

Tarmac Triage

Change Toolkit

VERSION 1.0
OCTOBER 2026

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

SQI Spreading Quality Improvement Specialist Services Committee

BCEHS BC Emergency Health Services
Provincial Health Services Authority

Interior Health

SharedCare Partners for Patients

The TARMAC triage has been great for expediting definitive care for patients and reducing time spent in the emergency room waiting for transfer. Nursing and physician morale is improved which reduces rates of burnout.

RURAL EMERGENCY DEPARTMENT PHYSICIAN

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

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 ED 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 open 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

WHAT TARMAC IS NOT

Tarmac is **NOT** for critically ill patients or those needing stabilization.

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TARMAC BEGINS AT **18:00**

BCEHS LOCAL SHIFT TIMES CHECK WITH PARAMEDICS

Castlegar Tarmac

PROTOCOL INITIATED 2 HOURS PRIOR TO DAILY ED CLOSURE

PHYSICIAN
PARAMEDIC
NURSE
REGISTRATION CLERK

TRAINING VIDEO

PRE HOSPITAL

EXCLUSION CRITERIA
Major Trauma Bypass
Hot Stroke Bypass

PARAMEDIC
Picks up Patient

Phone Call Paramedic to Nurse
CASTLEGAR ED: 250-304-1230

PARAMEDIC
Calls Closure Site

NURSE
Recieves Ambulance Call

PARAMEDIC
Pre-Arrival Script to Patient

NURSE
Alerts Physician

PHYSICIAN
Prepares for Tarmac

INSIDE OF AMBULANCE

Patient triaged in ambulance
< 5mins of arrival

PARAMEDIC
Provides Patient Report
(Using **ATMIST AMBO**)

PAUSE & LISTEN 30 SECONDS

NURSE
Records Triage and Contact Info

PHYSICIAN
Assesses Patient for Tarmac Decision

PHYSICIAN – Decision to Transport

PHYSICIAN – Decision to Admit

TRANSPORT

PARAMEDIC
Onward to Transport Site
Transport Script to Patient

ED TEAM
Contacts Transport Site

NURSE
Provides Patient Identification to Clerk
Communicates with Family

PATIENT
Refuses Transport

PHYSICIAN
Advises Patient

OPTIONS

PATIENT - Based on advice agrees to ***Transport***

OR

PHYSICIAN - Enters ED

ENTERS ED

ED TEAM
Patient is Treated/Stabilized

REGISTRATION CLERK
MUST Enter the word "Tarmac" into Discharge Comment Field **FOR EVERY PATIENT**
who recieves 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. **Patient consents to transfer** - ED team to address any transport refusals
7. **ED team to inform receiving hospital of Tarmac transfer** - after ambulance has left to avoid delay
8. **Nursing staff communicates with family** if they arrive after transfer departure
9. **Patient information passed to unit or registration clerk**
10. **Word 'Tarmac' is entered in Discharge Comment Field** - Regardless of transport decision (See Appendix C)
11. **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."*

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Goals/Benefits:

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

Onboarding Steps for New Sites

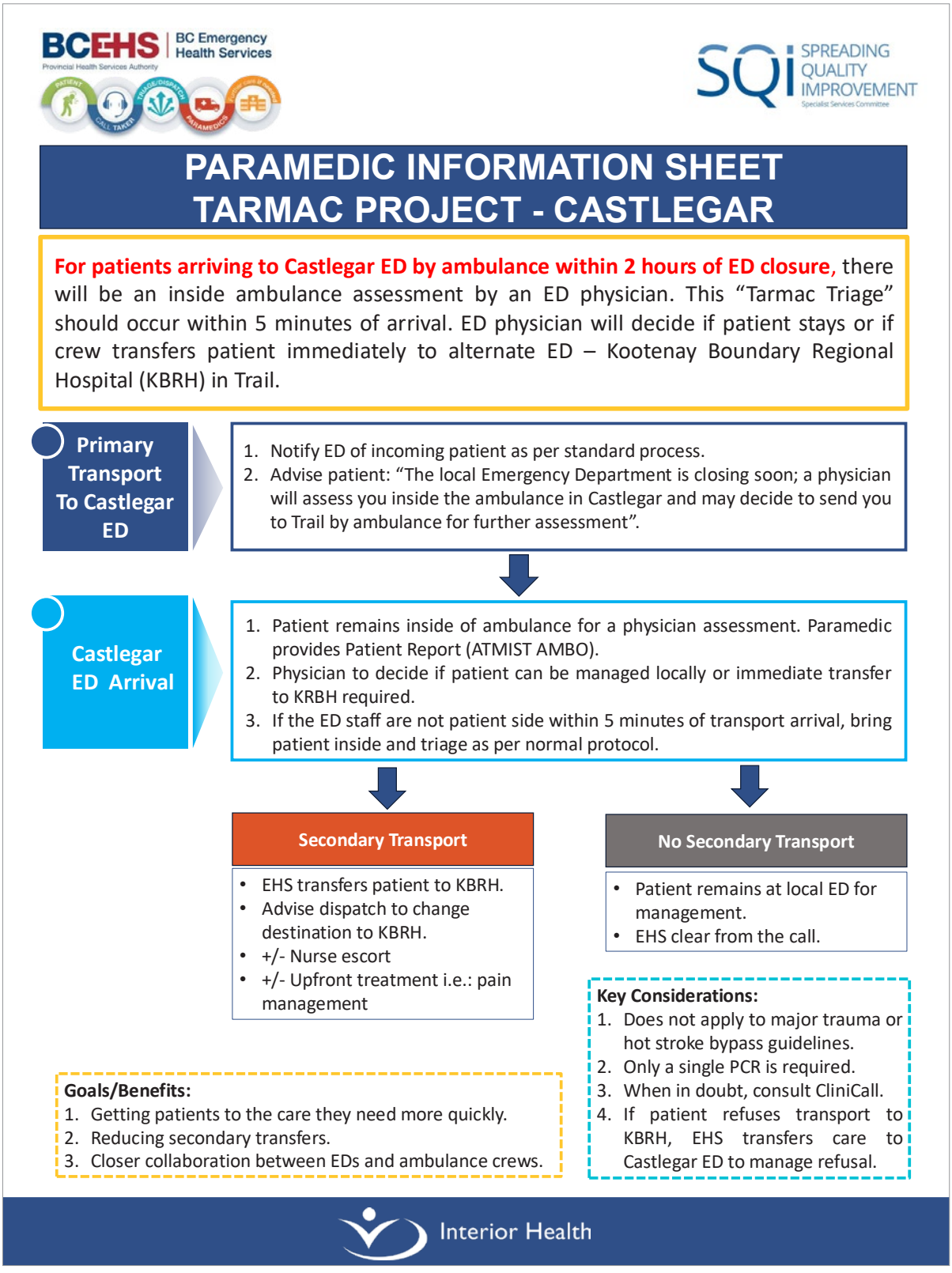
TARMAC PROJECT DATA DASHBOARD

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 that local BCEHS Paramedic Supervisors are included in in-person site meeting and simulation (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 service disruption site adaptations (See Appendix B)

Paramedic Workflow

In addition to sample scripts, the Tarmac Project recognized that paramedics needed a specific workflow using the terms aligned with their typical practices and providing clear timelines considerations. A flow such as the one below was adapted for each Tarmac site.



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

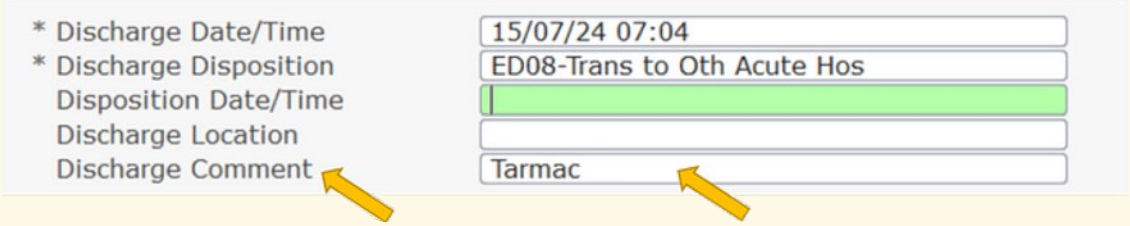
MEASUREMENT NAME	COLLECTION PLAN How will the data be collected, by whom, and when?
Number of Triaged Patients	Collected during patient registration by Emergency Department (ED) clerks. Data will be tracked and analyzed monthly using charts to monitor trends (e.g., single-site or multi-site methods).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



Progression of the Project

The Tarmac Project was initiated and evolved during a time of increased staffing related emergency department closures.

