

KENT COUNTY EMERGENCY MEDICAL SERVICES

HOSPITAL FACILITIES REROUTING POLICY

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Purpose: To outline the process to be followed when hospitals are forced to close resources to prehospital agencies to insure notification and continued patient care capabilities for the Kent County EMS System.

I. Background

This policy governs standard operating procedures to be used in the situation where hospitals, by reason of bed availability, staffing, or other resource-limiting factors are unable to accommodate certain patients that are transported by the EMS System.

Any patient that presents for evaluation and/or treatment in an emergency facility will receive evaluation and treatment as deemed medically appropriate until such time as they are admitted to that facility, discharged from that facility, or stabilized as much as is possible and transferred to another health care facility. This treatment will be provided without regard to race, color, creed or ability to pay.

II. Closure Authority

Each of the acute care hospitals is recognized as having the authority to develop and administer written policies concerning the temporary closing of emergency departments, critical care units, operating room/trauma units, and the rerouting/ diverting of patients. Unit closing notification policies shall be standardized using criteria approved by the Governing Body of Kent County Emergency Medical Services, Inc., serving as the Medical Control Authority for Kent County.

III. EMS Notification of Closing & Reopening

Medical emergencies cause moment by moment changes in the ability of the EMS System hospitals to adequately care for patient needs. Notification of unit closings shall be considered temporary with all EMS system participants affected being kept abreast of closings and re-openings. These are, specifically; the EMS transporting (ambulance) agencies and the other acute care hospitals (Attachment I).

Recognizing that any unit closing comes after medical personnel have been appraised at several administrative levels, each cooperating hospital is responsible to furnish KCEMS and MEDCOM with a current list of individuals authorized to notify MEDCOM of a unit closing or re-opening.

Cooperating hospitals shall be responsible for notifying MEDCOM in a timely manner. In turn, MEDCOM will be responsible for the timely notification of prehospital transporting agency dispatchers, and designated individuals at the other cooperating hospitals' emergency department, in accordance with the MEDCOM Patient Divert Procedure (Attachment II). Dispatchers are responsible for notifying all units from their agency. (Attachment III)

IV. Documentation

Hospital administrators and MEDCOM operators will both be responsible for providing written documentation of each unit closing, the duration of closing and re-opening. (See attachments IV and V).

MEDCOM documentation will be initially recorded on the System Status Board and permanently posted in the Hospital Facilities Closure Log Book (Attachment V).

Requests for data from that log must be directed to the KCEMS office by written request.

A copy of the hospital Unit Closure Authorization form (Attachment IV) should be forwarded to KCEMS the business day after a unit's re-opening.

V. Availability of Alternate Emergency Departments

The four cooperating hospitals in Kent County, by virtue of their participation in the Medical Control Authority and recognition by KCEMS, regard each other as alternate hospitals for the provision of

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emergency care. They also agree to accept those patients that are transported to them as a result of a diversion from another hospital. Refer to Attachment VI.

VI. Prehospital Considerations

Patients requesting transport to a hospital, which is currently on diversion, should be notified of that diversion and the fact that the appropriate resources to care for them are not currently available at that institution. An alternative hospital destination should be requested from the patient. If the patient persists in the request of the hospital currently on diversion, transport to that hospital should be initiated and Medical Control contact with THAT HOSPITAL should be established IMMEDIATELY.

NOTE: The attachments referred to above are record keeping forms that are maintained only at MEDCOM. Examples are available upon request.

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03/12/93
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