

Statewide Trauma Advisory Council

Wednesday, June 7, 2023

Acronyms

- ADRC: Aging and Disability Resource Center
- CRC: Classification Review Committee
- EMS: Emergency Medical Services
- EMSC: Emergency Medical Services for Children
- MCI: Mass Casualty Incident
- RTAC: Regional Trauma Advisory Council
- STAC: Statewide Trauma Advisory Council

Agenda

- Introductions and Announcements- Joint with the EMS Board
- Focus on Falls- Joint with the EMS Board
- Mass Casualty Incident (transition of care) and interactions- Joint with the EMS Board
- EMS and Trauma Data Review- Joint with the EMS Board
- Trauma Triage Criteria- Joint with the EMS Board

Agenda

- EMSC
- Break
- Committee report outs
 - ◆ Injury Prevention
 - ◆ Data Management
 - ◆ Trauma Coordinators
 - ◆ Performance Improvement
- Classification Review Committee
- RTAC coordinators
- Public comment on Wisconsin Trauma Care System

STAC Members

- Four physicians who represent urban and rural areas
 - ◆ **Marshall Beckman**, MD, Chair, Region 7, Level III
 - ◆ **Jennifer Roberts**, MD, Region 2, Level II
 - ◆ **David Schultz**, MD, Region 6, Level II
 - ◆ **Thomas Derrig**, MD, Region 7, Level II
- Two registered nurses, as defined in Wis. Stat. § 146.40(1)(f)
 - ◆ **Gina Brandl**, RN, Region 2, Level II
 - ◆ **Rebecca Ekenstedt**, RN, Region 1, Level IV

STAC Members

- Two prehospital emergency medical services providers, including one representative of a municipality
 - ◆ **Jason Selwitschka**, CCEMTP, Region 6
 - ◆ **Matthew Dykstra**, EMTP, Region 5
- Two representatives of a rural hospital
 - ◆ **Mason Fisher**, MD, Region 4, Level II
 - ◆ **Tammy Aspeslet**, RN, Region 4, Level II

STAC Members

- Two representatives of an urban hospital
 - ◆ **Ann O'Rourke**, MD, Vice Chair, Region 5, Level I
 - ◆ **Kristin Braun**, RN, Region 7, Level I
- One member of the emergency medical services board
 - ◆ **Michael Clark**, MD, Region 2, Level II

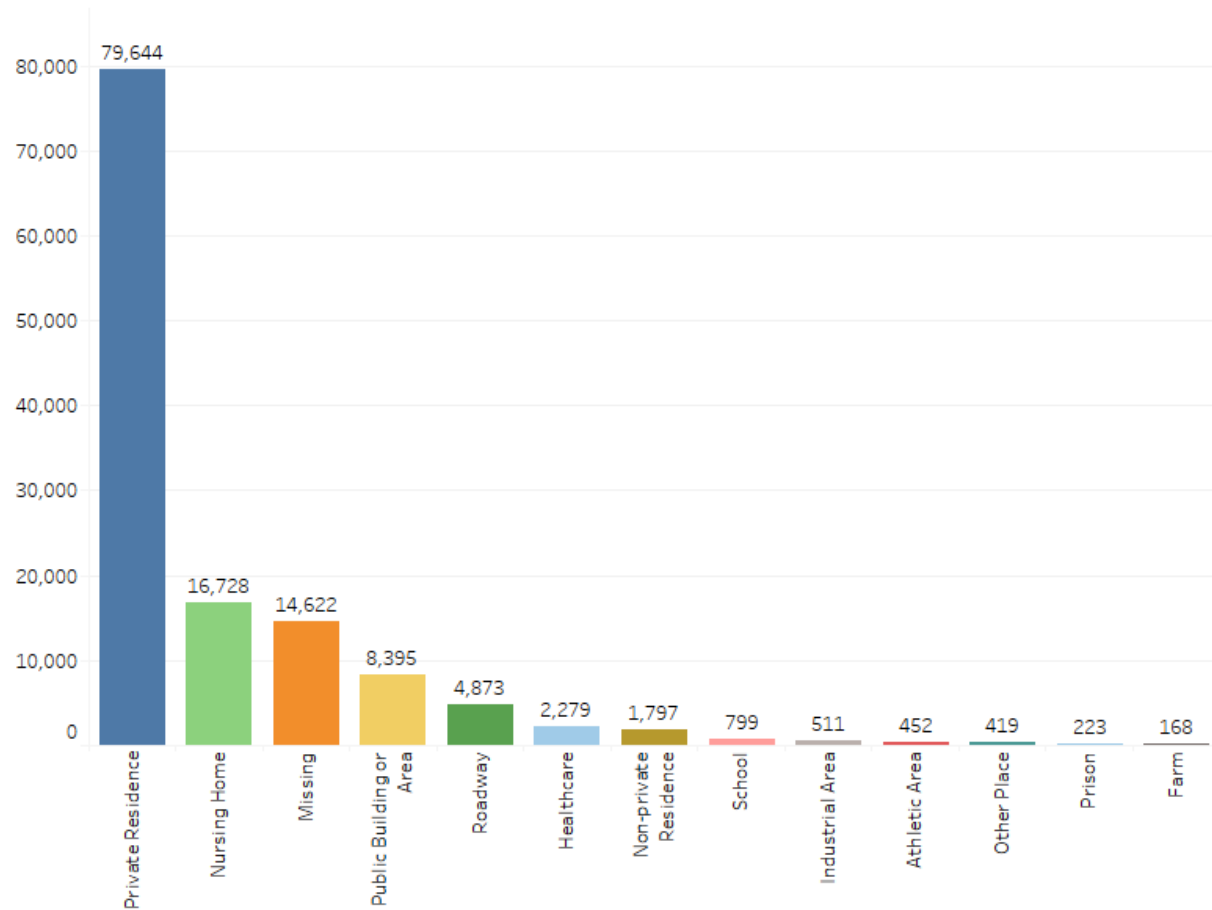
EMS Board Members

- **Jerry Biggart**, Chair, EMTP
- **Christopher Anderson**, Vice-Chair, EMTP
- **Chris Eberlein**, MD
- **Gregory West**, EMTP
- **Justin Pleuss**, CCEMTP
- **Dustin Ridings**, CCEMTP
- **Stephan Zils**, MD
- **Jennifer Hernandez-Maier**, MD
- **Michael Clark**, MD

