been obtained solely through TAC membership.
- (4) To maintain confidentiality, minutes and correspondence of the TAC are stored in a secure place at the EMS Agency by the Monterey County EMS Agency Trauma Coordinator. After review, all paperwork will be disposed of in an appropriate confidential manner.

d. TAC participants are:

- (1) Monterey County EMS Medical Director.
- (2) Monterey County EMS Agency Trauma Coordinator.
- (3) Trauma Program Manager of the Level II Trauma Center.
- (4) Chief of Trauma from the Level II Trauma Center, who is the Chairperson for TAC.
- (5) Guests may attend TAC with prior approval of the Chairperson and the Agency. Invited guests may participate in the meeting only after the Monterey County EMS Agency has explained the Oath of Confidentiality and obtained a assigned confidentiality statement from the guest.
- (6) Trauma Registrar.
- (7) Medical Examiner

e. TAC Process:

- (1) TAC will meet the month prior to TEQIC meetings. TAC may meet more frequently as determined by the EMS Medical Director
- (2) Scope of Review: The review conducted by the committee includes trauma patient care in Monterey County and transfer of patients to other hospitals or designated Trauma Centers. The committee review includes, and is limited to:
 - (a) Prehospital trauma care activities.
 - (b) Trauma patient care from time of injury through rehabilitation.

Monterey County EMS Agency

- (3) Preparation for cases for TAC review:
 - (a) The Trauma Center will prepare appropriate materials for its cases to be reviewed, to include:
 - Audit reports as requested from the EMS agency (see the Trauma Data Collection and Evaluation Policy).
 - Clinical information.
 - Prehospital care report.
 - All pertinent radiologic examinations.
 - Autopsy findings, when appropriate. The Trauma Center is required to obtain the coroner's autopsy reports in a timely manner and made available for audits.
 - (b) The EMS Agency provides:
 - Staff support for documentation (minutes) of meetings.
 - Maintenance of records of proceedings.
 - (4) Conclusion of the TAC review:
 - (a) The committee will discuss each case and arrive at a conclusion for action that may include one or more of the following:
 - No further review or action is indicated;
 - Additional information is needed;
 - The case is referred to TEQIC; or,
 - The case is referred to Monterey County EMS Agency for review.
6. Trauma Evaluation Quality Improvement Committee (TEQIC): TEQIC shall be a multi-disciplinary medical advisory committee to the Monterey County EMS Agency, comprised of representatives from surgical and non-surgical specialties. This is a closed committee and attendees must be included by position on the list below or by special invitation only.
- a. Monterey County EMS Agency shall conduct the TEQIC as deemed necessary but no less than two (2) times per year.
 - b. Oath of Confidentiality: The proceedings and records of this committee are confidential and are protected under section 1157.7 of the Evidence Code, State of California. Members and invited guests of the TEQIC shall sign a Confidentiality Agreement as a condition of attendance, which shall be maintained on file at the Monterey County EMS Agency.
 - c. Because of the confidentiality requirements, TEQIC meetings are closed. Members shall not divulge or discuss information that would have been obtained solely through TEQIC membership.
 - d. To maintain confidentiality, minutes/correspondence of the TEQIC shall be stored in a secure place at the Monterey County EMS Agency by the EMS Agency Trauma Coordinator. After review, all paperwork shall be disposed of in an appropriate confidential manner.

Monterey County EMS Agency

- e. The Trauma Evaluation Quality Improvement Committee (TEQIC) shall:
- (1) Establish audit filters.
 - (2) Monitor the process and outcome of trauma patient care and present opportunities for analysis of data and information of scientific value for studies and strategic planning of the trauma system.
 - (3) Serve in an advisory capacity to the Monterey County EMS Agency on trauma care systems issues and policies, which include the appropriateness and effectiveness of the Trauma Triage policy.
 - (4) Provide educational forums for trauma care when trends are identified.
- f. Membership: The membership of the Monterey County EMS Agency Trauma Evaluation Quality Improvement Committee shall include:
- (1) Representatives from the Monterey County EMS Agency: EMS Medical Director, Trauma Coordinator, Staff Support;
 - (2) Representatives from the Level II Trauma Center: Chief of Trauma, Trauma Program Manager, optional members can include Emergency Department Director, Intensive Care Medical Director, Neurosurgery, Orthopedic Surgery and/or other surgical specialties as prearranged with Monterey County EMS Agency, Prehospital Liaison Nurse, Trauma Registrar;
 - (3) Representatives from Monterey County receiving hospitals: Emergency Department Physician or other representative identified by the receiving hospital; and
 - (4) Other Representatives: Forensic Pathologist from Monterey County, Law Enforcement, other individuals who Monterey County EMS Medical Director deems necessary or their expertise is essential, on an ad-hoc or permanent basis and appointed by Monterey County EMS Medical Director.
 - (5) Guests may attend TEQIC with prior approval of the Chairperson and the Monterey County EMS Agency. Invited guests may participate in the meeting only after Monterey County EMS Agency has explained the Oath of Confidentiality and obtained a signed confidentiality statement by the guest.
 - (6) Representatives from the pre-hospital transport agencies.
- g. TEQIC Chairperson:
- (1) The Chairperson for TEQIC shall be the Monterey County EMS Medical Director.
 - (2) The Chairperson shall preside over the committee and make recommendations to Monterey County EMS Agency Medical Director as directed by the membership of the committee.

