

# RTAC General Session

March 15, 2005

17:15 – 19:00

## Introductions

Marianne explained why we are introducing the trauma plans. Defined, Act 154 – established triage and transport guidelines for major multi system traumas.

Marianne can help provide billing assistance and guidelines to hospitals that are choosing to become a designated trauma facility, regardless of the level classified. A perk is that trauma patients bring in greater revenue. Billing is done on a UB-92.

Wisconsin has four levels of trauma centers. Trauma Centers wanting to be classified as Level I or Level II must be verified through the American College of Surgeons. A fifth designation of unclassified would be given to the facilities that are not within the Level I – IV guidelines.

SCRTAC has developed minimum guidelines to be followed. Each individual service will need to customize these to be appropriate in their response area. Each of the 9 RTAC's in the state of Wisconsin has compiled individual trauma guidelines. Some services that are covered by 2 different RTAC regions may need to individualize their plans to incorporate the different guidelines.

Lynne asked if anyone had questions on the information presented.

Clarification was made that this wouldn't bypass smaller facilities. Only that the highest level capable of treating the patient would be considered as the primary drop off point.

The minimum guidelines are just that, minimum. They are also good predictors as to the possible traumatic injuries sustained by a particular individual.

Part of enacting a trauma plan will be data collection and review. Using this information education and training can be developed to help in cases of over or under triaging.

A central statewide trauma registry was purchased by DHFS. Currently protective language needs to be written so that all levels of service and facilities are protected when doing PI

Data collection needs to be gathered from every level from Level I Trauma facilities down to the pre-hospital providers. Again, education can be customized based on the data received.

National data collected can be found on the American College of Surgeons website. Eventually when data is collected it will be able to be compared from region to region, state to state, and so on.

ATLS training is available for physicians; these trainings are generally held twice a year. They are in the process of training new instructors.

Approximately 8-9 years ago there was an emphasis on PHTLS – a suggestion was made to revisit this area.