Focus on Falls

Falls Impacts on EMS

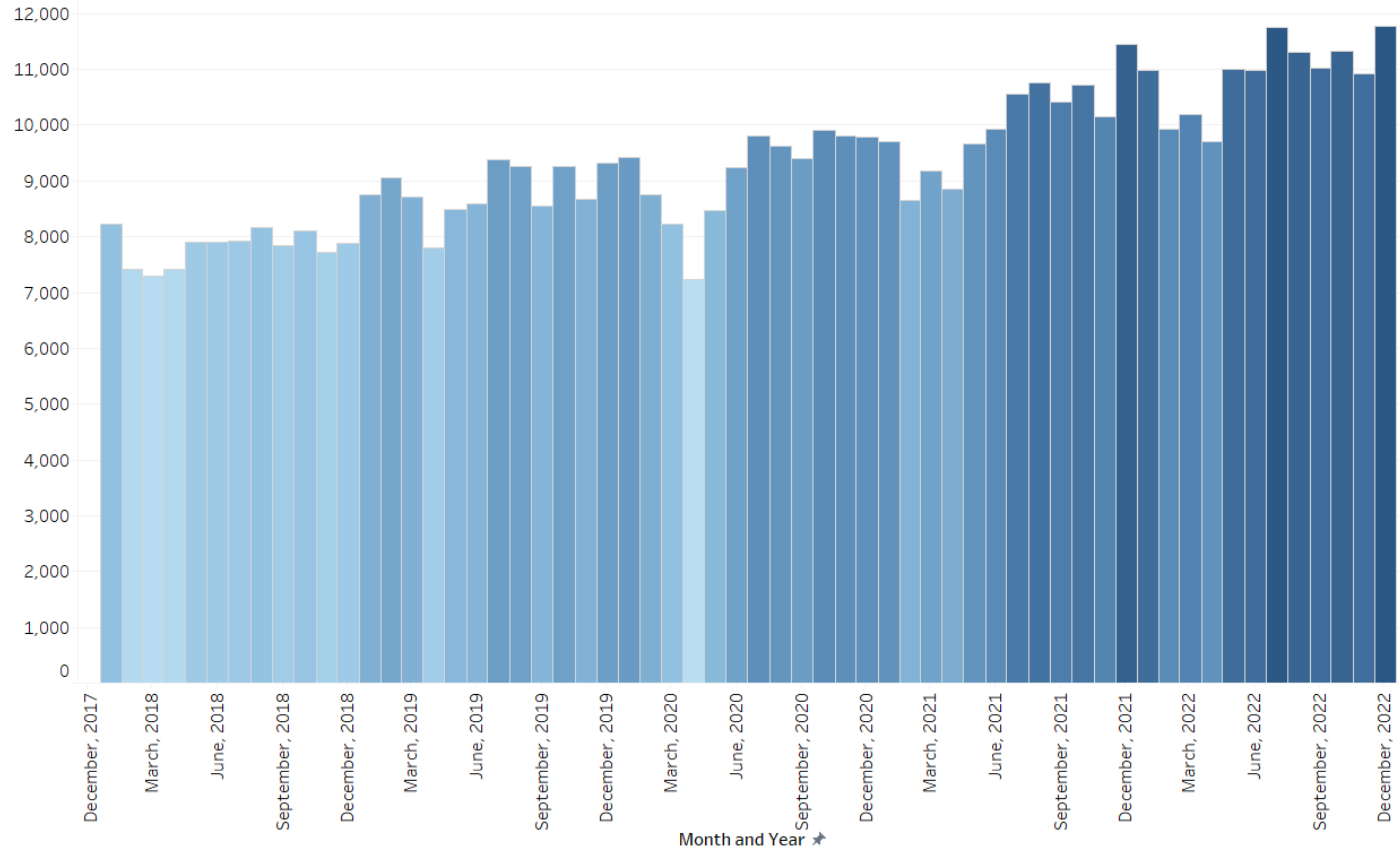
- Data from
WARDS and
NFIRS



For discussion

Falls Impacts on EMS

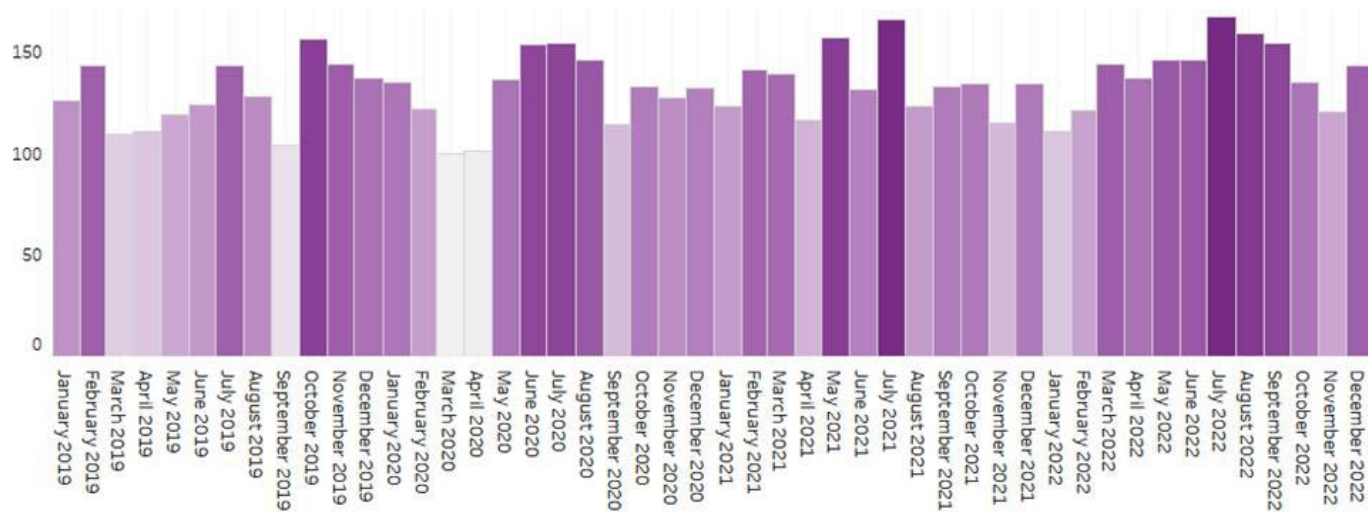
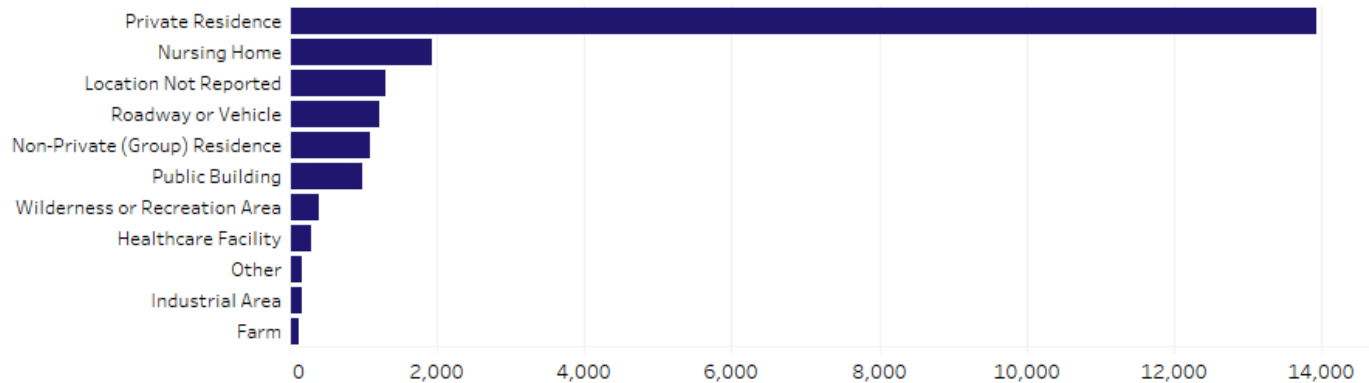
- Data from WARDS and NFIRS



For discussion

Falls Impact on Trauma

- Data from the Trauma Registry



For discussion

Prevention Activities

- Referral processes between EMS and ADRCs
- Local falls prevention
 - ◆ Hospitals
 - ◆ ADRCs
 - ◆ Other entities

