

PURPOSE:

The purpose of this policy is to establish the standards and general provisions of the San Joaquin County Trauma System.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172. California Code of Regulations, Title 22, Division 9, Chapter 7.

POLICY:

I. System Organization and Management:

- A. The San Joaquin County EMS Agency (SJCEMSA) is responsible for planning, implementing and evaluating the trauma care system including:
 - 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. Coordinating outreach and mutual aid service with and between designated trauma centers, neighboring EMS systems and other system participants;
 - 5. Development of a trauma data collection system, including trauma registries at designated trauma centers, data collection from participating non-trauma centers, and pre-hospital data collection;
 - 6. Monitoring of the system to determine compliance with appropriate state laws and regulations, local EMS agency policies and procedures, and contracts, and taking corrective action as needed;
 - 7. Evaluating the impact of the system and revising the system design as needed.

II. Trauma Care Coordination within the Trauma System:

- A. The SJCEMSA follows a standard practice for policy adoption whereby draft policies are posted on the EMS Agency website for a minimum of 45 days to solicit public comment. In addition the EMS Agency uses advisory bodies including the EMS Liaison Committee to plan for and evaluate system delivery.

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Medical Director

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EMS Administrator

- B. Copies of current EMS system policies and procedures are maintained on the SJCEMSA website and are accessible 24 hours a day to prehospital providers, hospitals, and the general public.
 - C. The SJCEMSA shall develop, maintain, and provide administrative support for a Trauma Audit Committee to evaluate the care provided to trauma patients, make recommendations for improving trauma care, and to assist the EMS Agency with trauma system coordination.
- III. Trauma Care Coordination with Neighboring Jurisdictions:
- A. SJCEMSA has established memorandums of understanding (MOUs) with neighboring trauma systems: the Mountain-Valley EMS Agency and the Sacramento County EMS Agency. The MOUs address the direct transport of trauma patients to the closest appropriate trauma center, provisions allowing representatives of each jurisdiction to participate in trauma quality improvement activities, and the sharing of trauma patient care data.
- IV. Trauma System Fees:
- A. The SJCEMSA shall develop and recommend to the San Joaquin County Board of Supervisors trauma system fees which cover trauma center selection, annual cost of trauma center designation, the annual cost of monitoring trauma center compliance, operation of a central trauma registry, and evaluation of the trauma care system.
- V. Coordination with Health Maintenance and Other Health Care Organizations (HMO) within the Trauma System to Facilitate the Transfer of Member Patients:
- A. The trauma triage and patient destination policies of the SJCEMSA shall not consider a patient's insurance status when determining the destination of major trauma patients.
 - B. Trauma centers are encouraged to cooperate with HMO in the transfer of trauma patients to member hospitals when medically appropriate and following discharge from the intensive care service.
 - C. Trauma centers shall ensure that the HMO member hospital has appropriate services to meet the patient's ongoing needs during the sub-acute phase prior to arranging patient transfer.

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VI. Training of Pre-hospital EMS Personnel:

- A. The SJCEMSA shall incorporate into existing training programs (Paramedic Accreditation Orientation, Paramedic Skills Review, and Paramedic Preceptor courses) trauma system orientation including information on patient triage, destination decision making, medical control, and other pertinent aspects of the trauma care system.
- B. SJCEMSA shall make trauma system orientation information available on its website and offer instruction in trauma system orientation to EMS providers and non-designated trauma hospitals.
- C. The designated level III trauma center shall be responsible for ensuring that all of their trauma program, emergency department, surgery, administration, nursing, and medical staffs are properly oriented to the trauma system and have demonstrable knowledge of the SJCEMSA's policies and procedures.
- D. EMS providers shall incorporate trauma care and trauma system key performance indicators in their approved quality improvement plans.

VII. Public Information and Education and Coordination of Injury Prevention:

- A. The SJCEMSA is committed to the support and promotion of injury prevention education and shall endeavor to coordinate injury prevention with public and private organizations and groups. The proposed level III trauma center shall be required as a condition of designation to provide outreach programs to the public including injury prevention education.

VIII. Marketing and Advertising:

- A. In accordance with Health and Safety Code §1798.165 (c) no healthcare provider shall use the terms "trauma facility," "trauma hospital," "trauma center," "trauma care provider," "trauma vehicle," or similar terminology in its signs or advertisements, or in printed material and information it furnishes to the general public unless its use is specifically authorized by the SJCEMSA.
- B. All marketing and promotional plans with respect to trauma center designation shall be submitted to the SJCEMSA for review and approval, prior to implementation. The SJCEMSA shall review plans using the following guidelines:
 - 1. Accuracy of the information; and
 - 2. Absence of false claims, critiques of other providers, or financial inducements to providers or third parties.

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