

Monterey County EMS System Policy



Policy Number: 1030
Effective Date: 7/1/2018
Review Date: 6/30/2021

TRAUMA SYSTEM

I. AUTHORITY

Authority for this policy is noted in California Health and Safety Code, Division 2.5, Sections 1798.160 – 1798.169; and the California Code of Regulations, Division 9, Chapter 7, Article 1, §100236 - §100266.

II. PURPOSE

- A. To identify the role and responsibilities of Monterey County EMS Agency as they relate to the trauma care system.
- B. To ensure that critical trauma patients are treated at an appropriate facility, regardless of geopolitical boundaries and to facilitate trauma care coordination with neighboring systems.
- C. To establish limitations on direct-to-consumer advertising by trauma centers that is intended to influence patient flow.
- D. To promote patient flow in a manner that meets patients' clinical needs while considering the economic impact of patient flow decisions.
- E. To mitigate the expense to the Monterey County EMS Agency for implementation and management of the trauma system.
- F. To establish service areas for trauma patients in Monterey County.
- G. To establish minimum standards for a designated Level II Trauma Center in Monterey County.

III. TRAUMA CARE SYSTEM ORGANIZATION AND MANAGEMENT

- A. **Monterey County EMS Agency** - As the lead agency for the Monterey County Emergency Medical Services (EMS) system, Monterey County EMS Agency is responsible for planning, implementing, and managing the trauma care system. These responsibilities include:
 - 1. Assessing needs and resource requirements;
 - 2. Developing the system design, including the number of Trauma Center(s) and determining patient flow patterns;
 - 3. Assigning roles to system participants, including designation of the Trauma Center(s);
 - 4. Working with the designated Trauma Centers and other system participants, and with neighboring EMS systems on outreach and mutual aid services;

Monterey County EMS Agency

5. Development of a trauma data system, including a trauma registry at the Trauma Center, trauma data collection from non-Trauma Centers, and prehospital data collection;
6. Monitoring the system to determine compliance with appropriate state statutes and regulations, LEMSA policies, procedures and contracts, and taking corrective action as needed
7. Public information and education;
8. Evaluating the impact of the system and revising the system design as needed.
9. To fulfill these responsibilities, Monterey County EMS Agency will assign staff to the trauma care system. Other Monterey County EMS staff, including the EMS Medical Director, also participates in system monitoring, evaluation and problem solving activities.
10. On a day-to-day basis, Monterey County EMS Agency will oversee the quality assurance processes that are required of the trauma system and will investigate problems.

B. Designated Trauma Center(s) – Trauma Team Availability and Activation

1. To be designated as a Level II Trauma Center, a hospital must comply with all standards in the California Code of Regulations Title 22, Division 9, Chapter 7, Article 3. Trauma Center Requirements §100259. Level I and Level II Trauma Centers and meet the requirements specified in Monterey County EMS Agency policies.
2. Trauma Team Notification: The trauma center will notify all members of the trauma team, within two (2) minutes of receiving notification from prehospital personnel or Emergency Department evaluation of a patient meeting trauma triage criteria.
3. Trauma Surgeon: A trauma surgeon, capable of evaluating and treating adult and pediatric patients shall be immediately available for trauma team activation and promptly available for consultation. The trauma surgeon may be located outside of the trauma center if s/he is:
 - a. Unencumbered by conflicting duties or responsibilities (including being on call to another hospital or performing surgery on non-trauma patients).
 - b. Able to respond without delay when notified by the trauma center of an apparent major trauma patient.
 - c. Able to meet the patient within fifteen (15) minutes, eighty (80) percent of the time, from the time that the trauma notification is made or able to meet the patient upon the patient's arrival at the trauma center.
4. Backup trauma team: If the primary trauma team is committed to surgery on a major trauma patient, a backup trauma team must be promptly available.

Monterey County EMS Agency

5. Anesthesiologist: An anesthesiologist will be promptly available within thirty (30) minutes with a mechanism to ensure that the anesthesiologist is in the operating room upon arrival of the patient in the operating room.
6. Other specialties that are on-call and promptly available for consultation via telephone within twenty (20) minutes of the time that the call is placed and able to meet the patient within a time that is medically prudent for the standard of care for that specialty:
 - a. Neurosurgery
 - b. Obstetric/gynecologic
 - c. Ophthalmologic
 - d. Oral or maxillofacial or head and neck
 - e. Orthopedic
 - f. Plastic
 - g. Urologic
7. Other specialties that are on-call and promptly available within thirty (30) minutes from outside of the hospital and are available for consultation:
 - a. Radiology
8. Other specialties that are available for consultation:
 - a. Burns
 - b. Cardiothoracic
 - c. Pediatric
 - d. Replantation/ microsurgery
 - e. Spinal cord injury
 - f. Cardiology
 - g. Gastroenterology
 - h. Hematology
 - i. Infectious disease
 - j. Internal Medicine
 - k. Nephrology
 - l. Neurology
 - m. Pathology
 - n. Pulmonary medicine

Monterey County EMS Agency

9. All trauma centers shall have policies and procedures that address:
 - a. Identification of an individual (by position) responsible for notification of the trauma surgeon.
 - b. The process of notifying the trauma surgeon
 - c. Identification of an individual (by position) responsible for notification of the other members of the trauma team.
 - d. The process of trauma team activation including situations where the trauma surgeon is not called prior to evaluation of the patient by the emergency physician.
 - e. The process to mobilize backup trauma teams and personnel.
 - f. The process of notifying other surgical and non-surgical specialties.
 - g. A process to document compliance with this policy, including the time that the surgeon is notified, time of arrival of the trauma surgeon in the emergency department, and response times of other trauma team members.