Mass Casualty Incident (transition of care) and Interactions

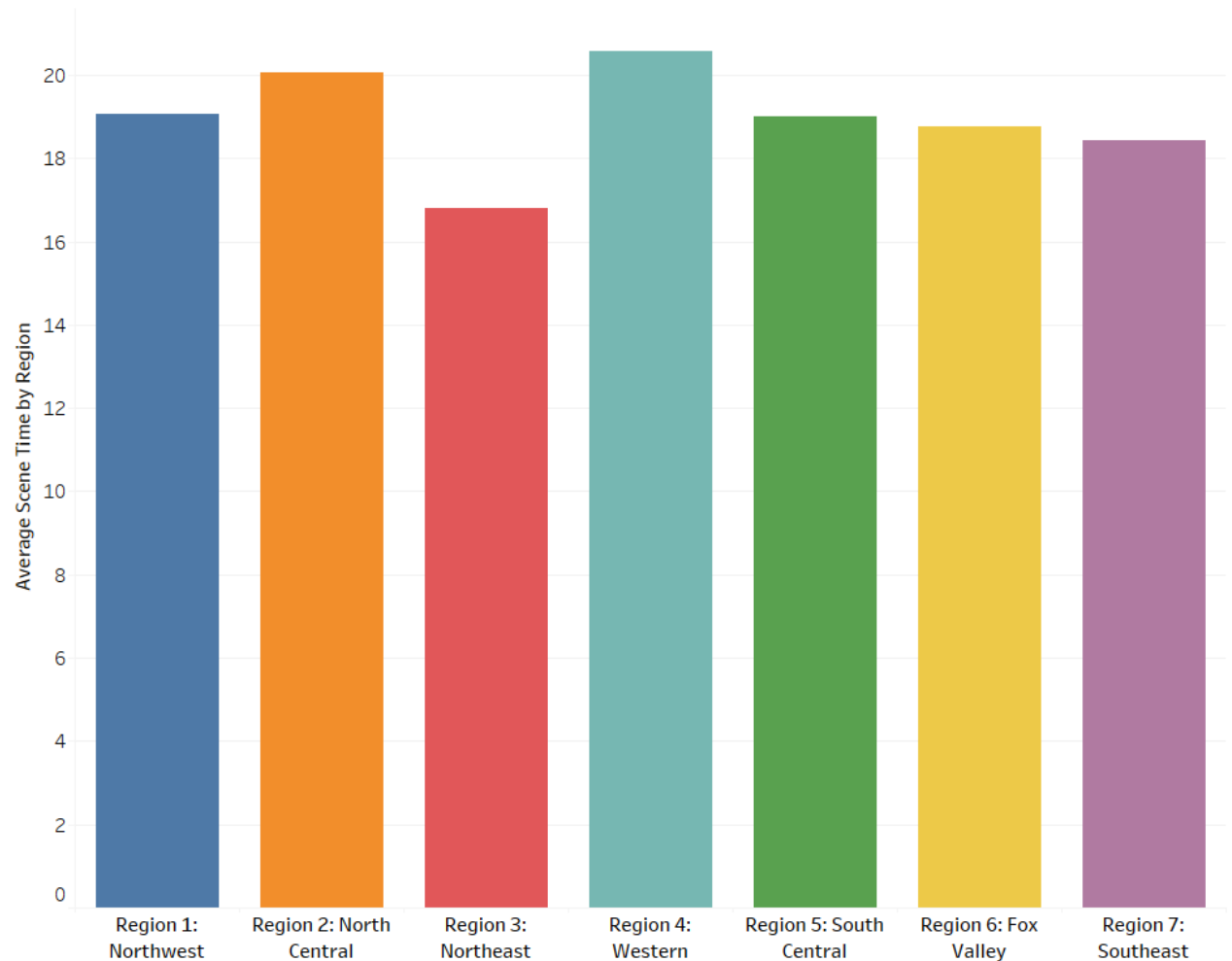
Discussion Topics

- Updated EMS MCI document
- Transitions of care best practices during MCI
 - ◆ Grounded in patient safety

