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## Region 7 Trauma Triage Destination Plan

- I. Goals and Purpose
  - a. Direct pre-hospital providers and interfacility transfers in the transportation of the injured patient to the hospital with capability and capacity to provide optimal care for the injured patient.
  - b. Reduce injury related morbidity and mortality through utilization of the most current prehospital and interfacility Trauma Triage and Transport Guidelines
  - c. This plan is intended as guidance and is not intended to conflict with the clinical judgement of the healthcare provider or with the rules and/or regulations written, amended, revised or future additions to the rules and/or regulations by the Oklahoma State Department of Health (OSDH) Trauma Division. Where conflicts exist between the OSDH Trauma Division rules and/or regulations and the Region 7 Trauma Plan the OSDH Trauma Division rules and/or regulations will supersede the Region 7 Trauma Plan
- II. Region Description
  - a. Region 7 consists of Tulsa County and portions of adjacent counties served by Region 7 ground and air services
- III. Communication and Monitoring
  - a. 911 Capabilities
    - i. Enhanced and wireless E-911 serves region 7
  - b. EMResource
    - i. EMResource is an internet-based communication tool enabling real-time information for provider capability and capacity. Region seven is part of the east EMResource zone composed of regions 2, 4, 5 and 7. NEDOCS will be utilized to objectively estimate severity of overcrowding in region 7's emergency departments. NEDOCS is updated every 2 hours in EMResource.
  - c. QI Indicators
    - i. Every licensed hospital and ambulance service is to participate with the continuous quality improvement process. Participation in the process will be demonstrated by meaningful responses to the committee correspondence, with respectful consideration being given to the recommendations made by the committee. Those who do not participate with the CQI committee process will be subject to the schedule of escalation outlined in Appendix E.
- IV. Trauma Priority Categorization
  - a. Injured patients will be prioritized by the Oklahoma Trauma Triage and Transport guidelines for both field and interfacility transport (see attached Appendix A) to determine the appropriate hospital destination.

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## Region 7 Trauma Triage Destination Plan

- V. Description of ground and air prehospital services
  - a. Ground Services
    - i. Bixby Fire Department EMS
    - ii. Broken Arrow Fire Department EMS
    - iii. Collinsville Fire Department
    - iv. EMSA – East Division
    - v. Mercy Regional of Oklahoma
    - vi. Miller EMS – Owasso
    - vii. Owasso Fire Department EMS
    - viii. Skiatook Fire and EMS
  - b. Air Services
    - i. Air EMS – Fixed Wing
  - c. Region 7 receives rotor and fixed wing prehospital services from outside of region 7
    - i. Air Evac
    - ii. First Flight
    - iii. McAlester Regional Aircare
    - iv. Mercy Lifeline
    - v. Lifenet Air
    - vi. Tulsa Life Flight
- VI. Hospital Designation/Verification
- VII. Trauma center designation/verification is set forth by the Oklahoma Administrative Code 310:667-59-9 which sets forth the requirements for designation of each hospital in Oklahoma as a designated trauma center level.
- VIII. The state trauma level designation by OSDH is utilized in the Region 7 Trauma Plan.
  - a. Region 7 Hospital Designation/Verification:
    - i. Level 1
      - a. None
    - ii. Level 2
      - a. Ascension St. John (American College of Surgeons Verified Level II)
      - b. Saint Francis Hospital
    - iii. Level 3
      - a. Hillcrest Medical Center
      - b. Hillcrest Hospital South
      - c. Oklahoma State University Medical Center
      - d. Saint Francis Hospital South

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## Region 7 Trauma Triage Destination Plan

- iv. Level 4
  - a. Bailey Medical Center
  - b. St. John Broken Arrow
  - c. St. John Owasso
  - d. Tulsa ER
- v. Not designated/verified
  - a. CORE
  - b. Oklahoma Surgical Hospital
  - c. PAM Specialty Hospital
  - d. Select Specialty Hospital
  - e. Tulsa Spine and Specialty Hospital
  - f. PAM Rehabilitation Hospital
  - g. St. John Rehabilitation Hospital
- vi. Psychiatric
  - a. Brookhaven Hospital
  - b. Laureate Psychiatric Clinic and Hospital
  - c. Parkside
  - d. Tulsa Center for Behavioral Health

