

**Joint Wisconsin EMS Board-Physician Advisory Committee-State Trauma Advisory Committee**  
**Position Statement: Patient Transports Within Trauma Care Systems**

**Background:** Wisconsin has a well-developed and evolving trauma system that encompasses four levels of designated Trauma Care Facilities (TCFs). These levels include ACS-verified Level I and II TCFs capable of providing the highest level of trauma care, Level III TCFs capable of “assessment, resuscitation, stabilization, and emergency surgery and arranging transfer to a Level I or II facility for definitive surgical and intensive care as necessary” and Level IV TCFs which are able to “provide assessment, resuscitation, stabilization, and arrange transport to a higher level of trauma care.” Unclassified hospitals also exist. Participation in the trauma system is voluntary so unclassified hospitals exist for a variety of reasons. It is important for EMS providers to know the classification levels of the hospitals in and surrounding their service area.

As described by the American College of Surgeons Committee on Trauma, the cornerstone of trauma care systems is that improved outcomes occur when injured patients are transported by EMS to the closest, most appropriate, verified, or classified trauma care facility. The National Guideline for the Field Triage of Injured Patients states that patients with high risk for serious injury should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system. Patients meeting any trauma criteria should be transported to the closest most-appropriate designated trauma facility.

**Purpose:** Provide statewide guidance to EMS organizations on the appropriate utilization of the WI State Trauma system for traumatic conditions.

**Recommendations:**

- All patients with traumatic injuries should be evaluated based on the **National Guideline for the Field Triage of Injured Patients** to help determine the appropriate initial destination
- Severely injured patients with Airway or Ventilation Failure should be transported to the closest hospital if EMS (including ALS intercept or helicopter response) is unable to manage the Airway or Ventilation failure
- Transport of severely injured trauma patients to unclassified hospitals should only be considered when transport to a designated or higher-level hospital would create an unreasonable burden on the EMS unit
- Recognizing each region has different hospital resources, local EMS leadership and Medical Directors, in conjunction with Regional Trauma Advisory Councils, should develop destination recommendations for trauma patients based on the type and availability of EMS transportation and treatment resources and the location of TCFs within the region. All EMS providers in each region should be informed of these recommendations.
  - In order to help with this type of decision-making, a list of TCF classifications should be distributed on at least a quarterly basis to hospital and EMS leadership statewide.

Initial Version: December 2018

Reviewed, updated and approved by Physician Advisory Committee on March 5, 2024; and EMS Board and STAC March 6, 2024