EMS and Trauma Data Review

Scene Time

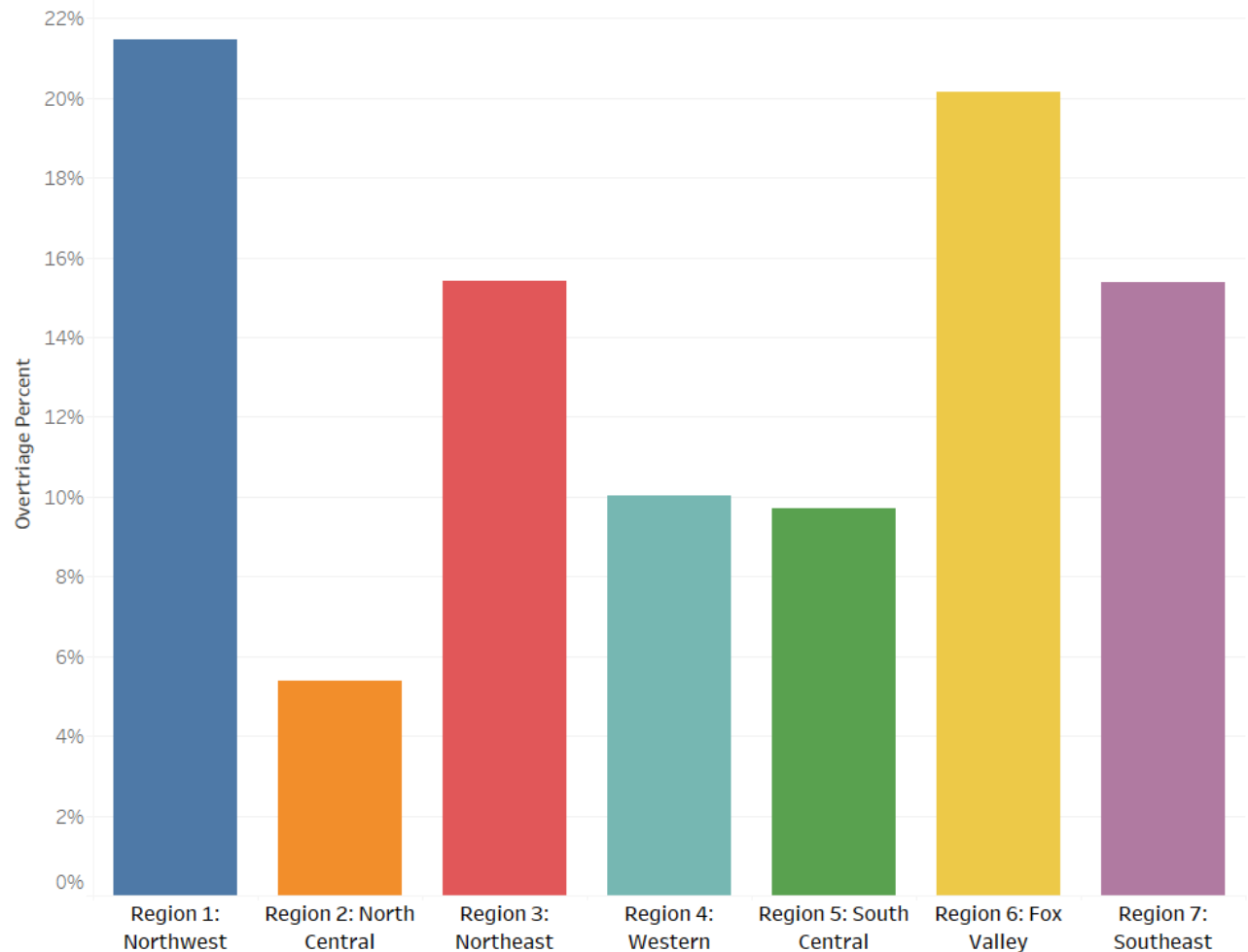
- Data from the Trauma Registry



For discussion

Over Triage

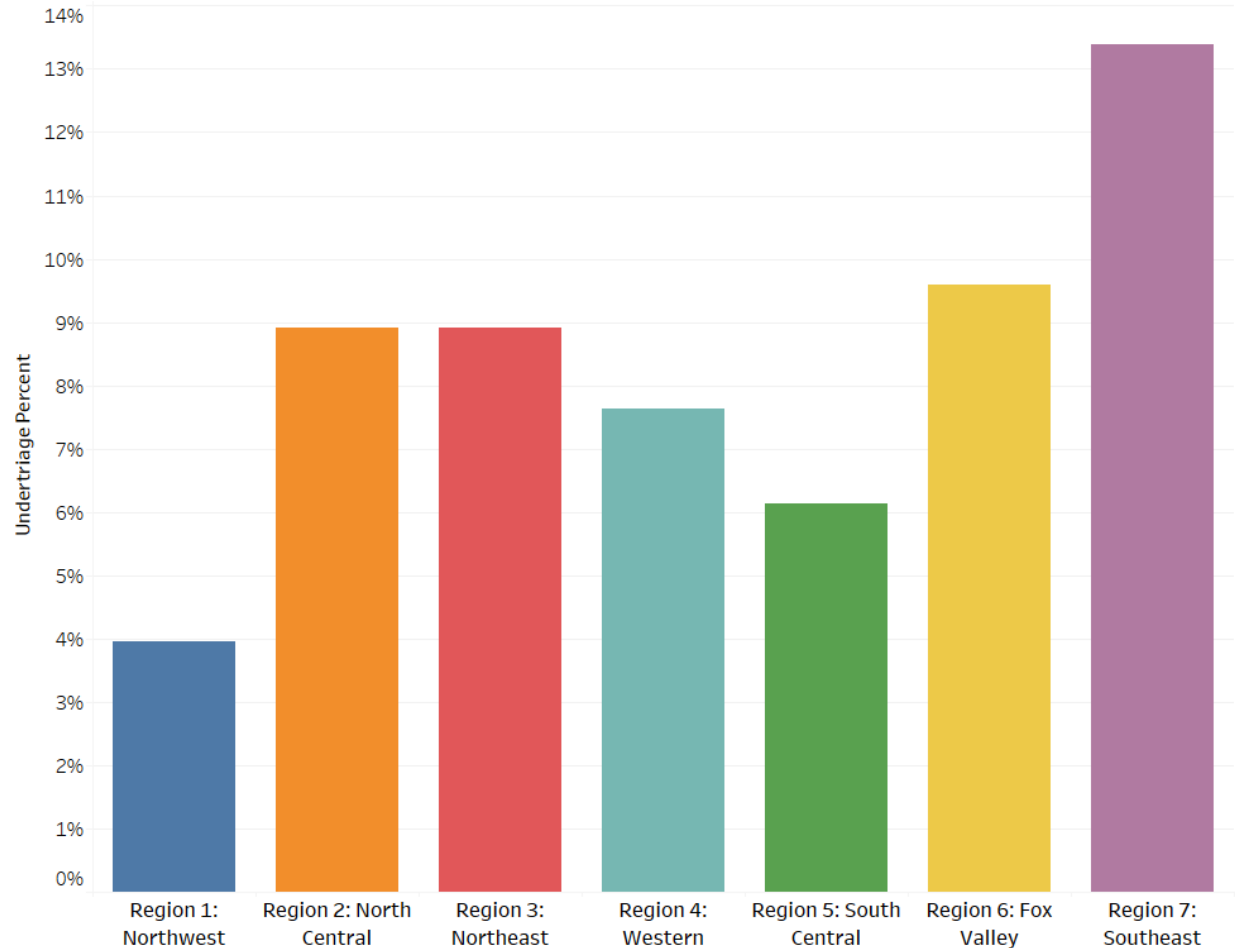
- Data from the Trauma Registry



For discussion

Under Triage

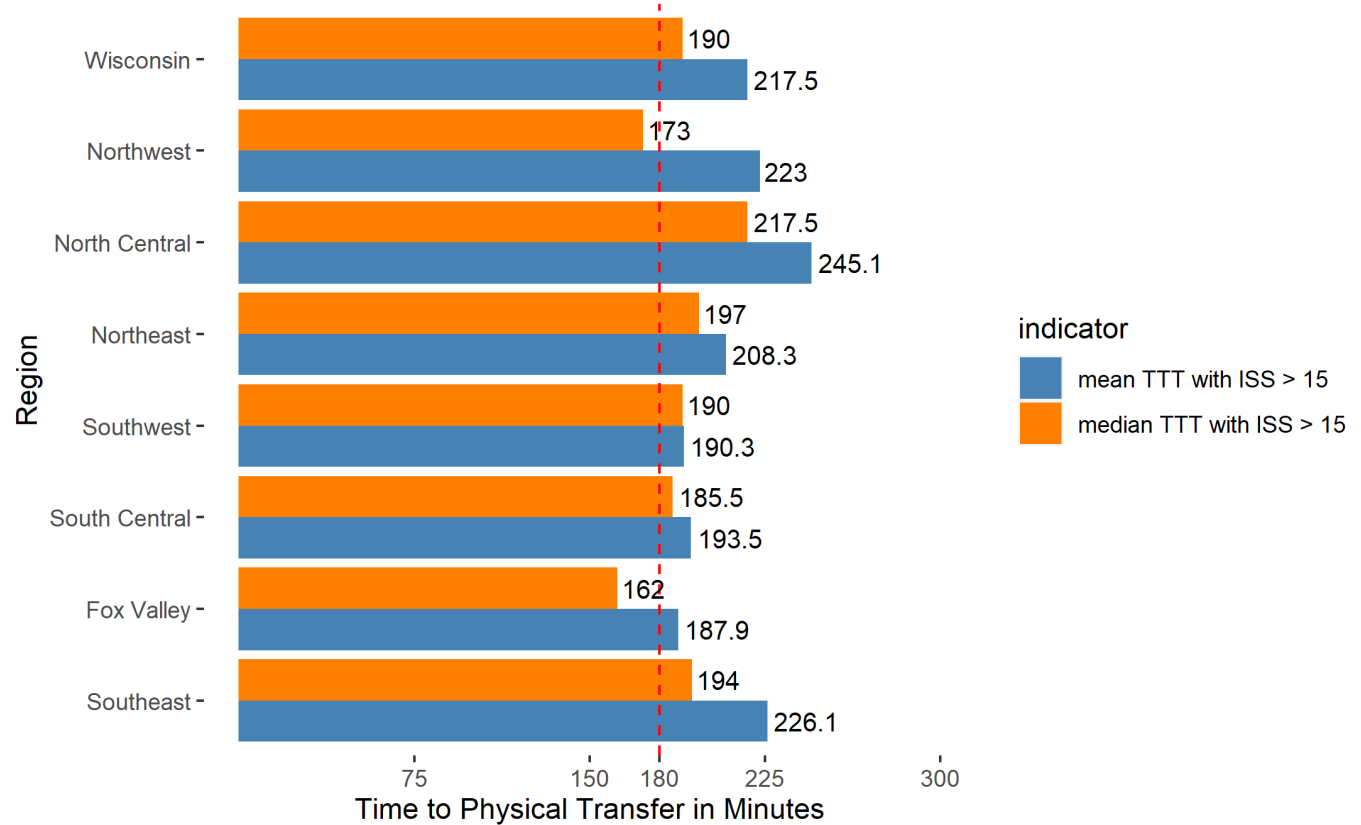
- Data from the Trauma Registry



For discussion

Time to Transfer

- Data from the Trauma Registry



For discussion

Trauma Triage Criteria



National Guidelines for the Field Triage of Injured Patients

National Guideline for the Field Triage of Injured Patients

RED CRITERIA High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, and proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> • SBP < 70mm Hg * (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> • SBP < 90 mmHg or • HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> • SBP < 110 mmHg or • HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none"> • High-Risk Auto Crash <ul style="list-style-type: none"> - Partial or complete ejection - Significant intrusion (including roof) <ul style="list-style-type: none"> • >12 inches occupant site OR • >18 inches any site OR - Need for extrication for entrapped patient - Death in passenger compartment - Child (Age 0-9) unrestrained or in unsecured child safety seat <ul style="list-style-type: none"> • Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

- Presented at STAC and the EMS Board
- Presented at RTAC Meetings
- Field Triage Cards provided to RTACs for distribution

National Guidelines for the Field Triage of Injured Patients

National Guideline for the Field Triage of Injured Patients

RED CRITERIA High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, and proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> • SBP < 70mm Hg * (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> • SBP < 90 mmHg or • HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> • SBP < 110 mmHg or • HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none"> • High-Risk Auto Crash <ul style="list-style-type: none"> - Partial or complete ejection - Significant intrusion (including roof) <ul style="list-style-type: none"> • >12 inches occupant site OR • >18 inches any site OR - Need for extrication for entrapped patient - Death in passenger compartment - Child (Age 0-9) unrestrained or in unsecured child safety seat <ul style="list-style-type: none"> - Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

- Feedback regarding impact on EMS Transport
- Impact on the WI HEMS Guideline, update needed?