Please recognize that the project has distinct versions depending on whether it is adapted for use at a daily closure site or at a service disruption site – which typically operates 24 hours but is forced to close due to staffing circumstances. Please also note that 'Tarmac' assessments are sometimes conducted just inside the health centre doors rather than inside the ambulance.

DAILY CLOSURE SITE CONSIDERATIONS (APPENDIX A)

- Routine use of Tarmac each day in the 2 hours prior to closing allows teams/crews to normalize the practice quickly
- Volumes can be predicted using the ED Statistics section of the Tarmac Dashboard
- These smaller Emergency Departments do not always have electronic records. As such, ensuring knowledge of the Registration Standard (Appendix C) for Tarmac was necessary
- Each site has slightly different recording practices. Site specific data collection adaptations were needed (Appendix D). It is of note that there is a mix of onsite registration staff and registration through a larger site
- ED physicians in smaller sites are not always on site and may have to be called in response to an ambulance arrival – this may effect the timing of an inside ambulance triage. Call from paramedics to the ED while enroute is needed
- Sites have varying daily closure times and varying availability of lab and x-ray. These factors may impact inside ambulance transport decisions

SERVICE DISRUPTION SITE CONSIDERATIONS (APPENDIX B)

- These closures happen sporadically and necessitate ongoing orientation and re-orientation to Tarmac over time
- The occasional nature of these closures necessitated a communication pathway to inform and remind ambulance crews that Tarmac was in place and that they should expect an inside ambulance assessment upon arrival (Appendix E)
- Simulations are a key to establishing a visual memory for teams to call upon for sporadic implementation
- Registration staff must be included in orientation and re-orientations to ensure that the "Tarmac" label is included in the discharge comment field (Appendix C)
- Virtual hybrid Emergency Department services at some sites should not affect the Tarmac process

Each new site was onboarded with an in person collaborative session involving both the ED team and the local BCEHS leadership. This is crucial to the creation of accurate local adaptations.

Understanding current processes and local team culture are key to capturing and communicating changes necessary to the implementation of Tarmac.

Dashboard Link and Appendices

- **Tarmac Project Data Dashboard:** Tarmac Triage Interior Health
- **Daily Closure Site:** See Appendix A
- **Service Disruption Site (24-Hour ED Closure Site):** See Appendix B
- **Tarmac Registration Standard:** See Appendix C
- **Tarmac Data Collection Adaptations Examples:** See Appendix D
- **BCEHS Communication Pathway:** See Appendix E

