Regional and Local

EMS and Trauma Care Council

Resource Handbook

Office of Community Health Systems
EMS and Trauma Systems Regional Support

2013 Update

The Resource Handbook is available on the Department of Health website at:

http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx

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Introduction

The purpose of this guide is to provide information for use by the Regional and Local EMS and Trauma Care Councils in Washington State. It includes historical and operational information, and web links to relevant system documents. The Washington Department of Health, Office of Community Health Systems is responsible for development of this document. Appendix A has links to documents on the Department of Health website. This Regional Handbook is available for downloaded as a PDF document from the Department of Health website.

Brief History of EMS and Trauma Systems in the United States

Until the late 1960s, few areas in the nation provided adequate prehospital emergency medical care. The prevailing thought was that care began in the hospital emergency department. Rescue techniques were crude, ambulance attendants poorly trained and equipment minimal. There was no radio communication and no physician involvement. Prior to 1966, a mortician, private ambulance service or fire department firefighters provided most emergency and transport services.

In 1966 federal highway traffic safety funds were made available to states in order to improve their EMS systems. Substantial improvement occurred in basic life support systems, especially in training and emergency medical communications. In November 1973, Congress passed Public Law 93-154, otherwise known as the Emergency Medical Services Systems Act, directing funds towards the development of regional EMS systems.

In 1981, the passage of the Consolidated Omnibus Budget Reconciliation Act (COBRA) effectively eliminated all federal funding for EMS. The EMS grant program folded into the Preventive Health Block Grant jointly administered by Department of Transportation (DOT) and DHHS. Only a small portion of this money is available for EMS activities.

Brief History of the EMS and Trauma System in Washington State

- **1970 – 1989**

In 1971, the Washington State legislature amended the Revised Code of Washington (RCW) 18.71 to include paramedic certification as part of the Physicians' Practice Act. This RCW, again revised in 1978 to include the WA Department of Social and Health Services (and later the Department of Health) and the University of Washington as certifying agencies of paramedic personnel. It also established three levels of advanced life support personnel: I.V. Technician, Airway Technician and Paramedic. Specific educational and skill maintenance requirements were set for each level.

In 1973, the legislature created RCW 18.73, (Emergency Medical Care and Health Services Act). This legislation established minimum baseline standards for patient care. The law provided for the state to inspect and license prehospital emergency services.

In 1979, the state emergency medical service leaders and legislature further expanded and improved the EMS system. RCW 18.73 was changed to provide guidelines for the continued development and improvement of EMS systems. The law created Eight Regional EMS as a key component in the state EMS planning process. Approximately $2.5 million was provided biennially for the state's regional EMS program.

In 1983, the legislature revised the EMS legislation to include First Responders. This law gave legal standing to Medical Program Directors and local EMS councils. In 1989, the legislature created the Washington State Department of Health and moved the state's EMS activities from the DSHS to the new department.

In 1988 legislation passed requiring a study to determine the need for a trauma system in the state. The state trauma study produced a report describing the need and the necessary components of a functional and effective trauma care system for the state. This report to the legislature in 1990 established the Washington State Trauma System.

- **1990 – Forward**

The 1990 legislature enacted the Statewide Emergency Medical Services and Trauma Care System Act, RCW 70.168. This act substantially amended state law regarding ambulance and aid services by including requirements for verification to respond to trauma cases, included trauma training requirements for Basic Life Support (BLS) and Advanced Life Support (ALS) personnel. Requirements were established for the designation of five levels of trauma care facilities (hospitals and clinics). This legislative Act became the basis for a well-coordinated, integrated statewide emergency medical services and trauma care system which includes prevention, prehospital care, hospital care and rehabilitation. The Department of Health, Office of Community Health Systems is responsible for the overall management, oversight, contracts and compliance of the statewide EMS and Trauma Care system.