EMSC Report Out

Break

EMS Board Adjourn

Approval of Minutes

Committee Report Outs

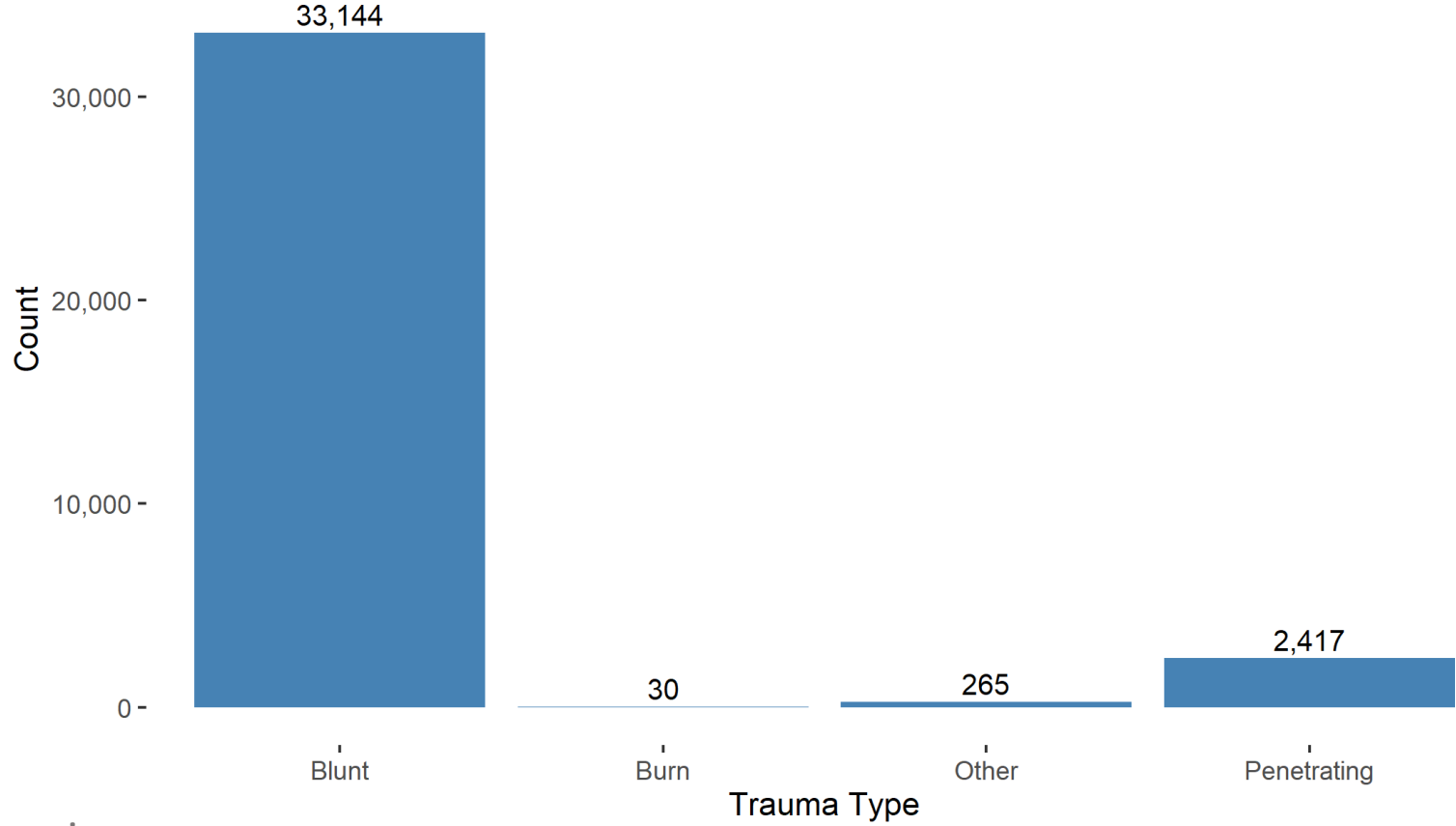


Committee Report Outs

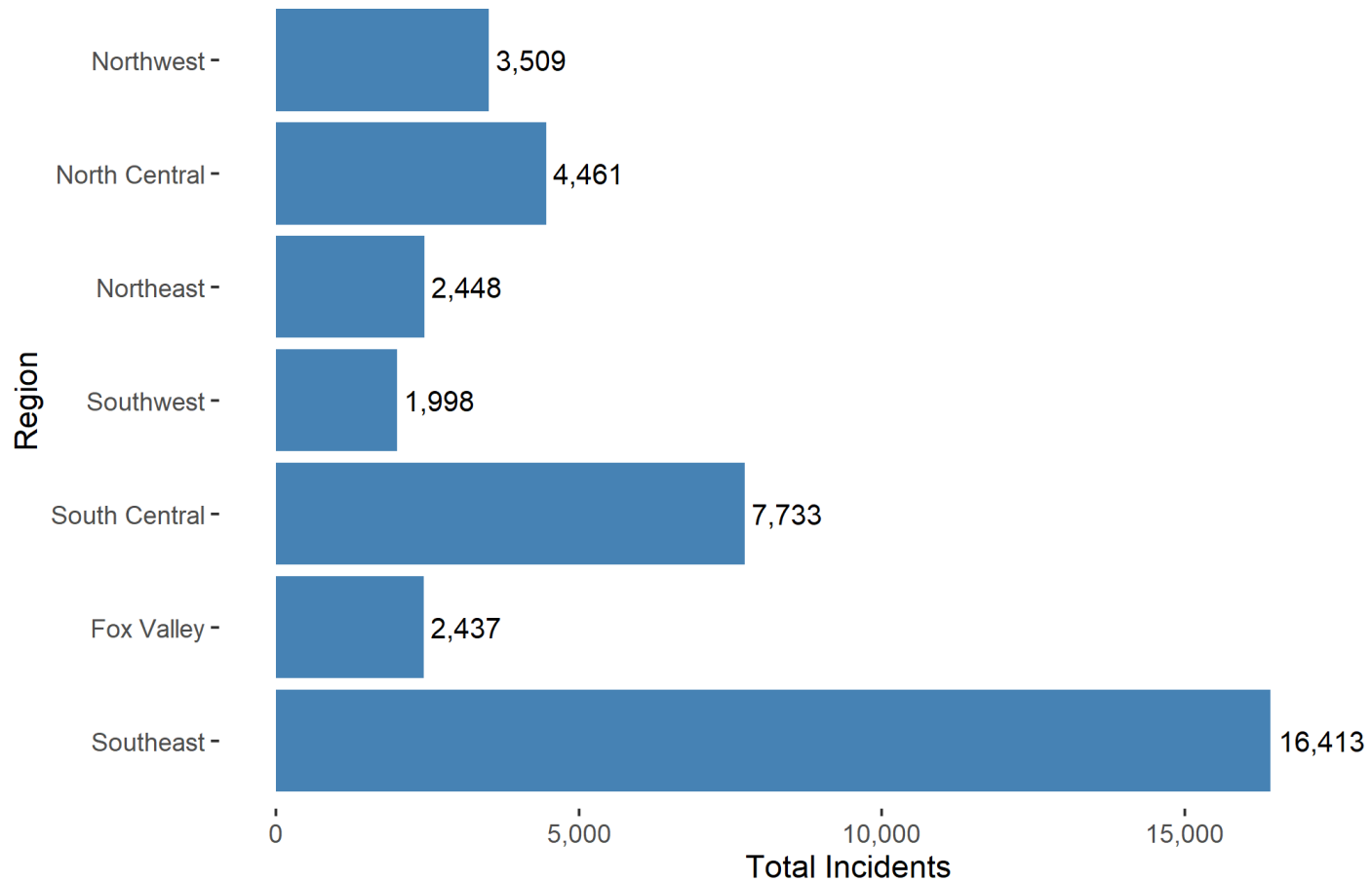
- Injury Prevention: Amanda Tabin and Kathi Hegrans
- Data Management: Laura Kane and Katie Prather
- Trauma Coordinators: Lisa Heinz and Rebecca Ekenstedt
- Performance Improvement: Thomas Bergmann

