

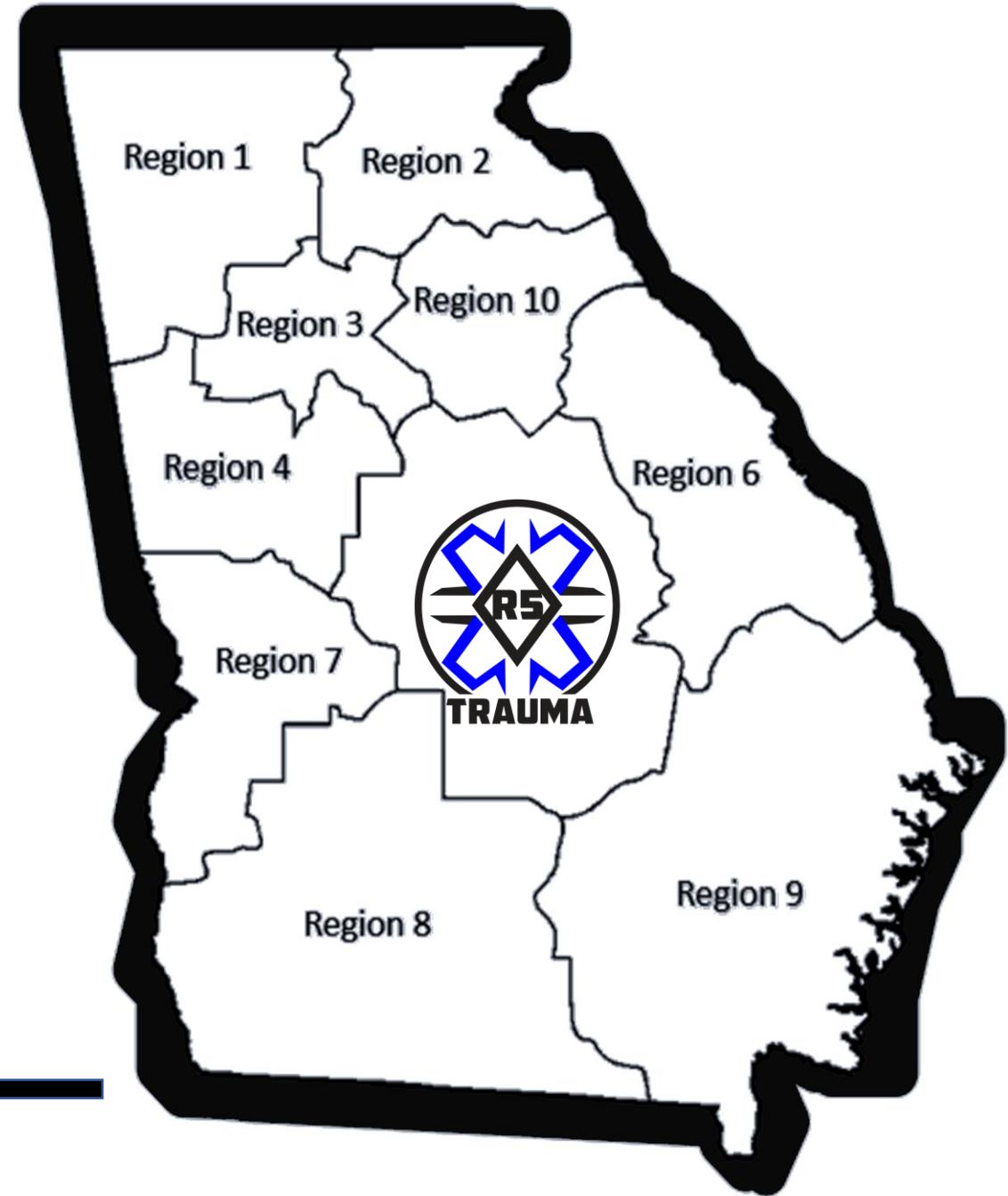
Region 5 Regional Trauma Advisory Committee
Regional Trauma System Improvement Project
Trauma System Stakeholders Meeting

