

North Central Regional Trauma Advisory Council
Regional Trauma Plan
June 30, 2008

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Contract Objective #1

By June 30, 2008, the Department of Health and Family Services, Division of Public Health will receive an expanded Regional Trauma Plan from the North Central Regional Trauma Advisory Council.

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Introduction

The North Central Regional Trauma Advisory Council (NCRTAC) is one of nine Wisconsin Regional Trauma Advisory Councils. Members of the NCRTAC include hospitals, medical first responders, EMTs, paramedics, public health departments, public safety answering points, and emergency managers. Since the early part of this decade NCRTAC members have collaborated to improve care of the major trauma patient in our region.

The NCRTAC regional trauma plan is part of our on-going efforts to have a lasting impact on reducing death and disability from trauma to patients of all ages. The NCRTAC will continue to actively participate in state-wide, regional, and local efforts to build and strengthen the Wisconsin Trauma Care System.

Regional Mission Statement

The North Central Regional Trauma Advisory Council is dedicated to reducing the death, disability and suffering that results from traumatic injuries and mass casualty events by providing a comprehensive and integrated system of regional prevention and trauma care resources throughout the continuum of care.

- adapted from Wisconsin Trauma Care System Mission Statement

NCRTAC Bylaws

The NCRTAC Bylaws were most recently revised and approved by the general membership on March 20, 2008. Bylaws are posted at www.NCRTAC-WI.org and available by verbal, written, or electronic request to the NCRTAC chairperson or coordinator.

NCRTAC 2007 - 2008 Meeting Schedule

Date	Location	Minutes
July 19, 2007	Saint Clare's Hospital	All NCRTAC meeting minutes are posted at www.ncrtac-wi.org
August 23, 2007	Aspirus Wausau Hospital	
September 20, 2007	Saint Clare's Hospital	
October 25, 2007	Aspirus Wausau Hospital	
December 6, 2007	Aspirus Wausau Hospital	
January 17, 2008	Cancelled due to weather	
March 20, 2008	Saint Clare's Hospital	
May 15, 2008	Saint Clare's Hospital	

STAC Meeting Attendance

The NCRTAC is routinely represented at the State Trauma Advisory Council meetings by multiple members from NCRTAC trauma care facilities including the NCRTAC Coordinator.

RTAC Coordinator Meeting Attendance

The NCRTAC coordinator has attended RTAC Coordinator meetings on these dates:

- October 9, 2007
- December 4, 2007
- February 4, 2008
- March 31, 2008
- June 3, 2008

Document Maintenance

NCRTAC files and records are maintained by the NCRTAC coordinator. Electronic files are organized into directories and routinely backed-up to an external hard drive. Many documents are archived to the file center at www.ncrtac-wi.org. Archived documents at www.ncrtac-wi.org include:

- NCRTAC bylaws
- NCRTAC general membership meeting minutes
- NCRTAC executive council meeting minutes

- NCRTAC committee meeting minutes
- Education materials

NCRTAC members may always request NCRTAC files from the NCRTAC coordinator by verbal, written, or electronic request.

NCRTAC Budget

Each fiscal year, the NCRTAC coordinator develops a 12 month budget of the projected NCRTAC expenses and income. The 2007-2008 budget was approved by the Executive Council at the December, 2007 meeting.

Attachment 1: NCRTAC Budget/ Expense Report, 2007-2008

Attachment 2: NCRTAC Budget, 2008-2009

NCRTAC Membership

The NCRTAC is an organized group of healthcare entities and other concerned individuals who have an interest in organizing and improving trauma care within a specified region of the State. The NCRTAC serves as the unifying foundation to bring together all local, county, and regional stakeholders, for the planning, education, training and prevention efforts needed to assure the exemplary care needed pre, acute and post injury for all visitors and citizens in Wisconsin.

The NCRTAC is fortunate to be served by a loyal and growing group of representatives from the diverse agencies of our region. NCRTAC meeting attendance is tracked by the coordinator. By written, verbal, or electronic request the coordinator will email a meeting attendance report to any member or member facility for that specific member or members of the requesting agency.

