NORTH REGION - Patient Care Procedures

The supplemental section includes the North Regions Patient Care Procedures (PCPs).

The following PCPs are approved with the North Region 2025-2027 Strategic Plan. Future updates or amendments to these PCPs will be submitted to the department for review. Approved PCP updates and/or amendments will require an update to the entire PDF document for the North Region 2025-2027 Strategic Plan. The North Region will continue to follow the website posting and distribution requirements for the regional plan.

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Regulations: Revised Code of Washington (RCW) AND Washington Administrative Code (WAC)
Anatomy of a PCP.

PATIENT CARE PROCEDURES:

1. Level of Medical Care Personnel to be Dispatched to an Emergency Scene
2. Guidelines for Rendezvous with Agencies that Offer Higher Level of Care
3. Air Medical Services - Activation and Utilization
4. On Scene Command
5. Prehospital Triage and Destination Procedure
5.1 Trauma Triage and Destination Procedure
5.2 Cardiac Triage and Destination Procedure
5.3 Stroke Triage and Destination Procedure
5.4 Behavioral Health Facilities Destination Procedure
5.5 Prehospital Triage and Destination Procedure - Other
6. EMS/Medical Control Communications
7. Hospital Diversion
8. Cross Border Transport
9. Inter-Facility Transport Procedure
10. MCI
11. Region Specific Patient Care Procedures

North Region Medical Program Directors

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1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene

Effective Date: January 1, 2025

Objective

To define the role of BLS and ALS services (agency and its units) in emergency response to reported trauma incidents.

Standard 1

For initial response to reported trauma incidents, the closest designated local ALS or BLS trauma verified EMS service shall respond.

Standard 2

Where the closest designated local trauma verified service is BLS, a trauma verified ALS service shall respond simultaneously for all reported trauma patient.

Standard 3

For transport of identified trauma patients in Steps 1 and 2 of the State of Washington Prehospital Trauma Triage (Destination) Procedure, a designated local trauma verified service shall provide transport.

Standard 4

For transport of identified trauma patients (consult medical control portion of the State of Washington Prehospital Trauma Triage (Destination) Procedure), the ALS or BLS transport shall be done at the discretion of Medical Control from the receiving trauma center. In either case, the transport service shall be trauma verified, including air transport service.

Standard 5

For a Multi-Casualty Incident which exhausts resources of the local EMS system, regional and/or state mutual aid will be activated. Transport designated services will be under the direction of Medical Control or Incident Command structure depending on the magnitude of the event.

2. Guidelines for Rendezvous with Agencies That Offer Higher Level of Care

See PCP #9 – Interfacility Transfers

3. Air Medical Services - Activation and Utilization

Effective Date: Current

Objective

To define how air transport activation for field response is accomplished in the Region.

Standard 1

The decision to activate air transport service for field response to trauma in urban and rural areas shall be made by the appropriate responder, who can be an Emergency Medical Responder, EMT or Paramedic, from the scene *with* on-line medical control consultation when needed. Where ICS is used, the commander shall be an integral part of this process.

Standard 2

The decision to activate air transport services for field response to major trauma in wilderness areas shall be made by anyone familiar with EMS in the area.

Standard 3

Air transport programs requested to respond will follow their internal policies for accepting a field mission.

4. On Scene Command & Identification of Trauma Patients

Effective Date: January 1, 2025

Objective

To define which patient injuries and severities are classified as trauma for the purpose of:

- Field triage
- Hospital resource team activation
- Registry inclusion
- Regional quality improvement program

Standard 1

Trauma patients will be identified in the initial EMS field assessment using the most current State of Washington Prehospital Trauma Triage (Destination) Procedure as published by DOH-EMS and Trauma Section.

Standard 2

Trauma patients will be identified by the region's Prehospital services and hospitals for the purposes of state trauma registry inclusion using the trauma registry inclusion criteria as outlined in WAC 246- 976-430.