11.18.22

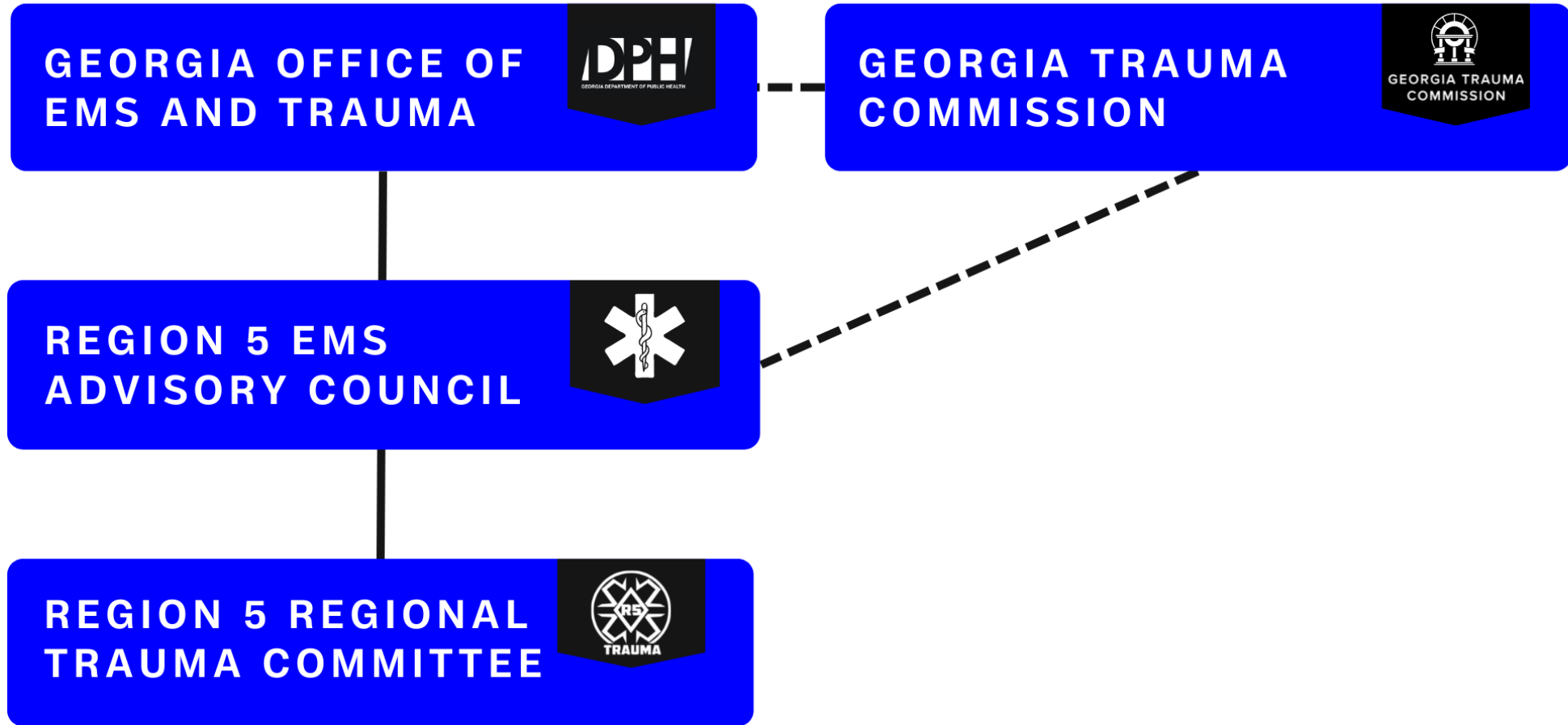


11.18.22 Agenda

- Welcome/Introductions
- Regional RTAC Updates and Opportunities
 - Injury Prevention
 - Education
- Regional Performance Improvement
 - Regional Trauma Peer Review
 - Regional Trauma System Performance Improvement
 - Initiatives, Focus Areas, & Task Forces
- Special Presentation & Networking Luncheon

