


**Patient Reception Team Operations**

*At the end of this session participants should be able to discuss the roles and responsibilities of the Patient Reception Teams (PRTs), including PRT composition, development and training requirements.*



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**Patient Reception Team Operations**

**Overview**

- *Five General Principles to Remember*
- *Team Composition*
- *Incident Command System*
- *Patient Reception Area Operations*
- *Patient Reception Triage and Patient Management*
- *Patient Reception Team Training*

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**Patient Reception Team Operations**

**Five General Principles to Remember:**  
**Principle #1**

- *When the big one hits you will only do what you do every day*
- *What happens when you have a plane load of patients...*



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**Patient Reception Team Operations**

**Five General Principles to Remember:**  
**Principle #2**

- EMS does NOT work in an Mass Casualty Incident environment
- These types of incidents require:
  - Task Level planning
  - Tactical Level planning
  - Strategic Level planning



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**Patient Reception Team Operations**

**Five General Principles to Remember:**  
**Principle #3**

- If you don't manage the PRT someone else will
- You have a legal and ethical responsibility to ensure the delivery of competent care



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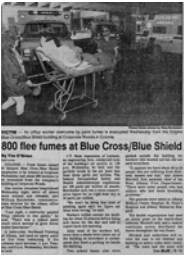
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**Patient Reception Team Operations**

**Five General Principles to Remember:**  
**Principle #4**

- You MUST have PRT Standard Operation Procedures (SOPs)
  - Not the same as a disaster plan
  - Coaching "play book"
  - Equivalent to a medical protocol
  - Incident specific



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**Patient Reception Team Operations**

**Five General Principles to Remember:**  
**Principle #5**

- *Don't get sucked into the 'who's in charge argument'*
  - *Have a "plan"*
  - *Know your state laws, local governing authorities, agency standards and protocols, etc.*
  - *Know what you are responsible for*
  - *Unify command and cooperate*
  - *If you don't, only the patient suffers*



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**Patient Reception Team Operations**

**Team Composition**

- *May be comprised of individuals from the VAMC Primary Receiving Center with support from community agencies*
  - *Community Fire/EMS personnel*
  - *Community emergency service organizations*
    - *American Red Cross , Salvation Army, etc*
  - *City/County Emergency Management Agency*
  - *Private patient transportation services*
  - *Military*
- *Number and type of personnel based upon individual Primary Receiving Center and community support capabilities*

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**Patient Reception Team Operations**

**Team Composition**

- *Appropriate mix of clinical, clinical support, and administrative staff*
- *Consider local and state laws and governing authorities related to community support*
  - *EMS scope of practice in patient reception operations*
  - *EMS treatment protocols at the reception site*
  - *Liability and worker's compensation coverage*
- *Sufficient staff identified and trained to support 24/7 operational requirements*
- *Capabilities influence "through put" reporting*

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**Patient Reception Team Operations**

**Incident Command System**

- *Structuring patient reception operations and team composition on the principles of incident command ensures a common organizational understanding by all entities involved*
- *Incident command features a flexible organization and management process that is capable of escalating or decreasing response operations based upon pre-planned, current or projected requirements*

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**Patient Reception Team Operations**

**Incident Command Goals**

- *Right Treatment - Right Patient - Right Time*
- *Early transportation to definitive care*
- *Patient Tracking and distribution*
- *Careful coordination of resources*
- *Safety*



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**Patient Reception Team Operations**

**Incident Commander**

- *YOU set the tone*
- *The first five minutes set the stage for the whole incident*
- *Learn to set the tone and be in command*



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**Patient Reception Team Operations**

**Incident Management Team**

- *Rapidly "Size-Up"*
- *Set the tone*
- *Order/cancel resources*
- *Initiate SOPs*
- *Plan strategy*



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**Patient Reception Team Operations**

**Incident Management Team**

- *Deploy resources*
- *Delegate*
- *Review and revise*
- *Communicate*



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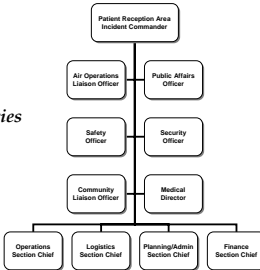
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**Patient Reception Team Operations**

**Incident Command Structure**

- *Incident Management Team*
  - *Maintains overall management of the event*
  - *Establishes objectives and priorities*
  - *Devises appropriate strategies*
  - *Establishes clear lines of communication and information sharing*
  - *Positions filled by most qualified and trained personnel, not necessarily based on seniority*