Standard 3

Trauma patients will be identified for the purposes of regional quality improvement as:

- Patients who meet the Trauma System Activation criteria of the most current version of the State of Washington Prehospital Trauma Triage (Destination) Procedure.
- Patients whose conditions require activation of hospital resource teams and
- Patients who meet the hospital trauma patient registry inclusion criteria.

5. Prehospital Triage and Destination Procedure

Effective Date: January 1, 2025

STATE OF WASHINGTON
PREHOSPITAL TRAUMA TRIAGE (DESTINATION) PROCEDURE

Purpose

The Trauma Triage Procedure was developed by the Centers for Disease Control in partnership with the American College of Surgeons, Committee on Trauma. The guidelines have been adopted by the Department of Health (DOH) based on the recommendation of the State EMS and Trauma Steering Committee.

The procedure is described in the attached algorithm. The guidelines represent the current best practice for the triage of trauma patients. The algorithm allows EMS and Trauma Responders to quickly and accurately determine if the patient is a major trauma patient. Major trauma patients must be taken to the highest appropriate level trauma facility in the defined system within 30 minutes transport time (Air or Ground).

Regional Patient Care Procedures (PCP's) and Local County Operating Procedures (COPS) provide additional detail about the appropriate hospital destination. PCP's and COP's are intended to further define how the system operates. The Prehospital Trauma Triage procedure and the Regional Patient Care Procedures work in a "hand in glove" fashion to address trauma patient care needs.

The "defined system" is the trauma system that exists within an EMS and Trauma Care Region.

Explanation of Procedure

Any certified EMS and Trauma responder can identify a major trauma patient and activate the trauma system. This may include asking for Advanced Life Support response or air medical evacuation.

Step (1) Assess the patient's vital signs and level of consciousness using the Glasgow Coma Scale. Step 1 findings require activation of the trauma system. They also require rapid

transport to the highest, most appropriate trauma center within 30 minutes transport time (ground or air). If unable to manage the patient's airway, consider meeting up with an ALS unit or transporting to the nearest facility capable of definitive airway management.

Step (2) Assess the anatomy of injury. Step 2 findings require activation of the trauma system. They also require rapid transport to the highest, most appropriate trauma center within 30 minutes transport time (ground or air). The presence of the specific anatomical injuries even with normal vital signs, lack of pain or normal levels of consciousness still require calling medical control and activating the trauma system.

Step (3) Assess biomechanics of the injury and address other risk factors. The conditions identified are reasons for the provider to transport to a trauma center. The destination trauma center need not be the highest-level trauma center. Medical control should be contacted as soon as possible.

Step (4) has been added to assess special patients or system considerations. Risk factors coupled with "Provider Judgment" are reasons for the provider to contact Medical Control and discuss appropriate transport for these patients. In some cases, the decision may be to transport to the nearest trauma center.

5.1 Trauma Triage and Destination Procedure

Effective Date: 12/31/2024

PURPOSE

To provide guidance to prehospital providers, decreasing the amount of decision-making in the field necessary, to ensure patients are delivered to the most appropriate trauma center equipped to minimize death and disability. This Procedure also provides the foundation for COP and Protocol development where more specific guidance is necessary at the local level to achieve the above purpose.

SCOPE

This PCP was created for prehospital EMS providers to use in the field when caring for victims of traumatic injury. It should be utilized in conjunction with COP and Protocol to make decisions about patient destination based on the WA State Prehospital Trauma Triage and Destination Procedure.

GENERAL PROCEDURES

EMS dispatch and response to traumatic injury in the North region will be consistent with guidelines set forth in "PCP 1 I Access to Prehospital EMS Care" of this document. Dispatch and response PCPs are specific to and defined by each Local Council area. MOUs for mutual aid and rendezvous are set forth in each county and dispatch cards/criteria are set by user groups. MOUs will be reviewed when fire/EMS districts change capabilities or borders and

when otherwise needed to ensure the highest level of response possible is afforded each trauma response area.