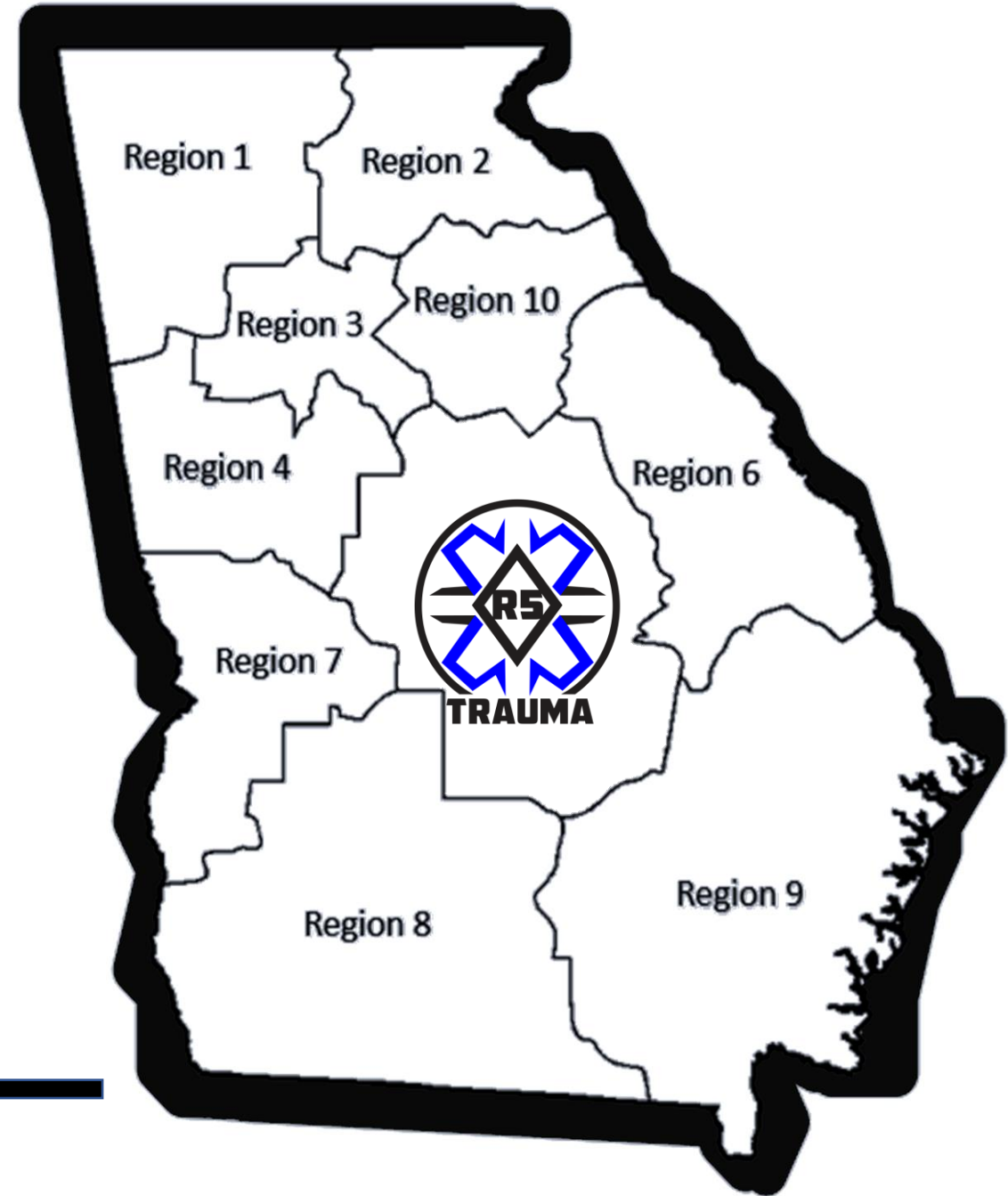


Regional Trauma Advisory Committee



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Regional Injury Prevention and Outreach



