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Montana Field Trauma Decision Scheme/Trauma Team Activation Criteria

INTRODUCTION

The Emergency Medical Services and Trauma Systems Section of the Montana Department of Public Health and Human Services is developing and implementing criteria to enable EMS providers and Hospital/Healthcare facility staff to identify patients needing trauma team activation.

BACKGROUND

In 1986, the American College of Surgeons developed the original Field Triage Decision Scheme, which served as the basis for triage protocols for state and local EMS Services across the United States. The criteria have been subsequently revised an additional four times, with the latest edition being published in 2006 after a series of meetings by the National Expert Panel on Field Triage, additionally developed with the assistance of the Centers For Disease Control and the National Highway Traffic Safety Administration. The 2006 Field Triage Decision Scheme endeavors to provide criteria for EMS providers to identify the most seriously injured patients in order that they be preferentially transported to the highest level of Trauma Center within the trauma system capable of providing necessary trauma care. The highest levels of trauma centers within a trauma system are Level I and Level II Trauma Centers.

Many states have adopted the 2006 Criteria. Some states whose systems consist of all levels of Trauma Centers have adopted the criteria “as is”, making no revisions to any criteria. Some states have adopted the criteria with revisions specific to their state’s trauma system and available resources. The 2006 criteria represent the “ideal” criteria for identifying seriously injured patients seen in many urban settings and a “decision-tree” for EMS providers to use when determining which injured patient should go to which facility with the best capabilities for treating their injuries.

Montana’s Trauma System differs from many state systems because some of the criteria in the 2006 Decision Scheme cannot easily be implemented due to Montana’s great geographic distances, fewer patient care resources, widely distributed rural populations and little choice as to where patients may be initially transported. There are also no Level I Trauma Centers in Montana and only four Level II Trauma Centers in three widely-spaced geographic regions.

As Montana’s trauma systems have grown and evolved, many local hospital facilities and EMS Services have implemented pre-hospital trauma patient identification and trauma team activation criteria (many based on the 2006 national guidelines). However, many areas of Montana have not yet done so and need basic criteria from which to provide optimal trauma

care. The Montana Field Trauma Decision Scheme/Trauma Team Activation Criteria represent the criteria our workgroup has developed in order to fulfill that need.

A multidisciplinary workgroup was assembled to review the national 2006 field Triage Decision Scheme guidelines and develop criteria specific to the rural nature of Montana's Trauma System.

The national criteria were published utilizing considerable medical knowledge, significant clinical expertise and review of current literature and research, so the modifications to the criteria pertinent to Montana were made only after careful and thoughtful consideration of the rural differences in Montana.

Additional professional review and medical feedback beyond the members of the workgroup regarding the criteria was also sought. Criteria were also presented to the State Trauma Care and the Emergency Care Committees for their evaluation and input.

The Montana guidelines represent basic criteria to apply in the process of early identification of injured patients. Many areas have implemented criteria that exceed these criteria, which is an essential local process and based on differences in resources, capabilities and patient mix. The Montana criteria do not address the LEVEL of Trauma Team Activation a facility may choose to implement, which is also a local decision.

For those areas without such guidance, these Montana criteria represent the minimal criteria that we are recommending be implemented to achieve the purpose (as the top of the document states); "EMS and Facilities should utilize these criteria to identify patients needing trauma team activation."

The other two "guiding principles" for using the criteria and to clarify their intent are also stated at the top of the document;

"Goals for all phases of care include early identification, communications with EMS/On-Line Medical Control/facilities and notification to enhance effectiveness."

"While these criteria are presented in sequential fashion, using all applicable criteria to identify significantly injured patients is advised."

The criteria are set up in a 4-step decision algorithm. Please see the copy that is attached. We will post these materials on the EMS & Trauma Systems website, will disseminate copies to hospitals, Trauma Coordinators and Trauma Medical Directors, EMS Services and Managers and will provide additional materials and guidance in their use.

As with all we do in developing our systems, there will need to be a Performance Improvement focus in utilization of these criteria. We request that any issues or problems that arise with the criteria or their application be forwarded to our office so issues can be tracked, evaluated and acted upon as necessary.