Trauma Case Performance Improvement

Wisconsin Trauma Field Triage Guideline Utilization

INSTRUCTIONS: This Performance Improvement Tool is to be used to help service leaders and medical directors review how the Wisconsin Trauma Field Triage Guidelines are utilized by field EMS providers. The tool may also be used by hospitals as part of a feedback process. It is simply a tool to be used when comparing the care a patient got to the current Guidelines. It is not intended to be a definitive judgment of the care of the patient, rather a tool to guide the review and discussion of the care and to document the review for the service’s quality improvement records.

The tool is meant to help identify cases of:

OVERTRIAGE - patient without indication of major trauma flown by helicopter or driven directly to a level I or II trauma center while bypassing a level III or IV trauma center

UNDERTRIAGE – patient with indication of major trauma that is not delivered directly to a level I or II trauma center (if a helicopter is available or the trauma center is within a 30 minute ground transport)

UNDERTRIAGE – patient with indication of major trauma that is delivered to any trauma center without notification of the trauma center that a major trauma patient is coming

The American College of Surgeons – Committee on Trauma endorses an overtriage rate of 25 – 35% and an undertriage rate of less than 5%.

The Wisconsin Trauma Field Triage Guidelines are designed to be used as a template for a protocol. The service’s specific trauma care protocols and resource situation (proximity of various level trauma centers, ambulance availability, ALS availability, helicopter response times, etc.) must be taken into consideration.

Refer to page 2 of the version of the Guidelines released by the NCRTAC for further information about how the Guidelines are to be implemented.

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| Call date: |  | Run #: |  |
| Crew: |  |
| Transported to: |  | Transported by: |  |
| Patient outcome: |  |

Using the Wisconsin Trauma Field Triage Guidelines, was the patient transported to an appropriate trauma center using an appropriate mode of transport?

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| **Box 1: Airway/ Ventilation** |
| Was the patient breathing adequately on their own or able to be adequately ventilated without advanced measures? □ Yes □ No □ Unclear → Further review of case |
| If NO, was the patient taken to the closest/quickest resource (ALS, helicopter or hospital) that could provide an advanced (secure) airway? □ Yes □ No □ Unclear → Further review of case |

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| **Box 2: Physiologic Criteria -** Per EMS documentation, did the patient have any of the following? |
| □ GCS ≤ 13 | □ RR < 10 or > 29 (<20 infant <1 yr) or need for ventilator support |
| □ Systolic BP < 90 | □ One or more abnormalities in the pediatric assessment triangle |

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| **Box 3: Anatomy of Injury -** Per EMS documentation, did the patient have any of the following? |
| □ Any penetrating injuries to head, neck, torso and extremities proximal to elbow or knee | □ Complete or partial amputation proximal to wrist or ankle |
| □ Chest wall instability or deformity (e.g. flail chest) | □ Pelvic fracture/ unstable pelvis |
| □ 2 or more suspected fractures involving the femur or humerus | □ Open or depressed skull fracture |
| □ Crushed, degloved, mangled or pulseless extremity | □ New onset paralysis (paraplegia/quadriplegia) |

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| **Box 4: Mechanism of Injury -** Per EMS documentation, did the patient have any of the following? |
| □ Fall (Adults > 20 ft, Peds >10 ft or 2-3 times child’s height) | □ MVC with intrusion (> 12 inches occupant site, >18 inches any site) |
| □ MVC with ejection (partial or complete) from automobile | □ MVC with death in same passenger compartment |
| □ MVC with vehicle telemetry data consistent with high risk of injury | □ Auto vs pedestrian/bicyclist thrown, run over or with significant (>20 mph) impact |
| □ Motorcycle crash >20 mph |  |

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| **Box 5: Special Considerations -** Per EMS documentation, did the patient have any of the following? |
| □ Age > 55  | □ Pediatric patients |
| □ Burns | □ Anticoagulants or bleeding disorder |
| □ Pregnancy > 20 weeks |  |

Was this patient a Major Trauma Patient based on Box 2 or 3 criteria? □ Yes □ No

If yes, was the patient transported to a Level I or II trauma center?

□ Yes □ No

If the closest Level I or II trauma center was > 30 minutes away, was a helicopter used?

□ Yes □ No If No, Reason: □ Helicopter not available □ Other:

□ A level III or IV trauma center was bypassed or the patient was flown by helicopter, and the patient did not have any criteria in boxes 1 – 5, POSSIBLE OVERTRIAGE → Further review of case

□ The patient had criteria in boxes 1, 2 or 3 but was not transported to a level I or II trauma center or flown (if a helicopter was available), UNDERTRIAGE → Further review of case

□ The patient had criteria in boxes 4 or 5 but was not transported to a level I or II trauma center or flown (if a helicopter was available), POSSIBLE UNDERTRIAGE → Further review of case

Did the PCR contain sufficient information to support OVERTRIAGE based on “Provider Judgment”?

□ Yes □ No

COMMENTS:

Reviewer: Date: