Strategic Plan:

2025-2027

Southwest Region EMS and Trauma Care Council

SOUTHWEST REGION

Emergency Medical Services & Trauma Care Council

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INTRODUCTION

EXECUTIVE SUMMARY

As one of the eight regional EMS trauma care councils mandated in the WAC, the Southwest Region EMS and Trauma Care Council bases its purpose and work on the following state strategic plan for EMS and Trauma:

VISION: Washington has an emergency care system that reduces death, disability, human suffering, and costs due to injury and medical emergencies.

MISSION: We work to maintain and strengthen an accessible, efficient, high quality, well-coordinated, statewide emergency care system.

CHALLENGES: Rapidly changing healthcare environment, limited and declining resources, increasing demand, workforce shortages, barriers to quality assurance and improvement, unequal access, rapidly changing technology, drivers of public expectations, and sustainability of community collaboration.

PRIORITIES: Quality, cost, access, data driven decision making, education and outreach, improving integration and collaboration, resource and workforce development, regulatory adjustment.

GOALS: The overarching goals of the Washington State Emergency Care System as reflected in the state strategic plan are to:

1. Increase access to quality, affordable, and integrated emergency care for everyone in Washington;
2. Prepare for, respond to, and recover from public health threats;
3. Promote programs and policies to reduce the incidence and impact of injuries, violence and illness;
4. Promote and enhance continuous quality improvement of emergency care systems for Washington;
5. Work toward sustainable emergency care funding, enhance workforce development, and demonstrate impact on patient outcomes."

With this in mind, the biennial regional trauma plan is developed to work collaboratively with local, regional, and state partners to enhance and improve EMS and trauma care throughout the Southwest Region of Washington State. The work set forth in this plan is designed, as directed by the RCW and WAC, to provide an objective, system-level analysis, and make recommendations for system quality improvements to support and advance the emergency care system. The Region Council will accomplish the work as outlined in the goals, objectives, and strategies section of this plan and each objective in this plan has been crafted to build upon previous work, so resources are spent as efficiently as possible. Council work is completed through structured council meetings, ad hoc committees, collaborations with local EMS and Trauma Care Councils, and administrative support from contracted staff.

REGIONAL SUMMARY

The Southwest Region Emergency Medical Services and Trauma Care Council is a 501c3 non-profit which works as a quasi-governmental agency that receives funding through the Washington State Department of Health. The Region Council was established in 1990 as a part of the Washington EMS & Trauma Care system through the Revised Code of Washington (RCW 70.168.100-70.168.130) and Washington Administrative Code (WAC 246.976.960). The RCW and WAC task the Region EMS and Trauma Care Council to administer and facilitate emergency medical services and trauma care system coordination, evaluation, planning, and develop system recommendations for the WA State EMS and Trauma Steering Committee and the Department of Health (DOH). The Region Council works to improve the emergency medical care system in the region by providing training and injury prevention grants to local EMS and Trauma Care Councils, providing system guidance through the development of Patient Care Procedures (PCPs), and sharing information with stakeholders.

MISSION AND VISION

SWREMS & TCC Mission: Advance the Emergency Medical Service (EMS) and Trauma Care System.

SWREMS & TCC Vision: A Region EMS and Trauma Care System of coordinated planning to provide the highest quality continuum of care from injury prevention to return to the community.

COMPOSITION AND STRUCTURE OF COUNCIL

The Southwest Region EMS and Trauma Care Council is composed of 23 volunteer representatives from several EMS and EMS-related services within the region. Each county in the region has a local EMS and Trauma Care Council which sends pre-hospital representatives to sit on the regional EMS Council. There are also council members who represent each of the hospitals in the region, air medical services, emergency management, emergency communications, Medical Program Directors (MPDs), as well as representatives from law enforcement, local government, local elected officials, and consumer (non-EMS related) representatives. The Council is led by a paid Executive Director and a volunteer Executive Board who head the Regional EMS and Trauma Care Council. There are no standing committees; ad hoc committees are formed as needed. The regional QI committee is headed and coordinated by local hospital representatives. Additionally, the Southwest Region EMS and Trauma Care Council entered into a contract with the South Central Region EMS and Trauma Care Council several years ago to provide administrative services for that region.

The Southwest Region EMS and Trauma Care Council meets via Zoom every other month. Topics at the region council meetings include the business of the council (approving financial documents, election of officers, updates on trauma plan work and updates on grant funding work) as well as discussing any business pertinent to the council (such as updated rules or documents provided by the DOH, discussing local topics that may impact EMS and trauma care, and other council work as outlined in the goals section below). The council as a whole works on major projects such as providing system guidance through the maintenance and development of Patient Care Procedures and updating the region's

biennial trauma plan. Meetings may also include presentations that are useful for members which they can then share with their own organizations (injury data presentations, for example), and include updates on what is happening in member's organizations as well as reports from state DOH representatives.

ROLE OF MPDs

Medical Program Directors (MPDs) provide clinical oversight and medical guidance within the regional EMS and Trauma Care system. Each county has an assigned MPD who is responsible for implementing and maintaining the medical direction framework as required under state regulation.

The responsibilities of MPDs include:

- Developing and maintaining county-specific medical treatment protocols for EMS providers.
- Assisting local EMS and Trauma Care Councils with the creation and review of County Operating Procedures (COPs).
- Collaborating with the regional council on the development and review of Patient Care Procedures (PCPs).
- Supporting the credentialing of EMS providers and the licensing of EMS agencies in accordance with state guidelines.
- Participating in EMS provider education and training activities.
- Contributing to quality improvement initiatives and regional clinical discussions.

MPDs are typically board-certified physicians with emergency medicine experience who serve in both hospital and prehospital advisory roles. Their involvement ensures that patient care protocols are evidence-based, regionally consistent, and aligned with the standards of the Washington State EMS and Trauma Care system.

COLLABORATIVE PARTNERSHIPS

The Southwest Region EMS and Trauma Care Council collaborates with a number of organizations throughout the region and the state. The Region's partnership with the Southwest Washington Healthcare Alliance allows stakeholders to work with a wide range of organizations when developing emergency response plans—everyone from emergency management to the weather service to nursing homes to the WSDOT are included in these meetings. For injury prevention work, local EMS and Trauma Care Councils work closely with Safe Kids, local fire departments, and other non-profit organizations in their area to develop plans and projects to share injury prevention resources and messages to their communities. The regional QI Committee, which reviews data and cases that show trending EMS and trauma care topics in the region, includes doctors, nurses, public health, MPDs, EMS, private ambulance reps, air medical reps, and other interested parties. Region staff also participates in several state TACs and workgroups (Pre-Hospital TAC, RAC TAC, Pediatrics TAC, WEMSIS workgroup,

to name a few) which allows the Region to collaborate with agencies and representatives around the state with the goal of improving the emergency care system at all levels.

REGIONAL PROFILE

The Southwest Region EMS and Trauma Care council oversees emergency medical care services in Clark, Cowlitz, Klickitat, Skamania, South Pacific, and Wahkiakum counties. The region is diverse in its population centers—everything from large cities to very remote mountain towns—and diverse in its geography--the region is bordered by the Pacific Ocean on the west, the Columbia River on the south, and mountains in the eastern part of the region. The region has large, well-funded EMS agencies, and also has agencies that solely rely on volunteer EMS providers. Like most of Washington State, many areas of the region have experienced increases in population and this part of the state is also a draw for tourists who enjoy many year-round outdoor activities which can surge population throughout the year.

COUNTY PROFILES

Clark County

Clark County Overview					
Chairperson: Ben Peeler			MPD: Dr Marlow Macht		
	2000	**2010**	**2020**	**2023 (est)**	
Population	345,238	425,363	503,331	521,150	
	White	**Black**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	84%	2.8%	5.9%	12.6%	8.6%
Population by Age	<5 5.5%	<18 22.2%	19-64 55.2%	>65 17.1%	
Leading causes of injury death	Unintentional falls (28%), unintentional poisoning/drug overdose (22%), suicide (20%)				
Description of county	628.5 sq mi; Vancouver is the major city in this county; mix of urban, suburban, rural, and wilderness. The county is bordered on the south by the Columbia River.				
Major infrastructure	I-5 runs north-south through the county; several thousand citizens commute to the Portland area to work each day; healthcare, retail, and a variety of industries are the main economic drivers of the economy				
Seasonal influences	Year-round outdoor activities (fishing, boating, hiking, etc) draw many tourists to the area				
Unserved/underserved areas	None				
Other considerations	EMS occasionally transports patients to nearby Portland OR for level 1 trauma care.				

