



4201

## Trauma Care System

NOR-CAL EMS Policy & Procedure Manual	Trauma Care System
Effective Date: 9/01/2022	Next Revision: 9/01/2024
Approval: Jeffery Kepple MD	SIGNATURE ON FILE

### **AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 7

### **PURPOSE:**

To ensure trauma patients have immediate access to appropriate levels of surgical care based on clinic acuity.

### **POLICY:**

NOR-CAL EMS trauma care system consists of a network of definitive care facilities that provide a spectrum of care based on the resources available.

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

1. NOR-CAL EMS is responsible for planning, implementing, and managing the trauma care system within its region. Its responsibilities include:
  - a. Assessing trauma care needs and resources based on minimum State requirements and recommendations of the American College of Surgeons (ACS) guidelines;
  - b. Developing the system design, including the number of trauma center(s) by designation and the monitoring of patient flow patterns;
  - c. Determining patient flow (monitoring prehospital and inter-facility transfer patterns);
  - d. 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.
  - e. Monitoring of the system to determine compliance with appropriate state laws and regulations, local EMS agency policies and procedures, contracts, and American College of Surgeons (ACS) guidelines, including taking corrective action as needed;
  - f. Evaluating and revising the system as needed based.
2. To fulfill these responsibilities, NOR-CAL EMS will assign staff to monitor and evaluate the trauma care system through coordination with its Medical Director.
3. All receiving facilities are encouraged to participate in the trauma care system to ensure efficient and coordinated regional trauma care at both the hospital and prehospital level.

### **SERVICE AREAS FOR TRAUMA CENTERS:**

1. NOR-CAL EMS will designate trauma centers based on the following:
  - a. Regional needs;
  - b. Available facility resources, including emergency department and surgical resources;
  - c. Staff credentials;
  - d. Ability to meet State requirements and American College of Surgeon (ACS) recommendations.
2. Trauma center service areas will be designated primarily on transport times. Additional levels of service areas may be designated, as deemed appropriate.

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

1. NOR-CAL EMS will coordinate its trauma care system with neighboring EMS agencies within California and abroad. Written mutual aid agreements will be established as necessary to ensure coordination with neighboring systems.
2. When a patient inside the NOR-CAL region is deemed closer to a designated trauma center outside of its jurisdiction, the patient will be transported to the closer facility, and NOR-CAL will subsequently reevaluate its trauma service boundary with the involved EMS agency and facility whether inside or outside California.
3. Where patients from the NOR-CALEMS region are transported to a trauma center in another EMS system, NOR-CAL EMS will acquire patient information required by NOR-CAL EMS facilities.
4. When a patients from another EMS system is transported to a NOR-CAL EMS designated trauma center, NOR-CAL EMS will attempt to provide patient information equivalent that systems requirements.
5. Hospitals and ambulance providers within the NOR-CAL EMS region are encouraged to cooperate with other EMS agencies data collection requirements.

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

1. The *NOR-CAL EMS Policy 4202, Minimum Facility Trauma Activation Guidelines* does not consider patient insurance status in determining the care destinations.
2. Trauma centers will make a good faith effort to negotiate agreements with health care organizations.
3. This policy is not intended to suggest that trauma centers may violate or circumvent pre-established regulations, including—but not limited to—the Emergency Medical Treatment and Active Labor Act (EMTALA), or other state and federal laws.