



Regional Hospital Diversion Policy

Section: Operational Policies

Policy Number: 07-003

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I. Indications:

- a. Hospital equipment failure
- b. Internal disaster(ER only effected)
- c. Hospital disaster(entire hospital effected)

II. Policy:

Stable patients should generally be transported to the hospital of their choice, unless otherwise stated in the agency's written standard operating procedures. Diversion to another hospital may become necessary only for the indications listed above. Patients will not be diverted due to a crowded ER, lack of Critical Care beds, or lack of a specialty service / physician. The receiving facility will accept the patient, stabilize as needed, and then arrange for appropriate transport to another facility if required. It is not appropriate to hold or delay EMS crews to receive a patient turnover or to re-transport to another facility.

In the event that any 2 hospital ERs are closed due to an internal disaster, the MCI Coordinating Hospital system will be instituted. The Coordinating Hospital is Sentara Careplex on odd numbered months and Riverside Regional on even numbered months. When on diversion roll call all peninsula EMS units are to contact the Coordinating Hospital on the COR system (either via radio, cell, or landline) with the patient report. On line Medical Control will determine the most appropriate hospital to receive the patient and the EMS unit will then contact that receiving hospital to give a patient report.

III. Procedure: WebEOC shall be used for diversion.

- a. WebEOC Description
 - i. WebEOC is a web-based program providing real-time information on hospital emergency department status, hospital patient capacity, availability of staffed beds and available specialized treatment capabilities.
 - ii. WebEOC is used to coordinate "routine" and emergency medical operations (e.g., mass casualty incidents, or MCIs) throughout the region.
 - iii. WebEOC participants are expected to place the personal computer that will operate WebEOC in the hub of their operations such as in the emergency department of hospitals and in the dispatch centers of transporting EMS agencies. WebEOC users are expected to stay logged on to the system 24 hours a day, seven days a week. On-line users are prompted to acknowledge alerts and other system messages, and to respond as appropriate.

IV. Purpose:

- a. The implementation of the WebEOC across the Peninsulas EMS region is an effort to efficiently and effectively:
 - i. Handle situations in which the diversion of an ambulance(s) may be necessary due to the existence of temporary conditions in hospital emergency departments or specialty centers that may affect patient care.

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- ii. Determine hospital patient capacity, availability of staffed beds and available specialized treatment capabilities during a mass casualty incident or in conjunction with the federal NDMS system.
 - iii. Provide for system-wide announcements and certain queries.
 - b. Use of the WebEOC and these policies is intended to effectively manage and coordinate hospital and EMS resources and avoid the following situations:
 - i. Unacceptably prolonged patient transport times
 - ii. Prolonged out-of-hospital care when definitive hospital-based resources are needed especially for unstable or critically ill patients
 - iii. Inappropriate attempts by field personnel to predict the specific diagnostic and therapeutic resources needed by individual patients
 - iv. Delays in, or lack of, ambulance availability to the community because of diversion of units to distant hospitals

V. Diversion Policy Integration Overview

- a. With WebEOC, the definition of hospital status is standardized across the entire Peninsula EMS region. However, it is up to each EMS agency to determine what they will do with the status information on WebEOC and further communicate their operational plans to their respective hospitals of interest. WebEOC provides standardized information to facilitate patient routing decisions.
- b. Hospitals should attempt to avoid ambulance diversion. If diversion becomes necessary, however, emergency departments must update their status on WebEOC at least every two hours.
- c. Emergency departments that are unable to update their status on WebEOC must contact the Regional Administrator and request him/her to update their emergency department status.
- d. Dispatch centers must ensure that EMS units and supervisors in the field are informed of the status of hospitals in their zones so that patients can be routed to the most appropriate facility.
- e. If for any reason the WebEOC becomes unavailable, the HEAR system will be used for hospital-to-hospital communications and MCI alerting.

VI. WebEOC Functions

a. Hospital Emergency Department Status

Participating hospitals update their emergency department status at defined intervals. A status screen displays the status of each hospital in the region. The dispatch center and/or EMS agency then uses the displayed information to appropriately alert EMS units to area emergency departments' status. Hospitals and EMS agencies also view the Diversion Status page to assess and better manage system capacity and avoid potential "bottlenecks."

b. Mass Casualty Incident (MCI) Support

Unplanned acute medical emergencies involving significant numbers of ill or injured people require instantaneous EMS and hospital resource allocation. The Coordinating Hospital enters MCI event details in the Divert Status Notes. This causes an audible tone on all of the hospitals' computers alerting them to check the WebEOC statuses and input their current bed availability. The hospitals are required to respond with current resource capabilities. Each facility then enters its ability to accept red, yellow and green patients, thereby allowing timely, accurate and dynamic EMS transport decisions. Critical information can be instantly

disseminated to health care providers and other key emergency medical personnel. See the Hampton Roads MCI response guide for more information.

c. Interhospital, Public Health, and NDMS Communications

There are currently many different situations where hospitals need to convey information to each other or state and/or local health departments. WebEOC uses event messaging to allow a hospital to communicate with other hospitals or Public Health agencies throughout the state. For more information contact your local VHHA region administrator.

VII. Definitions

Ambulance Diversion - The rerouting of an ambulance(s) from the intended receiving facility to an alternate receiving facility due to a temporary lack of critical resources in the intended receiving facility.

