

EMS/TRAUMA SYSTEM PLAN

A SUPPLEMENT TO THE TEXAS TRAUMA SYSTEM MANUAL

This supplement is intended to assist each Regional Advisory Council (RAC) in the development of a regional EMS/Trauma System Plan for their Trauma Service Area (TSA). The Texas Trauma System Manual was written in 1992 to assist each RAC with its organizational development. This updated version includes explanations of plan components and checklists of items that should be considered for incorporation into the regional plan. Questions regarding EMS/Trauma System Plan development may be directed to the Bureau of Emergency Management trauma staff.

Organizing an EMS/Trauma System Plan

A completed EMS/Trauma System Plan should integrate all components of the trauma care system within the TSA. The plan itself may take several months to complete and should be revised to meet the changing needs and resources of the region. Therefore, it is imperative for each RAC to establish a regular, periodic review process of the plan. The following discussion outlines the key components. Lists located at the end of each section will assist you in preparing the plan.

Each regional EMS/Trauma System Plan must meet the basic criteria for trauma system development. If plan components are submitted individually, each will be evaluated on a chapter-by-chapter basis. However, once complete, these chapters should follow the continuum of care and should compliment each other. This resource document provides a template for regional trauma system development, and should be used to guide the most appropriate use of regional resources.

A coordinated approach to intervention and treatment is required to ensure that the special needs of trauma patients are met throughout the continuum of care. The regional trauma plan must ensure that resources are available to meet trauma patient needs. This manual provides a description of the trauma care resources needed and suggestions or development of these resources. Each RAC should define the status of their regional plan components as submitted, including work planned to strengthen or enhance the element, and long-term projections for maximizing the regional resources related to the plan.

A direct approach to regional trauma system planning will assist trauma care providers in complying with regional guidelines. The trauma plan must clearly reflect trauma treatment standards, regional resources available for care, and regional trauma treatment protocols.

Table of Contents - Include a listing of the plan's contents and the page number where each can be found. The addition of a "Table of Contents" will help a reader locate the material more easily. Assemble the contents of the plan to allow easy and quick access to the desired information.

Introduction - Present a “general overview” of the TSA. Describe the area’s topography and demography; mention the acceptance of the plan by member counties; include special or unique characteristics of the region and problems encountered.

List of RAC Officers - List the RAC officials and the office or position each holds. This list should include members of the “Executive Board” or “Board of Directors.” List the standing committees and the chairperson for each and the name and contact information for a primary point of contact (may be an appendix).

RAC Bylaws - Include a current copy of the RAC bylaws (may be an appendix).

List of TSA EMS Providers - Provide a listing of all EMS firms in the TSA with content similar to below for **each agency** regardless of participation status (may be an appendix):

- RAC contact/voting member
- Agency director/chief officer
- Medical director
- Mailing address
- Contact phone numbers
- Fax numbers
- Level of service
- Geographic service area
- Number of vehicles
- Dispatch center staffing
- Dispatch contact phone
- Primary radio frequency

* Include here also a listing of any air medical services.

** Maps and graphical displays of resources and coverage is desirable.

List of TSA Hospitals - Provide a listing of all hospitals in the TSA with content similar to below for **each facility** regardless of participation and designation status (may be an appendix):

- RAC contact/voting member
- Facility administrator
- Trauma coordinator
- Mailing address
- Contact phone numbers
- Fax numbers
- Trauma medical director
- ED medical director
- Designation (or planned)
- ED contact information for EMS (phone # or radio frequency)
- Number of beds for each: ICU, Med-Surg, Pediatric, Rehabilitation, and Total count
- Specialty services available

* Maps and graphical displays of resources and coverage is desirable.

Plan Requirements - Include in the plan the following informational requirements:

A) *List of counties* in the TSA. Describe the any participating agencies from counties along the border of the TSA. Maps/graphic layouts should be included. Indications of patient flow is appropriate as well.

B) *Evidence of system participation*: Documentation is required to show that all health care entities and interested specialty centers had an opportunity to participate in trauma system planning. Maintain records of any of the following documents as they relate to the plan:

1. A list of the committees with the names of the committee members and their profession or organization;
2. A list of participants that attended system planning meetings, which includes each person’s profession and organization; and
3. A public notice or bulletin seeking volunteers for system planning participation.