NCRTAC Coordinating Facility

Saint Joseph's Hospital, a Level II American College of Surgeons verified trauma center, serves as the NCRTAC Coordinating Facility. The Saint Joseph's Hospital point of contact is:

Terri Richards, Executive Vice President
Saint Joseph's Hospital
Marshfield, WI 54449
715-387-7141
richardt@stjosephs-marshfield.org

NCRTAC Fiscal Agent

Saint Joseph's Hospital, a Level II American College of Surgeons verified trauma center, serves at the NCRTAC Lead Facility. The Saint Joseph's Hospital point of contact is:

Terri Richards, Executive Vice President
Saint Joseph's Hospital
Marshfield, WI 54449
715-387-7141
richardt@stjosephs-marshfield.org

NCRTAC Executive Council

The NCRTAC Bylaws – Article III, Section 1 states:

Membership will be composed of not less than nine (9) or more than seventeen (17) Directors distributed as below:

- (a) Not less than 2 prehospital affiliated members.
- (b) Not less than 2 hospital affiliated members.
- (c) Not less than 2 miscellaneous members (e.g. public health, law enforcement, education, elected officials, Emergency Government, concerned citizens, etc.)
- (d) NCRTAC Coordinator as non-voting member

The current membership of the NCRTAC Executive Council is:

Name	Organization
Sandy Johnson	Saint Joseph's Hospital
Dr. Gaby Iskander	Saint Joseph's Hospital
Stephanie Sutton	Aspirus Wausau Hospital
Kevin Schlosser	Ministry Health Care EMS – Northern Region
Dr. Bruce Gordon	Riverview Hospital
Ken Marg	Memorial Medical Center - Neillsville
Sharon Thorpe	Aspirus Wausau Hospital/ Med-Evac
Ron Bohn	Taylor County EMS
Sue McVey	Langlade Memorial Hospital
Don Kimlicka	Saint Clare's Hospital
Mary Leech	Our Lady of Victory Hospital
Caroline Neumueller	Memorial Health Center
Sonja Stephenson	Saint Joseph's Hospital
Dr. Randy Szlabick	Saint Joseph's Hospital

NCRTAC State Designated Trauma Care Facilities

From its inception, the NCRTAC has been fortunate to have regular and robust participation from its member hospitals. The NCRTAC member hospitals are committed to growing a vibrant trauma system that serves the residents and visitors of our region.

Hospital	City	Designation Level
Aspirus Wausau Hospital	Wausau	Level III
Eagle River Memorial Hospital	Eagle River	Level IV
Flambeau Hospital	Park Falls	Level IV
Good Samaritan Medical Center	Merrill	Level III
Howard Young Medical Care	Woodruff	Level III
Langlade Memorial Hospital	Antigo	Level IV
Memorial Health Center	Medford	Level III
Memorial Medical Center	Neillsville	Level III
Our Lady of Victory Hospital	Stanley	Level IV
Riverview Hospital	Wisconsin Rapids	Level III
Saint Clare's Hospital	Weston	Level III
Sacred Heart Hospital	Tomahawk	Level IV
Saint Joseph's Hospital	Marshfield	Level II
Saint Mary's Hospital	Rhineland	Level III
Saint Michael's Hospital	Stevens Point	Level III

