

## Joint Wisconsin EMS Board-Physician Advisory Committee-State Trauma Advisory Committee

### Position Statement: Patient Transports to Trauma System Unclassified Hospitals

**Background:** Wisconsin has a well-developed and evolving trauma system that encompasses four levels of Trauma Care Facilities (TCFs). These levels include ACS verified Level I and II TCFs, Level III TCFs capable of “assessment, resuscitation, stabilization, and emergency surgery and arranging transfer to a Level I or II facility for definitive surgical and intensive care as necessary” and Level IV TCFs which are able to “provide stabilization and advanced trauma life support prior to patient transfer to a Level I or II.” unclassified hospitals also exist. Participation in the trauma system is voluntary so unclassified hospitals exist for a variety of reasons, such as having deficiencies during a classification review or choosing not to participate. It is important for EMS providers to know the classification levels of the hospitals in and surrounding their service area.

**Purpose:** Provide statewide guidance to EMS organizations on appropriate utilization of unclassified hospitals in the context of the larger trauma system.

#### Recommendations:

- All patients with traumatic injuries should be evaluated based on the **State of Wisconsin Trauma Field Triage Guidelines** to help determine appropriate initial destination
- This includes **consideration** for transport to a lower level of trauma care, including transport to an unclassified hospital for **initial resuscitation** in the following circumstances
  - Patients with Airway or Ventilation Failure (Step 1 in the field triage guidelines) should be transported to closest hospital if EMS is unable manage the Airway or Ventilation failure
  - Patients with hemodynamic abnormality with factors EMS is unable manage but a closer hospital may be able to offer improved resuscitation options
- Recognizing each region has different hospital resources, local EMS leadership and Medical Directors in conjunction with Regional Trauma Advisory Councils should develop destination recommendations for trauma patients based on type and availability of EMS transportation and treatment resources and the location of TCFs within the region. All EMS providers in each region should be informed of these recommendations.
  - In order to help with this type of decision making a list of TCF classifications should be distributed on at least a quarterly basis to hospital and EMS leadership statewide.

Approved by the EMS Board on December 4, 2018