Plan Components - The plan’s eleven components are listed below. There are several topics listed under each component to be addressed in the system plan. Additional components and issues may be added to the plan if desired, such as: Prevention, Disaster/Mass Casualty Planning, Rehabilitation, etc. Components may be addressed in any order, but grouping of like sections is desirable.

Plan Components and Component Issues

A format to be considered for each component should consist of: objectives, needs analysis (resources available and/or shortfalls), work in progress, work being planned, and long term goals. Following are some issues that should receive strong consideration when compiling regional resources and planning:

- A. System Access
 - 1. "9-1-1" or single access telephone number availability
 - 2. Backup or emergency systems
 - 3. First responder availability
 - 4. Public education regarding resources and accessing help

- B. Communications
 - 1. Communications/dispatch centers and level of resources (i.e. EMD)
 - 2. Communications constraints (i.e. lack of equipment, distance, terrain, etc.)
 - 3. Contact information for each center including radio frequencies
 - 4. Training for area communication personnel
 - 5. Response times
 - 6. Communications for multi-agency scenes

- C. Medical Oversight - Note, it has been identified that this is not necessarily a stand-alone component, but an important aspect of all aspects of RAC planning, implementation, and evaluation. It may be more appropriate to address medical oversight in a portion of other components where physician oversight is essential. Representation from appropriate specialties should be found throughout the regional trauma system plan.
 - 1. Standardization of policies and procedures at all levels of health care (including treatment, triage, bypass, diversion, etc)
 - 2. Documentation
 - 3. "Scene" times (both pre-hospital and regarding inter-facility transfers)
 - 4. Quality assurance/feedback/dispute resolution
 - 5. Education/training
 - 6. Physician advisory board

- D. Prehospital Triage Criteria
 - 1. Note, it may be appropriate to combine this with the bypass component
 - 2. Classification of patients by severity (physiological, mechanism, co-morbid factors, etc.)
 - 3. Consider using similar, if not identical, classification criteria for both prehospital and facility triage of patients
 - 4. Accounting for time and distance to available levels of trauma care facilities
 - 5. Acknowledgment of level of prehospital care provider available (including air medical transport)
 - 6. Trauma team notification/activation

- E. Diversion Policies

1. Instances when diversion may be appropriate
 2. Diversion status termination or over-ride (consider automatic time periods where-
in diversion must be re-declared).
 3. Notification of area EMS and other facilities when diversion is requested
 4. Documentation and regional review of diversion episodes
- F. Bypass Protocols
1. Note, it may be appropriate to combine this with the prehospital triage component
 2. Instances when nearest facility should not be bypassed
 3. Acknowledgment of regional resources (EMS and hospital) and geographic
make-up and why bypass of local facilities may be appropriate
- G. Regional Medical Control
1. Identification of EMS providers and sources of on and off-line medical control
 2. Regional efforts to standardize treatment protocols and policies
 3. Regional medical control resources
 4. Availability and analysis of current medical control resources and their
accessibility
 5. Qualifications of medical control entities
- H. Facility Triage Criteria
1. Classification of patients by severity (physiological, mechanism, co-morbid
factors, etc.)
 2. Consider using similar, if not identical, classification criteria for both prehospital
and facility triage of patients
 3. Facility action based upon classification of patients (i.e. trauma team activation,
stabilization/transfer, or admission for observation)
- I. Inter-Hospital Transfers
1. Identification of patients to be transferred
 2. Identification of available patient destinations and criteria for selection (especially
for "specialty" patients)
 3. Availability of regional or facility "800" numbers and coordination of
distributing/routing patients
 4. Available means of transporting patients and capabilities
 5. Treatment/stabilization criteria and time guidelines should be outlined
 6. Written transfer agreements
- J. Plan for Designation of Trauma Facilities
1. Identification of all area facilities by level of designation, intended level of
designation and specialty services
 2. Identify lead facility or potential lead facility for the TSA (may be shared by
multiple facilities)
 3. Resources or committees in existence in region to assist facilities in the
designation process
- K. System Quality Management Program

1. Data collection
2. Regional registry or assistance to regional entities in uploading to state registry
3. Regional multi-disciplinary trauma review committee
4. Process for reviewing data filters and specific occurrences as they arise (peer review) - have clearly stated goals and objectives
5. Feedback loop to all aspects of regional operations
6. Medical oversight