NCRTAC EMS Transport Agencies

County	Service Name	Level	Address
Clark County	Abbotsford Ambulance Service Inc	EMT-Basic	203 Birch St Abbotsford, WI 54405 (715)223-3328
	Colby Ambulance Service	EMT-Basic	203 W Broadway Street Colby, WI 54421 (715)223-6265
	Greenwood Area Ambulance Service	EMT-Basic	103 W Cannery St Greenwood, WI 54437 (715)267-6560
	Loyal Ambulance Service	EMT-Basic	306 Union St Loyal, WI 54446
	Neillsville Municipal Ambulance Service	EMT-Basic	216 Sunset Place Neillsville, WI 54456 (715)743-3101
	Owen-Withee Community Ambulance Service Inc	EMT-Basic	427 E Third St Owen, WI 54460 (715)335-4500
	Thorp Area Ambulance District	EMT-Basic	101 S Wilson Thorp, WI 54771-0558 (715)669-5456
Forest County	Crandon Area Rescue Squad Inc	EMT-Basic	107 East Elm St Crandon, WI 54520 (715)478-2745
	Laona Rescue Unit Inc	EMT-Intermediate Technician	Linden St Laona, WI 54541 (715)674-5511
	United Area Rescue Squad Inc	EMT-Intermediate Technician	4461 Hwy 32 Wabeno, WI 54566 (715)473-4141
Langlade County	City of Antigo Fire Department	EMT-Paramedic	700 Edison St Antigo, WI 54409 (715)623-3633
	Elcho Emergency Medical Service	EMT-Basic	W10587 County Rd K Elcho, WI 54428
	Pickerel Volunteer Fire and Rescue Squad	EMT-Basic	N9062 State Hwy 55 Pickerel, WI 54465
	Troutland Rescue Squad Inc	EMT-Intermediate Technician	P O Box 245 White Lake, WI 54491 (715)882-4100
Lincoln County	Lincoln County EMS – Merrill	EMT-Paramedic	701 E First St Merrill, WI 54452 (715)536-2233
	Lincoln County EMS – Tomahawk	EMT-Paramedic	401 W Mohawk Dr Suite 100 Tomahawk, WI 54487 (715)453-7724
Marathon County	Athens Area Ambulance Service	EMT-Basic	221 Caroline St Athens, WI 54411 (715)257-9170
	Edgar Volunteer Fire Department Inc	EMT-Basic	108 Beech St Edgar, WI 54426 (715)352-2892
	Hatley Area Ambulance Service	EMT-Basic	300 Clark St Hatley, WI 54440 (715)446-3030
	Mosinee Fire District - Ambulance Service	EMT-Basic	303 Third St Mosinee, WI 54455 (715)693-2275
	Rib Mountain Fire Department	EMT-Intermediate	2000 N Mountain Rd Wausau, WI 54401 (715)842-4265

County	Service Name	Level	Address
	Rothschild Fire Department	EMT-Intermediate Technician	211 Grand Ave Rothschild, WI 54474 (715)359-5100
	Schofield Fire Department Ambulance	EMT-Basic	1325 Schofield Avenue Schofield, WI 54476 (715)359-5230
	Spencer Community Ambulance Service	EMT-Basic	206 E Willow Drive Spencer, WI 54479 (715)654-5423
	Stratford Area Fire Department and Ambulance	EMT-Basic	613 S Weber Ave Stratford, WI 54484 (715)687-4157
	Wausau Fire Department	EMT-Paramedic	606 E Thomas St Wausau, WI 54403 (715)261-7900
	Wausau Hospital Critical Care	EMT-Paramedic	333 Pine Ridge Blvd Wausau, WI 54401 (715)847-2121 Ext. 2163
	Weston Fire Department	EMT-Intermediate Technician	5303 Mesker Street Schofield, WI 54476 (715)355-5419
Oneida County	Howard Young Medical Center Ambulance	EMT-Paramedic	240 Maple St Woodruff, WI 54568 (715)356-8000
	Northwoods Transfer Service	EMT-Paramedic	240 Maple St Woodruff, WI 54568 (715)356-8000
	Oneida County Ambulance - Pelican Lake	EMT-Basic	2251 North Shore Dr Suite 100 Rhineland, WI 54501 (715)369-6435
	Oneida County Ambulance - Rhineland	EMT-Paramedic	2251 North Shore Dr Suite 100 Rhineland, WI 54501 (715)369-6435
	Oneida County Ambulance - Sugar Camp	EMT-Basic	2251 North Shore Dr Suite 100 Rhineland, WI 54501 (715)369-6435
	Oneida County Ambulance - Three Lakes Unit	EMT-Intermediate Technician	2251 North Shore Dr Suite 100 Rhineland, WI 54501 (715)369-6435
Price County	Central Price County Ambulance Service	EMT-Basic	161 N Lake Ave Phillips, WI 54555 (715)339-6298
	Flambeau Hospital Ambulance	EMT-Intermediate Technician	98 Sherry Ave Park Falls, WI 54552 (715) 762-2484
	Prentice Volunteer Fire Department Ambulance Service	EMT-Basic	605 Spruce St Prentice, WI 54556-1000 (715)428-2726
Portage	Portage County / Stevens Point Fire Department	EMT-Paramedic	1701 Franklin St Stevens Point, WI 54481 (715)344-1833
Taylor County	Taylor County Ambulance Service - Gilman	EMT-Basic	135 S Gibson St Medford, WI 54451 (715)748-8100
	Taylor County Ambulance Service - Medford	EMT-Basic	135 S Gibson St Medford, WI 54451 (715)748-8100
	Taylor County Ambulance Service - Rib Lake	EMT-Basic	135 S Gibson St Medford, WI 54451 (715)748-8100
Vilas	Boulder Junction Fire	EMT-Basic	5388 Park St

