

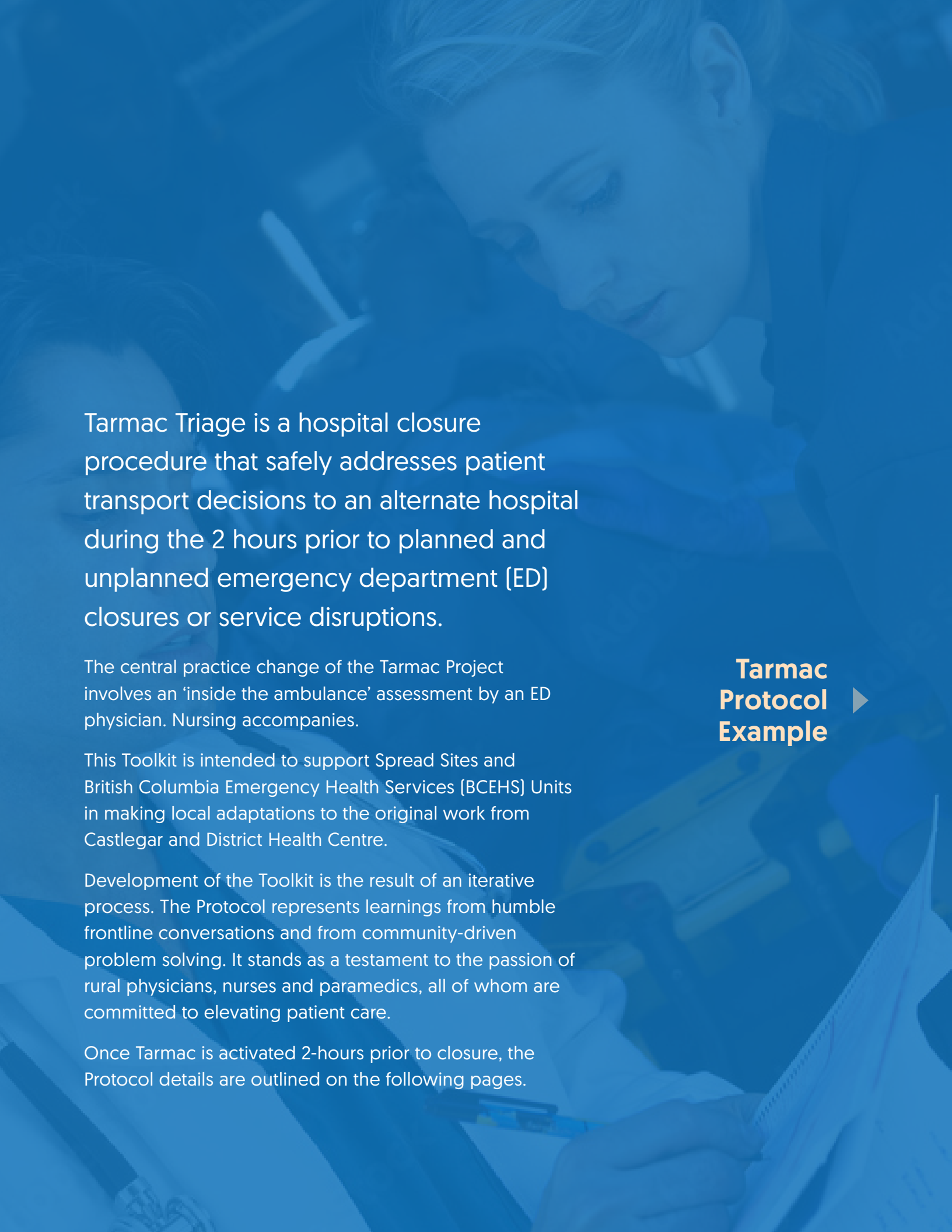


Tarmac Triage

Change Toolkit

VERSION 1.0

The Tarmac Protocol is a collaborative effort between Interior Health and BC Emergency Health Services



Tarmac Triage is a hospital closure procedure that safely addresses patient transport decisions to an alternate hospital during the 2 hours prior to planned and unplanned emergency department (ED) closures or service disruptions.

The central practice change of the Tarmac Project involves an ‘inside the ambulance’ assessment by an ED physician. Nursing accompanies.

This Toolkit is intended to support Spread Sites and British Columbia Emergency Health Services (BCEHS) Units in making local adaptations to the original work from Castlegar and District Health Centre.

Development of the Toolkit is the result of an iterative process. The Protocol represents learnings from humble frontline conversations and from community-driven problem solving. It stands as a testament to the passion of rural physicians, nurses and paramedics, all of whom are committed to elevating patient care.

Once Tarmac is activated 2-hours prior to closure, the Protocol details are outlined on the following pages.

**Tarmac
Protocol
Example**

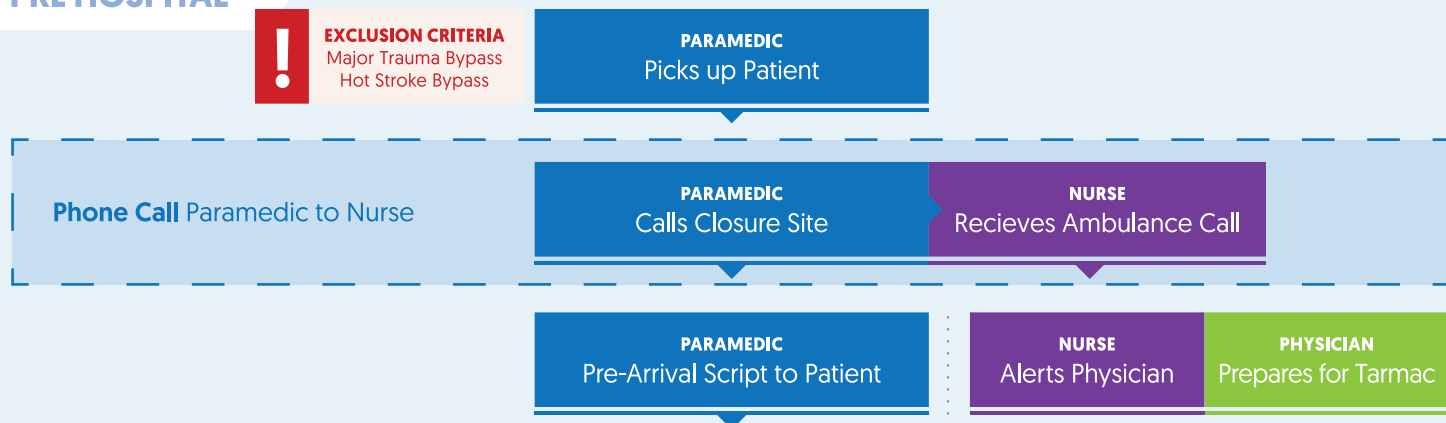


Castlegar Tarmac

PROTOCOL INITIATED 2 HOURS PRIOR TO ED CLOSURE

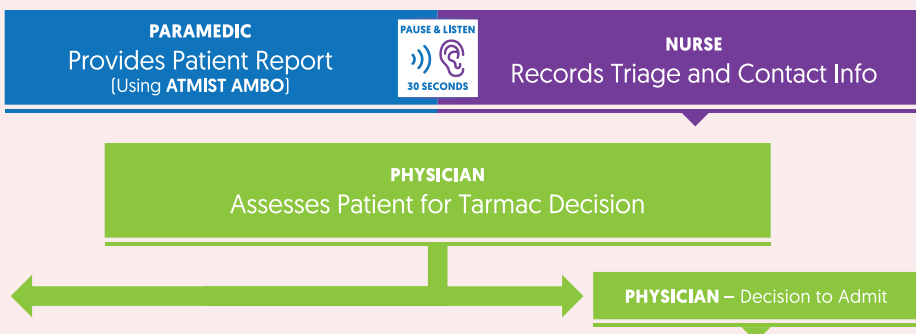


PRE HOSPITAL

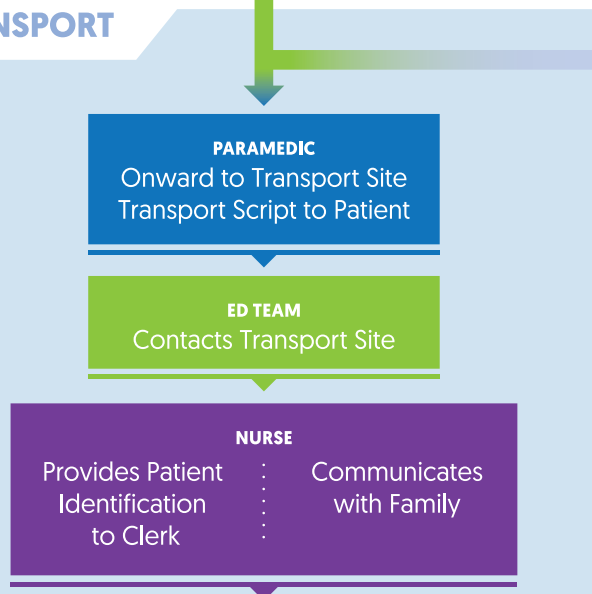


INSIDE OF AMBULANCE

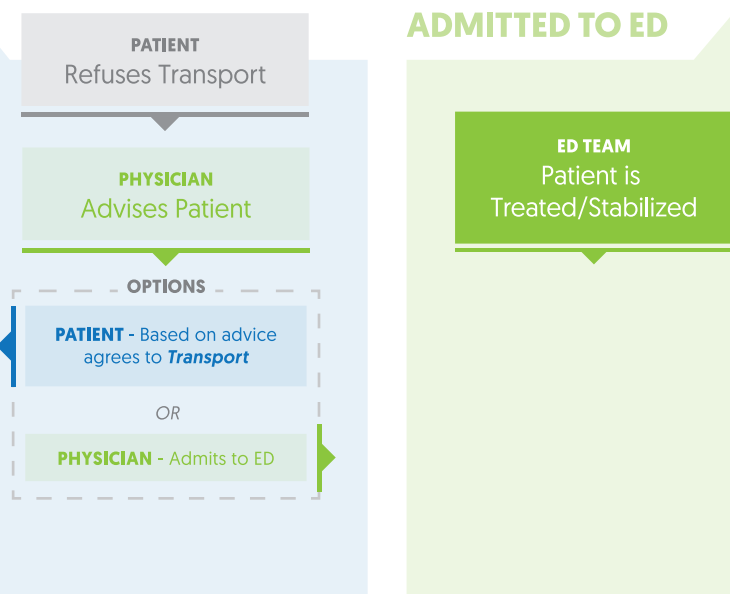
Patient triaged in ambulance
< 5mins of arrival



TRANSPORT



ADMITTED TO ED



REGISTRATION CLERK

Enter the word "Tarmac" into discharge comment field **FOR EVERY PATIENT** who receives an inside of ambulance assessment

Protocol Details at Closing Site

- 1 → Ambulance staff alerts ED so that physician is ready for an inside ambulance assessment
- 2 → Paramedic Patient Scripts - refer to the *Paramedics Patient Scripts* (RIGHT)
- 3 → Paramedic gives patient report. Nurse records patient information for registration
- 4 → ED physician assesses patient inside ambulance - Communicates to paramedics using low/mid/high acuity rating
- 5 → ED physician determines onwards transport or admission into ED
- 6 → ED physician or nurse talks with patient/family
- 7 → Patient consents to transfer - ED team to address any transport refusals
- 8 → ED team to inform receiving hospital of Tarmac transfer - after ambulance has left to avoid delay
- 9 → Nursing staff communicates with family if they arrive after transfer departure
- 10 → Patient information passed to unit or registration clerk
- 11 → Word 'Tarmac' is entered in Discharge Comment Field - Regardless of transport decision [See Appendix C]