TARMAC PROJECT DATA DASHBOARD

CLICK OR SCAN HERE



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

- Paramedic Supervisors

BCEHS Regional Directors

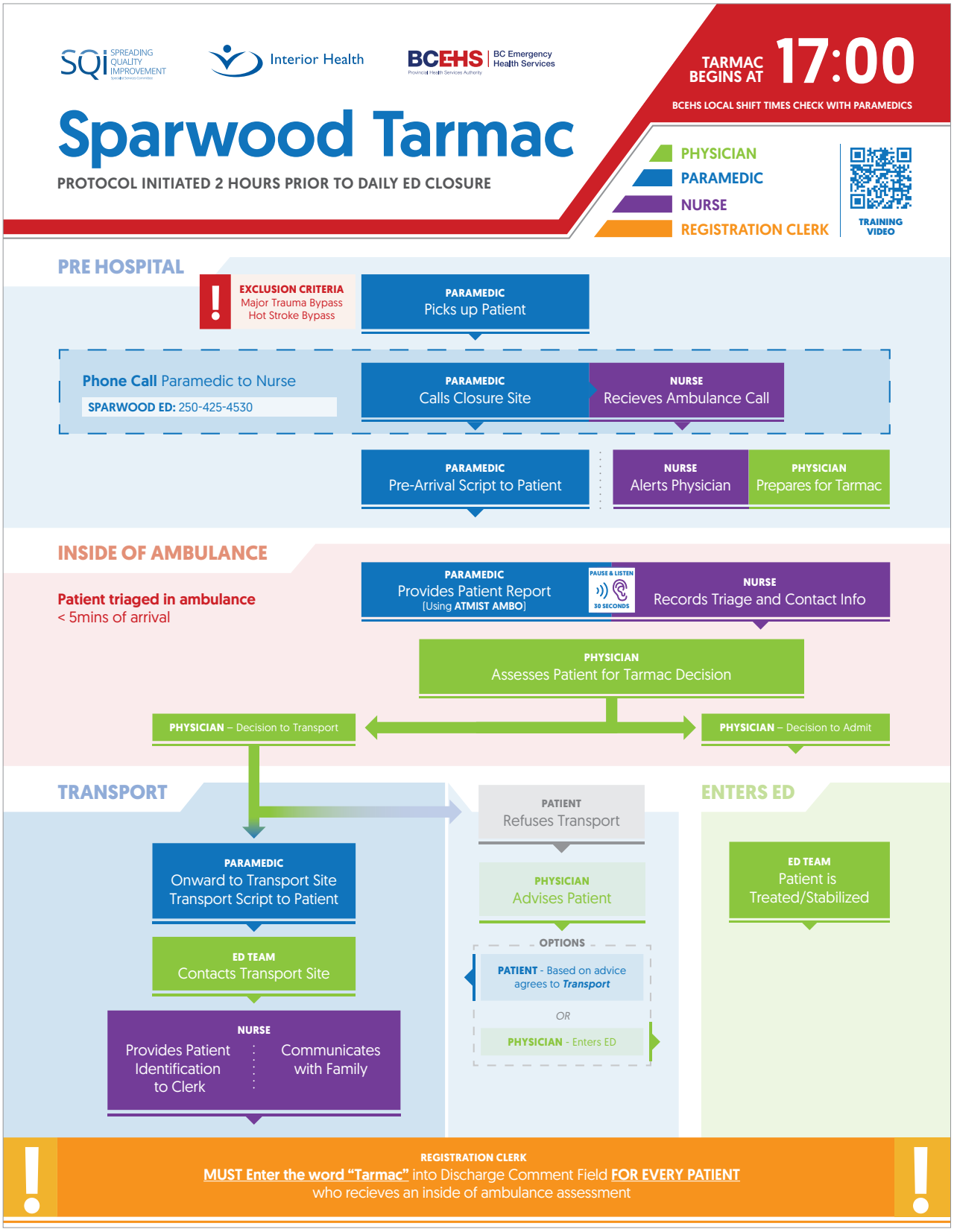
- Director Interior West
- Director Interior East
- Director Central Interior
- Regional Medical Director, Interior
- Paramedic Practice Leader, Interior