### IX. Region 7 Prehospital and interfacility trauma patient destination plan

- a. The trauma destination plan is intended as guidance and does not supersede the clinical judgement of the prehospital provider.
- b. All injured patients should be rapidly transported by priority determined utilizing the most current Oklahoma Trauma Triage and Transport guidelines to the closest hospital with the capability and capacity to provide optimal level of care needed for the injury type and severity.
- c. When an injured patient's airway is unable to be secured in the field, prehospital providers will transport emergently to the closest hospital to secure the airway before continuing to the trauma center with capability and capacity to provide optimal care to the injured patient.
- d. Patient preference in conjunction with time and distance for transport will be considered during field triage of the Priority 3 trauma patient.
- e. Destination plan by priority for prehospital and interfacility transfers within Region 7:
  - i. Priority 1
    - a. Adult priority 1 trauma patients will be transported to the highest-level trauma center in Region 7. Transport will be to one of two Level II trauma centers in Region 7 based on geographic location of the patient.

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## Region 7 Trauma Triage Destination Plan

1. Injured patients north of 41<sup>st</sup> street to yale then north of I-44 will be transported to Ascension St. John Medical Center
2. Injured patients south of 41<sup>st</sup> street to yale then south of I-44 will be transported to Saint Francis Hospital
- b. Pediatric Priority 1 trauma patients will be transported to the highest-level pediatric trauma center in Region 7, Saint Francis Hospital.
- ii. Priority 2
  - a. Adult priority 2 trauma patients will be transported to the closest level II or Level III hospital.
  - b. Pediatric priority 2 trauma patients will be transported to the highest-level pediatric trauma center in Region 7, Saint Francis Hospital.
- iii. Priority 3
  - a. Adult priority 3 trauma patients will be transported to the patient's hospital of preference or to the closest Level II, Level III or Level IV trauma center in Region 7.
  - b. Pediatric priority 3 trauma patients will be transported to the patient representative's hospital of preference or the closest Level II, Level III, or Level IV trauma center in Region 7.
- iv. Burn Patients
  - a. Priority 1 Burns
    1. Adult and pediatric priority 1 burn patients will be transported to the regional burn center, Hillcrest Medical Center.
    2. Adult and pediatric priority 1 burn patients with significant trauma will be transported as per the destination plan for priority 1 trauma patients.
  - b. Priority 2 Burns
    1. Adult and pediatric priority 2 burn patients will be transported to the regional burn center, Hillcrest Medical
- f. Destination plan by priority for prehospital and interfacility transfers outside Region 7
  - i. Trauma Referral Center (TReC)
    - a. The Trauma Transfer and Referral Center was created by statute (Senate Bill 1554, 2004) and was implemented on July 1, 2005. The purpose of TReC is to transport or transfer patients into Region 7 trauma centers based on capability and capacity to provide optimal care for the injured patient. Contact information for TReC is located in Appendix B.
    - b. All prehospital and interfacility transfers entering Region 7

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## Region 7 Trauma Triage Destination Plan

are required to call TReC prior to entering Region 7 to ensure appropriate trauma center destination.

1. Priority 1
  - i. Odd number days transport/transfer both adult and pediatric trauma patients to Saint Francis Hospital
  - ii. Even number days transport/transfer adult trauma patients to Ascension St. John and pediatric trauma patients to Saint Francis Hospital.
2. Priority 2
  - i. Odd number days rotate adult trauma patient transportation/transfers among Saint Francis, Saint Francis South and Oklahoma State University Medical Center. All pediatric trauma patients transport/transfer to Saint Francis Hospital.
  - ii. Even number days rotate adult trauma patient transportation/transfers among Ascension St. John, Hillcrest Medical Center, and Hillcrest South. All pediatric trauma patients transport/transfer to Saint Francis Hospital.

## X. Diversion

- a. Priority 1
  - i. In the event any level II or higher trauma facility is on divert status effecting the acceptance of adult trauma patients, the unaffected facility will become the destination for the priority 1 trauma patients.
  - ii. In the event all level II or higher trauma facilities are on divert status effecting the acceptance of adult trauma patients those facilities will rotate receiving priority 1 adult trauma patients.
- b. Priority 2
  - i. In the event a designated level II or III facility is on divert status effecting the acceptance of adult trauma patients the unaffected facilities will rotate receiving diverted adult trauma patients.
- c. Priority 3
  - i. In the event a designated level II, III or IV facility is on divert status effecting the acceptance of adult trauma patients the unaffected facilities will rotate receiving diverted adult trauma patients.