- 12 → Communication strategy in place with ED teams, ambulance teams, transfer sites and community

PARAMEDIC PATIENT SCRIPTS

Prior to Arriving at Closing ED

"The local emergency department at (name community) is closing soon. We will go there and a physician will assess you inside the ambulance to decide where you would get the best care. The physician may send us to (name transfer hospital) for further assessment"

During Transport to Larger Site

"The physician in (name closure site) recommended we take you to (transfer site) for further assessment and care. We are going there now."



Goals/Benefits:

1. Quickly Connecting patients to the care they need
2. Reducing secondary transfers
3. Closer collaboration between EDs and ambulance crews

Spread Site Onboarding Considerations

TARMAC PROJECT DATA DASHBOARD



CLICK OR
SCAN HERE

- Toolkit adaptations to fit local needs and volumes. **See Tarmac Project Data Dashboard** (LEFT)
- Communicate project to potential transfer hospital ED teams [See Appendix D]
- Collaborate closely with BCEHS – ensure they are included in in-person site meetings and with local BCEHS Unit Chiefs [See Appendix E]
- Consider ambulance arrival space and cover from weather
- Document local patient registration process to ensure accurate data collection
- Create an adapted Tarmac Protocol [page 2] specific to spread site
- Greater attention to community concerns and communications in terms of 24-hour site adaptations [See Appendix B]

Tarmac Measurement Plan

This project follows Quality Improvement methodology to show evidence of impact. Below is a set of measures to help assess the progress of the Tarmac project. These measures are important to track improvement, as well as to assess the resource burden associated with changes. The measures are designed to reflect each partner in the project – practitioners, paramedics, transfer site and the community.

