



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

MEMORANDUM

DATE: January 25, 2005

TO: West Virginia Trauma Centers
Future Trauma Centers

FROM: William D. Ramsey, MD
State EMS Medical Director

Sherry L. Rockwell, RN, MSN
Quality Assurance Coordinator
WV Trauma and Emergency Care System

RE: Trauma Team Activation – Highest Level

As was discussed at the November STAC meeting, in order to standardize the highest level of trauma team activation at WV designated trauma centers, the following guidelines have been established:

1. Trauma Team Activation levels will be referred to as "Priority I Trauma Team Activations" with the highest level being a "Priority I". The word "Priority I" must be utilized.
2. The West Virginia minimum criteria for the definition of a major resuscitation, thus initiating a "Priority I" trauma team activation, will be according to the minimum criteria established by the American College of Surgeons Committee on Trauma (2000). The current minimum criteria includes:
 - a. **CONFIRMED** Blood pressure <90 at any time in adults and age specific hypotension for children;
 - b. Respiratory compromise/obstruction and/or intubation;
 - c. Transfer patients from other hospitals receiving blood to maintain vital signs;
 - d. Emergency physician's discretion;
 - e. Gunshot wounds to the abdomen, neck, or chest;
 - f. GCS <8 with mechanism attributed to trauma
3. The attending surgeon's response to "Priority I" trauma team activations will be according to the expectations established by the American College of Surgeons Committee on Trauma (1999, 2000, 2004). The current expectations include:
 - a. For Level I, II, and III trauma centers, it is expected that the trauma surgeon be in the emergency department upon patient arrival, with adequate notification from the field. For Level I and II trauma centers, the maximum acceptable response time is 15 minutes, for Level III trauma centers, the maximum acceptable response time is 30 minutes.

BUREAU FOR PUBLIC HEALTH
WV Trauma & Emergency Care System
NOROP
190 Hart Field Road
Morgantown, West Virginia 26505
Telephone: (304) 285-3331 Fax: (304) 285-3340

- b. For Level IV trauma centers, a resuscitation team will be organized for the severely injured trauma patient. If the Level IV center has a surgeon as part of their trauma team response then the surgeon will respond promptly for the resuscitation of the injured patient. Level IV centers should also use the "Priority I" as their major resuscitation response level criteria.
- c. Response time to be tracked from patient arrival with an 80% threshold for each trauma surgeon.
- d. Trauma surgeon response time to "Priority I" trauma team activations to be included in each facility's trauma performance improvement plan.

These guidelines should immediately be incorporated into each facility's trauma team activation policy and trauma performance improvement plan.

If you have any questions, do not hesitate to contact Sherry Rockwell at sherryrockwell@wvdhhr.org or by calling (304) 285-3332.

cc: David Kappel, MD
Chair, State Trauma Advisory Council
STAC Committee Members
Penny Byrnside, RN, MSN
Paige Jordan, RN, BSN