IV. Trauma Service Area

- A. The entire County of Monterey will be considered the Service Area.

V. Trauma Marketing and Advertising

- A. Marketing/ Advertising – this policy encourages public information and education activity regarding the trauma system and how it is accessed. The following shall guide the approval of the term “trauma” in marketing and advertising for Level II Trauma Centers:
 1. Shall provide accurate information;
 2. Shall not include false claims;
 3. Shall not be critical of other providers; and,
 4. Shall not include financial inducements to any provider or third parties.
- B. Titles may include the word “trauma” in staff position titles.
- C. The request to advertise and/or incorporate the term “Trauma Center” in promotional materials shall be made in writing to the Monterey County EMS Agency. The Monterey County EMS Agency shall respond within thirty (30) days of receipt of the written request. No use of the term “Trauma Center” or similar terminology may be used without authorization by the EMS Agency.

VI. Trauma Center Coordination with Health Systems

- A. The Monterey County EMS Agency field triage policy does not consider the patient’s insurance status in determining the destination of patients who meet the triage criteria.

Monterey County EMS Agency

Since patients who require trauma center level services may not require this level once they have been stabilized, the Trauma Center should consider the need to return patients who are insured by HMOs and other health care systems to their payer's network at a medically appropriate time.

- B. The Trauma Center shall make a good faith effort to negotiate agreements with HMOs and other health care system regarding payment, repatriation of patients, and other related factors.
- C. The Trauma Center shall cooperate with HMOs and other health systems in their efforts to identify the appropriate level of care for their members, including non-emergency treatment and the location of services provided.
- D. Nothing in this policy is intended to suggest that the Trauma Center should limit the treatment provided to members of HMOs and other managed health care organizations in violation of the Emergency Medical Treatment and Active Labor Act (EMTALA), other state or federal law, or good medical practice.

VII. Trauma System Fees

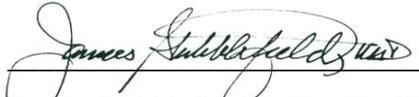
- A. Trauma Center Application Fee: A Trauma Center application fee will be established. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal (RFP) development, review of proposals, out of area site team costs, legal reviews and agency costs in excess of the costs associated with the day -to-day trauma system regulation. The Trauma Center application fee will be assessed for hospitals applying for Trauma Center designation. Fees paid that are in excess of actual costs will be returned to applicants.
- B. Trauma Center Designation Fee:
 - 1. The Monterey County Board of Supervisors will establish a Trauma Center designation fee. This fee covers the cost of monitoring the operation of the trauma care system in compliance with state trauma care systems regulations and regional policies. The fee will be based on the time requirements of the trauma medical director, trauma coordinator, and other staff activity dedicated to trauma issues as well as associated overhead and program support costs.
 - 2. Monterey County EMS Agency will provide the designated Trauma Center written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.
 - 3. If the amount is not agreeable to the designated Trauma Center and resolution of the amount cannot be reached prior to the effective date of the change, or any later date as mutually agreed upon in writing by the parties, then either party may terminate the Agreement without penalty. A written notice of 180 days must be made to the other party to terminate the Agreement. If the Agreement is terminated, the designation fee in existence at the time notice is given will be pro-rated until termination.

Monterey County EMS Agency

VIII. Mutual Aid Coordination with Neighboring System

- A. Monterey County EMS will coordinate its trauma care system with those in neighboring systems to ensure that patients are transported to the most accessible trauma facility equipped, staffed, and prepared to administer care appropriate to the needs of the patient. Written mutual aid agreements will be executed as necessary to ensure coordination with neighboring systems.
 - 1. Monterey County EMS Agency will maintain contact with neighboring LEMSAs to monitor the status of trauma care systems in surrounding jurisdictions.
 - 2. Monterey County EMS Agency will contact the Santa Clara County EMS Agency to develop and maintain appropriate trauma service coordination.
- B. When patients from Monterey County are transported to a trauma center in another EMS system, Monterey County EMS Agency will request trauma patient information.
- C. When trauma patients from another EMS system are transported to a Monterey County EMS receiving hospital, the receiving hospital will attempt to provide a basic data set of patient information.
- D. Monterey County based EMS providers are expected to cooperate with EMS agencies in other counties in data collection and evaluation efforts regarding patients who are served by the Monterey County EMS System.

END OF POLICY


James Stubblefield, M.D., FACEP
EMS Medical Director


Michael Petrie, EMT-P, MBA, MA
EMS Bureau Chief