BCEHS Provicial Leadership

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

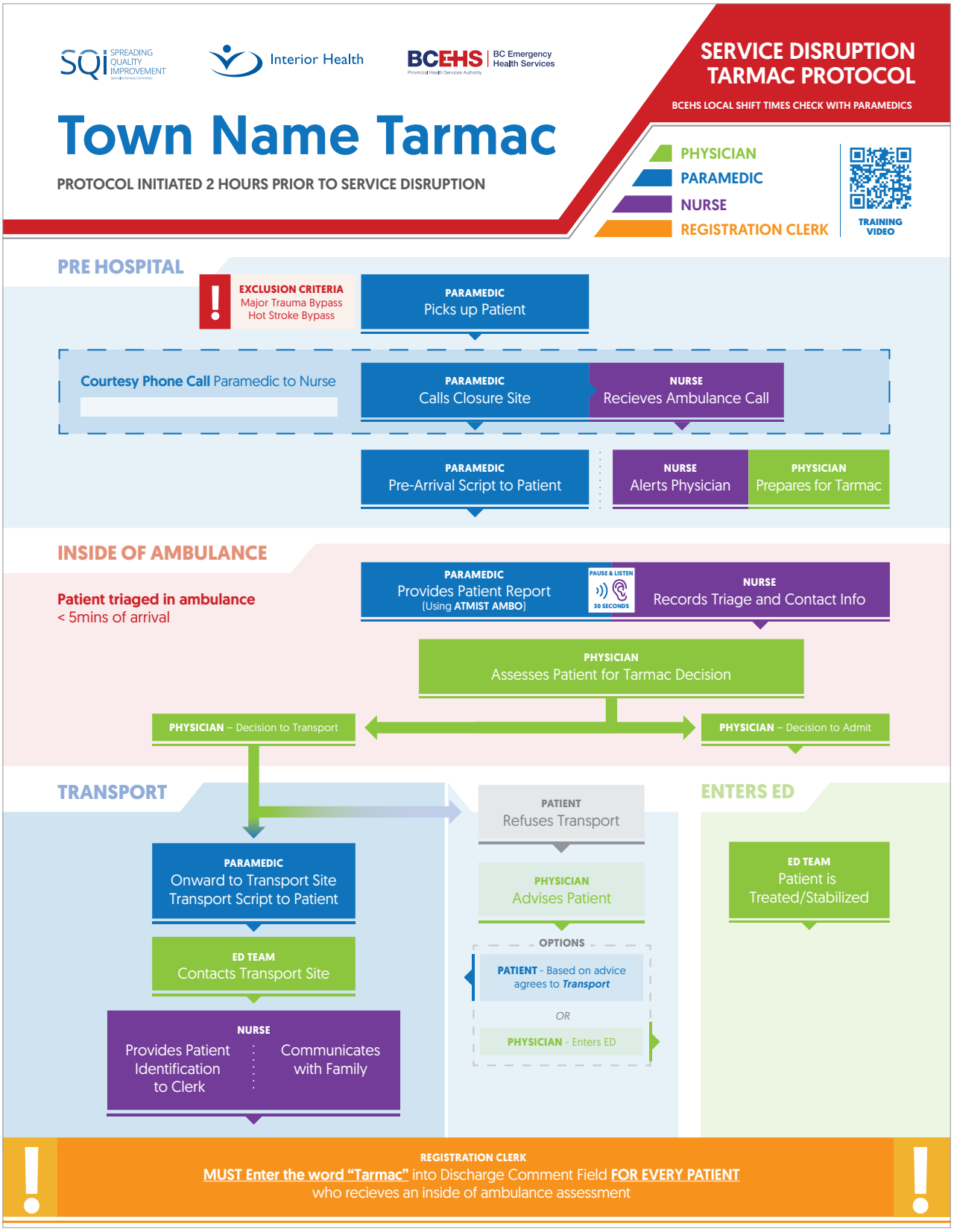
> *This collaboration is truly helping us build our interdisciplinary team with a team focus on patient outcomes.*
>
> **OPERATIONS, BCEHS**

Appendix A
Daily Closure Site



Appendix B

Service Disruption Site (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
Tarmac Data Collection Adaptations Examples

Tarmac Data Collection Adaptations
Chase Health Centre Emergency Department

Successful Quality Improvement depends on accurate data collection. We need to know about each Tarmac event* in order to understand the impact of this practice.

***Tarmac inclusion criteria:** Patients arriving by ambulance between 13:00 – 15:00 regardless of transport decision*

- RN takes the Emergency Nurses Assessment Record (ENAR) out to the ambulance to meet BCEHS, collects patient demographics (for registration and E-triage purposes) and receives report (RN can write on ENAR but E-triage does need to be entered as per usual processes).
- RN returns to department and completes E-triage and continues documentation on ENAR. If the physician decides to refer the patient, this may just be documentation of discharge date/time.
- RN writes "TARMAC" in the E-triage note *RN indicates inclusion of TARMAC regardless of transport decision*
- RN requests registration for patient as usual (on site or remotely after hours).
- RN completes discharge time and notes TARMAC in red or highlighted on the back of ENAR. This is to ensure that registration records patient visit under TARMAC when they complete official discharge from the system.
- Registration staff enters "TARMAC" into discharge comment field as per Tarmac Protocol.

Please follow this site-specific data collection approach and let us know if you make changes. sqi@interiorhealth.ca

Tarmac Data Collection Adaptations
South Similkameen Health Centre Emergency Department

Successful Quality Improvement depends on accurate data collection. We need to know about each Tarmac event* in order to understand the impact of this practice.

