

North Region Emergency Medical Services & Trauma Care Council Strategic Plan

July 1, 2021 – June 30, 2023



Submitted by North Region EMS & Trauma Care Council

May 14th, 2021

Table of Contents

Introduction

Min/Max Numbers for Prehospital Verified Services by County	4
Min/Max Numbers of Designated Trauma Care Services in the Region by level	5

Regional Plan

Goal 1	6
Goal 2	8
Goal 3	8
Goal 4	10
Goal 5	11

Appendices

#1 Approved Min/Max #'s of Verified Trauma Services – By Level & Type – Per County	15
#2 EMS Resources by County	16
#3 Approved Min/Max #'s of Designated Trauma Services & Rehab Services	17
#4 Designated Trauma Services & Licensed Beds	18
#5 Cardiac and Stroke Categorization Levels	19
#6 Regional Patient Care Procedures	20
#7 Programs and Instructor Count	40

Introduction

North Region Emergency Medical Services & Trauma Care Council (NREMS & TCC) was incorporated on June 12, 1979 as an IRS 501 (c) (3) non-profit corporation. The corporation's principal function was to advance and facilitate the delivery of emergency medical services in the counties we represent (Whatcom, Skagit, Snohomish, Island, and San Juan) by coordinating, advising and facilitating efforts by the Emergency Medical Services (EMS) providers, and any other functions approved by the Board of Directors consistent with this goal.

In 1990, the Washington State Legislature expanded RCW 70.168 and further defined NREMS & TCC's responsibilities.

The NREMS & TCC's mission statement is:

The North Region EMS and Trauma Care Council promotes a coordinated, region-wide health care system to provide quality, comprehensive, and cost-effective emergency medical and trauma care to individuals in Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

The NREMS & TCC's Purpose:

- a) Shall serve as the recognized agent of the Department of Health as defined in statute.
- b) Shall be an advisory and coordinating body for the planning and implementation of comprehensive, integrated regional emergency medical services and trauma care.
- c) Shall be advisory to the State Department of Health in implementation of the State of Washington Emergency Medical Services and Trauma System Strategic Plan.
- d) Shall identify specific activities necessary to meet statewide standards, identified in statute and WAC, and patient care outcomes in the region and develop a plan of implementation for regional compliance.
- e) Shall approve all Regional Plan required deliverable submissions to the State, to include any necessary plan changes.
- f) Shall act as liaison with the five Local EMS & Trauma Care Councils in the Region consistent with state law.
- g) Shall evaluate and review regional EMS and trauma needs and recommend and/or direct policies and funding priorities to the appropriate groups or governmental agencies.
- h) Shall develop a regional EMS and Trauma Care plan, guidelines, standards and procedures.
- i) Shall review, assess, and recommend solutions to any grievances brought before the Council.

- j) Shall disperse Council grants and funds within the Region as defined by the Regional goals and objectives, and in accordance with the recommendations of the contracted Certified Public Accountant and State Auditor.
- k) Shall contract with the Department of Health and/or other agencies for other activities not specifically identified in these bylaws.
- l) Shall, notwithstanding any other provision of these bylaws, allow the corporation to carry on any other activities not permitted to be carried on by an organization exempt from Federal Income Tax under section 501 (c) (3) of the Internal Revenue Code.

The North Region has several subcommittees to help ensure the work of the Regional Strategic Plan is completed. Those committees include: Prehospital, Trauma Cardiac & Stroke/Quality Improvement, Education, Medical Control Committee, Injury Prevention, and Hospital/Trauma Facilities.

The NREMS & TCC also has five MPD’s that provide oversight and protocols for each County. These MPD’s also participate in the bi-annual review of the Regional PCP’s.

The NREMS & TCC covers five counties: Island, San Juan, Skagit, Snohomish and Whatcom Counties. **According to the US Census Bureau**, the total population of the North Region is 1,299,945. Snohomish County is our largest County with 838,625 people and San Juan is our smallest County with only 17,340 people. It has a diverse area of coverage ranging from very rural to urban areas of service. Within the rural areas in the North Region there are some barriers to service, specifically in San Juan and Island County. Both Island and San Juan County have critical access hospitals, and experience extended transport times due to their location. The islands in San Juan County are only accessible by WA State Ferry, small aircraft, helicopter and private boats, all of which can be impacted by bad weather. Due to San Juan County’s limited access to the mainland, patients may experience delays in transport and access to specialty care.