County	Service Name	Level	Address
County	Department		Boulder Junction, WI 54512 (715)385-2002
	Conover Ambulance Service	EMT-Basic	201 Hospital Rd Eagle River, WI 54521 (715)479-0262
	Eagle River Memorial Hospital Ambulance Service	EMT-Intermediate	201 Hospital Rd Eagle River, WI 54521 (715)479-7411
	Lac Du Flambeau Ambulance Service	EMT-Basic	Highway 47 - Town Hall Lac Du Flambeau, WI 54538 (715)588-3358
	Land O' Lakes Ambulance Service	EMT-Basic	4339 Highway B Land O Lakes, WI 54540 (715)547-3507
	Manitowish Waters Fire Company	EMT-Basic	118W Manitowish River Access Manitowish Waters, WI 54545 (715)543-2000
	Phelps Area Emergency Medical Service	EMT-Basic	4499 Town Hall Rd Phelps, WI 54554 (715)545-2972
	Plum Lake Ambulance Service	EMT-Basic	2616 Hwy 155 Sayner, WI 54560 (715)542-3367
	Presque Isle Volunteer Fire Department	EMT-Basic	School Loop Presque Isle, WI 54557 (715)686-2000
	Travel Care International	EMT-Basic	1333 Airport Rd Eagle River, WI 54421 (71)479-6777
	Winchester Volunteer Ambulance Service	EMT-Basic	10363 Highway W (HC 2) Winchester, WI 54557 (715)686-2598
Wood County	Higgins Ambulance Service	EMT-Intermediate	631 E Grand Ave Wisconsin Rapids, WI 54494 (715)423-4610
	Marshfield Fire and Rescue Department	EMT-Paramedic	412 E 4th St Marshfield, WI 54449 (715)384-3118
	Nekoosa Ambulance Service	EMT-Intermediate	951 Market St Nekoosa, WI 54457 (715)886-7892
	Pittsville Fire Department Inc	EMT-Intermediate Technician	5388 4th Ave Pittsville, WI 54466 (715)884-6514
	Spirit Medical Transportation Service	EMT-Paramedic	611 N St Josephs Ave Marshfield, WI 54449 (715)387-7110
	Wisconsin Rapids Fire Department	EMT-Paramedic	1511 12th St South Wisconsin Rapids, WI 54494 (715)423-1150

NCRTAC First Responder Agencies

	First Responder Service Name	Address (If Known)
Clark County	Granton First Responders	
	Thorp EMTs	
	Gilman EMTs	
	Boyd EMTs	
	Stanley EMT	
Forest	Newald Fire Department First Responders	