In 1997, the Washington State Legislature established dedicated funding for trauma care in a trust account through the Trauma Care Services Fund Act. This fund is intended to compensate trauma care providers for the unreimbursed care of trauma patients. The source of funding consists of a $5.00 surcharge on all moving violations and a $4.00 of a $6.50 administrative fee on the sale or lease of a new or used vehicle. Fund collection began January 1, 1998. Recipients of these funds include (1) verified prehospital agencies, (2) designated trauma care services, (3) physicians providing trauma care at a designated trauma service and (4) designated trauma rehabilitation services. A summary of the performance of the fund is available by contacting the Department of Health, Office of Community Health Systems.

In May of 2006 120+ stakeholders from across the state participated in a planning retreat to begin development of a Washington State EMS and Trauma System Strategic Plan. The system assessments completed by these participants allowed for the development of Strategic Plan goals,

objectives and strategies to move the Washington system forward over a five-year period. Progress on the Washington State Emergency Medical Services and Trauma System Strategic Plan is reviewed regularly.

This Strategic Plan was updated in 2012 to cover 2012-2015. The eight Regional Council EMS and Trauma Plans support the State Plan.

Washington State EMS/Trauma System Legislation

- EMS/Trauma System - Revised Code of Washington (RCW):

http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Statutes.aspx

- EMS/Trauma System - Washington Administrative Code (WAC):

http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Rules.aspx

Regional EMS and Trauma Care Systems

As established by statute, RCW 70.168, there are eight EMS and Trauma Care Regions in Washington State. The eight regions and their counties are:

1) **Central Region:** King County
2) **East Region:** Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman Counties
3) **North Region:** Island, San Juan, Skagit, Snohomish, and Whatcom Counties
4) **North Central Region:** Chelan, Douglas Grant, and Okanogan Counties
5) **Northwest Region:** Clallam, Jefferson, Kitsap, and Mason Counties
6) **South Central Region:** Benton, Columbia, Franklin, Kittitas, Walla Walla, and Yakima Counties
7) **Southwest Region:** Clark, Cowlitz, Klickitat, S. Pacific, Skamania, and Wahkiakum Counties
8) **West Region:** Grays Harbor, Lewis, N. Pacific, Pierce, and Thurston Counties

- **Regional EMS and Trauma Care Councils**

The eight EMS and Trauma Care System Regions each have a Regional Council organized to establish and maintain the development and operation of the EMS and Trauma system as a grass roots effort. The Councils are made up of members from Local EMS and Trauma Care (EMS/TC) Councils and other EMS-related stakeholders from across the continuum of care within the region. This regional component of the statewide EMS and Trauma Care System represents both regional and local interests. Each council elects its own Executive Board. Executive Board makeup can vary by Region according to its bylaws.

- **Regional Council Business Models**

The Regional Councils now operate as quasi-municipal entities, the functional equivalents of a public agency. They are funded by both state and federal grants and are subject to audit by the State Auditor's Office. Members of the organizations have fiduciary and legal responsibilities to the Regional Council as a corporate entity, as well as the responsibilities defined in RCW and WAC; (RCW 70.168.120; WAC 246-976-960).

When performing their duties as defined in statute, Regional EMS/TC Councils act as public agencies as defined in RCW 42.30.020 (1)(c), and are subject to the Open Public Meetings Act RCW 42.30 and the Public Disclosure Act RCW 42.56.

Link to WA State Open Public Meetings Act:

http://apps.leg.wa.gov/rcw/default.aspx?cite=42.30

- **Regional Council Membership**

Regional Council membership happens through a formal process of recommendations sent from the Local EMS/TC Councils directly to Department of Health. Local Council appointments to the Regional EMS/TC Council must reflect a balance of hospital and prehospital trauma care and emergency medical service providers, local elected officials, consumers, local law enforcement representatives and local government agencies. Membership is specified in RCW 70.168.120 (2) and the Regional EMS/TC Council by-laws. The Regional Councils may announce vacant positions and membership needs but do not recommend potential members to department of Health. That is solely the role of the Local EMS/TC. In areas where no Local EMS/TC council exists, the Regional Council may recommend people for membership. New and renewal membership applications are submitted directly to the Department of Health by the applicant and have the approval of the Local Council.