The North Region has a total of 24 trained SEI’s and a total of 606 ESE’s.

There are 85 EMS Trauma Verified Aid and Ambulance Services in the North Region.

Prehospital Verified Services

COUNTY	ALS Amb	ALS Aid	ILS Amb	ILS Aid	BLS Amb	BLS Aid	Affiliate
Island	2					4	
San Juan	3				1		
Skagit	5				2	17	

Snohomish	10				15	2	
Whatcom	2	0	1		12	0	

*Numbers are current as of the date submitted

The North Region currently has 10 designated trauma care services, one (1) level III pediatric designated service and one rehabilitation trauma services.

Trauma Designated Facilities*

Adult Level II	Adult Level III	Adult Level IV	Adult Level V	Pediatric Level II	Pediatric Level III	Rehab Level II	Rehab Level III
2	3	5	0	0	1	2	No Restrictions

*Numbers are current as of the date submitted

Accomplishments and Outcomes:

During the FY2019-2021 plan cycle the NREMS & TCC had success in completing goals and strategies in the plan but were also presented with some challenges. The COVID-19 Pandemic was a major challenge of FY2020, which also continued into FY2021. The North Region lost a lot of participation during this time as many of our members were understandably assigned additional duties related to the COVID-19 response. We were able to refocus our goals and strategies in January of 2021 and hope to remain focused and on track going into our new plan cycle. The Regional Council did hold extra meetings to provide a forum for agencies and hospitals to share their experiences and best practices during this time. Through our extra meetings the EMS agencies and hospital were able to share their immediate PPE needs and were able to help share resources within the region when an agency was low on a specific item or size. EMS Agencies were also able to share local contacts for innovative solutions that were being used to make up for items that were low or unavailable such as face shields and gowns. With the information provided during these meetings EMS agencies were able to get connected with the PPE they needed during a time when many suppliers were back ordered or out of stock.

Although many of our strategies and goals from the FY19-21 plan will continue into the next plan cycle, The NREMS & TCC implemented and continued to move forward many initiatives through subcommittee work. NREMS & TCC implemented and continued to refine a Regional QI plan. The plan includes quarterly data reviews set by the Trauma, Cardiac and Stroke coordinators to improve patient care and implement best practices in the North Region. The Regional QI has also identified new areas to further expand the data reviews which also includes input from Prehospital agencies. The Regional QI has implemented WEMSYS data reports during QI meetings. This has brought broader discussion of patient care and engaged the Prehospital personnel involved in response. We have also been able to review case studies involving multiple agencies (prehospital,

transport agencies, and hospital) which has allowed us to look at cases with a systematic approach to better improve patient care.

The NREMS & TCC has continued to develop and fund many new programs within the Region supporting both Hospital and Prehospital agencies. The NREMS & TCC has consistently made available \$50,000.00 in grant funds every year to help support new and innovative programs throughout the Region. In the last plan cycle, the Regional Grant program supported several Initial EMT classes, Stop the Bleed programs, CPR & airways mannequins. The Region also purchased specialized mannequins which are available to all EMS Agencies and Hospitals for training use in the Region. The program funds have also helped support rural agency training and allowed us to identify areas that may need additional training support. All the Rural departments in the North Region need additional training support to receive specialty training and equipment that they cannot afford to conduct under their limited budgets.

The North Region EMS & TCC continues to support the Safe Kids Northwest program and activities. As we move into the new plan cycle the NREMS & TCC will continue to develop and support programs that benefit both the EMS and Trauma Region, and the community partners we serve. Some of those programs include our Child Passenger Safety program, our Water Safety Fair “Splashtacular”, and Helmet distribution for bike and sports safety.

During the last plan cycle the North Region EMS & TCC conducted the first ever online Injury Prevention Symposium focusing on falls prevention and suicide prevention.

The FY2021-2023 North Region Strategic Plan will guide the development and direction of the Region’s EMS and Trauma System and direct specific and necessary work to be conducted by system stakeholders over the next two fiscal years.

GOAL 1

Maintain, assess and increase emergency care resources.

