

Rationale for change in trauma destination policy of the SETTRAC:

The University of Texas Medical Branch at Galveston Level I trauma center served a large area of east Texas and western Louisiana. Due to the combined impacts of Hurricanes Katrina, Rita and Ike, the nearest Level I trauma centers to the east of Houston are in Shreveport, Louisiana and Birmingham, Alabama. As a result, the indefinite closure of UTMB as a trauma center has left the SETTRAC trauma community with an unprecedented amount of trauma care volume. Memorial Hermann Hospital-TMC is not the single busiest trauma center in the United States.

In order to meet this need, the load needs to be shared among all trauma care providers. Level III trauma centers will need to perform at their highest levels until conditions change. The American College of Surgeons policies on trauma care indicate that a Level III trauma center should be able to provide the same level of trauma care as a Level I trauma center except for acute neuro trauma.

The appropriate use of trauma care resources (EMS, emergency department, and operating room) is paramount to our community having an effective and efficient trauma response network. The overuse of these resources limits our ability to provide the highest levels of care. By streamlining the trauma destination policy to more clearly differentiate which patients should be taken to Level I and Level III trauma centers, we can off-load our currently critically overloaded Level I trauma centers.

The removal of “High index of suspicion on the part of the pre-hospital provider” leaves very clear indicators for which patients should be taken to a Level I trauma center. ALL REMAINING INJURIES suffered by patients should be within the scope of practice of a Level III trauma center. Removal of this criterion communicates clearly to all participating SETTRAC organizations that when EMS delivers a patient that meets the guidelines to a Level III trauma center, the EMS members have performed as the trauma system now expects them to. Similarly, when the Level III trauma center effectively cares for the patient, the members of the trauma team have performed as the community needs them to perform. In the event that a patient, appropriately transported by an EMS provider agency according to these guidelines should unexpectedly require the services available only at a Level I center, all Level III facilities should have agreements and mechanisms in place to rapidly transfer the patient to a Level I center. This may also apply for a patient who was taken to a Level III center because the transport time exceeds 20 minutes to a Level I and the patient needed immediate stabilization at a Level III center. Both local Level I trauma centers (BTGH and Memorial Hermann-TMC) have stated they will immediately accept such transfers and prevent any administrative delays to the process.

It is the intention of the SETTRAC Board of Directors to help our EMS and trauma center members to most effectively maintain the high level of care this community both deserves and has come accustomed to. Your help and dedication to this process is as important and appreciated now as it ever has been in the past.