State of Maryland

Maryland Institute for Emergency Medical Services Systems

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To: Highest Jurisdictional Officials
EMS Medical Directors

From: Timothy Chizmar, MD, FACEP
State EMS Medical Director

Date: October 13, 2021

Re: <u>"Direct to Triage" Protocol</u>

On October 12, 2021, the Maryland EMS Board approved the "Direct to Triage" Protocol as an optional supplemental protocol. Based upon an analysis of the pilot in Anne Arundel County, this protocol reduces the amount of time required for EMS to effect a safe transfer of care for qualifying patients upon arrival at emergency departments.

If your jurisdiction wishes to utilize this new protocol, please complete the optional supplemental protocol application (attached) and submit via email to Chris Hyzer (chyzer@miemss.org). Please identify a primary point of contact for your jurisdiction and your proposed implementation date. Also, indicate your plans to ensure training, QA/QI review, as well as your plan for communication with local hospitals.

The attached "Direct to Triage" Protocol should be used without modification of the clinical criteria. It is essential that uniform criteria are used as many hospitals receive patients from multiple EMS jurisdictions.

A decision support worksheet will be made available in eMEDS within the next few days. This will facilitate quality improvement review by the jurisdictional QA/QI officer and medical director. Additional information on eMEDS documentation will follow shortly.

Finally, MIEMSS will communicate the rationale for this new protocol to all EMS base stations in a forthcoming memo. However, I would ask that you also take this opportunity to have a conversation with your local hospitals prior to implementation.

Please let me know if you have any questions regarding this protocol. Thank you for your commitment to the Maryland EMS system as we aim to improve the efficiency of the EMS transfer of care process in our emergency departments.

Attachments:
Optional Supplemental Protocol Application
Direct to Triage Protocol (approved 10/12/2021)

Application for Participation in an Optional/Pilot Program

Name of Local Program: _____ Date: _____

Desired Optional Program: _____

Method of Quality Assurance Review (please use separate sheet as needed): _____

Individual responsible for Quality Assurance Review:

Name _____ Telephone: _____
Print Name

Name _____ Address _____
Signature

E-Mail: _____

Manner in which Jurisdictional Medical Director will be involved in Quality Assurance review: _____

Individual responsible for forwarding Optional Program Occurrences to the Regional Medical Director and State EMS Medical Director:

Name _____ Telephone: _____

Approval of Optional Program Participation and Proposed Quality Assurance Review Process:

_____ _____
Print Name
EMS Operational Program Medical Director State EMS Medical Director

_____
Signature
EMS Operational Program Medical Director

Form Revised 6/2016

DIRECT TO TRIAGE PROTOCOL

- LOW ACUITY / PRIORITY 3 PATIENT
- PATIENT IS 18 YEARS OR OLDER
- ABLE TO COMMUNICATE W/ EMS
- UNDERSTANDS PROCESS
- ABILITY TO SIT INDEPENDENTLY IN A WHEELCHAIR

START

IF THERE IS EVER ANY DOUBT AS TO WHERE TO PLACE THE PATIENT; ALWAYS GO THROUGH ROUTINE AMBULANCE ED REGISTRATION AND TRIAGE PROCEDURE.

VITAL SIGNS ACCEPTABLE? (SEE CHART – 1)

IF YES, MOVE ON

HIGH RISK CONDITIONS? (SEE CHART – 2)

IF ANY PRESENT, STOP

IF NONE, MOVE ON

TIME DEPENDENT NEEDS? (SEE CHART – 3)

IF [illegible]

DISCUSSION TAKES PLACE WITH PATIENT ABOUT PLACEMENT IN TRIAGE

PATIENT PLACED DIRECTLY IN WAITING ROOM VIA WHEELCHAIR, AT REGISTRATION. SIGNATURES OBTAINED AND PATIENT IS LEFT WITH MIEMSS APPROVED SHORT FORM

END OF CALL

- SHORT FORM COPIED AND GIVEN TO APPROPRIATE NURSE FOR RN SIGNATURES
- PATIENT TRANSFERRED OFF STRETCHER
- REPORT GIVEN

ACCEPTABLE VITAL SIGNS: 1

- RESPIRATIONS: 10-20
- PULSE: 60-100
- PULSE OX: >92% (room air)
- TEMPERATURE: 96-101°F
- BLOOD GLUCOSE (if indicated): 71-299 MG/DL
- BLOOD PRESSURES:
  - BETWEEN 110 AND 180 - SYSTOLIC
  - BETWEEN 60 AND 100 – DIASTOLIC

HIGH RISK CONDITIONS 2

- UNEXPLAINED ABDOMINAL PAIN
- ALTERED MENTAL STATUS
- UNEXPLAINED BACK PAIN
- CHEST PAIN
- DYSPNEA / SHORTNESS OF BREATH
- (ACUTE) FOCAL NEUROLOGICAL DEFICITS
- SEIZURES
- SEPSIS (SUSPECTED)
- SYNCOPE
- SUICIDAL / HOMICIDAL IDEATIONS
- **REQUIRES MORE THAN MINIMAL ASSISTANCE TO WALK**
- **UNABLE TO COOPERATE WITH HISTORY AND EXAM**

TIME DEPENDENT NEEDS 3

- AIRWAY
- BREATHING
- CIRCULATION (INCLUDING TO EXTREMITY)
- DISABILITY (DEFICIT) OR DEFORMITY
- SEVERE TENDERNESS WITH PALPATION / EXAM
- SIGNIFICANT HEAD OR TRUNCAL TRAUMA
- UNCONTROLLABLE BLEEDING
- **REQUIRES ALS MONITORING OR INTERVENTIONS**
- **CONCERN FOR POTENTIAL DETERIORATION**

Approved 10.12.2021