The North Region has ten trauma designated acute care hospitals:

- Island Hospital, City of Anacortes
- Cascade Valley Hospital, City of Arlington
- Evergreen Health Monroe, City of Monroe
- Peace Health St. Joseph Hospital, City of Bellingham
- Peace Health United General Hospital, City of Sedro Woolley
- Peace-Island Medical Center, Town of Friday Harbor
- Providence Regional Medical Center Everett, City of Everett
- Skagit Regional Medical Center, City of Mount Vernon
- Swedish Medical Center Edmonds, City of Edmonds
- Whidbey Health Medical Center, Town of Coupeville

The NREMS & TCC and Regional Quality Improvement committee continues to conduct assessments for need and distribution of trauma services at all levels. With the addition of Cardiac and Stroke categorizations, the Regional Council and Regional QI committee will need to work together to ensure best practices are shared throughout the Region.

The Regional Council also recommends the minimum and maximum numbers and levels of EMS verified trauma services. Recommendations from the Local Councils and County MPDs are utilized as well as the method developed by the DOH to standardize identifying Prehospital system resource needs. The Local Councils and County MPDs also assist in identifying trauma response areas in each County and developing trauma response area maps.

Goal 1: Maintain, assess and increase emergency care resources.	
Objective 1: By June 2022, the Regional Council will determine minimum and maximum numbers and levels of trauma designated services (including pediatric, rehabilitation, cardiac and stroke services,) in each county and provide recommendations to the Department of Health.	Strategy 1: By October 2021, the Prehospital/Hospital Committee will review requirements for trauma, pediatric, rehabilitation cardiac and stroke services.
	Strategy 2: By April 2022, the Prehospital/Hospital Committee will conduct a needs assessment to determine resources needed for emergency care and make recommendations to the Regional Council for review and approval as needed.
	Strategy 3: By May 2022, the Regional Council will send recommendation to the Department of Health (DOH) for review as needed.
	Strategy 4: By June 2022, the Regional Council will update the plan as needed and submit changes to the DOH.
Objective 2: By October 2022, the Regional Council will utilize the Washington State Department of Health guidance documents and metrics to determine minimum and maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.	Strategy 1: By October 2021, the North Region Prehospital/Hospital Committee will review current Minimum and Maximum levels of services in each county.
	Strategy 2: Beginning in October 2021: The North Region Prehospital/Hospital Committee will develop a plan to help identify unserved or underserved response areas.
	Strategy 3: By April 2022, the Prehospital/Hospital Committee will implement the plan and address necessary changes or adjustments to the Minimum and Maximum numbers with the Local EMS Councils.

	<p>Strategy 4: By July 2022, the Regional Council will review and approve the Min/Max recommendations from the Prehospital/Hospital Committee and Local EMS Councils.</p>
	<p>Strategy 5: By August 2022, the Regional Council will update the plan as needed and submit changes to the DOH</p>

GOAL 2
Support emergency preparedness activities

The Regional Council recognizes the need for continued discussions surrounding disaster medical services and surge planning. The North Region EMS & TCC was highly involved in Emergency Preparedness planning as a key partner in the Region 1 Healthcare Coalition. In FY2017 the Region 1 Healthcare Coalition dissolved and has combined with other agencies to form the North District – Northwest Healthcare Response Network (NHRN). Since then, the NREMS & TCC has continued to help bridge the gap between Fire & EMS and Public Health with limited time and funding. The NREMS & TCC continues to be a part of emergency planning in order to help create a cohesive response across the region. During the FY2020 COVID-19 response the NREMS & TCC helped distribute information to and from EMS agencies, hospitals and DOH.

<p>Goal 2: Support emergency preparedness activities</p>	
<p>Objective 1: Beginning July 2021, coordinate with and participate in emergency preparedness and response to all hazard incidents.</p>	<p>Strategy 1: Beginning July 2021, The Regional Council staff or council representative will participate in North District Healthcare Response meetings and Emergency Preparedness events and provide a report to the Council quarterly.</p>
	<p>Strategy 2: Beginning September 2021: The Regional Council or Council staff will participate and help facilitate discussions surrounding surge response planning.</p>

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 North Region continues to support and further develop prevention programs that address the three leading mechanisms of injury in the Region through injury prevention symposiums and mini-grants. As of 2020, the three leading causes of injury are:

- **Falls** – specifically focusing on fall prevention in the elderly population.
- **Motor Vehicle Trauma** – specifically focusing on child passenger safety and teen driving issues.
- **Poisonings** – specifically focusing on providing education regarding overdose/overuse of prescription medication by adults.

The Regional Council recognizes the need for adult fall prevention programs throughout the five counties. To adequately support the growing population of elderly, the North Region is partnering with the Regional & Local Councils on Aging and Disability to increase services and connect at-risk individuals to services they need.