Clark County Resource Statistics					
EMS Providers	502 - BLS	0 - ILS	340 - ALS	10% Volunteer	90% Paid

	Trauma Verified	EMS Licensed	ESSO	Air Ambulance	
EMS Agencies	11	1	4	0	
Hospitals	**Designated Trauma Level**	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Peace Health SW Medical Center	II	II	N/A	I	I
Legacy Salmon Creek	N/A	N/A	N/A	I	II
Training Program	North Country EMS, Yacolt WA				**# SEIs in the county: 3**
Training Program	Clark Fire District #5 /NWR Training Center, Vancouver WA				
Training Program	Clark County EMS and Trauma Care Council; Vancouver WA				
Training Program					
Testing sites	Clark Community College; Vancouver				

Cowlitz County

Cowlitz County Overview					
Chairperson: Eric Koreis			MPD: Dr Marc Kranz		
	2000	**2010**	**2020**	**2023 (est)**	
Population	92,948	102,410	110,730	112,864	
	White	**American Indian**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	90%	2.3%	1.8%	10.8%	13.2%
Population by Age	<5 5.6%	<18 22.3%	19-64 51.9%	>65 20.2%	
Leading causes of injury death	Unintentional poisoning/drug overdose (26%), suicide (23%), unintentional falls (18%)				
Description of county	1141 sq mi; there are small urban sections of the county (Kelso and Longview) but most of the county is classified as rural or wilderness				
Major infrastructure	I-5 runs north-south through the county; the timber industry, port facilities, a paper mill, and Mt St Helens are economic drivers of this county				
Seasonal influences	Outdoor activities (fishing, boating, the wilderness, Mt St Helens observation area) draw people to the county year-round.				
Unserved/ underserved areas	There are some parts of the county that are underserved.				
Other considerations					

Cowlitz County Resource Statistics					
EMS Providers	164- BLS	2 - ILS	74 - ALS	34% Volunteer	66% Paid
	Trauma Verified	**EMS Licensed**	**ESSO**	**Air Ambulance**	
EMS Agencies	10	0	2	0	
Hospitals	**Designated Trauma**	**Designated Rehabilitation**	**Designated Pediatric**	**Categorized Cardiac**	**Categorized Stroke Level**

	Level	Level	Level	Level	
Peace Health St John Medical Center	III	N/A	N/A	II	III
Training Program	Cowlitz County EMS & Trauma Care Council; Longview WA				**# SEIs in the county: 4**
Training Program					
Testing sites	Lower Columbia College; Longview				

Klickitat County

Klickitat County Overview					
Chairperson: Juliana Ontiveros			MPD: Dr Russell Smith		
	2000	**2010**	**2020**	**2023 (est)**	
Population	19,161	20,318	22,735	23,589	
	White	**American Indian**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	92.4%	2.5%	1.1%	13.2%	12.1%
Population by Age	<5 4.3%	<18 18.1%	19-64 51.9%	>65 25.7%	
Leading causes of injury death	Unintentional poisoning/drug overdose (21%), motor vehicle/traffic (21%), unintentional falls (19%)				
Description of county	1871.6 sq mi; other than the city of Goldendale, all other parts of this county would be considered rural and wilderness. The county is bordered on the south by the Columbia River.				
Major infrastructure	SR14 runs east-west through the county. The timber industry and tourism industries form most of the economic activity in the county.				
Seasonal influences	The county has year-round tourism activities (fishing, hunting, boating, hiking). Wildfires can also be an issue in the summer.				
Unserved/ underserved areas	Most parts of the county can be considered underserved as, other than a couple of small towns, they rely only on volunteer EMS providers.				
Other considerations	Most of the county is very rural/wilderness which can result in longer than average response/transport times.				

Klickitat County Resource Statistics					
EMS Providers	78- BLS	3 - ILS	15 - ALS	73% Volunteer	27% Paid
	Trauma Verified	**EMS Licensed**	**ESSO**	**Air Ambulance**	
EMS Agencies	14	2	0	0	
Hospitals	**Designated Trauma Level**	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Klickitat Valley Health	IV	N/A	N/A	II	III
Skyline Hospital	IV	N/A	N/A	II	III

Training Program	Klickitat County EMS District #1; Dallesport, WA	**# SEIs in the county: 0**
Training Program		
Testing sites	None	

Skamania County

Skamania County Overview					
Chairperson: Chris Fuller			MPD: Dr Greg Hoskins		
	2000	**2010**	**2020**	**2023 (est)**	
Population	9,872	11,066	12,036	12,640	
	White	**American Indian**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	91.3%	2%	1.4%	6.9%	9.6%
Population by Age	<5 3.7%	<18 16.7%	19-64 53.8%	>65 25.8%	
Leading causes of injury death	Motor vehicle/traffic (26%), suicide (23%), unintentional poisoning/drug overdose (21%), unintentional falls (17%)				
Description of county	1658 sq mi; Stevenson is the major town. Mt St Helens is in this county. More than 80% of the county is forested.				
Major infrastructure	SR 14 runs east-west through the county. Timber/forest management and tourism are the major industries in the county.				
Seasonal influences	Mt St Helens, Mt Adams, and the wilderness that makes up most of the county draw tourists participating in outdoor activities year-round. Wildfires can be an issue during the summer.				
Unserved/ underserved areas	No areas are unserved but due to being mostly wilderness, response and transport times can be very long and accessing patients can be difficult in this county.				
Other considerations	EMS services, including transport, are provided by a public hospital district; property tax is the sole source of revenue and they are severely restricted by the amount of state and federally managed lands within the county.				

Skamania County Resource Statistics					
EMS Providers	14- BLS	2 - ILS	12 - ALS	47% Volunteer	53% Paid
	Trauma Verified	**EMS Licensed**	**ESSO**	**Air Ambulance**	
EMS Agencies	4	1	0	0	
Hospitals	**Designated Trauma Level**	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
None					
Training Program	Skamania EMS & Rescue; Stevenson WA				**# SEIs in the county: 1**
Training Program					

Testing sites	None	

South Pacific County (At the time the original Region Council boundaries were established, it was decided to divide Pacific County between two Regions because the geography bisects the flow of patient transport destination to the north or south. The northern part of Pacific County is within the West Region and the southern part of Pacific County is within the SW Region boundary)

South Pacific County Overview					
Chairperson: Brad Weatherby			MPD: Dr Steven Hill		
	2000	**2010**	**2020**	**2023 (est)**	
Population	10,490	10,460	11,682	12,100	
	White	**American Indian**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	89.6%	2.9%	2.1%	10.2%	13.6%
Population by Age	<5 3.4%	<18 14.6%	19-64 47.4%	>65 34.6%	
Leading causes of injury death	Unintentional poisoning/drug overdose (19%), unintentional falls (18%), motor vehicle/traffic (18%)				
Description of county	467 sq mi; bordered on the south by the Columbia River and on the west by the Pacific Ocean. The county would be considered mostly rural with industrial areas located on the coast.				
Major infrastructure	Oyster harvesting, forestry, fishing, and tourism are the major industries in the county.				
Seasonal influences	Outdoor activities draw tourist year-round although coastal towns see a much larger influx of tourists in the summer.				
Unserved/ underserved areas	None.				
Other considerations	Due to its coastal location, the EMS system has developed specialized water rescue response techniques.				

South Pacific County Resource Statistics					
EMS Providers	35- BLS	2 - ILS	14 - ALS	31% Volunteer	69% Paid
	Trauma Verified	**EMS Licensed**	**ESSO**	**Air Ambulance**	
EMS Agencies	4	2	0	0	
Hospitals	**Designated Trauma Level**	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Ocean Beach Hospital	IV	N/A	N/A	II	III
Training Program	Pacific County FD #1; Ocean Park WA				**# SEIs in the county: 1**
Training Program					
Testing sites	None				

Wahkiakum County

Wahkiakum County Overview					
Chairperson: Duncan Cruickshank			MPD: Dr Marc Kranz		
	2000	**2010**	**2020**	**2023 (est)**	
Population	3,824	3,978	4,422	4,765	
	White	**American Indian**	**Asian**	**Hispanic**	**Live Below Poverty Line**
Population by Race	90.4%	1.9%	1.8%	5.2%	11.4%
Population by Age	<5 3.7%	<18 16.3%	19-64 45.7%	>65 34.3%	
Leading causes of injury death	Suicide (20%), unintentional falls (19%), motor vehicle/traffic (14%), unintentional poisoning/drug overdose (14%)				
Description of county	262 sq mi; one of the least populous counties in Washington State. Cathlamet is the main town in the county. Bordered on the south by the Columbia River.				
Major infrastructure	Timber and tourism are the main industries in the county.				
Seasonal influences	Year-round outdoor activities draw tourists to the area.				
Unserved/ underserved areas	There are no unserved areas in the county. The vast majority of BLS providers in the county are volunteers.				
Other considerations	There is no ALS service and no hospitals in the county; ALS service is provided by South Pacific or Cowlitz county providers. Patients are usually taken to hospitals in South Pacific or Cowlitz counties as well as occasionally to the hospital in Astoria OR.				

Wahkiakum County Resource Statistics					
EMS Providers	15- BLS	2 - ILS	3 - ALS	76% Volunteer	24% Paid
	Trauma Verified	**EMS Licensed**	**ESSO**	**Air Ambulance**	
EMS Agencies	3	1	0	0	
Hospitals	**Designated Trauma Level**	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
None					
Training Program	None				**# SEIs in the county: 2**
Training Program					
Testing sites	None				

HISTORICAL SNAPSHOT/ACCOMPLISHMENTS

Within the last trauma plan period, the Region has experienced some significant changes and has also had some major accomplishments:

- At the beginning of the last strategic plan period, the region's Executive Director passed away unexpectedly. This had a huge impact on the entire region. Between DOH staff, the Region's

Executive Board, and the Region's bookkeeper, the Region was able to remain on track with its contracted work deliverables. This situation pointed out the need for a business continuity plan which was developed over the plan period.

- Two long-term board members retired. While their guidance and long-term historical knowledge of EMS and the region was invaluable, other board members have stepped up to join the Executive Board and help guide the organization. This also pointed out the need to review recruitment and retention activities for Board members.
- Some of the local EMS and Trauma Care Councils had unused training and Injury and Violence Prevention (IVP) grant funds since the early covid years. All funds were spent during FY2024 and the Region is once again up-to-date with the grant funds.
- The region conducted a revision of its Patient Care Procedures (PCPs) which contributes to clear instructions to system partners for the identification, transport, and destination decisions for patients across the region.
- Several region and local stakeholders participated in a multi-agency chemical terrorism tabletop exercise; this exercise pointed out response issues that the Healthcare Alliance will address.
- Technology has been an important way to increase participation in region meetings; it is much easier for EMS providers, MPDs, and clinical staff to Zoom into a meeting instead of taking time off work and driving a long distance to participate in the Region's meetings. The local EMS and Trauma Care Councils have also been able to utilize technology to receive remote/hybrid online classes and improve record retention and record reporting to the DOH WEMSIS program.
- The DOH office has been a very good resource for several issues the Region has faced. Prior to mandatory WEMSIS reporting, WEMSIS office staff attended regional and local EMS and Trauma Care Council meetings, explained more about the reporting requirements, and worked one-on-one with rural agencies to get them set up for reporting. When a trauma service designation issue came up, licensing staff from the DOH attended the meeting to answer specific questions from the group which cleared up the issue immediately. Despite the trauma registry issue, the DOH's Research, Analysis, and Data team has given very good injury and hospitalization data presentations at regional council meetings.