The department's regional council application and appointment process is available on-line. The term of office for a regional council member is three years; Council members can be reappointed to membership every three years thereafter. No term limits are set by the department.

- **Regional EMS and Trauma Care Council Member Responsibilities**

1) **Responsibility to the general public**
   Make the best decisions to ensure that the EMS trauma system functions in a timely, safe and appropriate manner. Ensure the activities of the Regional Council are carried out in a fiscally responsible manner. The public also needs to know about the activities of the Regional EMS/TC Council, and needs an avenue for resolving issues that may arise within the system. The Councils must hold open public meetings with the meetings advertised and announced in advance with minutes taken and made public.
2) **Responsibility to a represented agency or organization**
   A liaison between the Regional EMS/TC Council and the agency or the organization the member represents, and share information and challenges with each in order to improve the

regional system. Council members must consider the needs of the overall EMS/TC system to work effectively throughout the whole region.

3) **Responsibility to the Department of Health**
Provide unbiased recommendations for maintaining and improving a high quality, statewide EMS/Trauma care system. Regional Council members monitor the finances of the Regional Council by approving the annual regional budget and the distribution of regional resources.

4) **Responsibility to other Council members**
Attend meetings regularly, listen to other members, consider their views and contributions, and work to make decisions and solve problems that are in the best interests of an effective and efficient regional system.

5) General Regional Council Member Responsibilities

a. Actively participate in the organization they represent on the Regional Council.
b. Routinely relay information from the Regional Council to their Local Council and from the Local Council to the Regional Council.
c. Attend Regional Council meetings according to the Council By-laws.
d. Engage in and actively participate in Regional Council committees and workgroups.
e. Develop and implement the Regional Plan.
f. Hold themselves and other members on the Regional Council accountable for work outlined in the regional plan.
g. Hold themselves accountable for the deliverables required in Regional Council contracts with the Department of Health.
h. Hold Regional Council staff accountable for submitting deliverables to the Department of Health, on time and complete, in accordance with contract requirements.

- **Regional EMS and Trauma Care Council Executive Board**

1) Membership:
Each council elects its own Executive Board or leadership. Executive Board makeup can vary by Region according to its bylaws. Officers typically include Chair, Vice Chair and Secretary/Treasurer.

2) In addition to the General Responsibilities of Regional Council membership, Executive Board members have the following responsibilities:

a. The Executive Board is responsible for fiduciary oversight of the Regional Council activities.
b. Executive Board members are responsible for the development and oversight of the annual regional budget and fiscal activities, how money is gained and how it is spent.
c. The Executive Board members have the responsibility to act reasonably, prudently and in the best interests of the Regional Council, to avoid negligence and fraud.
d. Ask questions and be informed.
e. Avoid conflicts of interest.
f. The Regional Council Executive Board must follow the Open Public Meetings Act in their meetings because they have decision-making authority.
g. The Executive Board develops and implements clear and concise administrative policies and/or procedures.

h. Executive Board members provide operational direction and guidance to the Regional Council.
i. Executive Board members actively monitor the implementation of the Regional Plan.
j. Executive Board members sign all contracts.
k. Executive Board members are responsible for oversight of contractual deliverables.
l. Executive Board members hold staff accountable for submitting contract deliverables to Department of Health, on time and complete, in accordance with contract requirements.
m. Executive Board members review Executive Director performance.

- **Local EMS and Trauma Care Councils**

If a county or group of counties creates a local EMS/TC council, by law (WAC 246-976-970) it must be composed of a minimum of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians and prevention specialists involved in the delivery of EMS/TC. Local EMS/TC Council Bylaws establish the standards for their membership, membership appointment and council operations. In areas where no local EMS/TC council exists, the Regional Council performs the required duties with assistance from local providers.