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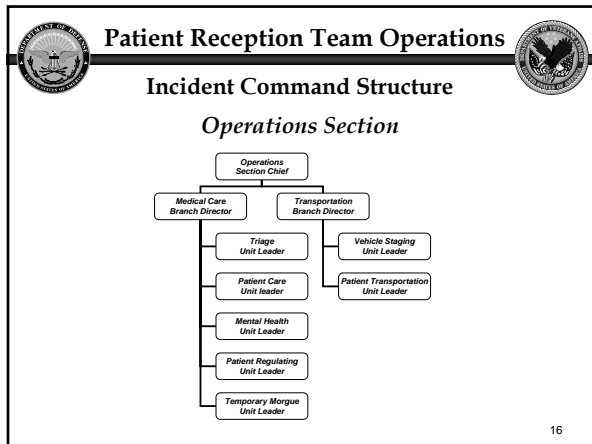
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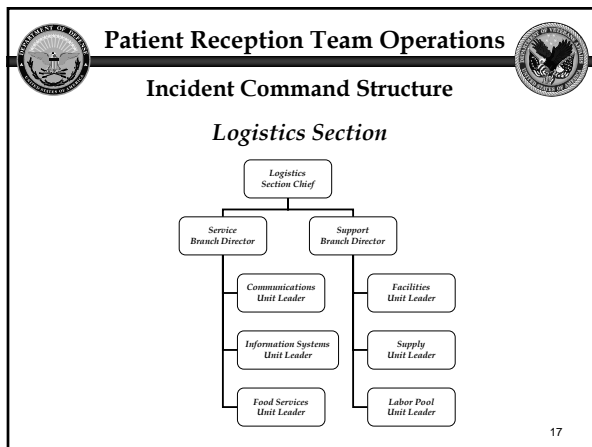
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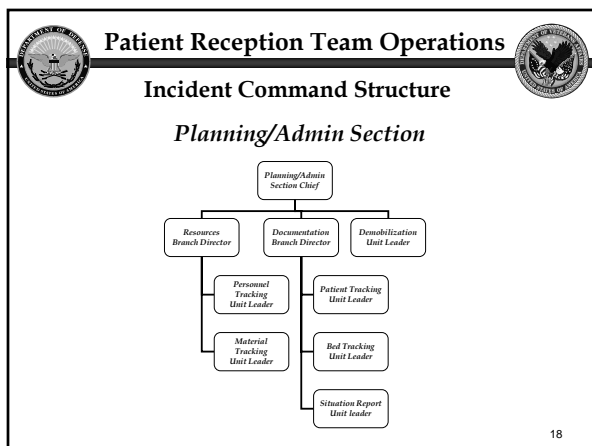
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**Patient Reception Team Operations**

**Incident Command Structure**

*Finance Section*

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      A[Finance Section Chief] --- B[Time Unit Leader]
      A --- C[Procurement Unit Leader]
      A --- D[Cost Tracking Unit Leader]
  
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**Patient Reception Team Operations**

**Patient Reception Area Operations**



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**Patient Reception Team Operations**

**Patient Reception Area Operations**



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**Patient Reception Team Operations**

**Patient Reception Area Operations**

- *Key factors:*
  - *Do what works for your location?*
  - *Patient movement flow within the area*
    - *Cones, colored tarps, flags, etc to easily identify flow patterns and treatment/staging areas*
  - *Be sure everyone is familiar with site layout*
  - *Allow workable separation between areas*

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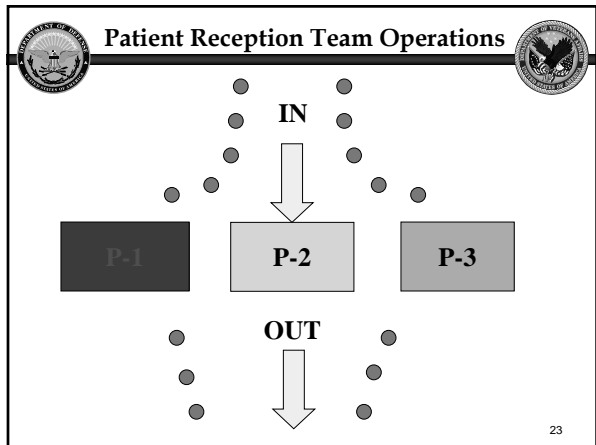
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**Patient Reception Team Operations**

**Initial Patient Reception Area Operations**

- *Establish incident command and assign personnel to appropriate teams*
- *"Size Up" the situation - Section Chiefs report operational capabilities and identified shortfalls (personnel, supplies, equipment, etc)*
- *Be sure everyone knows the full scope of operations and their respective roles*
- *Utilize "waiting time" as "practice time"*

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**Patient Reception Team Operations**

**Sustaining Patient Reception Area Operations**

- *Identify ability to sustain 24/7 operations*
  - *Sufficient personnel for two 12-hr shifts*
    - *Personnel accountability procedures*
  - *Personnel support services*
    - *Feeding, rest areas, etc*
  - *Reliable re-supply processes*
  - *End of shift de-briefing*

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**Patient Reception Team Operations**