	First Responder Service Name	Address (If Known)
County		
Lanlade County	Town Of Antigo Volunteer Fire Department	
	Rural Fire Control Volunteer Fire Department	
	Town Of Peck Volunteer Fire Department	
	Town Of Upham Volunteer First Responders	
Lincoln County	Russell First Responders	
	Nokomis Fire Department First Responders	
	Pine River First Responders	
	Harley Davidson First Responders	
	Corning First Responders	
Marathon County	Easton First Responders	
	Auburndale Fire Department First Responders	
	Hamburg Fire Department First Responders	
	Knowlton First Responders	
	Kronenwetter Fire Department First Responders	
	Town Of Maine First Responders	
	Marathon City First Responders	
	Mosinee Fire District First Responders	
	Ringle First Responders	
	Town Of Wausau First Responders	
	Stockbridge – Munsee First Responders	
	Bevent First Responders	
	Bowler First Responders	
Oneida County	Arbor Vitae First Responders	
	Little Rice First Responders	
	Willow First Responders	
	Minocqua First Responders	
	Cassion First Responders	
	Crescent First Responders	
	Hiles First Responders	
	Newbold First Responders	
	Pelican First Responders	
	Pine Lake First Responders	
	Rhineland Fire Department	
	Stella First Responders	
	Woodboro First Responders	
Portage County	Almond First Responders	
	Amherst First Responders	
	Bancroft First Responders	
	Dewey First Responders	
	Grant First Responders	
	Hull First Responders	
	McCain Foods First Responders	
	Plover Fire Department	
	Rosholt Area First Responders	
	Rudolph First Responders	
	Sharon First Responders	
	Stockton First Responders	
	Worzalla Publishing First Responders	
Price County	Butternut First Responders	
Taylor	Lublin Fire Department First Responders	

	First Responder Service Name	Address (If Known)
County	Jump River First Responders	
	Stetsonville Fire Department First Responders	
	North East Taylor County First Responders	
	Weather Shield Corporation First Responders	
Wood County	Chili – Fremont Fire Department	
	Arpin Fire Department	
	Auburndale Fire Department	
	Hewitt Area Fire Department	
	McMillan Fire Department First Responders	
	Port Edwards Fire Department First Responders	
	Marshfield Clinic First Responders	
	Grand Rapids Fire Department	
	Rome Fire Department First Responders	
	Rock Fire Department	
	Vesper Fire Department	
	Lincoln Fire Department	
Vilas County	Eagle River Fire Department First Responders	

NCRTAC Underrepresented Stakeholders

Unfortunately, not all stakeholders in the prevention and care of the major trauma patient are well represented at NCRTAC meetings.

- EMS educators
- Public safety answering point (PSAP) personnel
- Law enforcement officers
- Public health department staff
- County emergency managers
- Tribal health services

Although, many members of these stakeholder groups receive the NCRTAC e-newsletter efforts are needed to welcome them to our meetings and increase their participation. Actions to involve these stakeholders in the NCRTAC include:

- Invitations and encouragement from local hospitals, PSAP medical directors, and EMS coordinators
- WI administrative rule changes to mandate participation
- Increasing meeting emphasis to education

Teleconferences have been used by the committees to increase access and participation and will continue to be available and budgeted for.

NCRTAC Major Trauma Patient Triage and Transport Guidelines

The NCRTAC has issued three versions of the Triage and Transport Guidelines for Major Trauma Patients.

- Attachment 3: Dispatch guidelines
- Attachment 4: First Responder guidelines
- Attachment 5: EMT guidelines

NCRTAC Regional Performance Improvement Initiatives

Since its inception the members of the NCRTAC have actively participated in regional performance improvement projects.