Monterey County EMS Agency

- h. TEQIC Process:
- (1) TEQIC shall meet a minimum of two (2) times a year for chart review, and jointly for formal education and/or trauma system evaluation according to the needs of the committee.
 - (2) Scope of Review: The review conducted by the committee shall include trauma patient care in Monterey County and transfer of trauma patients to other hospitals or designated Trauma Centers. The committee review shall include and be limited to: prehospital trauma care activities; and trauma patient care from time of injury through rehabilitation.
 - (3) Preparation of cases for TEQIC review: The Trauma Center shall prepare appropriate materials for its cases to be presented to the TEQIC to include:
 - (a) Audit reports as requested from the agency. (See the Trauma Data Collection and Evaluation Policy)
 - (b) A formal chart review may be performed by the Monterey County EMS Medical Director and the EMS Agency Trauma Coordinator prior to a TEQIC meeting. A letter will be sent out approximately one month prior to the review of the charts, outlining the scheduling, the procedure and the trauma charts needing to be pulled for review.
 - (c) The field representative shall provide the prehospital provider component for presentation when pertinent to the care of the trauma victim.
 - (4) Monterey County EMS Agency shall provide:
 - (a) Staff support for documentation (minutes) of TEQIC meetings, to include any memorandum(s) issued by the Monterey County EMS Agency in response to Committee recommendations.
 - (b) Distribution of meeting announcements.
 - (c) Preparation of TEQIC agenda.
 - (d) Maintenance of records of proceedings.
- i. Conclusion of TEQIC case review: Feedback to the Trauma Center and receiving hospitals is critical to the audit process. Action steps will be decided on at the conclusion of each system review. The committee shall discuss each system issue and arrive at a conclusion for action that may include one or more of the following:
- (1) No further review or action is indicated.
 - (2) Request for additional information and follow-up report from the involved institution or prehospital care provider.
 - (3) Formal recommendation requests: letter; internal review or EMS Agency Investigation.
- j. Removal from TEQIC – The following shall be cause for removal of a member from the committee:
- (1) Breach of confidentiality;
 - (2) Excessive absence, defined as two unexcused absences; or
 - (3) Disruptive or rude behavior.

Monterey County EMS Agency

C. Minimum Audit Criteria for External Quality Improvement Review:

1. Absence of a patient care report form for a patient transported by prehospital personnel within 24 hours of patient arrival.
2. Greater than 20 minutes on the scene by prehospital EMS personnel.
3. A comatose trauma patient (GCS of <9) leaving the emergency department prior to the establishment of a definitive airway.
4. All outgoing trauma transfers performed within 24 hours of arrival.
5. Inter-facility transports >1 hour after arrival
6. Any case the Monterey County EMS Agency feels would benefit from a TEQIC review.

Note: Above criteria is based on the ACS document "Resources for Optimal Care of the Injured Patient, 1993: and the Tri-Analytics Trauma registry. Trauma receiving centers may add additional audit filters for internal use for trends or sentinel events.

Monterey County EMS Agency

Policy: Trauma Care

Trauma Center Standards

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163, 1798. 165 (c); California Code of Regulations Section 100255, 100259

II. PURPOSE

To establish minimum standards for a designated Level II Trauma Center in Monterey County.

III. DEFINITION

- A. "**Trauma Center**" or "**designated Trauma Center**" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Care System.

IV. POLICY

- A. To be designated as a Level II Trauma Center, a hospital must comply with all standards in California Code of Regulations Title 22, Division 9 Chapter 7, Article 3. Trauma Center Requirements § 100259. Level I and Level II Trauma Centers and meet the requirement specified in Monterey County EMS policies.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

Monterey County EMS Agency

Policy: Field Care – Patient Management

Field Triage Criteria

I. AUTHORITY

California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, §1105(c). “Destination Restriction. In the absence of decisive factors to the contrary, an ambulance driver shall transport emergency patients to the most accessible emergency medical facility equipped, staffed, and prepared to administer care appropriate to the needs of the patients.”

II. PURPOSE

The Field Triage Algorithm is designed to guide the EMS provider in identifying the Major Trauma Patient. The Algorithm will assist in determining the hospital destination for the trauma patient. It uses a four step decision process, described in the Field Triage Decision Algorithm, to determine the potential for injury severity and whether it is likely that the patient would benefit from Trauma Center level of service.

III. DEFINITIONS

Major Trauma Patient. This is a patient who meets the criteria for transport to Natividad Medical Center in the Field Triage Decision Algorithm.

In-extremis. Uncontrolled or inability to secure airway or external uncontrolled bleeding.