Measurement Plan for Project Evaluation

MEASUREMENT NAME	COLLECTION PLAN How will the data be collected, by whom, and when?
Number of Triage Patients	Collected during patient registration by Emergency Department (ED) clerks. Data will be tracked and analyzed monthly using charts to monitor trends (e.g., single-site or multi-site methods).
Provider Overtime	Data will be visualized monthly from the HR database. Analysis includes trend charts to review overtime patterns.
Ambulance Availability	Data collected from the BCEHS system on a weekly or monthly basis. Trends will be monitored using site-specific charts.
Paramedic Overtime	Overtime data will be pulled from the BCEHS system and analyzed regularly to assess workload.
Volume Increases at Transfer Site	Volume tracked via the ED database

Tarmac Patient Registration Process



Process for alerting Unit Clerk/Registration Clerk of a Tarmac triaged patient must be documented. This is a likely a unique process to each individual site.

Unit Clerk/Registration Clerk will need to follow this process:

- When registering a patient who has been triaged using the Tarmac Protocol, add the words **“Tarmac”** into the Discharge Comment field:

* Discharge Date/Time	15/07/24 07:04
* Discharge Disposition	ED08-Trans to Oth Acute Hos
Disposition Date/Time	
Discharge Location	
Discharge Comment	Tarmac

Key Collaborators:

Moving Forward with Local Protocol Adaptations At Your Site

Interior Health

Local Emergency Department

- ED Physicians – Lead physician
- Clinical Manager – Nursing Operations
- Administration – ED Manager
- Unit Clerk for Registration

Local Administration

- Chief of Staff
- LMAC – Local Medical Advisory Committee

Senior Management

- Executive Director
- Executive Medical Director
- HAMAC - Health Authority Medical Advisory Committee

IH Emergency Department Network

- ED Network Director
- ED Network Medical Director

IH Transport

- Executive Director, Patient Access, Transport & Emergency Response

British Columbia Emergency Health Services (BCEHS)

BCEHS Local Leadership

- Unit Chiefs

BCEHS Regional Directors

- Director Interior West
- Director Interior East
- Director Central Interior
- Regional Medical Director, Interior

BCEHS Provincial Leadership

- Chief Medical Officer
- Executive Director, Business Operations
- Executive Director, Clinical Operations
- Executive Director, Health Authority Liaison

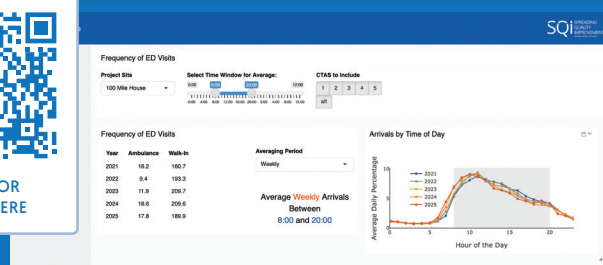
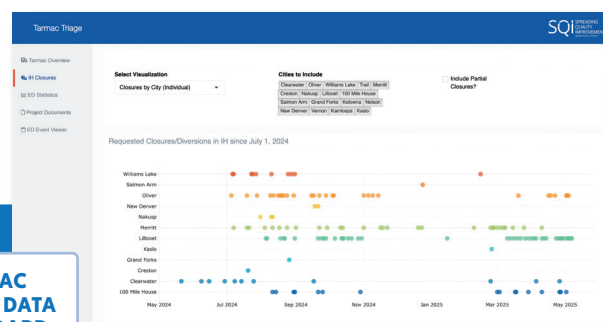
Dashboard Link and Appendices

- **Tarmac Project Data Dashboard:** Tarmac Triage Interior Health
- **Planned Closure Spread Sites:** See Appendix A
- **Unplanned Closure Spread Sites (24-Hour ED Closure Site):** See Appendix B
- **Tarmac Registration Standard:** See Appendix C
- **Letter Template to ED Transfer Sites:** See Appendix D
- **Letter Template to BCEHS Unit Chiefs:** See Appendix E