There are 3 divert statuses on WebEOC; Open, Special Diversion, and Full. The PEMS region will only use Open and Special Diversion since we no longer divert patients based on being "full".

a. Open:

- i. The hospital emergency department or specialized center is open to all ambulance traffic.
- ii. This category will be displayed in green letters on the WebEOC hospital diversion status screen.

b. Special Diversion

- i. The emergency department has suffered structural damage, loss of power, an exposure threat, or other condition that precludes the admission and care of any new patients in the emergency department.
- ii. The facility may be closed to specific patients due to an equipment failure of resources necessary to treat these patients, i.e. the CT scanner is down until repairs are completed.
- iii. This category will be displayed in blege letters on the WebEOC diversion status screen.
- iv. If only one hospital will be accepting all of the diverted patients then it should be clearly noted in the comments section (i.e. "Diverted ambulances go to "X" hospital as appropriate").
- v. This status must be updated at least once every 2 hours even if there is no change in status.

VIII. WebEOC Management

- a. The Regional Administrator serves as the local area manager of WebEOC and the liaison between the Locality/Facility Administrators, local EMSsystem users, the statewide administrator and vendor.
 - i. The VHHA Eastern Region Administrator will serve as the Regional Administrator for the Peninsulas EMS region.
 - ii. The Regional Administrator will have full access to the system. The following WebEOC features are available to the Regional Administrator:
 1. Viewing and editing password accounts.
 2. Initiating, editing and stopping system alerts and MCIs.

3. Uploading documents.

- b. Each hospital and each local government must provide to the Regional Administrator:
 - i. The name and contact information for their locality / facility administrator. This appointed member must serve on the Regional Hospital Diversion Operations Committee.
 - ii. A current copy of their internal hospital diversion policies and procedures.
- c. This Policy is to be reviewed and updated as needed at least once per year by the Regional Hospital Diversion Operations Committee. The updated document will be distributed to each member of the committee after any changes.
- d. The Regional QA/QI Committee will review diversion statistics, adverse incidents and make recommendations to the Operational Medical Director's and Facility Committees concerning policy or software design changes.

IX. Primary Users

- a. Primary users are the participating hospitals, dispatch centers and/or EMS agencies across the PEMS region. Primary users have appropriate read/write access.
- b. Primary users can view regional status information, update their respective hospital status data and initiate various messages and alerts. Primary users can view, download and print system management data for their own agency or facility.
- c. The Primary users for the Peninsulas EMS Council are:
 - i. Langley Air Force Base Hospital
 - ii. Mary Immaculate Hospital
 - iii. Rappahannock General Hospital
 - iv. Riverside Regional Medical Center
 - v. Riverside Tappahannock Hospital
 - vi. Riverside Walter Reed Hospital
 - vii. Sentara Careplex Hospital
 - viii. Sentara Williamsburg Regional Hospital
 - ix. Veterans Affairs Medical Center, Hampton

X. Support Users

- a. Support users are those agencies and individuals, which have read-only access to the system.
- b. Support users may only view regional status information. These users cannot update or alter any system information.

XI. MCI Alerts and System Advisories

- a. MCI Alerts and System Advisories may be issued by the Regional Administrator or Coordinating Hospital.
- b. EMS agencies that require an MCI Alert or System Advisory must contact the closest Coordinating Hospital and request the alert.

XII. Accessing WebEOC Help

- a. Individuals who want access or need assistance should first contact their Locality/Facility administrator. If that person is unable to give the required assistance, they then should then contact the Regional Administrator.
- b. In the Peninsulas EMS region, the Regional Administrator will be the primary contact for WebEOC help 24 hours a day, seven days a week. Contact information for the Regional Administrator is given by VHHA to all regional hospitals. Individuals who are unable to access WebEOC can either contact the PEMS Council at (804)693-6234, during normal business hours, to have the Regional Administrator contacted or contact any other hospital emergency department in the region to get the contact information from the WebEOC webpage.
- c. Typical help provided will be:
 - i. Locality/Facility Administrator wants to add/remove an authorized system user.
 - ii. User forgot user name or password.
 - iii. User's computer network or Internet access is down and user must request Regional Administrator to update their facility's WebEOC status.
 - iv. If possible, WebEOC users should attempt to correct or resolve WebEOC problems themselves before contacting the Regional Administrator for assistance. The Regional Administrator cannot typically solve local hardware or Internet access issues. Local technical support is necessary to solve these problems. A user must be able to access or get beyond the initial login screen at www.vhha-mci.org in order for the Regional Administrator to be of assistance.



See *Hospital Diversion of Patients, Facilities Policies & Procedures*, page F2.



In the event that any 2 of our main peninsula hospitals (Sentara Careplex, Sentara Williamsburg, Riverside Regional, Mary Immaculate) goes onto any type of divert, the MCI Coordinating Hospital system will be instituted. The Coordinating Hospital is Sentara Careplex on odd numbered months and Riverside Regional on even numbered months. When on diversion roll call all peninsula EMS units are to contact the Coordinating Hospital on the COR system (either via radio, cell, or landline) with the patient report. On line Medical Control will determine the most appropriate hospital to receive the patient and the EMS unit will then contact that receiving hospital to give a patient report.