

# Pre-Hospital Committee

## North Carolina Trauma System Five Year Tactical Plan

Mission: To develop a comprehensive pre-hospital transport system plan to ensure timely pre-hospital trauma care to, and safe delivery of, trauma patients to an appropriate trauma facility in conjunction with the North Carolina Office of Emergency Medical Services and State Trauma Advisory Committee (STAC) inclusive trauma system plan.

Strategy	Timeframe	Tactics
<p><b>Integrate Emergency Medical Services (EMS) into the State Trauma System</b></p> <p>A. Define roles and responsibilities of the County EMS Directors and Medical Directors.</p> <p>B. Designate all EMS agencies a receiving trauma facility</p> <p>C. Improve partnerships between EMS agencies, Acute Care Hospitals &amp; Trauma Centers</p>	<p>2008-09</p> <p>2009</p> <p>2009-10</p>	<p>A. Pre hospital committee of COT should define roles &amp; responsibilities of the EMS directors with respect to trauma, discuss this document with the NC OEMS and NC CEP. Once defined obtain full approval of STAC and have it distributed through the RAC and State Office.</p> <p>B. Through rules development have each EMS agency designate a primary RAC and primary Trauma Center.</p> <p>C. Tactics</p> <ol style="list-style-type: none"> <li>1. Invite all Community Hospital to participate in the RAC</li> <li>2. Identify primary RACs for all hospitals</li> <li>3. Entice the hospitals to participate in the RAC in order to obtain funding through the State.</li> <li>4. Provide ATLS and RTTDC education to community hospitals</li> <li>5. Mandate RAC coordinators establish outreach programs with their community hospitals.</li> </ol> <p>D. tactics</p> <ol style="list-style-type: none"> <li>1. NC COT Pre-hospital committee establish triage guidelines for EMS and interfacility transfer</li> <li>2. Vet guidelines with NC OEMS, NCEP</li> <li>3. Distribute to RACs, Community hospitals and EMS agencies.</li> </ol>

D. Develop Diversion Plans	2009	
<b>Coordinate EMS Trauma Care and Transportation</b>		
A. Triage Criteria to ensure compliance with State Mandates	2009	A. NC COT pre-hospital committee to create triage guidelines, vet through state office and NC CEP. Once cleared distribute to STAC and RACs.
B. Establish County-based performance improvement (PI) program	2009-11	B. Tactics <ol style="list-style-type: none"> <li>1. Invite all county EMS agencies to participate in RAC PI program.</li> <li>2. Mandate case submission to RAC PI program</li> <li>3. integrate EMS toolkits information into RAC system</li> </ol>
C. Regional Placement of EMS vehicles and Air Medical Assets	2010 -11	C. methods <ol style="list-style-type: none"> <li>1. identify underserved areas through NC OEMS</li> <li>2. Survey Counties to establish a needs assessment</li> <li>3. Query toolkits to establish response times and quality indicators for EMS</li> <li>4. Contact aeromedical services to confirm response areas and map underserved areas based upon call volume</li> <li>5. Establishment state network for communication and dispatch</li> </ol>
<b>Develop Interfacility Guidelines for the Transfer of patients needing Tertiary Care</b>		
A. Trauma guidelines B. STEMI guidelines C. Stroke guidelines D. Air Medical or Ground plans	2009	A. develop triage and treatment guidelines based upon RAC and ACS guidelines conferring with NCEP, OEMS, and STAC. Distribute to county directors and community hospitals via RAC.
<b>Create Statewide Communications Network to ensure timely distribution of information to trauma stakeholders</b>		
A. Trauma Center communication	2011-12	A. Create communication network between trauma centers to notify each other of emergencies or diversions  B. Create and receive bids for regional and statewide

<ul style="list-style-type: none"> <li>B. EMS Communication</li> <li>C. State Office Oversight</li> </ul>		<p>capable communications system between ambulances, hospitals and helicopters</p>
<p><b>Ensure protocols, procedures, and equipment are in place to treat and transport injured <u>pediatric patients</u></b></p> <ul style="list-style-type: none"> <li>A. Identify centers capable of receiving pediatric patients</li> <li>B. Designate Pediatric ICUs</li> <li>C. Establish Air Medical assets capable of pediatric transfers</li> </ul>	<p>2009-11</p>	<ul style="list-style-type: none"> <li>A. Consult NCOEMS and EMS-C state assets for treating children</li> <li>B. Issue needs assessment to identified centers</li> <li>C. Review aeromedical programs and EMS agencies to determine capabilities to treat pediatric patients</li> <li>D. Team with EMS-C to establish pediatric trauma protocols</li> </ul>

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