IV. POLICY

- A. All patients who have sustained trauma will be evaluated by using the Field Triage Decision Algorithm. This evaluation with the Field Triage Criteria Decision Algorithm does not replace an appropriate physical exam.
- B. Any patient that meets the definition of a Major Trauma Patient shall be transported directly to Natividad Medical Center. Pediatric Major Trauma Patients (less than 15) meeting Step 1 and/or Step 2 criteria are to be transported to a Pediatric Trauma Center.
- C. Natividad Medical Center shall be contacted for Pediatric Major Trauma Patients meeting Step 3 and/or Step 4 criteria for base hospital direction regarding patient destination.
- D. Patients shall be transported to Natividad Medical Center via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport (and this difference in time may negatively impact the patient's condition). See EMS Aircraft Operations policy.
- E. Consideration should be given to making Base Station contact with Natividad Medical Center to obtain Base Station Physician guidance when the paramedic on scene believes that a trauma patient would benefit from direct transport to a Trauma Center but the Field Triage Decision Algorithm does not direct patient transport to a Trauma Center.

Effective Date: January 1, 2015

Approved: 
 EMS Medical Director

Approved: 
 EMS Director

Monterey County EMS Agency

- F. Patient's determined to be "in-extremis" shall be transported to the closest Emergency Department.

V. PROCEDURE

Use the following Field Triage Decision Algorithm to help determine the destination for trauma patients.

Monterey County EMS Agency

FIELD TRIAGE DECISION ALGORITHM

Step One

Measure vital signs and level of consciousness

Glasgow Coma Scale	<13 or	
Systolic blood pressure	<90 or	(<60 in child <six years)
Respiratory rate	<10 or >29	(<20 in infant < one year)

Yes

No

Transport to the closest trauma center

Assess anatomy of injury

Step Two

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Chest wall instability or deformity (e.g. Flail chest)
- Two or more proximal long-bone fractures
- Crush, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

Yes

No

Transport to the closest trauma center

Assess mechanism of injury and evidence of high-energy impact

Step Three

- Falls
 - Adults: > 20 ft. (one story is equal to 10 ft.)
 - Children: > 10 ft. or 2-3 times the height of the child
- High-risk auto crash
 - Intrusion, including roof: > 12 in. occupant site; > 18 in. any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury
- Auto v. pedestrian/ bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

Yes

No

Transport to the closest trauma center

Assess special patient or system considerations

Step Four

- Older Adults
 - Risk of injury/death increases after age 55
 - SBP <110 may represent shock after age 65
 - Low impact mechanisms (e.g. ground level falls) may result in severe injury
- Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and bleeding disorders
 - Patients with head injury are at high risk for rapid deterioration
- Burns
 - Without other trauma mechanism: Triage to burn facility
 - With trauma mechanism: Triage to trauma center
- Pregnancy > 20 weeks
- EMS provider judgment

Yes

No

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider base hospital contact.

Transport according to policy

WHEN IN DOUBT, TRANSPORT TO A TRAUMA CENTER.

Monterey County EMS Agency

Policy: Trauma Care**Trauma Center Coordination with Health Systems****I. AUTHORITY**

Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163 California Code of Regulations Section 100255.

II. PURPOSE

To promote patient flow in a manner that meets patients clinical needs while considering the economic impact of patient flow decisions.

III. DEFINITION

- A. **"Health maintenance organization"** (HMO) means an organization authorized under the Knox-Keene Health Care Service Plan Act of 1975
- B. **"Trauma Center"** or **"designated trauma center"** means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV trauma center and/or Level I or II pediatric trauma center by the local EMS agency, in accordance with California Trauma Care System Regulations.

IV. POLICY

- A. The Monterey County EMS Agency field triage policy does not consider the patient's insurance status in determining the destination of patients who meet the triage criteria. Since patients who require trauma center level services may not require this level once they have been stabilized, the Trauma Center should consider the need to return patients who are insured by health maintenance organizations and other health care systems to their payer's network at a medically appropriate time.
- B. The Trauma Center shall make a good faith effort to negotiate agreements with health maintenance and other health care systems regarding payment, repatriation of patients, and other related factors.
- C. The Trauma Center shall cooperate with health maintenance and other health systems in their efforts to identify the appropriate level of care for their members, including non-emergency treatment and the location of services provided.
- D. Nothing in this policy is intended to suggest that the Trauma Center 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.

Effective Date: January 1, 2015

Approved: 
EMS Medical Director

Approved: 
EMS Director

Monterey County EMS Agency

Policy: Field Care – Patient Management

EMS Aircraft Operations

I. AUTHORITY

California Code of Regulations, Title 22, Division 9, Chapter 8, Articles 1-5

II. PURPOSE


- A. To establish guidelines for air transport and destination.
- B. To authorize the use of, and provide a standard of operation for, EMS Aircraft services providing emergency medical care in Monterey County.
- C. To establish minimum standards for the integration of EMS Aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.
- D. To classify EMS aircraft by definition.
- E. To establish a process for addressing and resolving formal complaints regarding the integration of aircraft into the prehospital patient transport system.
- F. To designate that Monterey County EMS policies and procedures for medical control shall apply to the medical flight crew as outlined in this policy.
- G. To designate that Monterey County EMS policies and procedures for record keeping and quality improvement, shall apply to EMS aircraft operations.