2022 Adult PI Dashboard- Vote

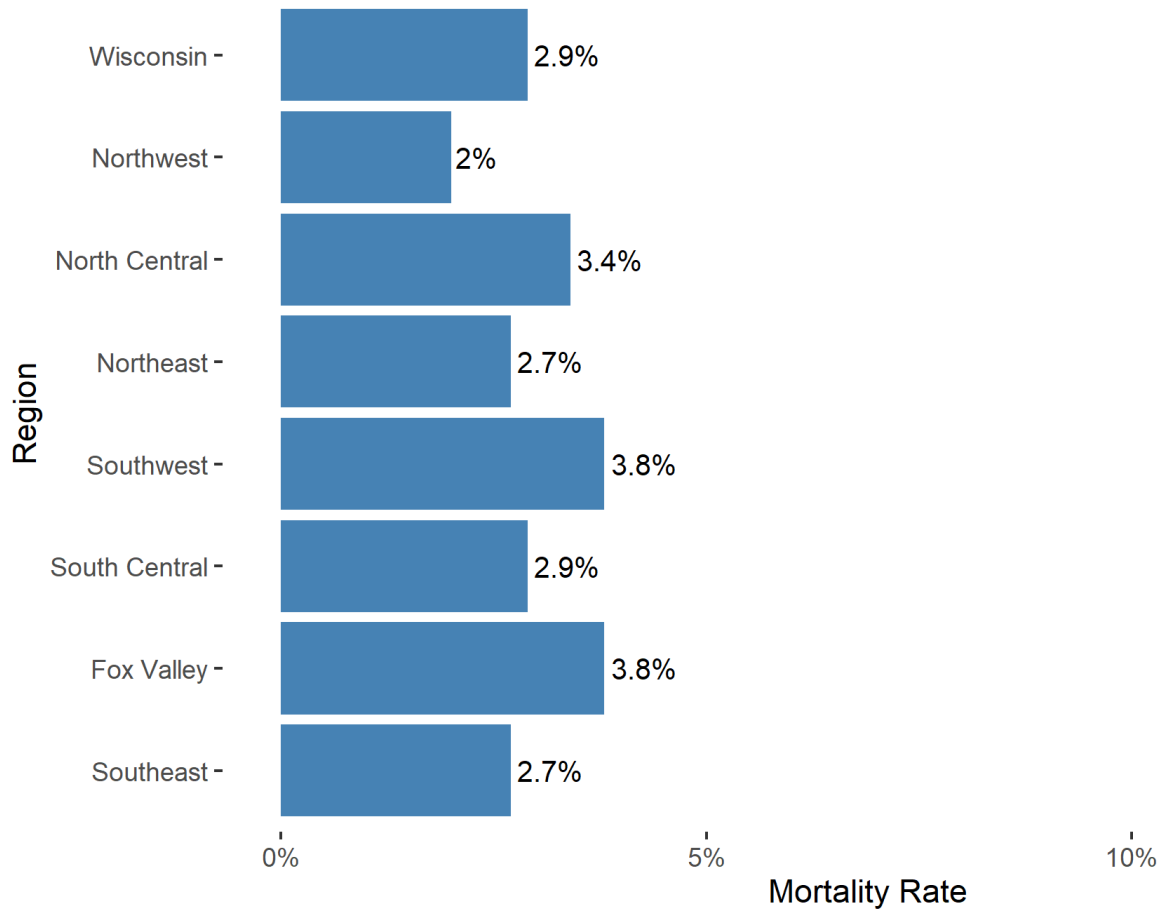




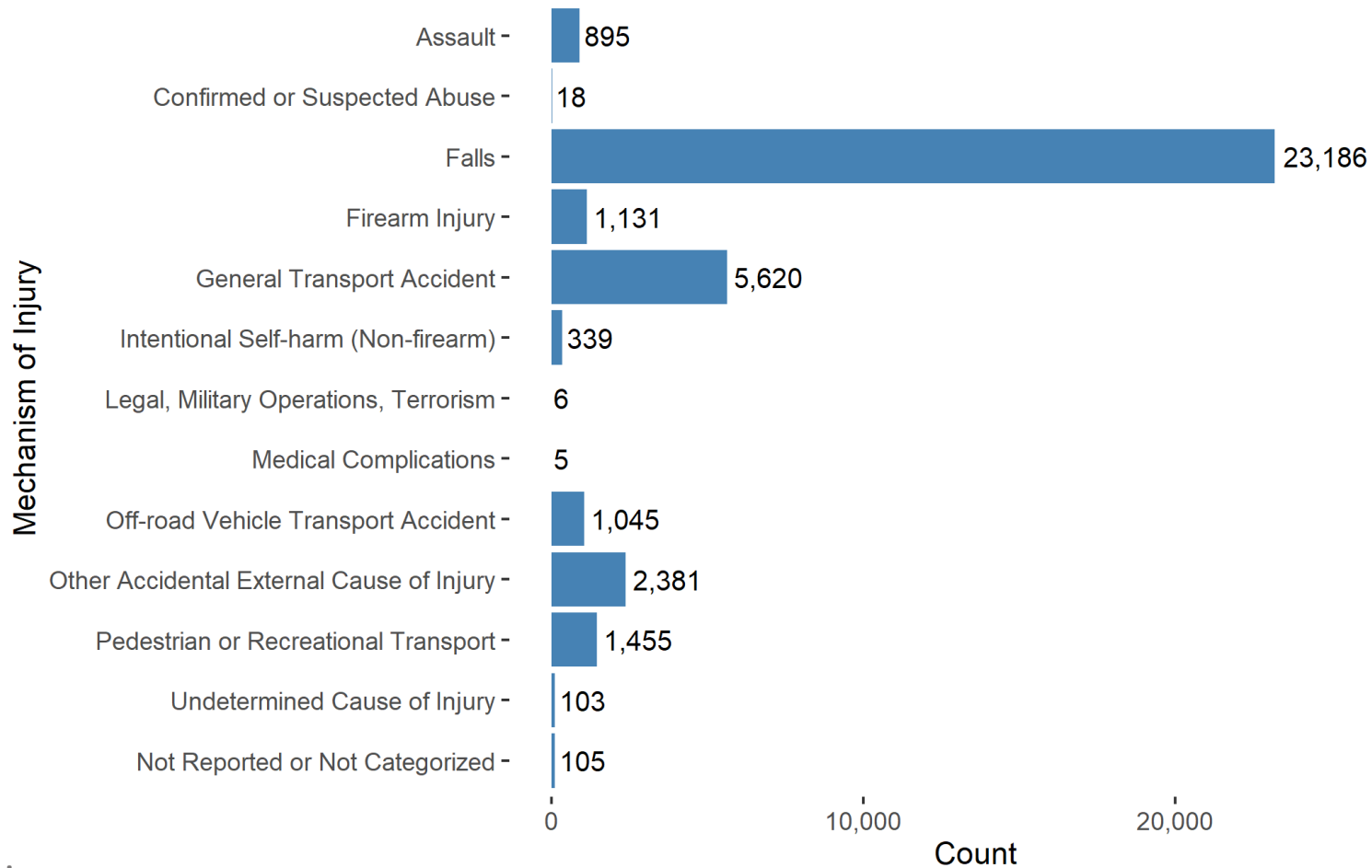
For discussion



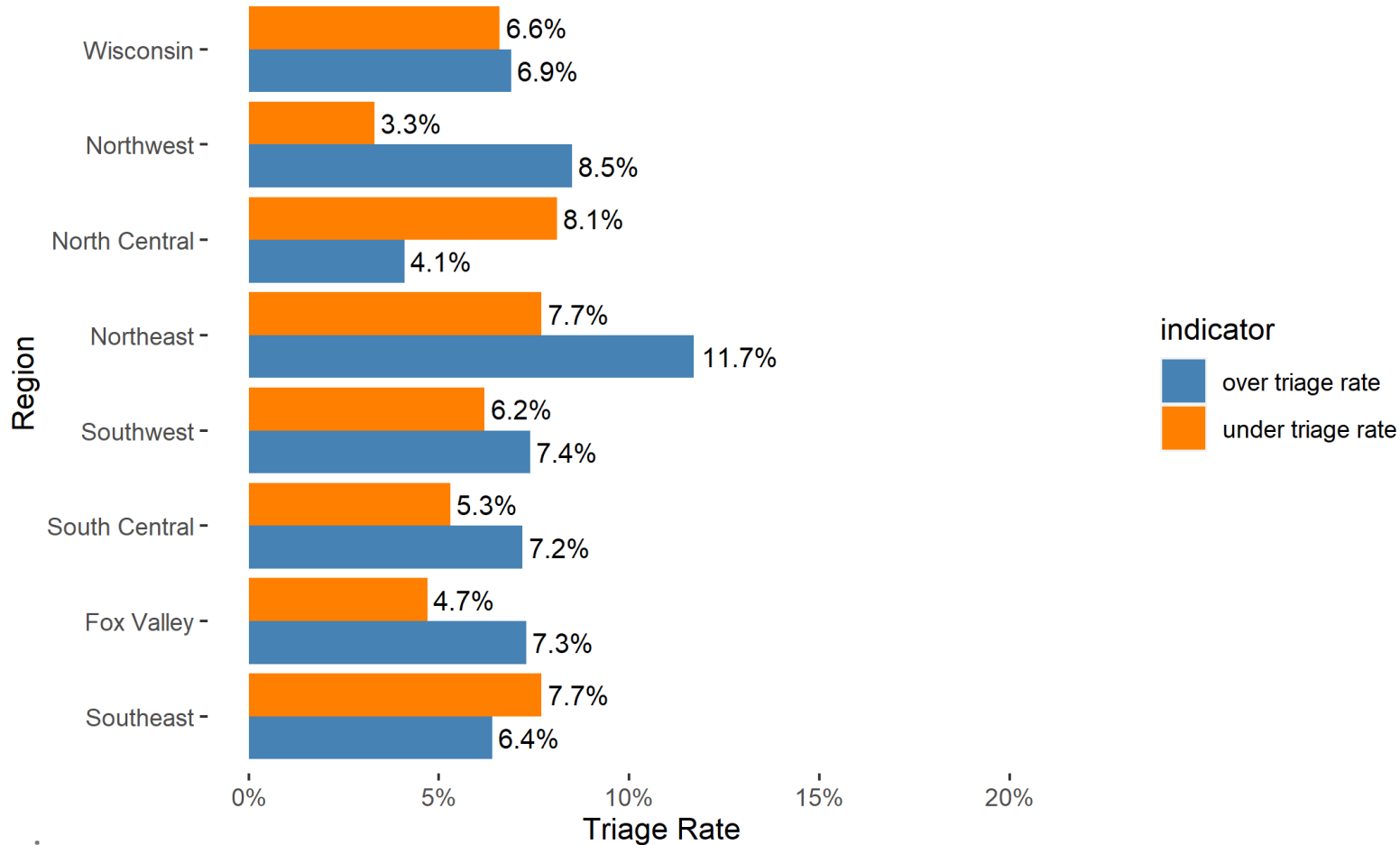
For discussion



For discussion



For discussion



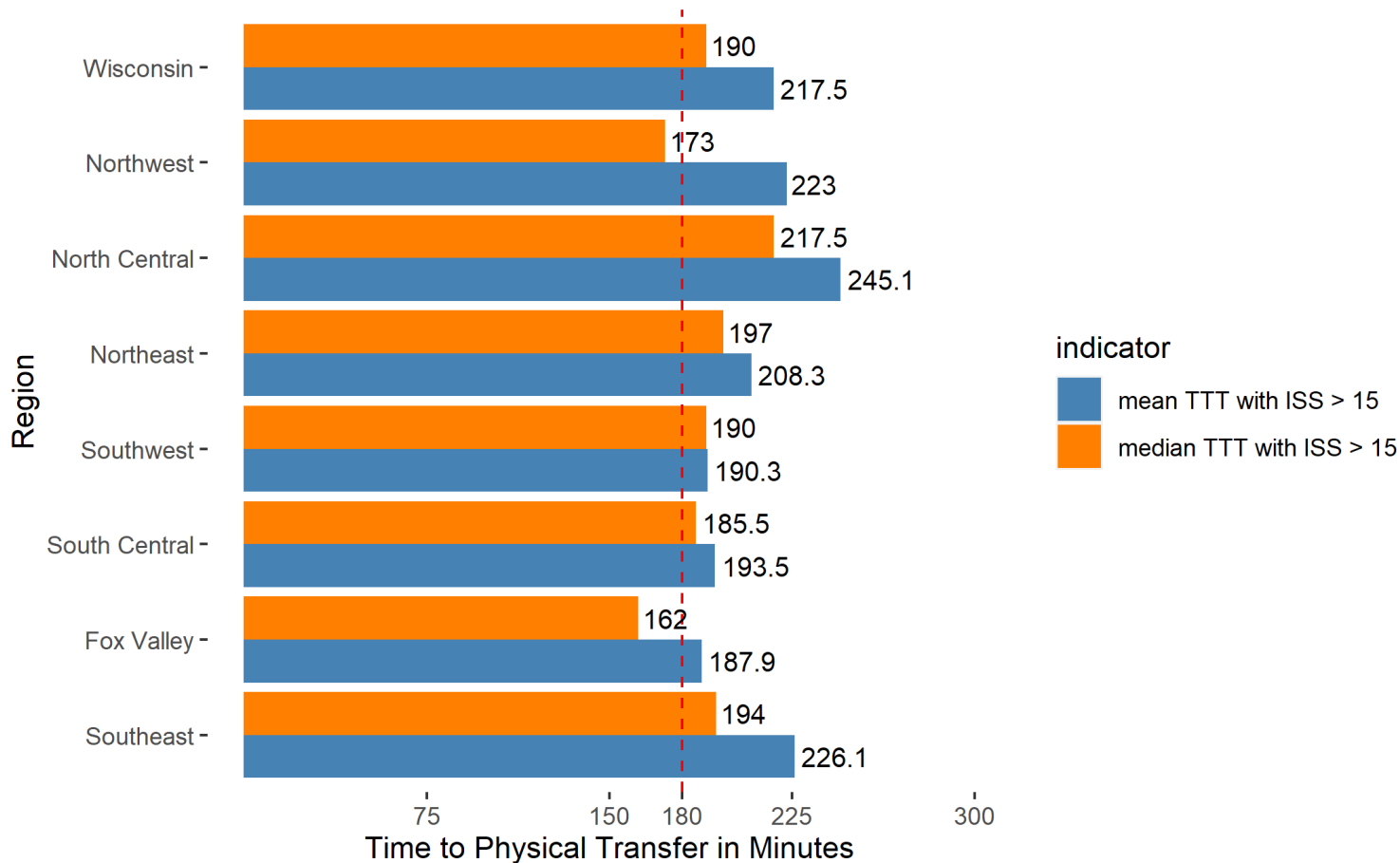
