



Recently, the EMIHS Section acknowledged our clinicians are experiencing significant challenges during the patient turnover process at local Emergency Departments (ED). We also committed to leveraging every opportunity within our influence to improve the situation.

Effective February 1, 2020 and with the support of senior leadership at the Maryland Institute of Emergency Medical Services (MIEMSS), the Montgomery County Fire and Rescue Service (MCFRS) is pressing forward with an initiative we are referring to as “Direct to Triage.”

“Direct to Triage” empowers our clinicians to help guide patients with low acuity complaints and stable clinical findings to the receiving hospital’s Triage Area. In collaboration with our local Emergency Department (ED) administrators, we developed the accompanying flow chart to describe how the process works.

In short, if your patient presents with a low acuity complaint, they can sit up, they have stable clinical findings, and they must go to an ED, you may advise the receiving facility your patient is suitable for “Direct to Triage.” Upon arrival at the ED, report out to the Charge Nurse on the patient’s condition and status. If both of you agree, proceed with your patient to the Triage Area, seat them, provide a report to the Triage Nurse, and complete your ePCR report.

As you know, the MCFRS is currently piloting the Alternate Destination Program (ADP). Training is ongoing and will be accelerated in an upcoming online format. Once you are trained in the ADP, we encourage you to consider taking eligible and consenting patients to an approved, alternative destination as opposed to the ED.

MIEMSS and MCFRS are eagerly observing how our ADP and “Direct to Triage” programs translate into reduced turnover times.

Questions regarding “Direct to Triage” should be directed to the EMIHS Section Chief.