



Division of Public Health

Frequently Asked Questions

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What is the Statewide Trauma System?

The Statewide Trauma System is a network of definitive care facilities that provides a spectrum of care for all injured patients. An ideal trauma system would include all the components identified with optimal trauma care, such as prevention, education, communication, access, definitive care, rehabilitation, and research activities. Essential to the development of a trauma care system is the designation of definitive trauma care facilities.

What is the goal of the trauma system?

The goal is to create an integrated trauma care system that includes health care providers and facilities throughout the state and to match each patient's needs to the resources of the facilities, from activation of the Emergency Medical Services system until their return home.

What's in it for me?

- Participation in the statewide system improves the chances of survival of your families, friends and neighbors in your community as well as throughout the state.
- The trauma system will provide training for physicians, nurses, pre-hospital providers as well as members of the community.
- You will have access to quality improvement programs, statewide and regional protocols for standardized patient care, and access to regional and state data bases regarding trauma care.
- Participation in the state system will streamline patient flow to appropriate levels of care as the nature of injury increases.

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Levels of Trauma Center Designation

Trauma regions are based on patient referral patterns. The regions are areas were designed for the administration of the trauma system. Any facility or out of hospital service may participate in the program and activities in the region of its choice. Any facility or out-of-hospital service may participate in the programs and activities in the regions of its choice.

Comprehensive Trauma Center. The role of a Comprehensive Trauma Center is to provide the highest level of definitive, comprehensive care for patients with complex traumatic injury. Personnel who can initiate surgery are in-house and immediately available. In addition to direct patient care, Comprehensive trauma services are also responsible for research, education and outreach programs for trauma. Appropriate equipment for pediatrics should be maintained in Emergency Departments, ICUs, and Operating Rooms for facilities at the General, Advanced and Comprehensive levels of Trauma Centers.

Advanced Trauma Center. In addition to the capabilities of the levels below, the role of the Advanced Trauma Center is to provide definitive care for complex and severe trauma. Emergency physicians and nurses are in-house, 24-hours a day, with personnel who can initiate surgery available. Neurological assessment and stabilization will be started immediately and a Neurosurgeon is available. There is a broad range of specialists available for consultation or care, and comprehensive diagnostic capabilities and support equipment are available.

General Trauma Center. The role of the General Trauma Center is to provide initial evaluation and stabilization (surgical if appropriate), to provide general medical and surgical inpatient service to those patients who can be maintained in a stable or improving condition without specialized care. They also need to prepare and transfer patients meeting predetermined criteria to Comprehensive or Advanced Centers.

Basic Trauma Center. The role of the basic trauma center is to stabilize, prepare and transfer all patients with potentially life threatening injuries.

These facilities are hospitals or medical clinics based in rural areas. They should have trauma-trained physicians, physician assistants, or nurse practitioners available within 30-minutes, and basic equipment for resuscitation and stabilization. The hospitals involved at the basic trauma level may also provide some limited surgical intervention based upon expertise or available on-site staff.

The hospital will provide in-house trauma trained nurses, and physicians or physician surrogate within 30-minutes, and will have personnel available for patient stabilization, as well as appropriate equipment and diagnostic capabilities.

At a minimum, a trauma team includes an emergency physician or qualified physician surrogate and a trauma trained nurse.

All designated levels will have appropriate pediatric equipment for children.

Why is the trauma System broken down by region and how were the regions assigned?

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