***Tarmac inclusion criteria:** Patients arriving by ambulance between 15:30-17:30 regardless of transport decision*

- RN takes the Emergency Nurses Assessment Record (ENAR) out to the ambulance to meet BCEHS, collects patient demographics (for registration and E-triage purposes) and receives report (RN can write on ENAR but E-triage does need to be entered as per usual processes).
- RN returns to department and completes E-triage, and continues documentation on ENAR. If the physician decides to transfer the patient, this may just be documentation of discharge date/time.
- RN writes "TARMAC" in the etriage note *RN indicates inclusion of TARMAC regardless of transport decision*
- RN requests registration for patient as usual (on site or remotely after hours).
- RN completes discharge time and notes TARMAC in RED or highlighted on the back of ENAR. This is to ensure that registration records patient visit under TARMAC when they complete official discharge from the system.
- Registration staff enters "TARMAC" into discharge comment field as per Tarmac Protocol.

Please follow this site-specific data collection approach and let us know if you make changes. sqi@interiorhealth.ca

Tarmac Data Collection Adaptations · Merritt Emergency Department

Successful Quality Improvement depends on accurate data collection. We need to know about each Tarmac event* in order to understand the impact of this practice.

***Tarmac inclusion criteria:** Patients arriving by ambulance during the 2 hours prior to closure regardless of transport decision*

- RN takes ENAR out and enters the side door of the ambulance to collect patient demographics (for registration) and receives report (RN can either write on ENAR and paper chart or go back into department and E-triage after report received).
- RN writes TARMAC in red at top of ENAR to alert registration and to ensure the event isn't missed in the registration discharge comment field later. RN writes TARMAC regardless of transport decision.
- RN goes back into department and completes E-triage or resumes paper triage and completes registration by calling locally between 08:00-16:00 or RIH from 16:00-08:00.
- RN completes discharge time on back of ENAR when patient departs ER department as per normal.
- Registration staff enters TARMAC into discharge comment field as per Tarmac Protocol.

Please follow this site-specific data collection approach and let us know if you make changes. sqi@interiorhealth.ca

Tarmac Data Collection Adaptations
Castlegar & District Community Health Centre Emergency Department

Successful Quality Improvement depends on accurate data collection. We need to know about each Tarmac event* in order to understand the impact of this practice.

***Tarmac inclusion criteria:** Patients arriving by ambulance between 18:00 – 20:00 regardless of transport decision*

- RN takes the Red Clipboard with the Emergency Nurses Assessment Record (ENAR) out to the patient to meet ambulance, collects patient demographics on pink slip (for registration and E-triage purposes) and receives report (RN can write on ENAR but E-triage does need to be entered as per usual processes. ("Tarmac Triage by Dr ----- with presenting complaint ---------.) IV start, lab draws and ECG may be part of assessment process.
- Depending on circumstances, the assessment may take place in the ambulance or just inside the ambulance entrance doors.
- RN returns to office – gives pink registration slip to clerk, completes E-triage, and continues documentation on ENAR. If the physician decides to transfer the patient, this may just be documentation of discharge date/time.
- RN writes "TARMAC" in the E-triage note *RN indicates inclusion of TARMAC regardless of transport decision*
- RN completes discharge time and stamps TARMAC in red on the back of ENAR. This is to ensure that registration clerk records patient visit under TARMAC when they complete official discharge from the system.
- Registration staff enters "TARMAC" into discharge comment field as per Tarmac Protocol.