CHALLENGES AND PRIORITIES

Among the challenges the Region has faced recently:

- Local county agencies have reported problems with recruitment and retention of volunteer EMS providers.
- There have been some issues with accessing updated trauma registry data, however the DOH's Research, Analysis, and Data Team has been good about finding other ways to access and present the data needed for IVP and QI projects.
- Funding continues to be an issue. In FY2004, the DOH provided $210,925 annually to each region but by FY2024, that amount had dropped to $152,880. Currently the region is able to provide local EMS and Trauma Care councils a total of $76,440 (approximately $12,000 for each local council) in training and IVP funding with DOH grant funds; this is literally a drop in the

bucket when it comes to the ever-increasing costs of everything from manikins and classes to training supplies and IVP equipment. We continue to make cost-saving cuts but at this point we have cut all we can, yet expenses continue to rise and over the past couple of years, inflation has increased the prices of many things exponentially.

- The population in the region has increased by more than 200,000 people since 2000; this impacts the number of EMS calls received and the number of providers needed in the region.
- Certain causes of death (overdoses, suicide, falls) have increased over the past decade; this impacts the need for services, the types and costs of services provided, and the need for more effective prevention programs.

Priorities for this strategic plan period include:

- Assisting with the trauma services assessment.
- Continuing to support EMS training and IVP programs within the region with particular emphasis on assisting rural agencies.
- Continuing to collaborate with local, regional, and state partners on a variety of projects to improve emergency care services within the region (ie: participate in drills and exercises, participate in state-level TACs and workgroups, etc).
- Enhancing and improving the regional QI program (encourage participation, provide timely information and useful data, regularly review KPIs, have case reviews that provide useful learning opportunities, etc).
- Continuing to increase regional Council participation by encouraging participation by local EMS and Trauma Care Council representatives, reviewing the bylaws to ensure the current positions meet council needs, and filling vacant council positions.

GOALS

GOAL 1: MAINTAIN, ASSESS, AND INCREASE EMERGENCY CARE RESOURCES

The Region will review and assess existing EMS and trauma resources within the region. We will gather information to identify system gaps and develop a plan to address our findings.

GOAL 1: Maintain, Assess, and Increase Emergency Care Resources		
Objective 1: Develop and conduct a needs assessment to determine the number of designated and categorized hospitals, and EMS services, needed to support public access to emergency care services. Include the identification of any unserved or underserved areas.	**1**	**Strategy 1:** When requested, Region will work with the DOH and other regions to develop an assessment process to determine the number of designated and categorized hospitals, and EMS services needed to support public access to emergency care services.
	2	**Strategy 2:** When requested, Region will work with local EMS and Trauma Care Councils and other region partners to conduct the needs assessment.
	3	**Strategy 3:** When completed, the results of the needs assessment will be provided to the local EMS and Trauma Care Councils, other regional partners, and the DOH.
	4	**Strategy 4:** Ongoing, Region will work with the DOH to determine how to move forward with the findings of the needs assessment.
Objective 2: Determine min/max numbers for verified EMS services.	**1**	**Strategy 1:** By September 2025, an updated list of current min/max numbers will be provided to each local EMS council.
	2	**Strategy 2:** Ongoing, the Region will work with any local EMS and Trauma Care Council that requests updates or changes to their county min/max numbers to complete the process needed for DOH approval.
Objective 3: Determine min/max numbers for designated trauma and rehabilitation services.	**1**	**Strategy 1:** By March 2026, the Region will collaborate with the Regional QI Committee to review the designated trauma and rehabilitation services min/max numbers and determine if any updates or changes are needed.
	2	**Strategy 2:** Ongoing, the Region and the Regional QI Committee will work with any entity that requests an update or change to the min/max numbers for designated trauma and rehabilitation services in the region.
Objective 4: Make recommendations to improve public access to	**1**	**Strategy 1:** Ongoing, the Region will work with the DOH and region stakeholders to determine ways to improve public access to categorized cardiac and stroke hospitals.

GOAL 1: Maintain, Assess, and Increase Emergency Care Resources		
categorized cardiac and stroke hospitals.	**2**	**Strategy 2:** As available, the Region will participate in any processes recommended by the DOH to improve public access to categorized cardiac and stroke hospitals.
Objective 5: Review and update Patient Care Procedures (PCPs) biannually or as directed by the DOH. Participate in statewide standardization of PCPs.	**1**	**Strategy 1:** By September 2025, the Region will collaborate with local EMS and Trauma Care Councils and MPDs to review and update the PCPs.
	2	**Strategy 2:** Ongoing, any changes to the region PCPs will be made in accordance with the standardized PCP guidance.
	3	**Strategy 3:** By January 2026, the Region will ask MPDs and local EMS and Trauma Care Councils to review County Operating Procedures (COPs) and update if needed.
	4	**Strategy 4:** By January 2026, the Region will ask MPDs to review county MPD protocols and update if needed.
Objective 6: Identify specific challenges for EMS workforce in the region including recruitment and retention of EMS providers (both paid and volunteer) and provide a report to the DOH of this work.	**1**	**Strategy 1:** By September 2026, the Region will conduct a survey of all EMS agencies in the region to identify challenges to recruitment and retention of paid and volunteer EMS providers. Topics will also include access to training programs and testing sites, etc.
	2	**Strategy 2:** By November 2026, the Region will summarize the results of the survey and provide this information to all local EMS and Trauma Care Councils and the DOH.
Objective 7: Identify specific challenges for EMS services (both paid and volunteer) within the region and provide a report to DOH of this work.	**1**	**Strategy 1:** By September 2026, the Region will conduct a survey of all EMS services in the region to determine specific challenges.
	2	**Strategy 2:** By November 2026, the Region will summarize the results of the survey and provide this information to all local EMS and Trauma Care Councils and the DOH.
Objective 8: Identify specific challenges for EMS training programs and instructors and provide a report to DOH of this work.	**1**	**Strategy 1:** By November 2026, the Region will conduct a survey of all EMS training programs and instructors in the region to determine specific challenges.
	2	**Strategy 2:** By January 2027, the Region will summarize the results of the survey and provide this information to all local EMS and Trauma Care Councils and the DOH.

GOAL 2: SUPPORT EMERGENCY PREPAREDNESS, RESPONSE, AND RESILIENCE ACTIVITIES

The Region will work with emergency preparedness partners to ensure emergency preparedness response and resiliency systems are in place in the event of a medical surge or disaster incident within the region.

GOAL 2: Support Emergency Preparedness, Response, and Resilience Activities		
Objective 1: Work with the Healthcare Alliance to identify roles and responsibilities for regional councils and coalitions during a medical surge or disaster event.	**1**	**Strategy 1:** When available, the Region will participate in the development of the Healthcare Alliance strategic plan to determine how local EMS and Trauma Care Councils, and regional partners can support response during a medical surge/disaster event.
	2	**Strategy 2:** When available, the Region will share the Healthcare Alliance strategic plan/identified roles and responsibilities for local EMS and Trauma Care Councils and other regional partners for review and possible inclusion in local MCI disaster plans.
Objective 2: Identify ways to improve regional EMS council participation and coordination with local, state, regional public health, health care coalitions, and local emergency managers. This includes identifying relevant partners, developing relationships, identifying activities where regional EMST council participation will improve emergency preparedness, response and resiliency of the emergency care system.	**1**	**Strategy 1:** By January 2026, Region staff will encourage all local EMS and Trauma Care Council MCI plans to include information for working collaboratively during a region-wide disaster/MCI event.
	2	**Strategy 2:** Ongoing, Region staff will participate in the development of the Healthcare Alliance strategic plan and determine how best to participate in the event of a region-wide medical surge/disaster incident. This information will be shared at Region Council meetings.
	3	**Strategy 3:** Annually, the Region will provide input during the plan review process for the Region IV Public Health Emergency Response Plan.
Objective 3: Identify activities, strategies, and goals to improve emergency care system preparedness, response, and resilience to public health emergencies,	**1**	**Strategy 1:** On an ongoing basis, the Region will disseminate preparedness activities, drills, and exercise information to local and regional partners and encourage them to participate.
	2	**Strategy 2:** On an ongoing basis, the Region will participate in Healthcare Alliance preparedness planning activities, drills, exercises, and after actions report/hot wash activities.