TARMAC PROJECT DATA DASHBOARD

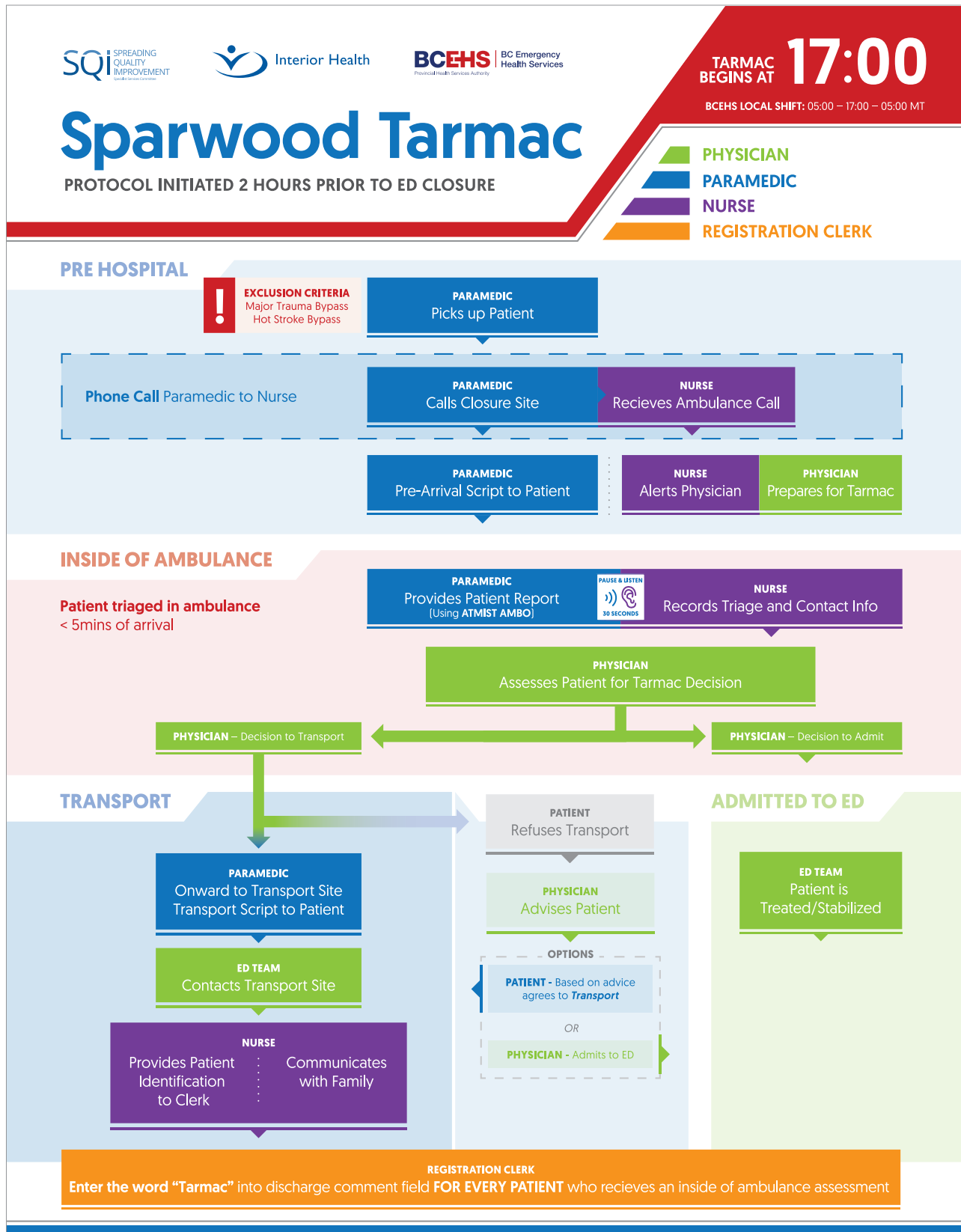


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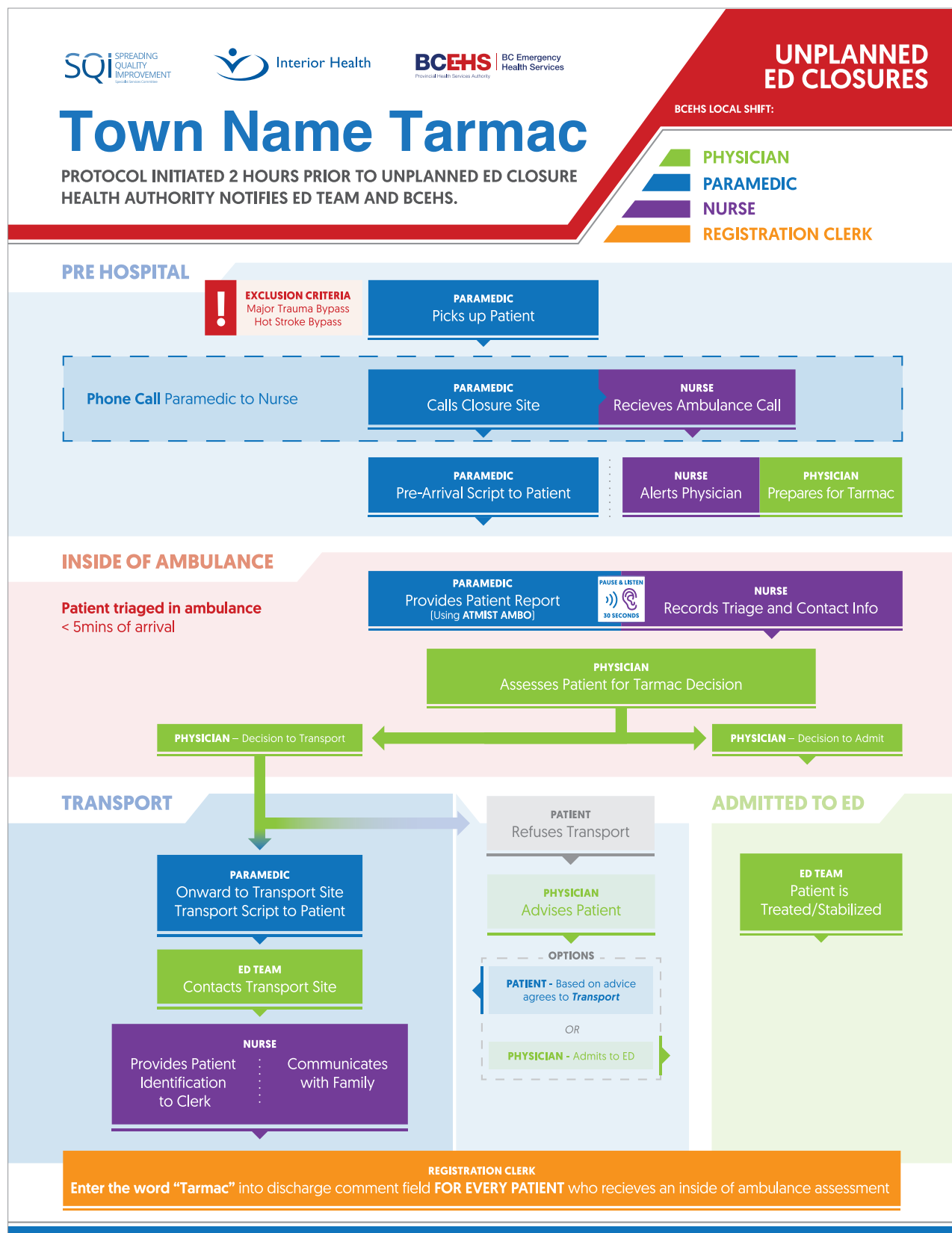
Appendix A

Planned Closure



Appendix B

Unplanned Closure [24-Hour ED Closure Site]



Appendix C

Tarmac Registration Standard

REGISTRATION STANDARDS Ambulance (Tarmac) Physician Assessment

PRINTED/SAVED copies may not be the most recent version.
The **OFFICIAL** version is available on the [Registration Standards InsideNet page](#)

Ambulance (Tarmac) Physician Assessment

1.0 PURPOSE

To provide a Standard Registration Process for when a physician conducts a patient assessment in the ambulance in order to determine if the patient will be treated at the site or continue to another facility.

2.0 DOCUMENTATION CONSIDERATIONS

When an Emergency Department is scheduled to close, the ED Physician will conduct a patient assessment while the patient is still in the Ambulance. The physician will determine if the patient will be treated at the site or continue to another facility. Patients who continue to another facility are registered as noted below.