- **Local EMS Council Member Responsibilities**

1) **Responsibility to the general public:**
Make the best decisions to ensure the local EMS/TC system functions in a timely, safe and appropriate manner. In addition, the public also needs to know about the activities of the local EMS/TC Council, and needs an avenue for resolving issues that may arise within the system. The Councils must hold open public meetings with the meetings advertised and announced in advance and minutes taken and made public.
2) **Responsibility to a represented agency or organization:**
Actively participate in the organization they represent on the Local Council and be a liaison between the Local EMS/TC Council and the agency or the organization the member represents. Share information and challenges between the Local Council and their member organization in order to improve the regional system.
3) **Responsibility to other Council members:**
Attend meetings regularly (according to the Local Council By-laws), listen to other members, consider their views and contributions, and work with them to make decisions and solve problems that are in the best interests of an effective and efficient local and regional system.
4) In addition to responsibilities in Chapter 70.168 RCW and WAC 246.976.970 Local Council members must:
   a. Participate in determining the Minimum and Maximum number of verified agencies needed in the county for the Regional EMS and Trauma Plan.
   b. Recommend appointment of potential Regional Council members to the Department of Health.

Ethical and Confidentiality Considerations for Regional and Local Councils

- For the purpose of the state this law RCW 42.52, *Ethics in Public Service*, (http://apps.leg.wa.gov/rcw/default.aspx?cite=42.52) EMS and Trauma Care Council members are considered state officers and are held to the requirements of this law.

Open Public Meetings Act RCW 42.30 and Its Impact on Regional and Local Councils

- Regional Council members are appointed by the Department of Health under RCW 70.168.120. When performing their duties as defined in statute, Regional Councils are public agencies as defined in RCW 42.30.020 (1)(c), and are subject to Open Public Meetings Act. Local Councils are authorized under RCW 70.168.120. When performing their duties as defined in statute, Local Councils are public agencies as defined in RCW 42.30.020 (1)(c), and are subject to Open Public Meetings Act. When Regional and Local Councils meet to conduct business they are governing bodies as defined in RCW 42.30.020 (2). Any "action" taken by a "governing body" of a "public agency" must be at a meeting open to the public. Any discussions, reviews, considerations, deliberations, or final actions which a Regional Council or Local Council conducts or votes on is an "action" or "final action" as defined in RCW 42.30.020 (3), and must be conducted in meetings open to the public. In short, Regional Councils, Local Councils and their members and Executive Boards are required to comply with the Open Public Meetings Act, and with all of the provisions of that Act.

  Link to Washington State Open Public Meetings Act:

  http://apps.leg.wa.gov/rcw/default.aspx?cite=42.30

• Guidelines for Regional Council Membership Appointments

Purpose: The purpose of this guideline is to define the Regional Council membership appointment process.

1) Individuals seeking appointment to a Regional Council should down load and complete the membership application from the Department of Health website.
2) The applicant *must* get the Local Council Chair to sign the application form. Different Local Councils may have other processes that they follow in addition to the Local Council Chair signature.
3) The Local Council sends the completed application form to the Department of Health staff name noted on the application form. Incomplete applications are returned to the applicant.
4) Department staff logs the application into the internal tracking system.
5) Department staff assembles an application packet and logs continued progress on processing the application into the internal tracking system.
6) Department staff prepares information pertinent to the applicant for applicant packet.

7) Department staff sends completed applications packets to the Office of the Assistant Secretary of the Department of Health.
8) The Assistant Secretary of the Department of Health determines membership appointments.
9) New members are advised of appointments by letter with copies sent to the respective Regional Council.
10) Department staff monitors membership terms and notifies members of upcoming expiration.
11) Department staff keeps an up-to-date record of Council members internally.
12) Department staff sends a copy of the current list of Regional Council members to each Regional Council at least quarterly and seeks feedback from the Councils to ensure accurate records.
13) Council members resigning from a Regional Council should notify both the Regional Council and department in writing.