GOAL 2: Support Emergency Preparedness, Response, and Resilience Activities		
all hazards incidents, and planning and exercise activities to the extent possible with existing resources.	**3**	**Strategy 3:** On an ongoing basis, the Region will participate in Healthcare Alliance meetings.
Objective 4: Work with the DOH to develop guidance for patient care procedures for all hazards, disaster triage, special pathogens transport, and other emergency preparedness topics as identified. Develop and revise PCPs in accordance with DOH guidance.	**1**	**Strategy 1:** Biannually, the Region will review the region's PCP document and make any needed revisions to the All Hazards/MCI PCP.
	2	**Strategy 2:** As needed, the Region will incorporate any HazMat/disaster-related procedures/guidances into the Region's Patient Care Procedures (PCPs) as requested by the DOH.
Objective 5: Monitor for disaster, MCI, and special pathogens related drills and exercises, advocate for EMS to be included in exercises and drills and communicate opportunities for EMS to participate.	**1**	**Strategy 1:** Ongoing, the Region will share information on upcoming drills and exercises with local and regional partners.
	2	**Strategy 2:** As available, the Region will participate in drills and exercises via the Healthcare Alliance and share these opportunities with stakeholders.
Objective 6: Work with the DOH and Healthcare Alliance partners to develop situational awareness reports that can be used to help inform partners of disaster events that could impact EMS.	**1**	**Strategy 1:** Ongoing, Region staff will share situational awareness reports with local EMS and Trauma Care Councils and regional partners when available.
	2	**Strategy 2:** As opportunities become available, the Region will participate with the DOH and Healthcare Alliance partners in developing situational awareness reports.

GOAL 3: PLAN, IMPLEMENT, MONITOR AND REPORT OUTCOMES OF PROGRAMS TO REDUCE THE INCIDENCE AND IMPACT OF INJURIES, VIOLENCE AND ILLNESS IN THE REGION

The region will share best practices, disseminate information on IVP-related activities, and provide IVP information and opportunities with regional partners. The region will participate in the state IVP TAC

and will also provide annual grant funds to County EMS councils to support local IVP projects and activities.

GOAL 3: Plan, Implement, Monitor, and Report Outcomes of Programs to Reduce the Incidence and Impact of Injuries, Violence, and Illness in the Region		
Objective 1: Promote and support programs and best practices for regional IVP programming based on regional data-driven priorities.	**1**	**Strategy 1:** On an ongoing basis, the Region will disseminate IVP information, opportunities, and best and promising IVP practices and programs with regional partners.
	2	**Strategy 2:** At Region council meetings, local EMS and Trauma Care Council reps will be encouraged to share IVP success stories from within their counties.
	3	**Strategy 3:** On an ongoing basis, the Region will participate in the state IVP TAC.
Objective 2: Document interventions and outcomes and make report out to EMS and Trauma Steering Committee.	**1**	**Strategy 1:** By May annually, the Region Council will allocate grant funds to the IVP grant program.
	2	**Strategy 2:** By June, annually, the Region Council will initiate the IVP grant process by distributing the IVP grant application/ agreement and needs assessment to the local EMS and Trauma Care Councils.
	3	**Strategy 3:** By June, annually, the local EMS and Trauma Care Councils will submit completed IVP grant application/agreement and needs assessment to the Region Council office.
	4	**Strategy 4:** By June, annually, the Region Council will establish IVP grant agreements with each local EMS and Trauma Care Council.
	5	**Strategy 5:** Throughout the grant period, the Region Council will distribute IVP grant funds as RFPs and completed documentation is received at the Region Council office.
Objective 3: Maintain sustainable prevention partnerships with pre-hospital providers, hospitals, public health and for-profit and non-profit organizations.	**1**	**Strategy 1:** Semiannually, the Region will provide a list of leading causes in fatal and non-fatal injuries to all regional partners.
	2	**Strategy 2:** On an ongoing basis, the Region will share IVP opportunities and information with all agencies in the region.

GOAL 4: ASSESS WEAKNESSES AND STRENGTHS OF QUALITY IMPROVEMENT PROGRAMS IN THE REGION

The region will create and enhance a regional quality improvement program that will benefit the entire region. We will improve participation in the QI process within the region and encourage regional partners to submit data to, and use, the data sources available from regional and state partners.

GOAL 4: Assess Weakness and Strengths of Quality Improvement Programs in the Region		
Objective 1: Identify and implement strategies to increase EMS service participation in the state EMS data registry and to improve the quality of data.	**1**	**Strategy 1:** By September 2025, the Region Council will provide information to all regional partners on the data sources available and how to access these sources to pull reports for informational/program development/grant use.
	2	**Strategy 2:** By December 2025, Region staff will encourage regional partners to submit data to state data registries.
Objective 2: Increase participation in the regional QI program.	**1**	**Strategy 1:** On an ongoing basis, Region staff will participate in the Regional QI Committee meetings and will encourage increased participation in the meetings by local and regional partners.
	2	**Strategy 2:** On an ongoing basis, the Region will share quality improvement information developed or recommended by the Regional QI Committee with regional council partners to improve outcomes.
	3	**Strategy 3:** On an ongoing basis, QI Committee report will be provided at all Region Council meetings.

GOAL 5: PROMOTE REGIONAL SYSTEM SUSTAINABILITY

The Region will monitor and complete the work required by the DOH contract. Region will also manage the business of the Council in an efficient and effective way.

GOAL 5: Promote Regional System Sustainability		
Objective 1: Manage work and deliverables required by the DOH contract.	**1**	**Strategy 1:** Ongoing, Region will hold region council meetings, take accurate meeting minutes, and encourage participation by all region partners.
	2	**Strategy 2:** Annually, Region will review region council documents and update if needed (agency contact lists, bylaws, council policies, ED succession handbook, etc).
	3	**Strategy 3:** Ongoing, Region will maintain financial documents and practices in compliance with state auditor requirements (monthly accounting, annual budget approval, annual SOS/990/auditor filings, participate in biennial SAO audit, sign biennial contract with DOH, submit A19s and Exhibit BCDs according to schedule).
	4	**Strategy 4:** Ongoing, Region will participate in meetings pertinent to region work (local EMS council, Steering Committee, RAC TAC, and other TAC/workgroup meetings as available).
	5	**Strategy 5:** Ongoing, Region will do work that relates to council business (update website, regularly back up files off-site, ensure region has an active insurance policy, etc).
	6	**Strategy 6:** Ongoing, Region will share news and information from the DOH and region partners with all stakeholders in the region.
	7	**Strategy 7:** By January 2027, Region will write the biennial Regional Trauma Plan and submit it to the DOH by the required deadline.
	8	**Strategy 8:** As needed, Region will participate in other projects and programs as requested by the DOH.
Objective 2: Support education for EMS providers; prioritizing initial education programs particularly in rural communities.	**1**	**Strategy 1:** By May annually, the Region Council will allocate funds to the training grant program.
	2	**Strategy 2:** By May annually, Region will initiate the training grant process by distributing the grant application/agreement and training needs assessment to the local EMS and Trauma Care Councils.

GOAL 5: Promote Regional System Sustainability		
	3	**Strategy 3:** By June, annually, local EMS and Trauma Care Councils will submit a completed training grant application/agreement and training needs assessment to the Region Council office.
	4	**Strategy 4:** By June annually, the Region Council will establish training grant agreements with each local EMS and Trauma Care Council.
	5	**Strategy 5:** Throughout the grant period, Region will disburse training grant funds as RFPs and completed documentation is received at the Region Council office.
	6	**Strategy 6:** By September annually, the Region Council will collect, analyze, and report information to understand the outcomes of the training grants.
	7	**Strategy 7:** Ongoing, Region will regularly share training information and opportunities with all stakeholders in the region.
Objective 3: Share leadership course opportunities, prioritizing rural EMS providers.	**1**	**Strategy 1:** When available, leadership training opportunities will be shared with all agencies in the region.
Objective 4: Share opportunities for wellness courses for EMS and other first responders.	**1**	**Strategy 1:** As available, Region will share wellness course opportunities with all agencies in the region.
Objective 5: Support EMS instructor development.	**1**	**Strategy 1:** As available, Region will share information on EMS instructor classes, pilot programs, and training opportunities with all SEIs in the region.
Objective 6: Promote opportunities to improve sustainable practices for rural EMS systems. Consider using DOH education materials that have been developed to support rural EMS sustainability.	**1**	**Strategy 1:** As available, Region will share news, training opportunities, and other related information on rural EMS sustainability with all agencies in the region.

GOAL 5: Promote Regional System Sustainability		
Objective 7: Manage regional council membership to ensure all medical, and other partners and stakeholders, are represented.	**1**	**Strategy 1:** Ongoing, Region will regularly update the region council roster and strive to fill all vacant membership spots.
	2	**Strategy 2:** Ongoing, Region will attend local EMS and Trauma Care Council meetings to share relevant information.
	3	**Strategy 3:** As needed, Region will provide information to region council members on conflict of interest, open public meeting training, and provide updated region council membership information developed by the DOH.