indicator



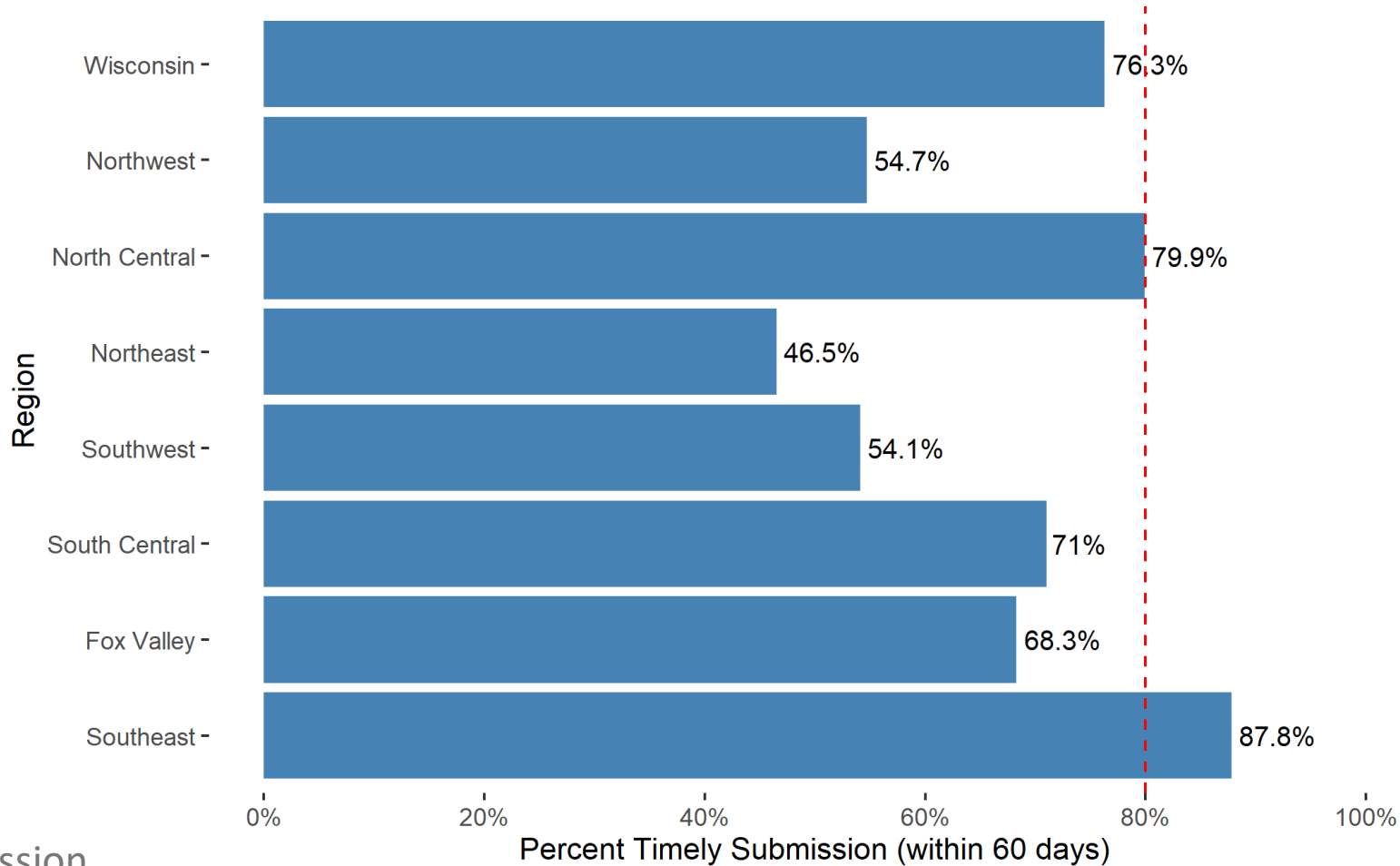
over triage rate



under triage rate



For discussion



For discussion

Other Report Outs



Other Report Outs

- Classification Review Committee: Wayne Street
- RTAC Coordinators: Michael Fraley

Questions or Public Comment