Department of Health Contracts with Regional Councils

- **Authority: RCW 70.160.130 provides authority for the Department of Health to provide grants to the Regional EMS and Trauma Regional Councils.**

RCW 70.168 allows the Department of Health, Office of Community Health Systems to contract with Regional EMS and Trauma Care Councils in Washington State to provide funds for regional assessment, planning, and implementation of regional EMS and trauma systems. This grant based funding is made available to the regions through annual or biennial contracts. Funding is appropriated by the legislature from State General Funds. This funding is intended to support the regional councils in performing the duties identified for them under RCW 70.168.100.

The department works with regional council leadership to determine contract deliverables for the contracting period. The scope of work outlined in regional contracts currently focuses on implementing the comprehensive Regional EMS/TC System Strategic Plans and advancing regional systems. These plans align with the goals of the State of Washington Emergency Medical Services and Trauma System Strategic Plan yet are specific to the unique needs of each region.

Regional Councils may receive gifts and payments from various sources as stated in RCW 70.168.100. The Councils may contract with entities other than the department.

- **Progress Reporting and Payment Process**

Regional Councils must follow the contracting requirements of the Department of Health and all requirements in the contract/grant award and agreement. This includes the General Terms and Conditions, Statement of Work, and all Exhibits/reporting documents. Regional councils must notify the department and have written approval if they intend to subcontract funds received from the department. The Regional Councils are responsible for making certain that any subcontractor meets all department contract requirements.

The Regional Councils submit regular reports to the department on a scheduled basis detailing work related to implementation of regional plan objectives and strategies. The contract outlines the timelines and details deliverables. Deliverables must be “complete” as defined in the contract before they will be approved for payment.

The department requires a State of Washington A-19 Invoice be completed (as detailed in the contract/attachments), and submitted by the Regional Council to the department for payment of deliverables, following the department's current procedure.

Regional EMS and Trauma Care System Strategic Plans

- **Regional Strategic Plan Content**

The cornerstone in the development of the state's trauma system is the Regional EMS/TC System Strategic Plan. The Plans focus on the accomplished of work needed across the regional system during the plan cycle to meet regional system needs. These in-depth strategic documents are developed by Regional Councils with required input from Local Councils, County Medical Program Directors and stakeholders within the Regional System.

- **Minimum and Maximum numbers of verified and designated trauma care services**

Each Regional Plan includes proposed minimum and maximum numbers of prehospital verified services and designated trauma services (hospitals). Verified prehospital service numbers and levels are developed by Local EMS/TC Councils and are reviewed and adopted by the Regional Councils for inclusion in the Regional Plan. Final designated trauma care services Minimum and Maximum numbers and levels are identified by the Regional Council for inclusion in the Regional Plan. Minimum and Maximum numbers and Regional Plans are reviewed by the EMS and Trauma Steering Committee which recommends approval to the Department of Health.

- **Regional Patient Care Procedures**

Regional Patient Care Procedures (PCPs) define how the individual systems operate. PCPs are developed by Regional Councils with input from Medical Program Directors and other system stakeholders. All regional plans have PCPs that address basic system functions. Additional PCPs are developed at the Regional Council level as needed in each regional system. PCPs are included as part of the approved EMS/TC Regional Plan.

- **County Operating Procedures**

County Operating Procedures (COPs) are included in some Regional Plans. Local Councils and County Medical Program Directors (MPDs) developed COPs. They define how Regional PCPs are applied at the individual county level. COPs cannot conflict with Regional PCPs. COPs are not required under law.

- **Regional Plan Review and Approval**

The Regional EMS/TC Council submits the system plans to the Department of Health when they are complete and meet the current plan guidelines. The department conducts an internal review of the plans. Each regional council presents their plan to the Secretary's State EMS and Trauma Steering Committee, which conducts a formal review of the Plans and provides their recommendations to the department regarding approval for each regional plan. The department formally approves the Plans and notifies the Regional Councils. Plans are operational for the period of the plan cycle defined within the approved plans. A process is in place for amendments to the Regional Plans. The department posts approved amended or changed regional plans to the department website.