Referrals to Definitive Care – on-going

The purpose of this PI Initiative is to optimize management of major trauma patients by expediting transfer to definitive care. More information and results of the data collection effort are posted at <http://www.ncrtac-wi.org/index.php?id=135,0,0,1,0,0>

<i>Performance Indicator(s)</i>	<i>Goals and Indicator methodology</i>
1. Emergency Department Length of Stay	<p>Goal: 90% of patients received at regional Level I or II trauma centers from referring facilities will have ED LOS at referral facility of ≤ 3 hours.</p> <p><u>Denominator:</u> Patients transferred to regional Level I or Level II trauma centers from referring facilities with an ISS >15. Exclusions: Patients transferred after inpatient admission. Patients who had a stabilizing operative procedure prior to transfer.</p> <p><u>Numerator:</u> Patients in the denominator with an ED length of stay at the referring facility of ≤ 3 hours.</p>
2. Inpatient transfers	<p>Goal: Prompt identification of patients who may benefit from the services of a regional Level I or II trauma center.</p> <p>Patients with an ISS of > 15 who are received at a regional Level I or II trauma center from a referring facility after admission at the referring facility will be eligible for discussion at regional peer review (once protections have been established).</p>
3. Multiple transfers	<p>Goal: Prompt identification of patients who may benefit from the services of a regional Level I or II trauma center.</p> <p>Patients who are seen at more than one facility prior to transfer to a regional Level I or II trauma center will be eligible for discussion at regional peer review (once protections have been established).</p>

EMS triage and transport of the Major Trauma Patient – retired

The purpose of this PI Initiative was to ensure the appropriate level of EMS response to the scene of a major trauma patient and ensure rapid transport to the appropriate level of care. After almost two years of data collection showed the PI initiative was almost always meeting its goal the project was retired.

<i>Performance Indicators</i>	<i>Goals and Indicator Description</i>
Increase use of ALS services for the transport of major trauma patients from the scene	<p>90%</p> <p><u>Denominator:</u> Patients who arrived at a NCRTAC facility by EMS from the scene, AND were admitted, died in the ED, were DOA, or were transferred to a higher level of care, AND who meet EMT Guidelines 1-16 of the local plan activation criteria</p> <p><u>Exclusions:</u> Facilities that do not have ALS ground service availability.</p> <p><u>Numerator:</u> Patients in the denominator who arrived at the hospital by Advanced Life Support service (ALS)*</p> <p><i>In addition to tracking and trending aggregate data, patients who fallout will be eligible for peer review.</i></p> <p>*ALS= EMT-I, EMT-P, Air Medical Transport, Critical Care Intercept</p>
Minimize inappropriate call-offs of air medical transport or critical care intercepts	<p>Incidents of activation of an air medical transport or critical care intercept to a scene response that is subsequently called off and then reactivated for inter-facility transfer will be eligible for peer review to assess appropriateness at the request of the called-off service or any provider of that patient's care.</p>

STAC-directed data reporting

The 2007-2008 RTAC Objectives directed RTACs to use Trauma Registry data to report information on 6 data elements to the STAC beginning January 2008. Due to discrepancies in data availability from the State Registry, the STAC instructed RTACs in March to “do the best you can” and use data from Level I & II facilities and Level III facilities that use their own registry. The quarterly reports will include the following indicators:

1. Percentage of EMS trauma patients with a scene time greater than 20 minutes.
2. Percent of Pre-Hospital Patients with GCS \leq 8 without Definitive Airway.
3. Percent of completed pre-hospital patient record provided or available to the trauma care facility within 48 hours.
4. Time at referring trauma care facility exclusive of transport time in hours (3 hour threshold).
5. Percent of Hospital Patients with GCS \leq 8 without Definitive Airway.
6. Percent adherence to regional triage and transport guidelines. (This element is not tracked in the registries and will not be reported.)

NCRTAC Regional Education Initiatives

The NCRTAC supports three regular education initiatives.