Collaboration Building

Stakeholder engagement and support

Joint meetings

Special events



Education/Readiness

Regional Peds Symposium

Shared resources and expertise

Regional education library and equipment cache



Injury Prevention

Data-driven programming

Support of local, regional, and state prevention efforts



Community Outreach

STOP THE BLEED®

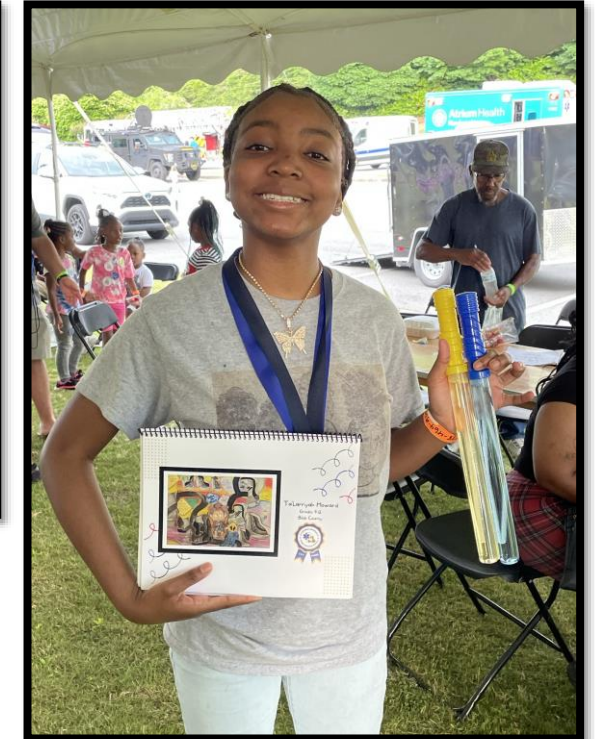
EMS Art Contest

EMS for Children
Cookout



Regional Injury Prevention and Outreach

- EMS Art Contest
- Cans for Kids
- EMS for Children Cookout



Regional Injury Prevention and Outreach

- EMS Art Contest
- Cans for Kids
- EMS for Children Cookout



19TH ANNUAL CANNED FOOD DRIVE

**CANS 4 KIDS
CAMPAIGN**

NOVEMBER 1ST - DECEMBER 19TH | 2022

CENTRAL GEORGIA - REGION 5
EMERGENCY MEDICAL SERVICES FOR CHILDREN



Regional Injury Prevention and Outreach

- RideSafe Central Georgia
- Georgia Stay SAFE
- STOP THE BLEED[®]
- BINGOCIZE[®]
- Teen Driver Safety
- Child Passenger Safety
- Suicide Prevention
- Child Abuse Prevention



Educational Opportunities

- Regional Library/Equipment Cache
- STOP THE BLEED[®]
- Pediatric Trauma Symposium
- Active Shooter Expo
- TECC/TECC LEO
- Rescue Task Force
- High Risk Unified Commander