**Patient Reception Triage and Patient Management**

- *Uniqueness of VA-DoD Contingency Plan patient reception triage*
  - *Patients have already been in the medical stabilization and treatment "pipeline"*
  - *Patients have been "stabilized" prior to transport*
  - *Reception operations must be prepared for patient who's status changes enroute*
  - *Overall, a quick process prior to last leg of patient movement to definitive care hospital*

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**Patient Reception Team Operations**

**Patient Reception Triage**

*Two types of triage*

<ul style="list-style-type: none"> <li>▪ <i>Primary triage</i> <ul style="list-style-type: none"> <li>▪ <i>Initial size-up and triage mode</i></li> <li>▪ <i>Rapid triage and tagging (no writing)</i></li> <li>▪ <i>Minimal ABC care provided</i></li> <li>▪ <i>Done " in situ "</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Secondary triage</i> <ul style="list-style-type: none"> <li>▪ <i>Done in the treatment area after or collecting station</i></li> <li>▪ <i>A more complete assessment</i></li> <li>▪ <i>Tags used for documentation, ID and tracking</i></li> </ul> </li> </ul>
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Identify priority
- Can be used to “track the patients”
- International Standard-NATO



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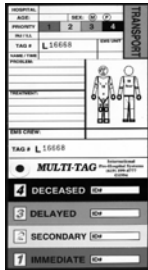
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Can be
  - Colored plastic tape
  - Labels
  - Cards or tags
  - Other tags are appropriate



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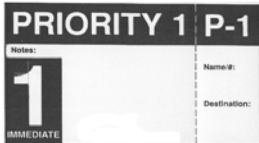
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- RED=Priority #1
- AKA: Immediate, urgent, emergent, critical
- Life threatening problems
- Cardiovascular, pulmonary, hemorrhage, Severe head-Alt. Mental Status



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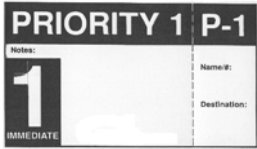
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- RED=Priority #1  
"Coaching Version"
- A stretcher patient who would normally be given urgent ALS care
- All injured rescuers are tagged P-1



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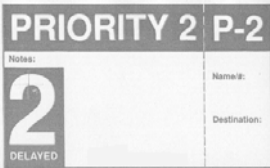
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Yellow=Priority #2
- AKA: Delayed, non-urgent, or urgent
- Burns(no resp inv.)  
Extremity injuries,  
spinal injuries, awake alert head injury



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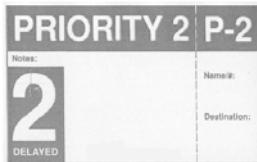
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Yellow=Priority #2  
"Coaching Version"
- Stretcher patients who would get BLS level care
- In routine EMS, elective ALS care based on MOI



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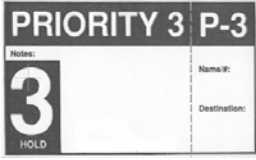
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Green=Priority #3
- AKA: Minor, walking wounded
- Minor injuries, ambulatory
- Beware of occult injury ... respect the MOI



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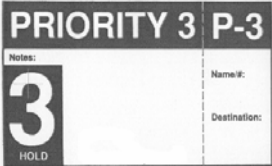
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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Green=Priority #3 "Coaching Version"
- Ask everyone who can walk to go to a location you specify
- They are the P-3s
- You must then re-triage them after the others are triaged



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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- Black=Priority 4 or 0
- AKA: Dead, deceased or "expectant"
- Those obviously dead and those who are mortally injured
- Very controversial "ethics"



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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- *Black=Priority 4 or 0 "Coaching Version"*
- *Obviously dead*
- *Those who would get ALS heroics consider tagging yellow*
- *Most rescuers won't condemn someone to death*



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**Patient Reception Team Operations**

**Patient Reception Triage and Tagging Systems**

- *A continuous process*
- *Many will need to be re-triaged*
- *Stressful*
- *Use tagging at every day incidents to stay current with your tagging system*



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**Patient Reception Team Operations**

**On-Site Patient Management**

- *Objective: rapid, safe movement of patients to definitive care facility*
- *Patient transportation resources define movement capability*
- *On-site operations must be prepared to manage patients awaiting transportation*
  - *Patient staging area staffing*
  - *Supplies and equipment*
  - *Patient comfort measures*

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## Patient Reception Team Operations



### Patient Reception Team Training

- *Individual Training:*
  - *Incident Command Courses*
  - *Patient Reception Operations Plans and Procedures*
  - *Patient Reception Conferences*
- *Team Training:*
  - *Exercise - Exercise - Exercise*
  - *Flight Line Safety*
  - *Aircraft patient loading and off-loading*
  - *Litter carry techniques*

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## Patient Reception Team Operations



### Summary

- *Five General Principles to Remember*
- *Reception Team Composition*
- *Reception Team Incident Command Structure*
- *Patient Reception Area Operations*
- *Patient Reception Triage and Patient Management*
- *Patient Reception Team Training*

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