APPENDICES

APPENDIX 1:

Adult and Pediatric Trauma Designated Services and Rehab Facilities

WA Department of Health Trauma Designated Services					
REGION	**Trauma Designation**			**Facility**	**City**
	Adult	**Pediatric**	**Rehab**		
SOUTHWEST	II		II R	PeaceHealth Southwest Medical Center	Vancouver
	III			PeaceHealth St. John Medical Center	Longview
	IV			Klickitat Valley Hospital	Goldendale
	IV			Ocean Beach Hospital	Ilwaco
	IV			Skyline Hospital	White Salmon

REF: DOH 530-101 /July 2024

https://doh.wa.gov/sites/default/files/2022-02/530101.pdf

APPENDIX 2

Approved Minimum/Maximum (Min/Max) numbers of Designated Trauma Care Services

REGION	Level	State Approved		Current Status (#)
		MIN	MAX	
SOUTHWEST	I	0	0	0
	II	1	1	1
	III	1	1	1
	IV	3	3	3
	V	1	2	0
	* I P	0	0	0
	* II P	0	1	0
	* III P	0	1	0

* Pediatric

REF: DOH 689-163 / August 2023

https://doh.wa.gov/sites/default/files/2022-02/689163.pdf?uid=6431cc49d8cb6

APPENDIX 3

Approved Minimum/Maximum Numbers of Designated Rehabilitation Trauma Care Services

REGION	Level	State Approved		Current Status (#)
		MIN	MAX	
SOUTHWEST	I R	0	0	0
	II R	1	1	1

REF: DOH 689-163 / August 2023

https://doh.wa.gov/sites/default/files/2022-02/689163.pdf?uid=6431cc49d8cb6

APPENDIX 4

Washington State Emergency Cardiac and Stroke (ECS) System Categorized Hospitals

Washington State
Emergency Cardiac and Stroke System
Participating Hospitals by Region

REGION	Categorization Level		Facility	City	County
	Cardiac	Stroke			
SOUTHWEST	II	III	Klickitat Valley Health	Goldendale	Klickitat
	I	II	Legacy Salmon Creek Medical Center	Vancouver	Clark
	II	III	Ocean Beach Hospital	Ilwaco	Pacific
	II	III	Skyline Hospital	White Salmon	Klickitat
	I	I	Southwest Medical Center (PeaceHealth)	Vancouver	Clark
	II	III	St. John Medical Center (PeaceHealth)	Longview	Cowlitz

NP = Not Participating
* Meets requirements of a Level I or Level II Stroke Center with all aspects of Emergent Large Vessel Occlusion (ELVO) therapy available on a 24 hour per day, seven day per week (24/7) basis.

REF: DOH 345-299 /March 2025

https://doh.wa.gov/sites/default/files/2022-02/345299.pdf

APPENDIX 5: EMS Resources, Prehospital Verified Services

Appendix 5A: EMS Agency Report/Data

SOUTHWEST REGION: EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Clark	AIDV.ES.00000069	East County Fire and Rescue	Camas	AIDV	BLS	0	6	23	0	0
Clark	AIDV.ES.00000070	Clark County Fire District #3	Brush Prairie	AIDV	ALS	0	22	47	0	14
Clark	AIDV.ES.00000072	Clark County Fire District 6	Vancouver	AIDV	ALS	0	15	53	0	30
Clark	AIDV.ES.00000074	Clark County Fire District #10	Amboy	AIDV	BLS	0	11	38	0	0
Clark	AIDV.ES.00000083	Vancouver Fire Department	Vancouver	AIDV	ALS	0	25	127	0	102
Clark	AIDV.ES.00000084	Washougal Fire Department	Washougal	AIDV	BLS	0	2	4	0	0
Clark	AIDV.ES.60144296	Clark County Fire District 13	Yacolt	AIDV	BLS	0	5	5	0	0
Clark	AMB.ES.60165968	Metro West Ambulance Service	Hillsboro	AMB	ALS	32	2	1	0	0
Clark	AMBV.ES.00000082	Camas Fire Department	Camas	AMBV	ALS	4	3	15	0	49
Clark	AMBV.ES.00000088	North Country Emergency Medical Services	Yacolt	AMBV	ALS	0	0	23	0	10
Clark	AMBV.ES.00000089	American Medical Response	Vancouver	AMBV	ALS	35	3	103	0	92
Clark	AMBV.ES.60181897	Clark-Cowlitz Fire and Rescue	Ridgefield	AMBV	ALS	2	15	52	0	32
Clark	ESSO.ES.60282923	Vancouver Police Department Tactical EMS	Vancouver	ESSO		0	0	7	0	5
Clark	ESSO.ES.60298778	Georgia Pacific Emergency Services	Camas	ESSO		0	0	1	0	0
Clark	ESSO.ES.60390262	Silver Star Search and Rescue	Washougal	ESSO		0	0	1	0	0
Clark	ESSO.ES.60401204	Clark County Sheriff's Office	Vancouver	ESSO		0	0	4	0	1
Cowlitz	AIDV.ES.00000104	Cowlitz-Skamania Fire District #7	Ariel	AIDV	BLS	0	3	8	0	3

SOUTHWEST REGION: EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Cowlitz	AMBV.ES.00000098	Cowlitz County Fire District #1	Woodland	AMBV	BLS	1	2	10	0	0
Cowlitz	AMBV.ES.00000099	Cowlitz 2 Fire and Rescue	Kelso	AMBV	ALS	5	8	50	0	23
Cowlitz	AMBV.ES.00000102	Cowlitz County Fire District #5	Kalama	AMBV	ALS	3	3	12	0	4
Cowlitz	AMBV.ES.00000103	Cowlitz County Fire District #6	Castle Rock	AMBV	ALS	3	0	15	0	5
Cowlitz	AMBV.ES.00000113	American Medical Response Northwest Inc	Vancouver	AMBV	ALS	7	2	0	0	0
Cowlitz	AMBV.ES.60277988	Longview Fire Department	Longview	AMBV	ALS	2	6	34	0	16
Cowlitz	AMBV.ES.60922694	North Country Emergency Medical Services	Yacolt	AMBV	ALS	0	0	0	0	1
Cowlitz	AMBV.ES.61222771	Cowlitz Fire District #3	Toutle	AMBV	BLS	2	0	11	0	0
Cowlitz	AMBV.ES.61498091	Medix Ambulance Service INC	Warrenton	AMBV	ALS	0	0	20	2	19
Cowlitz	ESSO.ES.60413906	Foster Farms	Kelso	ESSO		0	0	4	0	0
Cowlitz	ESSO.ES.60462026	Cowlitz County Search and Rescue	Kelso	ESSO		0	0	5	0	0
Klickitat	AID.ES.00000366	Klickitat County Fire District #6	Dallesport	AID	BLS	0	1	2	0	0
Klickitat	AID.ES.00000371	Wishram Fire Department	Wishram	AID	BLS	0	1	3	0	0
Klickitat	AIDV.ES.00000365	Klickitat County Fire Protection Dist #4	Lyle	AIDV	BLS	0	1	4	0	0
Klickitat	AIDV.ES.00000367	Klickitat County Rural 7 Fire & Rescue	Goldendale	AIDV	BLS	0	1	6	0	0
Klickitat	AIDV.ES.00000372	Klickitat County Fire Protective Dist. #12	Klickitat	AIDV	BLS	0	1	4	0	0
Klickitat	AIDV.ES.00000373	Klickitat County Fire District #13/Appleton Fire Department	Appleton	AIDV	BLS	0	1	3	0	0
Klickitat	AIDV.ES.00000374	Klickitat County Fire Protection District 14 High Prairie	Lyle	AIDV	BLS	0	2	5	0	1
Klickitat	AIDV.ES.00000375	Klickitat County Fire District #15	Klickitat	AIDV	BLS	0	2	2	0	0

SOUTHWEST REGION: EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Klickitat	AIDV.ES.60758605	Goldendale Fire Department	Goldendale	AIDV	BLS	0	2	4	0	0
Klickitat	AIDV.ES.60849439	Klickitat County Fire Protection District #10	Mabton	AIDV	BLS	0	1	0	0	0
Klickitat	AIDV.ES.61471907	Bingen Fire Department	Bingen	AIDV	BLS	0	1	0	0	0
Klickitat	AMBV.ES.00000363	Klickitat County FPD #2	Bickleton	AMBV	BLS	1	0	9	0	0
Klickitat	AMBV.ES.00000368	Glenwood Fire Dept #8	Glenwood	AMBV	BLS	1	0	4	0	0
Klickitat	AMBV.ES.61615476	Southwest Fire and Rescue	Husum	AMBV	BLS	1	5	9	0	0
Klickitat	AMBV.ES.60315698	Trout Lake Fire Department	Trout Lake	AMBV	BLS	1	0	5	0	0
Klickitat	AMBV.ES.60433763	Klickitat County EMS District #1	Goldendale	AMBV	ALS	5	1	10	3	14
Pacific	AID.ES.00000459	Chinook Fire Department	Chinook	AID	BLS	0	1	1	0	0
Pacific	AIDV.ES.60438182	Long Beach Fire Department	Long Beach	AIDV	BLS	0	1	1	0	0
Pacific	AMB.ES.00000462	Ilwaco Fire Department	Ilwaco	AMB	BLS	2	1	7	0	1
Pacific	AMBV.ES.00000458	Pacific County Fire District #1	Ocean Park	AMBV	ALS	5	2	24	0	14
Pacific	AMBV.ES.00000467	Medix Ambulance Service INC	Warrenton	AMBV	ALS	11	0	45	2	18
Pacific	AMBV.ES.61324304	Pacific County Fire Protection District # 4	Naselle	AMBV	BLS	2	1	8	0	0
Skamania	AID.ES.60392697	Skamania County Fire District #5	Stevenson	AID	BLS	0	3	0	0	0
Skamania	AIDV.ES.00000604	Skamania County Fire District #4	Washougal	AIDV	BLS	0	2	6	0	0
Skamania	AIDV.ES.00000605	Skamania County Fire Protection District #6	Cougar	AIDV	BLS	0	2	2	0	0
Skamania	AMBV.ES.00000607	Skamania County EMS & Rescue	Stevenson	AMBV	ALS	4	4	14	2	12
Skamania	AMBV.ES.60922729	North Country Emergency Medical Services	Yacolt	AMBV	ALS	1	0	0	0	0
Wahkiakum	AID.ES.00000761	Skamokawa Fire Department	Skamokawa	AID	BLS	0	2	1	0	0

SOUTHWEST REGION: EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Wahkiakum	AMBV.ES.00000762	Wahkiakum County Fire Protection District #3	Rosburg	AMBV	BLS	2	1	3	1	0
Wahkiakum	AMBV.ES.00000763	Cathlamet Fire Department	Cathlamet	AMBV	BLS	4	0	11	1	0
Wahkiakum	AMBV.ES.60898162	Medix Ambulance Service INC	Warrenton	AMBV	ALS	6	0	0	0	3