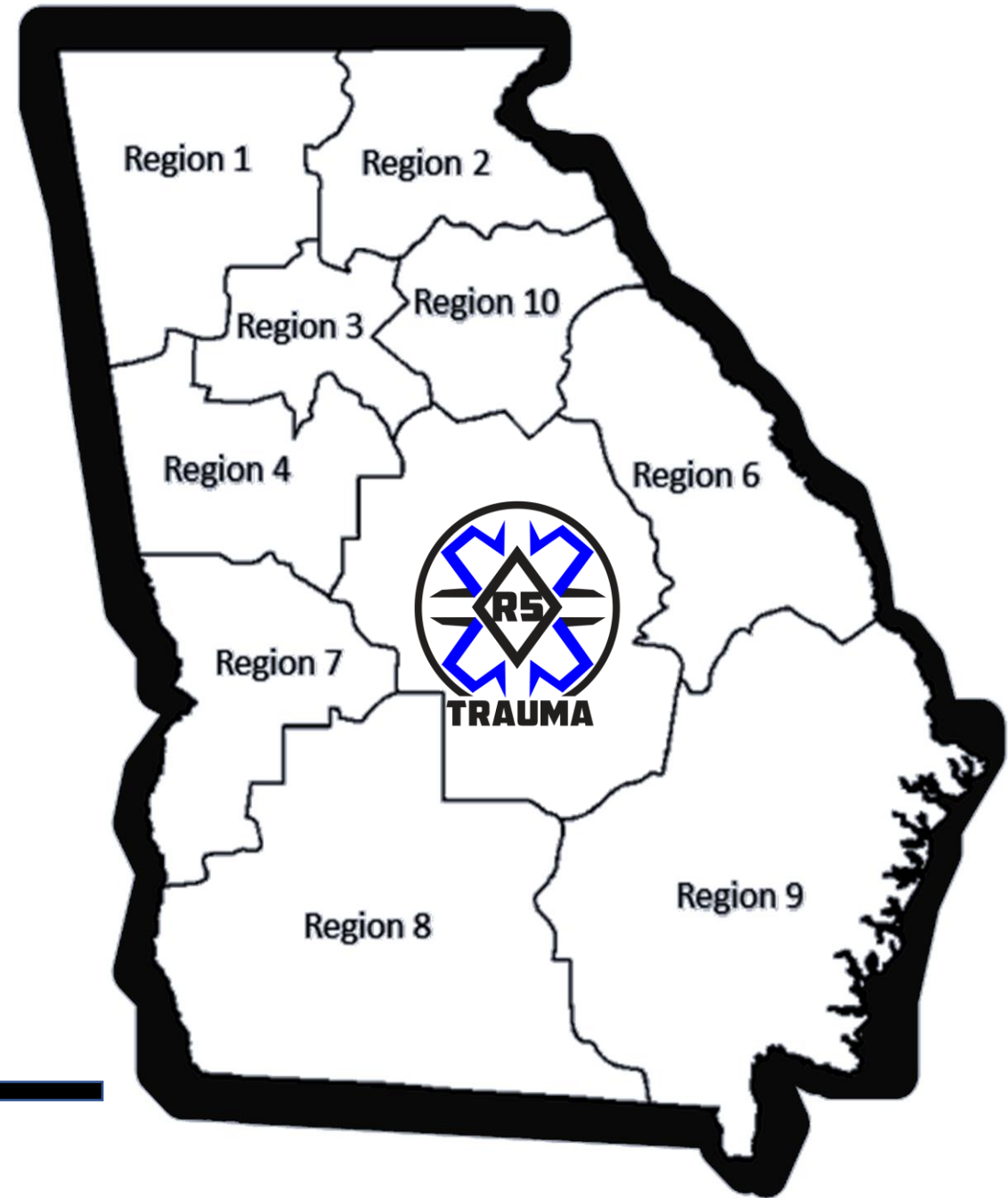
Educational Opportunities

- Lunch & Learn/After Hours Webinars
- The Q Word Podcasts
- RTTDC
- TNCC
- Surge Readiness
- MARCH PAWS
- Scholarships



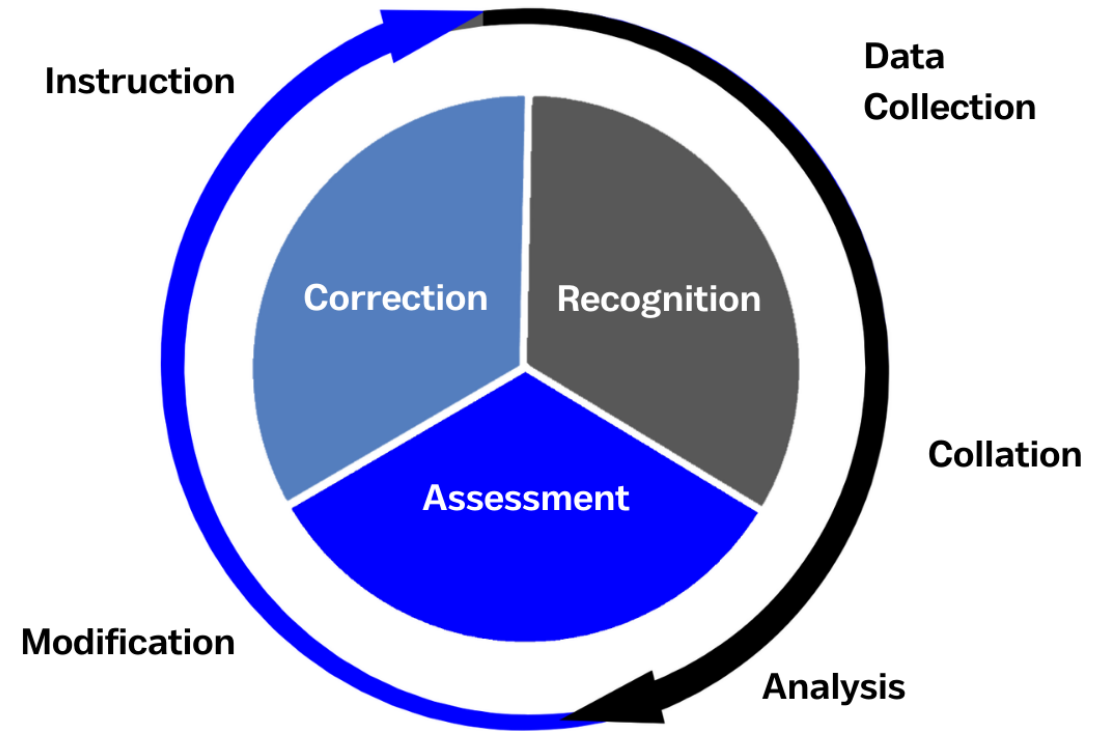
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Regional Trauma Peer Review

Peer Review	Protected
	Confidential
	Blinded
	Non-Punitive



Regional Trauma System Improvement


Initiatives

Trauma Resuscitation

2022 NASEMSO Guidelines Update

Time to Definitive Care

MCI Preparedness & Response



National Model EMS Clinical Guidelines

March 2022 VERSION 3.0

These guidelines will be maintained by the National Association of State EMS Officials (NASEMSO) to facilitate the creation of state and local EMS system clinical guidelines, protocols, or operating procedures. System medical directors and other leaders are invited to harvest content as will be useful. These guidelines are either evidence-based or consensus-based and have been formatted for use by field EMS professionals.

