



Retriage and Regional Network Workgroup: Work plan

CA Trauma Summit

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First workgroup meeting

20 Aug 2014: participants

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The Problem:

Managing Undertriage

- Since some undertriage is inevitable, Trauma Systems need to develop retriage mechanisms to minimize adverse sequelae for time-sensitive injuries (hemorrhagic shock, traumatic brain injury, limb ischemia)
- This re-triage should be protocol-driven and occur in the setting of pre-existing arrangements between sending and receiving hospitals
- Once criteria developed, success is driven by relationship-building between non-TC and its TC “buddy”

Examples of Re-Triage Protocols

	Perfusion	Neuro	Anatomic	Judgment
Central CA RTCC	SBP < 90 Immed need for blood or > 2L crystalloid	GCS <9, GCS drop >1, blown pupil, open skull fx	Penetrating inj x to extreme, vascular compromise, unstable pelvic fx	None
AlCo	Same	Same	Same – pelvic fx	Critical intervention < 2 hrs
CoCo	Same	Same	Same as AlCo	Same as AlCo
SF	Same	Same	+ menu	Same as AlCo
SCL	Same + BP drop 30 mmHg	Blown pupil	Same as AlCo x vascular compromise	Same as AlCo
Ventura	Shock	Need for immed NS procedure	Vascular compromise, GSW	Immediate C Section

Note marked similarities

- Not a stretch to consider unified, cooperative approach throughout each RTCC
- May require adjustment for geography (distance/time to trauma center)
- Goal: fix the holes in trauma triage, more rapid arrival of critically injured pt to TC

Goals of workgroup 2014-15

- Develop recommended universal retriage template to present to each RTCC (accomplished)
- Advocate within each RTCC to:
 - Encourage LEMSAs to adopt uniform criteria for adult and pediatric “red box” pts eligible for immediate retriage to TC
 - Have RTCC identify “buddies” for every TC and every ED in Region for all red box pts
 - Gain acceptance from every LEMSA for using 911 as default transport for red box patient retriage to TC
- Gain endorsement of EMDAC for use of 911 transport for red box pt retriage to TC (?accomplished)
- Seek STAC/AG clarification of EMTALA requirements for these higher level of care transfers
- Members committed to bimonthly conference calls to maintain momentum

Retriage templates



ReTriage procedure adult template 082114.pub



ReTriage procedure child template 082114.pub