Destination selection is performed by EMS personnel using the WA State Prehospital Trauma Triage and Destination Procedure.

Activation of the trauma system is done through early notification of the receiving trauma center. This can be done via radio notification through dispatch, HEAR radio contact or telephone. SOPs further define the mode of activation by providers based on destination facility preference and internal procedures. Providers should provide activation as practical to ensure adequate resources are available at the receiving trauma center.

Transport of patients in the "High Risk for Serious Injury" category should be transported to the closest level one or two trauma center within 30 minutes transport time (air or ground). Patients with transport times greater than 30 minutes should be taken to the closest most appropriate facility. Transport of patients in the "Moderate Risk for Serious Injury" category should be transported to the closest, most appropriate trauma center, which need not be the highest level. Refer to Table 4.10 Designated Trauma Centers in the North Region.

Interfacility transport of patients requiring additional definitive care not available at the primary trauma center after stabilization will be coordinated with the primary trauma center and will be consistent with transfer procedures in RCW 70.170.

Patients requiring Specialty Care Services not available in the North region, such as burn care, will be transported the same as other trauma patients using the WA State Prehospital Trauma Triage and Destination Procedure. The patient may then be transferred to the most appropriate trauma center capable of definitively managing their injuries.

Quality Measures are monitored by the Regional Quality Assurance Committee. Quarterly data will be reviewed to determine the following system components. Adherence to the WA State Prehospital Trauma Triage and Destination Procedure Adequacy of system resources, EMS Response, Level/adequacy of response, Request for ALS rendezvous, Use of air medical services, Initial stabilization by primary trauma centers, Transfers from initial receiving trauma center to definitive care, System barriers to optimal care and outcomes.

DESIGNATED TRAUMA FACILITIES IN THE REGION

Facility	Location (City/County)	Designation Level
Harborview	Seattle/ King	*1- outside of region, accessible by ground & air
Providence Regional Medical Center	Everett/ Snohomish	2
PeaceHealth St Joseph Medical Center	Bellingham/ Whatcom	2
Island Health	Anacortes/ Skagit	3
Skagit Valley Hospital	Mount Vernon/Skagit	3
Cascade Valley Hospital	Arlington/ Snohomish	4
Swedish Edmonds	Edmonds/Snohomish	4
Evergreen Health Monroe	Monroe/ Snohomish	4
PeaceHealth United General Medical Center	Sedro Woolley/ Skagit	4
Whidbey Health	Coupeville/Island	4
PeaceHealth Peace Island Medical Center	Friday Harbor/ San Juan	4

5.2 Cardiac & Stroke Triage and Destination Procedure

Effective Date: January 1, 2025

Objective

To improve and enhance emergency Cardiac and Stroke Care, to minimize human suffering, and to reduce death and disability within the Region.

Standard 1

All licensed and trauma verified aid and/or ambulance services shall utilize the following tools to determine patient destination:

- The State of Washington Prehospital Triage Destination Procedure for Cardiac patients; and
- Prehospital Stroke Triage Destination Procedure for stroke patients; and
- Local County Operating Procedures (COPS);

Standard 2

If it is unclear as to where a patient should be transported, contact Medical Control for guidance to the nearest appropriate hospital.

LINKS:

WA State Cardiac Triage Destination Procedure - State of Washington Prehospital Cardiac Triage Destination Procedure

For the most current WASHINGTON STATE PREHOSPITAL STROKE TRIAGE DESTINATION PROCEDURE
https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//530182.pdf

5.3 Mental Health and Chemical Dependency Destination Procedure

Effective Date: January 1, 2025

Background

In 2015 the Washington State Legislature passed legislation (SHB 1721) allowing Emergency Medical Services ambulance and aid services to transport patients from the field to mental health or chemical dependency services.

Goal

The overall goal of this patient care procedure is to reduce the potential misuse of EMS and hospital emergency room services.

Objective

To provide clear instructions for developing operational guidelines to operationalize transport of patients from the field directly to mental health and chemical dependency facilities.