NASEMSO Medical Directors Council
www.nasemsso.org

National Guideline for the Field Triage of Injured Patients

RED CRITERIA
 High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> Penetrating injuries to head, neck, torso, and proximal extremities Skull deformity, suspected skull fracture Suspected spinal injury with new motor or sensory loss Chest wall instability, deformity, or suspected flail chest Suspected pelvic fracture Suspected fracture of two or more proximal long bones Crushed, degloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> Unable to follow commands (motor GCS < 6) RR < 10 or > 29 breaths/min Respiratory distress or need for respiratory support Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> SBP < 70mm Hg + (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> SBP < 90 mmHg or HR > SBP <p>Age > 65 years</p> <ul style="list-style-type: none"> SBP < 110 mmHg or HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA
 Moderate Risk for Serious Injury


Mechanism of Injury	EMS Judgement
<ul style="list-style-type: none"> High-Risk Auto Crash <ul style="list-style-type: none"> Partial or complete ejection Significant intrusion (including roof) <ul style="list-style-type: none"> >12 inches occupant side OR >18 inches any side OR Need for extrication for entrapped patient Death in passenger compartment Child (Age 0-9) unrestrained or in unsecured child safety seat <ul style="list-style-type: none"> Vehicle telemetry data consistent with severe injury Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) Pedestrian/bicycle rider thrown, run over, or with significant impact Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> Low-level falls in young children (age < 5 years) or older adults (age > 65 years) with significant head impact Anticoagulant use Suspicion of child abuse Special, high-resource healthcare needs Pregnancy > 20 weeks Burns in conjunction with trauma Children should be triaged preferentially to pediatric-capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

Note: "Low-level" refers to less than 10 feet including ground level falls
 Source: The American College of Surgeons Committee on Trauma (ACS COT), 2022

Central Georgia Region 5 Regional Trauma Advisory Committee

Essential Communication: Prehospital TIME OUT Report



M	MECHANISM OF INJURY: PROVIDE PATIENT AGE, SEX, AND MECHANISM OF INJURY
I	INJURIES: LIST INJURIES OR INSPECTIONS HEAD TO TOE; TIME OF INJURY
S	VITAL SIGNS: PROVIDE FIRST SET AND SIGNIFICANT CHANGES; INCLUDE GLUCOSE
T	TREATMENT: DESCRIBE TREATMENT PROVIDED AND PATIENT'S RESPONSE TO TREATMENT

Procedure:

- 30 second EMS "TIME OUT" performed on patient arrival
- Trauma Team members remain silent
- The patient remains on EMS stretcher
- Trauma Team listens to EMS MIST report
- Patient is moved on completion of the EMS report

"Give EMS 30 seconds, we'll tell you everything you need to know."
 — David Miramontes, MD, NREMT