The approved Regional EMS and Trauma Care (EMS/TC) System Strategic Plans are available on the department website at: http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx.

- **Changes/Updates to Regional EMS/TC System Plans**

The department approves changes to the Regional EMS/TC Plans proposed by the regional councils. There are two types of plan changes, *substantive* and *minor/technical*. *Substantive* changes are plan changes related to Patient Care Procedures (PCPs), minimum or maximum numbers of designated (hospital) or verified (prehospital) trauma services, higher than minimum standards, and any *contested* changes to the plan. All other changes are *minor/technical changes.*

For *substantive* changes to the Regional EMS/TC Plan, the Regional Council develops a written proposal to the department identifying the need for a change and justifying the change. Available data and information are used to develop the justification. Upon a vote of approval by the Regional Council and reviewed by the department, the proposed changes are presented to the EMS/TC Steering Committee, which makes recommendations to the department regarding approval of those changes.

For *minor/technical* changes to the Regional EMS/TC Plan, the Regional Council develops changes that meet current standards and communicates the proposed changes to stakeholders throughout the region to ensure the change is not contested within the region. These uncontested *minor/technical* changes are then reviewed and approved or disapproved by the department, which notifies the Regional Council of the action.

Regional Advisory Committee (RAC)

The RAC is a technical advisory committee to the State EMS and Trauma Care Steering Committee. It is comprised of representatives from each of the EMS/TC Regional Councils, staffed by the department and meets bimonthly.

RAC TAC Charter

Mission: Advise the EMS and Trauma Steering Committee on EMS and trauma issues and share information across regional systems.

Purpose: Support the EMS and trauma care system as outlined in the State Strategic Plan.

Objectives

- The RAC will assist State EMS and Trauma Steering Committee and the department with accomplishing work of the EMS and Trauma Strategic Plan.

- The RAC will serve as a conduit for sharing information between the EMS and Trauma Steering Committee, technical advisory committees, and local and regional EMS and trauma care systems.

Membership

- Membership is limited to persons from those regions of the State of Washington, as defined in RCW 70.168.110 and by the department.
- The designee and alternate designee shall be selected by the region council.

Leadership

- The RAC Chair will be appointed by the EMS and Trauma Steering Committee.
- The RAC Vice-Chair will be a RAC member and will lead the TAC in the Chair's absence.

Member Responsibilities

- Attend State Steering Committee, TACs and stakeholder association meetings, including those meetings designated by the RAC TAC.
- Attend and participate in all RAC TAC meetings.

Meetings

- A quorum will be a simple majority.
- Meetings will be conducted in accordance with Washington Statute and Rule – Open Public Meetings Act.
- The meetings will be scheduled bimonthly on the day before the EMS and Trauma Steering Committee meeting, and otherwise as needed.
- The department will be responsible for the meeting venue, arrangements, and agenda.
- Each Regional Council will have one vote.
- The RAC Chair votes only in case of a tie.
- Updates from other TACs and stakeholder association meetings will be provided, as available.
- The department will staff the meetings, including taking minutes.
- The department will archive approved minutes.

Trauma Service Verification and Facility Designation

The department identifies prehospital agencies and health care facilities that voluntarily commit to meet trauma care standards in Washington State as trauma care providers. Prehospital agencies apply to become trauma verified services. Hospitals/health care facilities apply to become designated trauma services. The department credentials verified and designated trauma providers for a set period.