Procedures

1. Participation by licensed EMS services and qualifying receiving facilities in a mental health and chemical dependency alternative destination program is voluntary.
2. Licensed EMS services and qualifying receiving facilities must adhere to the minimum guidance provided by the Washington State Department of Health in the Guideline for the Implementation of SHB 1721 for programs that are implemented to allow transport of patients directly from the field to mental health and chemical dependency facilities.
3. When designing, establishing and monitoring mental health and chemical dependency alternative destination programs, Local EMS councils shall identify and appoint health care representatives and interested parties from the mental health and chemical dependency profession to applicable councils, committees, and/or workgroups.
4. Licensed EMS services and qualifying receiving facilities will work with the Department of Health appointed county Medical Program Director (MPD) to reach consensus on criteria that all facilities and EMS services participating in the program will follow for accepting patients.
5. The Local EMS Council and MPD must develop and establish a COP inclusive of the standards recommended by the guideline and this PCP. The COP must include:
    a. Dispatch criteria;
    b. Response parameters;
    c. A list of approved mental health and chemical dependency facilities participating in the program and the standardized criteria for accepting patients;
    d. Destination determination criteria including considerations for transports that may take EMS out of its county of origin;

e. A list of options for methods of transport other than an ambulance and any pertinent timelines for transport to occur;
f. Guidance to EMS providers on when to contact law enforcement and any procedures that must be considered during EMS and law enforcement interactions;
g. Guidance to EMS providers on when to contact the designated mental health professional (DMHP) and any procedures to be considered during an involuntary hold; and
h. Other local nuances pertinent to operationalize the program.

6. The department approved MPD patient care protocols must include the standards and screening criteria in the guideline. The protocol must be consistent with state standards, PCP's, and COP's. The protocol should assist EMS providers in the:
    a. Determination of medical emergency that requires immediate care;
    b. Assessment of the risk the patient presents to patient's self, the public, and the emergency medical service personnel;
    c. Determination of severity of mental health or substance use disorder.

7. The Local EMS Council and MPD must establish a quality assurance process to monitor programs.

8. The MPD must implement department approved education for emergency medical service personnel in accordance with the training requirements of the guideline. Educational programs must include minimum content prescribed in the guideline and must be approved by the department.

6. EMS/Medical Control Communications & Trauma System Activation

Effective Date: January 1, 2025

Objective

To define the components of trauma system activation on a regional level

To clarify that the Prehospital component of trauma system activation includes identification of major trauma patients in the field (using the State of Washington Prehospital Trauma Triage [Destination] Procedure), early notification and consultation with medical control, trauma center transport and data collection and submission.

To clarify that the hospital component of trauma system activation includes recognition of the critical trauma patient needs, surgical intervention and activation of the hospital's trauma resources, and data collection and submission.

Standard 1

Dispatch center personnel shall identify major trauma calls using the State of Washington Prehospital Trauma Triage (Destination) Procedure and shall dispatch verified trauma services according to the regional standard for identification of the level of medical care personnel to be dispatched to the scene of major trauma and to transport major trauma patients. (Patient Care Procedure #4)

Standard 2

The response and transport services dispatched to the scene will confirm the patient meets major trauma patient parameters according to the State of Washington Prehospital Trauma Triage (Destination) Procedure.

Standard 3

The transporting service will provide a patient report to the receiving facility identifying each major trauma patient transported that meets the triage criteria. The transporting service should notify the receiving facility as early as possible.

Standard 4

Trauma verified transport services shall take identified trauma patients who activate the Trauma System to designated trauma centers in accordance with state requirements and the regional standard transport of patients to designated trauma centers.

Standard 5

The response and transport services will provide patient data to the Department of Health for all patients identified as meeting the triage criteria (trauma patients requiring transport to trauma centers) Procedure for trauma registry use. The transport service will provide written documentation of the call 95% of the time prior to leaving the ED.