In addition, the Regional Council recognizes the need for leadership to promote child injury prevention programs within Skagit, Island, San Juan and Whatcom Counties due to limited funding. The Regional Council will continue to act as the lead role for Safe Kids Northwest, providing car seat classes, car seat checks and prevention education when needed in the Community.

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: Regional Council will support expansion of access to prevention programs across the region	Strategy 1: Beginning in July 2021, The Regional Council or Council Staff will compile Injury & Violence Prevention (IVP) program materials and best practices to facilitate sharing among the agencies
	Strategy 2: Beginning in July 2021, the Regional Injury Prevention & Public Education subcommittee will meet to define a program for training and expansion of prevention programs.
Objective 2: By June 2023, the Regional Council will collaborate to educate the public and our communities of interest on the Emergency Care System.	Strategy 1: Beginning in July 2021, the North Region Education Committee and the Injury Prevention Committee will make recommendations for public outreach and education on a specific prevention campaign to be implemented during the plan cycle.

	<p>Strategy 2: By June 2023, the North Region Injury Prevention committee will facilitate one Prevention Symposium, focusing education on a high-risk injury group providing an opportunity to coordinate efforts and maximize results of current programs that address the high-risk injury groups.</p>
	<p>Strategy 3 Beginning in September 2021 The Regional Council or Council staff will work or consult with the IVP TAC or DOH IVP to further help in the development of injury prevention programs.</p>
<p>Objective 3: By January 2023, the Regional Council will work in partnership with local older adult falls prevention programs and EMS agencies to assist in the development of a Regional Falls prevention program.</p>	<p>Strategy 1: Beginning in July 2021, the Regional Council or Council staff will help facilitate and develop the North Region Healthy Aging Coalition program.</p>
	<p>Strategy 2: Beginning in Sept 2021, the Regional Council and Council staff will work with regional agencies on community education and outreach.</p>
	<p>Strategy 3: Beginning in December 2021, the Regional Council and Council staff will support the development of certified exercise and balance programs in the North Region.</p>
	<p>Strategy 4: Beginning in July 2021, The Regional Council staff will participate in State-wide Falls Prevention Meetings and share information with North Region Healthy Aging Coalition.</p>
<p>Objective 4: By June 2023, the Regional Council will work in partnership with the Safe Kids Northwest Coalition to assist in the management and the development of child injury prevention programs.</p>	<p>Strategy 1: Beginning in July 2021, the Regional Council or Council staff will help facilitate and develop the Safe Kids Northwest Coalition program.</p>
	<p>Strategy 2: Beginning in July 2021, the Regional Council or Council staff will work with Regional fire and EMS agencies to implement a referral program for the distribution of bike helmets and car seats for the Safe Kids Northwest program.</p>

Goal 4:

Assess weaknesses and strengths of quality improvement programs in the region.

The NREMS & TCC and Regional Quality Improvement committee continues to conduct assessments for need and distribution of trauma services at all levels. The NREMS & TCC has made data sharing a top priority for FY21-23. With the addition of WEMSIS reports we will be able to assess patient care and help bolster the Regional QI program from contact with the patient, through transport to the hospital and finally discharge.

Goal 4: Assess weaknesses and strengths of quality improvement programs in the region.	
Objective 1: By January 2023, the North Region Prehospital/Hospital QI and Cardiac and Stroke Committee will review regional emergency care system performance.	Strategy 1: Beginning January 2022: The Prehospital/Hospital QI and Cardiac and Stroke Committee will help to identify issues of emergency care system performance during quarterly meetings using Region specific key performance indicators.
	Strategy 2: Bi-monthly, The Regional Council or Council Representative will participate in local and state data collection conversations involving WEMSIS, WATrac and other data collection mediums then report back to the Regional Council quarterly
Objective 2: By June 2023, The Regional Council will promote increased data sharing between pre-hospital and hospital care providers within the region	Strategy 1: Beginning in January 2022, Regional Council or Council staff will create a shared inventory of the different data systems being used throughout member organizations.
	Strategy 2: By April 2022, The Regional Council or Council staff will track and report on data sharing efforts within each County in the North Region.
	Strategy 3: Annually by July, The Regional Council will review the status of CAREs reporting in the North Region.

Goal 5: Promote regional system sustainability.