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## Region 7 Trauma Triage Destination Plan

- d. Priority 3
  - i. In the event a designated level II, III or IV facility is on divert status effecting the acceptance of adult trauma patients the unaffected facilities will rotate receiving diverted adult trauma patients.
- e. Pediatric Trauma Divert – Saint Francis Hospital will not go on divert for priority 1 or 2 pediatric trauma patients except in the event of internal disaster. Should Saint Francis Hospital be unable to accept priority 1 or 2 pediatric trauma patients, those patients will be transported to another level II or higher trauma facility for stabilization and transfer.
- f. Facilities may be ‘forced open’ to meet emergent need within the region. Facilities that are ‘forced open’ may not be required to accept undesignated requests for transfer from other hospitals.

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# Appendix A

## Oklahoma Trauma Patient Definitions and Triage Algorithms

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## Appendix B

### TReC

#### Component Approval

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|              |                  |                     |
|--------------|------------------|---------------------|
| Pre-Hospital | RTAB: 09-05-2006 | OTSIDAC: 10-04-2006 |
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|               |                  |                     |
|---------------|------------------|---------------------|
| Interfacility | RTAB: 05-01-2007 | OTSIDAC: 08-01-2007 |
|---------------|------------------|---------------------|

|          |                  |                     |
|----------|------------------|---------------------|
| EMSystem | RTAB: 05-02-2006 | OTSIDAC: 08-02-2006 |
|----------|------------------|---------------------|

# Appendix C

## Helicopter Utilization

- I. Purpose
  - a. Define utilization of air ambulance resources in Region 7
- II. Contraindications for helicopter utilization
  - a. No signs of life
  - b. Cardiac arrest without return of spontaneous circulation in the field
  - c. Distances less than 20 miles or 15 minutes by air from the destination
- III. Indications for helicopter utilization
  - a. Priority 1 trauma patients transporting to a Region 7 hospital who are located more than 20 miles or 15 minutes by air from the destination
  - b. Priority 1 or 2 patients involved in a high-energy event with a prolonged extrication time
  - c. Priority 1 or 2 patients when ground transport will result in an unsafe delay in transport time
- IV. Flight service determination and rendezvous criteria
  - a. The closest available medical helicopter will be utilized unless specific indications exist for the use of another service
  - b. Helicopter Response location
    - i. Scene – if the ETA of the helicopter is less than 15 minutes, responders should remain on scene and await arrival of the helicopter
    - ii. Rendezvous – if the ETA of the helicopter is greater than 15 minutes the responders should proceed to the closest pre-existing landing area (PELA) or to the nearest hospital if the patient condition warrants immediate intervention
- V. Early Activation/Standby
  - a. Air support may be placed on standby or ‘early activation’ for the following criteria
    - i. Significant mechanism of injury defined in the current Oklahoma prehospital triage and transport guidelines
    - ii. Multiple patients
    - iii. A situation dispatch or responders determine warrant air transport
- VI. Landing Zone
  - a. Landing zone rendezvous parameters are established by the responding air service
  - b. As per the EMTALA Interpretive Guidelines and The EMTALA Answer Book (Moy, Mark M. The EMTALA Answer Book 2009 Edition, 2009 (3-48, 3-49, 3-50))
    - i. Ground to Air rendezvous

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## Region 7 Trauma Triage Destination Plan

1. “If a helicopter lands on the helipad of one hospital solely for the patient to be transported immediately by ground ambulance to another hospital pursuant to a community-wide protocol (or if an ambulance comes to the helipad to meet a helicopter to take the patient to a trauma center or other destination), the patient should not be considered to have “come to” the hospital that owns the helipad for purposes of triggering EMTALA obligations. CMS has indicated in guidance letters and public presentations that it will not hold the helipad owner hospital liable under EMTALA unless the air medical crew or ground ambulance crew request medical assistance for the patient.” (3-48)
2. If as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential emergency medical condition, the hospital that has the helipad does not have an EMTALA obligation if they are not the recipient hospital, *unless a request* is made by the EMS personnel, the individual or a legally responsible person acting on the individual’s behalf for the examination or treatment of an emergency medical condition (3-50)

### ii. Interfacility Transfers

1. Use of a hospital’s helipad by local ambulance services or other hospitals for the transport of individuals to tertiary hospitals located throughout the State does not trigger an EMTALA obligation for the hospital that has the helipad on its property when the helipad is being used for the purpose of transit as long as the sending hospital conducted the MSE prior to transporting the individual to the helipad for medical helicopter transport to a designated recipient hospital. The sending hospital is responsible for conducting the MSE prior to transfer to determine if an EMC exists and implementing stabilizing treatment or conducting an appropriate transfer. Therefore, if the helipad serves simply as a point of transit for individuals who have received a MSE prior to transfer to the helipad, the hospital with the helipad is not obligated to perform another MSE prior to the individuals continued travel to the recipient hospital. If, however while at the helipad, the individual’s condition deteriorates, and a request is made for medical care, the hospital at which the helipad is located must provide its own MSE and stabilizing treatment within its capacity. (3-49)

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## Appendix D

# Advanced Life Support Intercept Protocol

### Policy:

The following will apply to ensure that BLS/ALS assistance requests are managed appropriately.