Appendix 5B: Verified Services by County

Total Prehospital Verified Services by County						
COUNTY	AMBV - ALS	AMBV - ILS	AMBV - BLS	AIDV - ALS	AIDV -ILS	AIDV - BLS
Clark	4	0	0	3	0	4
Cowlitz	7	0	2	0	0	1
Klickitat	1	0	4	0	0	9
Pacific	2	0	1	0	0	1
Skamania	2	0	0	0	0	2
Wahkiakum	1	0	2	0	0	0

Appendix 5C: Non-Verified Services by County

Total Prehospital Non-Verified Services by County							
COUNTY	AMB - ALS	AMB - ILS	AMB - BLS	AID - ALS	AID -ILS	AID - BLS	ESSO
Clark	1	0	0	0	0	0	4
Cowlitz	0	0	0	0	0	0	2
Klickitat	0	0	0	0	0	2	0
Pacific	0	0	1	0	0	1	0
Skamania	0	0	0	0	0	1	0
Wahkiakum	0	0	0	0	0	1	0

Appendix 5D: Southwest Region Personnel Paid and Volunteer by County

	# of EMR			# of EMT			# of AEMT			# of Paramedic		
COUNTY	**Paid**	**Volunteer**	**None**	**Paid**	**Volunteer**	**None**	**Paid**	**Volunteer**	**None**	**Paid**	**Volunteer**	**None**
Clark	1	3		423	79		0	0		337	3	
Cowlitz	2	7		92	72		1	1		69	5	
Klickitat	0	4		10	68		3	0		14	1	
Pacific	0	0		31	25		1	1		27	1	
Skamania	2	6		3	11		2	0		12	0	
Wahkiakum	0	1		2	13		0	2		3	0	

APPENDIX 6

Approved MIN and MAX Numbers for Trauma Verified EMS Services

Approved Minimum and Maximum of Verified Prehospital Trauma Services by Level and Type by County					
COUNTY	**Verified Service Type**	**Care Level**	**State Approved Minimum #**	**State Approved Maximum #**	**Current Status (total # verified for each service type)**
CLARK	AIDV	BLS	1	12	4
		ILS	0	0	0
		ALS	1	12	3
	AMBV	BLS	1	4	0
		ILS	0	0	0
		ALS	1	4	4
COWLITZ	AIDV	BLS	1	5	1
		ILS	0	0	0
		ALS	1	5	0
	AMBV	BLS	1	5	2
		ILS	0	0	0
		ALS	1	7	7
KLICKITAT	AIDV	BLS	1	11	9
		ILS	0	0	0
		ALS	1	4	0
	AMBV	BLS	1	4	4
		ILS	0	0	0
		ALS	1	2	1
PACIFIC	AIDV	BLS	1	2	1
		ILS	0	0	0
		ALS	1	2	0
	AMBV	BLS	1	2	1
		ILS	0	0	0
		ALS	1	3	2
SKAMANIA	AIDV	BLS	1	6	2
		ILS	0	0	0
		ALS	1	1	0

Approved Minimum and Maximum of Verified Prehospital Trauma Services by Level and Type by County					
COUNTY	**Verified Service Type**	**Care Level**	**State Approved Minimum #**	**State Approved Maximum #**	**Current Status (total # verified for each service type)**
	AMBV	BLS	1	1	0
		ILS	0	0	0
		ALS	1	2	2
WAHKIAKUM	AIDV	BLS	1	1	0
		ILS	0	0	0
		ALS	1	1	0
	AMBV	BLS	1	3	2
		ILS	0	0	0
		ALS	1	2	1

Link for approved WA air ambulance Strategic Plan

https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/530129.pdf

APPENDIX 7

Trauma Response Area and EMS Services

Trauma Response Area (TRA) by County			
COUNTY	**TRA #**	**Name of Verified Service(s) Responding in TRA**	**Type and # of Verified Services available in each Response Areas**
Clark	# 2	Vancouver Fire AMR	AIDV-ALS - 1 AMBV-ALS - 1
Clark	# 3	Clark FPD # 3 AMR City of Battle Ground North Country EMS	AIDV ALS - 1 AMBV ALS – 1 AIDV BLS—1
Clark	# 5	AMR	AMBV-ALS -1
Clark	# 6	Clark FPD # 6 AMR	AIDV-ALS – 1 AMBV-ALS - 1
Clark	# 7	Camas FIRE Camas Ambulance	AMBV ALS -1
Clark	# 8	Washougal Camas Ambulance	AIDV BLS – 1 AMBV ALS - 1
Clark	# 9	Clark FPD #9 and # 1 Camas Ambulance	AIDV BLS -2 AMBV ALS – 1
Clark	# 10	Clark FPD # 10 North Country EMS	AIDV BLS -1 AMBV ALS -1
Clark	# 11	Clark FPD # 11, AMR	AIDV-ALS – 1 AMBV-ALS - 1
Clark	# 12	Clark FPD # 12 North Country EMS, AMR	AIDV-ALS -1 AMBV-ALS - 1
Clark	# 13	Clark FPD # 13 North Country EMS	AIDV BLS - 1 AMBV ALS - 1
Clark	# 20	Clark FPD # 2 AMR	AIDV BLS – 1 AMBV ALS - 1
Clark	# 100		None
Clark	# 101		None
Clark	# 102	Camas Ambulance	AMBV ALS—1
Clark	# 103		None
Clark	# 104		None
Clark	# 106		None
Cowlitz	# 1	Cowlitz FPD # 1 Clark-Cowlitz Fire Rescue AMR	AMBV BLS -1 AMBV ALS - 2
Cowlitz	# 2	Cowlitz FPD # 2	AMBV ALS - 1
Cowlitz	# 3	Cowlitz FPD # 3	AIDV BLS – 1

		AMR	AMBV ALS - 1
Cowlitz	# 4	Lewis Fire District # 7	AIDV BLS - 1
Cowlitz	# 5	Cowlitz FPD # 5	AMBV ALS - 1
Cowlitz	# 6	Cowlitz FPD # 6	AMBV ALS - 1
Cowlitz	# 7	Cowlitz-Skamania FPD # 7 North Country EMS	AIDV BLS – 1 AMBV ALS - 1
Cowlitz	# 8	Longview Fire Department AMR	AIDV BLS - 1 AMBV ALS - 1
Cowlitz	# 100		None
Klickitat	# 1	Klickitat FPD # 1 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 2	Klickitat FPD # 2 Klickitat EMS District #1	AMBV BLS – 1 AMBV ALS - 1
Klickitat	# 3	Klickitat FPD # 3 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 4	Klickitat FPD # 4 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 5	Klickitat EMS District #1	AMBV ALS - 1
Klickitat	# 6	Klickitat EMS District #1	AMBV ALS - 1
Klickitat	# 7	Klickitat FPD # 7 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 8	Klickitat FPD # 8 Klickitat EMS District #1	AMBV BLS - 1 AMBV ALS -1
Klickitat	# 9	Klickitat FPD # 9 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 10	Klickitat FPD # 10 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 11	Klickitat EMS District #1	AMBV ALS -1
Klickitat	# 12	Klickitat FPD # 12 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 13	Klickitat FPD # 13 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 14	Klickitat FPD # 14 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 15	Klickitat FPD # 15 Klickitat EMS District #1	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 100		None
Klickitat	# 101		None
Klickitat	# 102		None
Skamania	# 1	Skamania EMS	AMBV ALS - 1
Skamania	# 1-1	Skamania EMS	AMBV ALS - 1
Skamania	# 1-2	Skamania EMS	AMBV ALS - 1
Skamania	# 1-3	Skamania EMS	AMBV ALS - 1

Skamania	# 1-4	Skamania EMS	AIDV BLS – 1 AMBV ALS - 1
Skamania	# 1-5	Skamania EMS	AMBV ALS - 1
Skamania	# 1-6	Skamania FPD # 6 North Country EMS	AIDV BLS – 1 AMBV ALS -1
Skamania	# 1-7	Cowlitz-Skamania FPD # 7 North Country EMS	AIDV BLS -1 AMBV ALS -1
Skamania	# 1-8	Skamania EMS	AMBV ALS - 1
So. Pacific	# 1	Pacific FPD # 1	AMBV ALS - 1
So. Pacific	# 2	Pacific FPD # 2 Medix Ambulance	AIDV BLS - 1 AMBV ALS -1
So. Pacific	# 3	City of Ilwaco Medix Ambulance	AMBV ALS - 1
So. Pacific	# 4	Pacific FPD # 4 Naselle Volunteer Fire Medix Ambulance	AMBV ALS - 1
So. Pacific	# 100		None
So. Pacific	# 101		None
So. Pacific	# 102		None
Wahkiakum	# 1	Cathlamet Fire Medix Ambulance	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 2	Cathlamet Fire Medix Ambulance	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 3	Wahkiakum FPD # 3 Medix Ambulance	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 100		None
Wahkiakum	# 101		None

APPENDIX 8: Education and Training Programs, Educators, and Testing Sites

Appendix 8A: Approved Training Programs

SW REGION TRAINING PROGRAMS APPROVED BY WASHINGTON STATE DEPARTMENT OF HEALTH					
Credential #	**Status**	**Expiration Date**	**Facility Name**	**Site City**	**Site County**
TRNG.ES.60807076-PRO	Approved	7/31/2028	Clark County EMS & Trauma Care Council	Vancouver	Clark
TRNG.ES.61149937-PRO	Approved	7/31/2026	Clark County Fire District #5	Vancouver	Clark
TRNG.ES.60119630-PRO	Approved	7/31/2027	North Country Emergency Medical Services	Yacolt	Clark
TRNG.ES.60123036-PRO	Approved	7/31/2028	Cowlitz County Emergency Medical SVC & Trauma Care Council	Longview	Cowlitz
TRNG.ES.60564289-PRO	Approved	7/31/2028	Klickitat County EMS District #1	Dallesport	Klickitat
TRNG.ES.60128932-PRO	Approved	7/31/2027	Pacific County Fire District #1	Ocean Park	South Pacific
TRNG.ES.60135686-PRO	Approved	7/31/2027	Skamania County Emergency Medical Services	Stevenson	Skamania

