Wake County EMS System Peer Review

Response Configuration Update and Patient Destinations

May 2026

WAKE COUNTY
NORTH CAROLINA

Review- Goals for EMS Response and Patient Care

Business Plan Alignment and Purpose

- **Safer communities together goal 1**
  - By 2029, 80% of all County public safety calls will receive an appropriate and timely emergency response.

- **Initiative #1: Assure prompt, compassionate, clinically excellent care whenever and wherever needed, given population growth and demographic changes.**
  - Reconfigure EMS response plans to prioritize response times to critically ill patients.
    - Provide the right resources to the right patient at the right time
    - Defines "appropriate and timely"?

What have we been up to and what's next?

1. Response configuration changes

2. Optimizing patient transports and destinations

Response Configuration Update

- Discussed with Peer review last fall, ongoing work with fire chiefs and county and municipal leadership
- Community meetings this past winter and spring
- Increased utilization of nurse navigation 3/30/26
- Reconfigure response plans 5/18/26

Response Configuration

Response Priority	EMS Time Target	EMS Response Mode	EMS Call Distribution
E1	<12 min	Immediate dispatch with lights & siren	20%
E2	<17 min	Immediate dispatch with lights & siren transition to no lights and siren	39%
E3	<30 min	Queue, no lights & siren	23%
E4	<60 min	Immediate transfer to nurse advice line	18%

Provides a plan:

- To focus on our most critical patients
- To address multiple calls received at the same time
- If demand exceeds resource capacity

Response Configuration Update

- **Goal: Rapid response to highest acuity calls 90% of the time**
- **Goal: Reliable response to ALL other calls**
  - Access to care for all patients
- **Goal: Appropriate utilization of EMS and FR resources**
- **Goal: Maintain excellent patient care standards and outcomes**

"Right care to the right patient in the right time"

Pathway to “right care…”

- **Measuring and reporting response configuration changes**
- **Continuing to improve the system of care**
  - Reliable responses
  - Efficient transports that are “win-win-win” for patients, EMS, and hospitals

What does “win-win-win” mean?

- **End goal: Transport patients to the closest appropriate destination within the patient’s hospital system of choice**
  - With a recommendation for a within Wake County destination

- **Patients win by going to a location that can provide the care that they need**

- **Hospital Systems win by having to transfer fewer patients to another destination, improving patient flow**

- **EMS wins by taking patients to close, local destinations so we can be ready to run the next call**

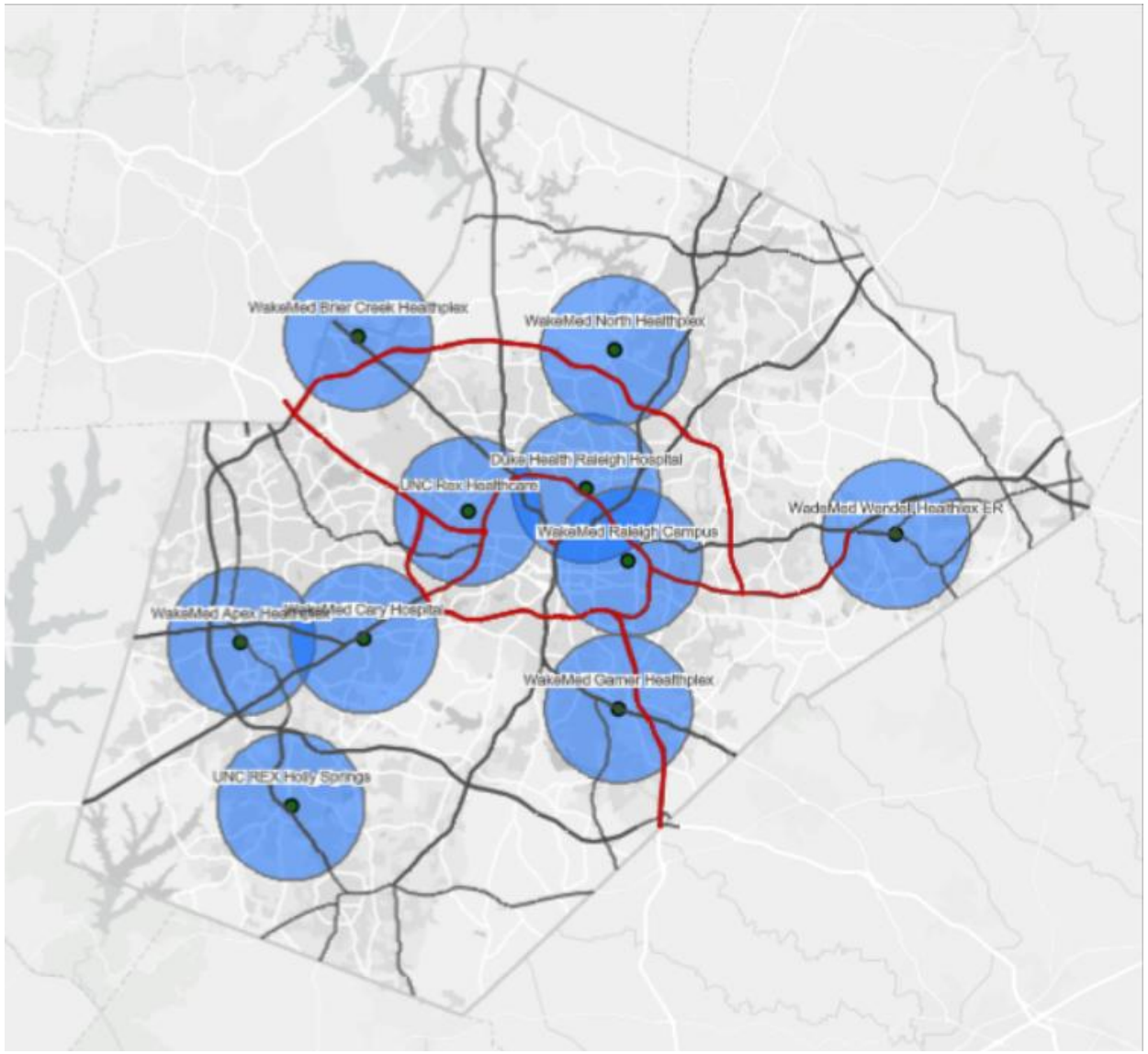
Last Peer Review Meeting you saw this slide: Strategic Goals for Updating the Transport and Destination Policies