The North Region strives to support the Local EMS agencies and Hospital organizations through funding and administrative services. The North Region focuses on utilizing funds that will support the entire Region rather than individual agencies. Through this approach the Regional Council has been able to provide innovative and advanced training to both EMS and Hospital personnel. Through the development of a Regional Equipment Cache, agencies have access to specialized airway mannequins that they otherwise may not have been able to purchase or use for training and education.

The North Region continues to support initial EMT classes and recognizes the need for recruitment and retention of paid and non-paid providers. Through our Regional Planning workshop, the Regional Council identified this as a pressing issue in all Counties. To make the best use of time

and effort, the Council plans to gather information from Regional partners, to assess what issues agencies are facing and how we can work together to address those challenges.

The North Region currently has 14 Regional Patient Care Procedures (PCPs) which have been developed by the North Region Prehospital/Hospital Committee to provide specific directions for how the trauma system should function within the North Region. The Prehospital providers in the North Region operate on County Protocols which are specific to each county. With the addition of Cardiac and Stroke PCPs the Regional Council will work closely with the North Region Cardiac and Stroke Network to assist in the evaluation of Local County protocols to ensure there are no inconsistencies.

Regional Patient Care Procedures (PCPs) as well as County Operating Procedures (COPs) are in place to get the right patient, to the right care destination, in the right amount of time thus improving the patient outcome by reducing morbidity and mortality. Region PCPs have been developed to provide operational guidelines throughout the Region while the County Councils have also developed COPs with their MPDs to provide county specific operational guidelines. The Region Council reviews the COPS to assure that they are congruent with the PCPs and in line with prehospital system operations.

Goal 5: Promote regional system sustainability.	
Objective 1: By June 2023, the Regional Council and Council staff will maintain and execute the duties of the Regional Council.	Strategy 1: Beginning in July 2021, The Regional Council and Council staff will conduct scheduled meeting, maintain, and develop actionable items to help complete plan goals.
	Strategy 2: Beginning in July 2021, The Regional Council or Council staff will maintain a council budget and provide bi-monthly financial reports to DOH as needed for Exhibit B reporting.
	Strategy 3: By March of 2023, the Regional Council or Council Staff will provide DOH an updated Strategic plan for the next plan cycle.
Objective 2: By June 2023, the Regional Council will increase local and regional stakeholder participation and partnership for EMS and TC system planning & development.	Strategy 1: Beginning in July 2021, Regional Council Executive Board and Staff will complete an evaluation of council member participation and attendance and present it to the Council for review.
	Strategy 2: Beginning in July 2021, the Regional Council and Council staff will work with Local EMS Council's to fill vacancies on the Regional Council.

	<p>Strategy 3: Beginning in July 2021, proactively plan for participation of county medical program directors (MPD) to participate on regular basis.</p>
<p>Objective 3: By June 2023, Regional Council will support increased recruitment and retention of paid and volunteer EMS personnel.</p>	<p>Strategy 1: Beginning in December 2021, explore opportunities for shared training and activities for cost effectiveness and cross-training.</p>
	<p>Strategy 2: By January 2021, share best practices for staff training, retention, and motivation.</p>
<p>Objective 4: By May 2023, the Regional Council will review, revise and implement Regional Patient Care Procedures (PCPs) as needed.</p>	<p>Strategy 1: By November 2021, the Prehospital/Hospital Committee will review the Regional PCPs.</p>
	<p>Strategy 2: By January 2022, the Prehospital/Hospital Committee will develop and submit recommended revisions to the Regional Council for approval.</p>
	<p>Strategy 3: By May 2022, the Regional Council will review and approve updates to the Regional PCPs.</p>
	<p>Strategy 4: By June 2022, the Regional Council will submit revised PCPs to the DOH for review and approval.</p>
	<p>Strategy 5: By July 2022, the Regional Council staff will update the Regional PCPs for inclusion in the North Region EMS and Trauma Care System Plan.</p>
<p>Objective 5: By June 2023, the Regional Council will review Cardiac and Stroke Patient Care Procedures and County Operating Procedures for best practices to be implemented.</p>	<p>Strategy 1: Beginning October 2021, the Regional Quality Improvement/ Cardiac and Stroke Committee will discuss best practices to be implemented Region-wide and provide recommendations to the Executive Board and Regional Council.</p>
	<p>Strategy 2: By April 2022, the Regional Council will decide on a process for implementation of best practices throughout the Region.</p>

