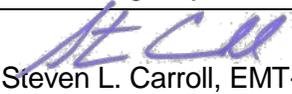


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Emergency Trauma Transfers		Policy Number 1407	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: July 1, 2011	
APPROVED: Medical Director:	 Angelo Salvucci, MD	Date: July 1, 2011	
Origination Date:	January 18, 2011	Effective Date: July 1, 2011	
Date Revised:	June 2, 2011		
Last Reviewed:	June 2, 2011		
Review Date:	July 1, 2013		

- I. PURPOSE: To define the “Code Trauma” and “Trauma Call Continuation” process by which patients at a community hospital that emergently require the specialty services of a designated trauma center are transferred.
- II. AUTHORITY: Health and Safety Code, §1797.220 and §1798, and California Code of Regulations, Title 22, §100255.
- III. DEFINITIONS:
 - A. Code Trauma: A process by which a patient with potential life-or-limb threatening traumatic injuries who require an immediate procedure at a designated trauma center and a delay in transfer will result in deterioration of the patient’s condition, and the treating physician requests immediate transport to a designated trauma center.
 - B. Trauma Call Continuation: A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance requires an immediate procedure at a designated trauma center, the ALS ambulance is still on the premises, and the treating physician requests immediate transport to a designated trauma center.
 - C. Life-or-limb threatening injuries in need of emergency procedures are patients with at least one of the following:
 1. Indications for an immediate neurosurgical procedure.
 2. Penetrating gunshot wounds to head or torso.
 3. Penetrating or blunt injury with shock.
 4. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
 5. Pregnancy with indications for an immediate Cesarean section secondary to trauma.
- IV. POLICY: Responsibilities of each of the trauma system participants are listed below.
 - A. Community hospitals will:

1. Assemble and maintain a “Code Trauma Pack” in the emergency department to contain all of the following:
 - a. Checklist with phone numbers of Ventura County trauma centers.
 - b. Patient consent/transfer forms.
 - c. Treatment summary sheet.
 - d. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.”
 2. Have policies, procedures, and a quality improvement system in place to track and review all Code Trauma activations, Trauma Call Continuations, and minimize emergency department (ED)-arrival-to-departure time.
 3. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center. These policies will include patient criteria for requiring healthcare personnel beyond the paramedic scope of practice to accompany a trauma patient in transport.
- B. Ventura County Fire Communications Center (FCC) will:
1. Respond to a “Code Trauma” transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.
 2. Consider “Trauma Call Continuation” transfers to be a follow-up to the original incident, and will link the trauma transfer fire incident number to the original 911 fire incident number.
- C. Ambulance Companies
1. Ambulance companies will respond immediately upon request for “Code Trauma” transfer.
 2. For patients who are re-triaged on arrival at a community hospital and are determined by the referring physician to require “Trauma Call Continuation,” ambulance companies will immediately transport the patient to a designated trauma center, with the same ALS personnel and vehicle that originally transported the patient to the community hospital.
 3. Transports performed according to this policy are not to be considered an interfacility transport as it pertains to ambulance contract compliance.
- D. Trauma Centers will:
1. Publish a single phone number, that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section III.B of this policy.
 2. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section III.C of this policy.
 3. Immediately post on ReddiNet when there is no capacity to accept trauma patients.

V. PROCEDURE:

A. Code Trauma:

1. Upon determination of Code Trauma, and after discussion with the patient, the transferring hospital will:
 - a. Determine the most appropriate means for the patient transfer, either paramedic ambulance, critical care transport (CCT), or paramedic ambulance accompanied by healthcare staff from the transferring hospital.
 - (1) For patients appropriate for paramedic ambulance transport:
 - (a) Immediately call the Ventura County Fire Communication Center at 805-384-1500 for an ambulance.
 - (b) Identify their facility to the dispatcher and advise they have a “Code Trauma” transfer and the destination trauma center.
 - (2) For patients appropriate for CCT transport (the patient requires accompaniment of healthcare staff beyond paramedic scope of practice):
 - (a) Immediately contact the appropriate CCT provider agency, advise they have a “Code Trauma” and are requesting emergency CCT response.
 - (3) For patients appropriate for CCT transport and CCT response is delayed:
 - (a) Arrange for one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the trauma center.
 - (b) Immediately call Ventura County Fire Communications Center to request an ambulance as described in paragraph A.1.a.1. above.
 - b. After requesting the transport vehicle, the transferring physician will notify the trauma center emergency physician of the transfer.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form.
 - e. Contact the trauma center for nurse report at the time of, or immediately after, the ambulance departs.
2. Upon request for “Code Trauma” transfer, the dispatch center will dispatch the closest ALS ambulance and verbalize “MEDxxx Code Trauma from [transferring hospital]”. The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.

3. Upon notification, the ambulance will respond Code (lights and siren) and the ambulance personnel will notify their ambulance company supervisor of the "Code Trauma" transfer.
 4. Ambulance units will remain attached to the incident and FCC will track their dispatch, enroute, on scene, en-route hospital, at hospital, and available times.
 5. The patient shall be emergently transferred without delay. Every effort will be made to minimize ambulance on-scene time in the transferring hospital ED.
 - a. All forms should be completed prior to ambulance arrival.
 - b. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 - c. Intravenous drips may be discontinued or remain on the ED pump.
- B. Trauma Call Continuation
1. Upon determination of a Trauma Call Continuation, and after discussion with the patient, the community hospital will:
 - a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
 - b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient, and communicate the patient's apparent injuries or reason for the re-triage, after the call is continued and the patient is enroute to the trauma center.
 2. Upon notification of Trauma Call Continuation, the ambulance personnel will notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking en-route hospital (departure from community hospital), at hospital (arrival at trauma center) and available times.
 3. When the transferring physician determines the patient is ready and directs ambulance personnel to continue the transport, the ambulance will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital enroute and provide updated patient information.
- C. For all Code Trauma and Trauma Call Continuation transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.



Emergency Trauma Transfer QI Form
Form: Ventura County EMS Agency Policy 1407

Date: _____

Sending Hospital:

- SVH SJPVH SJRMC OVCH CMH SPH

Treating Physician: _____

Patient Arrived ED:

- Brought by EMS: Fire Incident Number _____
 Brought by POV or Walk-In

Destination Trauma Center:

- LRHMC
 VCMC
 Other: _____

Patient Transfer Process:

- Code Trauma
 Ambulance with paramedic ONLY
 CCT
 Ambulance with accompanying healthcare personnel
 Trauma Call Continuation

Describe the condition that required an immediate procedure at a trauma center:

- Indications for an immediate neurosurgical procedure.
- Penetrating gunshot wounds to head or torso.
- Penetrating or blunt injury with shock.
- Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
- Pregnancy with indications for an immediate Cesarean section secondary to trauma.

Comments:

Within 72 hours of transfer, fax or scan/email to VCEMS: Fax--(805) 981-5300
Email—katy.hadduck@ventura.org