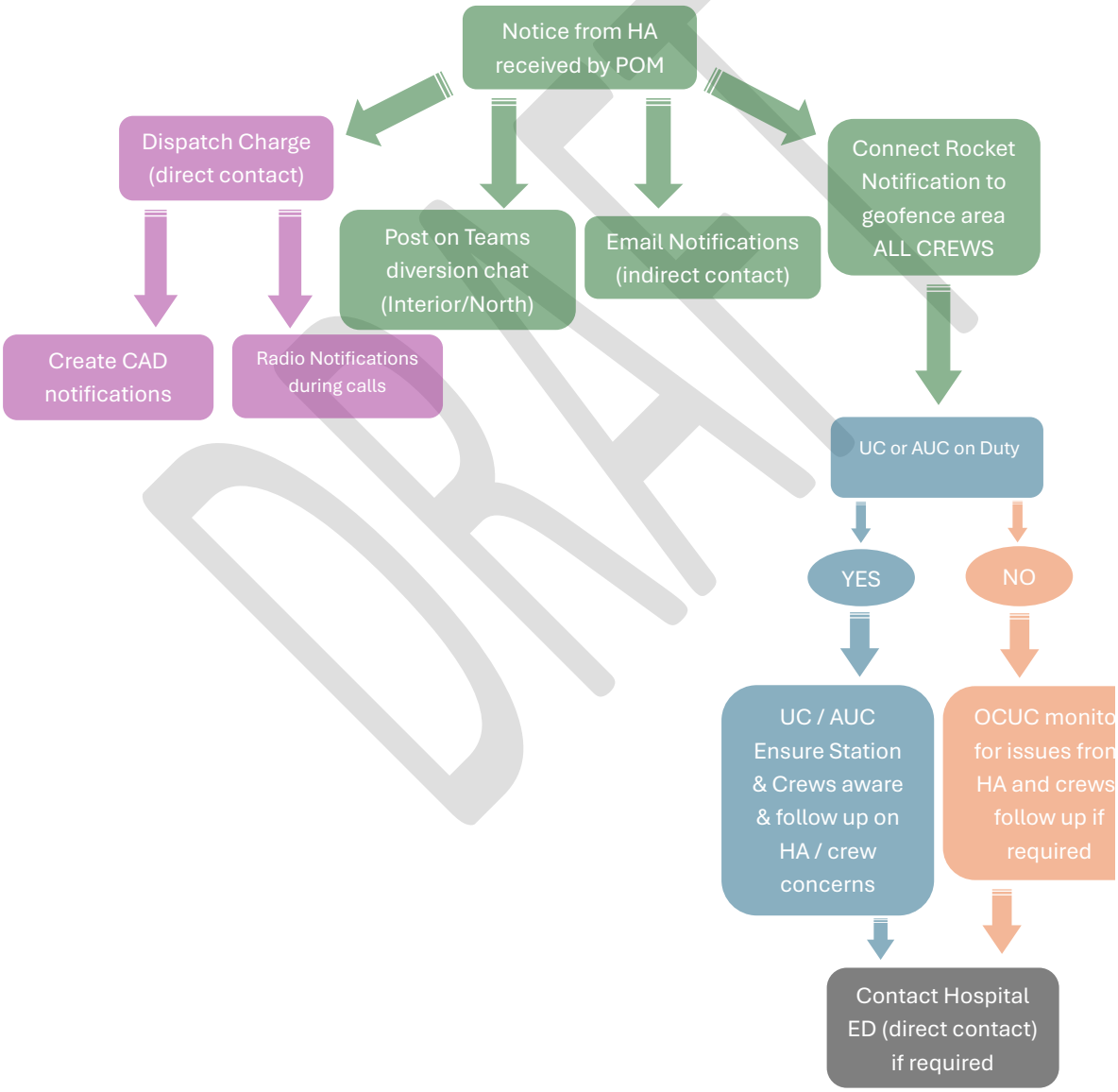
Please follow this site-specific data collection approach and let us know if you make changes. sqi@interiorhealth.ca

Appendix E
BCEHS Communication Pathway - Draft

BCEHS | BC Emergency Health Services
Provincial Health Services Authority

Communication Pathway for Unplanned ED Closure

Responsibilities Quick Reference



DRAFT



I feel like this program is very beneficial to patients who need to be transferred to a higher level of care. I believe it's important to have the best possible care for patients, with everyone being able to get home at a reasonable time after their shifts.

RURAL FRONTLINE PARAMEDIC

Tarmac triage increases system efficiency and improves patient care by getting the right patient to the right place with less wait time.

RURAL EMERGENCY DEPARTMENT PHYSICIAN



SQI SPREADING QUALITY IMPROVEMENT
Specialist Services Committee

Interior Health

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SSC SPECIALIST SERVICES COMMITTEE

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