Standard 6

Designated trauma centers will collect and submit data on trauma patients for trauma registry use in accordance with WAC 246-976-430.

Standard 7

Low acuity trauma patients will be transported to local facilities based on county Prehospital patient care protocols and procedures.

7. Hospital Diversion

Effective Date: June 2023

Diversion Statement

This Region has agreed to not divert trauma patients due to census. Prehospital providers will triage to the appropriate trauma centers.

8. Cross Border Transport

Effective Date: June 2024

Objective

To define responsibility for patient care for trauma transports outside response areas, counties and EMS Regions.

Standard 1

Pre-hospital providers will follow protocols for your local jurisdiction and contact the receiving facility which is in the best judgment of the attending provider.

9. Inter-Facility Transport Procedure

Effective Date: June 2024

Objective

To recommend criteria for inter-facility transfer of adult and pediatric trauma patients from receiving facility to a higher level of care.

Standard 1

All inter-facility transfers will be consistent with EMTALA regulations.

Standard 2

A standard regional transfer agreement shall be utilized when and if it is provided by Washington State.

Standard 3

Hospitals will transfer patients when their capabilities are exceeded, and hospitals will consider the Washington State guidelines for transferring of patients.

Standard 4

Trauma verified services shall be used for inter-facility transfers.

10. Mass Casualty Incident (MCI)

Effective Date: Current

Objective

To identify how Prehospital personnel will respond to a Mass Casualty Incident (MCI).

Standard

Each county in the North Region has a MCI plan. EMS personnel, licensed ambulance and licensed

aid services shall respond in accordance to their County's MCI protocol.**)**

11. Region Specific Patient Care Procedures – (A): Access to Prehospital EMS Care

Effective Date: January 2025

Objective

To define elements of the Regional EMS and Trauma system necessary to assure rapid universal access to 911 and E-911, rapid identification of emergent situations, rapid dispatch of medical personnel, management of medical pre-arrival needs rapid identification of incident location.

Standard 1

Region-wide access to emergency response shall be by 911 from all private and public telephones.

Enhanced 911 is the preferred access capability, where available.

Standard 2

Emergency medical dispatch training for all dispatchers is the recommended standard of care. It is recommended that dispatch centers require emergency medical training for all dispatchers. The format shall be approved by the county MPD. A reference system for use by trained dispatchers shall provide dispatch decision criteria consistent with county patient care and level of care standards. Pre-arrival instructions for patient care should be a component.

Standard 3

Each county shall participate in a regional program of residence identification to enhance rapid EMS arrival. Establishing standards for addressing and emergency indicators are program elements.

11. Region Specific Patient Care Procedures – (B): Activation of Hospital Trauma Resuscitation Team.

Effective: January 1, 2025

Objective

To define region-wide minimum activation criteria for hospital trauma resuscitation teams.

Standard 1

Each hospital will define their Trauma Team activation criteria and response within the guidelines of the Washington State Department WAC 246-976-700

11. Region Specific Patient Care Procedures – (C): Transport of patients outside of the Response Area

Effective: January 1, 2025

Objective

To define responsibility for patient care for trauma transports outside response areas, counties and EMS Regions.

Standard 1

Pre-hospital providers will follow protocols for your local jurisdiction and contact the receiving facility which is in the best judgment of the attending provider.

11. Region Specific Patient Care Procedures – (D): EMS Transport Destination of Medical Patients

Effective January, 2025

Objective

To allow Medical Program Directors to develop local protocols to define the destination of EMS medical

patients.

To allow local county protocols to route patients to hospitals that have capabilities appropriate for the

patient's presenting medical condition.

Standard 1

All EMS Agencies should follow their Medical Program Director's patient care protocols and/or

guidelines for the care and transport of medical and trauma patients.

Standard 2

If it is unclear as to where a medical or trauma patient should be transported, contact Medical Control at the nearest hospital for directions; otherwise follow off-line medical control of patients as outlined in standing orders, patient care protocols, and/or guidelines provided by the Medical Program Director.