- Prioritize in-county transports whenever appropriate
  - Most acute specialty needs can be met within Wake County
  - Reduce reliance on out-of-county transports
- Eliminate ED diversion as a barrier
  - Enhance care coordination and system capacity
- Optimize use of freestanding EDs
  - Continue integrate more into structured transport decisions
- Empower EMS personnel
  - Support structured destination recommendations through a more systematic process that may consider other factors

3 Mile Radius

- Current Hospitals

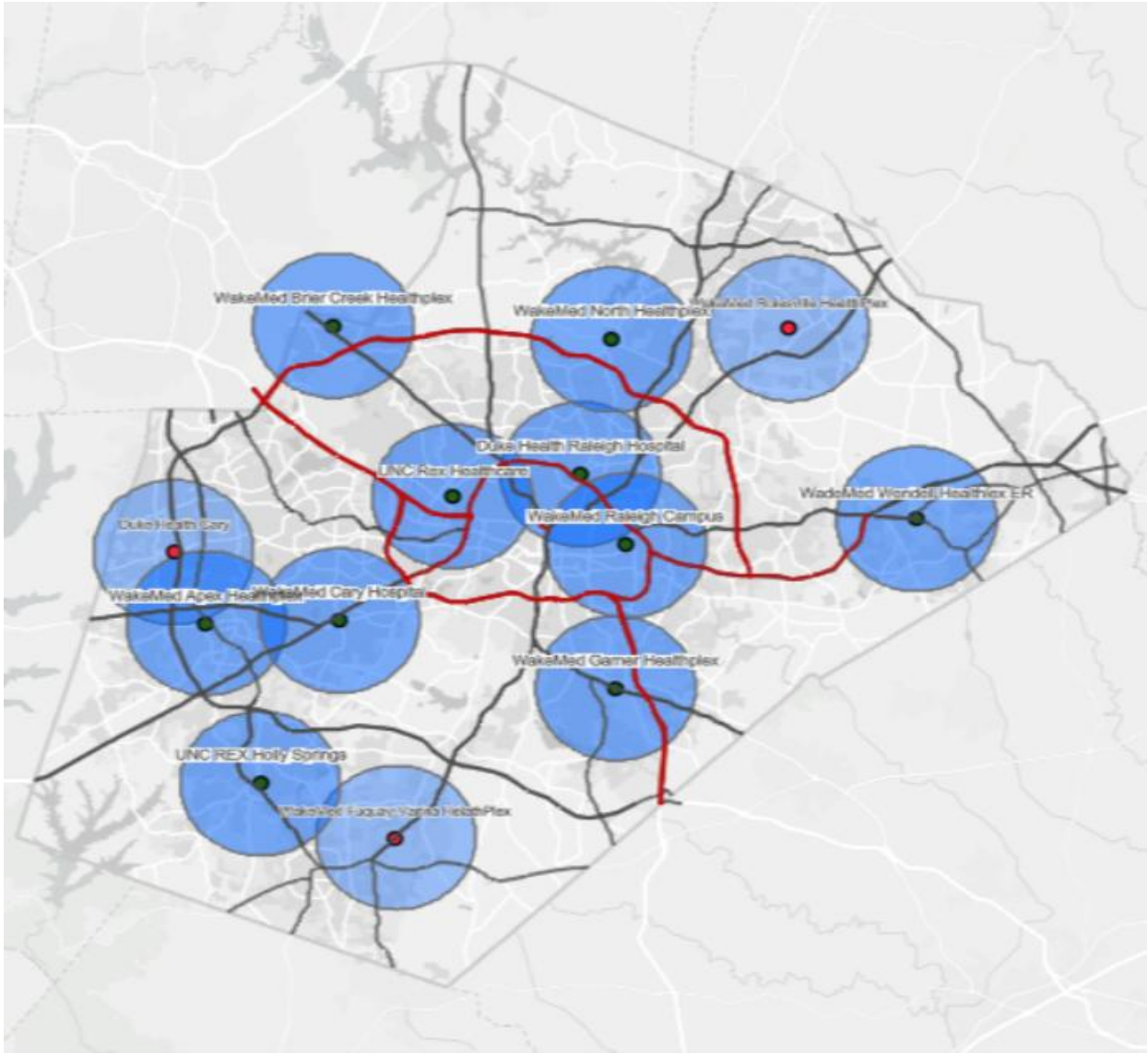
Residential Units as of August 22, 2025			
Emergency Department	**Radius**		
	1-Mile	**3-Miles**	**5-Miles**
Duke Health Raleigh Hospital	5,655	48,972	129,405
Rex Healthcare	3,809	40,251	122,361
WakeMed Raleigh Campus	3,502	38,366	105,812
WakeMed Apex Healthplex	3,854	28,503	61,052
WakeMed Cary Hospital	2,258	27,945	79,034
WakeMed North Healthplex	3,288	22,904	76,533
UNC REX of Holly Springs	3,638	20,320	39,532
WakeMed Garner Healthplex	1,665	18,306	49,827
WakeMed Brier Creek Healthplex	5,519	14,293	24,432
WadeMed Wendell Healthlex ER	2,174	11,618	25,880