- **Prehospital - Trauma Service Verification**

The Department of Health Office of Community Health Systems administers the BLS/ILS/ALS prehospital EMS service verification application and evaluation process. Ground service verification decisions for both aid and ambulance agencies are based on local county and regional system needs. Air medical verified services needs are determined on a statewide basis. The minimum and maximum numbers of verified prehospital ground services needed within an area are identified by local EMS/TC councils and recommended to their regional EMS/TC council. Consideration for recommending minimum/maximum numbers of verified services includes call volume, population density and age distribution, distance, desired response time, backup unit requirements on major trauma, tiered response and duplication of service**.** These become part of the regional EMS and Trauma Care Plan and must be reviewed and recommended by the EMS and

Trauma Steering Committee and approved by the Department. The Office of Community Health Systems - EMS and Trauma Section uses a trauma verification application process it developed to evaluate all levels of prehospital service for approval. All related documents are available on the department website at:

http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications.aspx#Regional%20EMS%20and%20Trauma%20Documents

Maps of Trauma Response Areas are available in the respective Regional EMS and Trauma Care Council offices and on the department website at:

http://ww4.doh.wa.gov/gis/EMS.htm

- **Trauma Service Designation – Hospital/Health Care Facility**

Designated trauma services are part of the comprehensive statewide EMS and trauma care system. The department developed the Trauma Service Designation standards process as outlined in WAC 246-976-700. There are five levels of designated trauma care services. In order of resource requirements they are Level I (highest), II, III, IV, and V.The minimum and maximum number and levels of designated trauma services needed in the regional systems is determined by each of the Regional EMS and Trauma Care Councils and is part of the Regional EMS and Trauma Care Strategic Plans.

The department conducts the designation process using a Regional EMS and Trauma Care System approach. Requirements for designation are specified in WAC for each of the levels. Statute requires the use of an external review for Level I, II and III designations. The review team and the department designation staff evaluate the facility's capability to meet the requirements and provide care. Designation of Level IV and V does not require an external review team; department staff reviews are used. Trauma Service designation is a competitive process established in RCW 70.168. Designation is based on the final approved minimum and maximum numbers of designated trauma services in approved regional plans. If there is competition, the department designates the health care facilities it considers most qualified to provide trauma care services. Designation is for a three-year period.

Applicant health care facilities send a letter of intent followed by a complete application. The department reviews the application materials, conducts an on-site review (as required) and designates the facilities. The department notifies the Regional Councils of designated health care facilities. Detailed information about the designation process is available at the webpage indicated below:

http://www.doh.wa.gov/PublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/TraumaSystem/TraumaDesignation.aspx

Appendices

- **Appendix A:** Links to EMS/TC Resources on the Department of Health Website

Instructions: Put your computer mouse pointer on the desired web address. Right click the mouse and select "open hyperlink" and right click on it. This will take you directly to the subject area on the website.

WA State EMS and Trauma System Resources on the Department of Health website:

- Contact Us
- EMS Topics A-Z
- EMS Systems
- EMS and Trauma System
- ECS System
- Trauma System
- Trauma Designation
- Agency and Vehicle Licensing
- Certification and Recertification
- Education
- Publications (EMS and Trauma)
- WEMSIS
- Injury and Violence Prevention
- Hearings Information

- **Appendix B:** Prehospital Trauma Destination Procedure:

- http://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf
  Purpose
  The purpose of the Triage Procedure is to ensure that major trauma patients are transported to the most appropriate hospital facility. This procedure has been developed by the Prehospital Technical Advisory Committee (TAC), endorsed by the Governor's EMS and Trauma Care Steering Committee, and in accordance with RCW 70.168 and WAC 246-976 adopted by the Department of Health.

- **Appendix C**: Prehospital Cardiac Destination Procedure:

http://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf

- **Appendix D:** Prehospital Stroke destination procedure:

http://www.doh.wa.gov/Portals/1/Documents/Pubs/346049.pdf

- **Appendix E:** Current State EMS and Trauma System Strategic Plan:

http://www.doh.wa.gov/portals/1/Documents/Pubs/530107.pdf

- **Appendix F:** Current EMS and Trauma Care System Regional Plans:

http://www.doh.wa.gov/hsqa/emstrauma/publications.htm#Regional_Plans