	<p>Strategy 3: By May 2022, the Regional Council will update the Patient Care Procedures as needed and recommend changes to Local County MPDs for updates to COPs.</p>
<p>Objective 7: By October 2021 & 2022, the Regional Council will utilize a process to identify needs and allocate available funding to support Prehospital training.</p>	<p>Strategy 1: By July 2021, The Regional Education Committee and Council staff will create an application and the review criteria for prehospital training support.</p>
	<p>Strategy 2: Annually by July, the Regional Council will establish a budget for Prehospital training support.</p>
	<p>Strategy 3: Annually by July, the Regional Council staff will send out applications for funding to Local EMS agencies and will send Local EMS Councils the approved criteria for application reviews.</p>
	<p>Strategy 4: Annually by September, the Local EMS Councils will review and assess applications using the Regional Council approved criteria and make recommendations for funding approval.</p>
	<p>Strategy 5: Annually by October, the Regional Council will review each county's recommendations and proposals for funding and select awardees.</p>
	<p>Strategy 6: Annually by December, the Regional Council staff will finalize the approved funding agreements.</p>

Appendix 1- Approved Min/Max #'s of Verified Trauma Services – By Level & Type – By County

Min/Max Numbers of Verified Trauma Services-By Level and Type- By County

County	Agency Type/ Care Level	State Approved		Current Status (Total number Verified)
		Minimum Number	Maximum Number	
Island County	Aid / BLS	4	5	4
	Aid / ILS	0	0	0
	Aid / ALS	0	0	0
	Amb / BLS	2	2	0
	Amb / ILS	0	0	0
	Amb / ALS	1	3	2
	TOTAL	6	10	7
San Juan County	Aid / BLS	0	9	0
	Aid / ILS	0	0	0
	Aid / ALS	0	0	0
	Amb / BLS	1	10	1
	Amb / ILS	0	0	0
	Amb / ALS	1	4	3
	TOTAL	2	23	4
Skagit County	Aid / BLS	13	27	17
	Aid / ILS	0	0	0
	Aid / ALS	0	0	0
	Amb / BLS	13	27	2
	Amb / ILS	0	0	0
	Amb / ALS	7	8	5
	TOTAL	19	36	28
Snohomish County	Aid / BLS	10	10	2
	Aid / ILS	0	0	0
	Aid / ALS	0	0	0
	Amb / BLS	12	15	15
	Amb / ILS	0	4	0
	Amb / ALS	12	12	10
	TOTAL	27	42	29
Whatcom County	Aid / BLS	0	2	0
	Aid / ILS	0	0	0
	Aid / ALS	0	0	0
	Amb / BLS	10	15	12
	Amb / ILS	0	1	1
	Amb / ALS	1	2	2
	TOTAL	11	20	15

Appendix 2- North Region EMS Resource Count

To access the most updated EMS information please use this link: [North Region EMS & Trauma Care Council | EMS Providers, Programs & Instructors](#)

Appendix 3-Min/Max #'s of Designated Trauma Services & Rehab Services

Minimum/Maximum (Min/Max) Numbers of Designated Trauma Care Services in the Region (General Acute Trauma Services) by Level

Level	State Approved		Current Status
	Min	Max	
II	1	3	2
III	4	6	3
IV	1	5	5
V	1	4	0

Minimum/Maximum (Min/Max) Number of Pediatric Trauma Care Services in the Region by Level

Level	State Approved		Current Status
	Min	Max	
II P	0	1	0
III P	0	1	1

Minimum/Maximum (Min/Max) Numbers of Designated Rehabilitation Trauma Care Services in the Region by Level

Level	State Approved		Current Status
	Min	Max	
II	2	3	1
III*	There are no restrictions on the # of Level III Rehab. Services		

Appendix 4: Designated Trauma Services per County & Licensed Beds

County	Hospital Facilities	Location	Designation Level	Licensed Beds
Island	Whidbey Health Medical Center*	Town of Coupeville	III	51
San Juan	Peace-Island Medical Center*	Town of Friday Harbor	IV	10
Skagit	Island Hospital	City of Anacortes	III	43
	Skagit Regional Medical Center	City of Mount Vernon	III	137
	Peace Health United General Hospital*	Town of Sedro Woolley	IV	25
Snohomish	Cascade Valley Hospital	City of Arlington	IV	48
	Providence Regional Medical Center Everett	City of Everett	II IIIP	501
	Swedish Medical Center Edmonds	City of Edmonds	IV	217
	Evergreen Health Monroe	City of Monroe	IV	75
Whatcom	Peace Health St. Joseph Hospital	City of Bellingham	II	253
TOTAL LICENSED BEDS				1,360