3.0 STANDARD

1. Patients who continue to another facility are registered at the original site as the physician completed an assessment, with some considerations:
 - There is no triage time as Triage is not completed
 - The Triage Level will be 'Not Available'
 - Chief Complaint should be left blank
 - The Reason for Visit may be provided, otherwise, 'Unknown' can be entered
 - 'Tarmac' **must** be entered in the Discharge Comment field
2. Patients who are brought into the Emergency Department at the original site are registered and discharged as per the standard emergency registration process.

4.0 DEVELOPED BY

Milissa Moore ~ Coordinator, Data Quality Standards & Projects

5.0 REVIEWED BY

Heather Reid ~ Manager, Registration Services

6.0 APPROVED BY

Heather Reid ~ Manager, Registration Services

Appendix D

Letter to ED Transfer Sites



Health and well-being for all
Quality | Integrity | Compassion | Safety



[Insert Date]

[Insert ED Department Head]

[Insert Name and address of Hospital]

Dear Emergency Department Physicians, Nurses and Staff,

Re: Tarmac Triage Project

Please find attached the Toolkit for the Tarmac Triage Project. The Project is part of the Spreading Quality Improvement (SQI) Initiative supported by IH Leadership – at both local and executive levels – and in collaboration with the BC Emergency Health Services and Doctors of BC.

The Protocol within this project offers a safe process for teams to follow in the two (2) hours prior to a planned or unplanned closure of an emergency department in a small community. You are receiving this information as a designated transfer site for the community of **[insert name of community]** which closes daily.

When patients arrive just prior to closure at these smaller sites such as **[insert name of community]**, the protocol details an 'Inside of the Ambulance Assessment' for determination of whether the patient can be supported in the emergency department's remaining time or whether further care in **[insert name of transfer site]** would be most appropriate. In the event that a transfer is decided upon, the Tarmac Protocol will allow patients to receive the care they need in a more efficient manner. One ride instead of two. The emergency department team at the hospital that is closing will call and notify a triage emergency nurse directly to provide a patient update.

Larger emergency sites such as **[insert name of transfer site]** are also stretched. This project offers patients a quicker path to the care they need while also offering a method of monitoring patient transfer decisions and the demands placed to receiving site teams. Rigorous data analytics aligned with Quality Improvement methodology are ingrained within SQI Initiatives. The data dashboard for this project can be found at: [Data Dashboard](#)

Please review the Toolkit and take a look at the dashboard. We look forward to your feedback.

Sincerely,

[Improvement Team Physician Lead]

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tšilhqot'in Nations where we live, learn, collaborate, and work together.

Appendix E

Letter to BCEHS Unit Chiefs



Health and well-being for all
Quality | Integrity | Compassion | Safety



[Insert Date]

Dear BCEHS Unit Chiefs

Re: Tarmac Triage Project – Feedback Request

Please find attached the Toolkit for the Tarmac Triage Project. The Project is part of the Spreading Quality Improvement (SQI) Initiative supported by IH Leadership in collaboration with Doctors of BC and BC Emergency Health Services.

The Protocol within this project offers a safe process for Emergency Department (ED) teams to follow in the two (2) hours prior to a planned or unplanned closure in a small community. When patients arrive by ambulance just prior to closure at a closure site, the protocol details an 'Inside of Ambulance Assessment' for determination of whether the patient can be supported in the emergency department's remaining time or whether further care at a transfer site would be most appropriate.

Using Quality Improvement methodology, the project aims to measure the various effects of closures and responses – such as Tarmac Triage. As part of measurement, we want to understand how this type of change would affect paramedics, and more specifically, how we might use the data we gather to assist paramedics. Looking for a reduction in late night secondary transports would be one example.

The project's main objective is improved patient care. In the event that a Tarmac Triage transfer is decided upon, the Protocol will allow patients to receive the care they need in a more efficient manner. 'One ride instead of two'.

Paramedic teams are stretched. We hope this project can elevate patient care while also providing metrics to help us better understand the impact on teams.

Please review the attached Toolkit and the [Data Dashboard](#) for this project. Quality improvement methodology relies on open collaborative conversations. Please contact us with any feedback you may have.

Respectfully,

[Improvement Team Leadership]

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Interior Health



Spreading Quality Improvement (SQI) Tarmac Team

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This project has been supported by the Specialist Services Committee's (SSC) Spreading Quality Improvement initiative. The SSC is one of four Joint Collaborative Committees that are a partnership between Doctors of BC and the BC Ministry of Health.