Appendix 8B: Approved EMS Educators by County

ESE			
County		2024	
Clark		165	
Cowlitz		67	
Klickitat		17	
Skamania		5	
S Pacific		8	
Wahkiakum		4	
TOTALS:		266	

SEIC			
County		2024	
Clark		2	
Cowlitz		0	
Klickitat		0	
Skamania		0	
S Pacific		0	
Wahkiakum		0	
TOTALS:		2	

SEI			
County	2023	2024	Change
Clark		3	
Cowlitz		4	
Klickitat		0	
Skamania		1	
S Pacific		1	
Wahkiakum		2	
TOTALS:		11	

Total EMS educators in the Southwest Region = 279

Appendix 8C: Approved NREMT Testing Sites

NATIONAL REGISTRY EMERGENCY MEDICAL TECHNICIAN TESTING SITES		
Facility Name	**Site City**	**Site County**
Clark Community College	Vancouver	Clark
Lower Columbia College	Longview	Cowlitz

Appendix 9:

Local Health Jurisdictions

LOCAL HEALTH JURISDICTIONS		
Agency/Organization Name	**City**	**County**
Clark County Public Health	Vancouver	Clark
Cowlitz County Health and Human Services	Longview	Cowlitz
Klickitat County Public Health	Goldendale	Klickitat
Skamania County Community Health	Stevenson	Skamania
(South) Pacific County Health and Human Services	Long Beach	Pacific
Wahkiakum County Public Health and Human Services	Cathlamet	Wahkiakum

Appendix 10:

Local Department of Emergency Management Offices

LOCAL DEPARTMENT OF EMERGENCY MANAGEMENT OFFICES		
Agency/Organization Name	**City**	**County**
Clark Regional Emergency Services Agency (CRESA)	Vancouver	Clark
Cowlitz County Emergency Management	Kelso	Cowlitz
Klickitat County Department of Emergency Management	Goldendale	Klickitat
Skamania County Department of Emergency Management	Stevenson	Skamania
(South) Pacific County Emergency Management Agency	South Bend	Pacific
Wahkiakum County Emergency Management	Cathlamet	Wahkiakum

Appendix 11:

Regional Preparedness Coalitions

REGIONAL PREPAREDNESS COALITIONS		
Agency/Organization Name	**City**	**County**
Clark County Public Health/Healthcare Alliance (Regional)	Vancouver	Clark

SOUTHWEST REGION: PATIENT CARE PROCEDURES

Approved: October 22, 2024

The Southwest Region Patient Care Procedures (PCPs) are included in the Regional Plan per regulations. The following PCPs are approved with the Southwest 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 approval of the entire Southwest Region 2025-2027 Strategic Plan. The Southwest Region will continue to follow the website posting and distribution requirements for the regional plan.

TABLE OF CONTENTS

CONTACTS

Dr Marlow Macht	Clark County Medical Program Director
Dr Marc Kranz	Cowlitz County Medical Program Director
Dr Russell Smith	Klickitat County Medical Program Director
Dr Greg Hoskins	Skamania County Medical Program Director
Dr Steven Hill	South Pacific County Medical Program Director
Dr Marc Kranz	Wahkiakum County Medical Program Director
April Borbon	SW Region EMS Council Executive Director
Eric Koreis	SW Region EMS Council Chair

REGULATIONS

The following regulations provide guidance on the subject matter contained in this document. Please note that this is not an inclusive list. For more information, please contact a Department of Health Emergency Care System representative.

Revised Code of Washington (RCW)

RCW 18.73 – Emergency medical care and transportation services
RCW 18.73.030 - Definitions
RCW 70.168 – Statewide Trauma Care System
RCW 70.168.015 – Definitions
RCW 70.168.100 – Regional Emergency Medical Services and Trauma Care Councils
RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

Washington Administrative Code (WAC)

WAC 246-976 – Emergency Medical Services and Trauma Care
WAC 246-976-910 –Regional Quality Assurance and Improvement Plan
WAC 246-976-920 – Medical Program Director
WAC 246-976-960 – Regional Emergency Medical Services and Trauma Care Councils
WAC 246-976-970 – Local Emergency Medical Services and Trauma Care Councils

1. LEVEL OF MEDICAL CARE PERSONNEL TO BE DISPATCHED TO AN EMERGENCY SCENE

Purpose

The appropriate level of emergency, BLS, ILS, ALS personnel, aid or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

Scope

Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

General Procedures

A. Dispatch
   a. Local EMS and Trauma Care Councils should identify primary and secondary Public Safety Answering Point (PSAP)/dispatch in each county and provide information to the Region Council of any changes.
   b. Dispatchers should be trained in and use an Emergency Medical Dispatch (EMD) Guidelines Program to include pre-arrival instructions.
   c. The appropriate level of service will be dispatched to the incident.
   d. EMS services are responsible to update PSAP/dispatch, DOH, Local and Region Councils of any response area changes as soon as possible.
   e. In the event a patient approaches a service seeking help or a unit happens upon an incident, PSAP/dispatch must be contacted to activate the EMS system.

B. Response Times
   a. Response times are measured from the time the call is received by the responding agency until the time the agency arrives on scene.

C. Cancellation of Response Criteria
   a. For all level EMS Agencies:
      i. The responsible party for patient care decisions is the highest-level EMS provider on scene with the patient.
      ii. Communicate with dispatch if no patient is found, there are no injuries, or if one of the following conditions is confirmed: (continue response if requested by law enforcement)
         a. Decapitation
         b. Decomposition
         c. Incineration
         d. Lividity and Rigor Mortis

D. Slow Down
    a. Incoming EMS units may be slowed to non-emergency mode by on-scene, emergency responders.
    b. On-scene responders will communicate patient status report before slowing response when practical.

E. Diversion to Another Emergency Call

    MPDs and Local EMS and Trauma Care Councils will develop county operating procedures for diversion of EMS resources to another emergency call.

F. Staging/Standby

    Dispatch is responsible for supplying all relevant information to the responding units, enabling them to decide whether to stage. Dispatch shall share information regarding scene safety with all emergency responders, including fire, rescue, EMS, and law enforcement. Units will inform Dispatch if they intend to stage and will request law enforcement support if necessary.

Appendices

None

2. GUIDELINES FOR RENDEZVOUS WITH AGENCIES THAT OFFER HIGHER LEVEL OF CARE

Purpose

To guide EMS providers to initiate rendezvous with a higher level of care while enroute to a receiving hospital based on patient needs and resource availability.

Scope

BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when the patient may benefit from a higher level of care or when resources are limited or not available.

General Procedures:

1. The BLS/ILS ambulance may request ALS ambulance rendezvous by contacting dispatch. Ground ambulance should rendezvous with a higher level of care based on patient illness or injury.
2. Benefit to patient should outweigh increase to out-of-hospital time.
3. Based on updated information, requesting units may cancel the rendezvous by contacting dispatch.
4. EMS providers should use effective communication with all incoming and on scene emergency responders, at all times, with patient care as their highest priority.
5. Pre-rendezvous communications should include a patient report when appropriate.

Appendices

None

3. AIR MEDICAL SERVICES - ACTIVATION AND UTILIZATION

Purpose

Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital including designated/categorized receiving facilities.

Scope

Licensed and trauma verified aid and/or ambulance services utilize county protocols and county operating procedures (COPs) consistent with the current Washington State Air Ambulance Service Plan to identify and direct activation and utilization of air medical services.

General Procedures

1. For scene transport to be efficacious and optimize patient outcome, the air medical response should take significantly less time than it takes to travel by ground to the closest appropriate facility. Another strong consideration should be given to activating the helicopter from the scene, and rendezvous at the local hospital. This decision should be made as per local COPS in conjunction with local medical control.
2. Responders should involve dispatch to contact and activate air medical response to maintain system safety and integrity. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
3. Responding EMS service may activate air medical service prior to arrival on scene based on dispatch information or upon arrival on scene based on initial assessment.
4. Air medical service will provide ETA of available, fully staffed, closest air ambulance.
5. The final patient transport and destination decisions will be made on the scene by lead ground provider and air medical in conjunction with triage destination procedures
6. Air medical service will notify PSAP/dispatch when activated by a mechanism outside the emergency dispatch system.
7. Air Medical transport is recommended for the following:
    a. Trauma
        i. Patient condition identified as a major trauma per the trauma triage tool. (see link to the WA Trauma Triage Destination Procedure in appendix)
    b. Non-trauma
        i. Any patient airway that cannot be maintained.
        ii. Patient with cardiac disease and is experiencing a progressively deteriorating course, is unstable, and/or requires measures not available enroute (e.g. ALS level care, cardiac catheterization, thrombolytic therapy.)
        iii. Patient is experiencing a severe neurological illness requiring neurosurgical or other intervention that is not available enroute. (CVA, uncontrolled seizures, etc.)
    c. Follow local COPs for exception and exclusion criteria.

Appendices

Link to DOH website WA State Air Ambulance Service Plan:
https://www.doh.wa.gov/portals/1/Documents/Pubs/530129.pdf
WA Trauma Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

4. ON SCENE COMMAND

Purpose

Provide coordinated and systematic delivery of patient-centric emergency medical care and transport services at all incidents, to include single EMS agency, multi-agency, and multi-jurisdictional responses.