* Critical Access Hospital

** Several hospitals in the region are currently under construction with additional licensed beds.

Appendix 5: Cardiac and Stroke Categorization by Facilities

County	Hospital Facilities	Location	Categorization Level	
			Cardiac	Stroke
Island	Whidbey Health Medical Center	Town of Coupeville	II	III
San Juan	Peace-Island Medical Center	Town of Friday Harbor	--	--
Skagit	Island Hospital	City of Anacortes	II	II
	Skagit Regional Medical Center	City of Mount Vernon	I	II
	Peace Health United General Hospital	Town of Sedro Woolly	II	III
Snohomish	Cascade Valley Hospital	City of Arlington	II	III
	Providence Regional Medical Center Everett	City of Everett	I	II
	Swedish Medical Center Edmonds	City of Edmonds	I	II
	Evergreen Health Monroe	City of Monroe	II	III
Whatcom	Peace Health St. Joseph Hospital	City of Bellingham	I	II

Appendix 6: Regional Patient Care Procedures (PCPs)

1 Level Of Medical Care Personnel To Be Dispatched To An Emergency Scene

Effective Date:

Objective

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

To define the role of BLS and ALS services in transporting trauma patients.

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.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		<input type="checkbox"/> Major	<input type="checkbox"/> Minor
			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

2 Guidelines For Rendezvous With Agencies That Offer Higher Level Of Care

See PCP #9 – Interfacility Transfers

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

3 Air Medical Services - Activation And Utilization

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

4 On Scene Command & Identification of Trauma Patients

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor

5 Prehospital Triage And Destination Procedure

Effective Date:

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).

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.

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.

***For the most current WASHINGTON STATE TRAUMA TRIAGE DESTINATION PROCEDURE TOOL see DOH website.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		<input type="checkbox"/> Major	<input type="checkbox"/> Minor
			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

5.1 Trauma Triage And Destination Procedure

Effective Date:

Objective

To define the flow of trauma patients from the incident scene to hospitals in the region and inter-regionally.

Standard 1

Prehospital service personnel will identify injured patients using the State of Washington Prehospital Trauma Triage (Destination) Procedure.

Standard 2

Trauma patients with special needs, as in head injury, burns, intra-thoracic injury, and pediatric trauma will be considered for direct transport, by ground or air, to the highest level designated inter-regional trauma center with capabilities to manage the patient. Medical control will determine the patient destination. This standard recognizes longer transport times.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

5.2 Cardiac & Stroke Triage And Destination Procedure

Effective Date:

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 to make arrangements to the nearest resource hospital.

***For the most current WASHINGTON STATE PREHOSPITAL STROKE TRIAGE DESTINATION PROCEDURE TOOL see DOH website.

*** For the most current WASHINGTON STATE CARDIAC TRIAGE DESTINATION PROCEDURE TOOL see DOH Website.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

5.3 Mental Health And Chemical Dependency Destination Procedure

Effective Date: APRIL 4th, 2019

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	2019-04-04	<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

6 EMS/Medical Control Communications & Trauma System Activation

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		<input type="checkbox"/> Major	<input type="checkbox"/> Minor
			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

7 Hospital Diversion

Effective Date:

Diversion Statement

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

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		<input type="checkbox"/> Major	<input type="checkbox"/> Minor
			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

8 Cross Border Transport

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

9 Inter-Facility Transport Procedure

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

10 Mass Causality Incident (MCI)

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		<input type="checkbox"/> Major	<input type="checkbox"/> Minor
			<input type="checkbox"/> Major	<input type="checkbox"/> Minor

A) Region Specific Patient Care Procedures - Access to Prehospital EMS Care

Effective Date:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

B) Region Specific Patient Care Procedures – Activation of Hospital Trauma Resuscitation Team

Effective:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

C) Region Specific Patient Care Procedures – Transport of patients outside of the Response Area

Effective:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

D) Region Specific Patient Care Procedures – EMS Transport Destination of Medical Patients

Effective:

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.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		<input type="checkbox"/> Major <input type="checkbox"/> Minor
			<input type="checkbox"/> Major <input type="checkbox"/> Minor

Appendix 7: Program and Instructor Count

To access the most up to date information please visit this link: [North Region EMS & Trauma Care Council | EMS Providers, Programs & Instructors](#)