3 Mile Radius

- Current and Future Hospitals

Residential Units as of August 25, 2025			
Future Emergency Department	**Radius**		
	1-Mile	**3-Miles**	**5-Miles**
Duke Cary	1,225	23,851	71,626
WakeMed Fuquay-Varina	1,327	12,828	38,851
WakeMed Rolesville	1,814	14,105	41,624



More info…

- In 2025 we transported 3789 (of ~100,000) patients out of county, or about 10 patients per day
  - Duke University 2077
  - UNC-CH 708
  - Durham VA 405
  - UNC Clayton 335
  - Duke Regional 197
  - UNC Smithfield 27
  - Central Harnett 21
  - UNC Nash 11
  - Betsy Johnson, Granville, Maria Parham, Hillsborough 2 each…

Next Steps

- Step 1: No out-of-county transports unless the patient meets a triage and destination plan for the closest specialty center
  - E.g. trauma to Duke
  - Caveats for "hospital system of choice"
  - End goal: no out of county transports with rare exception

- This requires changing language in the protocol set.

- We will work on this and bring it to vote in August

- Education likely in q4 CME, implementation goal 1/1/2027

Next Steps

- Step 2: Adjustments to specialty patient "Triage and Destination Plans"
  - We will start with mental/behavioral health patients, as this is a larger patient population that often requires secondary transfer
  - We continue to increase our alternative destination referrals

- This requires changing protocols also
  - New "Mental/Behavioral Health" triage and destination plan
  - Ask: within your hospital system, where should these patients go (in county) and what criteria should we ALL use to triage them appropriately?

- We will work on this and bring it to vote in August as well
- Education likely in q4 CME, implementation goal 1/1/2027

Next Steps

- Step 3: Other TDP adjustments?
  - No out of county specialty centers?
  - Is the pediatric TDP correct?
  - Do we need an obstetrics TDP?
  - etc

- Step 4: "closest, most appropriate in-county facility"
  - More data needed on how that changes transport patterns – next time?

- Will tackle these during 2027

Feedback – Your thoughts?

- **WE NEED YOUR HELP**
  - Everyone needs to be on the same page and agree with the plans
  - Everyone needs to be ready to receive EMS patients
  - Diversion will not apply to "specialty destination" patients

- We are happy to have meetings, process your input, and tell you what is functional and do-able from an EMS standpoint.
  - There will always be "port in the storm" exceptions

- We will not make these plans alone; the plans will be made as a team between EMS and the hospital systems.

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Questions?