

## **GUIDELINE FOR ADDRESSING MINIMUM/MAXIMUM LEVELS OF TRAUMA VERIFIED PREHOSPITAL EMS RESOURCES**

**September 22, 2010**

EMS and Trauma Care (EMSTC) Regions are charged with identifying the minimum and maximum (min/max) number of trauma verified EMS resources. The min/max number for each type and level of service is included in the Regional EMSTC plan that is approved by the department. The min/max numbers identified in each approved EMSTC plan are used by the department when considering an application for trauma verification. Local EMSTC Councils provide input into this process and information from the Local Council informs the Regional EMSTC Plan.

Regional EMSTC Councils use this process in the following scenarios:

- When Regional and Local EMSTC Councils are developing their EMSTC plans.
- When a situation exists where adjustments in the department approved min/max numbers may be necessary.

Developing or changing min/max numbers is an evidence based, collaborative effort. Collaboration between prehospital EMS providers in a county as well as between local and regional EMSTC councils is a necessary part of this process. Evaluating a community's prehospital EMS resource needs must be based on objective criteria including, but not limited to:

- Demand for prehospital EMS resources. Has demand increased to a level where additional resources are necessary?
- Population. Have population numbers changed (increase or decrease) or are there projections for population changes that may impact need for EMS resources.
- Increased trauma responses. Has the number of emergencies involving severely traumatized patients increased?
- Available prehospital EMS resources. Has the number of available prehospital resources changed?
- Response time. Does system quality improvement/evaluation suggest that response time for prehospital EMS resources has increased? Do current resources meet response time requirements outlined in WAC 246-976-390.
- Level of verified Trauma service. Is there a demonstrated (data-driven) need for another level of service (ILS or ALS)?

### **Available Resources**

When considering changes to the min/max number, Regional and Local EMSTC Councils should utilize the following resources to determine the need for the number of trauma verified prehospital EMS services, by County. Each County and Regional EMSTC Council may use all or some of the following resources:

- Regional maps by county on the DOH website (<http://ww4.doh.wa.gov/gis/EMS.htm>) . These should be used by local EMSTC councils to establish the current placement of prehospital EMS resources.
- Regional tables, by county, found on the department's website. These may be used to establish the current level of service by vehicle location and staffing type.

- Regional maps by county with response time circles based on regional response time standards. These should be requested from the department by Regional EMSTC councils and provided to the local EMSTC council. Local EMSTC councils use this information to identify gaps in EMS coverage across the populated areas of the county.
- Staffing standards for type and level of service as identified in WAC 246-976-390. Used by local EMSTC councils to compare with information from individual EMS agencies on their 24/7/365 staffing capabilities to determine gaps in relation to standards found in the above noted WAC section.
- County population projection information. Used by local EMSTC councils to identify areas that may experience population growth (e.g., approved housing developments that will result in additional people moving into a given area).

### **Use of data**

Data from the above mentioned resources along with any other resources available to the councils will be used to:

- Determine the number, level and placement of trauma verified services to provide appropriate access to prehospital trauma care.
- Develop local council recommendation for min/max number changes to regional EMSTC councils.
- Develop formal recommendation from the regional EMSTC council to the department for changes to the department approved min/max numbers.

This process should be repeated each planning cycle and as needed when changes are indicated. Review of the data will identify whether or not changes are warranted or if current numbers are adequate to assure appropriate access to verified trauma services.