NCRTAC Live! - News and Trauma Education for Pre-Hospital Providers

NCRTAC Live! is a monthly education program for pre-hospital providers. Listeners call in live on the second Tuesday of every month at 7 p.m. or download the audio file later. Many services use the conference call education program for 0.5 hours of continuing education. Each 30-45 minute program reviews current NCRTAC news followed by a trauma education presentation. Non-members are welcome to download the audio recording. NCRTAC Live! is available as a podcast. Paste this link (www.ncrtac-wi.org/NCRTACLive/ncrtac.xml) into your itunes podcast features to download all episodes of NCRTAC Live! and future episodes. To learn more visit <http://www.ncrtac-wi.org/index.php?id=147,0,0,1,0,0>

NCRTAC E-Newsletter

The NCRTAC distributes a monthly electronic newsletter to all members of our electronic mailing list. The newsletter includes:

- NCRTAC meeting agenda
- NCRTAC Live! update
- NCRTAC events
- Featured content – changes monthly
- From the coordinator – changes monthly

Sign-up for the newsletter or view archived issues by visiting http://www.ncrtac-wi.org/index.php?newsletter_6aw.

Quarterly Trauma Education Program

Once per quarter a trauma education program is delivered at a NCRTAC meeting. When possible the program is video taped and distributed to all NCRTAC hospitals. The primary

audience for the program is trauma program managers, nurses, and paramedics. Due to scheduling conflicts only one session was presented in the 2007-2008 contract year:

- PHTLS version Update, March 2008
- Spine Trauma, May 2008

NCRTAC Concerns or Needs

In the 2007-2008 Plan, the NCRTAC identified several projects and initiatives to work on to continue to reduce trauma related death and disability in our region.

EMS Education – Glasgow Coma Scale / Level of Consciousness Evaluation

Recognizing that EMS use and documentation of the Glasgow Coma Scale and other assessment tool, the NCRTAC has offered several training aids to services. The NCRTAC Live! podcast remains available on the website and has been downloaded over 950 times in the last 16 months. The importance of GCS use was highlighted in the RTAC Update segment of the Spring 2008 Vital Connections EMS newsletter from Saint Joseph's Hospital & Saint Clare's Hospital. Various members of the RTAC also offered to present GCS training sessions at service meetings if requested.

Regional Injury Prevention

The Injury Prevention / Community Education Committee has focused on Fall Prevention and Safety in the Elderly over the past year. We have had a variety of speakers that have shared injury prevention initiatives that focus on the elderly. This has allowed a great opportunity for networking with agencies outside our individual hospitals. Each community is currently researching what injury data exists in their community, what data collection is needed, what resources are available, and what are their communities biggest needs in relationship to falls prevention and elderly safety. This is a huge topic that will increase in importance as our population ages. Our plan is to pursue further networking and program development.

Regional Performance Improvement

During the year, the Performance Improvement Committee was reformulated and met to produce a confidentiality statement and a conflict of interest form. The group discussed a variety of potential regional process improvement projects and revisited a previous project (ED length of stay.) The group also spent time discussing the Objective 2 Process Improvement report.

During the next year, the PI Committee will continue to monitor existing PI projects and reports required by STAC. The committee also plans to finalize a process to review regional issues and cases.

Attachment 1: NCRTAC Budget/ Expenses 2007-2008

Attachment 2: NCRTAC Budget 2008-2009

Attachment 3: Dispatch Guidelines

Activate local trauma plan

1. Unresponsive trauma patient.
2. Penetrating injury to head, neck, or torso.

Activation of the Trauma Plan will include dispatch of the closest EMS unit.

Activation of trauma plan may include:

- Dispatching nearest ALS ground service for intercept.
- Dispatching closest air ambulance.

Consider activation of trauma plan

3. Ejection from vehicle.
4. Death of another occupant of same vehicle.
5. Falls greater than 20 feet (3x patient's height for peds).
6. High-speed motor vehicle crash.
7. Limb paralysis
8. Limb amputation
9. Major deformity of vehicle.
10. Vehicle vs. pedestrian or bicycle.
11. Any motorcycle, snowmobile, or ATV crash.
12. Large animal related injuries (bull, horse, horse / buggy crash etc.)

Activation of the Trauma Plan will include dispatch of the closest EMS unit.

Consideration of trauma plan activation may include:

- Notification of nearest ALS ground unit and placing on rolling stand-by.
- Notification of closest air ambulance and placing on flying stand-by.
- Above units confirmed for dispatch by first-in units.