III. DEFINITIONS

- A. “Advanced Life Support (ALS) Rescue Aircraft” - A rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
- B. “Air Ambulance” - Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
- C. Auxiliary Rescue Aircraft” - A rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in Section 100284.

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EMS Director

Monterey County EMS Agency

- D. “Basic Life Support (BLS) Rescue Aircraft” - A rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an EMT with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section 100074 of Title 22, California Code of Regulations, is in the aero-medical transport of patients.
- E. “EMS Aircraft” – Any aircraft utilized for the purpose of pre-hospital emergency patient response and transport. EMS Aircraft include Air Ambulances, ALS Rescue Aircraft, BLS Rescue Aircraft and Auxiliary Rescue Aircraft.
- F. “Landing Zone” – A place at or as near as practical to a medical emergency; a transfer point, or a site at or near a medical facility pre-selected and approved by an officer authorized by a public safety agency.
- G. “Incident Commander” – The individual that is jurisdictionally responsible for the command of all functions at the field response level.
- H. “M.T.P.” – Acronym for Major Trauma Patient as defined in the Field Triage Criteria policy.
- I. “Rescue Aircraft” - An aircraft whose usual function is not pre-hospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when the use of an air or ground ambulance is inappropriate or unavailable. Rescue Aircraft includes ALS Rescue Aircraft, BLS Rescue Aircraft, and Auxiliary Rescue Aircraft.
- J. “Trauma Center" or "designated trauma center" - Means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Trauma Center by the local EMS agency, in accordance with California Trauma Care System Regulations.
- K. “Urban Response Zone” – The eight (8) minute Ambulance Response Zone as defined by the Monterey County Ambulance Response Zones.
- L. “In-extremis” – Patients with unmanageable airway, uncontrolled external bleeding, or patients who do not qualify for field determination of death but have or develop cardiopulmonary arrest are considered ‘in-extremis.’

IV. POLICY

- A. EMS provider organizations and personnel shall follow the standards established by this policy, adhere to the requirements of Title 22, as well as follow Monterey County policies and regulations regarding patient transport and destination.
- B. EMS aircraft must be authorized by Monterey County EMS Agency in order to provide prehospital patient transport within Monterey County. Authorized EMS aircraft service providers shall comply with this and other Monterey County EMS Policies related to provision of air transport for emergency patients.
- C. Patients shall be transported to the hospital via ground ambulance unless such transport is unavailable or if ground transport is significantly longer than air transport (and this difference in time may negatively impact the patient's condition).

Monterey County EMS Agency

- D. The medical flight crew of an EMS aircraft shall have training in aeromedical transportation as specified and approved by the authorizing EMS agency.
- E. A request or cancellation for an EMS Aircraft to the scene of a medical emergency shall be made by the Incident Commander through the Monterey County Emergency Communications Center or the CALFIRE communications center.
- F. EMS Aircraft service providers shall orient their pilots and medical flight crews to the local EMS system.
- G. In accordance with Monterey County EMS agency policies, all EMS aircraft shall have the capability of communicating with:
 - 1. Designated dispatch center(s).
 - 2. EMS ground units at the scene of an emergency.
 - 3. Designated base hospitals.
 - 4. Receiving hospitals.
 - 5. Other appropriate facilities or agencies.
- H. A ground ambulance shall always be dispatched for scene calls. The ground ambulance shall not be cancelled until the air ambulance is off the ground and en-route to the destination hospital.

V. PATIENT DESTINATION DECISIONS, ADULT AND PEDIATRIC TRAUMA

- A. Patients who meet criteria for classification as a Major Trauma Patient under the Field Triage Criteria policy are to be transported to Natividad Medical Center or the closest Level 2 or higher trauma center.
- B. Air transport should be considered when the anticipated transport time by ground exceeds 45 minutes. Anticipated transport times must be determined on a case-by-case basis. The decision must consider travel times, weather and road conditions, traffic volume, the availability and location of the air ambulance, as well as other pertinent factors.
- C. Pediatric MTP patients should be transported to a pediatric trauma center.
- D. When possible, the LZ should be established in a location that is closer to Natividad Medical Center rather than transporting the patient away from Natividad Medical Center should air transport become unavailable.
- E. In-Extremis patients should be transported to the closest, most accessible, medical facility.
- F. Base hospital contact is mandatory if initial rendezvous is aborted or redirected.