Scope

The National Incident Management System (NIMS) Incident Command System (ICS) will be used when establishing on scene command.

General Procedures

1. Agencies are responsible for ensuring responders are trained in NIMS ICS per FEMA guidelines at the appropriate level.
2. ICS guidelines will be followed when establishing command and assigning other roles based on incident needs.
3. The Medical Group Supervisor should be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.
4. Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

Appendices

None

5. PREHOSPITAL TRIAGE AND DESTINATION PROCEDURE

Purpose

Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, and Behavioral Health patients from the emergency medical scene to the appropriate receiving facility.

Scope

A coordinated system of care which identifies hospital levels of services available for specific categories of patient need. The triage destination procedures inform EMS providers of patient triage criteria algorithms to identify the transport destination to the appropriate designated/categorized hospital receiving facilities.

General Procedures

EMS providers use the statewide triage destination procedures to identify and transport critically ill or injured patients to the appropriate designated/categorized hospital receiving facilities for definitive care.

Appendices

None

5.1 TRAUMA TRIAGE AND DESTINATION PROCEDURE

Effective Date: 4/18/2025

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 responding to victims of traumatic injury. It should be utilized in conjunction with COP and Protocol to make decisions about patient destination based upon WA State Trauma Triage and Destination Guidelines for Prehospital Providers

GENERAL PROCEDURES

EMS dispatch and response to traumatic injury in the Southwest Region will be consistent with guidelines set forth in "PCP I Level of Medical Care to Be Dispatched to An Emergency Scene" of this document. Currently, 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 and set by user groups and reviewed annually to ensure the highest level of response possible is afforded each trauma response area.

Triage is performed by the first arriving EMS unit using the WA State Trauma Triage and Destination Guidelines for Prehospital Providers.

Activation of the trauma system is done through early notification of Medical Control at the receiving trauma center. This can be done via radio notification through dispatch, HEAR radio contact or via phone. COPs further define mode of activation by providers based upon destination facility preference and internal procedures. Providers must provide activation at the earliest possible moment to ensure adequate resources are available at the receiving trauma center.

Transport of High Risk (Red Criteria) for Serious Injury: patients should be transported to the closest Level I or Level II trauma service within 30 minutes transport time (air or ground). Transport times greater than 30 minutes, take to the closest most appropriate trauma service unless otherwise specified in local County Operating Procedures (COPs). Transport of patients meeting Moderate Risk (Yellow) for Serious Injury, WHO DO NOT MEET THE RED CRITERIA, should be transported to a designated trauma service, it need not be the highest level. Refer to table below for list of Designated Trauma Centers in the Southwest Region.

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

Specialty Care Services are not available in the Southwest Region, therefore patients requiring specialty care such as pediatric trauma patients, burn patients and obstetrical patients will be triaged and transported in the same manner as all other trauma patients using the WA State Trauma Triage and Destination Guidelines for Prehospital Providers**,** where secondary triage and stabilizing care can take place, and the patient then 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 Trauma Triage and Destination Guidelines for Prehospital Providers
- 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 primary trauma center for definitive care
    - System barriers to optimal care and outcome

APPENDICES

DESIGNATED TRAUMA FACILITIES IN THE REGION

Facility	Location (City/County)	Designation Level
PeaceHealth SW Medical Center	Vancouver/Clark	II
PeaceHealth St John Medical Center	Longview/Cowlitz	III
Klickitat Valley Hospital	Goldendale/Klickitat	IV
Ocean Beach Hospital	Ilwaco/South Pacific	IV
Skyline Hospital	White Salmon/Klickitat	IV

ASSOCIATED COPS AND PATIENT CARE PROTOCOLS

Each county in the Southwest Region has County Operating Procedures (COPs) and MPD Protocols which offer additional guidance. These can be found on the region's website at www.swems.org.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	4/18/2025	☐ Major ☐ Minor
			☐ Major ☐ Minor
			☐ Major ☐ Minor

5.2 CARDIAC TRIAGE AND DESTINATION PROCEDURE

Purpose

Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to an appropriate categorized Emergency Cardiac System participating hospital to reduce death and disability.

Scope

Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Cardiac Triage Destination Procedure to identify patients with signs or symptoms of acute cardiac distress and transport them to the appropriate categorized cardiac hospital.

General Procedures

Prehospital providers will utilize the most current State of Washington Prehospital Cardiac Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized Emergency Cardiac System participating hospital.

Appendices

Link to DOH website: Washington Prehospital Cardiac Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf
Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

5.3 STROKE TRIAGE AND DESTINATION PROCEDURE

Purpose

Patients presenting with signs and symptoms of acute stroke are identified and transported to the appropriate categorized Emergency Stroke System participating hospital to reduce death and disability.

Scope

Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure to identify patients with signs or symptoms of acute stroke and transport them to the appropriate categorized stroke hospital.

General Procedures

Prehospital providers will utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized Emergency Stroke System participating hospital.

Appendices

Link to DOH website: Washington Prehospital Stroke Triage Destination Procedure:
https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/530182.pdf
Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

5.4 BEHAVIORIAL HEALTH DESTINATION PROCEDURE

Purpose

Licensed and verified ambulance services to transport of patients from the field to alternate facilities for behavioral health services.

Scope

Licensed and verified ambulances may transport patients from the field to behavioral health services in accordance with RCW 70.168.170.

General Procedures

1. Prehospital EMS agencies and receiving behavioral health facility participation is voluntary.
2. Participating agencies and facilities will adhere to the WA State Department of Health Guidelines in accordance with RCW 70.168.170.
3. Facilities that participate will work with the MPD and EMS agencies to establish criteria for accepting patients.
4. MPDs and Local EMS and Trauma Care Councils will develop county operating procedures.
5. Upon implementation and during ongoing operation of transport to alternate receiving facilities the following will be in place with DOH approval:
    a. County Operating Procedure (COPs)
    b. MPD patient care protocols
    c. EMS provider education

Appendices

Link to DOH website: EMS Guideline Transport to Behavioral Health Facilities
https://doh.wa.gov/sites/default/files/2024-06/530262-EMSGuidelineTransportToBehavioralHealthFacilities.pdf

6. EMS/MEDICAL CONTROL COMMUNICATIONS

Purpose

Communications between prehospital personnel, base station hospital (online medical control), and all receiving healthcare facilities are interoperable to meet system needs.

Scope

Communication between prehospital personnel, base station hospital (online medical control), and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite the exchange of patient care information.

General Procedures

1. Communication between EMS providers and healthcare facilities may be done directly or indirectly via local PSAP/dispatch.
2. Based on geographic area, communication via radio, cell phone and/or telephone may be used to expedite the exchange of information as needed.
3. EMS agencies and receiving healthcare facilities will maintain communication equipment and training to communicate effectively.

Appendices

None

7. HOSPITAL DIVERSION

Purpose

Hospitals have diversion policies to divert trauma, cardiac, or stroke patients to other appropriate facilities based on that facility's ability to provide care and intervention.

Scope

All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

General Procedures

1. Hospitals should identify communication procedures for redirection/diversion of trauma, cardiac and stroke patients to another facility when resources are unavailable. The hospital must notify the EMS transport agencies and other designated services in their area of a divert status and also notify EMS when they have come off divert status.
    a. Hospitals should maintain their divert status in an online tracking and alert system such as WATrac and, if appropriate, OCS (Oregon Capacity System).
    b. If the online tracking system is unavailable, hospitals should utilize other pre-established communication procedures to notify EMS transport agencies.
2. Exceptions to redirection/diversion:
    a. Airway compromise
    b. Cardiac arrest
    c. Active seizing
    d. Persistent shock
    e. Uncontrolled hemorrhage
    f. Urgent need for IV access, chest tube, etc.
    g. Disaster declaration
    h. Paramedic discretion

Appendices

WATrac Tracking and Alert System link: https://doh.wa.gov/public-health-healthcare-providers/emergency-preparedness/watrac

8. CROSS BORDER TRANSPORT

Purpose

To provide guidance for EMS providers when crossing county, state, tribal, international or other borders to provide care and transport for patients when requested to respond outside of their normal jurisdiction.

Scope

Occasionally EMS providers may be requested to respond outside of their normal jurisdiction. In these cases, providers should follow the general procedures listed below.

General Procedures

1. EMS providers should respond out of their normal jurisdiction in accordance with any current MOUs or as directed by dispatch.
2. EMS providers should follow their own Regional Patient Care Procedures (PCPs), County Operating Procedures (COPs) and MPD protocols unless otherwise directed by medical control during an out of jurisdiction response.

Appendices

None

9. INTERFACILITY TRANSPORT PROCEDURE

Purpose

To provide guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

Scope

All interfacility patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

General Procedures

1. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and transfer orders should be written after consultation between them.
2. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, prehospital personnel shall advise the facility that they do not have the resources to do the transfer.
3. When online medical control is not available, prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while enroute that is not anticipated prior to transport.
4. While enroute, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

Appendices

None

10. PROCEDURES TO HANDLE TYPES AND VOLUMES OF PATIENTS THAT EXCEED REGIONAL RESOURCES (MCI/ALL HAZARD)

Purpose

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

Scope

Major incidents/emergencies that create hazardous conditions that threaten public health, that exceed local resources, and may involve multiple counties and states. The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event.

General Procedures

1. All EMS agencies and Incident Commanders working during an MCI event shall operate within the National Incident Management System (NIMS).
2. Prehospital EMS responders will follow MCI protocols or county operating procedures (COPs) set forth by the County MPD and County EMS & Trauma Care Council.
3. The appropriate local Public Health Department will be notified when a public health threat exists.

Appendices

None