

# REGIONAL TRAUMA PLAN

## SYSTEM COORDINATION AND PATIENT FLOW

### **EMS**

#### TRIAGE

The START system of triage has been adopted as the standard within the BorderRAC area. All personnel in pre-hospital provider agencies have been trained in its use. Each emergency response unit of participating agencies has been issued a START kit to carry and have available for deployment.

BorderRAC EMS agencies utilized Texas EMS wristbands for all transports to hospitals, interfacility transfers, and/or other BorderRAC identified situations. Wristbands are used to track individuals during mass casualty incidents, evacuations, and disasters. The purpose of the wristband is to link pre-hospital and hospital records across electronic medical record systems and throughout the continuum of care by enhancing patient tracking using a unique identifier

All BorderRAC EMS and Hospitals are enrolled in Pulsara for patient tracking purposes and real-time information. Pulsara platform is a HIPAA-compliant, secure, easy-to-use app that unites the entire care team between different agencies, departments, or organizations (rural or urban). The app is used to communicate event-based real-time patient information, team notifications, image sharing, audio/video calls, and ETA. By utilizing the platform, treatment times can be reduced as well and errors and transfers are simplified.

Upon arrival at the hospital, an EMS Time Out Report (MIST report) is provided to the receiving physician and hospital staff. The concise report entails key information in the areas of Mechanism or Medical Complaint (M), injuries or illness identified (I), signs and symptoms (S), and treatments (T).

#### PRE-HOSPITAL TRAUMA PATIENT CATEGORIZATION

A guideline for triaging and making transport destination decisions for trauma patients in the pre-hospital environment has been adopted by BorderRAC. This guideline is adapted from the American College of Surgeons' recommended policy. All pre-hospital providers and receiving hospital personnel have been trained in the use of this guideline. Posters of various sizes have been printed and are posted on ambulance action walls and Emergency Departments. The guidelines are reviewed periodically and updated as needed.

Whenever an emergency patient is considered for transport to a hospital for treatment, many factors come into play in the triage decision-making process. First, dispatch centers identify scene location, initial resource needs based on the injury report, and resource availability before dispatch. Once the EMS service arrives on the scene, the EMS personnel determine severity, treatment, and the nearest appropriate hospital for transport.

Pre-hospital trauma patient categorization and hospital adult and pediatric capability for transport are identified in the guideline.

## MASS CASUALTY TRIAGE

Depending on the size of the incident, the region transitions to SALT for large-scale mass casualty incidents. This, along with a defined distribution plan to the higher levels of trauma care, will allow rapid removal from the scene while allowing hospitals the opportunity to fully activate their internal trauma surge plans. If patients arrive by means other than EMS, hospital staff must apply a Texas EMS wristband from the hospital supply and associate the patient with the MCI incident in Pulsara.

Firefighter Transport Guidelines provide criteria and transport safety guidelines that should transport by a non-licensed ambulance be considered.

## **HOSPITALS**

### DESIGNATION OF TRAUMA FACILITIES

The region has designated one Level I and two Level II facilities. There are 3 Level III (including a military hospital) and two Level IV facilities. There are two pediatric hospitals, both with pediatric transport teams. This allows appropriate triage and transfer of Level I trauma patients to an appropriate facility that has a higher trauma capability. Hospital capabilities for trauma destination are found in the Pre-hospital trauma patient categorization.

For hospitals seeking a higher designation level, a request must be submitted to the System Performance Improvement Committee identifying their readiness and requesting a change to the patient transport schema, which will allow them to receive patients that meet their sought-after level of designation for survey purposes. BorderRAC supports facilities through the designation process by providing guidance on regional guidelines, reviewing rules, and attending trauma surveys.

### HOSPITAL TRAUMA TREATMENT & INTER-FACILITY TRANSFER PROTOCOL

Every designated hospital in our TSA has developed a system to care for injured patients commensurate with the resources available in their facility and community. The lead facility maintains a 1-800 number for the TSA to facilitate timely access to the appropriate level of trauma care. EMResource is utilized to provide broad information on capabilities such as hand, ophthalmology, and OMFS coverage.

While some patients are considered auto-accept, the approval process for the acceptance of an injured patient to the lead facility is 15 minutes (time of call from referring institution to call back from accepting facility with physician and administrative approval). BorderRAC has set a standard for referring facilities to have critical patients transferred out to a higher level of care within 2 hours of ED admission. The purpose of these protocols is to ensure the unobstructed transfer of trauma patients from the scene or between hospitals to appropriate definitive care.

All designated trauma facilities in the Texas component of BorderRAC have transfer agreements in place with UMC of El Paso, the region's lead facility. The lack of transfer agreements with facilities outside the region does not in any way affect the timeliness of transfers from those facilities to the Level I or Level II facilities. The lead facility also has transfer agreements in place with University Medical Center in Lubbock and Parkland in Dallas for burn care.

If a hospital receives a Level I trauma patient requiring transfer, EMS will respond to that hospital's request for transfer to UMC as if it were a Level I trauma scene call. The transferring hospital will call UMC on the 1-800 line as EMS is responding to their hospital.

#### HOSPITAL REGIONAL GUIDELINES

Regional plans, and operational and treatment guidelines are developed by committees and approved by the System Performance Improvement Committee and are available on the BorderRAC website. Plans and guidelines appropriate to this chapter include:

- [Best Practice Guidelines: Pelvic Fractures](#)
- [BorderRAC Child Maltreatment Guideline](#)
- [BorderRAC Texas EMS Wristband Guideline](#) [Child Maltreatment Algorithm](#)
- [EMS MIST Time Out Report](#)
- [EMS MIST Time Out Report Video](#)
- [Firefighter Transport Guideline TSA I](#)
- [Regional Replantation and Revascularization Algorithm](#)
- [Regional Sexual Assault Patient Referral Process and Algorithm](#)

Additional regional guidelines and plans are available on the website.

Additional resources and references are available on the website.

Original: May 1998

Revised: August 1998

Revised: July 1999

Revised: July 2000

Revised: June 2001

Revised: June 2002

Reviewed: July 2003

Revised: June 2004

Reviewed: June 2005

Revised: October 2006

Revised: July 2008

Revised: September 2009

Revised: April 2010

Revised: April 2011

Reviewed: September 2012

Revised: March 2014

Reviewed: December 2016

Reviewed: June 2017

Reviewed: August 2018

Reviewed: August 2020

Revised: July 2022

Reviewed: June 2023

Revised November 2024