VI. PATIENT DESTINATION DECISIONS, MEDICAL PATIENTS

- A. The use of an air ambulance for medical patient should be considered when the following conditions are present:

Monterey County EMS Agency

2. All requests for EMS Aircraft shall be made through the Monterey County Emergency Communications Center or by CALFIRE dispatch center through the Monterey County Emergency Communications Center.
- E. The following information shall be given to the Monterey County Emergency Communications Center when requesting EMS Aircraft:
1. Agency name and dispatch frequency of agency requesting helicopter;
 2. Location and the number of patient(s);
 3. Type and extent of injuries if known;
 4. Request for a hoist or other specialized capabilities, if needed;
 5. Designated Landing Zone;
 6. General location of nearest landing site (Thomas Bros. Page and GPS coordinates and/or significant landmarks identifiable from the air); and,
 7. General weather/visibility conditions.
- F. The Monterey County Emergency Communications Center shall request an estimated time of arrival (ETA) when notified that an EMS aircraft will accept the mission. This ETA shall be provided to the incident commander.
- G. EMS Aircraft should not accept a mission unless there is the reasonable expectation that they will be able to complete the transport to a trauma center. Factors to include weather, fuel, or other considerations shall be taken into account.
- H. Communications:
1. The Monterey County Emergency Communications Center shall request the closest EMS Aircraft be dispatched unless the Incident Commander determines the use of a Rescue Aircraft is appropriate.
 2. The Monterey County Emergency Communications Center shall advise all responding ground and air units of EMS Aircraft dispatch, cancellation, estimated time of arrival, and travel frequency.
 3. CALCORD is the preferred channel for ground-to-helicopter communication. The Incident Commander or designee, in consultation with the communications center, can identify other radio frequencies to be used.
 4. The EMS Aircraft shall contact the Monterey County Emergency Communications Center when enroute to the scene to ascertain the radio frequency and contact person to be used for air-to-ground communication.
 5. The EMS Aircraft shall notify the receiving facility of their impending arrival as soon as possible prior to arrival. This notification is to include patient information and estimated time of arrival.

Monterey County EMS Agency

1. The patient will benefit from a more rapid arrival at the destination hospital than is available by ground transport.
 2. Ground transport to the most accessible hospital is greater than one hour.
- B. Anticipated transport times must be determined on a case-by-case basis. The decision must consider travel times, weather and road conditions, traffic volume, the availability and location of the air ambulance, as well as other pertinent factors.
- C. When possible, the LZ should be established in a location that is closer to a local hospital rather than transporting the patient away from a local hospital should air transport become unavailable.
- D. In-Extremis Patients should be transported to the closest, most accessible, medical facility.

VII. PROCEDURES

- A. Activation within the Urban Response Zone: An EMS Aircraft may be activated after the first agency on scene determines that the patient meets Field Triage policy criteria.
- B. Activation Outside the Urban Response Zone: Those units responding to the incident may, prior to arrival at scene, request the response of an EMS Aircraft should they believe conditions such as distance make it likely that the EMS Aircraft will be able to respond more quickly than ground resources or the patient's condition requires EMS Aircraft response.
- C. The Monterey County Emergency Communications Center may request an EMS Aircraft response in the Auto-Launch Zone when information provided by the caller indicates the presence of a patient with a significant injury or the described mechanism of injury is of a magnitude to suspect the presence of a MTP.
1. The following criteria shall be used as a guide to request EMS Aircraft response prior to the arrival of responding units:
 - a. Reported fatality
 - b. Ejection of passengers
 - c. Head-on collision with a great amount of damage
 - d. Vehicle over the side of the road
 - e. Multiple seriously injured people
 - f. Fall greater than 20 feet
 - g. Penetrating injury to head, neck, or torso
 2. Auto-Launch Zone:
 - a. Highway 1 and coastal area south of Nacimiento-Fergusson Road and west of Fort Hunter Liggett
 - b. Highway 101 and area south of Highway 198/San Lucas Road and east of Fort Hunter Liggett
- D. EMS Aircraft Dispatch:
1. An EMS Aircraft will be dispatched based on criteria listed above.

Monterey County EMS Agency

6. EMS Aircraft provider shall notify Monterey County Emergency Communications Center if a Monterey County ground ambulance is needed from the terminal airport or landing zone to the receiving hospital.
7. The ambulance crews may talk directly with fire crews for coordination of EMS Aircraft requests.
8. The Monterey County Emergency Communications Center shall advise the EMS Aircraft Dispatch Center(s) if multiple aircraft are providing support to the Incident Commander.

I. Cancellation of EMS Aircraft/Ground Providers

1. The responding ground ambulance shall not be canceled until the EMS Aircraft has departed the scene with the patient aboard.
2. Only the Incident Commander may cancel the EMS Aircraft after consultation with the ground ALS provider and when it is determined, that ground transport is appropriate.
3. The Incident Commander's decision to cancel the requested EMS Aircraft should be based upon the total pre-hospital time from dispatch to arrival at hospital, patient's medical condition, severity of injury, and/or safety and environ conditions.
4. The EMS Aircraft crew may transfer responsibility for patient care to ground ambulance if medically appropriate.