Note:

- NCRTAC guidelines created and modified from STAC definition of major trauma document.

Attachment 4: First Responder Guidelines

Activate local trauma plan

1. Unresponsive trauma patient.
2. Penetrating injury to head, neck, or torso.
3. Systolic BP less than 90 mmHg
4. Heart rate: < or = 5 years old (<80/min or >180/min) and > or = 6 years old (<60/min or >160/min).
5. Respiratory rate less than 10 or greater than 30 (ped >60/min with signs of respiratory distress).
6. Trauma with burns with greater than 15% BSA.
7. High voltage injuries.
8. Signs of shock.
9. Two or more long bone fractures.
10. Depressed or open skull fracture.
11. Pelvic fracture.
12. Amputation proximal to wrist or ankle.
13. Acute paralysis.

Activation of trauma plan may include:

- Dispatching nearest ALS ground service for intercept.
 - Dispatching closest air ambulance.
-

Consider activation of trauma plan

14. Ejection from vehicle.
15. Death of another occupant of same vehicle.
16. Falls greater than 20 feet (3x patient's height for peds).
17. Vehicle roll over.
18. High-speed motor vehicle crash.
19. Major deformity of vehicle.
20. Vehicle vs. pedestrian or bicycle.
21. Any motorcycle, snowmobile, or ATV crash.
22. Large animal related injuries (livestock, horse, horse buggy crash etc.).

Consideration of trauma plan may include:

- Notification of nearest ALS ground unit and placing on rolling stand-by.
- Notification of closest air ambulance and placing on flying stand-by.
- Above units confirmed for dispatch by first-in units.

Note:

- NCRTAC guidelines created and modified from STAC definition of major trauma document.
- Unless otherwise specified, pediatric patients will be considered as any child who is 12 years of age or younger

Attachment 5: EMT Guidelines

Activate local trauma plan

1. Unresponsive trauma patient.
2. Penetrating injury to head, neck, or torso.
3. Systolic BP less than 90 mmHg
4. Heart rate: < or = 5 years old (<80/min or >180/min) and > or = 6 years old (<60/min or >160/min).
5. Respiratory rate less than 10 or greater than 30 (peds >60/min with signs of respiratory distress).
6. Trauma with burns with greater than 15% BSA.
7. High voltage injuries.
8. Ineffective breathing (grunting or stridor in children).
9. Signs of shock (signs of poor perfusion in children).
10. Distended, rigid abdomen.
11. Flail chest
12. Two or more long bone fractures.
13. Depressed or open skull fracture.
14. Pelvic fracture.
15. Amputation proximal to wrist or ankle.
16. Acute paralysis.

Activation of trauma plan may include:

- Dispatching nearest ALS ground service for intercept.
 - Dispatching closest air ambulance.
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Consider activation of trauma plan

17. Ejection from vehicle.
18. Death of another occupant of same vehicle.
19. Falls greater than 20 feet (3x patient's height for peds).
20. Vehicle roll over.
21. High-speed motor vehicle crash.
22. Major deformity of vehicle.
23. Vehicle vs. pedestrian or bicycle.
24. Any motorcycle, snowmobile, or ATV crash.
25. Large animal related injuries (livestock, horse, horse buggy crash etc.).
26. Trauma patient less than 5 years old or greater than 55.
27. Trauma patient who is pregnant.
28. Trauma patient who is immunosuppressed.
29. Trauma patients who has a bleeding disorder or on anticoagulants.*

Consideration of trauma plan may include:

- Notification of nearest ALS ground unit and placing on rolling stand-by.
- Notification of closest air ambulance and placing on flying stand-by.
- Above units confirmed for dispatch by first-in units.

Note:

- NCRATAC guidelines created and modified from STAC definition of major trauma document.
- Unless otherwise specified, peds patient will considered anyone child 12 years of age or younger

* Anticoagulants being Coumadin or Plavix.