

Rural EMS and Trauma: Enhancing Rural Trauma – The Role of Rural EMS

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Magnitude of the Problem

- 20% of the population (rural) suffers 60% of the trauma mortality annually.
- Approximately 60,000 deaths each year.
 - Motor vehicle crashes.
 - Suicide.
 - Industry related.
- Results in more years of productive life lost in rural and frontier America than all other causes of death combined.

Key Concepts

- Most injuries are preventable (primary prevention).
- Many do not die solely from a lethal combination of injuries (tertiary prevention).

Organized Systems of Care

- Can reduce preventable deaths and opportunities for improvement by more than 50%.
- Organizing resources for an optimal response makes a difference in outcome.
- Roles for all facilities and response agencies.
 - INCLUSIVE MODEL

Most Preventable Deaths

- Failure to adhere to fundamental precepts of trauma care.
 - Airway
 - Chest Injury Management
 - Hemorrhage Control
 - Fluid Resuscitation
- Occurs at all levels of care
 - Prehospital
 - In-hospital (all sizes and levels)

Rural Facilities (CAH) Role

- Organized Response to Critical Trauma patients
 - Regardless of Resources
- Initial Resuscitation
 - Airway
 - Chest Injury Management
 - Hemorrhage Control (non-surgical)
 - Fluid Resuscitation
- Immediate Transfer Decision

Role of Rural EMS Agencies

- Organized Response
 - Use of All Resources
 - Non-Transporting Quick Response Units
 - Reduction of Chute Time
 - Appropriate and Safe Response Mode
 - Automatic Crash Notification Data
- Training of All Personnel in Trauma Care
 - PHTLS
 - BTLS

Role of Rural EMS Agencies (2)

- Efficiency at the Scene
 - Rapid Extrication
 - Focus on Priorities
 - Airway
 - Chest Injury Management
 - Hemorrhage Control
 - Fluid Resuscitation
- Call for Additional Resources Early
- Recognition that Equipment Use Does Not Equate to Quality Patient Care

Role of Rural EMS Agencies (3)

- Recognition of Critical Trauma Patients
 - Minimize On-Scene Time
 - Treatments En Route
 - Notification of Receiving Facility
 - Use of Trauma Triage Protocol
 - Consideration of Bypass
 - Use of Secondary Transportation Resources
 - At Scene
 - Transfer/Rendezvous
- Recognition that TRANSPORT is a TREATMENT

Role of Rural EMS Agencies (4)

- Participation at Facility During Resuscitation
- Complete and Accurate PCR
- Participation in QI/PI at Agency and System Level
 - Strong Medical Oversight
 - Multi-Disciplinary PI Committee
- Participation in Research

Case Examples

- Death by Cop
- Death by EMT
- Death by Driver
- Death by Hospital
- Death by System

Questions

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