J. Air and Ground Ambulance Rendezvous:

1. At Incident: When the EMS Aircraft is unable to land at the scene, consideration shall be given by the Incident Commander or designee to arranging for a rendezvous at a pre-designated landing zone. Ground ALS provider shall be consulted.
2. Following Initiation of Ambulance Transport:
 - a. If patient transport is initiated by the ground ambulance, but original ground ETA becomes extended, rendezvous at an approved landing zone may be initiated by ambulance personnel when (1) patient condition deteriorates, (2) traffic conditions are prohibitive, or (3) unit develops mechanical failure. Monterey County Emergency Communications Center shall be notified.
 - b. If circumstances preclude EMS Aircraft arrival at an approved landing-zone, the ground ALS provider should request a public safety agency to assist in securing and preparing the selected landing site.
3. Only personnel trained in EMS Aircraft landing procedures shall be utilized to determine the landing zone and assist in landing the EMS Aircraft.

K. Medical Control

1. Each EMS Aircraft provider shall have a designated Flight Medical Director.
2. Patient medical control transfers from the Monterey County EMS Medical Director to the EMS Aircraft's Flight Medical Director at the same time the responsibility of

Monterey County EMS Agency

patient care passes from the ground medical resources to the EMS Aircraft's flight crew.

- L. EMS aircraft that do not have a medical flight crew shall not transport patients unless accompanied by medically qualified ground EMS personnel. Ground ambulance personnel shall obtain approval from the duty supervisor prior to transport.
- M. Helicopter Safety:
 - 1. All first-responder and ambulance-provider personnel shall be trained in helicopter safety and landing procedures.
 - 2. Scene security is of prime importance. The agency coordinating the landing shall assure the landing zone is secure and safe.
 - 3. The EMS Aircraft pilot-in-command shall have final authority as to the safe operation of the air transport. If, in the pilot's judgment, patient transport by EMS Aircraft would be unsafe, the patient will be transported by ground ambulance.
 - 4. Ground personnel shall not approach the EMS Aircraft unless directed to do so by EMS Aircraft crew. When approaching or departing the helicopter, ground personnel shall not lift anything higher than their head nor shall they at any time approach or depart a helicopter from the rear or from the uphill side, when the aircraft is landed on a slope.
 - 5. Hats, helmets, turnouts, or any loose items are to be secured. Any removable objects shall be stripped from gurneys, etc., when brought near the helicopter.

VIII. AUTHORIZATION OF AN AIR AMBULANCE

- A. Air Ambulance and Air Rescue service providers including any company, lessee, agency (excluding agencies of the federal government), provider, owner, operator who provides or makes available prehospital air transport or medical personnel either directly or indirectly or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state and local statutes, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.
- B. EMS Aircraft service providers shall request authorization from the Monterey County EMS Agency. The written request shall include a statement that the EMS Aircraft service provider will follow Monterey County policies regarding EMS aircraft and agree to provide a Patient Care Report (PCR) to the EMS Agency for each patient transported from Monterey County. The request shall also include the classification and location of aircraft that are proposed to be available to Monterey County.
- C. EMS Aircraft service providers shall provide a copy of the PCR for all patients transported from Monterey County to the Monterey County EMS Agency within 10 business days for QI purposes. EMS Aircraft PCR's will be reviewed by EMS Agency staff on a regular basis.

Monterey County EMS Agency

IX. FORMAL COMPLAINTS

- A. Complaints regarding the integration of EMS Aircraft into the EMS system shall be handled by the Monterey County EMS Agency.
- B. Complaints to EMS Aircraft service providers shall be managed through the service provider's complaint process. Complaints regarding service provided in Monterey County shall be provided, on a monthly basis, to the EMS Agency in a list format with the complaint and resolution summarized. Should a resolution not be reached, the Monterey County EMS Agency shall be notified to assist in determining a resolution.

X. REFERENCES

- A. California and Safety Code, Division 2.5
- B. Title 22, California Code of Regulations, Division 9
- C. Title 13, California Code of Regulations, Section 1105(C)
- D. Title 21, Public Utilities Code, Division of Aeronautics

Monterey County EMS Agency

Policy: Trauma Care

Trauma Care System Organization and Management

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163 California Code of Regulations §100236-100266.

II. PURPOSE

To identify the role and responsibilities of Monterey Emergency Medical Services Agency (EMS) as they relate to the trauma care system.

III. DEFINITION

- A. "**Local EMS agency**" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to the California Health and Safety Code.
- B. "**Trauma care system**" or "**trauma system**" or "**inclusive trauma care system**" means a system that is designed to meet the needs of all injured patients. The system shall be defined by the local EMS agency in its trauma care system plan in accordance with Trauma Regulations. §100248

IV. POLICY

- A. As the lead agency for the Monterey County emergency medical services system, Monterey EMS is responsible for planning, implementing, and managing the trauma care system. These responsibilities include:
 - 1. Assessing needs and resource requirements;
 - 2. Developing the system design, including the number of Trauma Center(s) and determining patient flow patterns;
 - 3. Assigning roles to system participants, including designation of the Trauma Center(s);
 - 4. Working with the designated Trauma Centers and other system participants, and with neighboring EMS systems on outreach and mutual aid services;
 - 5. Development of a trauma data system, including a trauma registry at the Trauma Center, trauma data collection from non-Trauma Centers, pre-hospital data collection;
 - 6. Monitoring of the system to determine compliance with appropriate state statutes and regulations, local EMS agency policies and procedures, and contracts, and taking corrective action as needed;
 - 7. Public information and education; and,
 - 8. Evaluating the impact of the system and revising the system design as needed.