ALS Assist is defined as any request for an air or ground advanced life support unit to respond to and/or intercept with an EMS Unit for the purpose of providing an advanced level of patient care. A licensed Intermediate or Paramedic level of care should provide ALS Assist.

ALS Assist/intercept requests should be made in any situation where the EMS provider has determined that the patient may be unstable or has life-threatening injuries or illness. Medics should refer to the Oklahoma Trauma Triage and Transportation guidelines for classification of the patient.

### Procedure:

1. Consideration must be given as to the location of the EMS unit, and anticipated location of intercept. The decision to request ALS should be made immediately.
2. The location of the intercept shall be decided as soon as possible.
3. Only if it is deemed to be in the best interest of the patient should the patient be transferred from a BLS unit to a ground ALS unit.
4. The ALS provider should be licensed at the Intermediate or Paramedic level or an Air Ambulance.
5. BLS and ALS personnel may elect to request air medical support based on the Regional Trauma Plan. BLS personnel need not wait for an assessment prior to requesting air medical support. Landing zone selection and security shall be coordinated with local resources. Transportation to the closest most appropriate medical facility shall not be inordinately delayed while waiting for air support.
6. A full verbal patient care report shall be given to the ALS personnel upon arrival and a full patient care report will be left with the patient at the hospital.

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## Appendix E

### Schedule of Escalation Process

The purpose of this proposal is to establish and define a statewide process to address organizations that fail to respond to letters received from the Regional Continuous Quality Improvement Committee in order to encourage participation in continuous quality improvement activities as required by Title 63 § 1-2530.3 for the betterment of the Oklahoma State Trauma System.

Tier 1- Initial Letter from the Regional Continuous Quality Improvement (CQI) Committee is signed by the committee signatory (ies) and sent to the appropriate recipient named below.

- EMS Agencies-Initial letter for system errors or queries will be sent to the Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH).
- Hospitals- Initial letters for system errors or queries that occur related to the function of the Emergency Department (ED) will be sent to the ED Medical Director and the ED Director/Manager. Initial letters for system errors or queries that occur related to the function of areas outside of the ED will be sent to the
- Chief Medical Officer/ Chief of Staff and Chief Executive Officer/ President.

Response deadline: 30 days from the documented receipt of the letter.

Tier 2- No response to the initial letter from the CQI Committee by the Tier 1 deadline. OSDH staff will place a call to the authorized Regional Trauma Advisory Board (RTAB) representative to enlist help providing a reminder to the letter recipient to respond and communicate the new deadline for receipt.

Response deadline: 15 days from successful contact with RTAB representative.

Tier 3- No response to the initial letter from the CQI Committee by the Tier 1 deadline or reminder call from OSDH staff with the Tier 2 deadline (approximately 45 days from receipt of initial letter). A letter addressing the lack of response signed by RTAB Chair with a copy of the initial letter and sent to the appropriate recipient named below.

- EMS Agency: Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH) as well as the appropriate License Owner/City Manager.
- Hospital: CEO and CMO

Response deadline: 15 days from documented receipt of the Tier 3 letter.

Tier 4- No response to Tier 3 letter

A letter addressing the lack of response signed by the Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) chair with copies of all previous tier letters and sent to the appropriate recipient named below.

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## Region 7 Trauma Triage Destination Plan

- EMS Agency: Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH) as well as the appropriate License Owner/City Manager.
- Hospital: CEO and CMO

Response deadline: 10 days from documented receipt of the Tier 4 letter.

\*Make this an OTERAC Chair only duty; letters do not go to OTERAC Meeting

Other accompanying recommendations with language for Trauma Plans and Bylaws:

Every licensed hospital and ambulance service is to participate with the Continuous Quality Improvement process. Participation in the process will be demonstrated by meaningful responses to committee correspondence, and with respectful consideration being given to the recommendations made by the committee.

The RTAB chair shall sign letters to licensed hospitals and ambulance services at the recommendation of the Continuous Quality Improvement Committee for failure to respond to committee correspondence. A letter will be sent from each Regional Trauma Advisory Board to each of their licensed hospitals and ambulance services outlining the CQI Process and expectation of responses with this schedule of escalation attached.

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