Right Patient • Right Place • Right Time • Right Means

Regional Trauma System Improvement

Focus Areas

Communication

Correctable Causes of Arrest

Clock (Time) Management

Collaboration



Regional Trauma System Improvement

Task Forces

Frontline Task Force

Rural EMS Task Force

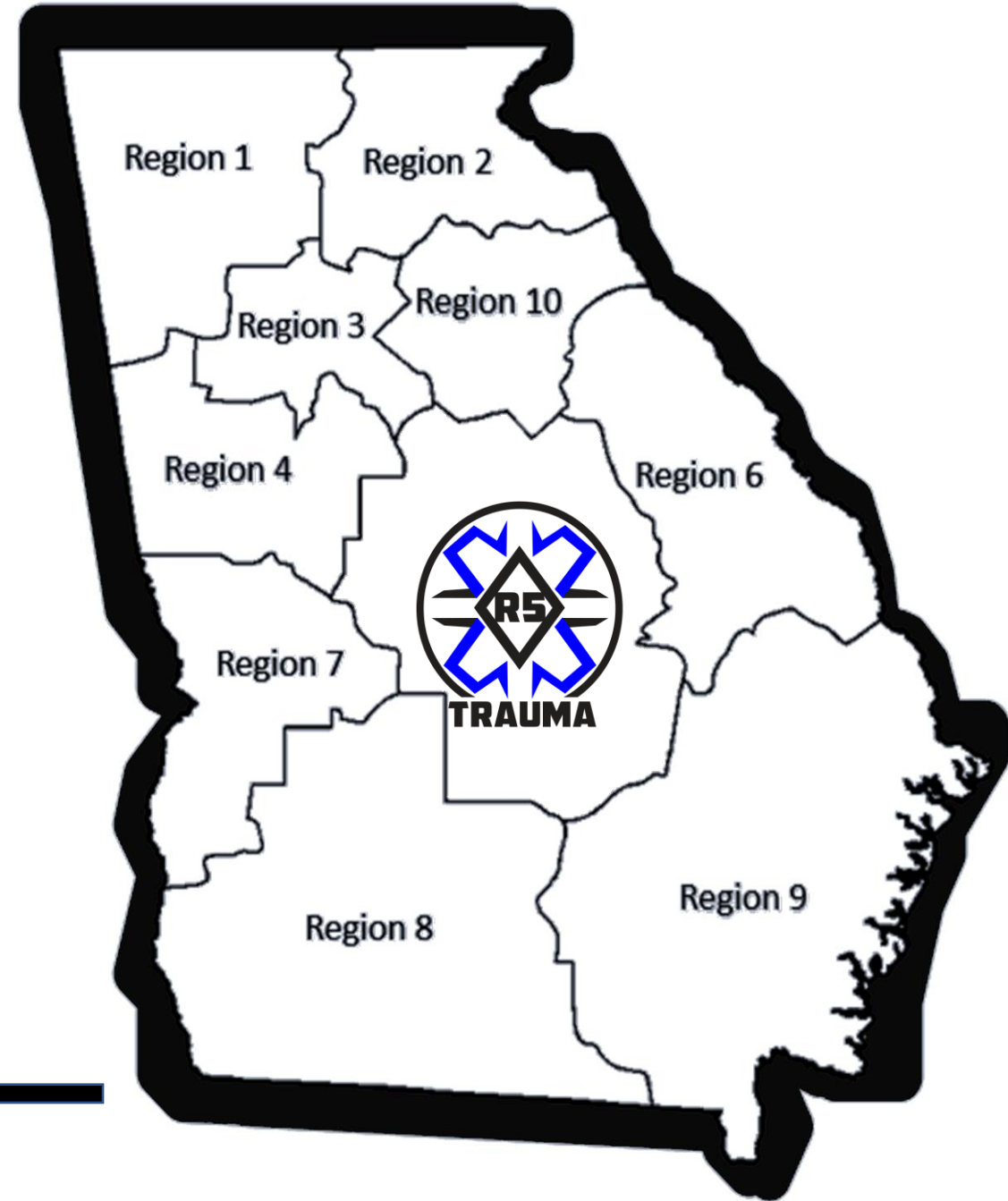
Rural Hospital Task Force

Macon-Area Task Force



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Please scan for attendance and to update contact information:



<https://www.surveymonkey.com/r/R5ContactInfo>



Regional Trauma System Improvement

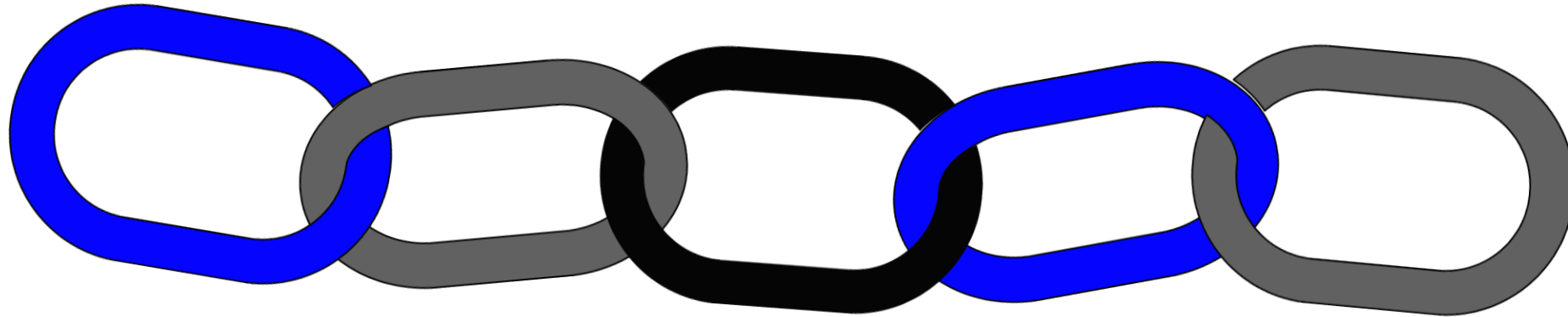
Immediate
Responders

Non-Medical
First Responders

Medical First
Responders

Emergency
Medicine

Trauma Surgery
& Critical Care



Next Steps



Regional Trauma System Improvement

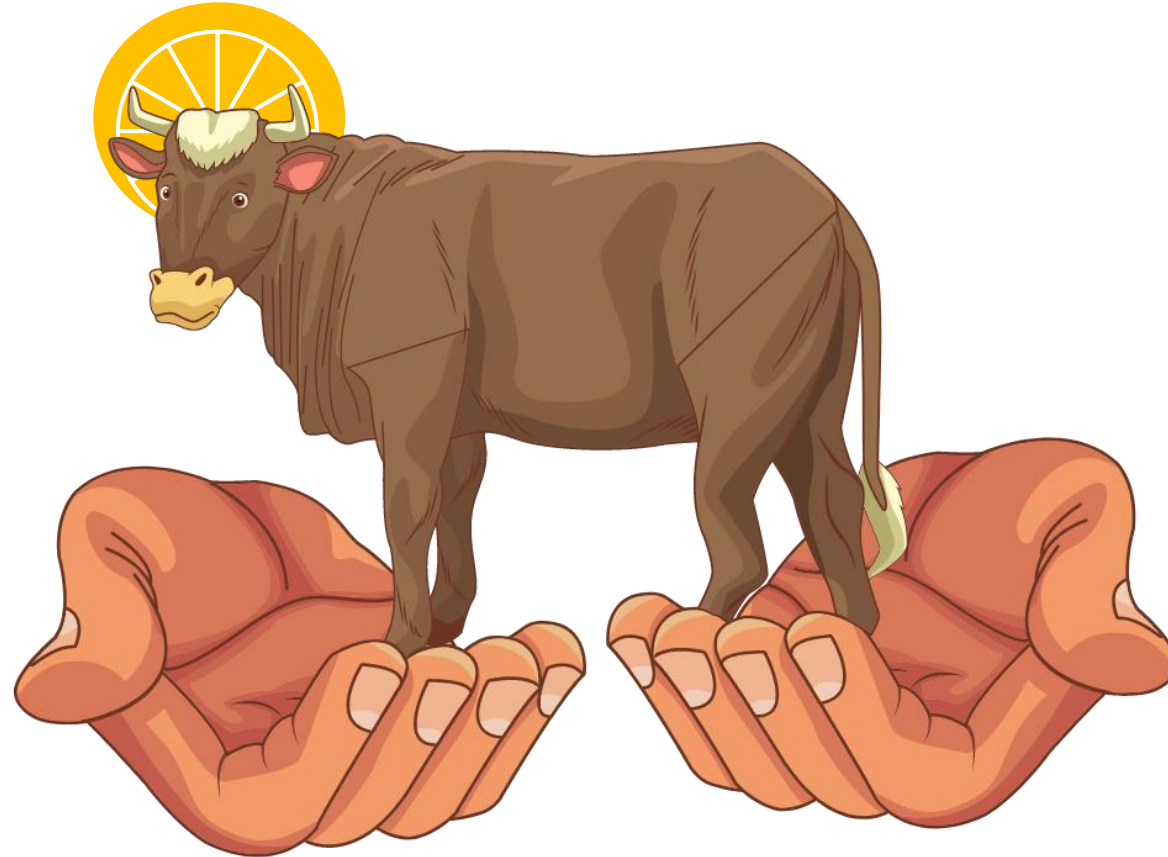
- Goal: Improve survival
- Improving survival is a responsibility we all share
- The only thing more tragic than a death...
is a death that could have been prevented



ACS - STOP THE BLEED® Course



Fundamental Concepts



<https://www.surveymonkey.com/r/R5ContactInfo>



Trauma Arrest - Clinical Emphasis

- Pre-arrest: stop the bleeding and restore circulating blood volume (IV / IO / fluid volumes / blood).
- Preventable early death in trauma is commonly due to:
 - Hemorrhaged
 - Tension pneumothorax
 - Airway obstruction
- Priority should be given to managing the above emergencies before conventional CPR/ACLS modalities



<https://www.surveymonkey.com/r/R5ContactInfo>



QUESTIONS?