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 EMS Medical Director

Approved: 
 EMS Director

Monterey County EMS Agency

- B. To fulfill these responsibilities, Monterey EMS will assign staff to the trauma care system. Other Monterey EMS staff, including the EMS Medical Director, also participates in system monitoring, evaluation and problem solving activities.
- C. On a day-to-day basis, Monterey EMS will oversee the quality assurance processes that are required of the trauma system and will investigate problems.

Monterey County EMS Agency

Policy: Trauma Care**Trauma Center Designation and Redesignation Process****I. PURPOSE**

To define the process by which a hospital may be designated as a Trauma Center.

II. DEFINITION

- A. "**Trauma Center**" or "**designated Trauma Center**" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Care System.

III. POLICY

- A. Monterey County EMS will use an application process for designation of a Level II Trauma Center. The process will be structured to allow application by any interested acute care hospital.
- B. Submitted proposals will be reviewed by Monterey County EMS Agency staff for completeness and compliance with minimum requirements. Monterey County EMS Agency will offer applicants whose proposals are incomplete or not fully compliant an opportunity to revise the proposal prior to its review by the Trauma Proposal Review Team.
- C. The Trauma Proposal Review Team, which reviews the written proposals and conducts site visits, will include a trauma surgeon, emergency physician(s), trauma program manager, and/or hospital administrator, EMS agency administrator, and/or similar experts as necessary. It will consist of individuals who:
1. Have previous expertise in trauma center and trauma system operation;
 2. Understand the multi-disciplinary nature of trauma care;
 3. Have no known conflicts of interest; and,
 4. Are from outside of the Monterey County area.
- D. Based on the recommendations(s) of the Trauma Proposal Review Team, the Monterey County EMS Agency will designate the Level II Trauma Center with confirmation from the Monterey County Board of Supervisors. The EMS Agency's preliminary decision may be appealed to an appeal committee consisting of the Director of Health, a trauma medical director and a hospital administrator. The committee will review the appeal and make recommendations to the Monterey County EMS Agency whose decision will be final. Grounds for appeals are limited to alleged failure to follow the Trauma Center Designation process and criteria and/or conflicts of interest.

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EMS Director

Monterey County EMS Agency

- E. Monterey County EMS Agency will execute a contract with the designated Trauma Center based on the proposal, EMS trauma policies, and State laws and regulations. If Monterey County EMS Agency and the facility are unable to mutually agree on a contract, the designation may be withdrawn and offered to another acute care hospital which has applied for Trauma Center designation.

Monterey County EMS Agency

Policy: Trauma Care

Trauma System Fees

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163, 1798. 164; California Code of Regulations Section 100255.

II. PURPOSE

To mitigate the expense to Monterey County EMS Agency for implementation and management of the trauma system.

III. DEFINITION

- A. "**Trauma Center**" or "**designated Trauma Center**" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Regulations. §100248

IV. POLICY

- A. Trauma Center Application Fee: A Trauma Center application fee will be established. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal development, review of proposals, out of area site team costs, legal reviews and agency costs in excess of the costs associated with the day to day trauma system regulation. The Trauma Center application fee will be assessed for hospitals applying for Trauma Center designation. Fees paid that are in excess of actual costs will be returned to applicants.
- B. Trauma Center Designation Fee:
 - 1. The Monterey County Board of Supervisors will establish a Trauma Center designation fee. This fee covers the cost of monitoring the operation of the trauma care system in compliance with state trauma care systems regulations and regional policies. The fee will be based on the time requirements of the trauma medical director, trauma coordinator, and other staff activity dedicated to trauma issues as well as associated overhead and program support costs.
 - 2. Monterey County EMS Agency will provide the designated Trauma Center written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.

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Monterey County EMS Agency

3. If the amount is not agreeable to the designated Trauma Center and resolution of the amount cannot be reached prior to the effective date of the charge, or any later date as mutually agreed upon in writing by the parties, then either party may terminate the Agreement without penalty. A written notice of 180 days must be made to other party to terminate the Agreement. If the Agreement is terminated, the designation fee in existence at the time notice is given will be pro-rated until termination.

Monterey County EMS Agency

Policy: Trauma Care

Mutual Aid Coordination with Neighboring System

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163, 1798.170 California Code of Regulations Section 100255

II. PURPOSE

To ensure that critical trauma patients are treated at an appropriate facility, regardless of geopolitical boundaries and to facilitate trauma care coordination with neighboring systems.

III. DEFINITION

- A. "**Trauma Center**" or "**designated trauma center**" - A licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV trauma center and/or Level I or II pediatric trauma center by the local EMS agency, in accordance with California Trauma Care System Regulations.

IV. POLICY

- A. Monterey County EMS will coordinate its trauma care system with those in neighboring EMS systems in order to ensure that patients are transported to the most accessible trauma facility equipped, staffed, and prepared to administer care appropriate to the needs of the patient. Written mutual aid agreements will be executed as necessary to ensure coordination with neighboring systems.
1. Monterey County EMS will maintain contact with neighboring EMS agencies in order to monitor the status of trauma care systems in surrounding jurisdictions.
 2. Monterey County will contact the Santa Clara County EMS agency to develop appropriate trauma service coordination.
- B. Where patients from Monterey County are transported to a trauma center in another EMS system, Monterey County EMS will request trauma patient information.
- C. Where trauma patients from another EMS system are transported to a Monterey County EMS receiving hospital, Monterey County EMS will attempt to provide a basic data set of patient information.
- D. Monterey County based ambulance providers are expected to cooperate with EMS agencies in other counties in data collection and evaluation efforts regarding patients who are served by the Monterey County EMS system.

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 EMS Director

Monterey County EMS Agency

Policy: Field Care – Patient Management

Trauma Team Availability and Activation

I. AUTHORITY

Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163. California Code of Regulations Section 100255, 100259

II. PURPOSE

To establish criteria for trauma surgeon and trauma team availability and response.

III. DEFINITION

- A. **"Immediately available"** - Arrival and physically available, within 15 minutes of notification, at the specified area of the trauma center where the patient is delivered.
- B. **"On-Call"** - Being available to respond to the trauma center in order to provide a defined service.
- C. **"Promptly available"** – Arrival within thirty (30) minutes when notified and requested to respond or response within thirty (30) minutes when requested for consultation.
- D. **"Trauma Team"** - A team that consists of a trauma surgeon, anesthesiologist, and operating room crew and which is dedicated to the trauma service and does not participate in any activities that would delay their response to a major trauma patient.

IV. POLICY

- A. Trauma Team Activation:
 - 1. Trauma Team Notification: The trauma center will notify all members of the trauma team, within two (2) minutes of receiving notification from pre-hospital personnel or Emergency Department evaluation of a patient meeting trauma triage criteria.
 - 2. Trauma surgeon: A trauma surgeon, capable of evaluating and treating adult and pediatric patients shall be immediately available for trauma team activation and promptly available for consultation. The trauma surgeon may be located outside of the trauma center if s/he is:
 - a. Unencumbered by conflicting duties or responsibilities (including being on call to another hospital or performing surgery on non-trauma patients).
 - b. Able to respond without delay when notified by the trauma center of an apparent major trauma patient.
 - c. Able to meet the patient within fifteen (15) minutes, eighty (80) percent of the time; from the time that the trauma notification is made or able to meet the patient upon the patient's arrival at the trauma center.
- B. Backup trauma team: If the primary trauma team is committed to surgery on a major trauma patient, a back up trauma team must be promptly available.

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Monterey County EMS Agency

- C. Anesthesiologist: An anesthesiologist will be promptly available within thirty (30) minutes with a mechanism to ensure that the anesthesiologist is in the operating room upon arrival of the patient in the operating room.
- D. Other specialties that are on-call and promptly available for consultation via telephone within twenty (20) minutes of the time that the call is placed and able to meet the patient within a time that is medically prudent for the standard of care for that specialty:
 - 1. Neurosurgery
 - 2. Obstetric/gynecologic
 - 3. Ophthalmologic
 - 4. Oral or maxillofacial or head and neck
 - 5. Orthopedic
 - 6. Plastic
 - 7. Urologic
- E. Other specialties that are on-call and promptly available within thirty (30) minutes from outside of the hospital and are available for consultation:
 - 1. Radiology
- F. Other specialties that are available for consultation:
 - 1. Burns
 - 2. Cardiothoracic
 - 3. Pediatric
 - 4. Reimplantation/microsurgery
 - 5. Spinal cord injury
 - 6. Cardiology
 - 7. Gastroenterology
 - 8. Hematology
 - 9. Infectious disease
 - 10. Internal Medicine
 - 11. Nephrology
 - 12. Neurology
 - 13. Pathology
 - 14. Pulmonary medicine

Monterey County EMS Agency

G. All trauma centers shall have policies and procedures that address:

1. Identification of an individual (by position) responsible for notification of the trauma surgeon.
2. The process of notifying the trauma surgeon.
3. Identification of an individual (by position) responsible for notification of the other members of the trauma team.
4. The process of trauma team activation including situations where the trauma surgeon is not called prior to evaluation of the patient by the emergency physician.
5. The process to mobilize back-up trauma teams and personnel.
6. The process of notifying other surgical and non-surgical specialties.
7. A process to document compliance with this policy, including the time that the surgeon is notified, time of arrival of the trauma surgeon in the emergency department, and response times of other trauma team members.